

A Need for Nurses

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## Abstract

Nurse residency programs were designed with the intent of assisting nurses with the transition into a new area of practice. These programs are common in acute care settings; however, implementation has been slow to move into long-term care. The purpose of this project was to complete a community needs assessment to determine whether the community nursing home would be interested in implementing a nurse residency program within the next year. The assessment was completed with surveys distributed to various nursing home stakeholders. Survey results concluded that the current nurse orientation process, nurse recruitment, and nurse turnover rates were important items to the participants, however, they were not satisfied with the current rollout of these programs at the nursing home. Therefore, information about nurse residency programs was shared with the nursing home so that an informed decision on whether to pursue the program implementation can be made.

*Keywords:* nurse residency, long term care

## A Need for Nurses

In 2010, the Institute of Medicine published a report titled, *The Future of Nursing: Leading Change, Advancing Health*. In this report, the Institute of Medicine put forth a set of recommendations for nurses to act within the complex healthcare system. An important recommendation is for the implementation of nurse residency programs. Programs should support nurses who have recently graduated from nursing school or when nurses are beginning in a new practice area. Nurse residency programs are necessary because they have been shown to reduce nurse turnover, provide staffing stability, and support new nurses in the development of clinical decision-making and autonomy (Cadmus, Salmond, Hassler, Black, & Bohnczyk, 2016). The Institute of Medicine (2010) advises that federal government, healthcare organizations, accrediting bodies, and state boards of nursing should take steps to implement and support nurse residency programs. Nurse residency programs are common in the acute care setting. However, these programs need to be applied in all practice settings, including long-term care facilities (Institute of Medicine, 2010).

### Overview

#### Background

Nurse residency programs are designed to assist nurses transitioning into a new area of practice. There are multiple benefits that a nurse residency program would bring to a nursing home. Specifically, the program would contribute to improved quality and safety in the nursing home. Research has indicated that new graduates lack critical thinking skills, suggesting that 65 to 76 percent did not meet expectations for entry-level clinical judgment proficiencies (Rush, Adamack, Gordon, Lilly, & Janke, 2013). Critical thinking skills are crucial when working with residents. They have multiple co-morbidities and acuity continues to increase with the

advancement of healthcare. Therefore, allowing for additional training for new nurses would advance critical thinking abilities. The nurses participating in the program (nurse residents) would be able to work alongside an experienced mentor who could guide nursing care decisions.

Turnover rates are high among nurses working in nursing homes. In 2012, the turnover rate for registered nurses working in long-term care nationally was greater than 50% (Trepanier, Early, Ulrich, & Cherry, 2012). This compares to a national turnover rate of 18.2% among registered nurses working in hospitals in 2017 (NSI Nursing Solutions, 2018). The turnover rate for registered nurses and licensed practical nurses in the community nursing home was 87.5% in 2017 (J. Donner, personal communication, September 6, 2018). Therefore, interventions to attract people to the nursing profession and keep nurses in long-term care are essential. A nurse residency program would be effective for the nursing shortage because it would allow nurses to further develop skills after nursing school, enhancing the confidence and abilities to perform nursing responsibilities.

Additionally, nurse residency programs are beneficial economically for long-term care facilities. Recruitment of nurses requires advertising and interviewing. Once the nurse is hired, there are costs associated with training and orientation. The costs of a nursing shortage within the long-term care facility should also be considered. The facility must pay overtime to those employees covering for the shortage of nurses. Some facilities have also hired agency nurses which are often costly. A cost-benefit analysis completed in a study revealed that nurse residency programs were associated with a decreased in the 12-month turnover rate and a reduction in contract labor usage (Letourneau and Fater, 2015). Therefore, nurse residency programs should be viewed as an investment instead of an expense.

**Problem Statement**

The implementation of a nurse residency program in long-term care may be important for a rural nursing home in Nebraska. This community nursing home had a high nursing turnover rate in 2017. The reasons for this high turnover rate are yet to be determined for the facility. However, Tummers, Groeneveld, and Lankhaar (2013) explain that leadership, stress, pay, and development opportunities are the four most common characteristics that influence a long-term care nurse's decision to leave an organization.

Keeping nurses in the nursing home would also be beneficial for the long-term care organization. High turnover rates are associated with an increased cost for the facility, especially the orientation phase. According to Van Camp and Chappy (2017), a four-month orientation of a new graduate can cost approximately \$41,624. Therefore, the clinical question to be answered was would the community nursing home have interest in implementing a nurse residency program within the next year?

**Purpose Statement**

The purpose of this project was to complete a community needs assessment to determine whether the community nursing home would be interested in implementing a nurse residency program within the next year.

**Outcomes**

This project aimed to determine whether the community nursing home was interested in carrying out a nurse residency program. Therefore, the outcome to be measured was the interest of various nursing home employees in a nurse residency program. This project intended to measure the interest of stakeholders using surveys consisting of closed and open-ended questions. The results of the survey provided the data necessary to determine whether the long-

term care facility had an interest in a nurse residency program.

## **Review of the Literature**

### **Search Strategy**

A review of the literature was completed using several different search terms within the CINAHL Complete and PubMed databases (Figure 1). The review began with separate searches for the terms 'long term care' and 'nursing home'. These terms were then combined with the word "OR" and searched. A separate search for the term 'readiness' was also completed with 26,191 results in the CINAHL Complete database and 13,384 from the PubMed database. To further narrow the results, the terms 'long term care' and 'nursing home' were combined with the word "OR", and the term 'readiness' was added with the word "AND". This combination revealed 74,978 results in the CINAHL Complete database and 425 results in the PubMed database. The intervention terms searched were 'nurse residency program' and 'nurse preceptorship'. Both terms were searched separately. Then, these terms were combined with the word "OR". Next, the search terms 'long term care' "OR" 'nursing home' "AND" 'readiness' "AND" 'nurse residency program' "AND" 'nurse preceptorship' were used. After this combined search, there were no results within PubMed and 73,989 results in the CINAHL Complete database. The COCHRANE database of systemic reviews was also searched with the terms 'long term care' "AND" 'nurse residency'. The three results from the COCHRANE database search were not relevant for this literature review. To limit the result numbers even further, the terms 'long term care' and 'nurse residency' were combined with the word "AND". This search resulted 267 studies within the CINAHL Complete database and 40 studies in the PubMed database. Limitations of English, full text, peer-reviewed, research, human subjects, and within the last five years were added within both the CINAHL Complete and PubMed databases. This

left 19 results in CINAHL Complete and 16 results in PubMed. Studies that did not address the PICOT question, the wrong patient population, and duplicate studies were excluded. This left three studies within the CINAHL database and one in the PubMed database. To generate more results specific to the population of interest, inclusion criteria included the highest levels of evidence and studies specific to nurse residency programs. Additionally, the reference lists from articles already chosen were utilized. This resulted in the final ten articles.

### **Synthesis of the Literature**

In review of the literature, there were two articles that offered systematic reviews and another article that was an integrative review. The remaining seven articles ranged from descriptive research to mixed-methods case studies. All the articles were related to nurse residency programs. Some of the programs were implemented within long-term care settings, while other programs were specific to acute care in the hospital. There were several common measured outcomes among the articles including: retention rates, confidence levels, and job satisfaction.

#### **Nurse residency structure.**

Many of the articles offered a description of the structure of the nurse residency programs and what nurses found most beneficial in the programs. Fiset, Luciani, Hurtubise, and Grant (2017) offered information about the perceived leadership education needs of nurses employed in long-term care and the methods they preferred to receive that education. The authors discovered that nurses desired more information about conflict resolution, employee supervision, regulatory compliance, and communication skills (Fiset et al., 2017). The nurses preferred to receive this education in the forms of one-on-one training and in-house mentorship. Anderson, Hair, and Todero (2012) also found that nurses prefer working with a trained preceptor, in addition to

using simulation scenarios to foster communication among co-workers and interprofessional team members.

**Measurement outcomes.**

Outcomes like retention rates, confidence levels, and job satisfaction were used in many of the articles to measure the success of a nurse residency program. Cadmus et al. (2016) reported a retention rate of 86% among registered nurses in long-term care after the implementation of a nurse residency program. Retention rates increased from 88% to 94.6% among registered nurses enrolled in a residency program within a hospital (Goode, Lynn, McElroy, Bednash, & Murray, 2013). Improved retention rates and decreased turnover rates were also reported by several authors after nurses had completed a nurse residency program (Letourneau & Fater, 2015; Little, Ditmer, & Bashaw, 2013; Van Camp & Chappy, 2017).

Completion of a nurse residency program had also increased nurses' confidence levels (Cadmus et al., 2016; Goode et al., 2013; Salmond, Cadmus, Black, Bohnczyk, & Hassler, 2017; Van Camp & Chappy, 2017). Quantitative and qualitative data was collected using focus groups and surveys. A pre-test/post-test method was utilized to measure nurses' confidence levels before the nurse residency program and after completion (Cadmus et al., 2016; Salmond et al., 2017; Shen, Peltzer, Teel, & Pierce, 2018). After completion of the nurse residency program, nurses reported increased confidence with leadership, organization, prioritization, communication, and providing safe care to patients (Goode et al., 2013). Salmond et al. (2017) discovered that a nurse residency program implemented in long-term care offered nurses improved confidence in communication with peers, patient families, and long-term care administrators/directors.

Several of the authors examined nurses' job satisfaction and professional development. Rosenfeld and Glassman (2016) developed survey questions that focused on five domains: demographic characteristics, current educational and employment characteristics, evaluation of the nurse residency program from the perspective of current employers, professional accomplishments, and intent to stay at current position. The authors found that the nurses who completed the nurse residency program had higher levels of professional development (Rosenfeld & Glassman, 2016). One study found that job satisfaction remained the same with a nurse residency program (Goode et al., 2013). Goode et al. (2013) discovered that participants had high perceptions of job satisfaction at the beginning of the residency program. Six months into the program, job satisfaction decreased, and then it remained stable when re-checked at one year (Goode et al., 2013).

In conclusion, studies of nurse residency programs were completed in a variety of settings, including long-term care and acute care. Nurses completing the programs had similar opinions about the information desired from the program and preferred learning style. Regardless of the setting, the completion of a nurse residency program offered positive results in terms of increased confidence levels, increased job satisfaction, and improved retention rates.

### **Theoretical Framework**

The Transtheoretical Model of Change is centered on interventions used to change people's behaviors (Polit & Beck, 2017). The model is based on the five stages of change. These stages include pre-contemplation, contemplation, preparation, action, and maintenance. Sometimes the relapse stage is included in the model, as shown in Figure 2. This stage recognizes that individuals may have one or multiple relapses while moving through the change cycle. The pre-contemplation stage proposes that the person is not planning to change within the

next six months. The contemplation stage is when the person is thinking about the change. During the preparation stage, the person begins taking steps towards making the change. In the action phase, the person attempts the change. The person sustains the behavior change for six months and can avoid a relapse during the maintenance phase. Individuals progress through these stages at different rates. It has been suggested that the individual's stage of change should be assessed to determine the strategies that need to be used to promote the behavior change (Polit & Beck, 2017).

The Transtheoretical Model of Change guided the community needs assessment of the nursing home. To implement the nurse residency program, the facility needed to be ready to make a change. The facility had an orientation process that involved computer training and shadowing various veteran nurses. The administration understood that they had a shortage of nurses and a high nurse turnover rate that required attention. Completion of the community needs assessment revealed that the nursing home was in the contemplation phase of the Transtheoretical Model of Change. The administration was considering changes that need to be made to improve nurse turnover rates and recruit nurses to long-term care. Some interventions were in place, but additional interventions were needed.

### **Organizational Assessment**

A community needs assessment was appropriate for the local nursing home. The facility had already identified a high nurse turnover rate and understood that a change was needed. The administrator of the nursing home had indicated there was interest in learning more about the nurse residency program. It was also understood that a change had to occur to keep nurses in long-term care. The community needs assessment assisted in determining the facility's readiness for a change. The nursing home facility had developed a quality improvement team to

investigate reasons for the high nurse turnover rate and brainstorm ideas to decrease the rate. Also, the facility had contracted with a traveling company to provide nurses for the current shortage.

The facilitators of this project included the administrator and the leadership team within the nursing home organization. The administrator had tried multiple interventions to keep nurses employed at the nursing home including increased wages, attendance at career fairs, advertised nursing opportunities, and organized a quality improvement project. The administrator had also influenced the type of leadership demonstrated in the nursing home. Staff members were encouraged to generate solutions for problems and welcomed new ideas. This type of leadership facilitated this project because it was a new idea that had yet to be implemented in any local long-term care facilities.

There were multiple stakeholders to consider when developing this project including nursing home administration (Administrator and Director of Nursing), nurses employed at the nursing home, and members of the nursing home advisory group. The advisory group was a board of directors made up of various leaders in the rural community. The advisory group met every other month with the nursing home Administrator and Director of Nursing to discuss various topics concerning the nursing home facility. These stakeholders were important because they assist in keeping the nursing home open and running. Also, they hire nurses to work in the facility. The regional vice president of the nursing home was also included as a stakeholder. This individual would offer ideas on how to fund a nurse residency program and if any similar ideas had been implemented in other long-term care facilities. Nurses currently working in the nursing home were considered stakeholders. They could assist in determining on which nursing skills were imperative to focus. The nurses could also offer input on the length of the nurse

residency program and how much time should be spent with hands-on teaching and computer training. Members of the advisory group were important to include because they had the community ties that were needed for potential funding. These individuals would also offer an outside perspective other than the nursing home.

Residents living in the nursing home were considered stakeholders as well. However, this project required the completion of a survey and there were a limited number of nursing home residents who would understand how to fill out the survey related to cognitive decline. Therefore, the nursing home residents were excluded from the community needs assessment.

A barrier to this project was participation among stakeholders. There were a total of 12 nurses employed at the nursing home. There were eight advisory board members. It was important that each person complete the survey due to the small sample size. It was also crucial for participation from all stakeholders so that diverse input was included in the community needs assessment.

Maintaining confidentiality was a potential risk. The community needs assessment involved the use of surveys for various stakeholders of the long-term care facility. It was important to maintain confidentiality because participants may not have wanted responses associated with names. Ultimately, ensuring that the results were confidential may have increased the response rates among the stakeholders.

### **Methodology**

A community needs assessment was the design of this capstone project. The intent of the community needs assessment was to assess the interest in the implementation of a nurse residency program in the local nursing home. The assessment required the use of surveys distributed to stakeholders connected to the facility. The surveys contained closed and open-

ended questions, thus generating qualitative and quantitative data.

### **Setting**

The setting of the community needs assessment was the nursing home located in a rural, Northeast Nebraskan town. The long-term care facility is owned by a corporate company based out of South Dakota. The company owns over 200 facilities located in 24 different states. It is a not-for-profit organization (The Evangelical Lutheran Good Samaritan Society, 2018). The rural nursing home is one of two facilities within the county. The facility has a potential capacity of 60 residents. It offers skilled and non-skilled services. Skilled services include physical, occupational, and speech therapy. Some residents of the nursing home may only require skilled services for a short time before returning home. Non-skilled services include those provided by the direct care staff of the nursing home. Registered and licensed practical nurses are employed, along with certified medication aides and certified nursing assistants.

### **Sampling**

Participants in this project included the administrator, director of nursing, regional vice president of the long-term care facility, registered and licensed practical nurses employed at the nursing home, and advisory board members.

These participants were chosen because they had a direct influence on nursing responsibilities within the long-term care facility. The Administrator and Director of Nursing were responsible for the recruitment, hiring, and management of nurses employed at the facility. The regional vice president assisted in the management of the financial responsibilities of the facility. There were six registered nurses and six licensed practical nurses employed within the nursing home. All the nurses were encouraged to participate in the project as they would be

influential in the development of the nurse residency program. The advisory board members were important because they are community members who could provide an outside perspective.

The nurses at the long-term care facility worked eight-hour shifts. There are day, evening, and night shifts. There were at least two nurses scheduled for the day and evening shifts. The night shift had one nurse. There were two registered nurses that were responsible for managing the care of the residents.

The most important aspect of this project was completion of the surveys. The surveys assisted in determining whether the facility was interested in developing a nurse residency program. The administrator had already expressed interest; however, buy-in among the remaining stakeholders was imperative. Collaborating with the Administrator to gain contact information of the other stakeholders assisted with the distribution of the surveys. Finding a solution for the shortage of nurses in long-term care was understood by the Administrator.

### **Implementation Procedures**

Defining the scope of the community began the assessment. This involved learning about the long-term care organization. A discussion with the Administrator provided an immense amount of information about areas of need. This conversation also revealed what was currently being done to address gaps and whether these interventions had been successful. Demographics about the nursing home provided specific data to highlight the areas of need. Examples of demographics in the nursing home included: nursing turnover rates, current number of nurses employed, money spent on the current nurse orientation process, and how much was spent on hiring contract nurses. Demographics related to the rural community was also important to review, specifically, how many nursing homes were in the area, and the average age of the community. Members of the community outside of the long-term care facility were also

considered. Lastly, there was an assessment on the organization's readiness for change. The Transtheoretical Model of Change was the model used to determine the facility's current stage of change.

Once the scope was defined, the next step was to collect data via surveys. The surveys were newly developed to reflect questions specific to the local long-term care facility. There was a lack of a reliable and valid tool found while reviewing the literature.

### **Measurement Instruments**

The researcher-developed survey consisted of questions created from the findings in the literature review. Participants were given a Likert scale ranging from one to five. There were two scales: importance and satisfaction. The two scales were used to determine where stakeholders see the community's strengths and concerns. A score of one indicated that the question was completely unimportant/unsatisfied. A score of four designated very important/very satisfied. A score of five indicated that the participant preferred not to answer the question. The scale was adapted from a community needs assessment guide developed by Sharma, Lanum, and Suarez-Balcazar (2000). Questions 7 through 11 were to be answered by the nurses. The last section of the survey consisted of open-ended questions about nurse retention, recruitment, and a nurse residency program (see Appendix E). One survey was distributed to each stakeholder.

### **Data Collection Procedures**

The administrator was interviewed to begin the data collection process. Topics discussed included: current interventions in place to recruit and retain nurses in the long-term care facility; interventions that have been helpful for the facility as well as finances and the costs to orient new nurses and hiring contract nurses.

After defining the scope, the surveys were administered for data collection. The Administrator provided mailing addresses for the advisory board members. The Administrator, Director of Nursing, and nurses received the surveys in employee mailboxes at the nursing home facility. All were asked to return their completed surveys to an envelope located in the main office of the nursing home facility. The regional vice president and advisory board members received the surveys in the mail. A pre-paid mailing envelope addressed to the long-term care facility was provided for return of completed surveys. The stakeholders had two weeks to complete the survey. After two weeks, the surveys were collected from the facility office and analyzed.

### **Ethical Considerations/Protection of Human Subjects**

The Nebraska Methodist College Institutional Review Board (IRB) approval was obtained prior to initiating the DNP project. This was a community needs assessment as it looked to identify the needs of a nursing home community and propose a potential solution. This study was exempt because it presented no more than minimal risk to the participants. The questions on the survey did not pose any additional harm or discomfort than those encountered daily.

Ethical considerations included: respect and beneficence. The participants were given the choice to accept or decline the invitation to participate in the survey. An informed consent was developed to explain that participation was voluntary. Beneficence is ensuring that the risks to the participants were minimized and the benefits were maximized. This included ensuring the anonymity of the participants. There were no names associated with the surveys. The surveys were returned to the main office of the nursing home so that anonymity was maintained. Additionally, there were no questions on the survey that could identify any of the participants. The responses of the surveys were kept confidential and stored securely.

A potential conflict of interest was that the researcher was an employee of the nursing home. The nurses and administration knew the researcher personally, which could have affected the responses on the surveys. Objectivity was maintained by avoiding discussions of the surveys with employees of the nursing home during data collection. Additionally, the researcher remained objective by being open to all survey responses. This community assessment may have identified other needs besides an improved nurse orientation process. If other needs were identified, they were discussed with the nursing home Administrator.

### **Data Analysis**

The data collected from the surveys was organized in an Excel spreadsheet. Descriptive statistics were used to describe and organize the data from the surveys. The four open-ended questions of the survey were analyzed with frequencies of similar responses. The analysis of the data was completed with the assistance of a statistician.

### **Results**

Results of the survey and discussion with the nursing home Administrator are summarized below. A statistician assisted with the interpretation of the results. Current interventions in place to retain and recruit nurses to long-term care were discussed with the Administrator. It was explained that there have been multiple interventions implemented including: annual starting wage and base wage increases; a scholarship program; a competitive benefit package; shift differentials; accommodation of preferred work schedule whenever possible (i.e. daycare, schooling, weekend-only program, 8 or 12 hour shifts when available); international nurse recruitment; employee appreciation events through an employee appreciation committee and leadership team; leadership team open-door policy; free CEU's and some

reimbursement of CEU's for licensure; and advancement opportunities to management positions (K. Glesinger, personal communication, March 10<sup>th</sup>, 2019).

The Administrator also discussed costs associated with hiring agency contract nurses. It was explained that agency LPN rates start at \$46 an hour if the facility provides the housing, or \$52 an hour if the nurse finds housing (K. Glesinger, personal communication, March 10<sup>th</sup>, 2019). This compares to an RN rate of \$58 an hour with housing or \$64 an hour for the nurse finding housing (K. Glesinger, personal communication, March 10<sup>th</sup>, 2019). Unfortunately, the Administrator did not have any information related to orientation costs for nurses within the facility. However, it was noted that industry studies estimate the cost of turnover for one nurse is the equivalent of one nurse's annual salary (K. Glesinger, personal communication, March 10<sup>th</sup>, 2019).

Lastly, the Administrator was asked about conversations with any other local nursing homes or the local hospital about recruitment and retention efforts. No contact had been made with the hospital, however other nursing homes are implementing similar interventions (K. Glesinger, personal communication, March 10<sup>th</sup>, 2019).

The first eleven questions on the anonymous survey used a Likert scale ranging from one to five (see tool in Appendix E). Importance and satisfaction were rated for each item. The importance scale responses averaged between 3.7 and 4.1 (Appendix F). The satisfaction scale responses averaged between 2.1 and 3.2 (Appendix F). Some respondents did not answer all questions, so a blank was left for those questions.

There were four open-ended questions related to nurse residency programs. The most commonly cited barrier to nurse recruitment was the nursing home "stigma". Other responses included hours, pay, rural community, staffing, and regulations. A difficult environment was the

most frequently listed answer to barriers to retaining nurses in long-term care. Pay, hours, no opportunity for advancement, burnout, lack of professional co-workers, and nursing home stigma were other responses. The third question inquired about what was currently known about nurse residency programs. Participants most commonly reported not knowing anything about a nurse residency program. Other answers involved the programs only being used in acute care, the programs were not used in long-term care, and the programs were for nursing students in nursing school. Finally, the most frequent response by participants when asked what they would like to learn about nurse residency programs was the structure of the program (Appendix F).

### **Discussion**

The results on the importance section of the survey revealed that the current nurse orientation process, the length of the current orientation process, nurse recruitment, nursing turnover rates, and the ability to communicate with primary providers were, on average, “very important” to the survey respondents. The remaining questions in the importance indicated that respondents felt that these items were “important”.

The results on the satisfaction section of the survey revealed that participants were “satisfied” with the current length of nursing orientation, nurse orientation costs, opportunities for advancement, the ability to communicate with primary providers, and overall job satisfaction. The remaining questions indicated that respondents were “unsatisfied” with the current nurse orientation process, nurse recruitment, nurse turnover rates, nurse retention in long-term care, confidence to complete assigned tasks, and the availability of another nurse to problem solve.

Participants of the surveys indicated that the current nurse orientation process, nurse recruitment, and nurse turnover rates were “very important”, yet were “unsatisfied” with these items. The most frequent responses in the open-ended question about barriers to recruitment of

nurses were hours and the nursing home “stigma”. The most frequent responses about barriers to keeping nurses in long-term care were difficult environment, hours, and pay. The survey results also revealed that participants would like to learn more about nurse residency programs, including the structure and how to go about implementing a program within the nursing home.

### **Limitations**

A limitation of this project was the low number of participants. There were 23 surveys distributed with ten returned. A larger response rate would have provided additional information from the nurses and board of directors. Due to the low participation, the results of the assessment cannot be generalized to nursing homes within other communities.

For future needs assessments, it would be suggested to try on-line surveys due to ease of administration and require less work of participants.

### **Plan for Sustainability**

A plan for sustainability was not warranted for this project because it was a community needs assessment. However, it was important that the results of the community needs assessment were reported to the stakeholders with a recommended plan of action based on the results. The hope was that the nursing home would have interest in a nurse residency program. Therefore, sustainability could be initiated by giving the nursing home stakeholders information about nurse residency programs.

### **Implications for Practice**

The needs assessment survey revealed that the stakeholders saw a need for changes in the recruitment and retention of current nurses. A suggested intervention is the development of a nurse residency program. A nurse residency program is beneficial for nursing homes because the programs offer a longer, more detailed nurse orientation that promotes confidence among

nurses. The program teaches nurses how to communicate effectively with providers, family members, and co-workers. Improved retention rates and decreased turnover rates were also reported by several authors after nurses had completed a nurse residency program (Letourneau & Fater, 2015; Little, Ditmer, & Bashaw, 2013; Van Camp & Chappy, 2017).

### **Conclusion**

In conclusion, this community needs assessment was important for the local nursing home because it initiated a discussion about the current nursing situation. There was a high nurse turnover rate and difficulties with recruiting nurses to long-term care. Both were problems that needed to be addressed if the nursing home is to remain open. Additionally, it was expensive to hire contract nurses as well as orient new nurses who leave within the first year. Stakeholders also identified that nurse recruitment and turnover rates are important but are not satisfied with the current efforts. Therefore, nurse residency information should be shared with the long-term care facility so that a decision can be made on whether it is appropriate for the specific site.

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<b>Citation/Level of Evidence</b>	<b>Participants/Setting/ Sample size</b>	<b>Purpose/ Background</b>	<b>Methods/ Design &amp; Limitations</b>	<b>Findings/Summary Strengths/ Weaknesses</b>	<b>Applicability to own research</b>
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## Appendix A

Table 1

*Summary of Literature Review*

<p><b>Anderson, G., Hair, C., &amp; Toder, C. (2012). Nurse residency programs: An evidence-based review of theory, process, and outcomes. <i>Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing</i>, 28(4), 203-212. doi:10.1016/j.prof.nurs.2011.11.020</b></p> <p><b>Level I evidence; systematic review</b></p>	<p>There were 34 relevant reports. After inclusion and exclusion criteria were applied, 20 studies were kept.</p>	<p>The purpose of the review was to describe the evidence behind nurse residency programs.</p>	<p>Key search terms included a combination of the following words: intern program, extern program, nurse residency, transition, new RN program, RN clinical education, RN perceptions, nursing faculty, turnover costs, and return on investments.</p> <p>Inclusion criteria: research report about a nurse residency, intern, extern, or transition program, new RN graduate characteristics, program goals and theoretical perspectives, program components and processes, program outcome measures, and lessons learned.</p> <p>Exclusion criteria: senior nursing</p>	<p>Two of the 20 studies received a high score, eight received a medium score, and ten studies a low score.</p> <p>All studies reported positive findings, no negative findings.</p> <p>The lengths of the nurse residency programs varied, however, most programs consisted of didactic classroom content of four to eight hours a month, and a preceptor ranging from 12 weeks to 12 months.</p> <p>The best teaching and learning strategies used in nurse residency programs include: 1) pairing resident with trained preceptors, 2) building cohort relationships among new graduates, 3) scheduling time for discussions among new graduates, clinical experts, and nurse managers to promote critical thinking, problem solving, and decision making, and 4) using complex simulation scenarios to foster communication among coworkers and</p>	<p>This systematic review provides a helpful summary of articles related to nurse residency programs.</p>
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			<p>students.</p> <p>A classification rubric was developed to evaluate the studies using eight criteria: research question identified, sample size and characteristics described, study design/methods described, study variables described including the educational interventions, data collection instruments identified, reliability coefficients stated for the instruments and validity addressed, statistical analysis reported with tests of significance, and qualitative data collection included both method and results. The strength and weaknesses of the studies</p>	<p>interprofessional team members in a wide variety of clinical events.</p> <p>Retention rate, turnover rates, turnover costs, and return on investment are the most frequently used outcome measures.</p> <p>Most program evaluators reported a positive impact on new graduates' performance and job satisfaction, control over practice, autonomy, sense of belonging, intent to stay, improved critical thinking, and nursing skin competency.</p>	
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			were also rated as high, medium, and low.		
<p><b>Cadmus, E., Salmond, S. W., Hassler, L. J., Black, K., &amp; Bohnczyk, N. (2016). Creating a long-term care new nurse residency model. <i>Journal of Continuing Education in Nursing, 47(5), 234-240.</i> doi:10.3928/00220124-20160419-10</b></p> <p><b>Level VI evidence; descriptive research</b></p>	<p>There were six preceptors and eight nurse residents in the program. Registered nurses who had graduated from an associate or baccalaureate degree program within 12 months were chosen.</p>	<p>The purpose of the article is to describe the development and implementation of a 12-month nurse residency program in long-term care settings in New Jersey.</p>	<p>There were two competency-based models that the nurse residency program was developed from: Nurse of the Future Core Competencies and NICHE Geriatric Resource Nurse.</p> <p>The program used case studies, active learning exercises, role-playing, and standardized patients.</p> <p>Long-term care facilities with a four or five-star facility rating by CMS were chosen.</p> <p>There were three phases of the program: preceptor development, nurse resident development, and preceptor/nurse</p>	<p>Preceptors of the program reported new methods of learning and increase in personal pride. Downfalls the preceptors reported were time and staffing issues.</p> <p>Nurse residents expressed new confidence in working in long-term care. Improved job satisfaction and increased likelihood of remaining employed were also reported.</p> <p>A retention rate of 86% was reported.</p> <p>Limitations of the study included a small sample size. There were difficulties recruiting long-term care facilities to participate and finding enough new graduate nurses.</p>	<p>This article provides vital information related to nurse residency programs in long-term care. There is limited research in long-term care nurse residency programs as most research is in acute care.</p>

			resident collaborative. The program was completed in 19 days during a period of nine weeks.		
<p><b>Fiset, V., Luciani, T., Hurtubise, A., &amp; Grant, T. L. (2017). Clinical nursing leadership education in long-term care: Intervention design and evaluation. <i>Journal of Gerontological Nursing, 43</i>(4), 49-56. doi:10.3928/00989134-20170111-01</b></p> <p><b>Level IV evidence; study is a mixed-methods case study</b></p>	<p>The study was completed in long-term care facilities throughout Ontario, Canada. A total of 29 nursing administrators and educators from 14 different facilities participated in the surveys. There were 22 administrators and educators from 14 long-term care facilities who participated in two focus groups. A total of 40 nurses from three long-term care facilities participated in six focus groups.</p> <p>Participants in phase two included 13 registered nurses and 12 registered practical nurses with two to 30 years of experience.</p> <p>A total of seven nurses and three administrators responded to the phase three survey.</p>	<p>The objectives of the study were to investigate the perceived leadership education needs of nurses working in long-term care along with preferred methods for delivering the learning and to evaluate the perceived impact of leadership training designed using these insights.</p>	<p>There were three phases to the study. The first phase was an assessment of the perceived learning needs and preferred mode of education delivery using surveys and focus groups.</p> <p>Phase two involved collection of the survey data following a two-day education workshop that was delivered.</p> <p>Phase three included collection of survey data from participants three months after the intervention.</p> <p>A limitation of the study was the small numbers of</p>	<p>The perceived learning needs included conflict resolution, employee supervision, regulatory compliance, and communication skills. Administrators emphasized the important of regulatory compliance knowledge.</p> <p>The preferred methods of education delivery indicated a preference for an external educator to deliver content with an in-house mentorship. Point-of-care and one-on-one training were also preferred.</p> <p>Focus groups revealed that clinical leadership should place an emphasis on good teamwork and being role models who are available for support. Discussions also revealed a desire to learn through discussion and sharing.</p>	<p>This study is important in my research because there are multiple aspects of a nurse residency program. It is imperative that an assessment is done to determine how long-term care nurses learn best and what kind of learning needs they desire. Understanding these variables will assist in developing an effective nurse residency program.</p>

			survey participants. Also, data that was collected in phase two and three were collected in English.	The two-day workshop resulted in leadership skill improvement.	
<p><b>Goode, C. J., Lynn, M. R., McElroy, D., Bednash, G. D., &amp; Murray, B. (2013). Lessons learned from 10 years of research on a post-baccalaureate nurse residency program. <i>The Journal of Nursing Administration</i>, 43(2), 73-79. doi:10.1097/NNA.0b013e31827f205c</b></p> <p><b>Level IV evidence</b></p>	<p>A total of 31,000 nurses and 86 organizations representing 100 hospitals have participated in the nurse residency program. Data has been collected from 2002-2012.</p>	<p>The purpose of the article was to provide the history, curriculum essentials, accreditation process, and research outcomes of the University HealthSystem Consortium/American Association of Colleges of Nursing residency.</p>	<p>The curriculum of the nurse residency program was based on the <i>AACN Essentials of Baccalaureate Education for Professional Nursing Practice</i>. There are three core areas of content: leadership, patient safety and outcomes, and professional role. The curriculum also requires the completion of an evidence-based practice project.</p> <p>The curriculum is taught in monthly residency seminar sessions in a face-to-face environment. There are case studies,</p>	<p>The nurse resident's perception of their overall confidence and competence, ability to organize, and prioritize their work and ability to communicate and provide leadership showed statistically significant increases over the one-year residency.</p> <p>Retention rates increased from 88% to 94.6% in 2012.</p> <p>Residents rate the program, faculty, goals, and topics positively.</p> <p>Residents rate their professional satisfaction very high on entrance to the program. A statistically significant decrease occurs at six months and then stabilizes, and satisfaction scores remain at or close to the six-month level on completion.</p>	<p>This article is meaningful to my research because it reveals the multiple benefits of a nurse residency program.</p>

			<p>simulation, and interprofessional exercises.</p> <p>There were four instruments used to collect evaluation data: Casey-Fink Graduate Nurse Experience Survey, McCloskey Mueller Satisfaction Scale, Gerber’s Control Over Nursing Practice Scale, and Graduate Nurse Residency Program Evaluation.</p> <p>Limitations of the study include decreased participation in data collection.</p>	<p>The scores for organizing, prioritizing, communication, and leadership were significant predictors of commitment to current position (<math>R^2 = 0.44</math>) and commitment to nursing (<math>R^2 = 0.33</math>).</p>	
<p><b>Letourneau, R. M., &amp; Fater, K. H. (2015). Nurse residency programs: An integrative review of the literature. <i>Nursing Education Perspectives (National League for Nursing), 36(2), 96-101.</i></b></p>	<p>Search identified 79 results. The results were narrowed to 25 articles after exclusion and inclusion criteria were applied.</p>	<p>The purpose of the review was to generate nursing knowledge through a detailed understanding of nurse residency programs.</p>	<p>Search Terms: “nurse residency program” was used.</p> <p>Exclusion criteria included unpublished manuscripts, dissertations, and</p>	<p>The results of the integrative review revealed 15 of the articles addressed the development and implementation of nurse residency programs.</p> <p>One article described reflective practice exercises of nurse residency program.</p>	<p>This article is important for my topic because it offers examples of multiple ways to develop and implement a nurse residency program.</p>

<p><b>doi:10.5480/13-1229</b></p> <p><b>Level I evidence; an integrative review is a systematic review that doesn't have a summary statistic.</b></p>			<p>publications in languages other than English.</p> <p>Inclusion criteria included articles publications on nurse residency programs in acute care settings in the United States.</p> <p>Review was limited to articles published since the release by the Joint Commission of the white paper Health Care at the Crossroads (2005).</p>	<p>Four of the articles explained how the nurse residency programs were established through partnerships with the American Association of Colleges of Nursing and the University HealthSystem Consortium.</p> <p>Furthermore, several of the studies indicated that nurse residency programs increased nurse retention and decreased turnover rates.</p>	<p>Additionally, the review supports the fact that nurse residency programs increase retention and decrease turnover rates, which are important for the organization.</p>
<p><b>Little, J. P., Ditmer, D., &amp; Bashaw, M. A. (2013). New graduate nurse residency: A network approach. <i>Journal of Nursing Administration</i>, 43(6), 361-366. doi:10.1097/NNA.0b013e3182942c06</b></p> <p><b>Level IV evidence</b></p>	<p>A multihospital network in Southwest Ohio was studied. Organization A had a sample size of 138 and Organization B had a sample of 34.</p>	<p>The purpose of this article was to align organizational processes related to the nurse residency program and to provide direction for implementation of a standardized network-wide nurse residency program.</p>	<p>There were two organizations within the network, each with their own nurse residency program.</p> <p>Organization A was an adaptation of the University HealthSystem Consortium nurse residency</p>	<p>Organization A had an overall nurse resident retention rate of 97.8% over the last two years.</p> <p>Organization B had a retention rate of 97.05% over the last two years.</p> <p>The two organizations were combined and re-structured into one nurse residency program. The authors plan to</p>	<p>This article is beneficial towards my research because it offers information about the structure of two nurse residency programs. It also describes how the two programs were combined and the work that</p>

			<p>program. It was a two-year program consisting of 48 hours of curriculum content and 12 months of informal support.</p> <p>Organization B was an adaptation of the Versant model for nurse residency. This program was also two years long. It consisted of four phases: orientation, transition, transformation, and exploration.</p> <p>Limitations: Uneven sample sizes.</p>	<p>continue tracking nurse retention rates, as well as nurse resident employee engagement scores, nurse resident reported stress levels, and nurse resident basic knowledge.</p>	<p>went into developing one nurse residency program.</p>
<p><b>Rosenfeld, P., &amp; Glassman, K. (2016). The long-term effect of a nurse residency program, 2005-2012: Analysis of former nurse residents. <i>The Journal of Nursing Administration</i>,</b></p>	<p>Study was completed in a large urban academic medical center (NYU Hospitals Center). A total of 136 individuals responded to emails and completed some of the surveys, while 108 completed the entire survey.</p>	<p>The purpose of the study was to: 1) identify nurse residency program participants who completed the program from 2005-</p>	<p>Surveys were developed focusing on five domains: 1) demographic characteristics, 2) current educational and employment characteristics,</p>	<p>The study found that nurse residents value the “senior staff support” and “transition from beginner to competent RN” the most regarding the nurse residency program.</p> <p>Leavers stay for 2.18</p>	<p>This study is important because it evaluates the impact of nurse residency programs long-term. This information is valuable</p>

<p><b>46(6), 336-344.</b>  <b>doi:10.1097/NNA.</b>  <b>000000000000035</b>  <b>4</b></p> <p><b>Level IV evidence</b></p>		<p>2012 and who have left NYU Hospitals Center, 2) describe their education and demographic characteristics, when and why they left, current employment characteristics, professional accomplishments, evaluation of nurse residency program from the perspective of current position, and intent to stay at current position, 3) identify similarities and differences between stayers and leavers, 4) assess how these data further the study of nurse residency programs.</p>	<p>3) evaluation of the nurse residency program from the perspective of current employment, 4) professional accomplishments, and 5) intent to stay at current position.</p> <p>Data was gathered from the human resources department. Participants were contacted via telephone, social media, and e-mail.</p> <p>Limitations of the study include only one institution being studied.</p>	<p>years at the institution and stayers stayed for 4.86 years.</p> <p>No statistical differences between stayers and leavers when advising whether to take the nurse residency program. This may suggest that the value of the program is sustained over time.</p> <p>As the number of years since the nurse residency program increases, so does the likelihood of leaving the institution, obtaining certification, number of certifications, and professional accomplishments.</p>	<p>because the intent of nurse residency programs is to decrease nurse retention rates.</p>
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<p><b>Salmond, S. W., Cadmus, E., Black, K. K., Bohnczyk, N., &amp; Hassler, L. (2017). Long-term care nurse residency program: Evaluation of new nurse experiences and lessons learned. <i>Journal of Continuing Education in Nursing, 48</i>(10), 474-484. doi:10.3928/00220124-20170918-09</b></p> <p><b>Level IV evidence; mixed-methods design</b></p>	<p>There were 36 long-term care facilities in New Jersey chosen. Registered nurses who had graduated from both associate and baccalaureate degree programs within the past 12 months were eligible. There were 39 preceptors and 37 nurse residents.</p> <p>Two cohorts were completed over a period of 19 months.</p> <p>Cohort 1: four or five-star quality CMS rating for facilities</p> <p>Cohort 2: any star quality CMS rating</p>	<p>The purpose of the study was to reduce turnover and improve retention rates in long-term care by implementing and evaluating a nurse residency program. The questions the authors aimed to answer were: 1) Does implementing a new nurse residency program improve the confidence and competence levels of new graduate nurses? 2) Does a new nurse residency program increase retention and job satisfaction in long-term care environments? 3) How do new nurse</p>	<p>The program incorporated preceptor training and nurse resident training. The curriculum was based on the ten core competencies from the Nurse of the Future Core Competencies and gerontological care.</p> <p>A pretest-posttest, mixed methods approach was used to evaluate the program. The nurse resident surveys included demographics, job satisfaction, confidence, organization safety, geriatric knowledge, and perceptions of the residency program. Interviews and focus groups were also utilized. The surveys were administered online. An</p>	<p>Casey-Fink Graduate Nurse Experience Survey: pre- and post-test scores for “support” and “stress” subscales showed minimal variation. Scores for “communication/leadership”, “patient safety”, and “personal satisfaction” subscales had positive differences of five, six, and eight percentage points.</p> <p>Focus group findings supported the findings that the nurse residency program helped the new nurses “build their confidence and skills in caring for the older adult”.</p> <p>There was a 9% decrease in overall job satisfaction.</p> <p>95% of the respondents reported that the program had a favorable effect on role development and clinical practice.</p> <p>There was a retention rate of 86%.</p> <p>Recommendations for improvement of the program through interviews with</p>	<p>This article is a piggyback to the other Salmond et al. (2016) article. This information helps tie all the information together about the success of the implementation of a nurse residency program in long-term care facilities in New Jersey.</p>
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		<p>residents perceive organizational safety? 4) How does the residency program influence transition-to-practice for the new nurse resident? 5) What recommendations can be made for the sustainability and approach of the long-term care residency program?</p>	<p>independent evaluator conducted the surveys, interviews, and focus groups.</p>	<p>administrators were dedicated time for mentorship, grant money, broadening participation for more seasoned nurses, and implementing a modular program where participants could opt in or out based on their learning needs.</p>	
<p><b>Shen, Q., Peltzer, J., Teel, C., &amp; Pierce, J. (2018). Kansas nurse leader residency programme: Advancing leader knowledge and skills. <i>Journal of Nursing Management</i>, 26(2), 148-157. doi:10.1111/jonm.12527</b></p> <p><b>Level IV evidence</b></p>	<p>Inclusion criteria for the program were licensure as an RN in Kansas, working in one of four specialty areas (acute care, long-term care, public health, or school health), and having a mentor who was willing to work with the nurse resident for the duration of the program. There was a total of 36 nurse residents.</p> <p>Nurses had to apply for the program.</p>	<p>The purposes of the study were to evaluate the effectiveness of the Kansas Nurse Leader Residency (KNLR) program in improving the leadership knowledge and skills of nurse residents, and the acceptability, feasibility, and fidelity of the KNLR</p>	<p>The program consisted of four in-person meetings, four online modules, and the completion of a community-focused project.</p> <p>A pre- and post-test design was used. The participants' leadership knowledge and skills were examined before and</p>	<p>Data revealed that at baseline, most nurse residents reported being at or above the competent practice level in human resource management, foundational thinking skills, technology, and strategic management. After the program, the reported level of competent practice by nurse residents on all aspects of the knowledge and skills improved from baseline, ranging from 87.2% to 100%.</p>	<p>This study is useful because it offers information from a nurse residency program that includes four different specialty areas, not just acute care.</p>

		program.	<p>after the program.</p> <p>The efficacy of the program was evaluated using a leadership knowledge and skill inventory adapted from the American Organization of Nurse Executives nurse manager skills inventory.</p> <p>Limitations including disproportions in the number of nurse residents in each specialty area. Also, it was a small sample size.</p>	<p>There was a significant improvement in the competent practice level in the knowledge and skills on leading people after completion of the program.</p> <p>After completion of the program, there was a significant improvement in competent practice levels associated with accountability, career planning, and reflective practices.</p>	
<p><b>Van Camp, J., &amp; Chappy, S. (2017). The effectiveness of nurse residency programs on retention: A systematic review. <i>AORN Journal</i>, 106(2), 128-144. doi:10.1016/j.aorn.2017.06.003</b></p> <p><b>Level I evidence; systematic review</b></p>	<p>After inclusion and exclusion criteria were applied, there was a total of 22 articles.</p>	<p>The purpose of the review was to examine new graduate nurse residency programs, residents' perceived satisfaction, and retention rates, and make recommendations for implementati</p>	<p>Key word search included graduate nurses, new graduate nurses, residency, internships and residency, perioperative, and retention.</p> <p>Inclusion criteria were: published in English,</p>	<p>Overall, nurse residents perceived the program as beneficial to their nursing career.</p> <p>All studies reported an overall improvement in confidence and competence scores by the nurse residents.</p> <p>Nurse residency programs improve retention rates among new nurse graduates</p>	<p>This article is important because it evaluates a lot of articles related to retention rates. This will be vital in research related to implementation in a long-term care as there are limited nurses in this setting.</p>

		<p>on in perioperative settings.</p>	<p>published between 2004 and 2016, and articles that addressed nurse retention rates, satisfaction, or perceptions associated with nurse residency program participation.</p> <p>Exclusion criteria were: articles that addressed nurse residency program development and curriculum without a discussion of retention rates, focused on preceptor-only orientation processes, or articles that addressed nurse residency programs implemented in the last year of nursing education.</p>	<p>in the short term.</p> <p>Specifics of nurse residency costs were not typically reported in the studies as program lengths and content vary.</p>	
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**Appendix B**

Search Completed in CINAHL complete with full text database (C) and PubMed database (P).

**Would the community nursing home have interest in implementing a nurse residency program within the next year?**

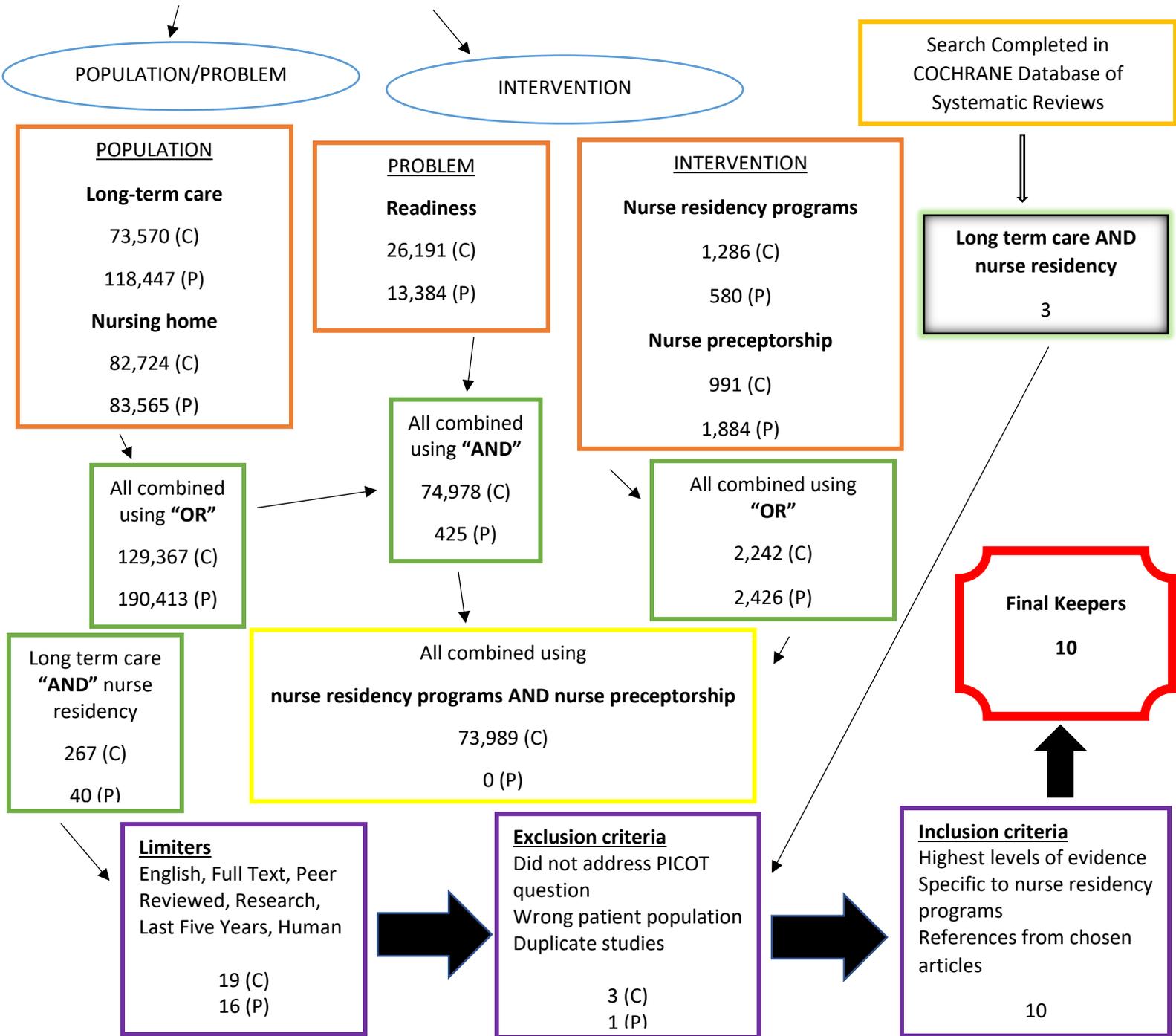


Figure 1. Search trail completed for the literature review.

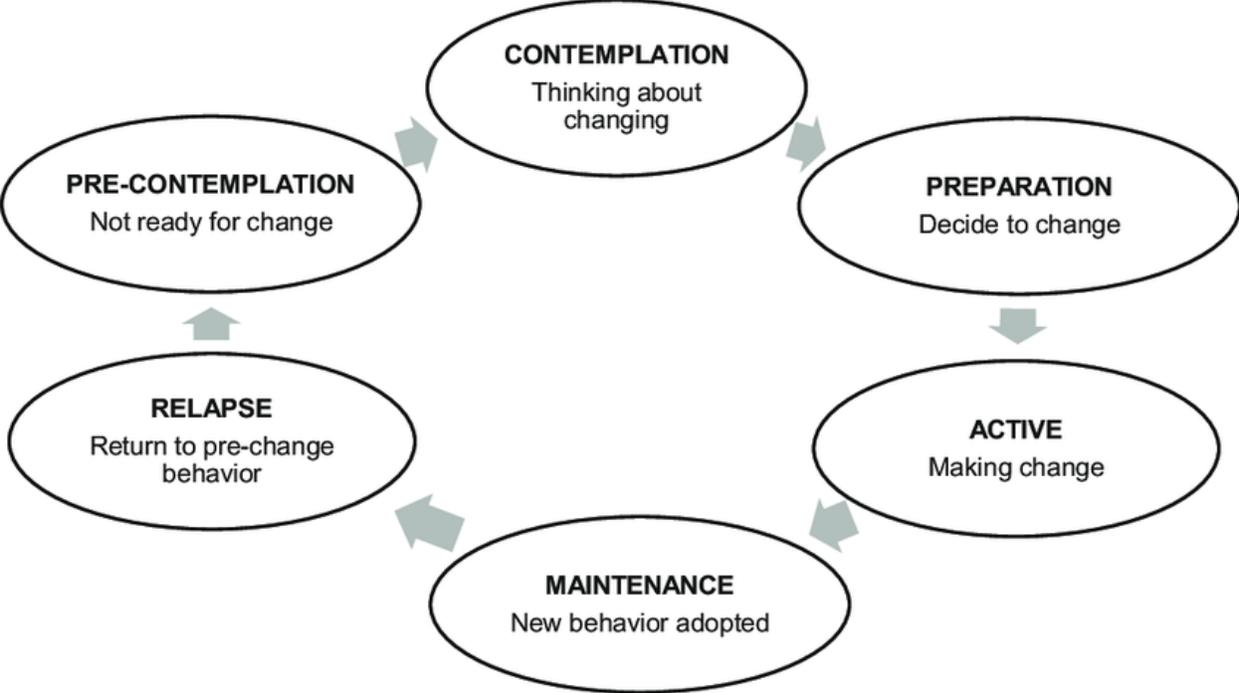


Figure 2. Transtheoretical Model of Change (Researchgate.net)

**Appendix C**

A Doctor of Nursing Practice (DNP) student is completing a community needs assessment to identify whether there would be interest in developing a nurse residency program. A nurse residency program offers an extended amount of training, provided by a preceptor, to nurses who are new to long-term care. No identifying information is collected via completion of the survey. Your participation is completely voluntary, and your answers will be kept private. Once you have completed the survey, please return it to the envelope located at the main office of the nursing home. If your survey was mailed to you, please return the completed survey in the pre-paid mailing envelope to the nursing home.

Please circle the appropriate score using the following scale:

1=Completely unimportant	1=Completely unsatisfied
2=Unimportant	2=Unsatisfied
3=Important	3=Satisfied
4=Very important	4=Very satisfied
5=Prefer not to answer	5=Prefer not to answer

**How important is this to you...**

**How satisfied are you with...**

1. Current nurse orientation process

1      2      3      4      5

1      2      3      4      5

2. Length of current nurse orientation

1      2      3      4      5

1      2      3      4      5

3. Nurse orientation costs

1      2      3      4      5

1      2      3      4      5

4. Nurse recruitment  
1 2 3 4 5 1 2 3 4 5
5. Nursing turnover rates  
1 2 3 4 5 1 2 3 4 5
6. Keeping nurses in long-term care  
1 2 3 4 5 1 2 3 4 5

If you are NOT a nurse, please skip questions #7-#11

7. Opportunities for advancement  
1 2 3 4 5 1 2 3 4 5
8. Confidence to complete assigned tasks  
1 2 3 4 5 1 2 3 4 5
9. Ability to communicate with primary providers  
1 2 3 4 5 1 2 3 4 5
10. Availability of another nurse to problem solve  
1 2 3 4 5 1 2 3 4 5
11. Overall job satisfaction  
1 2 3 4 5 1 2 3 4 5

What do you see as barriers to recruiting nurses to long-term care?

What do you see as barriers to retaining nurses in long-term care?

What do you know about nurse residency programs?

What would you like to learn about nurse residency programs?

## Appendix D

## Importance Scale

Respondent	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
1	4	4	5	4	4	4	3	4	4	4	4
2	4	4	3	4	4	4	3	3	4	4	3
3	4	4	2	4	4	4	2	4	4	4	4
4	4	4	4	4	4	4	-	-	-	-	-
5	4	4	3	4	3	4	3	3	4	3	4
6	4	4	4	4	4	4	4	4	4	4	3
7	4	4	3	4	4	4	4	4	4	3	3
8	5	5	5	5	5	5	-	-	-	-	-
9	4	3	4	4	4	4	-	-	-	-	-
10	4	4	4	4	4	4	4	3	4	3	4
<b>Mean</b>	4.1	4	3.7	4.1	4	4.1	3.3	3.6	4	3.6	3.6
<b>Standard deviation</b>	0.32	0.47	0.94	0.32	0.47	0.32	0.76	0.53	0	0.53	0.53

## Satisfaction Scale

Respondent	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
1	2	2	5	3	2	2	3	3	4	3	3
2	2	2	-	2	2	2	3	3	3	3	3
3	2	3	3	3	2	2	3	4	-	-	-
4	3	3	2	1	1	1	-	-	-	-	-
5	4	4	3	4	2	2	4	3	4	3	4
6	3	3	3	2	2	3	3	3	2	3	3
7	3	3	3	3	2	2	3	2	3	3	3
8	5	5	5	5	5	5	-	-	-	-	-
9	3	3	3	3	2	3	-	-	-	-	-
10	2	3	2	2	1	1	2	2	2	2	2
<b>Mean</b>	2.9	3.1	3.2	2.8	2.1	2.3	3	2.9	3	2.8	3
<b>Standard deviation</b>	0.99	0.88	1.09	1.14	1.10	1.16	0.58	0.69	0.89	0.41	0.63

<b>Barriers to recruiting nurses in LTC</b>	<b>Frequency</b>
Rural community	3
Pay	3
Hours	4
Nursing home "stigma"	5
Staffing	2
Regulations	2

<b>Barriers to retaining nurses in LTC</b>	<b>Frequency</b>
Pay	4
Hours	4
Difficult environment	5
Burnout	1
Lack of professional co-workers	1
Nursing home "stigma"	1
No opportunity for advancement	2

<b>Knowledge about nurse residency programs</b>	<b>Frequency</b>
Nothing	5
Used in acute care	1
For nursing students in nursing school	1
Beneficial	1
Not generally seen in LTC	1

<b>Would like to know about nurse residency programs</b>	<b>Frequency</b>
Structure	5
How to implement	1
Help with recruitment and retention	1
Nothing	2