67% to 85% of novices employed in hospital settings

MEDSURG continues to be the launch sites for neophyte nurses

> patient acuity > turnover

+ technological advancements

+ demanding workloads
COOPER’s 5-Stage Approach

- Problem Formulation
- Data Collection
- Data Points Evaluation
- Analysis Interpretation
- Presentation of Results
SEARCH STRATEGY

New Nurse Graduates

Transition Programs

Medline

Excerpta Medica

CINAHL
SEARCH STRATEGY

New Nurse Graduates ➔ Transition Programs

- English
- Abstract
- 2012-2018
- 1337
EXCLUDED

Professional identify

Gray Literature

NON Acute Care

Specialty Areas
SEARCH STRATEGY

New Nurse Graduates → Transition Programs

- English
- Abstract
- 2012-2018
- 47
ARTICLE REVIEW (Beck Scoring)

Study Design

Sample Approach and Size

Program Elements
- Orientation Length/Transition Length/Education/Supports

Outcomes
- Competencies/Critical Thinking
FINDINGS – Description of Programs

- **Generic** transition to practice programs (21)
- **Specific** models (55)
  - Residency programs (22)
  - Extended orientations (13)
  - Preceptorship/mentorship/internship (20)
- **Length** varied <1-36 months
  - < 3 months (14)
  - 3-6 months (11)
  - ≥ 6 months (40)
  - 36 months (1)
- **Phases** (Orientation/Transition/Integration)
FINDINGS – Common Px Features

- Defined Resource Person
  - Assigned in 1:1 relationship w NG
  - Standard definitions lacking
  - Mentor (20), Clinical Coach (5), Sponsor (1), Navigator (2)
- Single Resource Person
  - Resident Facilitator
  - Transition Program Coordinator

- Mentorship
  - 1:1 relationship w NG
  - >retention
  - Match or don’t match?
  - Training?
  - Regular meetings +
  - >age of mentor = <stress of NG
  - Peer support +++

- Strategy bundling
FINDINGS – Retention/Cost Benefit

- Variation in reported outcomes (pre/post vs post only)
- Pre/post 100% improved retention
- Primary CBR savings related to retention
- Program costs $2,023.91-$12,125 US/graduate
- Annual savings of $330,481 - $1,040,153.00 (RET 60% - 89% TO 32% - 16%)
- Alternatively $40,000> US savings/graduate retained
- Working on calculation of 1.5-2 X RN salary for new hire
- Studies reported variations in HOW they measured CBR
FINDINGS – Education Preparation

- **Stronger preparation**
  - Didactic balanced well with clinical
  - IT usage
  - Evidence based approach
  - Integrated pathophysiology
  - High CT expectations
  - Content r/t specific client populations

- **Partnership models (academia and healthcare org)**
  - Increased clinical practica opportunities
  - Preceptor support and education
  - Staff access to academic offerings
FINDINGS – Education Practice Setting

- Delivered during unit specific orientation periods but not well evaluated
- 2/13 papers explicit on time spent HOW/WHEN
- Course work and classroom sessions (<formal classes)
- Clinical practice topics (pain/end-of-life/medication errors/family crisis support/pathophys)
- ++ skill practice increased comfort/reduced anxiety
- Consolidation vs staggering of content
- Managing the complex patient
- Conflict resolution
- Inclusion of SIM
- Overall this support approach was poorly evaluated
FINDINGS – Support/Satisfaction

- Initial support provided during orientation period – primarily preceptored experience
- Orientation generally 4 weeks – 3 months (≥ retention)
- Importance of dedicated preceptored shifts but details lacking about components; trend toward quality vs quantity of preceptorship
- Mention of NB of preceptors receiving formal education but length varied greatly
  - Adult learning principles
  - Learning styles
  - Conflict resolution
  - Benner’s skill acquisition levels
- Benefits of preceptor/graduate pairings (same/diff) unclear
- Supernumerary time varied 3 weeks – 4 months
- Initial transition and 6-9 months MOST STRESSFUL/<satisfaction
  - Transition Shock/Transition Crisis periods
FINDINGS – Competency/CT

• Critical thinking found to improve in ALL programs
• A lack of preparation in administering medications, knowledge of pharmacology and nurse–physician interactions consistently reported
• Consistent ‘not ready to hit the ground running’ (independent practice upon registration)
• Most grads did not feel completely ‘independent’ even after a year of practice
• Grads claim inadequate clinical practice opps in school
• Problem based models of education superior
• Measure of confidence inconsistent though inferred
FINDINGS – Workplace Environment

• Significant factor impacting transition but not heavily studied in research
• ‘reality’ shock lower in graduates transitioning into ‘healthy’ or ‘very healthy’ workplaces
• Academic teaching hospitals +
• ‘Satisfiers’ = helping people, teamwork
• ‘Dis-satisfiers’ = poor teamwork, physician disrespect and staffing/scheduling challenges
• Low to moderate quality evidence
• Conclusions were limited due to variability
• Few studies adequately controlled
• Transition programs improved retention
• Graduates prefer ‘hands on’ education over formal classes
• Dedicated time for skill practice – SIM?
• Support was in the PEOPLE – preceptor!
• Moral support of peers NB
FINDINGS – DISCUSSION

• Inconclusive evidence on where support most needed or optimal length
• Issues 6-9 months remain unclear
• Beyond unit orientation the bulk of the evidence suggested that new graduate nurses struggle with high levels of stress and low levels of job satisfaction up to 9 months post-hire
• some level of support should be available to new graduates at least through this period
• Critical impact of workplace environment
FINDINGS — FUTURE RESEARCH

• More rigor and longitudinal and quasi-experimental/experimental designs
• Transition programs versus informal support
• Partnership potential between HC systems and academia
• Component evaluation – type of px, delivery method, timing, OR length
• Evidence-based strategies to improve workplace environment

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