

NURSE RESIDENCY PROGRAM USE IN ALABAMA HOSPITALS:
EXPLORING THE DECISION-MAKING STRATEGIES
OF HOSPITAL ADMINISTRATORS

by

MIRANDA M. SMITH

JOANN S. OLIVER, COMMITTEE CHAIR
STEPHEN TOMLINSON
PAIGE T. JOHNSON
BECKY M. ATKINSON
MARSHA HOWELL ADAMS

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ABSTRACT

Current literature supports the creation and implementation of nurse residency programs to support new graduate nurses as they transition into nursing practice. Additionally, nurse residency programs have been shown to increase nurse satisfaction and retention (Crimlisk et al., 2017; Olson-Sitki et al., 2012). Currently, there are only three nurse residency programs in the state of Alabama. The lack of this important post-licensure resource poses a problem for new graduate nurses who are seeking additional assistance and guidance during the transition to professional practice.

This qualitative study examined the decision-making process of hospital leaders in the implementation of the nurse residency program at their facility. This study also explored factors that impacted hospital leaders' decision to implement a nurse residency program. This study found a relationship between the decision to implement a nurse residency program and the desire to increase nursing development in the facilities. The benefits that were identified included building a solid foundation, recruitment and retention, and building relationships. Other factors that influenced the hospital leaders' decision to implement the nurse residency programs were demand and excessive turnover of staff. In addition, multiple barriers such as logistics, manager buy-in, and curriculum development were identified by the hospital leaders as potential barriers to implementation. This study will also be able to help hospital leaders who are struggling with the decision to implement nurse residency programs in their facilities.

DEDICATION

Jesus looked at them and said, "With man this is impossible, but with God all things are possible." Matthew 19:26

This dissertation is dedicated first to my family. My husband, Brad, who has been by my side since I decided I wanted to further my education even though the road has been long and rough. To my children, Blair and Eli. They were my inspiration to continue in school and they have been on the road with me throughout the years. They would sit by me while I was studying, writing papers, and just gave me support by being there. All three of you have been my rock and my inspiration. I do not think I could have made it without you. I love you!

Second, I want to dedicate this dissertation to the person who has been told they were not good enough and that furthering your education is a waste of time. This was me in the beginning, but one thing I have learned is that I am good enough and that I am not furthering my education for them, but I am also doing it for me and my students. For those of you who have been told you are not "good enough" or obtaining an Ed.D. is a "waste of time" just remember you are doing this for you, and you will always be good enough.

LIST OF ABBREVIATIONS

AACN	The American Association of Colleges of Nursing
CCNE	The Commission on Collegiate Nursing Education
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CNO	Chief Nursing Officer
eNLC	Enhanced Nurse Licensure Compact
ERIC	Education Research Complete
IOM	Institute of Medicine
IRB	Institutional Review Board
PBNR	Post Baccalaureate Nurse Residency Program
NCLEX	National Council Licensure Examination
NCSBN	The National Council of State Board of Nursing
NPD	Nurse Professional Development
NRDS	Nurse Residency Program Development Specialist
NRP	Nurse Residency Programs
NSCBN	National Council of State Board of Nursing
RN	Registered Nurse
U.S.	The United States of America

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We are what we are through our education. Immanuel Kant

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CHAPTER ONE - INTRODUCTION

Hospitals have experienced high turnover rates of nurses for decades. Research shows the turnover rate for novice nurses for the first year is 17.5% (Kovner et al., 2014). Estimates reveal that 33.5% of nurses will leave their job within two years of being employed (The Robert Wood Johnson Foundation, 2014). Within the next five years, estimates show that only 25% to 50% of the current practicing registered nurses will still be working in their field (Medas et al., 2015). However, according to the U.S. Bureau of Labor Statistics (2020), the projected growth in nursing jobs will be at least 12%. This growth is in response to the aging population and the increasing need for preventative care. Additionally, a growing incidence of chronic health problems such as diabetes, obesity, and heart conditions will increase the need for nurses in facilities (U.S. Bureau of Labor Statistics, 2020).

Hospitals are also struggling to keep nurses employed at their facilities as they combat nurse burnout, emotional distress, fatigue, exhaustion, and stressful work environments (MacKusick & Minick, 2010). Often novice nurses are hired into demanding positions and these nurses could benefit from additional training and preparation (Beeman et al., 1999). Although the American Association of Colleges (AACN, 2020) reports a 3.7% increase in enrollment in baccalaureate nursing programs, the increase is not sufficient to obviate the nursing shortage. In response to a specific nursing shortage in 2010, the National Academy of Medicine, formerly the Institute of Medicine (IOM), released the “IOM Future of Nursing Report” (2011) to help meet the needs of an aging, increasingly diverse population. The National Academy of

Medicine was established in 1970, as an independent, nonprofit organization to help provide “unbiased and authoritative advice to decision-makers and the public” (National Academy of Medicine, 2011). The key ideas identified by the committee members were that nurses had a difficult time balancing the medical complexities of today’s healthcare and translating this into practice including applying research modalities and critical thinking and clinical judgment to the patient. This was evaluated and observed for all patients throughout their lifespan and hospital settings. Also, the committee members observed difficulties with nurses who were unable to fulfill leadership roles (National Academy of Medicine, 2009). From these key ideas, the National Academy of Medicine recommended increasing nurse residency program curriculum in the healthcare fields. The report also included recommendations to help meet the needs of the complex evolving health care system (National Academy of Medicine, 2011).

The committee made eight recommendations for implementation for the future of nursing, leading change, and advancing health. One of these was to implement more nurse residency programs. It stated that actions should be taken to help support nurses making a transition into their professional role (National Academy of Medicine, 2011). “Nursing residency programs are designed to increase retention and provide essential tools to promote graduate nurse success and productivity” (Welding, 2011, p. 37). The AACN defines nurse residency programs as “a series of learning sessions and work experiences that occur continuously over 12 months and is designed to assist new employees as they transition into their first professional nursing role” (Stokowski, 2015).

A study done by The National Council of State Boards of Nursing (NCSBN) indicated that when novice nurses participate in an “established” transition program, such as a nurse residency program, they have fewer errors, fewer negative safety practices, and a higher overall

competency rating (Spector, 2014). There is clear evidence in the literature that by participating in a nurse residency program the novice nurse skills are better developed, there is a decrease in nurse turnover, and increased satisfaction from the novice nurses (Medas et al., 2015; Olson-Sitki et al., 2012; & Ortiz, 2016;).

Nurse Residency Programs and the AACN & CCNE

The AACN is a national voice for academic education. They work to “establish quality standards for nursing education; assist schools in implementing those standards; influence the nursing profession to improve health care; and promote public support for professional nursing education, research, and practice,” (AACN, 2019b).

The Commission on Collegiate Nursing Education (CCNE) is nationally recognized by the U.S. Secretary of Education as an “autonomous accrediting agency, contributing to the improvement of the public’s health” (CCNE, 2019). They serve to support and encourage “self-assessment by nursing programs and supports growth and improvement of collegiate professional education and nurse residency programs” (CCNE, 2019). The CCNE currently has 26 hospitals that participate in nurse residency programs all of which are accredited by the CCNE (AACN, 2019b).

Nurse Residency Curricula

The Vizient/AACN nurse residency standardized curricula are used in more than 500 hospitals and health systems nationwide. This standard has been adopted as a state model in Hawaii, Maryland, and Pennsylvania. Currently, it has served more than 93,000 nurses. Also, it has been adopted by the Joint Commission and the National Academy of Medicine (Vizient, 2018).

The Vizient curriculum is based around three key areas which are leadership, patient outcomes, and professional development (Vizient, 2020). The AACN (2019a) reports that not only are there benefits for the nurses that participate in the nurse residency program, but also benefits for the patients. These benefits include better quality of care and safety, improvement of the patient experience, and increased engagement of the healthcare provider in the patient experience. Also, other benefits for the facility and staff include, but are not limited to, reduced staff turnover, increased team dynamics, improved staff morale and decreased stress, improved satisfaction, and increased safety through the classes that the nurses complete under the nurse residency program (Vizient, 2019).

The Versant nurse residency program set up the first nurse residency program in the nation in July 1999 at Children's Hospital in Los Angeles as a pilot program (Ulrich et al., 2010). The emphasis of the Versant Nurse Residency program is to help the novice nurse transition to an expert in their field using the framework developed by Patricia Benner. The curricula include the use of case studies, clinical immersion, structured mentoring, competency validations, and rotations through departments outside of the nurse's home unit during their residency (Ulrich et al., 2010). The Versant Nurse Residency curricula use a competency-based approach so that novice nurses can learn to take care of the needs of all patients in all the different environments that they may encounter (Versant, 2019).

The Versant nurse residency program has been expanded to multiple facilities since the implementation of the program. Currently, approximately 80 hospitals and health systems representing 10-12 states in the nation have implemented the curricula. Versant's Nurse Residency Program curricula align with the requirements of the American Nurses Credentialing Center (Versant, 2019).

Alabama Healthcare

In Alabama, currently, there are 90,228 licensed registered nurses (RN) (Alabama Board of Nursing, 2020a). Of special note is that only about 49,000 are currently employed (Nurse Salary Guide, 2020). There are more than 4.8 million people living in the state of Alabama who could potentially need healthcare services (Economic Research Service, 2019). Currently, 125 healthcare facilities in Alabama take care of the patients in Alabama and the surrounding areas (Alabama Hospital Association, 2020). Based on the data, some nurses are not employed in the state of Alabama but are currently licensed within the state.

The nursing shortage is impacting the nation generally but is significantly affecting care outcomes in Alabama. Due to the current nursing shortage, Alabama has passed the Enhanced Nurse Licensure Compact (eNLC) bill, which is a Multistate (Compact) License that will enable a nurse to work in multiple states. So, if a nurse is not licensed in Alabama, they could work in Alabama if they have the Compact License (Alabama Board of Nursing, 2020b).

Statement of the Problem

Individuals graduate nursing school, pass their licensure exam, obtain a job, and then experience “reality shock” (Duchscher, 2008). Based on the previous information there is a problem that merits scholarly investigation, specifically that novice nurses are leaving the profession at alarming rates. Previous research has demonstrated that nurse residency programs greatly increase the retention rates of novice nurses. In 2019 in Alabama 3,736 novice nurses graduated from nursing programs and passed the National Council Licensure Examination (NCLEX) (Alabama Board of Nursing, 2020c). Currently, there are only three nurse residency programs in the state of Alabama, and these are unable to accommodate all the nursing program

graduates. Thus, the state is only able to accommodate a small portion of the novice nurses who need training in a nurse residency program.

Purpose

This research project incorporated two purposes. The initial purpose was to explore factors that influence hospitals in the adoption of a nurse residency program. The second purpose was to explore the barriers and benefits which impact the decision-making processes to adopt a nurse residency program.

Research Questions

1. What factors influence hospital leaders to adopt nurse residency programs?
2. What are the barriers identified in the decision-making process of adopting and implementing a nursing residency program?
3. What are the benefits identified in the decision-making process of adopting and implementing a nurse residency program?

Research Design

This study employed an exploratory descriptive study as this focuses on describing the processes entailed in decisions made by hospital leaders to adopt a nurse residency program. This was accomplished through semi-structured interviews. These transcribed interviews were then analyzed to understand their meanings.

Significance of the Study

According to the National Academy of Medicine (2011), nurse residency programs help new graduate nurses with transition into their professional roles. This research will have significance for the following stakeholders: researchers, policyholders, and novice nurses. This

study will add to the existing body of knowledge concerning nursing research by exploring factors in the nurse leaders' decision-making strategies in adopting nurse residency programs in the state of Alabama.

This study will inform policymakers in hospitals, as well as universities, concerning the factors which influence the decision to adopt the National Academy of Medicine recommendations. For example, the information collected in this study will enable university and hospital leaders better understand the influence the National Academy of Medicine has on decision-making policies. The study will have significance for novice nurses by equipping them with the knowledge of the benefits and barriers of nurse residency programs in Alabama and also equip them with the knowledge to allow them to make better job placement decisions.

Assumptions

This research study was guided by the philosophical assumptions of Constructivism. The first assumption is that people construct their truth from their social interactions with their realities. The second assumption is that new ideas will emerge from old ideas (Sawyer, 2014). Constructivist theories have been developed on the assumption that “students don’t enter the classroom as empty vessels; they enter the classroom with half-formed ideas and misconceptions” (Sawyer, 2014).

Limitations

In qualitative research, there are areas of potential limitations that apply to designs. First, there is no guarantee that participants will answer questions truthfully, although, qualitative research is used to give participants a voice to express their feelings and emotions (Morse, 2012). Some participants fear reprisals of telling the truth and they want to answer questions in the way that they feel the researcher wants the questions answered. Some participants are ashamed to

answer truthfully because they feel their opinions are unethical, racist, misogynist, or from a different perspective than the researcher (Creswell & Creswell, 2018; Morse, 2012). This will result in additional findings for the study.

Secondly, the researcher is the key instrument of data collection and data analysis (Creswell, 2013). As a result, there will be a correlation between the skill of the researcher and the credibility of the findings. If the researcher has a high skill level, the findings will be highly credible. On the other hand, if the researcher has a low skill level the findings of the researcher will be of a low level (Creswell, 2013; Maxwell, 2013). The researcher does not rely on questionnaires or surveys that have already been developed (Creswell, 2013). This limitation will be mitigated by the techniques of data audit, peer review, and expert analysis which will be explained in chapter three.

Delimitations

This research was delimited to three hospitals located in the state of Alabama. These three hospitals have nurse residency programs. The study was delimited to nurse leaders from each hospital.

Positionality Statement

The researcher was attracted to this topic due to the concern for novice nurses' rates of burnout, stress, and turnover in hospitals. Also, due to the short staffing that is experienced in Alabama hospitals. After reading the National Academy of Medicine report which includes the recommendation for the increase in the need for nurse residency programs and reading the literature on how nurse residency programs have helped nurses' transition, the researcher felt this is a great need in the state of Alabama. As a novice nurse, the researcher experienced stress during the transition phase of the nursing role, but there was very little support in the hospital

setting. After talking with other nurses at multiple facilities, this was a common finding with novice nurses after they graduated. While in nursing school, nursing students have their instructor to ask questions and to seek out for guidance, but once nursing students graduate, they are oriented for the recommended time frame and then sent to take care of complicated patients on their own.

When the researcher graduated, orientation time frames were very short, lasting only up to six weeks. The researcher was released from orientation after only four weeks and many of the nurses already on the floor were still new nurses themselves and could provide very little guidance. This led to much anxiety and stress as a novice nurse. When things went bad, anxiety levels rose accordingly, and the researcher felt unprepared to handle complex situations. With a proper education system and transition system in place, the researcher could have been better prepared to handle situations which caused high stress and anxiety.

The researcher does not have power over the nurse leaders that will be interviewed for this study, nor do they have power over the researcher. The common bond that is shared is the connection to the nursing field and the connection to nursing education. The researcher does not work in any of the facilities that will be utilized for the research.

Conclusion

The National Academy of Medicine called for an increase in nurse residency programs. Hospitals need novice nurses who have been supported and helped to develop into their professional roles. Novice nurses can no longer be thrown into the clinical setting and expected to perform at a high cognitive level without support from experienced and trained mentors. Nurse residency program curricula help to support these novice nurses with mentorship, skill development, critical thinking, and help with leadership skills. Exploring the hospital leaders'

decision-making process and what they view as benefits and barriers to the adoption of nurse residency programs in the state of Alabama can help fill a gap in the literature.

CHAPTER TWO - REVIEW OF THE LITERATURE

To help novice nurses move into their role as a nurse, they need to have a smooth transition from nursing school into their nursing profession. Because a gap exists between nursing theory and practice, it is essential to help novice nurses in bridging this gap (Akram et al., 2018). In order to aid this process, some hospitals have implemented nurse residency program curricula. This study will focus on the perceived value of nurse residency programs among nurse leaders.

A review of nursing and general education literature was conducted using the following words and phrases: *the history of internships, residency programs, apprenticeships, teacher internships/student teachers, barriers and benefits, criminal justice, medical residencies, business apprenticeships/internships, psychology internships, medical residencies, criminal law, criminal justice internships, nurse retention, the financial cost of new nurses, new student nurse role, student success programs, nurse turnover, nurse retention, new student nurse success, new student nurse transition, new graduate nurse, hospitals and nurse residency programs, cost of nurse residency programs, benefits of nurse residency programs, and barriers of nurse residency programs*. The University of Alabama Library Scout was used to access the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Education Research Complete (ERIC), Jstor, Ovid, and Proquest. Search parameters were limited to peer-reviewed nursing and education journals, nursing and education dissertations, and relevant print and electronic textbooks. Most sources are recent, within the last five years, with a few

exceptions for older but still relevant literature. Finally, the websites of regulatory and accrediting agencies including the Commission on Collegiate Nursing Education, the National Council of State Boards of Nursing, and Vizient® were searched for significant content and statistical information.

Introduction

The History of Internships

Apprenticeships began in the 11th century but eventually faded out with the boom of the Industrial Revolution of the 1700s. In 1911, Wisconsin created the first recognized apprenticeship and in 1939 Congress enacted the Fitzgerald Act. The Fitzgerald Act helped establish research and regulated minimum standards to help create apprenticeship programs (U.S. Department of Labor, 2019). In the 1920s the term ‘intern’ surfaced and became known as it is today in the medical profession. The use of interns was eventually adopted in colleges to help develop co-op courses for businesses and government programs in the 1960s. Since then, the use of interns or residents has spread to other careers to help orient the student or new graduate to their prospective field of study (Taylor Research Group, 2014).

The history of nurse mentoring dates back to Florence Nightingale in the 1800s. Nightingale was sent to the Crimean war with a group of nurses and was given the duty of helping nurses learn to take care of the wounded soldiers (National Army Museum, n.d.). After returning from the war, Nightingale continued to fight for nurses and was determined to make nursing a profession (History.com Editors, 2019). Nightingale opened the Nightingale School and Home for Nurses at St Thomas’ Hospital in London in 1860 after returning from the war. Nightingale continues to be viewed as one of the founders of the nursing profession and is still seen as a leader and mentor for nurses today (Alexander, 2019).

Different Types of Internships

Different types of internships, apprenticeships, or residencies that occur in different professions will be addressed including teacher internships, psychology, criminal justice internships, business internships, and medical residencies. Then, the literature review will discuss nurse residency programs in more detail. Discussions about the profession's history, benefits, and barriers will be discussed in each review. At the end of the literature review, conclusions will be drawn to review the similarities and differences between each of the professions and potentially answer the research questions.

Teacher Internships

Internships in teacher education can be found in literature documented back to the early 1900s throughout the world. The use of the teacher internship model has been utilized to help to better prepare the teacher for the workforce once they graduate and enter the workforce (Ledger & Vidovich, 2018). The internship for a teacher consists of being placed in a classroom for a semester and involves everyday teaching. Being in the classroom every day allows more autonomy for the student-teacher and allows them to work with the classroom teacher to help develop their skills before entering the workforce (TeachingDegree.org, 2020).

Teacher Internships and Potential Benefits. Several benefits may occur while a student is interning with a teacher. A few that will be discussed relate to the discoveries that occur while performing fieldwork. These benefits are planning and preparation, career awareness, and collaboration. When a student-teacher engages in their course work, they learn how to develop lesson plans and they learn about teaching theories and dream of how they want to teach in the classroom, but when they participate in an internship, the student-teacher learns how to implement lesson plans and to develop their teaching style (Baeten & Simon, 2016;

Bartolome, 2017). Students start to develop their knowledge of learning and design as they start to create, design, and implement their lesson plans. They learn how to develop this knowledge by working with their mentor and how to develop their teaching style. By working with the mentor and collaborating on their lesson plan, the student-teacher learns to put their lesson plan into action (Haigh et al., 2007).

As the student-teacher engages in their teaching activities and participates with the students, they become more aware if they are making the best career choice for them or not (Bartolome, 2017; Dennis, 2016). Oftentimes, the student determines if they have made the correct career choice for them and may leave the teaching profession because they are uncomfortable in the teaching role. Some student teachers may find they are not able to work with children once they start their internship or they could decide weeks after student teaching, they do not like the profession (Haigh et al., 2007).

The third benefit of a teacher internship is that student teachers can learn to collaborate with other teachers and teacher aids (Haigh et al., 2007). This can help build support and collaboration for the new teacher. As a new teacher, it can be overwhelming to develop their classroom and have to develop new relationships (Bartolome, 2017; Gerard et al., 2013). When a student teacher has been able to learn to develop relationships and communities through their internships, then it is easier for them to develop relationships and mentors as they develop their career (Rhoads et al., 2011).

Teacher Internships and Potential Barriers. Multiple barriers occur when student teachers participate in internships. The ones that will be discussed here are the pairing of the student-teacher with their mentor and bringing theory from the class into the internship. When a student-teacher is paired with a teacher there can be disagreements in their teaching

styles, these disagreements in teaching can lead to discouragement in the student-teacher (Masadeh, 2017). Sometimes, this can lead to the student being held back if the teacher does not allow the student to develop their style in their way of teaching. Some of the students may try to adapt to the style of the teacher that they are working with which could prevent them from finding their style to teach in the classroom (Rhoads et al., 2011). If the mentor does not allow the student to develop their own philosophy, the student-teacher will not be able to find their way of teaching and may fail when the student-teacher is on their own.

A second barrier to teacher internships is the gap that student teachers experience when they come from the student classroom of the university to the teaching classroom (Haigh et al., 2007). Once the student is placed with a mentor, they must learn not only how to make a lesson plan, but also how to execute the lesson plan to stay within the time constraints of the classroom. Student teachers often have trouble learning how to execute their lesson plans and managing the students once they are in the ‘teaching’ role (Morrison, 2014).

Psychology Internships

The history of psychology internships began in the late 1940s after the end of World War II when veterans were returning home and mental health issues started to increase. The profession of psychology was established at a doctorate level and funding was placed aside to help support education and training for individuals seeking these degrees. From 1946 to 1958 the Veteran’s Health Administration increased their on-staff psychologist from 146 to 612 (APA Education Directorate, 2007). In 1949, the Boulder Conference was held in Boulder, CO to discuss guidelines and training options for students that would participate in the training programs for the doctorate in psychology (Ngambi, 2016).

Psychology Internships and Potential Benefits. Internships in psychology can

offer multiple benefits for the student agency. The benefits discussed are introducing the student to diverse populations, participation in different clinical areas, and the ability to refine skills while working with a preceptor (Hays et al., 2020). The first benefit is the ability for the student to work with diverse populations (Mackey & Efron, 2019). Students that pursue fields in psychology understand there are multiple career fields which they can pursue upon graduation, so being able to have internships in different areas and work with diverse populations allows the student to see where they fit best and where they are comfortable. The students can work with adults, geriatrics, children, and teenagers or even work with veterans if they wish to choose to specialize with a certain group (Borders et al., 2015). Not only do students learn from diverse patients, but working with different preceptors and mentors allow for the student to see different methods to counsel patients (Hays et al., 2000)

A second benefit to psychology internships is the ability to work in different clinical areas thus having different clinical experiences (Borders et al., 2015; Hays et al., 2000; Saklofske et al., 2019). Clinical psychologists practice in multiple settings that range from public agencies, schools, independent practices, universities, counseling centers, and among many other places (Saklofske et al., 2019). When students can rotate through different areas, they can see where they may want to work. The student can get a good feel for what their day-to-day job will be and how things will play out with different situations. When students are placed in their internships, their site placement is very important as they hope to be placed in an area that is of interest to them so they could potentially obtain skills for their career (Borders et al., 2015; Hays et al., 2000; Saklofske et al., 2019).

The third benefit of psychology internships is that the students can refine and develop the skills that they learn in the classroom. These students can gain real-world experiences under the

supervision of a preceptor before they enter the workforce that they would not otherwise get to experience unless they participated in an internship (Hays et al., 2000). Students report that internships contribute to their training and being successful in their careers (Moulton-Perkins et al., 2019). Although the psychology students participate in clinical while in school, they feel that when they participate in the internship they are exposed to more experiences and the quality of the experiences is better (Borders et al., 2015). They can adapt and refine their skills while receiving direct supervision from their preceptor (Hays et al., 2000; Moulton-Perkins et al., 2019; Port, 2019).

Psychology Internships and Potential Barriers. Although internships can be incredibly helpful, they also offer barriers for students and the agencies themselves. The barriers are the lack of clear roles between the student and mentor, costs for both student and the agency, and lack of collaboration with partners (Hays et al., 2000; Mackey & Efron, 2019; Moulton-Perkins et al., 2019; Port, 2019). When roles are unclear and the student does not know what to expect, this leads to confusion and frustration with the student, and oftentimes the student is unable to learn in the environment in which they are placed. Students felt that when they participate in a teaching program, there needs to be clear roles and responsibilities. When student teachers participate in unorganized programs, they feel they do not learn a lot in the program (Moulton-Perkins et al., 2019). Student teachers feel they need clear guidelines and clear communication on what is expected of them in the internship (Port, 2019). This is a common mistake that happens in internships and students are often left misguided or frustrated (Hays et al., 2000; Mackey & Efron, 2019; Moulton-Perkins et al., 2019).

The financial costs for the students and the agency are other barriers in this situation (Doran & Cimborra, 2016). For internships, startup costs can be very high for facilities or

agencies and it can be costly to maintain internships once they begin. Some universities can request grants or increase tuition to help cover the costs, but students are unpaid while in their internship which could potentially place a hardship on their family (Doran & Cimborra, 2016). Since the implementation of the required doctorate for psychology and the internship, there has been an increase in the funding for schools with internship programs due to the increase in the need for mental health caregivers (APA Education Directorate, 2007).

Students felt that a lack of collaboration with other healthcare providers was a barrier for them during an internship because they did not know how to communicate with other healthcare providers when they graduated and entered the workforce (Hays et al., 2000). Since psychology internships are very focused on the mental health of the individual, some of the preceptors forgot to teach the students how to contact or integrate other healthcare professionals if other needs arise in the care of the patient. For example, if the student is counseling a depressed patient, but they notice that the client is hypertensive and is not on blood pressure medication, this patient would need to be referred to a physician to manage their blood pressure. Students do not feel prepared to be able to handle these tasks after completing an internship (Hays et al., 2000)

Criminal Justice Internships

Internships in criminal justice began in the 1960s as part of the curriculum of some of the universities supporting efforts to promote higher standards of education for criminal justice students (Grenfell & Koch, 2019; Murphy et al., 2013). Internships in criminal justice provide students with tools to help them acquire technical skills, social and ethical sensitivity, and knowledge to help them be successful in their chosen field (Grenfell & Koch, 2019). Internships in criminology can be found in many different areas such as jails, prisons, administration, social services, inmate education, among many more (Department of Homeland Security, 2020).

Criminal Justice Internships and Potential Benefits. Criminal justice internships offer multiple benefits including being prepared to enter the workforce, integrating theory from lectures, and networking. Hiller, Salvatore, and Taniguchi (2014) remarked how students that participate in internships realize how “difficult and demanding” (p. 10) the job can be when they participate in an internship and how it can prepare them for a career once they are on their own. Through internships, students can experience what it is like to work in their chosen field and gain valuable work experience while associating with a mentor. This provides opportunities they may not otherwise get if they are just in the classroom. For law students, it helps to bring them into the courtroom and practice working with trial lawyers and judges before graduation (Jones & Bonner, 2016; Norman, 2014).

Learning how to integrate classroom theory into practice is a benefit of residency programs in criminal justice (Cho & Park, 2018; Hiller et al., 2014; Norman, 2014). The students can acquire relevant skills and apply them and the knowledge they have learned from theory together to put into practice during the internship. Jones and Bonner (2016) suggest that students are passive learners in the classroom, but when they are placed in an internship, they can practice what they learn in the classroom. They are also able to develop their verbal communication skills when interacting with members of the team (George et al., 2015; Jones & Bonner, 2016).

Some student interns that participate in an internship report are better at networking with different agencies and leaderships (Murphy et al., 2013). This allows the students to understand the importance of outside agencies and the role these agencies have in their profession. Students often take internships with the ultimate goal of obtaining a job in their chosen career path upon graduation (Jones & Bonner, 2016; Murphy et al., 2013). If a student is successful in their

internship, supervisors do view some internships as a potential job interview. Establishing relationships and contacts with individuals and supervisors are important for students when they are job hunting or even looking for internship placement. During the internship, the student's impression is important to the supervisor if the student wishes to obtain a job in the agency they are precepting. Establishing a trusting relationship will help build relationships so the student can potentially build a career in the agency where they are an intern (Jones & Bonner, 2016).

Criminal Justice Internships and Potential Barriers. Potential barriers in criminal justice consist of time obligations, financial constraints, and the shortage of internships. Criminal justice internship hours vary based on where the student attends school. Some schools will count them hours as credit ranging from 1-12 hours (Cho & Park, 2017). Some students spend up to a total of 480 hours in an unpaid internship before graduation (Cho & Park, 2018; Jones & Bonner, 2016). The students are still in the classroom and the internship and may still be working hours to support themselves or their family, so the students are often stressed and overwhelmed (George et al., 2015).

When a student participates in an internship, there are financial costs that are placed on them (Grenfell & Koch, 2019). Financial costs result from the time obligations of the internship and the classroom. The student accrues a lot of debt while in school and faces a lot of financial problems (Jones & Bonner, 2016). Some students are eligible for scholarships or loans, but not all students qualify for them. Sometimes, a student is accepted into an internship but is not able to take the internship because of financial restraint or they may have to take a different internship in which they may be paid a small amount of money to support themselves (Grenfell & Koch, 2019). Oftentimes, the internship the student takes is not in the area in which they want, but it is

the choice the student has to make based on their financial needs (George et al., 2015; Grenfell & Koch, 2019; Jones & Bonner, 2016).

There is a shortage of internships for criminal justice students, so this places a strain on trying to find an internship (George et al., 2015; Grenfell & Koch, 2019). Not only is there a shortage of internships for students, but due to the rigorous background checks for criminal justice internships, students are denied internships in some agencies (George et al., 2015). When students seek out internships, they want an internship that is going to be in the area in which they want to work and since there are paid internships in criminal justice, students are seeking those internships first. Most internships have entry requirements such as grade point average and a passion to work with the agency in which the student is seeking an internship (Grenfell & Koch, 2019).

Business Internships

Internships in business are designed a little differently than some of the other workforces. Students who are enrolled in a business degree program will typically have an internship as part of their curriculum and this internship habitually occurs prior to college graduation (Beck & French, 2016). Students seeking internships in business dates to the 1950s with the emergence of internships in multiple fields after the end of World War II (Taylor Research Group, 2014). Students seeking internships in business are looking for opportunities to advance their knowledge and skills to prepare them for the workforce when they graduate. (Eason et al., 2019).

Business Internships and Potential Benefits. Business internships can offer multiple benefits to students. Some of these include gaining real-life work experiences, preferential job placement, and the internship helping with the transition from being a student to

a professional. The first benefit of gaining real-life experiences allows the student to place themselves in situations that they may experience upon graduation (Anjum, 2020). When a student participates in an internship, there is a mentor to help navigate through obstacles (Khalil, 2015). By working with mentors, it helps the student with problem-solving skills and critical thinking abilities. Through work with the mentor, the student can bring what is being taught in the classroom into the business world and make presentations for meetings and/or work on team projects with others (Anjum, 2020; Cook et al., 2014; Khalil, 2015).

Another benefit of internships in business is students who participate in an internship have better job placements (Anjum, 2020). Internships are key sources of help with career development and to gain work experiences in the business world (Velez & Giner, 2015). When students work one on one with mentors, the mentors and the corporation get to know the person and they can develop a relationship. The student can learn the ways of the cooperation and the mentor can ‘unofficially’ train the student during the internship to the corporation's rules and regulations. Bonds develop between other co-workers and team members (Eason et al., 2019). A lot of businesses view internships as a trial interview to see how the student fits in with the members of the team and their degree of motivation. The overall goal of placing students in an internship is to have them develop a relationship and have a job placement upon graduation (Anjum, 2020; Fisher, 2017; Eason et al., 2019; Velez & Giner, 2015).

The third benefit of internships is the successful transition of the student into the professional world after participating in an internship (Khalil, 2015). The educational facilities have worked hard to teach the material to the students but being able to apply the knowledge is the hard part while the students are participating in an internship. Students that participate in an

internship report that it improves their transition into the professional world once they graduate and are required to perform apply skills on their own (Cook et al., 2014; Khalil, 2015).

Business Internships and Potential Barriers. Business internships offer multiple barriers for students and the organizations that participate in them. Some of these include poor mentor assignments, lack of coordination between the educational program and the business, and mentor feedback. The first barrier that will be discussed is poor mentor assignments (Cook et al., 2014). This is when a student is assigned a mentor who may not fit them, or the student does not fit the mentor. The individual characteristics of both the student and mentor will affect how they value or receive the internship and the time spent together. Personalities can clash if they do not get along. The motivation and knowledge of the student can influence how the mentor views the student and how they will receive them during the internship (Khalil, 2015). The student could have unrealistic expectations of the mentor which could result in a poor relationship between the students and mentor (Cook et al., 2014; Khalil, 2015).

The second barrier is the lack of coordination between the educational program and the business (Anjum, 2020). Student expectations as well as those of the businesses need to be communicated. Receiving clear expectations from the education and business are included in the basic tenets required to adequately prepare the student when entering an internship. When the students do not have clear expectations of what is needed, it can lead to confusion and failure in their role (Anjum, 2020; Cook et al., 2014).

The third barrier is poor mentor feedback (Anjum, 2020). Students express concern when they receive no feedback or little feedback from their mentor (Khalil, 2015). The students are in the internship to learn and to apply their classroom knowledge and skills to real-life scenarios. However, if feedback is less than adequate or non-existent for some students, they may not be

able to put into practice what they learn. Students feel they should receive constructive feedback, and this does not always happen with mentors. Student value constructive feedback and feels that it helps to build their career and helps with communication (Velez & Giner, 2015). The students want quality mentoring programs so they can be successful when they graduate and with poor feedback it is hard for them to refine their knowledge and skills (Anjum, 2020; Khalil, 2015; Velez & Giner, 2015).

Medical Internships

Medical internships as they are known now started over 125 years ago, although they have made drastic changes over the years. At the beginning of the 20th century, the medical school graduates were not regulated as they are today, so they were able to study outside of the country and take varying pathways, which included apprenticeships instead of residencies. In the mid-20th century, medical boards started showing up and started regulating and controlling how the medical students learned once they graduated school (American Medical Association, 2014). Today, medical residencies can range from three to five years and some may include a post-residency fellowship after the completion of the residency (Association of American Medical Colleges, 2020).

Medical Internships and Potential Benefits. Medical internships offer multiple benefits for medical school graduates. Some of these benefits include peer mentoring, the ability to refine skills, and collaboration with team members (Fournier & Tourian, 2020; Pethrick et al., 2017). Peer mentoring has been shown to be an important part of medical residencies because experienced physicians can mentor and guide the new residents (Pethrick et al., 2017). Peer support and mentoring have shown to help decrease burnout in the residents and help increase their well-being throughout their residency training (Fournier & Tourian, 2020; Pethrick et al.,

2017).

When medical residents participate in a residency, they can practice their newly learned skills and refine them while working on patients in facilities (Paolo & Bonaminio, 2003). They are also able to practice their skills and can perform at higher levels when they are completed with their residency program (Paolo & Bonaminio, 2003). Different training plans have been implemented in residency programs to help increase resident's confidence and grow their knowledge (Malone et al., 2015). Since all medical students are required to participate in a residency program, the student must take initiative to work on their skills and critical thinking during their residency program.

The third benefit of medical internships is creating collaborative relationships with team members (Malone et al., 2015). Learning how to collaborate with other healthcare team members is an important part of the medical profession. Through the residencies, the medical residents can learn how each team member functions, the importance of the team member, and how this impacts the delivery of care to the patient (Lee et al., 2016). This collaboration can often be challenging for the new resident because they may not know whom they need to consult or what they need to order for their patient, but once the resident starts to build the relationships with the team members within the agencies in which they are working, the resident will be able to strengthen the partnerships within the facilities and patients will receive better care. These outcomes help not only the medical student but also the residency program.

Medical Internship and Potential Barriers. The use of medical internships reports multiple barriers for the organization and the residents. These include burnout for the resident, high organizational costs associated with setting up new residencies, and transitioning into new environments during residency programs (Barajaz & Turner, 2016; Dube et al., 2015; &

Pethrick et al., 2017). When medical students start residency programs they are placed in high stress and fast-paced environments. Many of these residents experience stress and burnout during their residency (Ghannam et al., 2020). The wellness of the residents may be impacted by the high-stress environments they are placed in each day. Some residents have expressed problems with mental illness, depression, and even thoughts of suicide during their residencies. Medical residents who experience burnout and stress often experience hopelessness and helplessness during the residency which can lead to medical errors and a decrease in their alertness while assessing patients and making important medical decisions while caring for patients (Ahmadinia et al., 2019; Edmondson et al., 2018; & Ghannam et al., 2020).

In many areas, medical residencies can be costly for communities to set up and maintain. Agencies must fund material levels of financial support for internships and residency programs, and in many areas the benefits do not outweigh the costs (Pauwels & Weidner, 2018). Agencies can seek funding through different sources to help maintain a residency program once it is established. The residency has monies to recruit physicians to work in the residency, develop their vision, build their organization, establish community partners, and seek accreditation (Lee et al., 2016). These are only some of the many elements that residency programs must determine to begin new programs (Barajaz & Turner, 2016; Lee et al., 2016).

Some residents view working in different environments as being stressful and view this transition as a struggle for them (Dube et al., 2015). When a medical resident enters a new environment, they must learn new protocols and procedures, new technologies, and adapt to the expectations for their new rotation. This can create barriers and learning problems for the medical resident and hinder some of their learning if they have issues adapting to a new environment (Ghannam et al., 2020). Once the medical students learned the new policies and

procedures and were informed of the expectations, they felt more comfortable in their rotation but felt anxiety until roles were clear and the new relationships were developed.

Nurse Residency Programs (NRP's)

Hospitals are incorporating NRP's in varying ways. An online curriculum is being used at one hospital as part of their residency program to help novice nurses master competencies in the perioperative area. This allows the novice nurses to create a solid knowledge base and prepares them for complex situations (Zinn et al., 2012). NRP's are now becoming more common in healthcare settings as they struggle to hire and retain qualified nurses. Many NRP's are teaching novice nurses professional communication, patient-centered care, organizational skills, and leadership skills that often are overlooked in colleges and universities. There are several established NRP's, but healthcare organizations are learning how to develop and establish their own version specific to their organization (Cappel et al., 2013).

The Vizient/AACN and Versant NRP's has one of the most widely known curricula in the nation. However, some hospitals develop their curricula based on some of the already established NRP's. Some hospitals choose not to use a transition program or a nurse residency program at all in their facilities.

Nurse Residency Programs and Potential Benefits. Hospitals that have nurse residency programs report many benefits from their use. Although the benefits may vary, some commonalities exist among the research. These commonalities are increased satisfaction in their job, a better transition of the novice nurse, and higher retention of staff members that participate in a nurse residency program (Blevins, 2016; Medas et al., 2015; Walsh, 2018)

Nurse Residency Program and Job Satisfaction. Research has shown that nurses who

completed their nurse residency programs have shown an increase in job satisfaction, job performance, and communication skills according to their peers and mentors. Mentors also noted these nurses were better able to use the available technology with fewer interventions (Blevins, 2016). Rosenfield and Glassman (2016) report that in some instances, nurses that completed nurse residency programs received higher levels of certifications, higher levels of education, and advanced certifications.

Anderson et al, (2009) found from a study of 90 nurses that NRP's could potentially impact the satisfaction and engagement of the novice nurse. Themes that were formed through this study showed how novice nurses felt they were helping patients, seeing positive outcomes for those patients, and enjoying teamwork. This resulted in greater satisfaction in the care that these novice nurses provided their patients and the nurses cared more about their own job and performance (Anderson et al., 2009).

Nurses that participated in nurse residency programs report benefits of "being more prepared to face challenges they encounter as practicing RNs in an increasingly complex healthcare arena" (Van Camp & Chappy, 2017). The nurses also report positive patient outcomes, improved team relationships, and an overall feeling of a more positive experience while participating in a nurse residency program. Other things they noted were experience gained from working with interdisciplinary team members and the support and guidance received from those team members (Van Camp & Chappy, 2017).

Nurse Residency Programs and Nursing Transition. There are many ways that organizations are using different tools to help students learn and incorporating these tools into their nurse residency programs. Some of these include online learning, simulation, and skills lab (Zinn et al., 2012). Through using these tools and taking the time to help these nurses, they found

that these nurses provided safe and more time effective care to their patients (McKenna & Newton, 2008; Zinn et al., 2012). The use of technology helps to bridge gaps that have been found in the training of novice nurses (Ortiz, 2016).

The literature suggests that the NRP's teach the nurse how to provide safe and timely care (Zinn et al., 2012). NRP's also help novice nurses "bridge the gap" which happens from the time they graduate nursing school and start their professional career (Medas et al, 2015; Ortiz, 2016). The literature also indicated a disconnect between school and practice, which influenced their learning experiences and mentoring (Medas et al., 2015; Ortiz, 2016).

McKenna and Newton (2008) found that the use of residency programs helped the novice nurse transition better into their role, but participants need to continually "develop a sense of belonging, independence in their practice and exploring their future development" (McKenna & Newton, 2008, p. 15). Other findings included helping novice nurses build relationships, gain experience, gain independence, and improve their communication commitment. These were accomplished by socializing novice nurses into the role of the new graduate nurse and guiding them into their profession. Novice nurses are introduced to fresh concepts and are given positive feedback during their orientation period. They are also provided a mentor to help guide them through their experiences (McKenna & Newton, 2008). Ortiz (2016) found that when the novice nurse is better understood it helps to make their transition process easier.

Nurse Residency Program Retention. The Vizient/AACN reports the first-year retention of 91.5% in comparison to the national average of 82.5% in the hospitals that participate in their curriculum (Vizient, 2018). This shows a higher retention rate in hospitals that participate in the nurse residency program curriculum in comparison to other nurse residency programs and nurses that do not participate in a nurse residency program. In a study of novice nurses using control

and experimental groups, Friedman et al, (2011) found a 25% retention rate for the experimental group with a retention rate of 78.3%.

Ulrich et al, (2010) performed a study of nurse residency programs over 10 years. Through their study, they found that the first 12-month RN turnover rate decreased from 35% to 5.36% (6 of 112 new graduate RN's) (Ulrich et al., 2010) when nurses participated in the nurse residency program. A study of 41 nurses that participated in a nurse residency program in a critical care unit over one year was performed by Bérubé et al, (2012). They concluded that the use of a nurse residency program to help with the retention of nurses helped to meet the needs of the inexperienced novice nurse and helped to integrate them into the high-acuity settings. They also found a 26% increase in nurse retention rates (Bérubé et al., 2012). Through these studies, the researchers found that there is a positive impact on retention when nurses participate in nurse residency programs.

Another study reviewed a nurse residency program that was implemented to help with retention of with new graduates, and which used many strategies in their curriculum development together with several ways to help assist new nurses with their transition process. This program admitted 46 new graduate nurses to their nurse residency program and at the 1-year retention mark, they had a 91% retention rate (Crimlisk et al., 2017).

Nurse Residency Program and Potential Barriers. There are many reasons why hospitals may not implement nurse residency programs, but there are also many barriers which prevent hospitals creating a nurse residency program curriculum. For example, the cost of the nurse residency program whether they buy an established curriculum or develop one of their own is believed to be one of the biggest barriers, but facilities also face issues with having insufficient staff members that are trained to teach in the nurse residency programs. These two barriers will

be discussed in more detail in the following section.

Nurse Residency Program and Cost. Although nurse residency programs are expensive, they have shown to be beneficial if the nurses are retained by the hospital. Some hospitals will still utilize a nurse residency program because they feel the benefits outweigh the costs of the nurse residency program. The average cost for a nurse to participate in a nurse residency program is approximately \$21,000 according to Letourneau and Fater (2015), whereas the cost to replace a nurse can range from \$22,000-\$64,000 with the average at \$34,564 (The Robert Wood Johnson Foundation, 2018). As stated previously, the retention for novice nurses within the first year is 17.1% that do not participate in a nurse residency program (The Robert Wood Johnson Foundation, 2014), which shows a huge financial burden for hospitals having to replace nurses constantly. “As detailed in the literature, there has shown to be an increase in the retention of nurses that participate in nurse residency programs (Bérubé et al., 2012; Ulrich et al., 2010).

According to the National Academy of Medicine (2009), the total cost for one hospital to participate in the nurse residency program is around \$93,100, with the cost of \$2,023.91 per nurse residency program participant. With the costs of replacing nurses varying from \$33,300-\$56,000, this could show a cost-effective saving for the facility (Nursing Solutions, Inc, 2020). Turnover costs the hospital a range of \$3.6-6.1 million/year (Nursing Solutions, Inc, 2020). Initially, the hospital does have to invest money and time into the nurse residency curricula and into the new and more experienced staff members to train them. However, over time there is often a substantial return on investment. Henson (2015) projected a 206% return on investment for the implementation of a nurse residency program. Through his study, he showed that while nurse residency programs are costly, they will yield a profit for the organization (Henson, 2015).

Roche et al., (2015) performed a study of 11 different hospitals to evaluate the costs of nurse turnover. They collected data from 62 wards and evaluated the indirect costs (orientation, training, termination, decreased RN production) and the direct costs (advertising and training, a temporary replacement, hiring) (Roche et al., 2015). They found that the indirect costs “amounted to \$24,910 of the mean turnover cost per nurse, while direct costs amounted to \$24,345 of the mean total costs” (Roche et al., 2015, p. 356). This indicates a huge financial investment in a nurse that is hired by the facilities, consequently, short-term nurses that are hired, resulting in less optimal use of hospital resources.

Nurse Residency Program and Inadequate Staff Mentors. For nurse residency programs to be successful, the programs must have trained mentors that have adequate time to help mold and develop the novice nurses they are mentoring. Organizations have issues training nurses that have the experience, much less the novice nurses that are being hired into positions that require trained mentors. One barrier many health systems are facing is increased patient load with staff members and staff members who lack adequate training to serve as mentors for the nurses (Wierzbinski-Cross et al., 2015). For a residency to be successful, mentors must receive adequate training. These mentors should learn the importance of understanding the complexities of the role of the staff nurse, how to role be a role model, and a teacher, and be able to evaluate the nurse (Horton, DePaoli, Hertach, & Bower, 2012). It has also been cited that some nurses are not qualified or are not interested in precepting novice nurses (Wierzbinski-Cross et al., 2015).

Senior nurses are leaving their job for other opportunities or advancing their degrees, which leaves facilities with staff members who are less adequately trained and are not a good role model for these novice nurses (AbuAlRub & Alhaja'a, 2018). This leaves these novice nurses with a lack of support, adequate preceptors, and they are being placed with staff members

who may not be properly trained to train a novice nurse. These novice nurses experience reality shock (Kramer, 1974). Kramer (1974) describes reality shock as anxiety, doubt, and confusion that novice nurses experience as they advance from their student role into their professional nurse role. This process occurs during their first year, but if novice nurses can be properly oriented and guided within that first year, it can help them transition more successfully (Duchscher, 2008).

Nurse Leaders

Since the implementation of nurse residency programs, the roles of the nurse residency program leaders have changed. There have been multiple studies that have defined the role and how different leaders are needed to help empower novice nurses while they are transitioning into their new position. These nurse leader roles have been defined by many titles from nurse professional development (NPD) specialist role, nurse residency program development specialist (NRDS), facilitator, coordinator, manager, director, and among many others (Varner, 2013; Windey et al., 2018).

These nurse leaders take on numerous roles and responsibilities that are not always defined in their position. Some of their roles include a facilitator, educator, recruiter, mentor, change agent, confidant, collaborator, communicator, academic liaison, and sometimes a researcher (Varner, 2013). According to Mallory and Franqueiro (2017), “A strong leader of a formal nurse residency program must be able to collect, analyze, and share data to validate the return on investment and outcomes for his or her organization’s program.” Qualities that have been identified to make a strong nurse leader are a good knowledge of the healthcare system, a nonjudgmental attitude, and possession of skills that support the organization and the novice nurses. Another quality that has been discussed is the experience of the nurse leader and that the

nurse leader should have more than ten years of well-rounded nursing experience. They must also be available to their staff members and be flexible (Mallory & Franqueiro, 2017; Varner, 2013; Windey et al., 2018).

Discussion

The history of residency programs can be dated back to the 11th century, but it was not until the end of World War II, that residency programs or internships were formally set up across multiple careers. The terms apprenticeship, internship, and resident are often used interchangeably. It depends on the situation and facility to determine which term is used. When talking about the healthcare field, the term residency or resident is often used, but in the world of business or criminal justice, most often, the term internship will be used. Apprenticeships are often utilized when people are working in a trade such as welding.

While reviewing the literature many benefits overlap throughout the career choices that were discussed. Nursing residency programs, criminal justice internships, business internships, and teaching internships help to bridge the gap between the classroom and the career choice. Medical residencies and psychology internships allow the students to refine their skills and prepare them for practice upon graduation. Medical residencies, criminal justice internships, and teaching internships help with collaboration and networking with other professionals in the same career field. This shows the benefits and how they overlap between the different professions.

While there are multiple benefits to these internships, barriers also exist. Overlapping barriers are seen in medical residency programs, nurse residency programs, psychology internships, and criminal justice internships as all of these have a huge financial cost either on the residency/internship, student or on both. Nursing residency programs, teacher internships, and business internship barriers overlap with poor mentoring or poor pairing of the mentor with

the student. This shows barriers that overlap in different professions through the career choices that have been discussed.

Conceptual Framework

Everett Rogers Diffusion of Innovation

The focus of this research was explore factors that influence the administrator's decision-making regarding implementing a nurse residency program in Alabama. This decision-making process is supported by the Diffusion of Innovation theory, in which Rogers (1962) describes the process from knowledge to confirmation. The Diffusion of Innovation theory helps to explain how, why, and at what rate new ideas and technology spread through society (Rogers, 1962). Rogers (1962) defines diffusion as “the process of which an innovation is communicated through certain channels over time among the members of a social system” (p. 5). He describes diffusion as a social change in how it alters the “structure and function of a social system” (Rogers, 1962, p. 6). Rogers (1962) defines innovation as an “idea, practice, or object that is perceived as new by an individual” (p. 11). People, in general, think of technology as the “innovation,” but innovation is anything new or better for a society that is adopted by the people.

Rogers (1962) categorizes the decision process into five different stages. These five stages are knowledge, persuasion, decision, implementation, and confirmation (Rogers, 1962). In the level of knowledge, individuals are first exposed to the idea of the innovation but do not have all the necessary information about the innovation to proceed. Also, in this phase, the person may not be aware of the idea or innovation at all. At the persuasion level, the individual becomes more interested and actively seeks out information about the innovation. They seek out research and investigate further knowledge. In the decision stage, the person(s) who has been chosen to decide for the innovation weighs the advantages and disadvantages of

the innovation and decides whether to accept or reject the innovation. During the implementation level, the usefulness of the innovation is still sought out by the ones who have decided to use the innovation, and they are still searching for more information on the innovation. In the final level of confirmation, the person(s) makes their final decision whether to use the innovation and then proceeds with their final decision (Rogers, 1962).

Research Questions

The decision-making process of hospital administrators is an important process to the understanding of the implementation or not implementing nurse residency program curricula in Alabama. The benefits, barriers, and experiences are a critical component that will contribute to the likelihood of the final decision of these administrators in the hospitals. The knowledge that was gained from this study will help hospital administrators in Alabama understand why hospitals have chosen to implement nurse residency program curricula. This research will also help to support the National Academy of Medicine recommendation to increase the nurse residency program curricula in the nation. Everett Rogers Diffusion of Innovation theory was the foundation for the research questions. These questions are:

1. What factors influence hospital leaders to adopt nurse residency programs?
2. What are the barriers identified in the decision-making process of adopting and implementing a nursing residency program?
3. What are the benefits identified in the decision-making process of adopting and implementing a nurse residency program?

Conceptual Framework Relationship to Research Questions

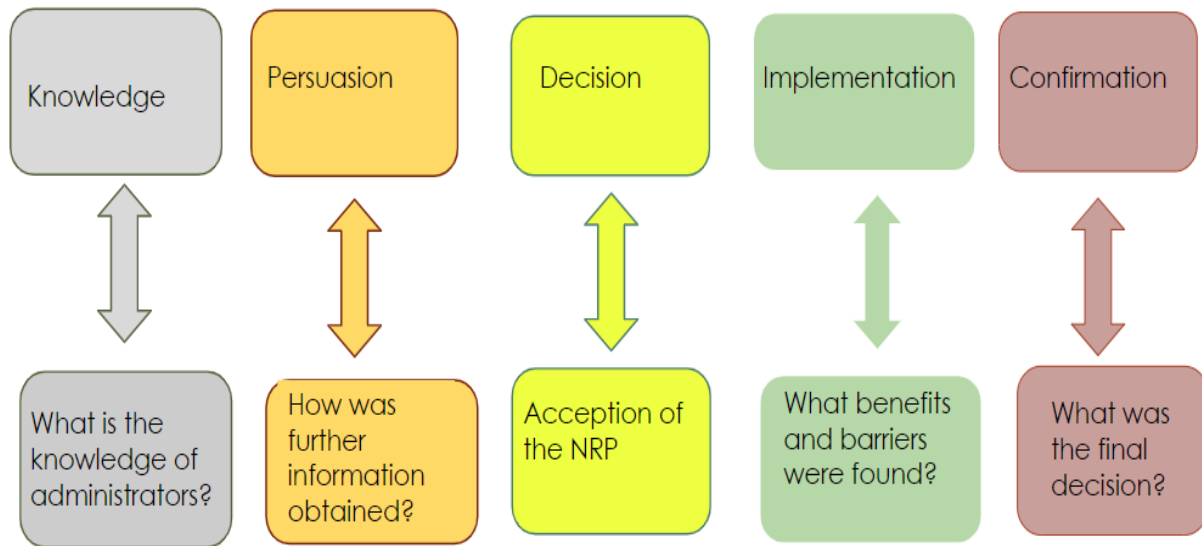


Figure 1

Conceptual Framework Relationship to Research Questions.

Adapted from Rogers, E. M. (1962). *Diffusion of innovations*. (3rd ed.). New York, NY: The Free Press.

Knowledge. In the initial stage, the person is first learning about the innovation (Rogers, 1962). In this research, the focus will be on how the administrators or the ones who sought out the nurse residency program first learned about the nurse residency program. Under the assumption of constructivism, the administrators began this process with some knowledge of the nurse residency program and did not go into this project with an empty vessel (Sawyer, 2014). This stage is important to understand how the administrators built on their previous knowledge and how ideas were changed. The researcher is interested in learning if the National Academy of Medicine report was part of their interest in seeking out further information or if maybe it was word of mouth. Also identifying who was the first person that sparked their interest in wanting to do more research and seek more information on the nurse residency program. Did this person

have a certain curriculum in mind, or did they know different curricula existed? What information did the administrators seek out about nurse residency programs? Also, did the administrators talk to other facilities with nurse residency programs?

Persuasion. In this stage, the person is seeking out more information about the nurse residency program (Rogers, 1962). The researcher will focus on how the administrators sought out further information about the program or curriculum. What information did they find out, did they contact other hospitals, websites, organizations, talk to graduates of nurse residency programs, or what other resources did they use to help come to their decision? Who was involved in this decision-making process? Was a team formed or was it a single person to help with this process?

Decision. The decision to pursue further investigation is made in this stage (Rogers, 1962). The researcher will focus on how one decides to either continue with investigating the nurse residency program further or to stop pursuing the nurse residency program. The research will investigate how the person decided to continue, including what information was gathered and how the administrative team came to the final decision. Who was part of their team and who made their final decision at this stage? Also, while evaluating this part of the questions, the researcher will want to find out what steps were taken after the final decision was made and how they felt after they made their final decision.

Implementation. Rogers (1962) states that in this stage, the decision process is not final, but further investigation is needed to help make the final decision. The research will focus on what further investigative materials were reviewed in this stage and who were the key people who participated in helping in this investigation. Also, the focus of this stage will be on the

benefits and barriers of nurse residency programs that were found during their investigation and how it impacted their progression through this stage.

Confirmation. This is the final decision of the key decision-makers (Rogers, 1962). Questions asked will be: What was the final decision for the implementation of the nurse residency program? Who made the final decision and what was the impact of the benefits and barriers on the final decision for the nurse residency program for the hospital? Who were the other stakeholders, and what other influences helped in this decision-making process? If the hospital has a nurse residency program, the researcher will explore further questions, such as how long they have had it and the impact for the hospital since implementation.

Summary

The National Academy of Medicine called for an increase in nurse residency programs. Hospitals need novice nurses who have been supported and helped to develop into their professional roles. Novice nurses can no longer be thrown into the clinical setting and expected to perform at a high cognitive level without support from mentors. Nurse residency program curricula help to support novice nurses through mentor support, help with skills, guidance, skill guidance, and help with leadership skills. The purpose of this study is to explore factors that have contributed to nursing residency program decision-making strategies among hospitals in Alabama that have implemented nurse residency programs. Findings from this study may be used to address a gap in knowledge about the low number of nurse residency programs in Alabama. This research will fill a gap in the literature about the decision-making process among hospital administrators who implement a nurse residency program.

CHAPTER THREE - METHODOLOGY

A review of the previous literature has revealed a rich tradition that links apprenticeship with professional career achievement. The previous chapter examined studies that had been conducted concerning residency programs, internships, and other types of training procedures that are offered in the fields of teaching, psychology, criminal justice, business, medicine, and nursing. These studies have found that the impact which training programs have on the preparation of novice practitioners in each of these fields has been universally positive. The findings of previous studies indicate that numerous benefits accrue to the individuals who participate in these training programs as well as the facilities which provide the training. With respect to nurse residency programs and the facilities, previous research indicated that novice nurses benefit from the training in the areas of skill development, self-efficacy, and leadership (Medas et al, 2015; Ortiz, 2016).

When the manifold benefits of nurse residency programs were scrutinized a more specific consideration arose. In the state of Alabama, only three residency programs are in operation. These three residency programs are only able to accommodate a low percentage of novice nurses who would benefit from participating in those residency programs. The purpose of this research is to better understand this issue.

In this chapter, the following information will be presented. The research questions will be restated. The settings of the research will be described. The individuals who participated in the study will be identified. The sampling approach will be articulated. The methodology

employed in the research will be explained. A rationale will be given for the method utilized in the research. The strategies for collecting data in the study will be described. The techniques for analyzing the collected data will be explained. Ethical considerations that might impact the study will be discussed. Finally, validity concerns will be articulated.

Restatement of the Research Questions

1. What factors influence hospital leaders to adopt nurse residency programs?
2. What are the barriers identified in the decision-making process of adopting and implementing a nursing residency program?
3. What are the benefits identified in the decision-making process of adopting and implementing a nurse residency program?

Methodology

The most appropriate research methodology for this study was qualitative research. Qualitative inquiry is characterized by many facets. However, there are eight facets of qualitative inquiry that apply to this study. These eight facets are the research takes place in a natural setting, the researcher is the key instrument of data collection and data analysis, the research involves an inductive process, the research focuses upon the participants' meaning, the research employs an emergent research design, the researcher engages in a process known as reflexivity, the research investigates a problem, an issue, or a phenomenon which needs exploration, and the research employs research questions which begin with "How," "Why," and "What types" (Creswell & Poth, 2018).

In this research study, the data were collected and analyzed by the researcher. There can be a wide variety of skill levels from one researcher to another. The consequence of this reality is that the trustworthiness of the research findings will be commensurate with the skill level of the

researcher as a collector and analyzer of data (Savin-Baden & Major, 2013). This aspect of qualitative research can be a limitation. The measures taken to mitigate this limitation will be discussed in a future section labeled “validity considerations.”

Inductive reasoning is one of the characteristics which distinguish qualitative research from quantitative research. Quantitative research employs deductive reasoning (Morgan et al., 2013). The researcher states the hypothesis and then statistical tests will be conducted to measure the reliability of the hypothesis. Qualitative research, on the other hand, collects data and analyzes that data to describe, explain, or understand a problem, an issue, or a phenomenon (Marshall & Rossman, 2011). This study examined the problem that research has indicated, that nurse residency programs are beneficial for novice nurses who participate in the programs as well as for health facilities that administrate the programs. Also, this research study explored the issue that in light of these benefits only three health facilities in the state of Alabama administer nurse residency programs.

Qualitative research focuses its attention on the participants’ meaning (Glesne, 2010). In this research study, the focus was upon the decision-making process in which the participants engaged when they were considering whether to adopt a nurse residency program at the facility where they were employed. In a previous section entitled “participants,” those involved in this study were described as nurse leaders who had participated in a decision whether to adopt a nurse residency program. The focus of this study was to describe how these participants came to a decision and what factors influenced their decision.

Quantitative research employs a fixed research design (Leech et al., 2018). Hypotheses are stated and statistical tests are run to determine the reliability of the hypotheses. In contrast, qualitative research employs an emergent research design (Hatch, 2002). In qualitative research,

data are collected on a progressive basis. Data are collected and analyzed simultaneously. Analyzed data are matched with the research questions as the research progresses.

Qualitative research is described as a reflexive process (Charmaz, 2014). In quantitative research, the researcher seeks to maintain a position outside of the research. In qualitative research, the researcher is actively involved in the research. To refrain from influencing or biasing the research findings the researcher engages in a process known as reflexivity. Reflexivity is a process by which the researcher examines the way she is positioned in the research, the reasons she was attracted to the research topic, how she may influence the research findings, and any preconceived notions or biases which she may have brought to the research study. Reflexivity is an ongoing process by which the researcher continually assesses and reassesses her involvement in the research process. In this study, the primary report of the researcher's reflexivity is reported in the section labeled as "positionality of the researcher."

At its root qualitative research is an exploratory enterprise (Hancock & Algozzine, 2017). On occasions, only a few numbers of research studies have been conducted on a specific topic. In the context of this study, no studies were uncovered, which investigated the existence of nurse residency programs in the state of Alabama or the reason why only three nurse residency programs exist in the state. Therefore, this study was designed to explore this issue. More information concerning the exploratory nature of this study will be described in a future section labeled "method."

Most qualitative research questions begin with the words "How," "Why," or "What types" (Holley & Harris, 2019). On many occasions the preponderance of research into a topic is quantitative. Quantitative research addresses information such as percentages, averages, differences, relationships, and predictions (Field, 2018). In this investigation, quantitative studies

discovered that nurse residency programs were beneficial to novice nurses who participated in these programs as well as the facilities which implemented the programs. However, quantitative research cannot answer the questions concerning why facilities would choose to implement a nurse residency program or why facilities would choose not to implement a nurse residency program.

Method

Traditional qualitative research is comprised of five individual methods: grounded theory, ethnography, phenomenology, narrative inquiry, and case study (Creswell & Creswell, 2019). A large overlap exists among the five methods. The protocols for each method are similar. Each method employs an emergent research design, collects data using documents, interviews, and observations. Also, each qualitative research method focuses on the experiences of the participants in the study and builds its findings employing an inductive process. However, each method possesses its unique perspective.

The most appropriate method for this study was an exploratory descriptive study as this study focused on describing the processes entailed in decisions made by hospital leaders to adopt a nurse residency program. There have been few research studies that have been devoted to the process which surrounds the decision concerning whether to adopt a nurse residency program (Creswell & Creswell, 2018). The participants of this study were selected from three facilities that debated the value of implementing a nurse residency program and decided to proceed with implementation.

Setting of the Research

This study involved three hospitals from Alabama that participate in nurse residency programs (See Table 1). Due to the COVID-19 pandemic, face-to-face interviews were not a

feasible option. The interviews took place on Zoom at a convenient time for the participant. Participants' consent was obtained by emailing them directly the prepared consent forms. The consent forms were then submitted back to the researcher before the interview. This gave the participant a chance to read and sign the consent before the interview. The consents for participation, audio, and/or video recording were verified with each participant before their respective interview.

Hospital A is a non-profit acute care facility. This facility purchased a nurse residency curriculum that had already been built. The educators completed development and training to facilitate in the incorporation of the nurse residency program. This program admits monthly with each orientation. This nurse residency program was first implemented in 2012.

Hospital B is a non-profit facility. This facility built their nurse residency program from scratch. They used resources from other hospitals within their system that already had implemented nurse residency programs. This nurse residency program only admits once yearly, and their first class began in 2017.

Hospital C is non-profit, acute care facility. This facility built their nurse residency program from using resources from literature reviews, talking to other facilities with nurse residency programs, and talking to their unit nurse managers to see what was needed on the units. This program admits bi-monthly with the orientation classes. This nurse residency program began in 2020 but was put on hold due to the COVID pandemic.

Table 1

Hospitals and Participants

Hospital date NRP began/Regional or Non-Regional	Participant	Role during NRP implementation	Role currently
Hospital A	Karen	Clinical Outcomes Manager	Director Patient Care Services/Operations
2012, Regional	Carol	Advanced Clinical Nurse Educator	Advanced Clinical Nurse Educator
Hospital B	Louise	Post-Baccalaureate Nurse Residency/Transition to Practice Coordinator	Staffing Nurse Manager
2017, Non-Regional	Larry	Post-Baccalaureate Nurse Residency Program Director and Assistant Professor	Post-Baccalaureate Nurse Residency Program Director and Assistant Professor
Hospital C	Sharon	Coordinator of Clinical Excellence	Coordinator of Clinical Excellence
2020, Regional	Sheila	Clinical education specialist	Clinical education specialist
	Anna	Clinical education specialist	Clinical education specialist
	Tracey	Allied health recruiter	Allied health recruiter
	Tom	Director of clinical practice	Director of clinical practice
	Marlana	Clinical education specialist	Clinical education specialist
	Kim	Clinical education specialist	Clinical education specialist

Participant Selection

Purposeful sampling was employed in this research project. Purposeful sampling seeks out individuals who have intimate knowledge of the topic being investigated (Savin-Baden & Major, 2013). The specific type of purposeful sampling utilized in this study can best be described as volunteer sampling (Miles et al., 2013). Individual nurse leaders were solicited to

participate in the study. Once the Institutional review board (IRB) approval was obtained (See Appendix A) an electronic email was sent to solicit participants for this study (See Appendix B).

The *nurse unit manager* is the supervisor over an entire unit in a facility. This also includes the staffing nurse manager. The nurse unit manager oversees budgets, staffing, and troubleshoots problems in the health care facility. The nurse unit manager is on call 24 hours a day and seven days a week. The nurse unit manager is responsible for making final decisions concerning all issues which occur on the floor where she is working.

The *nurse educator* oversees the education within the hospital. This includes the clinical education specialist and clinical nurse specialist. The nurse educator is responsible for initiating and training new nurses who have been hired by the facility. They cover a broad spectrum of education which includes updates on policies and procedures, current evidence-based practice, and helping with additional training that the facility identifies as needed. Also, nurse educators can potentially help fill the role of mentor to new nurses as they progress through the nurse orientation period.

The *nurse administrator* is an individual who is involved in a higher management position. This includes the PBNR (Post Baccalaureate Nurse Residency) program director and Director of Clinical Nursing Practice. The nurse administrator is responsible for making policy, procedure development, coordinating schedules, adjudicating disciplinary cases, and overseeing the nursing staff. Nurse administrators are responsible for creating an environment in the facility which will assist in the efficient deployment of health care services.

The *director of operations* is an individual who oversees an organization's daily business activities. They are responsible for managing the resources, developing, and managing the

operational plans of the organization. Monitoring that procedures are carried out properly and help to set the strategic plans of the organizations.

The *allied health recruiter* is a nurse that helps the hospital in recruiting staff for the hospital. The allied health recruiter is responsible for going out into the communities to job fairs, including but not limited to, community colleges and universities to help recruit nursing graduates to the facility. They also help with the retention of nurses in the facility and help to bring back information to the hospital from job fairs and recruitment activities on ways to better retain staff and recruit new nurses.

Exploratory qualitative research typically includes 10-15 participants but depending on the type of qualitative study could range from 1-30 (Creswell & Creswell, 2018; Merriam, 2009). This study included a total of 11 participants that were included as nurse leader participants. This brought a variety of perspectives about nurse residency programs by including different types of nurse leaders.

The participants held various levels of nursing degrees (See Table 1). They also worked in a variety of fields ranging from the operating rooms, intensive care units, nurse residency programs, and in a faculty position. The age range of the participants was 30-65 years of age and the average age was 43 years. Eighty-two percent of the participants were female and 18% of the participants were male. They all varied in years of experience, but the range for years of experience was 7-38 years with the average being 18 years of nursing experience. They all held different positions within the facility in which they worked, but each participant played an important role in the implementation of the nurse residency program in the facility in which they work. Table 2 summarizes the different demographics of all the participants.

Table 2

Narrative Description of Participants

Pseudonyms	Narrative Description
Anna	32-year-old female that holds a Bachelor's Degree in both Nursing and Psychology. She has 8 years of nursing experience. She currently works as a clinical education specialist at her facility.
Karen	64-year-old female that holds a Doctor of Nursing Practice Degree and has 32 years of nursing experience. She currently works as the director of operations at her facility.
Sheila	35-year-old female that holds an Associate Degree in Nursing and has 14 years of nursing experience. She currently works as a clinical education specialist for the surgical unit and adult intensive care unit at her facility.
Sharon	41-year-old female that holds a Master's Degree in Nursing and has 19 years of nursing experience. She currently works as a clinical nurse specialist at her facility and is the coordinator of clinical excellence.
Tom	55-year-old male that holds a Bachelor's Degree in Nursing and has 15 years of nursing experience. He currently works as the director of clinical nursing practice.
Carol	65-year-old female that holds a Master's Degree in Nursing and has 38 years of nursing experience. She currently works as an advanced clinical nurse educator in the education department of her facility.
Kim	53-year-old female that holds a Master's Degree in Nursing and has 19 years of nursing experience. She currently works as a clinical education specialist in the education department in her facility.
Marlana	31-year-old female that holds a Master's Degree in Nursing and has 9 years of nursing experience. She currently works as a clinical education specialist for the float pool, IV team, and wound team for her facility.
Larry	52-year-old male that holds a Doctor of Nursing Practice Degree and has 27 years of nursing experience. He is currently the Post Baccalaureate Nurse Residency Program (PBNR) Director of the facility's nurse residency program and is an assistant professor at a local university.
Tracey	33-year-old female that holds a Bachelor's Degree in Nursing and has 10 years of nursing experience. She currently works as an allied health recruiter for her facility.
Louise	30-year-old female that holds a Master's Degree in Nursing and has 7 years of nursing experience. She is currently the staffing nurse manager at her facility.

Data Collection

Qualitative data encompasses a wide array of data types. Traditional qualitative research usually collects at least one of the three types of data. The three traditional types of data collected in qualitative research are observations, interviews, and documents.

Observations are conducted when a researcher enters “the field” to collect data by watching a group of people who are engaged in some activity or experiencing some type of

phenomenon. As mentioned in the section on ethnography the researcher can position herself in the research as a detached observer in which there is no interaction with participants, a participant-observer in which the researcher interacts with participants, or an incognito observer in which participants do not realize they are being observed (Emerson, Fretz, & Shaw, 1995). The researcher creates an observational protocol in which she records the type of events she will observe. These events should be events that will collect the type of data needed to address the research questions.

Interviews are the predominant form of data collected in most qualitative research proposals. The qualitative researcher employs purposeful sampling. In purposeful sampling, the researcher seeks people who have experienced the phenomenon in which they are researching (Miles & Huberman, 1994). The number of individuals who participate in a qualitative study is usually between eight and fifteen depending upon the method being employed (Merriam, 2009). The type of interview questions used in qualitative research is semi-structured (Kvale & Brinkmann, 2009). In semi-structured interviews, a topic is given to the participant with a specifically designed area for comment. The participant is pointed in a certain direction but is given leeway to answer questions pertaining to the topic being studied (Seidman, 2019). The researcher creates an interview protocol in which she records the interview questions that will be asked to the participants. In parenthesis after each question the researcher records which research question the interview question will collect data to address (Webb, 2016).

Documents are often collected in qualitative research. Some qualitative research studies are historical. In these studies, documents may become the dominant form of data collected. In other qualitative studies, documents serve the purpose of supplementing the data collected from observations and interviews. Two types of documentary data may be collected in qualitative

research. These types of data are contained in public and private forms of data (Glaser, 1998). Public documents include any documents which are in the public domain. These documents include but are not limited to public relations material, newspaper articles, magazine articles, catalogs, and institutional reports. Private documents include documents that were intended for private or limited communication. These documents include but are not limited to e-mail messages, letters, departmental memos, personal journals, and diaries. A document protocol will be created in which the researcher records the specific documents they intend to investigate. The type of information that will be examined by the researcher in these documents will be indicated on the document protocol. The protocol should indicate which research questions will address each of these items. The top half of the document protocol should record information related to public documents. The second half of the page should record information related to private documents.

The data collected for this study was predominantly from the interview. Before the interview, the informed consent (See Appendix C) was sent to the participant for them to review and they had an opportunity to ask questions and sign. Each participant was asked to return the consent to the researcher before the interview. Once the interview began, the researcher asked the participant to affirm that the written consent was signed by them by sharing the consent via Zoom. Zoom was utilized for all virtual video conference meetings. This Zoom meeting interview option decreased logistical concerns, offered flexibility, and most importantly eliminated safety concerns about potential COVID-19 exposure risk associated with a face-to-face interview. The use of Zoom provided convenience, user-friendliness, and a way to communicate virtually face to face (Archibald et al., 2019). The meetings were locked and only

the researcher and the participant received the password preventing others from being able to access the virtual meeting.

The interview questions were semi-structured and were derived from the research questions in such a manner that they helped to collect the type of data necessary to address the research questions (Webb, 2016). The interview questions were recorded in an interview protocol (See Appendix D). The interviews were recorded using the cloud available from Zoom and then they were saved to the encrypted electronic University of Alabama Box. Each file was saved with a pseudonym that was pre-assigned to each participant. The recording for each interview was transcribed into a written transcript after the interview. Once transcribed, the written transcription was saved in the encrypted electronic University of Alabama Box. The principal investigator was the only person who had access to these recordings. The recordings and transcripts will be kept for three years after the end of the study. In any type of report that might be published or presented at a scientific conference, the presentation will not include any information that would make it possible to identify any participant in the study.

Data Analysis

This study involved the collection of one type of data: interviews. The study collected data from 11 participants. The interviews lasted approximately 45 minutes. The interviews collected information concerning the participants and the decision-making process required implementing a nurse residency program. One interview with 11 participants at 45 minutes per interview will result in a total amount of fieldwork that took approximately 7 hours.

It is important to mention that the data analysis involved an iterative process (Creswell & Poth, 2018). Also, the analysis of the data was conducted simultaneously with the data collection process (Merriam, 2009). The first interview transcript was transcribed into an interview

document. That transcript was analyzed based upon a specific coding strategy. The second interview was conducted, transcribed, and analyzed. The results of the initial interview analysis helped to inform the analysis of the second interview. This iterative approach will continue for the remaining interviews in the study. It is anticipated that the point of data saturation will be reached at some time during the data analysis process. The point of data saturation arrives when no new data is collected in subsequent interviews (Holley & Harris, 2019). The point of data saturation occurred after the tenth interview, but one additional interview was obtained to ensure saturation was obtained.

The purpose of data analysis was to make sense of the data collected (Stake, 1995). To help make sense of the data, a narrative was created to address the research questions of the study in a fashion which gave the reader a vicarious experience of the reality which was encountered by the participants in the study (Stake, 2006). This study utilized the Three-Cycle approach to data analysis set forth by Saldana (2016). The first cycle incorporated holistic coding. The second cycle incorporated “in vivo” coding. The third cycle incorporated thematic coding. Each transcript was formatted in the following manner. The text of the interview transcript was double spaced. The text began at the left margin and extended across 70% of the page. The remaining 30% of the page was left blank. In this blank space, holistic codes were entered along with interpretive notes (Webb, 2016).

The first cycle of data analysis involved holistic coding (Dey, 1993). Holistic codes are comprised of one to five words that capture the essence of what the text is communicating (Saldana, 2016). After each interview response, the holistic codes were entered into the right margin of the transcript. The researcher’s journal was used to help aid in the transcription and verifying data. A determination was made concerning which of the five research questions the

holistic code addresses. The number of the research question was entered above the holistic code. On a separate 18'X 24' artist's sketchpad, each research question was entered at the top of the page. Under each research question, a running tally was kept of the holistic codes which addressed each research question. The holistic codes were entered into this "master list" until all the interviews have been coded.

The second cycle of data analysis involved is "in vivo" coding (Corbin & Strauss, 2008). "In vivo" coding is better understood as "in vivo" material (Webb, 2016). However, since most data analysis texts refer to this material as "codes" this study adhered to the accepted convention. "In vivo" coding consists of the very words of the participants (Charmaz, 2014). As such, these words are rarely limited to one to five words. Often "in vivo" codes are comprised of sentences or entire paragraphs.

In this study, the researcher will highlight the "in vivo" material/codes as they occur in the text of each transcript. Three different colors were used in the "in vivo" coding process. Each color represented one of the three research questions. For example, yellow represented research question one. "In vivo" material/codes which addressed research question one was highlighted in the text with yellow. The same process was applied to the remaining research questions. Different colors were used to mark the "in vivo" material/codes which address the remaining two research questions. When "in vivo" material/codes are highlighted in the text the holistic code in the margin which was illuminated by the "in vivo" material/code was identified. An arrow was drawn to connect the "in vivo" material/code with the holistic code in the right margin.

As mentioned above, holistic codes capture the essence of the participant's response to an interview question. "In vivo" codes serve to illustrate, explain, and build upon the holistic codes (Webb, 2016). To use a physical metaphor, the holistic codes function as the skeleton of the data

analysis, and the “in vivo” material/codes function as the flesh, muscle, and tissues of the findings of the study. Every qualitative study incorporates quotes, stories, vignettes, and other types of illustrative and explanatory material (Stake, 2006). These forms of communication were derived from the “in vivo” material/codes collected from the data analysis. The “in vivo” material/codes were added to the “master list.” Each “in vivo” material/code was attached in summary fashion to the holistic code which it explained or illustrated.

The third cycle of the data analysis process involved thematic coding (Marshall & Rossman, 2011). Thematic coding is the process by which the analyzed data are assembled in a format by which the researcher will craft a narrative that will address the research questions and enable the reader to vicariously experience the reality which the participants in the study encountered (Marshall & Rossman, 2011). Thematic coding proceeded along the following steps.

The material from the “master list” was assembled in the following manner. The main headings of this analytical outline were represented by the three research questions in the study. The sub-headings were represented by the most salient themes which emerged from the data analysis. Approximately three themes were selected to address each research question. The theme consisted of a holistic code or a combination of holistic codes (Miles et al., 2013). In this analytical outline “in vivo” codes and other interpretive material were placed under each theme. When completed, this analytic outline formed the pathway by which the findings of the study will be presented in chapter four of the dissertation.

Ethical Considerations

There are no specific ethical issues beyond those general issues which are commonly associated with qualitative research. Privacy and anonymity were ethical considerations which

merited attention at this juncture in the study. Privacy was accomplished by close guarding of recordings and transcripts. Using Zoom allowed for the recordings to be electronically stored and saved in the secure password protected and encrypted University of Alabama Box. Anonymity was secured by using pseudonyms for people, places, institutions, and activities involved in the research. The data will be kept electronically in the secure University of Alabama Box for three years then all data will be deleted and destroyed from the files.

Validity Considerations

Quantitative research has developed a technical term known as validity. Statistical validity is measured by tests that can be determined with mathematical approximation (Leech et al., 2018). Qualitative researchers have been reticent to use the term validity because of its technical nature in quantitative research. Other labels for describing the effectiveness of qualitative research are reliability, applicability, accuracy, and credibility (Glaser & Strauss, 1967).

The term “credibility” is the label that this study will use. Credibility indicates that the findings are trustworthy. Several techniques are used to enhance the credibility of qualitative research. Three specific techniques will be employed in this research proposal: member checking, data audit, and researcher positionality.

Member checking involves returning interview transcripts to participants for their review. Participants inspect the contents of their interviews to make sure that the transcripts are an accurate reflection of their perspective upon the phenomenon which they experienced. Any discrepancies which the participants detect can be negotiated with the researcher before the publication of the dissertation. Ensuring that the data accurately represents the perspectives of the participants enhances the overall credibility of the findings (Merriam, 2009). The transcripts

from the interviews were sent back to the participants once they were transcribed to make sure that their words were transcribed as they intended. Participants reviewed their transcripts, and a few responded with comments such as “looks good to me” and “you did a good job of capturing the essence of the interview.”

A data audit is an attempt to demonstrate that a similar study conducted by a different person would yield similar results (Lincoln & Guba, 1985). The researcher will keep a research journal that details the sequence of steps taken in the process of the research endeavor. This research journal will leave an audit trail for any third party to examine. An investigation of the research journal will reveal the level of adherence to qualitative research protocols and procedures. A journal has been kept that detailed the steps of this study.

Researcher positionality was recorded in the initial chapter of this dissertation. The researcher positionality statement is built around three questions. What attracted the researcher to this topic? How is the researcher positioned in this study? What preconceived notions does the researcher bring to this study? The narrative crafted around these three questions gives the reader insight into the perspective of the person who is conducting the research (Charmaz, 2014). This insight places the reader in a position to establish a personal assessment of the findings outlined in the study. This liberty of assessment enhances the overall credibility of the study.

Conclusion

A review of the literature revealed that internships have a beneficial impact on various professions. Specifically, the literature indicated that nurse residency programs have a beneficial impact on novice nurses as well as the facilities which implement these programs. The issue which motivated this study was the phenomenon that only three nursing residency programs exist in the state of Alabama. These three nurse residency programs accommodate only a small

fraction of the novice nurses that could potentially benefit from these programs. The purpose of this research proposal was to better understand the existence of this phenomenon. This purpose was fulfilled by research questions that investigated the decision-making process of three facilities that decided to adopt a nurse residency program. This research study was guided by a theoretical framework comprised of Rogers' Diffusion of Innovation Theory. The most appropriate methodology for this study was qualitative inquiry because the study takes place in a natural environment, employs an emergent research design, and is exploratory. The most appropriate method for this study was an exploratory descriptive study because the purpose of the study was to explore the hospital leader's decision-making when adopting nurse residency programs. The data for this study was collected utilizing semi-structured interviews lasting approximately 45 minutes. The data collected in this research study was analyzed by a three-cycle data analysis approach that incorporated holistic coding, "in vivo" coding, and thematic coding.

The findings of the study will be presented in chapter four of the dissertation. In chapter five those findings will be discussed, conclusions will be drawn, and recommendations will be made. The discussion section will involve comparison and contrast between the findings of the study and the findings of previous research. The conclusion section will highlight the three most significant discoveries which the study has made. Based on the findings and conclusions of the study, recommendations will be made for future researchers, policymakers, and practitioners in the field of nursing.

CHAPTER FOUR – FINDINGS

The purpose of this study was to explore factors that influence hospitals in the adoption of a nurse residency program. The secondary purpose was to explore the barriers and benefits which impact the decision-making processes to adopt a nurse residency program. The goal of this research was to find factors that influence the decision-making process of hospital administrators in the implementation of nurse residency programs. The research questions that guided the study were as follows:

1. What factors influence hospital leaders to adopt nurse residency programs?
2. What are the barriers identified in the decision-making process of adopting and implementing a nursing residency program?
3. What are the benefits identified in the decision-making process of adopting and implementing a nurse residency program?

This chapter is divided into two sections. The first section describes the hospital administrators that participated in the decision-making processes in implementing nurse residency programs, as well as a summary of the data analysis process and the themes that were generated. The second section provides an in-depth description and discussion of the themes found within the data analysis.

Participants: Hospital Leaders

The data presented were gathered from information obtained during interviews with 11 hospital leaders. A pseudonym was assigned to each participant (e.g., “Sheila”). The demographic and background information of the participants was presented in Table 2.

Participant Characteristics

Participants for the study were hospital leaders from Alabama hospitals that have implemented nurse residency programs. Their backgrounds in nursing experience varied and their roles in the institution varied, but the participants’ roles focused on nursing education and recruitment. Interviews with the participants were conducted from August 2020 through October 2020.

Participant Recruitment

Participants for the study were recruited through an electronic letter of invitation sent through their institutional email addresses, which were publicly available on the hospital websites. Some participants were also recruited by word of mouth. Potential participants contacted the researcher via email and were accepted into the study if they met the established criteria.

Eighteen potential participants were contacted via email. There were eleven responses from people who were interested in or willing to participate in the study. All were eligible to participate in the study according to the criteria. Eleven participated in the study.

Themes

According to the participants, developing and implementing a nurse residency program was a complex process that was affected by multiple factors. Interviews with the participants

revealed insights into the process, benefits, barriers, and decision-making process surrounding implementing a nurse residency program. In the following sections, the findings are reported by using the participants' descriptions of their thoughts, feelings, and their own experiences through the process of implementing a nurse residency program. The data was organized into major themes and subthemes that became apparent during the data analysis (Table 3).

Table 3

Major Themes and Sub-Themes

Research Question	Major Themes	Subthemes
1. What factors influence hospital leaders to adopt nurse residency programs?	A. Demand	a. "needs of the hospital" b. "help after graduation" c. "feedback"
	B. Turnover	a. "provisional period" b. "nurses were leaving" c. "needed support"
	C. Nursing Development	a. "improve education" b. "formal classes" c. "leadership skills"
2. What are the barriers identified in the decision-making process of adopting and implementing a nursing residency program?	A. Logistics	a. "teach additional classes" b. "scheduling" c. "financial investment"
	B. Manager buy-in	a. "seeing the value" b. "time off the units"
	C. Curriculum development	a. "different visions" b. "developing the curriculum"
3. What are the benefits identified in the decision-making process of adopting and implementing a nurse residency program?	A. Solid foundation	a. "felt supportive" b. "safer, confident nurses" c. "structure for learning"
	B. Recruitment and Retention	a. "succeed in retention" b. "makes new nurses less anxious"
	C. Build relationships	a. "building a family" b. "support of the leadership"

Research Question Findings

Research Question #1

What factors influence nurse leaders to adopt nurse residency programs?

The findings on research question one was the following demand, turnover, and nursing development. The themes and subthemes will be discussed below.

Demand

The first major theme identified from the data was “Demand”. Participants in this study reported that there was a demand for nurse residency programs in the state of Alabama and that nursing students were asking for them. Currently, there is a nursing shortage in hospitals, and they are having issues staffing their facilities. Hospitals are looking for ways to help recruit, retain, and educate new nurses. The participants felt it was important to not only recruit nurses to their facility but felt a responsibility to help establish a solid foundation for them while they were transitioning into their professional role as a nurse. Kim stated that “students were looking for help after graduation”. She further explains that the students wanted something that provided structure and helped them advance their knowledge after they graduated from nursing school. Tracey commented that “students knew that nurse residency programs helped to build that foundation and the students were asking for them.” Anna stated that the demand also came from the hospital in that the “directors needed support to help staff their floors and to help keep the new graduate nurses.”

Needs of the hospital. Participants reported that managers were coming to them and wanting to identify ways to help retain nurses on their units. Anna commented “we were unable

to keep nurses on the med-surg floors and the managers were wanting help with recruitment.”

There are “several nursing programs in the state of Alabama and hospitals working to try to stay with the current volume coming out of school” explains Tracey. She further explains that these students were seeking employment at hospitals that had established nurse residency programs that were outside the state of Alabama and the hospitals were losing potential employees. Tom commented that they “had a nurse residency program in the past, but it had failed, and the chief nursing officer wanted to revive the nurse residency program to try to make it successful this time.”

Tracey commented the unit nurse managers “wanted to work on retention within the hospital by implementing the nurse residency program. They wanted to keep the graduating nurses in the state of Alabama and keep them employed at their facilities instead of them seeking employment elsewhere.” By implementing nurse residency programs, “they wanted to help with staffing on floors and help with morale on the units with all staff members” Tracey continued to comment.

Help after graduation. Larry and Louise both mentioned they noticed that while working with the new nurses, the nurses that participated in the nurse residency program would seek out help on the floor more than nurses that did not participate in the nurse residency program. Tracey stated that “while attending job fairs and recruitment activities students would ask if we had a nurse residency program because they wanted a structured program to help guide them after they graduated”. She continued to explain the students wanted to feel supported and have a good transition to the practice once they graduated from their nursing programs.

Tracey also stated, “when some students would find out we did not have a nurse residency program, they would not even consider working for us”. Kim felt that when they

“would talk to new nurse graduates, they were scared to enter the nursing world.” She continued saying they wanted to have a “safe environment in which they felt free to ask questions and not be judged.” In the nurse residency program, she explains they have a “safe environment to ask questions and practice the skills and knowledge they learned in nursing school and work on their leadership skills”. Carol commented “they also work on communication and some of the hard skills such as how to perform in a code blue situation and other things that typically scare the new nurse so when they participate in one for the first time they can understand how to react.”

These are ways in which the new nurse graduates can help develop their communication, leadership, clinical judgment, and a variety of ways they can learn to interact with others on the unit. By having a safe environment to ask questions, the new nurse graduates can take and ask questions to the educators that they might otherwise be afraid of asking. Carol explained the nurse residency program is a “non-judgmental environment.”

Feedback. There are many community colleges and universities in the state of Alabama. Hospitals, colleges, and universities work closely to help educate the students that are potentially going to seek employment at the facilities. Karen commented “we received interest in the nurse residency program from new employees within the hospital. College instructors were taking feedback to the educators and human resource department in the hospitals on what the students are wanting when they graduate.” Tom stated the “college instructors were telling our human resources that their students were looking for nurse residency programs when they graduate from their program.” Louise explains her nurse residency program

has a partnership with a hospital for its nurse residency program, which helps with the recruitment and retention of its nursing staff. It helped the university with securing

clinical rotation sites for their students and helps the hospital recruit those nurses when they graduate from the university.

Turnover

The second major theme that was identified in the data analysis was nursing turnover. “Our hospital is struggling to keep nurses employed especially on the medical-surgical units,” explained Anna. Anna also further explains “nurses are also experiencing stress and burnout in their current positions, so they are changing professions and jobs.” Louise commented “the need to increase retention and recruitment was a strong factor in the implementation of their nurse residency program.” Many participants commented that retention was one of their overall goals with the nurse residency programs. Tracey described her hospital as “working understaffed and the staff having low morale and being stressed”. Tom acknowledged that the staff was hesitant to support the nurse residency program because they were already overworked due to “COVID-19 and did not want to take on any more responsibilities”.

Provisional period. When nurses are hired by a facility, they have a provisional period. A provisional period is like an orientation period to see if nurses can do the job or not. If the nurse is unable to do the job, sometimes, they are remediated and given more orientation, other times, they are let go. Tracey said that nurses “were failing their initial provisional period” and they were losing some of these employees. She felt like if these employees had a better foundation for their transition into the nursing profession, these employees would have done better during their provisional period. This poses a hindrance to a facility that is already short-staffed and needing the staff that is employed.

Employees leaving. One common finding that was repetitious throughout all the

participants was the high-turnover and employees were leaving in less than a year of employment. Anna commented they were “attempting to find ways to help retain their employees on the units in which they were hired because we are unable to keep nurses on the med-surg units.” Anna further explained they also had nurses that would be hired on one unit and then want to transfer to another unit after only being hired for a few months, which would then make the unit short once again.

Multiple hospitals were seeing high turnover rates of employees that had been in their facility less than a year and even higher in under two years. They were using a lot of resources such as staff, classroom space, and finances for the education of hiring new nurses each time a nurse left the facility. Kim commented

we have two orientations a month with about 100 employees at each orientation and it takes a lot of resources to orient them. Although, many of the employees are not nurses, a lot of the employees are leaving due to the shortage of employees in all the areas with the biggest shortage being nurses.

Needed support. New nurse graduates were being hired into demanding positions and were being oriented for an average of six weeks and then being released to their units to care for patients on their own. Marlana identified “new graduates felt stressed, and this led to them leaving their jobs for other jobs where they felt they would be less stressed.” Tracey explains that “while attending job fairs for new nurse graduates, they would ask for resources to help support them after they graduated”. Tom identified that the new graduate nurses did not feel support from the organization when they were hired as new nurses and did not feel like they could approach people when they had issues.

Larry stated that the “participants who knew about nurse residency programs felt that these programs gave support that would help them with the transition process as they began their professional career.” He further explains that developing a nurse residency program would help with the support system of these new graduates. Tom received feedback from recruiters about students during job fairs and the students were asking for more support once they were employed. Kim visited newly hired nurses on the floor who said they wished they had more support during their orientation period.

Nursing Development

The third major theme identified through the data analysis was an increase in nursing development. The new nurse graduates were looking for extra resources after they graduated and wanted “formal training classes” set up to help them improve their competencies and knowledge. Louise commented the “nurses were asking for continued education upon completion of their college degree and they wanted that through a nurse residency program.”

Improve education. New nurse graduates participated in skill classes and orientation when they were hired into the nursing field, but most are not formal education classes, and these nurses are required to attend them on their days off from work. Carol revealed that “new nurse graduates wanted something that was a more structured program that incorporated evidence-based practice into their learning and helped them build their nursing skills.” Kim stated they wanted “help training and help with their jobs.” Kim further explains “the new graduate nurses also wanted a longer orientation period to allow them a greater chance to be successful.”

Formal classes. One common finding among the participants was that formal classes needed to be developed to help educate the new nurse graduates upon hire into the facilities. Kim

explained these new hires were asking for these “formal training classes and continued educational training” classes so that they could increase their knowledge base. They wanted to learn about evidence-based training and have these classes in informal settings. Marlana explained “they considered the needs of the hospital in the development of the classes for the nurse residency program and had multiple conversations with the entire team and with novice nurses to see what would help with the educational classes.”

Formal classes were set up by the nurse residency programs have the common themes of focusing on leadership skills, communication skills, decision-making skills, the professional nurse, and self-care. “The focus of these classes is patient safety and to help decrease anxiety and increase confidence” as stated by Marlana. Classes are set up to be interactive so that the nurses can learn, and they are required to attend a certain number of hours that are set aside from their original scheduled work hours on the floor explains Carol. Most of the participants stated that the frequency of these classes is bi-weekly or monthly.

“Students that have participated in these classes have shown an increase in their confidence and skills” as stated by Louise. Tom commented due to COVID-19, their nurse residency program has had to be halted for now, but as they make visits on the floor nurses are asking “when are we going to have more classes”. Tom further stated they plan to resume the program later in the fall of 2020. Other participants stated the new nurses enjoyed being in the structured class and they “interact and participate in the activities they have designed for them.” Overall, the participants felt that the students have responded well to the formal classes they have designed.

Leadership skills. Several of the participants mentioned that new nurse graduates “lack leadership skills” and this was one thing they felt was important to incorporate into their classes

as they developed their curriculum. Tom felt that the new nurse graduates needed to learn how to “contribute to the organization and know how to lead.” Louise commented their nurse residency program “allows the participant to rotate with the leadership team so they can learn how the leadership roles work and learn how to interact with leaders of the organization.”

Tom talked about how his facility participates in a clinical ladder program. “When a new graduate nurse participates in the nurse residency program it helped them with their career advancement in the hospital” he commented. A few other participants spoke of how their new nurse graduates create an evidence-based project and present the project “to the units yearly as scholarly work.” This demonstrates leadership and presents new research to the facility.

Factors that Influence Decision-making in Hospital Leaders

Multiple factors influence the decision-making of hospital leaders to implement nurse residency programs. The three major findings were discussed. Participants felt strongly about the “demand”. Some of the participants explained demand as the needs of the hospital due to the nursing shortage from the decrease in retention and high turnover. Other participants explained demand as demand from students in the nursing school asking for nurse residency programs to help them once they graduated from nursing school. These participants explained that those students wanted something to help them transition into their professional roles and help them be successful in their careers upon graduation. They also wanted support because they were nervous. Some participants explained demand as feedback from community college, university faculty members, and feedback from recruiters who attended job fairs. These recruiters sought out the hospital leaders and informed them that new nurse graduates were seeking jobs elsewhere because these facilities did not have a nurse residency program.

The second finding was the turnover. The participants expressed concerns about the high turnovers in their facilities and many of them were approached by the nurse managers to help with the retention of their nurses. Also, nurses were leaving to go to other facilities due to better staffing and the participants were looking for better ways to staff the facility.

The third finding was nursing development. Most of the participants wanted to help new nurse graduates in the development of their skills, confidence, communication, and professional identity. They felt by doing this, they would help the nurses transition into their professional role and help decrease the role “shock” and “anxiety” that many of the new graduate nurses experience during their first year, which is why many of the new graduate nurses leave their first job.

These three findings of demand, turnover, and nursing development support factors that helped to influence hospital leaders in the decision-making process in the implementation of nurse residency programs. No other literature has been found on this topic. The findings of demand, turnover, and nursing development are all new findings to add to the literature.

Research Question #2

What are the barriers identified in the decision-making process of adopting a nurse residency program?

The findings on research question two was the following logistics, manager buy-in, and curriculum development. The themes and subthemes will be discussed below.

Logistics

The logistics of scheduling the classes, scheduling the new nurse graduates, and work schedules was one theme that every participant mentioned in the interviews. There are many common factors this year due to the global pandemic of COVID-19, but some programs were

able to work it out within their facilities. Louise mentioned they were not able to “meet expectations of their managers with some of the scheduling of the new nurses so they had to come to a compromise.”

Teach extra. Developing a new curriculum is hard for an already busy educator. Even when you purchase a curriculum, the educators must learn how to teach the curriculum as it is designed. Kim mentioned they already had a busy schedule with teaching classes in the education department and teaching classes on their units. Tracey commented that the educators were now required to “develop and teach the new classes for the nurse residency program in addition to their normal jobs”. She explains this put a lot of “stress” on them and they were working “extra” when they were creating the classes and developing the curriculum. Some of the educators volunteered to help teach these courses, but some of the volunteers were recruited to help develop and teach the courses that were designed.

Kim further explains even though many of the people already had other job duties that were required of them, they had to fulfill “other duties to help with the nurse residency program and many of them became very stressed but felt that it would benefit the hospital for the future.” Anna commented on how she was “tasked with developing a class that involved getting the nurses to participate in the activities and not just them sitting and listening to lectures and that took more of their time to develop these classes.” She commented on how the “educators wanted something worthwhile and something that the novice nurses would enjoy attending”

Marlana reported that even in “the development phase of their program, they performed mock classes so that they could have feedback from each other to see how the classes would go, but that it took extra time away from their normal work schedule.” She commented the feedback received was “beneficial but time-consuming.”

Scheduling. As with many things, scheduling is always an issue when people are trying to work around many factors. The scheduling factor did vary between institutions on what the issue was, but a common finding was that scheduling was an issue. Louise commented

They were controlled by people who were overseeing the program and wanted to control how the program was ran. The administrators wanted them to meet with the nurses weekly, but it was impossible with the nurses' full-time working schedule so they had to make a compromise and started meeting every other week.

Tom commented on how “nurse managers were skeptical to release the nurses from the floor to attend classes especially during the trying times of the global pandemic of COVID-19.” Tom to commented that “the floors were already short-staffed.”

Scheduling seemed to be mentioned in each interview that was encountered, whether it was from the educators’ standpoint or the nursing graduates’ standpoint. The educators had to create class schedules that could work for both the educators and the nurse graduates that worked both night shift and day shift. Some of the nurse residency programs chose to use “rolling cohorts” while others chose against this.

Tom commented they had to “cancel all nurse residency program classes due to scheduling and classroom space once COVID-19 hit in March 2020.” During the interview with Tom, he mentioned they are “looking at moving some classes to a building off-site, but they have not been able to have classes normally since the pandemic started.”

Financial investment. When it comes to costs, hospitals are going to be the first to look at the risks versus benefits. The financial investment was discussed in all the interviews, although, in about half of the interviews, it was not a huge concern. Carol stated that one thing that was considered was “where do the monies come from?” Carol commented on how their

“facility invested financial resources into a curriculum for their nurse residency program and how the education was laid out for them, but the educators had to learn how to utilize the resources.” Carol mentioned that this was because their hospital had purchased the curriculum for the nurse residency program. Although the hospital invested in these resources, Carol stated that the managers still did not “see the benefit” of a nurse residency program. Louise explained how their nurse residency program was

nationally funded, but they had to meet the expectation of the ones that oversaw the program and the national funding. They also had to develop a clinical partnership with a local university. They could only admit a few people each year and admission only happened in July.

Tom, Kim, and Anna commented on how the managers were concerned with the financial investment of “sending the nurse graduates to mandatory classes and having to pay them extra.” The managers were concerned about where this money was coming from and “who would pay it.” Tom stated the managers were concerned about “where the budget would come from”. This seemed to be one of the biggest financial concerns among the participants concerning financial investments. Participants provided evidence-based research to the managers and administrators to show the nurse residency programs increase retention and can increase cost savings over time, but managers wanted the “now” factor per Tom.

Manager Buy-In

One of the most common themes that radiated throughout the interviews was “manager buy-in”. Tom stated that the “managers were not convinced that the nurse residency programs were going to be successful in helping with retention rates”. Carol confirmed that “challenging managers did not see the value in staff being off the floors in order to attend classes.” Nurse

managers in all institutions were prepared a presentation in which they were informed about the curriculum, updated on the latest research about “retention and cost savings”, and informed about what their part would be in the nurse residency program. For most of the participants, getting the manager to commit to the nurse residency program was one of their biggest barriers.

Seeing the value. One common theme that emerged from the participants was that the managers did not see the value in the use of the nurse residency program. This was a hurdle that the educators had with the implementation of the program. Anna mentioned the “unit nurse managers were concerned about the financial impact of their units in the implementation of the nurse residency program and what they would be responsible for financially.” To implement the nurse residency programs, more preceptors were going to have to be utilized on the floors, and “staff was tired” commented Marlana. Managers knew their staff would have more job tasks when working with nurses in the nurse residency program and the nurses already felt overworked. Tracey commented the managers were already concerned for their “already tired nurses that were on their floor and felt the nurse residency program would cause these nurses more work.” Kim states “people were hesitant due to time and resources that had to be utilized to develop and implement the nurse residency program.” She explained the managers did not “understand how the program was going to work”.

Tom, Kim, Larry, and many other participants stated they presented the nurse managers with the “literature”. Items presented to the managers consisted of “retention rates, financial cost savings, outcomes of the facilities” among many other things found in the research. After presentations to the administration and the managers, Tom commented the managers were in more support of the program, although, there were a few managers that “still were not convinced”.

Time off the units. Marlana stated the unit nurse managers were frustrated the nurses in the nurse residency program were going to have to spend time off the unit when they were already “short-staffed”. She continued

these novice nurses were being relied on for staffing the floors and it continued to keep the floors understaffed. Nurses were already working overtime and were tired and overworked, but they were going to have to send the nurse to a class for the nurse residency program.

This was one frustration that the unit nurse managers had to overcome with the implementation of the nurse residency programs. Louise explained

schedules were tight on the floor and some of the new graduate nurses were already working a night shift and it complicated their schedules, even more, when they had to be at work the following night and had to be at work that night.

Sometimes the managers had to reschedule the nurse, but oftentimes, the nurse could not be rescheduled due to staffing issues and the educators ended up having to work around the schedule or the new nurse would miss the class.

Managers did not offer much “flexibility” in the beginning offered Louise. Sheila said they had to “convince the managers on the nurse residency program.” It was not until they had presented the material to the managers and talked to them about how the nurse residency program would help the floors, the unit nurse managers finally began to open to the option of allowing the new graduate nurses leave the units and attend classes and try to arrange their schedules so that it would work with the programs schedule.

Curriculum Development

The curriculum development was a huge hurdle for all three facilities that have implemented nurse residency programs in the state of Alabama. There were varying approaches to the way the programs were developed, but one common finding was they wanted to develop a curriculum that “supports new graduate nurses”. Programs were built from “scratch”, built from “previously designed programs”, and “purchased as a bundle”. One thing that the participants learned while developing the curriculum was it “takes a lot of time and effort” commented Tom.

Different visions. When developing a curriculum, the goal may be the same for many of the participants, but sometimes the visions may be different. This was an issue for some of the participants. Marlana mentioned “we had different visions for the nurse residency program from people within their group.” Louise stated they “had people who oversaw their nurse residency program, and although the participant and their partners were designing the program, the ones that oversaw the nurse residency program had different visions for the program than they did.” Having different visions between group members made the group members must compromise and learn how to decide what was “important and not important”.

Developing the curriculum. Developing the curriculum was very trying for many of the participants. Louise described developing the curriculum as “building a ship as we were flying,” meaning the program had already started and the curriculum was not entirely built, so they were developing the curriculum as the program was going. Louise continued to comment “since the curriculum was developed as the class was in progress, the curriculum did change yearly.” Larry described “developing the curriculum as a skeleton.” Larry explained that the educators had “nothing” when they began to develop the curriculum and it was “bare bones and they had to build the entire curriculum from the bones up.” His biggest concern was on the way to “roll it

out” regarding curriculum development. Kim commented “it was important in their curriculum development for the new nurse graduates to have experiential learning.” Kim continued to comment they “wanted to include more simulations to help with learning.” These were elements that were factored into the design of the programs as they were building them.

Purchasing a curriculum is also an option for nurse residency programs and Carol stated this was the option in which their nurse residency program chose and that benefits of purchasing the curriculum was they did not have to build the curriculum from scratch. Carol further explained, “this was a package deal and included audio conferences with multiple resources.” She explained the only issue was the “mentors had to learn the program.” She continued commented that this did pose a problem because the educators did not know how to use the program and had to learn how to implement the program. Carol also mentioned that after the educators had learned how to “teach the program, the implementation was easier since they did not have to develop their own program.”

Kim commented they had to “reach out to networking groups and researched the program to be successful in the implementation of the program.” Tom, Sheila, Marlana, and Anna all mentioned how building their curriculum from scratch based on their literature review and consultations with other hospitals was time consuming, but they felt it was worth it. Kim stated, “being able to build our own curriculum allowed us to decide what was important and what mattered the most to our facility.” One common finding when all participants were designing the curriculum was, they wanted to implement “evidence-based practice”.

Barriers Identified in the Decision-making Process of Adopting and Implementing a Nurse Residency Program

Multiple barriers influence the decision-making of hospital leaders to implement nurse residency programs. The three major barriers will be discussed. The first barrier the participants

felt strongly about was the logistics of the nurse residency program. Some of the participants expressed concern over the logistics of the scheduling of the new nurse graduates, while others expressed concern over scheduling the curriculum. The scheduling of the new graduate nurses was complicated because the nurse managers wanted them as staff on the units, whereas the educators needed them in the classroom for four hours for class on certain days. These new graduate nurses may be scheduled for work that day in which it would make the floor short for the four hours they are in class. The scheduling of the curriculum was the same issue with trying to schedule the classes to fit in with the new graduate nurse's schedule and working with different night and day shift schedules. This was a huge barrier for all the participants.

There was also concern over the educators having to teach additional classes in addition to their current load of educational duties they were already assigned. The educators already had their work assignments but had to design and teach additional classes under the nurse residency program, which created a higher workload on some of the hospital educators. Also, under logistics, the financial investment of the nurse residency program was discussed. Although this was not a concern for the hospital leaders, this was a concern for the nurse managers.

The second finding was manager buy-in. The managers were concerned with the financial barriers of the nurse residency program meaning where the money was going to come from, specifically whether the money was going to be paid by each unit of the education department. Participants identified that when the managers were first approached with the idea of implementing a nurse residency program, many of them were very concerned with the financial and scheduling prices of the program. After the educators provided research on the benefits of nurse residency programs and how it could potentially help their units and hospitals, most of the managers were in favor of the nurse residency program.

The third barrier for hospital leaders was curriculum development. Participants said the curriculum development was like a “skeleton” and “building a ship while it was flying.” Louise said it was “hard to implement their curriculum because they were not able to have it fully developed before the nurse residency program began.” Hospital A was able to purchase their curriculum, but the educators had to learn how to implement the curriculum which created a barrier for this facility in the implementation of the nurse residency program. So not only did some of the facilities have to develop their curriculum, but they had to learn how to implement the curriculum. Hospital C participants built their curriculum from scratch based on the literature review and consultations with other hospitals, however, due to COVID-19, they have not fully been able to fully implement their entire curriculum.

The findings of logistics, manager buy-in, and curriculum development were found during this research to help answer research question 2. -Although there are numerous articles on the barriers of nurse residency programs, there is no current research that focuses on the decision-making of the hospital leaders when implementing the nurse residency program (AbuAlRub & Alhajja’a, 2018; Duffield et al., 2015; Letourneau & Fater, 2015; Roche et al., 2015). There is literature to support logistics and curriculum development, but from this research the barrier of manager buy-in is a new finding.

Research Question #3

What are the benefits identified in the decision-making process of adopting a nurse residency program?

The findings on research question one was the following solid foundation, recruitment and retention, and build relationships. The themes and subthemes will be discussed below.

Solid Foundation

The focus of the nurse residency programs from some of the interviews was to build a solid foundation for new nurse graduates. When new nurse graduates began their nursing careers, they enter a profession that is full of stress and the floors are currently “short-staffed”. These nurses are anxious and do not always know whom they can go to when they have questions and do not feel comfortable asking questions. “We want to help build a strong foundation for these new graduates when they graduate so they can be a better nurse” stated Kim.

Felt supportive. The purpose of setting up the nurse residency program was to help create a supportive environment for the new graduate nurses. Marlana commented on how “they wanted to create an environment where new graduate nurses felt safe to ask questions, they may not ask anywhere else.” Kim commented “in the educational classes, the novice nurses not only learn about nursing content and skills but learn that the educators are there to support them in their education and their successes.” Louise commented “the new graduate nurses are monitored and checked on as they progress through the nurse residency program and are followed for a year as they attend classes.” Sheila commented that they wanted to “give the new graduate nurses the knowledge and tools to create a solid foundation.”

The leadership supported the nurse residency program and became committed to the projects to make it successful. “The CNO (chief nursing officer) was in full support of the program and wanted the program to be successful” commented Tom. Once all the managers were on board, “more people became invested in the nurse residency program,” Kim commented.

Safer, confident nurses. One thing that became evident throughout the interview was that the educators wanted to produce “safer, confident nurses” through the nurse residency program.

Multiple participants mentioned through their literature review and talking to nurse residency programs, the nurses that came out of their nurse residency programs were more “confident in themselves once they began taking patients” and felt better about themselves in “high-risk situations”. Louise stated

that many of their new nurse graduates are hired into intensive care areas and emergency departments because that is where the excitement is found, but new graduates are not always ready for those patients that are so critical. They found by placing these new nurse graduates in rotations through the intensive care areas and allowing them to learn the machines and the intensive care units without feeling rushed, they were able to increase their confidence and related to skills and clinical judgment abilities once they were released on their own.

Carol mentioned “within their curriculum, they place new nurses in situations that typically scare new graduates such as how to perform a code blue, skits with physicians to help improve communication, and other uncomfortable situations to help build relationships.” She explains “the new nurse graduates felt this helped to build their confidence and helped to decrease their anxiety once they got on the floor once their orientation was completed.” Louise commented

the skills of the new nurse graduates have been able to be evaluated within the nurse residency program and the nurse managers and other nurses on the units report that the new nurse graduates who go through the residency are more competent in skills than nurses that do not complete nurse residency programs.

Structure for learning. Although the participants mentioned the curriculum was difficult and time-consuming, they wanted the new nurse graduates to have a strong “structured format to

help increase their learning.” Participants expressed excitement when talking about the program and the implementation of the nurse residency program and Tom commented they wanted to “increase the experience of new graduates through the orientation experience by creating a more formalized orientation process.”

Tom and Kim mentioned that feedback was received from new nurses about what kind of topics they would like to see in classes that would be incorporated into the nurse residency program. Some of these comments from new nurses were “communication, how to make decisions, and time management skills”. These comments helped to structure the learning topics for the curriculum and the focus of learning.

Recruitment and Retention

Two overarching themes through all the interviews were recruitment and retention of nurses. As the world is experiencing the COVID-19 pandemic, many floors are having issues attempting to recruit and retain their nurses. Unit nurse managers were contacting human resources and the education departments to help them retain the nurses they hire on the floor. Although the unit nurse managers were initially hesitant about the nurse residency program, the participants stated most of the managers were eventually “convinced of the benefits of the program and were willing to try what they needed for the benefit of the hospital and their department”. Tracey mentioned that they were losing new nurses “because we don’t have a nurse residency program so we felt it would help with recruitment for the hospital”.

Success in retention. All participants who were interviewed said one of their focuses on creating the nurse residency program was on “retention” of new nurse graduates in their facility. Turnover, even before COVID-19, was higher than they wanted and since the pandemic has hit, it has become higher since nurses have chosen to engage in travel nursing. Kim stated, “we are a

regional institution being a level I trauma center and we are losing students because we do not have a nurse residency program.” Their hospital felt that creating the nurse residency program, would “help with retention, although, their nurse residency program has not been in effect long enough to see the retention rates yet” per Tom.

One nurse residency program has seen the positive effect of retention. They only admit a few each year and out of eight new nurse graduates that have been admitted, they “have only lost two and that was after the one-year mark” commented Louise. She explains they “had a 100% retention for one year and that showed a higher retention rate for the nurses that went through the nurse residency program in comparison to the nurses that did not go through the nurse residency program.” Another part of retaining these nurses was that the new graduate nurses “were able to stay on units they wanted” Louise further explains. Their curriculum design incorporated these nurses rotating through numerous units and the new graduate nurses were learning units and staff members to build relationships and then choose the best unit for them. Louise also stated that this helped with the retention of the new graduate nurses.

Makes new nurses less anxious. The educators and managers understand that the new nurse graduates are “anxious” especially when the new graduate nurses are released out on their own. They do not know how to deal with conflict and many of these nurses feel “challenged”. One thing these nurse residency programs provided for these new nurse graduates is helping them feel less “anxious by providing them support” and providing the classes to help them learn about the uncomfortable decisions that they may deal with during their time on the units according to Marlana. Larry further explains “it also helps with the satisfaction of the new graduate nurses because they felt more comfortable in their environment”.

The nurse residency program is a place where these new graduate nurses can “peace of mind” for new nurse graduates and provided them a “safe place where they were able to ask questions” without feeling nervous or ashamed according to Kim. Carol further explained “this is a place that allows these new nurse graduates to be able to make better decisions and feel less anxious when they meet critical patients and need to make clinical judgment decisions in the hospital setting.”

Build Relationships

Another common finding through the interviews was that the participants wanted to develop a nurse residency program that helped the new nurse graduates build relationships within the group, the facility, and the units they work. They wanted the new nurse graduates to understand how the facility works and functions with the support of the hospital leaders. Participants wanted the new nurse graduates to understand that the hospital was “invested in them and wanted them to be successful and wanted to retain them in their facilities”.

Building a family. Multiple participants said they “wanted to build a family” within the new nurse graduates and wanted them to find support within each other and within the educators of the nurse residency program. Kim stated, “through the literature review they found that the nurse residency program helped with bonding of new nurses and this was something they wanted to create.” Louise stated they wanted the new nurse graduates to “stay together in a group and form relationships with the people they begin the nurse residency program with”. Tom felt this “allowed these nurses to have support from each other and to help build relationships and comradery between each other.” Larry explains that this “allows the nurses to build relationships on the units in which they were working and to build relationships throughout the hospital.”

Support of the leadership. A common theme found between the interviews was that they had support from the administration. Tom stated, “the CNO was the one that approached me with the challenge of setting up the nurse residency program and has been in full support since the beginning”. Kim mentioned that the “CNO was the one that helped to convince the managers by assisting in the presentation to help get the managers on board with the nurse residency program”. The administration in the process of the nurse residency program was further described as they helped to “spearhead” the program and “were involved from the beginning” further explained Tom. The leadership was involved to help the facilities with the retention and recruitment of the nurses.

Benefits Identified in the Decision-making Process of Adopting and Implementing a Nurse Residency Program

Multiple benefits influence the decision-making of hospital leaders to implement nurse residency programs. The three major benefits will be discussed. The first benefit mentioned by most of the participants was that the nurse residency program helped to build a solid foundation for the new nurse graduates. They were attempting to find a program that helped the new graduate nurses’ transition, and this was found in the literature and from personal experiences of some of the hospital leaders.

The second benefit found was the recruitment and retention of nurses. Some of the participants found that since the implementation of their nurse residency program, their retention rates have increased. Others have seen an increase in their recruitment rates. A few of the participants reported comments from the new graduate nurses that participated in the nurse residency program stating that they felt less anxious and felt more confident in themselves while caring for patients.

The third benefit found was helping to build relationships. Participants felt that building relationships was important to add to the curriculum while they were developing it. This was important to them because literature revealed that new nurse graduates needed support from their nurse leaders and needed support from each other (Mallory & Franqueiro, 2017).

The findings of building a solid foundation, recruitment, retention, and building relationships support the benefits of the decision-making of hospital leaders in the administrators in the implementation of nurse residency programs. Although there are numerous articles on the benefits of nurse residency programs, there is no current research that focuses on the decision-making of hospital leaders when implementing the nurse residency program (Medas et al., 2015, Ortiz, 2016; & Van Camp & Chappy, 2017) This study adds to the literature of helping new graduates build relationships as a benefit of implementing nurse residency programs.

Summary

This chapter described the research findings that were gathered by conducting individual interviews with 11 hospital nurse leaders. The themes identified in the interview transcripts were analyzed and are outlined in table 2. The themes of “Demand,” “Turnover,” and “Nursing Development” addressed research question one. Subthemes identified from the theme of “Demand” were (a) needs of the hospital, (b) help after graduation, and (c) feedback. Subthemes identified from the theme of “Turnover” were (a) provisional period, (b) nurses were leaving, and (c) needed support. Subthemes identified from the theme of “Nursing Development” were (a) improve education, (b) formal classes, and (c) leadership skills.

The themes of “Logistics,” “Manager buy-in,” and “Curriculum development” addressed research question two. Subthemes identified from the theme of “Logistics” were (a) teach additional classes, (b) scheduling, and (c) financial investment. Subthemes identified for the

theme of “Manager buy-in” were (a) seeing the value and (b) time off the units. Subthemes identified for the theme of “Curriculum development” were (a) different visions and (b) developing the curriculum.

The themes of “Solid foundation,” “Recruitment and Retention,” and “Build relationships” addressed research question three. Subthemes identified for the theme of a “Solid Foundation” were (a) felt supportive, (b) safer, confident nurses, and (c) structure for learning. Subthemes identified for the theme of “Recruitment and Retention” were (a) succeed in retention and (b) make new nurses less anxious. Subthemes identified for the theme of “Build relationships” were (a) building a family and (b) support of leadership.

The participants described their thoughts and experiences in the implementation of nurse residency programs in the state of Alabama. All participants said that the logistics, such as scheduling and finding space, was one of the biggest barriers to the implementation of the nurse residency program at their facility. They also agreed that curriculum development was a hurdle when designing a program “from scratch”. One benefit obtained from the participant interviews is that the nurse residency programs have allowed the new nurse graduates to feel more supported as they begin their nursing career and feel “part of a team.”

The data helped provide an understanding of the decision-making process of implementing a nurse residency program in the hospital administrators in the facilities in Alabama. The participants’ perceptions of the implementation of the nurse residency program are very similar, although, the programs are unique and different.

CHAPTER FIVE - DISCUSSION OF FINDINGS

The current nursing shortage in hospital facilities calls for facilities to find new ways to help increase the recruitment and retention of new graduate nurses. In 2010, the National Academy of Medicine (2011) released *The Future of Nursing* statement in which one of the eight recommendations was to increase the nurse residency programs in hospital facilities. The use of nurse residency programs has been shown to have a positive effect on the retention of new graduate nurses within the first year of their graduation (Asber, 2019). Nurse residency programs have also been shown to help the new nurse graduates feel supported and more confident in their skills when they are released to practice on their own (Wildermuth et al., 2020). This study explored the hospital administrators' decision-making process in the implementation of nurse residency programs. It also explored the benefit and barriers to implementing nurse residency programs. From this research, hospital facilities could gain valuable insight into ways to help retain and recruit new nurse graduates, which would help aid with the nursing shortage. The desired outcome would be increased support of the new graduate nurses as they begin their professional careers and increased retention of the new graduate nurses in the hospital facilities.

The initial purpose was to explore factors that influenced hospitals in the implementation of a nurse residency program. The second purpose was to explore the barriers and benefits which impacted the decision-making processes to adopt a nurse residency program. There are multiple barriers associated with nurse residency programs that have been found in existing literature surrounding the topic such as staffing, lack of incentives for preceptors, and lack of preceptors

(Wierzbinski-Cross et al., 2015). There are also multiple benefits to new nurse graduates participating in a nurse residency program that was found in the literature such as the nurses being more confident in their nursing role, able to prioritize patient care, and communication (Owings & Gaskins, 2020). The research questions explored in this study were as follows:

1. What factors influence hospital leaders to adopt nurse residency programs?
2. What are the barriers identified in the decision-making process of adopting and implementing a nursing residency program?
3. What are the benefits identified in the decision-making process of adopting and implementing a nurse residency program?

These questions brought to focus decisions are made among hospital administrators when they begin to think about the implementation of nurse residency programs, as they make decisions, and as they develop the curriculum. The researcher explored how the different decisions between the participants of the facilities impacted the different curriculums that were chosen and the ultimate decision to implement the nurse residency program.

There have been multiple pieces of literature that have been published on the benefits and barriers of nurse residency programs and the participation of new nurse graduates. No literature exists on the decision-making process of nurse residency programs of hospitals administrators in the current literature.

This study came from the need to help new nurse graduates' transition into their role so that hospitals can increase their retention rate. The first-year turnover rate for new graduate nurses was 17.1% (NSI Nursing Solutions, 2016). The nurse residency programs have shown to be a positive influence on new nurse graduate retention and transition (Casse, 2019). Having a

better understanding of how hospital administrators make their decisions can help others understand why these facilities have chosen to implement nurse residency programs.

The study found that hospital administrators were faced with nursing shortages on the floors and tasked with finding new ways to retain new graduate nurses. Influences on the decision-making process also came from outside influences such as the local community colleges and universities during job fairs.

Discussion

The following sections offer an in-depth exploration of how the data answered the research questions. Additionally, the findings are compared with the existing literature. This section is addressed by research question.

Research Question #1

What factors influence hospital leaders to adopt nurse residency programs?

Demand, turnover, nursing development. The influences on the hospital leaders to adopt nurse residency programs vary with each facility, but through this research, some common denominators have been found. First hospital administrators considered the needs of the facility, facility resources, staffing, and the needs of the community. Then they go back and see how these needs can be addressed for the new nurse graduates in their facility. Also, the hospital administrators value the research and how it impacts the nursing growth and retention in their facilities.

Additionally, the hospital administrators reached out to community colleges and universities to evaluate the needs of the new nurse graduates and the faculty to help make the transition of these nurses easier once they become a nurse. The first research question relates to

Roger's *Diffusion of Innovations* theory by understanding what stages the hospital administrators undertake when deciding to implement the nurse residency program. This first question would be in the knowledge stage of Roger's theory. Multiple themes influence hospital leaders to adopt nurse residency programs, but the ones that were overwhelming in the interviews were demand, turnover, and nursing recruitment.

Demand for nurses. With the growth of the aging population, the demand for nurses is increasing. The participants expressed concern from the managers about experiencing this shortage of nurses on their units. It is projected in 2020, there will be 1.6 million job openings for nurses in the United States (U.S) (Carnevale et al., 2015). To date, there have been 105,948 nursing students that have graduated from nursing schools in the state of Alabama (Alabama Board of Nursing, 2020a). Currently, with the COVID-19 pandemic, a few participants expressed concern even more for the shortages on the floors because more of the nurses are leaving to be travel nurses for other facilities.

Turnover of nurses. The hospital administrators reported they have huge turnovers in their facilities. None of the participants could supply specific numbers on the turnover rates of nurses that do not participate in the nurse residency program. Participants did state that the first-year turnover for new graduate nurses is high, especially for medical-surgical floors. The findings of this demand for nurses does correlate with the research that novice nurses experience reality shock as explained by Marlene Kramer (1974) in which these nurses experience anxiety, doubt, and confusion. These nurses are often improperly trained and often do not transition into their role and will eventually leave the profession (Duchscher, 2008).

Nursing development. Nursing development in this research was a commonality among

all of the participants. Many participants state that when the new nurse graduates had experiences and trained mentors, the new nurse graduates transitioned into their role easier and had a more successful experience in their orientation period. They also mentioned, that when the orientations were hurried, the new nurse graduates had a mentor that did not support them, criticized them, or the new nurse graduate did not receive adequate training; these were the ones most likely to leave the facility. These findings correlate to the literature that having a trained mentor helped new nurse graduates' transition into their roles (AbuAlRub & Alhaija'a, 2018; Wierzbinski-Cross et al., 2015).

Research Question #2

What are the barriers identified in the decision-making process of adopting and implementing a nursing residency program?

Logistics, manager buy-in, curriculum development. The barriers identified in this research project was not a major concern identified for most of the hospital administrators. For most of the hospital administrators, the curriculum development and design were the biggest barriers identified as the majority of the participants designed their curriculum from a "skeleton". Most of the participants identified that in the beginning, the nurse managers were hesitant to participate in the nurse residency program, but once all the evidence was presented, they were more willing to participate.

The second research question relates to Roger's *Diffusion of Innovations* theory by relating to stage four implementation (1962). In the implementation phase, the hospital administrators are identifying the barriers related to the nurse residency program, but they have also identified ways in which to overcome these barriers.

Logistics. Scheduling for the nurse residency program was one of the most common barriers found throughout the interviews with the participants. The literature review does not reveal this as a barrier for nurse residency programs. Although, no literature was available regarding the decision-making process when implementing nurse residency programs. Literature does show that scheduling for the mentors was inadequate due to unqualified mentors or mentors who are not interested in mentoring new graduate nurses (Wierzbrinski-Cross, et al., 2015).

Manager buy-in. Another barrier to the implementation of the nurse residency programs was the nurse manager buy-in for the program. All the participants mentioned this as a barrier in multiple states of implementation of their nurse residency program. Although each of the facilities had the support of the CNO, they still had to have the backing of the nurse managers since they were the ones that controlled the floor. The biggest concern for nurse managers that participants mentioned was “where were the monies coming from” for the time of education for the new graduate nurses. Although this was an obstacle for the participants to go through, they explained once all the evidence was presented, most nurse managers “got on board”.

Although no literature exists on manager buy-in related to nursing residency programs, literature does support the financial investment of facilities in the use of nurse residency programs. The average cost for the hospital to replace a nurse when they leave is approximately \$48,050, whereas the cost to put a nurse through a nurse residency program is approximately \$2,023.91 (Nursing Solutions, Inc, 2016). Henson (2015) shows a positive return on investment through his study for implementing nurse residency programs for organizations. Also, studies have shown that facilities that implement nurse residency programs have a higher retention rate for nurses over their first year (Anderson et al., 2009; Bérubé et al., 2012; & Ulrich et al., 2010). Some of the participants said that statistical data was presented to the nurse managers on

potential financial benefits for the hospital and retention for the organization and this helped to win them over.

Curriculum development. Curriculum development was portrayed as one of the hardest barriers for hospital administrators. One of the participants described that they designed the curriculum “as the ship was flying.” This nurse residency program had already started the classes before the curriculum was developed. This participant said this was one of the biggest issues for them as they had to design the curriculum as they taught the classes. Not all the participants had this issue, but the development was one of the biggest barriers. No literature supports this barrier, but no literature exists on the decision-making process for hospital administrators in the implementation of hospital administrators.

Current literature does exist on different types of curriculums and how they have been developed to help new nurse graduates be successful in their field of practice. A hospice nurse residency program designed its curriculum and yielded a 92% retention rate in the first year and increased confidence and preparedness for the nurses (Hurley et al., 2020). Two established nurse residency program curricula can be bought by facilities and the facilities can be trained in how to incorporate those programs or their new graduate nurses. Those programs are the Vizient/AACN nurse residency program and the Versant nurse residency program.

Research Question #3

What are the benefits identified in the decision-making process of adopting and implementing a nurse residency program?

Solid foundation, recruitment, and retention build relationships. The benefits identified included a noticeable influence of the participants on the decision regarding the implementation

of the nurse residency programs in the facilities that were interviewed. Hospitals were experiencing nursing shortages and recruitments were low they were seeking new ways to help recruit and retain the new nurse graduates they did get into their facilities. All of these benefits were huge defining features in the decision-making for the implementation of the nurse residency program for their facilities. Many of the participants wanted the new graduate nurses to have a “good foundation to build their career on and to grow in the same group of nurses to help them build relationships throughout the hospital instead of just in their unit.”

The third research question related to Roger’s *Diffusion of Innovations* theory by connecting to stage four implementation (1962). In the implementation phase, the hospital administrators are identifying the benefit related to the nurse residency program. The organizations are identifying the benefits when they are deciding to implement a nurse residency program.

Solid foundation. Helping new graduate nurses to transition from nursing school into their professional role was one of the things identified as something the participants felt strongly about when implementing their nurse residency program. The literature does show that when students are guided and are helped to “bridge the gap” from nursing school to their professional role, their transition can produce less anxiety and stress (Duchscher, 2008; Medas et al., 2015; & Ortiz, 2016). Nurse residency programs have also been shown to provide new graduate nurses with the feeling that they are more competent and able to provide safer patient care when completing a nurse residency program (Crimlisk et al, 2017, McKenna & Newton, 2008).

Although no current literature exists on the decision-making process of hospital administrators in the implementation of nurse residency programs, the literature does support the implementation of nurse residency programs in hospitals. Literature does show that nurse

residency programs can help to build a solid foundation in new graduate nurses when they participate in them after graduating from nursing school (Meda et al., 2015; Ortiz, 2016).

Recruitment and retention. For years, hospitals and medical organizations have been experiencing nursing shortages. There are many reasons that nurses have been leaving the nursing profession, but the struggle lies within the hospital organization. Due to these nursing shortages, the nurses that are left on the floors are experiencing an increase in patient care loads. Numerous participants spoke of how the nurse managers approached them asking for help in recruiting and retaining the nurses that are hired on their units. Other participants mentioned how they were losing potential employees to other facilities because these new nurse graduates were seeking nurse residency programs to help guide them after graduation.

Literature suggests that nurse residency programs do help with the retention of nurses in the facilities. Crimlisk, et al. stated that in the first year of their nurse residency program the retention was 91% in comparison to the average of 78-88.9% (2017). In 2014, Maryland implemented a statewide nurse residency collaborative and saw an increase in retention from 91-96% in 2016 (Warren et al., 2018). No current literature exists on the decision-making of the hospital administrator in the decision-making process in the implementation of nurse residency programs, but the literature does suggest that nurse residency programs do help with retention. This does support the hospital administrators' decision to implement nurse residency programs.

Build relationships. The new nurse graduates building relationships with each other, their mentor, and the organization was something that all of the participants identified as a benefit in the decision-making process of the nurse residency program. Not only did they want these new nurse graduates to have relationships with other staff on their units, but they wanted them to develop relationships with others from different units in the hospital in their program.

Also, in developing the nurse residency program, the relationship to the organization was a huge priority for the hospital administrators so that the new nurse graduates would feel “part of the organization” instead of just a worker.

Some of the hospital administrators decided helping to build and develop these relationships would be incorporated throughout the curriculum with some of the facilities incorporating some rotations with administrators of the facilities. No literature currently exists on the relationship development between the new graduate nurses and administrators or with building up the relationship of staff of the facility. The participants who commented on this felt that attempting to build these relationships with others within the hospital would help with the “morale of the units.”

Conclusions

The current professional literature lacks research on the decision-making of hospital administrators in the implementation of nurse residency programs. The studies that have been conducted on nurse residency programs have been done from the participant perspective, financial perspective, retention rates, and what types of curricula have been developed. Additionally, the link between the decision-making in the hospital administrators and the implementation of nurse residency programs has not been identified in the existing literature. Although most of the data results from the current study were obtained from Hospital C, which had a larger number of participants, information obtained from Hospital A and B participants overall corroborated with Hospital C participants. This study can add to the literature by informing readers about the decision-making process of hospital administrators in the implementation of a nurse residency program in Alabama.

Limitations

The results of this qualitative research study are not generalizable to a larger population as this research study was focused on the state of Alabama. However, this study does provide insight into the decision-making process and the benefits and barriers related to the implementation of nurse residency programs in the state of Alabama.

Considering the sample size for this study was adequate for a qualitative study, it could be considered a small sample size since it consisted of eleven participants. This study did reach data saturation with this sample size; however, a larger sample size could have obtained a more in-depth and more accurate representation of a larger population. This population was also mainly female, although, two participants were male. Obtaining more male participants may have contributed different perspectives to the study.

Although three facilities were used for this study, the majority of the participants came from one facility. This could have made their experiences very similar in comparison to other facilities in the region. Although these facilities are separated by many miles, the responses by the participants were still strikingly similar.

This study used personal interviews for data collection that took place over Zoom. There was no way to verify the truthfulness of the participant's words to the questions answered or their body expression. Although the researcher tried not to influence the answers from the participants, the researcher being an educator in a university that works with some of the individuals could have possibly influenced them. Lastly, the literature contains no prior research on the hospital administrators' decision-making process in the implementation of nurse residency programs, so there is no information to compare or contrast these findings. There is information

in the literature on the benefits and barriers of nurse residency programs, but those are not directed at the decision-making process of the hospital administrator.

Implications and Recommendations

The purpose of this study was to explore the decision-making process of hospital leaders in the implementation of nurse residency programs. For administrators in hospitals, this data can enable community college, university, and hospital leaders to better understand the influence of the community on the decision-making processes within the hospital. The factors that influenced some of these facilities to develop nurse residency programs was the communication from faculty members or nursing students.

Nursing Education

This study has significance for new graduate nurses by helping to equip them with the knowledge of the benefits and barriers of nurse residency programs in the state of Alabama. This informs education which could help new graduate nurses make an informed decision when considering a hospital for employment. New graduates may apply for hospitals that have nurse residency programs when they are informed about the nurse residency programs and how it could potentially be beneficial for them. It will also equip them with the knowledge to make better job placement decisions with understanding how hospital leaders make decisions regarding how they implement nurse residency programs. It will also allow nursing students to know that hospital leaders are listening to the recruiters when they talk to them during job fairs and what they say is valuable to these hospital leaders.

This study has significance for hospital administrators by helping other hospitals understand the decision-making process of hospitals that have implemented a nurse residency program and understand what influenced these facilities to implement their programs and what

was found as benefits and barriers in the decision-making process. This could potentially allow more hospitals in the state of Alabama to implement more nurse residency programs and help with the nursing shortage.

Future Research

The recommendations for future research related to this topic are identified as follows based on the current literature and the findings of this study.

One area for future research is to expand the study to a larger area. This study was focused on the state of Alabama, so it is possible that by expanding this study to a larger area there could be potentially different findings that could be contributed to the literature.

Another area for future research is to include the college students who are asking for the nurse residency programs and what influences their decision to seek out the nurse residency programs. This could yield answers for hospitals on what new nurse graduates are wanting when they graduate and could potentially help the hospital with recruitment and retention.

This study was conducted with only facilities that have nurse residency programs, but another area to research is facilities that do not have nurse residency programs and why they have chosen not to have nurse residency programs. This study could show a comparison regarding the current study with why hospitals choose or choose not to have nurse residency programs. Another consideration would be the potential for long-term outcomes of the different curriculums.

Since this research study took place during a global pandemic, it is very concerning on how the effects the pandemic could have on the nurse graduates. Especially with the changes in education to an online format, lack of clinical sites, and changes in how the students are testing. A future study could potentially look at how the COVID-19 pandemic affected these students

and whether there were changes in the nurse residency programs. Another study could include examining if enrollment in nurse residency programs increases with the students that were in nursing school during the pandemic.

Summary

There seems to be a significant link between the decision to implement a nurse residency program and new nurse graduate recruitment and retention. This study explores the decision-making process of hospital administrators in the implementation of nurse residency programs. The hope is that a clearer understanding of the decision-making process of hospital administrators through this research can help other facilities make better decisions when they are deciding whether to implement a nurse residency program or not in their facilities. This study revealed that hospital administrators recognized the need for their facilities to increase in recruitment and retention of new nurse graduates. They determined to have something to help the new nurse graduate transition and feel part of the organization, which is why they started their nurse residency program. Although not a focus of the study, it is interesting that some facilities chose to create their own nurse residency curriculum based on the literature and consultations with other facilities.

This study presented an in-depth understanding of the data and how they answered each research question. The conclusion and recommendations for nursing education and future research were discussed. This study's findings contribute to the professional literature by informing hospital facilities on ways to help with their decision-making in implementing nurse residency programs that have not been explored in the existing literature.

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APPENDIX A - IRB APPROVAL



Office of the Vice President for
Research & Economic Development
Office for Research Compliance

August 20, 2020

Ms. Miranda Smith
Department of Educational Leadership Technology Policy Studies
College of Education
Box 870302

Re: IRB # 20-04-3491: "Nurse Residency Program Use in Alabama Hospitals: Exploring the Decision-Making Strategies of Hospital Administrators"

Dear Ms. Smith:

The University of Alabama Institutional Review Board has granted approval for your proposed research. Your application has been given exempt approval according to 45 CFR part 46. Approval has been given under exempt review category 2 as outlined below:

(2) Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

(iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

The approval for your application will lapse on August 19, 2021. If your research will continue beyond this date, please submit the annual report to the IRB as required by University policy before the lapse. Please note, any modifications made in research design, methodology, or procedures must be submitted to and approved by the IRB before implementation. Please submit a final report form when the study is complete.

Please use reproductions of the IRB approved informed consent form to obtain consent from your participants.

Sincerely,

APPENDIX B – EMAIL TRANSCRIPT

Dear Mr./Ms. _____

My name is Miranda M. Smith, and I am a doctoral student in the Department of Education at The University of Alabama. I am preparing to start my dissertation work which is an exploratory descriptive study to explore barriers and benefits in the decision-making process of hospital leaders in the adoption of nurse residency programs in the state of Alabama. As one of those hospital leaders, I would like for you to participate in this project. Your involvement would require approximately one to two hours of your time. This would include one interview that would take place during the fall of 2020. In this interview, I would ask you a series of questions that would enable us to understand the benefits and barriers that hospital leaders explore when adopting nurse residency programs. Would you be willing to participate in this research study?

APPENDIX C – INFORMED CONSENT

Please read this informed consent carefully before you decide to participate in the study.

Consent Form Key Information:

You are being invited to participate in a research study. This study is the title Nurse Residency Program Use in Alabama Hospitals: Exploring the Decision-Making Strategies of Hospital Administrators. This study is being conducted by Mrs. Miranda M. Smith. She is a candidate for a Doctorate of Instructional Leadership in the Department of Education. Mrs. Smith is not receiving any salary or financial aid in this project.

Key information about this survey includes:

- Participate in up to 2 interviews lasting 45 minutes each
- No information collected that will connect identity with responses
- Potential for these results could help other facilities to better understand the hospital administrators decision-making strategies in the use of nurse residency programs in Alabama

Purpose of the research study: The purpose of the study is to explore the benefits and barriers in the decision-making of hospital leaders in the adoption of nurse residency programs.

What you will do in the study: You will be asked to participate in an interview that will take about 45 minutes. During this interview, the researcher will take notes and audio-record, with your permission. If at any time you are uncomfortable, you can skip the question or stop the interview. There could be a possibility for a follow-up interview for clarification of questions, in which, the same techniques would be used, and this interview would take about 30 minutes.

Time required: The study will require a total of 1-2 hours of your time. One interview will be required initially, which will take 45 minutes. If a follow-up interview is needed for clarification, then that interview would take about 30 minutes.

Risks: There are no foreseeable risks.

Benefits: There are no direct benefits to you for participating in this research study. The study may help us understand how hospital administrators make decisions to adopt nurse residency programs and could benefit society in general by increasing the basic awareness of the benefits and barriers of nurse residency programs in Alabama

Confidentiality:

Data linked with identifying information:

The information that you give in the study will be handled confidentially. Your information will be assigned a code number. The list connecting your name to this code will be kept in a locked file. When the study is completed, and once the data has been analyzed, this list will be

destroyed. Your name will not be used in any report. If an audiotape was used, the audiotape will be destroyed three years after the completion of the study.

Voluntary Participation: Your participation in the study is completely voluntary.

Right to withdraw from the study: You have the right to withdraw from the study at any time without penalty. If you decide to withdraw after an interview and the researcher has an audio recording, the recording will be destroyed, along with any notes.

How to withdraw from the study:

If you choose to withdraw from the study, you can email the researcher and let them know you no longer want to interview if the interview has not occurred. If the interview has not occurred, email the researcher, and tell them to not use your interview data. There is no penalty for withdrawing. If you would like to withdraw after your materials have been submitted or cancel your interview, please contact Mrs. Miranda M. Smith at mmsmith15@crimson.ua.edu.

Compensation/Reimbursement: You will receive no payment for participating in the study.

If you have questions about the study or need to report a study-related issue please contact, contact:

Name of Principal Investigator: Mrs. Miranda M. Smith

Title: Student

Department Name: Educational, Leadership, Policy, and Technology Studies

Telephone: 256-345-8225

Email address-: mmsmith15@crimson.ua.edu

Faculty Advisor's Name: Dr. JoAnn Oliver

Department Name: Nursing

Telephone: 205-348-2916

Email address: joliver@ua.edu

If you have questions about your rights as a participant in a research study, would like to make suggestions or file complaints and concerns about the research study, please contact:

Ms. Tanta Myles, the University of Alabama Research Compliance Officer at (205)-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach Website at <http://ovpred.ua.edu/research-compliance/prco/>. You may email the Office for Research Compliance at rscompliance@research.ua.edu.

Agreement:

- I agree to participate in the research study described above.
- I do not agree to participate in the research study described above.
- I agree to video (audio, photograph) in the research study described above.
- I do not agree to video (audio, photograph) in the research study described above.

Signature of Research Participant

Date

Print Name of Research Participant

Signature of Investigator or other Person Obtaining Consent

Date

Print Name of Investigator or other Person Obtaining Consent

APPENDIX D - INTERVIEW PROTOCOL

Group: _____ Date and Time: _____ Place: _____

1. Tell me about your experience in the process of adopting a nurse residency program.
2. What factors influenced your decision to adopt a nurse residency program?
3. Describe any barriers that influenced the decision to adopt a nurse residency program.
4. Describe any benefits that influenced the decision to adopt a nurse residency program.
5. Describe any barriers you were confronted within the decision-making process related to adopting a nurse residency program.
6. Have you heard of the National Academy of Medicine recommendation report?
 - a. What do you know about the National Academy of Medicine recommendation report?
 - b. Describe the influence of this report on your decision-making process.
7. Did your facility research information about nurse residency programs?
 - a. If no, do you know why not?
 - b. If yes, describe the process of how you researched about a nurse residency program and what were some of your findings.
8. Explain steps that it took to adopt the nurse residency program.
 - a. What information was presented to the nurse leaders in support of the program?
9. Explain how your facility learned about the nurse residency program.
 - a. What were some of the influences that interested your hospital leaders to pursue a nurse residency program further?