Transitining New Graduate Nurses: A Look at Magnet® Organizations

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BACKGROUND
The recommendation for Transition to Practice Programs (TTP) for all nurses has been in existence for 15 years. American Nurses Credentialing Center (ANCC), Institute of Medicine (IOM), Carnegie Foundation, Commission on Collegiate Nursing Education, and The Joint Commission highly encourage TTP.

TTP Facts
- New graduate nurses represent 40% of staffing (IOM, 2010).
- Cost to replace a new nurse: $82,000-$88,000 (Ulrich, et al., 2010).
- Turnover: 7%-14% (Pittman, 2013).
- Increase in TTP: 36.9% to 45% (Pittman, 2013).

PURPOSE
Identify common characteristics of Magnet®-designated hospitals on facilitating effective transition of new graduate nurses into the RN practice environment.

METHODS
The team used Saldana’s framework for the data analysis. Five research members individually coded each set of documents. The team combined codes into higher concepts. The coding process was not sequential; unique codes were identified later in the analysis, so previous documents were reviewed again to see if these codes were present.

SAMPLE
Demographics (n=16)

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<th>Non-Teaching</th>
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Inclusion Criteria
- Use of 2014 Magnet® Application Manual
- Designated as a Magnet hospital from September 2014 to April 2015
- Responded to SE7a

Exclusion Criteria
- Organization’s documents were not easily accessible

RESULTS
There is a wide variety of methods used to transition new graduates into the nurse practice environment, program content, and nomenclature. Five interconnecting themes were found:

Orientation Model
- 1-2 preceptors per new graduate nurse
- New graduate follows schedule of preceptor
- Methodically select patient assignments for exposure to variety of patients
- Slowly/methodically take on more of the full patient assignment
- New graduate rotates between shifts he/she will be working

Preceptor Education
- Formal education
  - Applying adult learning principles
  - Understanding different learning styles
  - Defining the responsibilities of the preceptor
  - Providing feedback
  - Assessing competencies
  - Encouraging critical thinking in orientee
- Routine updates to continue to be a preceptor

Nurse Residency Model
- Benner’s model
- Educational environment
  - Skills acquisition
  - Didactic content
  - Communication
  - Professional development
- Use of mentors
- Adapt program to meet individualized needs of new graduates within required timeframe

Debriefing
- “Safe” environment
- Reflective discussions
- Sharing stories
- Transition topics
- Increasingly complex patients/situations
- Peer networking
- On unit, in hospital, outside hospital

Feedback
- Routine meetings with preceptor, manager, and educator
- Feedback about progress
- New graduate able to provide feedback about progress, preceptor, and program

RECOMMENDATIONS
- Use all of the interconnecting themes in a TTP
- Refer to national standards
- Practice Transition Accreditation Program (PTAP)—ANCC
- Entry-to-Practice Nurse Residency Program—CCNE
- Evaluate program and new graduates consistently
- Common evaluation and outcomes measures
- Identify and share best practices
- Collaborate and compare programs against each other

BIBLIOGRAPHY