Transition into Practice – A Proposal for a Pilot Study in Ohio

by: The Legislative and Practice Committee
of the Ohio Organization of Nurse Executives (OONE)

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Introduction

Ohio nurse executives have increasingly observed and experienced a growing gap between new graduate nurse preparation and performance expectations in the clinical setting when new graduate nurses enter the workforce. While the disparity may be greatest in the acute care hospital, it exists across all care delivery areas; and for most, if not all, new graduate nurses, regardless of the nursing education program attended.

The Ohio Organization of Nurse Executives (OONE) has sought to define and articulate the scope of the problem, identify and describe practice expectations of new graduate nurses entering the workforce in Ohio, and select, support, and advocate for a new graduate nurse transition model that will reduce this disparity.

Problem

Nursing education has evolved over the past five decades away from an apprentice model where learning occurred primarily in the work place to one where learning occurs primarily within the educational institutions combined with selected experiences in external practice settings. As a consequence, new graduate nurses enter the workforce wholly unprepared for the acuity and complexity of the typical acute care hospital.

Multiple studies have demonstrated the various aspects of reality shock and lack of confidence that new graduate nurses experience during those crucial first months in the workforce. Krcmer (1991) estimated it takes at least 1 year for a person to master a job because the health care culture emphasizes specialization, technology, and perfectionist standards. Since the time of that study the emphasis on these three areas has deepened considerably.

McKenna & Newton (2008) noted that it takes approximately 12 – 18 months for a new nurse graduate to report an improvement in competence and confidence scores; and development of professional belonging can take a minimum of 12 months. Hodges, Keeley, and Troyan (2008) found that in addition to skill mastery, a significant amount of time is spent by the new graduate learning their place in the organizational social structure.

Berkow (2009) estimated that new graduate nurses comprise more than 10% of a typical hospital's nursing staff. This number is certain to grow as baby boomer retirements accelerate

and educational programs produce more new graduates to meet demand. The 2004 Registered Nurse Sample Survey conducted by the Health Resources and Services Administration reported that 55% of the RN respondents intend to retire between 2011 and 2020. According to the Ohio Nursing Education Study Committee's final report in December of 2008, of the 153,310 RNs in Ohio, 40% or 61,324 of them will leave the profession within the next 10 years, mainly due to retirement.

Complicating the issue is that many organizations have a limited or varied orientation structure for new graduate nurses, making the transition to practice very difficult. Faced with reality shock, low job satisfaction, as well as confidence and competence issues, many new graduates leave the profession within the first two years. The National Council of State Boards of Nursing (NCSBN) reported that 35-60% of new nurses will leave their position within the first year of practice, resulting in estimated replacement costs potentially exceeding over $60,000 per nurse. Jones (2008) found that when calculating other factors such as the use of temporary staff and lost revenue from closed beds, the costs of nurse turnover can reach over $ 7 million.   Additional studies found a high correlation of job satisfaction to orientation satisfaction; while others report a negative impact from decreased staffing, use of inexperienced staff, and increased turnover rates to patient safety and health care outcomes.

Nurse executives also report the increasing cost burden for employers in order to address new graduate skill deficits as well as the demands it places on the more tenured nurses that function as preceptors and mentors. The cost dilemma is particularly significant as hospital funding is reduced or stagnates. Ohio nurse executives report they are increasingly challenged to find ways to balance their budgets while protecting and advancing patient safety and quality.   Yet, employing growing numbers of new graduate nurses threatens the nurse executives' ability to effectively manage these competing demands and expectations.

Practice Expectations of New Graduate Nurses

In 2008 OONE management members participated in a regional survey conducted by Ball State University's School of Nursing that sought to identify nurse managers' perceptions of competency levels of new graduate nurses during the first 6 months of employment. Results of this survey indicated that further collaboration between nursing educational programs and clinical agencies was needed to prepare the new graduate to transition into practice in a variety of nursing care delivery systems.

When surveyed, nurse executives almost universally responded that new graduate nurses are not prepared to give safe and effective care. Such skills as critical thinking and decision-making, organizing and prioritizing work, communicating effectively with physicians and team members, learning to function in emergency situations, technical skill development, end of life care, and linking patient safety and evidence-based practices to outcomes of care that are sensitive to nursing interventions are frequently cited as needing development.   Early work done by the Legislative and Practice Committee identified a similar list of key practice expectations from the new graduate nurse within the categories of clinical knowledge, technical skills, critical thinking, technology application, communication, professionalism, and management of responsibilities.

Benner, Sutphen, Leonard, and Day (2009) discuss the many issues facing nursing education and practice expectations in their book <u>Educating Nurses: A Call for Radical Transformation</u>, based on a multiyear comparative study on education of various professions in the United States. A major finding from this landmark study was that nurses are undereducated for the demands of current practice as it is harder for nursing education to keep pace with the new technologies and changes driven by research. The authors propose numerous recommendations including requiring graduates to complete a one-year residency program focused on one clinical area of specialization with competency testing a key component for licensure/re-licensure. A lower entry-level salary for the residency year could offset the costs of these programs.

In response to this growing gap between education and practice, the OONE Legislative and Practice Committee has taken the lead in researching and exploring this issue and the various approaches and solutions individual hospitals, hospital and nursing consortiums, the nursing education community and various states have undertaken. OONE is committed to putting forth a unified vision for a new graduate nurse transition model that is evidence-based, facilitates partnerships with nurse educators and regulators, achieves measurable outcomes (cost, quality, safety and new graduate clinical development) and can be replicated in various practice settings.

Literature Review

An extensive review of the nursing literature was completed by the OONE Legislative and Practice Committee. New graduate nurse transition models described as internships and residency programs were particularly studied. The focus of OONE's research centered on several components: goals of the program, process and structure, length of the transition program, content, use of preceptors including preceptor preparation, cost, and outcome criteria used to measure results. This review indicated that the models varied in length of time, and a majority of the models utilized preceptors and emphasized the importance of preceptor selection, preparation and support. Many did not report outcome criteria used to measure results. In some models a partnership between the practice setting and a nursing education program existed. A variety of classroom, lecture, skills lab, and orientation components were employed.

After this review, the Committee felt strongly that two key components should be the cornerstones of any proposed transition into practice model. One, the new graduate should have a planned, deliberate post graduate course of didactic and experiential learning; and two, the new graduate should be paired with a trained preceptor. The transition into practice model should address the gap between education and practice and ideally should extend beyond a traditional " 6 weeks of orientation".

Two models were of particular interest to the Legislative and Practice Committee. The National Council of State Boards of Nursing (NCSBN) and the Vermont Nurse Internship Project (VNIP) models became the focus of intensive study.

NCSBN

Research conducted in the early 2000s by the NCSBN indicated new graduates were experiencing high stress – often taking a full patient assignment within 8 days. Confirming earlier studies by others, new nurse surveys indicated a lack of confidence and employer surveys indicated <50% felt new graduates were safe and competent. Their research also found that Boards of Nursing reported higher disciplinary actions if the nurse did not have a formal transition program.

The NCSBN further reported that several studies have shown that the increased stress levels found in new graduate nurses are risk factors for patient safety and practice errors and more than 50% would fail to recognize life-threatening complications due to lack of experience. Additionally, more than 40% of newly licensed nurses report making medication errors. Recent studies have indicated that newly licensed nurses who have had a transition program report significantly fewer errors; that improved patient outcomes are related to mentoring programs for new graduate nurses; and that transition programs reduce first year turnover from 35-60% to 6-13% with a significant positive return on investment.

The NCSBN model developed by the NCSBN's Practice, Regulation and Education Committee proposes a regulatory approach to transition from education to practice. At the NCSBN's Transition Forum in February of 2007, nursing leaders from practice, education, and regulation supported the need for a national, standardized transition to practice model implemented through regulation.

In their model, orientation is defined as teaching role expectations and organizational policies and procedures while transition to practice is defined as a formal program designed to support new graduates during their progression into practice. The focus of the NCSBN model is the creation of a comprehensive, standardized transition process that takes place in the clinical setting through a 6 month formal program with continued organizational support for another 6 months. The model also proposes new graduate nurse competency validation as a pre-requisite for their first license renewal after completion of the transition process. Elements of the model have been implemented by several states, particularly Kentucky and North Carolina.

The NCSBN model requires new nurse graduates to complete eight modules on key competencies identified in the research as critical for the new nurse graduate's success:
- delegating/supervising;
- role socialization;
- evidence-based practice;
- prioritizing/organizing;
- clinical reasoning;
- safety;
- communication; and
- specialty content.

In addition, the model requires a trained preceptor to foster the nurse-preceptor relationship. Reflection and feedback are integrated into program to support experiential learning.

VNIP

The Vermont Nurse Internship Project is an endeavor of Vermont Nurses in Partnership, Inc. a not-for-profit nurse leadership coalition that institutes resources for supporting workforce development for all nurses. It is a coalition of over 300 nurse leaders from across the nation and around the world. The work of this project began as collaboration between education, practice, and regulators in 2000-2001 with two major accomplishments:
- standardized state wide competency assessment for new graduates; and
- the creation of an evidence based preceptor development program.

The focus of the VNIP is recognition of the fundamental work of the preceptor and to that end the development of standardized, evidence-based curriculum and behavioral learning objectives for preceptor development. The VNIP model is used across the continuum of care and provides a standardized approach for new graduates in diverse settings. The VNIP model for preceptor development is being used in 6 states and by the Indian Health System.

Proposed Model for Pilot Study

The NCSBN model aligns with the OONE vision of a formal program to support newly graduated nurses during their transition to practice. Key concepts include a planned post graduate experience using specific modules with mentoring by a trained nurse preceptor. The model is implemented with collaboration between education and practice, and seeks regulatory involvement to execute the transition program through licensure. The NCSBN model description starts with the following: "NCSBN's Transition to Practice model is intended to be collaboratively implemented with education and practice, but through regulation". The thinking behind the regulatory model is to enforce the transition model through licensure. In order for new graduates to maintain licensure after one year in practice the new graduate nurse would be required to provide the Board of Nursing with a Transition to Practice Verification form, signed by the new graduate, his/her preceptor, and their supervisor verifying the new nurse has met all the requirements of the jurisdiction's transition program.

OONE is attracted to the key premises of the NCSBN model, that is, transitioning new nurses to practice is best accomplished through collaboration, across all settings and educational levels, and that program outcomes are consistent with the knowledge, skills, and attitudes necessary to function in a specific role. The model is strongly dependent on a well developed preceptor-nurse relationship wherein the novice nurse recognizes the value of learning from a seasoned and trained nurse preceptor effecting a culture in nursing where mentoring becomes an expected part of professional nursing. The transition modules are evidenced based and will build on the nurses educational experience while also providing for interactive, experiential learning. At the end of the program, the new graduate is expected to have met the Quality and Safety Education for Nurses (QSEN) competencies which are based on the Institute of Medicine's (IOM) recommended competencies for healthcare professionals. The NCSBN model although robust (across all settings and levels of nursing), is designed to be flexible. Organizations could meet the criteria individually, in partnerships, or via online modules if the facility does not have the resources to develop a transition to practice program. Additionally, those organizations who

already have excellent residency programs could continue to use their own as long as it meets the NCSBN criteria.

The most compelling argument for the NCSBN model is the focus on quality outcomes. The NCSBN's Transition to Practice Committee spent a year reviewing available evidence on transition to practice programs from international, national, and individual studies and projects. Although there is good data on retention outcomes, safety and quality outcomes data are lean. The NCSBN, once the modules are completed, will begin a pilot study. Currently, they are pulling together experts on outcomes studies and identifying key measurements for safety and quality.

At this time general criteria for participating in the pilot include:
- The NCSBN Research Department will select the pilot states and settings;
- The licensure mandate in the model would not be required to participate in the pilot study as any licensure requirement must come from the state's Board of Nursing;
- Any state wishing to participate must be willing to include all practice settings – not just acute care as research indicates that long-term care transition to practice has significant issues also. However NCSBN may not use all settings within a state;
- The state must have diverse settings (tertiary, community, rural) and support from the Board of Nursing, education, and practice settings.
- Participating settings must be willing to communicate to new nurses and others about the program (materials would be provided by NCSBN);
- Participating settings must use preceptors trained by NCSBN;
- Participating settings must be willing to use NCSBN's on-line program modules, even if the facility has their own program; and
- Participating settings must assist with data collection.

The OONE Legislative and Practice Committee has scheduled a Day of Dialogue for July 9, 2010, to engage the Ohio State Board of Nursing, educators, hospital leaders, and other key stakeholders in discussion about this proposal and to explore Ohio's interest in participating in the NCSBN Phase One pilot study planned for 2011. All issues and details related to actual pilot participation such as site selection, cost and funding, data collection, and other requirements would be addressed as part of the application process with the NCSBN.

Summary and Recommendation

It is clear from the literature review as well as the "lived" hospital experience that a formal program to support new graduate nurses' transition to practice is needed if nurse executives/hospitals are to positively impact safety and quality initiatives, as well as address the nursing shortage. The NCSBN model's key concepts of a unified post graduate experience, using specific evidence-based modules in addition to experiential learning, with mentoring by a trained nurse preceptor will provide the support needed to ensure a new generation of competent nurses.

The Legislative and Practice Committee believes the NCSBN model has value for Ohio's hospitals and other healthcare facilities and therefore, along with unanimous support from the OONE Board, is proposing that Ohio submit an application to participate in the NCSBN pilot to further evaluate the model for assisting new nurse graduates with transition to practice.

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