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Effectiveness of a New Graduate Nurse Residency Program: A Program Evaluation

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GPNS 961 Doctor of Nursing Practice Practicum II

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July 2023

Comments: I have reviewed this manuscript. I approve this manuscript to be submitted to Duquesne Library repository.

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Abstract

Healthcare organizations continue to face challenges in the retention of new graduate registered nurses (NGRNs) within the first year of hire. Accredited nurse residency programs are designed to provide support to NGRNs and help make the transition from student to graduate nurse by developing their knowledge and skills. This project evaluates a nurse residency program at a rural, community hospital. The project aims to analyze both qualitative and quantitative data to evaluate the program outcomes as it relates to nurse retention, turnover, and job satisfaction. The sample includes 94 new graduate registered nurses that were part of the yearlong residency program from March 2018-September 2022.

This project demonstrated the importance of accredited nurse residency programs in decreasing nurse turnover and increasing nurse retention and job satisfaction. The nurse residency program provides the NGRNs with the confidence and skills they need to provide patients with safe, high-quality care by increasing their confidence and performance in this new role, the NGRNs will have increased job satisfaction, and therefore nurse retention will increase, and turnover will decrease.

Keywords: nurse residency programs, nurse retention, nurse turnover, new graduate registered nurse

Introduction

Evidence shows high demand for qualified nurses in healthcare, but healthcare settings face the challenge of retaining nurses. An unprecedented number of new graduate registered nurses (NGRNs) are leaving the nursing profession within their first year (Sutor & Painter, 2020). New graduates account for the highest numbers of nurses exiting the profession with an estimated 35 to 60 percent of nurses leaving their first place of employment within one year of hire (VanCamp & Chappy, 2017). The transition from student to novice nurse and the difficulties that they face in that first year can be associated with an increased turnover rate (Sutor & Painter, 2020). NGRNs may have difficulty caring for multiple patients with complex needs, therefore doubting their skills and knowledge. They may lack confidence in critical thinking, organizational skills, and communicating effectively (VanCamp & Chappy, 2017).

Nurse residency programs (NRPs) are an effective strategy to facilitate the transition from nursing student to registered nurse. NRPs have been utilized as tools for recruiting and retaining new graduate nurses for 40 years yet are only present in half of US hospitals (Pillai, Manister, Coppolo, Ducey, & McManus-Penzero, 2018). In 2002, The Joint Commission recommended a planned, structured training period for graduate nurses to demonstrate competency in patient care (Knighten, 2022). The Institute of Medicine recommended nurse residency programs in their 2011 report, *The Future of Nursing: Leading Change* (Knighten, 2022). Requirements and

regulations for standardized programs are essential to prevent variations that question the validity of their reported outcomes (Sutor & Painter, 2020).

Accreditation criteria have been established to reduce nurse residency program variability and ensure best practices. Current, reliable, and validated evaluation methods are required to demonstrate the program's quality and to measure outcomes (Casey, Tsai, & Fink, 2021).

Vizient and the American Association of Colleges of Nursing (AACN) is a well-known 1-year residency transition to practice model. Vizient and the AACN developed this model as an academic-practice partnership between the hospital and nursing schools (Knighten, 2022). According to Vizient/AACN, the Vizient/AACN Nurse Residency Program launched in 2002 with an estimated 60,000 nurses completing the program, and 260 hospitals utilizing the model. Vizient/AACN has helped hospitals achieve higher retention rates than other programs. In 2017, the Vizient/AACN boasted a 93 percent retention rate of new nurses who completed the one-year program (Vizient, 2020).

According to the Vizient/AACN Residency Program manual (2020), the program is a transition to competency and professionalism designed to support the new graduate nurse to: Use effective decision-making skills, provide clinical nursing leadership at the point of care, incorporate research-based evidence into practice, strengthen the professional commitment to nursing and formulate an individual development plan. The Vizient/AACN model includes preceptor-guided clinical experiences, monthly seminars, small group guided sessions, and implementation of a year-long evidence-based project, reporting 95% retention at the 1-year mark (Knighten, 2022).

A community hospital in a rural region of Northeastern Pennsylvania has implemented the Vizient/AACN NRP since 2018. This transpired when they joined forces with a larger healthcare network. The hospital joining the NRP aimed to develop NGRNs with better clinical problem-solving skills, who had higher confidence on the clinical floor. This would then develop a higher sense of job satisfaction, leading to less turnover within the first year. The hospital noticed an even larger problem with retention during and after the “Covid- 19” pandemic. The community hospital found that nursing turnover numbers are the highest within the first year of hire even with the NRP in place. A need assessment was conducted by the organization to evaluate the NRP and its sustainability. A program evaluation project was needed to evaluate the NRP to discover its strengths and any gaps that may weaken the program and what recommendations can be made to better the NRP to increase retention.

The following clinical question provides the foundation for this program evaluation project: Does a nurse residency program for new graduate registered nurses employed in a community hospital setting improve retention and job satisfaction? The components of the clinical question are; Population: new graduate registered nurses (RNs) in their first year of practice (new hires); Intervention: Program Evaluation of Nurse Residency Program from March 2018-September 2022 for participation in the 12-month nurse residency program at the community hospital upon hire; Expected outcomes: Evaluation findings post evaluation nurse retention, turnover, and satisfaction.

Literature Review

The John Hopkins Nursing Evidence-Based Practice Model (JHNEBP) was chosen to guide the literature review. The JHNEBP model is composed of three interrelated components of

inquiry, practice, and learning. This model is an open system, therefore external and internal factors of an organization are also considered and not only influenced by evidence (Dang & Dearholt, 2018). A review of the literature was conducted using the Cumulative Index to Nursing and Allied Health (CINAHL), Ovid online Journals Medline, and PubMed. Keywords used were nurse residency programs, nurse retention, nurse turnover, and new graduate nurse.

Nurse Residency Programs

Recommendations for developing NRPs have been made by The Joint Commission, The National Council of State Boards of Nursing, and the Institute of Medicine (IOM). In response, many US hospitals have developed NRPs, guided by Benner's novice to expert theory and the Vizient/American Association of Colleges of Nursing (Legor, Caparrotta, & Sve, 2022). The AACN states that NRP's quality of care benefits include improved quality and safety; improved patient experience; engaged and improved commitment to care; and an integrated organizational culture and values into nurse's practice (Knighten, 2022). Nurse residency programs have been proven to increase nurse retention rates. A nurse residency program consisting of 10 – 15 months post-graduation can successfully prepare nurses for independent practice. These programs also provide the support, education, and mentorship that new hires need for greater job satisfaction (Eckerson, 2018). Communication and problem-solving skills developed and practiced within the NRP transfer to the clinical environment. This motivates novice nurses to perform more productively in their new nursing roles (Brook et al., 2020). Nurse residency programs have been identified as successful methods for nurse retention compared to traditional nursing orientations (Eckerson, 2018). NRPs provide thorough training within a nurturing atmosphere. They were created to assist the NGRN with the skills they need to grow within their profession and have the

tools they need to be successful in their new role. They are structured programs that provide direction, training, and the attention new nurses need to advance in the first year of their careers. This enhances loyalty and lowers the attrition rates within the new graduates' first year (Alsalamah, et al., 2022).

Nurse Retention

Nurse retention is a global concern. Skilled nurses are essential for safe, quality care of both individuals' and populations' healthcare needs (Efendi et al., 2019). Although this is a chronic issue, the recent COVID-19 pandemic has shown how important a sufficient and functioning nurse workforce is to all stakeholders (Brook, et al., 2020). During the time of the COVID-19 pandemic nursing students were not afforded the same clinical opportunities as before the pandemic, further widening the gap from graduation to practice (Cadmus & Roberts, 2022). Nurses are integral to the resilience of healthcare systems but although the demand is high the supply is low. Newly qualified nurses are the answer to meeting this need, however, 30-60 percent leave their first place of employment within one year (Brook, et al., 2021). The transition from student nurse to practicing nurse is stressful and challenging and has been identified as lasting about 12 months with this being the highest time of turnover (Eckerson, 2018).

Retention of NGRNs affects financial integrity, continuity of care, and patient outcomes. Nurse leaders and healthcare organizations have implemented NRPs as a strategy to keep retention high. NGRNs prefer to work for an organization that inspires growth and development and a supportive work environment (Failla, et al., 2021).

Nurse Turnovers

Nurse turnover has both significant financial and non-financial costs for healthcare organizations. Nurse turnover has also been linked to poor patient outcomes, increased length of hospital stays, and decreased quality of care (Vardaman, et al., 2020). Increased nurse turnover also impacts a hospital's ability to admit patients, decreasing its revenue (Hopson, et al., 2018). In the United States, up to 50 percent of new nurses will change clinical areas within the first 12-24 months (Waltz et al., 2020). Burnout, attachment to work, intention to leave, and individual decision have all been contributing factors to whether a nurse leaves their position within the first year (Brook et al., 2021). These critical characteristics impact an individual's decision to remain in their position. Professional commitment and the connectedness an individual develops to their profession are important motivators for remaining on the job (Reinhardt, et al., 2020).

Vizient/AANC Nurse Residency Program

The Vizient/AANC Nurse Residency Program utilized at the community hospital where the summative program evaluation took place is the first residency program in Pennsylvania to achieve "Accreditation and Distinction" from the American Nurses Credentialing Center (ANCC). The program is a mandatory year-long commitment for the NGRNs newly licensed and graduated from an accredited nursing program within the previous year and starting their first professional nursing role. The community hospital is part of a larger organization that incorporates 19 other hospitals across Pennsylvania and outpatient services. The Nurse Residency Program was made possible with the awarding of a \$1.6 million grant from a Health Care Trust in 2012. This grant's main aim was to allow the organization to form a nurse residency program that would help with the education and growth of graduate nurses. This would allow the organization to attract and retain quality nurses.

NRPs can reduce turnover by providing a bridge from the academic to practice gap (Knighten, 2022). The cost of losing one nurse is estimated to be over \$90,000 which can undermine the return on investment of hiring nurses (Failla, et al., 2021). The program evaluation is important to the organization's stakeholders because they have seen an increase in nurse turnover within the first year across Lehigh Valley Health Network (LVHN) since 2018 with the NRP in place.

Description of Project

This project aims to evaluate the effectiveness of the Vizient/AACN nurse residency program at a community hospital and its ability to retain new graduate nurses after one year. This project's goals are 1) To measure participant satisfaction with the support the program provides during the first year of practice using the validated Casey-Fink Graduate Nurse Experience Survey, and 2) to evaluate if the program increases retention rates within the first year of practice. The population includes newly licensed registered nurses from the community from March 2018 to September 2022.

The purpose of the Program Evaluation project is to complete the summative evaluation of the NRP and the program's short-term, intermediate, and long-term outcomes, and the data management on the effectiveness of the NRP using the system-oriented evaluation criteria on nurse retention and job satisfaction.

To evaluate their experience in the NRP, the residents complete the Casey-Fink Graduate Nurse Survey (CFGNES) three times throughout the program. The CFGNES is a nationally used survey designed to measure new nurses' self-reported skill level and comfort, stressors both within the work environment and external, role transition difficulties, support and integration to

the unit, and employment satisfiers and dissatisfiers (Szarejko, Lewis, & Burns, 2021) and is the measurement tool most frequently used in published studies (Casey, Tsai, & Fink, 2021).

The initial CFGNES was codeveloped by Kathy Casey and Regina Fink in 1999. The theoretical concepts from Patricia Benner's *Novice to Expert Theory of Skill Acquisition* and Marlene Kramer's *Reality Shock Theory* were used as the frameworks to guide item development for the measurement tool. The measurement tool became the primary research tool used by the University Health System Consortium, which is now called Vizient to track program outcomes nationally. These findings led to the development of a 1-year graduate nurse residency program (Casey, Tsai, and Fink, 2021).

Project Aims and Objectives

Aim #1- Complete the summative evaluation of the Nurse Residency Program from March 2018 to September 2022.

Objective #1-Complete the summative evaluation by collecting quantitative data from NGRNs enrolled in the nurse residency program from March 2018- September 2022 measured by the Casey- Fink graduate nurse experience survey in 0-6-12 months scheduled timeframe.

Objective #2- Identify the strengths and weaknesses of the program in terms of nurse retention and nurse satisfaction from March 2018- September 2022.

Objective #3- Apply the developmental evaluation approach that supported the process of the nurse Residency Program as a strategy within an organization and implementation of monitoring the trend and elements of change in retention and turnover over the years from 2018-2022.

Objective # 4: Identify the key stakeholders (GRN, leadership, mentors, nurse educators, administration, finance committee, patients.) involved and engaged in the Nurse Residency Program planning and implementation.

Objective 5: Facilitate a focus group of stakeholders to obtain their perspectives by appreciative inquiry.

Aim #2 – Evaluate the program outcomes structured in the Logic Model (Short term, intermediate, and long-term outcomes) and data management on the effectiveness of the NRP using the system-oriented evaluation criteria on nurse retention and job satisfaction.

Objective # 1 Analyze coded qualitative data of the focus group to map the program to the AACN standards of accreditation on how change occurred through the Vizient/AACN Casey-Fink graduate nurse experience survey.

Objective 2- Analyze the human resources tracking system data to evaluate the change in nurse retention, turnover, and associated factors of intent to stay.

Objective 3 - Analyze the cost-effectiveness of NRP by conducting a cost-benefit analysis and a return on investment of three years.

Objective 4 -Analyze the coded qualitative data of focused groups to identify NGRN job satisfaction and commitment to the position by using the Casey- Fink graduate nurse experience survey

Aim #3- Evaluate the sustainability of the Nurse Residency Program.

Objective 1: Propose recommendations to the organization based on findings to maintain sustainability as a long-term outcome.

Objective 2: Share the findings with key stakeholders.

Objective 3: Submit the executive summary to the organization.

Evaluation Questions

Based on the W.K Kellogg (2017) guide for program evaluation, the following questions were developed to determine sustainability:

1. Has the Nurse Residency Program contributed to Nurse Retention and decreased Turnover?
2. What is the impact of the NRP on nurses' leadership and decision-making skills?
3. How will the NRP program be sustained at Lehigh Valley-Pocono based on stakeholders' feedback?
4. What are the NGRN's experiences with job satisfaction and other stakeholders' personal experience of the impact of the NRP program on Lehigh Valley-Pocono based upon experiences discussed with the focus group?

Evaluation Framework

Patricia Benner's Novice to Expert Framework

The conceptual framework of Patricia Benner's Novice to Expert (2001) will guide the program evaluation as it focuses on the journey of the new graduate with high expectations to

become a competent practitioner one year into practice. NGRNs bring current evidence-based theory to the workforce and are an asset to the profession. However, the transition to practice is a stressful time for them and they require support from more experienced colleagues (Murray, Sundin, & Cope, 2019). The theoretical framework *Novice to Expert* guided by Patricia Benner provides a framework for which the expectations of NGRNs can be explored through mentoring and support during the first-year transition phase (Murray et al., 2019). Benner's model identifies five levels of nursing professional development: novice, advanced beginner, competent, proficient, and expert. Nurses experience these different levels as they proceed from reliance on abstract principles to being able to use concrete experience (Benner, 1982). Using Benner's theory as a framework for this transition is an important part of developing the skills and knowledge needed for safe, quality nursing practice (Murray, et al., 2019).

W.K. Kellogg Foundation

The Step-by-Step Guide to Program Evaluation developed by W.K. Kellogg Foundation WKKF systematically generates knowledge by monitoring and measuring the quality and change that organizations undertake (W.K. Kellogg, 2017). This framework will involve a summative, empowerment evaluation that uses a mixed methodology. The summative evaluation will investigate whether the program achieved the desired outcomes, what changes it made as well as if the effort is sustainable will be evaluated. The attribute of the evaluation approach of empowerment will be analyzed as the NRP involves time on the part of the staff, organizational leadership, and program participants. Evaluating what works well and what could be improved from the stakeholders' viewpoints can contribute to the NRP's success and further meet the needs of the new graduate nurse (Adams, et al., 2015).

Methodology

Quantitative and qualitative methods were used in collecting the data. A logic model was It provides a current, valid, and reliable evaluation method to help the organization continue to provide effective long-term outcomes and sustainability. It is necessary to demonstrate to stakeholders the monetary value of providing a structured NRP program for NGRNs. A cost-benefit analysis was conducted to assess the economic outcomes of an NGRN residency program and turnover rate.

Logic Model

A logical, project-level evaluation was conducted to evaluate the NRP. The model (Appendix A) was based on the NRP to identify gaps and make recommendations. The logic model focused on the two main stakeholders: The nurse residents and the NRP facilitators. The inputs, activities, and outcomes focused on how addressing these two main stakeholders can affect the organization. Inputs include the human, financial, organizational, and community resources a program has available to direct toward doing the work. Program Activities are what the program does with the resources. Activities are the processes, tools, events, technology, and actions that are an intentional part of the program implementation. Some of the activities utilized in the Vizient/AACN NRP are stress management seminars, clinical reflections, simulations, interactive seminars, and evidence-based projects. These interventions are used to bring about the intended program changes or results. Outcomes are the specific changes in program participants' behavior, knowledge, skills, status, and level of functioning. Short-term outcomes should be attainable within 1 to 3 years, while longer-term outcomes should be achievable within a 4 to 6-year timeframe. The logical progression from short-term to long-term outcomes should be reflected in the impact occurring within about 7 to 10 years (W.K. Kellogg,2017).

The inclusion of external factors and assumptions assists in framing the problem to be addressed, the action to be taken, and the intended outcomes of these actions (W.K. Kellogg, 2017).

Cost Benefit Analysis

A cost-benefit analysis of an NRP was determined through the expected benefits and the costs associated with the program. If the expected benefits are greater than the cost, an NRP should be considered (Trepanier, et al., 2012). Nurse leaders need to identify the NRP as an investment, not a cost. The cost-benefit analysis that does not address retention understates the organizational benefit and the investment return that the organization can receive by implementing the NRP. Most NRP programs are housed in larger healthcare organizations as they have operational budgets that can accommodate the program and actualize the financial benefits of new nurse turnover (Hansen, 2013). According to the leading national recruitment and retention company (NSI), for every percent change in RN turnover, an organization will lose or save an additional \$270,000 per year (Knighten,2022). Factors to be considered when developing and implementing an NRP program are curriculum costs, nurse resident non-productive costs, nurse facilitator costs, catering for new graduate/facilitator brunch sessions, and mentoring costs (Appendix B).

Monetization of Costs and Benefits

Monetizing the costs and benefits involves attaching monetary values to all the costs and benefits in the CBA included the yearly replacement costs of new nurses due to turnover and the cost of agency nurses that would be needed to supplement the staff shortage due to the lack of retention. The intangible benefits include increased retention, decreased turnover, increased job

satisfaction, increased nurse communication and confidence, and increased patient safety (Appendix C).

The discounted rate is related to the real market interest rate. An economic evaluation was conducted using real values. This calculation will account for the risk involved and the value of time (McDavid, et al., 2013). For this Cost-Benefit Analysis, a discounted rate of 3 percent was calculated for 3 years (Appendix E). The choice of a discount rate for evaluations of health interventions has important implications for its outcomes. A three percent discount rate was assessed as feasible to analyze the cost and estimate the return on investment for the NRP.

Implementation

Timeline

Stakeholders were identified and meetings were held to discuss the current NRP and what gaps the stakeholders felt existed with the program and current retention numbers. IRB approval was granted from both Duquesne University and the organization. The organization utilized a \$1.6 million grant for the NRP and it will continue to be utilized for the upcoming years until it is depleted; therefore, an estimated cost-benefit analysis was developed to show what the potential savings could be. This was warranted, as the cost of retention is still a factor in the success of the NRP. The program evaluation began in the Spring of 2023 and continued through to June 2023. The Project Champion (PI) analyzed the questionnaires and made recommendations for improvement based on the answers to the CFGNES surveys.

Data Management

NRP data was collected from the Vizient NRP database provided by the Director of the NRP and Human Resources department. The data collected from the NRP is in the form of questionnaires (Appendix D) that are on a Vizient database. These questionnaires are originally collected from the nurse residents at day zero of the program, mid-point (6 months), and at the end of the program (12 months) and then stored and calculated in the database. Questionnaires are the most common quantitative and qualitative instruments to collect data .and easy to administer, and a large number of samples can be included in the project as it is a validated tool (Sadan, 2017). The qualitative analysis of the survey provided the developers of the CFGNES with sufficient evidence to convert qualitative data of specific open-ended questions to a quantitative format for ease of administration and analysis. The survey is both qualitative and quantitative in nature. The qualitative detail brings depth to the quantitative data (Fink, Krugman, Casey, & Goode, 2008). There are five sections to the CFGNES (Appendix D). The first section contains four open-ended questions that require a response that most accurately describes the resident's professional profile. The second section contains twenty-one questions that are based on a 5-point Likert scale. The scale responds to the level of comfort the resident has in performing various skills. The responses and scores are as follows: *Completely uncomfortable* (1), *Somewhat uncomfortable* (2), *Somewhat comfortable* (3), *Completely uncomfortable* (4), and *N/A* (5). The third part consists of 22 questions based on a 4-point Likert scale and 2 questions based on a 5-point Likert scale. These questions are centered around how supported the nurse resident feels. The responses and scores for this section are as follows: *Strongly agree* (1), *Disagree* (2), *Agree* (3), *Strongly agree* (4). With respect to the last two questions: *Have not experienced this yet* (5). The fourth section contains 9 questions on the satisfaction level of the nurse resident on various aspects of the job. This is a 5-point Likert scale

and the responses and scores are as follows: *Very dissatisfied* (1) *Moderately dissatisfied* (2), *Neither satisfied nor dissatisfied* (3), *Moderately satisfied* (4), and *Very satisfied* (5). The fifth section speaks to the transition of the student to the role of RN. There are 4 multiple-choice questions with 5 answers to choose from and the last question is an open-ended question where the nurse resident can share any comments or concerns. For this summative program evaluation, only the questions about retention and job satisfaction was ad. The questionnaires were given during an NRP scheduled class at the three intervals of time previously noted. Data for nurse retention rates from 2018 to 2022 was extracted from Human Resources files to identify the number of nurse residency graduates who left after the program.

Evaluation Results

The evaluation results extracted from the Vizient human resources database revealed that in 2018: there were 4 cohorts. The number of NGRNs that started the NRP for the year was 14 with 5 remaining at the end of the year. For 2019: there were only 2 cohorts with 8 NGRNs who started the NRP and 2 remaining at the end of the year. In 2020: the cohorts became more numerous and larger, with 10 cohorts, 50 NGRNs starting the NRP, and 28 remaining after the first year. In 2021: there were again 2 cohorts with 8 NGRNs starting the NRP and 6 remaining at the end of the first year. In 2022: there were 5 cohorts, with 21 NGRNs starting the NRP and 20 remaining after the first year. See Appendix E for the breakdown of the results.

Data extracted from the questionnaire focused on the NGRN's satisfaction, with the intent to remain in their position. The data as shown in Appendix F reveals that the NGRNs were satisfied with the residency program, orientation, and unit leadership. The NGRNs were below the national benchmark for intent to quit. This data is a good indication that the NRP is

succeeding in providing the NGRNs with the skills and knowledge they need to succeed, be satisfied with their role, and are less likely to leave the job within the first year of hire.

InterpretationN

The common themes identified for nurse turnover are: Compensation, obtaining a position with a more desirable competitor, obtaining a position representing a different job experience, obtaining a position with a more desirable work schedule, family obligations, relocation, and unhappiness with job/facility. Qualitative data taken from the open-ended questions from the Casey Fink Survey revealed that, initially the NGRNs were struggling with confidence. At 6 months they felt as if they were being supported by their preceptors, but not supported by unit leadership. The survey also shows the NRP has not had an impact on their decision to remain at their current position. Lastly, the data showed that at 12 months the residency program provided them with peer support.

Strengths and Weaknesses

The program evaluation identified both strengths and weaknesses that were able to be disseminated to stakeholders. One of the top strengths that are identified with nurse satisfaction and intent to remain in the position for the first year is that the NGRNs felt support within the NRP among their peers and facilitators. Also, the NRP helped to further develop nursing skills. This made the NGRNs feel more confident and empowered in their role. One weakness that was identified within the program is that too more than half of the eight-hour seminar periods were focused on the Evidence Based project and left less time for skill development. Survey results also revealed residents would like more time to learn the skills needed for their units. Lastly,

results determined that there is a lack of communication between the program facilitators and unit leadership.

Discussion

Limitations

The sample size of ninety-four NGRNs is much smaller than the total number of NGRNs combined from all the hospitals within the organization. Some of the data analyzed was collected during the COVID pandemic. During this timeframe, the program was held online and the NGRNs did not get the full experience of the program.

Sustainability

The results of the program evaluation have proven to be a valuable tool in increased job satisfaction and decreased nurse turnover. It has also proven to be sustainable in that it increases novice nurses' skills and knowledge that relates to quality patient care and patient satisfaction. The nurse residency program does not cost the organization anything to sustain and saves on the costs of hiring and training new nurses.

Recommendations

Further studies are needed to determine if other factors help increase job satisfaction and decrease nurse turnover within the first year of hire. Monthly discussions among NRP facilitators and unit leadership should occur as well as weekly communication between the residents and their unit leaders. The orientation program on the individual units should complement the NRP and unit-specific training should be a part of the NRP. There is a need for a continuation of evaluating the NRP's outcomes and retention data. Further evaluation of the program will strengthen the literature on the retention outcomes of NRPs. Also, NGRNs' retention data collected after the first year of practice with the organization will support the long-term benefits and sustainability of the NRP.

Conclusion

Significance/Implications for Nursing

This program evaluation is relevant to all stakeholders (NGRNs nursing leadership, mentors, nurse educators, administration, finance committee, and patients), as it proves that NRPs have the potential to increase job satisfaction, nurse retention and save on turnover costs. NRPs help healthcare leaders to address the challenges of equipping first-year nurses with the skills necessary to succeed. The NRP bridges the gap between school and practice while developing highly qualified healthcare practitioners.

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Appendix A

NAME OF PROGRAM/PROJECT:
Program Evaluation of a Nurse Residency Program

PRIORITIES:
<ol style="list-style-type: none"> 1. To provide evidence of the success of the program as demonstrated by an increase in nurse retention. 2. To provide guidance to any gaps in the NRP that will help improve it. 3. Compare nurse retention rates for participants in the NRP from 2018- 2022. 4. Evaluate the job satisfaction rates of the NRP participants. 5. Evaluate perceptions of other stakeholders involved in the NRP

INPUTS	OUTPUTS		OUTCOMES		
	Activities	Participants	Short-term	Medium-term	Long-term
Overall investment of time is one year.	<ul style="list-style-type: none"> • Regularly scheduled seminars (7 total) • EBP project at the end of one year • Educational activities 	<ul style="list-style-type: none"> • Nurse residents • preceptors • facilitators 	Nurse graduates are becoming more more comfortable in their role transition from graduate to novice RN	<ul style="list-style-type: none"> • Increased job satisfaction • Improved clinical judgement and skills 	<ul style="list-style-type: none"> • Increased retention • Decreased turnover. • Decreased costs for the organization. • Higher skilled employees

ASSUMPTIONS	EXTERNAL FACTORS
<ol style="list-style-type: none"> 1. Gaps exist between the perceived needs of the residents and what the NRP provides 2. A formal NRP provides enhanced knowledge and skills 3. The NGN will have better job satisfaction after completing the program and will remain in the organization past the first year 4. Nurse leaders value nurse retention and assume ongoing responsibility for skill development through a successful NRP 	<ol style="list-style-type: none"> 1. Limited participation in the program evaluation surveys by nurse residency participants and graduates. 2. Difficulty extracting past data from the NRP. 3. Difficulty extracting data from human resources about nurse retention and turnover.

Note: Adapted template from W.K. Kellogg Foundation (2017). *The Step-Step Guide to*

Evaluation: How to Become Savvy Evaluation Consumers.

Cost of Nurse Residency Program

Category	Participants	Amount	Total Expense	Total Expense
Fees for curriculum support such as books, e-learning programs, and supplies for EBP projects	10 nurse residents	\$500/resident	\$5,000	\$5,000
Cost of resident non-productive hours	10 nurse residents	\$15,000	\$150,000	\$150,000
Preceptor/mentor costs	2 facilitators 5 preceptors 5 mentors	\$0.00	\$0.00	\$0.00
Cost of new graduates' salary	10 nurse residents	\$57,000	\$570,000	\$570,000
Catering for new graduates/preceptor/facilitators/ Mentor sessions	22	Flat rate of \$2,000 Using hospital catering services	\$2,000	\$2,000

Tangible and Intangible Benefits

Benefits- Tangible	Value	Total
Cost to replace 10 new graduate nurses	\$64,000/nurse	\$640,000
Cost for 10 agency nurses at \$65/hour for a 40-hour week	\$145,600/nurse	\$1,456,000
Benefits-Intangible	increased retention, decreased turnover, increased job satisfaction, increased nurse communication and confidence, increased patient safety	Priceless- \$0.00

Appendix D



Evaluation and reporting –
Sample evaluation plans

**The Vizient/AACN Nurse Residency Program™ - Casey-Fink
Experience Survey**

Nurse Residency Program ID: 1234

Date: _____

Casey-Fink Graduate Nurse Experience

Select the response that represents the most accurate description of your individual professional profile.

1. How long was your unit orientation?
2. How many primary preceptors have you had during your orientation?
3. Have you functioned as a charge nurse?
4. Have you functioned as a preceptor?
5. Consider the following skills and select the number that corresponds to the level of comfort you have performing the skill at this time.

	Completely uncomfortable	Somewhat uncomfortable	Somewhat comfortable	Completely comfortable	N/A
1. Assessment skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Bladder catheter insertion/irrigation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Blood draw/venipuncture	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Blood product administration/transfusion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Central line care (dressing change, blood draws, discontinuing)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Charting/documentation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. Chest tube care (placement, pleurovac)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. Code/emergency response	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. Death/dying/end-of-life care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. Nasogastric tube management	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11. ECG/EKG/telemetry care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12. Intravenous (IV) medication administration/pumps/PCAs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
13. Intravenous (IV) starts	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
14. Medication administration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
15. Physician communication	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
16. Patient/family communication and teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
17. Prioritization/time management	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
18. Tracheostomy care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19. Vent care/management	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
20. Wound care/dressing change/wound vac	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
21. Unit-specific skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



**Evaluation and reporting –
Sample evaluation plans**

6. Please answer each of the following questions:

	Strongly disagree	Disagree	Agree	Strongly agree	
1. I feel confident communicating with physicians.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
2. I am comfortable knowing what to do for a dying patient.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
3. I feel comfortable delegating tasks to the nursing assistant.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
4. I feel at ease asking for help from other RNs on the unit.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
5. I am having difficulty prioritizing patient care needs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
6. I feel staff is available to me during new situations and procedures.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
7. I feel overwhelmed by my patient care responsibilities and workload.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
8. I feel supported by the nurses on my unit.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
9. I have opportunities to practice skills and procedures more than once.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
10. I feel comfortable communicating with patients and their families.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
11. I am able to complete my patient care assignment on time.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
12. I feel the expectations of me in this job are realistic.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
13. I feel prepared to complete my job responsibilities.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
14. I feel comfortable making suggestions for changes to the nursing plan of care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
15. I am having difficulty organizing patient care needs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
16. I feel I may harm a patient due to my lack of knowledge and experience.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
17. There are positive role models for me to observe on my unit.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
18. I am supported by my family/friends.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
19. I am satisfied with my chosen nursing specialty.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
20. I feel my work is exciting and challenging.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
21. I feel my manager provides encouragement and feedback about my work.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
22. I am experiencing stress in my personal life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
23. If you chose agree or strongly agree to the previous question, please indicate what is causing your stress. (You may check more than one choice.)					
<input type="checkbox"/> a. Finances <input type="checkbox"/> b. Care of family <input type="checkbox"/> c. Student loans <input type="checkbox"/> d. Living situation <input type="checkbox"/> e. Personal relationships <input type="checkbox"/> f. Job performance <input type="checkbox"/> g. Other (specify):					
	Strongly disagree	Disagree	Agree	Strongly agree	Have not experienced this yet
24. I feel my preceptor provides encouragement and feedback about my work.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
25. My preceptor is helping me to develop confidence in my practice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



Evaluation and reporting – Sample evaluation plans

7. How satisfied are you with the following aspects of your job?

	Very dissatisfied	Moderately dissatisfied	Neither satisfied nor dissatisfied	Moderately satisfied	Very satisfied
1. Salary	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Vacation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Benefits package	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Hours worked	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Weekends off per month	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Work responsibilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. Opportunities for career advancement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. Encouragement and feedback	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. Opportunities for choosing shifts worked	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Transition:

Select ONE answer that is most important to your transition for each question

8. Which one difficulty, as you transition from the “student” role to the “RN” role, has been most troublesome to you?

- a. Role expectations (e.g., autonomy, clinical performance, integrating into team)
- b. Lack of confidence (e.g., physician communication, delegation, knowledge deficits)
- c. Workload (e.g., organizing, prioritizing, feeling overwhelmed, ratios, acuity)
- d. Fear of doing harm (e.g., medication error, inadequate intervention)
- e. Orientation (e.g., technology, preceptor relationships, information overload, support)

9. What one action could be done to help you feel more supported or integrated into the unit?

- a. Improved orientation (e.g., preceptor support, orientation extension, unit-specific skills)
- b. Increased support (e.g., manager, RN, and educator feedback and support; mentorship)
- c. Unit socialization (e.g., introduced to staff and physicians; opportunities for staff socialization)
- d. Improved work environment (e.g., gradual ratio changes, assistive help, schedule input)

10. Which one aspect of your work environment is most satisfying?

- a. Peer support (e.g., belonging, team approach, helpful and friendly staff)
- b. Patients/families (e.g., making a difference, positive feedback, patient satisfaction, interaction)
- c. Ongoing learning (e.g., preceptors, unit role models, mentorship)
- d. Professional nursing role (e.g., challenge, fast pace, critical thinking, empowerment)
- e. Work environment (e.g., good ratios, resources, great facility, up-to-date technology)

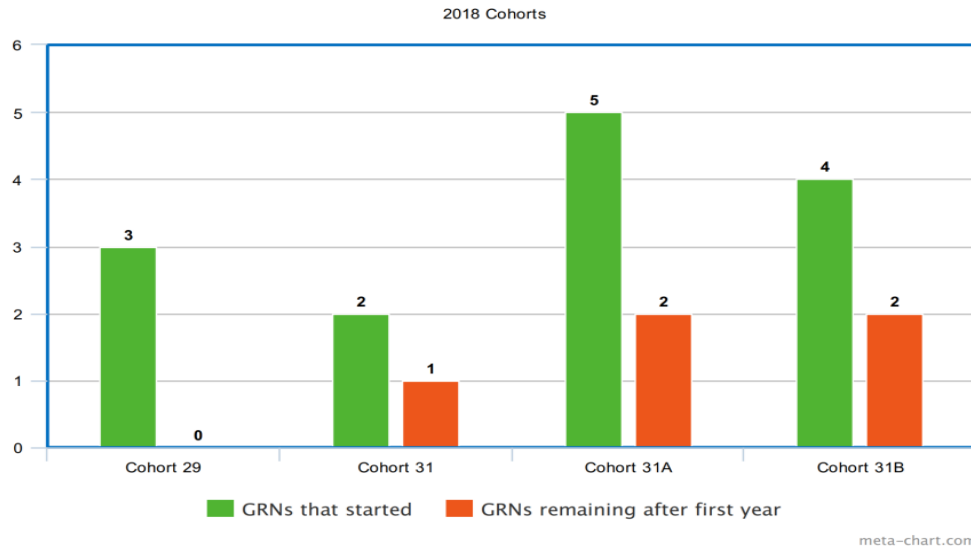
11. Which one aspect of your work environment is least satisfying?

- a. Nursing-specific dimensions (e.g., unrealistic ratios, tough schedule, futility of care)
- b. System (e.g., outdated facilities and equipment, small workspace, charting, paperwork)
- c. Interpersonal relationships (e.g., gossip, lack of recognition, lack of teamwork, politics)
- d. Orientation (e.g., inconsistent preceptors, lack of feedback, too short)

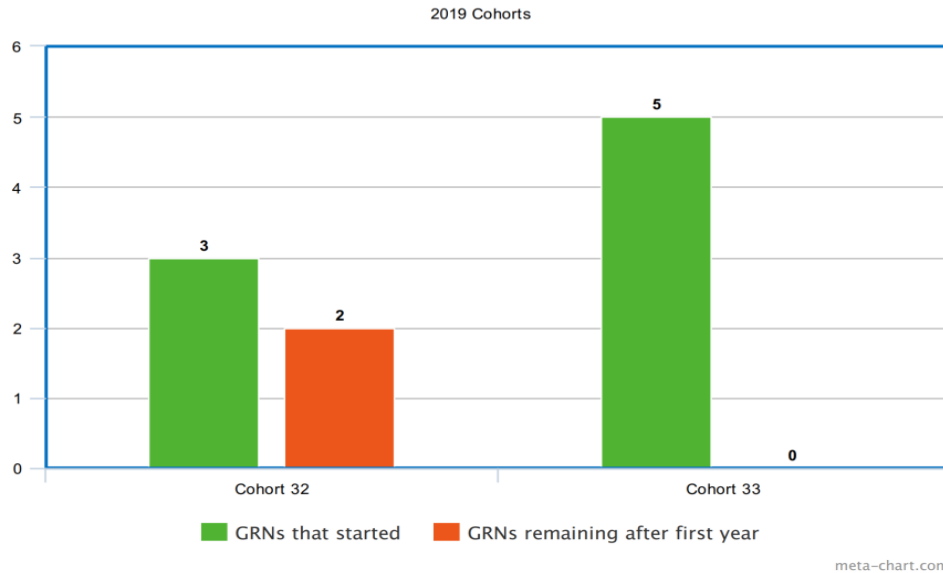
12. Please share any comments or concerns you have about your residency program:

Appendix E

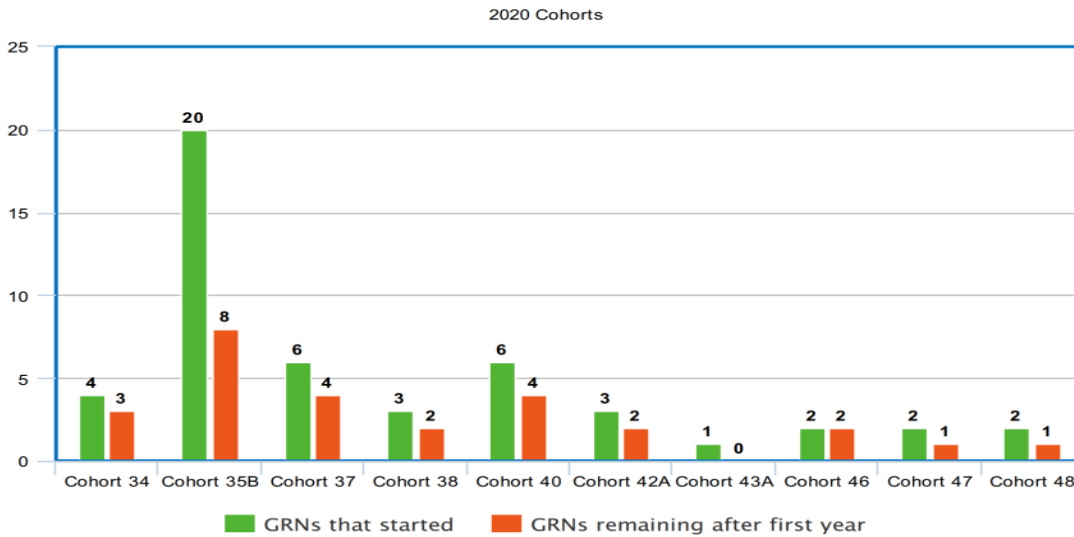
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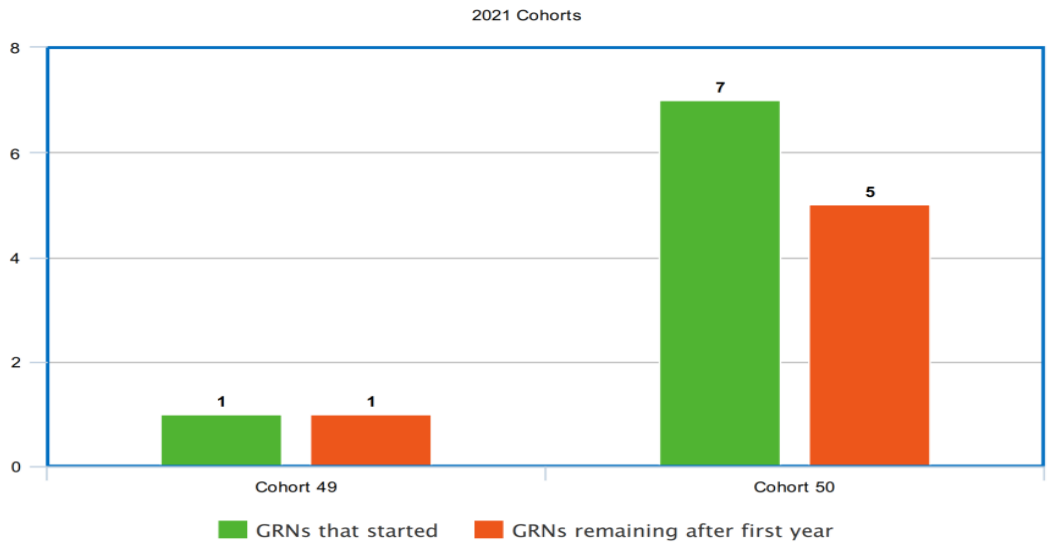
Nurse Retention 2019 Cohorts



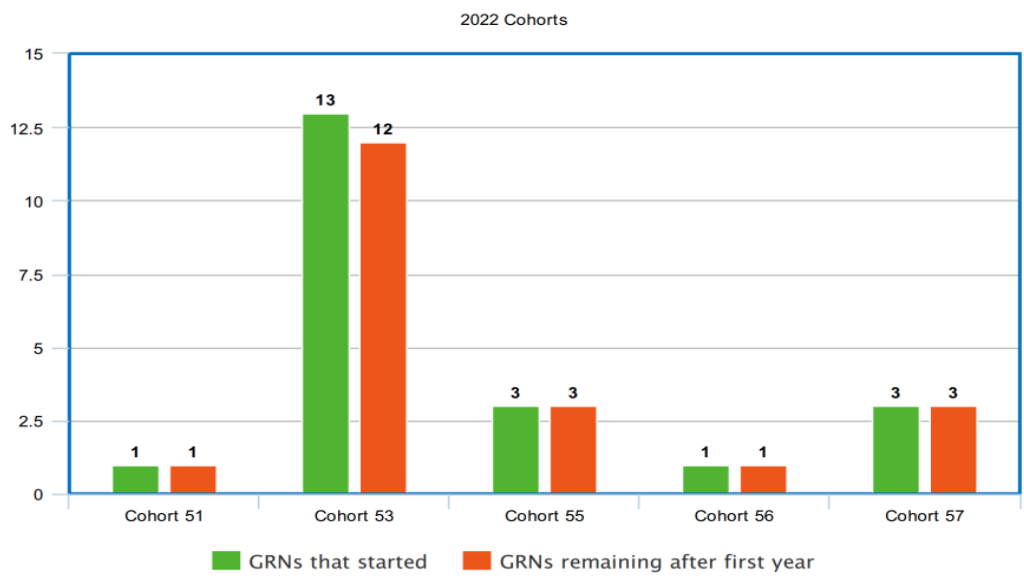
Nurse Retention 2020 Cohorts



Nurse Retention 2021 Cohorts



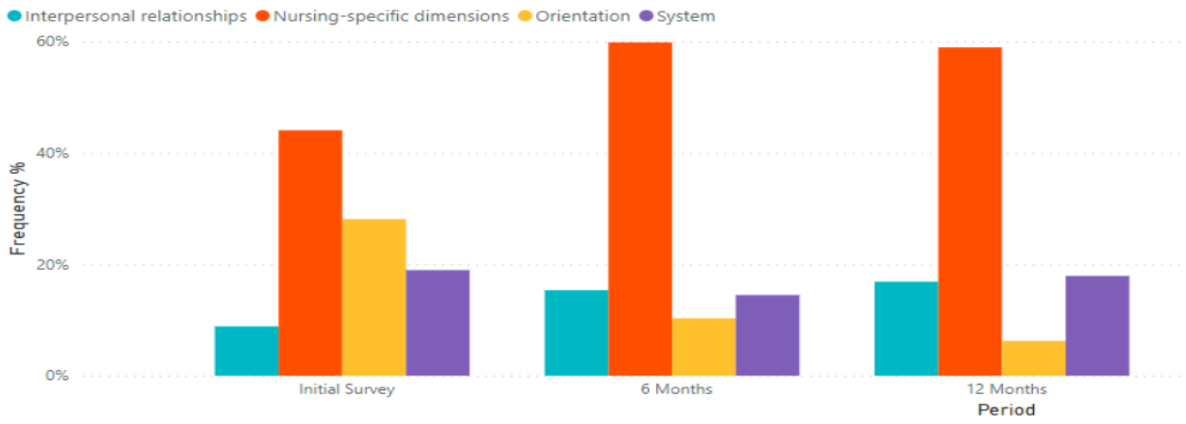
Nurse Retention 2022 Cohorts



Appendix F

Data on Nurse Satisfaction about NRP

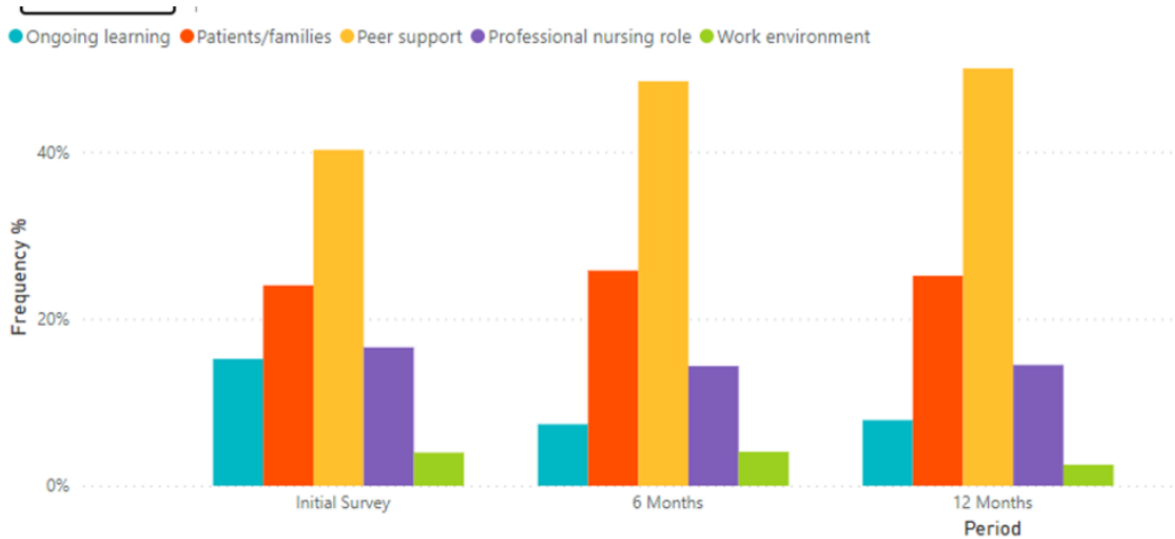
Ques: What one aspect of your environment is least satisfying?



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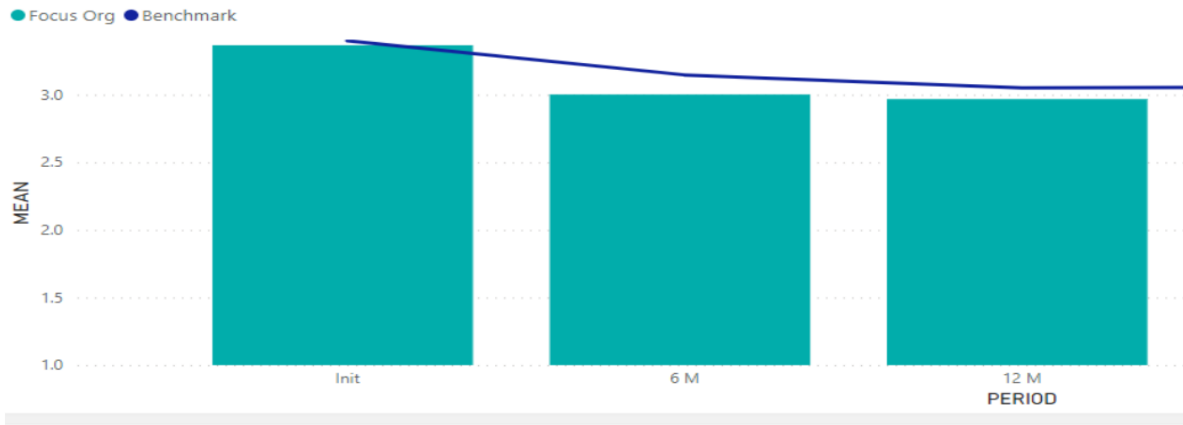
Data on Nurse Satisfaction about NRP

Ques: What one aspect of your environment is most satisfying?

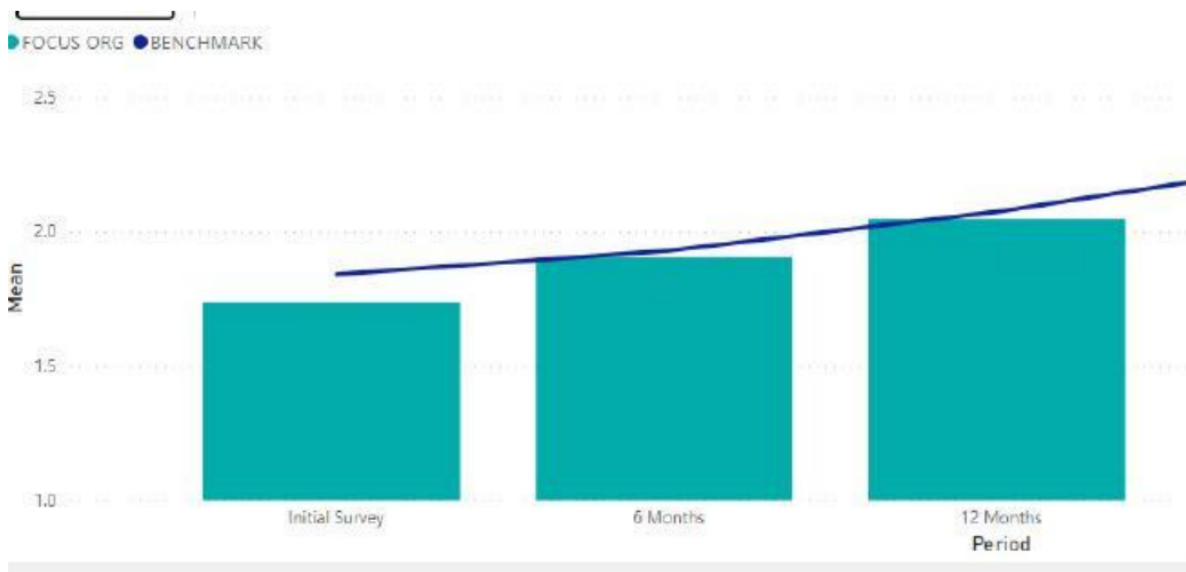


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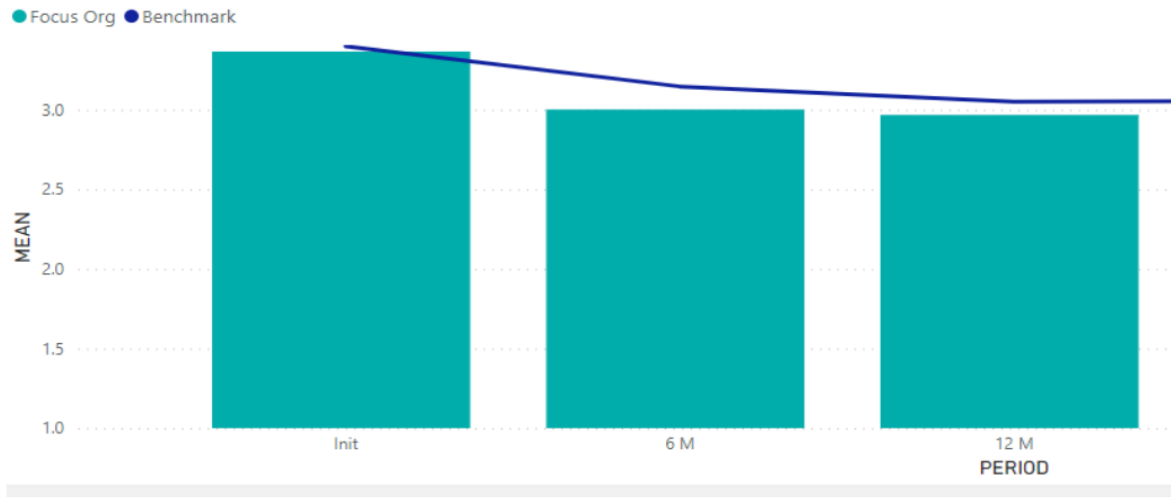
“I intend to remain in my current position for now” Comparison with National Benchmark



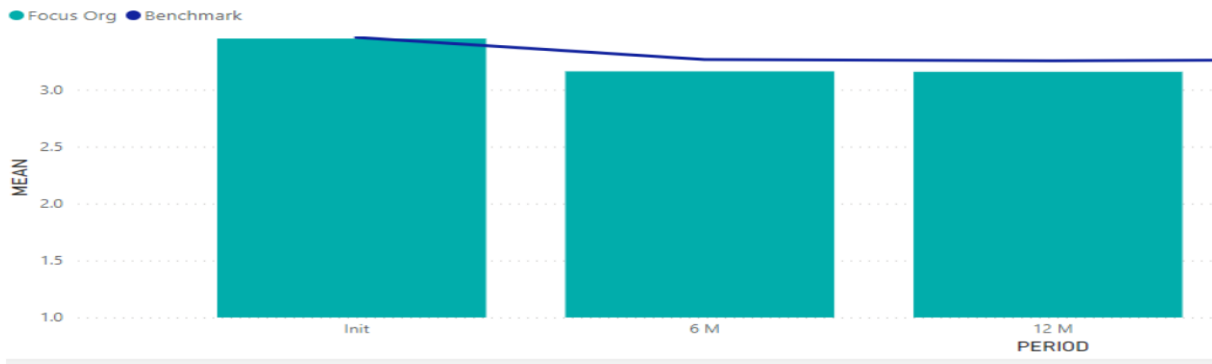
“Satisfaction with unit leadership” Comparison with National Benchmark



“I intend to remain in my current position for now” Comparison with National Benchmark



“I like being a nurse” Comparison with National Benchmark



“Intent to quit” Comparison with National Benchmark

