Preceptor Model for Seamless Transition to Clinical Practice

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Introduction

Hospitals, a large percentage of the healthcare industry, depend on registered nurses in their role in the delivery of primary bedside nursing care. When a professional novice or newly hired nurse enters the workplace setting, a major transition to practice takes place. Professional novices and newly hired nurses who are transitioning into their new roles are expected to train on all shifts as part of cross-training to gain an understanding of specific tasks for each shift. A formal preceptorship model is imperative within the healthcare facility to achieve a seamless transition to clinical practice. Such a model will reduce nurse turnover, stabilize the workforce, and ensure patient safety and delivery quality care. Preceptorship programs are vital components of the transition experience. Their significance is reflected in their role with the assigned nurse, the preceptor teaches pertinent information on the unit, supervises, and evaluates performance throughout the transition period. In some hospital settings it may be six months to a year, depending how the preceptorship program model is designed.

In the presence of an ever-growing nursing shortage, and evidence that many new nurses are leaving the field of nursing after experiencing their first nursing position—there is reason for alarm. Not only for that RN, who spent years in nursing training, but the reflection on the healthcare systems' performance scorecard in retaining novice and newly hired nurses, particularly in the hospital setting. There must be an emphasis to improve the staff development preceptorship model for these RNs in order to meet the demands of today's magnet hospitals, and retain all professional RN staff. To meet this challenge, the healthcare nursing culture must change elements that lead to a catharsis in the staff development's preceptorship model. The staff development department may hold to their general classroom concerning policy and general hospital nursing role, but the need to develop a seamless transition to practice goals for the novice/newly hired RNs lays heavily on the need for new approach to the preceptorship model. The suggested renovation is to prepare trained nurse preceptors. This trained preceptor is pivotal for this nurse becoming confident as he/she is acclimated to the medical, surgical or specialty unit. Previous preceptor methods are having trouble reducing the attrition rate of the novice and newly hired professional RNs, which is effecting nursing as a career and healthcare system's backbone delivery of quality care, the RN.

Current hiring procedures include the following steps: (a) the unit manager awaits the arrival of the RN after the application is submitted for this novice or newly hired RN, (b) the nurse manager receives notification from Human Resources (HR) that there is a possible candidate to fill the open slot on the unit, (c) RN has an interview with the nurse manager, (d) after hiring occurs, the RN attends staff development and joins others hired to the nursing unit to an assigned preceptor for several weeks. Sounds great so far. However, once the logistical process is complete, the newly hired RN may or may not be progressing well with her preceptor, while the nurse manager is counting the days when the nurse will be arriving to the unit. An "interrupt us" may occur during the staff development sessions, or during the preceptor and novice RN assignment over several weeks. When gradually or suddenly, the professional RN experiences or realizes an internal conflict and does not know how to handle the increased anxiety which occurs from within due to an internal belief system or actual inadequacy. The internal turmoil may raise the question or statements: "Should I leave," "It's too hard," or "I'm not ready for this." At this point the hospital may lose this professionally trained RN. If the appropriate questions are asked, exit interviews may reveal this internal turmoil. Perhaps, the sensitive, trained preceptor could have recognized the signs of anxiety and alerted the staff development team or if training had advanced to the unit, the preceptor with frequent updates with the nurse manager, may have reversed the outcome. If a recently hired RN leaves abruptly, everyone loses: the novice and newly hired nurse, the hospital unit, the invested cost in hiring and training to this point, reduced staff and care needed for the patient/client ratio, therefore, something must be done to change this outcome. During the recent NLN 2017 Summit, CEO Beverly Malone stated that attrition is running at a rate of 34%.

It is far too important that each novice and/or newly hired professional RN receive more than adequate preparation from the healthcare institution to allow for a seamless transition to practice with trained preceptors. Trained in this case, means selected nurses at

the healthcare institution receive approved tailored preceptorship training. Moreover, it is important that hospital executives recognize the professional nursing staffs' significance, and provide substantive support to offset the turnover of nursing staff within the healthcare system. Executives recognize the largest segment of healthcare delivery lies in nursing staff.

Need for the seamless transition (4-6) (buddy sys/job satisfaction/age/tech)

Historically, when a new RN is hired on a unit, the nurse was placed with a preceptor; commonly called the "buddy system." There may have been additional weeks of planned training due to the rigors of the units' specialty. The professional newly hired RN received approximately three weeks of buddy system training, or an informal preceptorship if they had medical-surgical experience, adding approximately 10 weeks of informal preceptorship training orientation. The units attempt to match novice and newly hired nurses with the same preceptor during the entire orientation, which may stretch 18 to 24 months on the unit. The buddy system did not solve the attrition rate, the nursing units were not fully staffed, and neither nurse job satisfaction nor patient approval were met.

Within the healthcare institution, direct metrics include systematic analysis and evaluation of the effectiveness of preceptor orientation for the unit through human resources (HR) reports and the nursing unit preceptor program. Each clinical manager reviews vacancy positions, the number of nurse vacancies, and the turnover rate with the average time of vacancy positions for their unit. These reports contribute to the achievement of organization objectives; providing adequate nursing staff for each unit. The clinical manager is also responsible for the nurses' unit performance training, which can lead to progress in retention and decrease attrition. This is directly or similar to the buddy system via nurse manager assignment with staff RN. The decreased attrition rate is based on the effectiveness of the preceptorship model; a major goal of which is to retain nurses in orientation long enough to successfully complete the orientation with their preceptor. A trained preceptorship model is the key.

In the need for an improved preceptorship model, we must look at the age factor and technology. Technology has its' positive impact and the way healthcare institutions present information should be done so using current education tools. Nursing students are utilizing technology in their Nursing Programs at their chosen college or university in their face-to-face classroom experience, online experience, and on the hospital unit. In review of the characteristics of the hospital unit, there is the age factor. Between 1980 and 2004, the percentage of professional nurses younger than 30 years old has dropped from 25% to 8% [1]. Moreover, the aging professional nurse makes the nursing problem aggravated, with the average age of nurses in March 2004 at 46.8, compared to an average age of 45.2 in 2000, and 50 years old in 2010 [1]. The seasoned RN must learn new technology on the unit to stay current in providing quality nursing care. Staff development departments provide in-house training for their staff to make sure all are at their highest functional level for the sake of patients, the hospital, and cost of care.

The trained preceptors should be technologically savvy on all levels of the spectrum in their preceptorship assignment, assisting the novice and newly hired professional nurse in delivering quality nursing care.

The nursing shortage is expected to continually climb. According to the federal government, by the year 2020, nurse and physician retirements will contribute to a shortage of nearly one million nurses and 24,000 doctors. Healthcare leaders voice their concern over such shortages with health care reforms facing them. There is also an $8 billion dollar Medicare budget that needs attention [2]. The nursing shortage in many cases is related to job dissatisfaction and nursing care complexities as it correlates with the retention level. Concurrently, more broad issues are also negatively bearing upon the medical industry; an increasingly aging population, fewer schools of nursing, patient safety risks, nurse burn-out, and trained nurse attrition in the profession that contributes to projected shortages. As the nursing shortage increases, a decline in the quality of care is expected; consequently, jeopardizing the safety of patients. The government changes policies when new measurements and compensation methods for better quality of care have increased; therefore, a more critical working condition has emerged in the nursing profession.

Attrition is defined as the reduction of a workforce by employees leaving [3]. The healthcare institution participating in this proposed project recognized many nurse resignations were due to a feeling of minimal support during the orientation period, and job dissatisfaction on specialty units. Some employees voluntarily left before the 90-day probationary period expired, or were terminated. Regardless, the nursing community must identify a strategy to offset this trend. It is believed the development of a formal preceptorship can improve job satisfaction and retention.

The majority of nurses work largely in hospitals. This is presently where the shortage is considered and projected with the utmost concern. There are limited instant solutions to the dilemma. This shortage, however, is organizational in nature and requires both temporary and durable strategies to lessen the problem. Remedies to generate a continuous enhancement to the nursing shortage will positively affect healthcare institutions. Preceptorship program strategies may help long term stability on a nursing unit. Altering the work environment, which will be essential for both the short and long term, is vital to building the nursing occupation as a desired career choice. No lone strategy or deed will resolve the long-term shortage; however, the strategies utilized in evidenced-base nursing practices are crucial upon evaluating implementation and evaluation reports. Each act is essential in making the entire project a success.

Aiken (2002) discussed how nurse burnout and job satisfaction, as well as intent to stay on the job, are inversely related [4]. The increased burnout of nurses due to multiple factors such as stress, overtime, work environment, and physical state affect their intent to remain employed. Since there is an increased workload on the current nursing workforce due to over compensation for the shortage of nurses, there is also an increase in the stress levels on these nurses. This in turn, decreases job satisfaction.

Howard (2010) uses the Neuman Systems Model to further explain this phenomenon [1]. This model states that prevention of primary stress is needed to reduce the occurrence of its effects. There should also be a "flexible line of defense" that would adjust to the different stressors and help the person adapt to changes in the workplace environment. The Neuman Systems Model correlates high turnover with burnout felt by nurses, due to the inability to properly cope with the increase in work demands. These issues need to be addressed without delay to prevent further adverse effects on the healthcare

system, and the health conditions of hospitalized patients. There have been suggestions and research projections performed attempting to find ways or strategies to improve nurse retention and decrease nurse turnover. Howard (2010) used the framework of Kanter's Empowerment Theory, wherein management would provide nurses with tools to empower them in the workplace [1]. These types of opportunities in the workplace would help nurses to grow and develop, and adapt to changes more readily, since the change is being implemented by them instead of being forced upon them.

Laschinger (2010) states that whenever staff nurses have more opportunities and control over their decisions, there is an increase in well-being and job satisfaction [5]. Howard (2010) agrees the added empowering characteristics would have a positive effect on the workplace by an increase of job satisfaction, greater productivity, and promote the retention of employees [1].

Kalisch (2010) avows that increased levels of teamwork and higher levels of staff adequacy, lead to an increase in the job satisfaction of nurses [6]. Improving the teamwork of staff nurses present in the ward would have a positive effect on their job retention and patient care. Howard (2010) also specified the need for healthcare environment assessment, since most first-year nurses resign due to workplace factors such as inexperience, tenuous working relationships, and a strong desire for support [1]. These factors may be strengthened and observed by assessing the healthcare environment. Once assessed, the unit or ward may improve these areas of concern, and possibly increase the retention of first year nurses. Proper assessment of the needs of the ward would help improve care for both patient and staff. Howard (2010) also added that there should be a systemic framework that would support the retention of nurses in the hospital [1]. It must not only be the hospital that would undertake measures to improve nurse retention; it will take a multi-disciplinary approach consisting of government policies, health care organizational policies, assumptions, and concern for safety issues seeking to improve work conditions for nurses.

The literature review confirms that nurses' communicated intentions are strong predicators to nursing satisfaction and retention. Issues affecting job dissatisfaction are varied and influenced by gender, health care unit environment, and years of experience. Specific elements regarding satisfaction associated with retention include a real or perceived work environment, workload, interpersonal relationships, advancement opportunities, autonomy, job stress, and confidence knowing outcomes are directly related to the inpatient nursing care that they give and personal needs [7, 8]. The mentioned variables will not fit every healthcare institution; however, they do have some comparative similarities in the literature.

Howard (2010) discusses empowerment of staff nurses in the unit and how it would improve the self-esteem of the nurses, as well as improve their disposition and appreciation for their individual work [1]. Improvement of the work environment would prevent work related stress from adding to the motivation to quit work. Strengthening of interpersonal relationships would assist in creating bonds and improving cohesion in the workplace. Such strides would make work easier and more enjoyable. The lighter work environment would also create a pleasing and comfortable place to work. Enhancing group dynamics would also affect the decisions of nurses to quit; better attachments to different members of the unit would deter them from creating additional stress by quitting their jobs. Additionally,

strengthened work relationships would provide a better environment to communicate work recommendations, and thus, help improve nurse retention.

Providing **preceptorship curriculum and education would allow nurses** to become more competent at work. Evidence suggests that these indicators would be beneficial for improving nurse retention. Advocating these changes both inside and outside the workplace would be essential to improving the healthcare system and patient outcomes. Satisfactory staffing is a major concern arising from a nursing shortage. Inappropriate staffing can threaten patients' and nurses' overall health and safety, while undermining the quality and integrity of care for the patient. There is added pressure every day to increase patient intensity regardless of the compounding fatigue, stress and complexity of the healthcare environment.

Many professional novice nurses in their first year of practice experience horizontal violence. This is a term defined as interpersonal conflict among nurses, commonly taking the form of psychological harassment that creates hostility [9]. McKenna, Smith, Poole, and Coverdale (2003) surveyed 551 nurses and found that 34% proclaimed horizontal violence contributed to their inability to learn. McKenna et al. (2003) also state that violent behavior decreases retention rates, and has been observed to harm the transition of new nurses into the workplace [9]. Additionally, the cost of losing new hires are noted to be nearly $50,000 per nurse [10]. The results of this research indicate it is in the facility's best interest to make the new hire orientation a pleasant experience, and that turnover can be attributed to the atmosphere around a new nurse and the new orientation experience. Variables considered in workplace relationships include negative interactions with colleagues, group cohesion, and lack of preparation. These were listed as a few of the reasons new graduate nurses intended to change positions within the first year of employment. A formal preceptorship program may offset this trend for the novice and newly hired professional nurse.

New graduate nurses are competent in the requirements necessary to obtain a registered nurse license, as adequate skills for completing ordered tasks are demonstrated; however they lack the experience required for critical thinking. New graduate nurses depend on experienced nurses, especially assigned preceptors, to transition into competent nurses. A single preceptor during new hire orientation allows for the development of a trusted relationship in which the new nurse is able to obtain feedback. This promotes growth and confidence that is necessary in retaining the new graduate nurse [11].

Trends
Since attrition is defined as the reduction of a workforce by employees leaving [3], identifying current trends directs us to try and understand some of the reasons professional nurses find it necessary to leave nursing positions as novice or recently hired RNs. "The shortage of nurses is not necessarily a shortage of individuals with nursing qualifications; it is a shortage of nurses willing to work in the present condition" [12]. Expectations that an educational program alone prepares a RN to assume full patient responsibility upon graduation is unrealistic.

A 187-bed community hospital in the Washington DC metropolitan area noticed the turnover rate was increasing (using an evidence-based approach). Upon evaluation of staffing statistics, exit survey data, research literature, and industry exemplars, this facility discovered

the severe turnover for their hospital occurred because the nursing staff who were employed less than one year (new hires) relinquished employment, with 2009–2012 annual new-hire losses ranging from 28.8% to 49.6% [13]. Their exit surveys documented only 50% to 62% of new employees felt: that hospital orientation provided necessary information; they had people to go to with concerns; and they had a realistic understanding of their job [13]. Subsequently, this healthcare institution devised a 10-element program that significantly reduced their turnover rate from 18.2% to 11.9%. There is a need for healthcare institutions hiring novice and newly hired RNs to create innovative programs such as this, to augment the foundational information received in their nursing schools.

The drive to create an innovative model for healthcare institutions is vital to the safe and quality care we provide to the public. Statistically examined, the new-hire losses are particularly serious, and produce a greater effect than losing tenured employees. It is the new-hire loss on the unit that results in exponential increases in per capita hiring, causing intense workloads for remaining staff that are constantly on-boarding new hires, and can drive departures and early retirements of tenured staff [14]. Under-staffed healthcare units exposes the public to a dangerous situation, one which leaves more opportunity for nursing errors.

Developing an Innovative Model to support the novice and newly hired RN will require intense creativity and motivation with an interdisciplinary team. Change should occur in the workplace culture by creating a new RN-centered preceptorship program, where job satisfaction evolves. The benefit would be twofold:

(a) the newly hired RN would be ready to take on the workload and assist the tenured nurse on the unit waiting for assistance, and

(b) the novice and newly hired RN to complete orientation ready and not to feel burnout due to constant job stress.

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Providing preceptorship curriculum and education would allow nurses to become more competent at work. All in all, evidence suggests that these indicators would be beneficial for improving nurse retention. Advocating these changes both inside and outside the workplace would be essential to improving the healthcare system and patient outcomes.

The theoretical framework, the Iowa Model, was the basis for this project. The nursing satisfaction and job retention model was formed by the Iowa Model of Evidenced-Based Practice (EBP) to promote quality care. The Iowa Model was developed by Marita Titler (2001) and nursing researchers who designed a framework to enhance patient outcomes and nursing practice [15]. This model provides a guide for clinical decision-making, and includes details in the implementation of evidence-based practices from both the organizational and nursing practice perspectives, as they relate to healthcare costs. Moreover, the Iowa model emphasis is on the organization; identifying problem triggers, collaboration, and conduct [16].

There are five stages encompassed in the Iowa Model of Evidence Based Practice (EBP) to promote quality care [15]. The professional novice and newly hired nurse need guidance to deliver quality care, and preceptorship may present adequate training. In the completion of the project, this model's emphasis was on the hospital organization, collaboration, and conduct of the leadership and nursing staff [16]. The first stage in the model was to select a topic. This DNP project topic is nursing job satisfaction and retention. The next step was to form a team that was identified early in this development. The team was DNP-led and comprised of staff nurses from cardiology, a unit educator, a nurse manager, and an executive representative. The project considered the revised Casey-Fink Nurse Retention Survey© (Appendix X); however, the team decided to utilize the health care institution's direct metrics report from their human resources department. A literature review, current practices, and evidence-based practices included a comparison of this survey. The final step of the project was to develop a preceptorship standard. The team developed policies for professional and newly hired nurses entering the specialized cardiology units with a procedure proposal based on evidenced-based practices and standards [17]. This project was not designed to implement or evaluate the proposal.

However, the healthcare organization with the newly formed team did implement some of the current portions in the preceptorship program.

The purpose and goal of the Iowa Model is twofold: (a) to decrease attrition with job satisfaction, and (b) increase retention through preceptorship. The tasks required to complete the project were:
1. Create a topic; job satisfaction and retention.
2. Form a team or interdisciplinary committee; needs assessment.
3. Utilize the Health Care Institution's direct metrics report from human resources.
4. Compare current practices with formal preceptorship practices and literature review.
5. Developing a policy standard and procedure proposal. [Strongly believe preceptors should be screened, selected and trained]

Pilot your preceptorship program for your unit.

When hired, the nurse was placed with a preceptor; this is called the "buddy system" in their perspective cardiology unit. There were additional weeks of planned training due to the rigors of the specialty. The professional novice and newly hired nurse received approximately three weeks of buddy system or informal preceptorship if they had medical-surgical experience, and/or 10 weeks of informal preceptorship if they did not have CVD experience or orientation. The CVD unit attempted to match novice and newly hired nurses with the same preceptor during the entire orientation. The unit manager's selection process is based on the nurse buddy system skill level (at least 18 to 24 months on the unit) and personality. Implement the pilot consisted of a professional nurse having worked in management over 25 years, and is familiar with hiring professional nurses in another setting and forming focal teams. The nursing shortage affects all healthcare facilities, and turnover is one of the issues that need to be solved. A possible solution proposed in this quality improvement project was to develop a formal preceptorship program, which is supported by the literature. Once implemented, the program would be expected to bring stabilization to the issues of nurse shortages and retention.

Conclusion
Once the pilot of a preceptorship program design is implemented, there is the evaluation plan. This is where preceptorship program evaluation provides the opportunity to observe, monitor, and track the progress and the impact of the program on the unit. The human resources department metrics report data where the nurse managers/directors can analyze using MS Excel software [18]. A survey is distributed to novice and newly hired RNs who were in the pilot preceptorship program during orientation. The nurse manager/directors complete their analysis within the healthcare institution where they monitored, evaluated, assessed and the positive outcomes. These results can lead to a realistic straightforward activation of the preceptorship program with anticipated positive outcomes of decreasing attrition. A stable staffing unit could represent a nursing quality measured standard because there is reduce staff turnover [19-66].

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