



Review

Best practices of formal new graduate nurse transition programs: An integrative review

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ABSTRACT

Objectives: The aim of this review was to identify best practices of formal new graduate nurse transition programs. This information would be useful for organizations in their support and development of formal transition programs for newly hired nurses.

Design: An integrative review of the nursing research literature (2000–2011).

Data sources: The literature search included PubMed (MEDLINE), the Cumulative Index to Nursing and Allied Health Literature (CINAHL), and the Excerpta Medica Database (Embase). Studies that dealt with programs geared toward pre-registration nursing students were removed. At least two researchers evaluated the literature to determine if the article met the inclusion and exclusion criteria. The final number of articles included in this review is 47.

Review methods: Cooper's (1989) five-stage approach to integrative review guided the process: problem formulation, data collection, evaluation of data points, data analysis and interpretation, presentation of results.

Results: Transition program literature was examined according to four major themes: Education (pre-registration and practice), Support/Satisfaction, Competency and Critical Thinking, and Workplace Environment. This included new graduates' retrospective accounts of their undergraduate education and examination of orientation and formal supports provided beyond the traditional unit orientation period. Transition programs included residencies, internships, mentorships, extended preceptorships, and generic programs. Common elements of programs were a specified resource person(s) for new graduates, mentor (mentorship), formal education, and peer support opportunities. The length, type of education, and supports provided varied considerably among programs, yet the presence of a transition program resulted in improved new graduate nurse retention and cost benefits.

Conclusions: The variability in research designs limits the conclusions that can be drawn about best practices in transition programs for new graduate nurses. The presence of a formal new graduate transition program resulted in good retention and improved competency. The stronger evidence suggests that new graduate education should focus on practical skill development, preceptors should receive a level of formal training, formal support should be available at least through the difficult six to nine month post-hire period, opportunities for connection with their peers should be provided, and organizations should strive to ensure clinical units with healthy work environments.

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What is already known about the topic?

- Evidence of a theory–practice gap and a developmental lag between being a student and entering the workplace.
- Transition to practice associated with a reality shock.
- Programs as a whole and their constituent components have not been extensively studied in a systematic manner to determine their efficacy or cost-effectiveness.

What this paper adds

- Transition programs have a positive impact on new graduate nurse retention.
- Trained preceptors positively influence the new graduate–preceptor relationship.
- Mentors, peers, and a transition program of at least 9 months provide new graduates with significant support during transition.
- Evidence was variable, and overall of low quality, limiting best practices recommendations.

1. Background

The nursing shortage has drawn national and international attention to the recruitment and retention of new nurse graduates. The attrition rate in Canadian registered nurse (RN) entry-to-practice programs is 28% (Canadian Nurses Association, 2007). This can have a significant financial impact on an organization as considerable resources, in some cases estimated to be \$40,000 USD per new graduate (Almada et al., 2004), are committed to the recruiting, hiring, orientating, preceptoring, and training of the new graduate. Further, Canadian figures estimate a shortage of 60,000 RNs by 2022 (Canadian Nurses Association, 2007), and the United States (US) National Center for Health Workforce Analysis (2002) predicts the shortage of registered nurses will grow from 12% in 2010 to 20% by 2015.

Central to recruitment and retention concerns has been new graduate nurses' transition to practice, heightened by the movement of nursing education into universities, the growing acuity and complexity of care, and technological advancements. Evidence of a theory–practice gap has been identified as a global phenomenon (Maben et al., 2006). Findings from two recent Canadian studies of practice readiness agreed that a significant and problematic developmental lag exists between being a student and entering the workplace as a graduate nurse (Romyn et al., 2009; Wolff et al., 2010). Further, differing expectations between educational and practice stakeholders were observed, often influenced by the historical and social context within which nursing education and professional practice were grounded (Wolff et al., 2010).

The entry-level competencies of new nurses have been well documented (College of Registered Nurses of British Columbia, 2009) yet research reveals gaps in their role-related knowledge, skills, and clinical judgment. Del Bueno (2005) found that new graduates from across the United States lacked critical thinking, with aggregate data revealing that 65–76% did not meet expectations for entry-level clinical judgment ability. In a Swedish study of competence

of newly graduated nurses', neophyte nurses were rated lowest in the areas of informing and teaching co-workers and students and planning and prioritizing nursing interventions (Lofmark et al., 2006). Further, near misses and omissions and errors in the performance of clinical skills such as post-operative ambulation and wound dressing changes have been documented (Bjork and Kirkevold, 1999).

There is a plethora of literature on the transition of the new nurse graduate to practice, dating back to Kramer's (1974) seminal work on the nature of this transition as a reality shock. Various facets of this transition have been studied including new graduates' perceptions and experiences of the transition (Goh and Watt, 2003), support (Johnstone et al., 2008), competence (Lofmark et al., 2006; Ramritu and Barnard, 2001), retention (Altier and Krsek, 2006), job satisfaction (Altier and Krsek, 2006), the workplace environment (Lavoie-Tremblay et al., 2008) and organizational infrastructure (Schoessler and Waldo, 2006). In addition, new graduate transition models have been developed that capture this very unique developmental process (Boychuk-Duchscher, 2009).

Transitional programs have emerged to facilitate and support the development and integration of neophytes into the workplace. Proponents of these programs regard them as essential for new graduates and in some countries this has led to the development of national standardized new graduate transition programs such as the US National Council of Nursing's Regulatory Model for Transitioning New Nurses to Practice (Roxburgh et al., 2010) and Scotland's Flying Start Program (Spector and Echternacht, 2010). Others question the need for these programs, contending that new graduates should be prepared to meet the expectations of the workplace. Referred to as transition support programs, new graduate programs, residencies, or internships, transition programs have been characterized by diversity in duration, structure, content, and financial support. The length, number, and type of clinical rotations vary, as do the range of program components. Components generally include a combination of the following: education, formal or informal preceptorships, mentorships, supernumerary time, and unit specific orientation. Although transitional programs have been implemented across a range of practice settings, including home care (Meadows, 2009), the bulk of the transitional work has occurred with new graduates integrating into the acute care workplace, where 60% of new graduates choose to practice (Canadian Institute for Health Information, 2006).

Evidence has been mixed in demonstrating the value of these programs (Evans, 2008). In a review of new graduate programs, Levett-Jones and FitzGerald (2005) concluded that both the programs as a whole and their constituent components have not been studied in a systematic, comprehensive or objective manner to determine their efficacy or cost-effectiveness. Although case exemplars of new graduate transition initiatives reported in the literature provide descriptions of program components, those components that most strongly contribute to program results have not been identified. Despite the volume of work done in this area there has been little consensus regarding what constitutes best practice. Therefore, the purpose of this study was to review existing

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