



Exploring the Structure and Content of Hospital-Based Pediatric Nurse Residency Programs

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Purpose This paper presents the results of a national survey of pediatric nurse residency programs (NRP).

Design and Methods: The Pediatric Nursing Certification Board (PNCB) database was used to identify 316 hospitals with pediatric units, including children's hospitals and community hospitals with pediatric services. The Residency Task Force of the Institute of Pediatric Nursing (IPN) developed the survey, *Exploring Pediatric Nurse Residency Programs*. Survey items addressed structure, content, outcomes, benefits and challenges of NRPs, including a comparison with orientation programs and use of preceptors.

Results: Of the 316 hospitals contacted, 65 provided usable information and 45 reported having an NRP. Most (94%) of the hospitals have an orientation program, and 70% had an NRP. The NRPs were typically internally developed (60%) and a year in length (46.5%). Most common content (>80%) included critical thinking, stress management, small group support, professional role transition, pediatric resuscitation, and evidence based practice. Evaluation of the NRPs included measures of satisfaction, turnover rates, and standardized measures, primarily the Casey–Fink Graduate Nurse Experience Survey (48.7%). Challenges include obtaining financial support from the organization, developing content relevant across units, providing time away from clinical units, and maintaining preceptors. Benefits noted included development of professional role confidence and peer support networks, increased safe nursing practices, and a decrease in nursing turnover.

Conclusions and Practice Implications: In the ongoing development of NRPs in children's hospitals, issues such as appropriate content, optimal length, standardization across settings, impact on nurse retention, safe practice and patient outcomes all need to be addressed.

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ENTRY INTO PRACTICE on a pediatric unit for newly licensed registered nurses (NLRNs) is a complex and stressful event. They enter a fast-paced, high acuity, constantly changing

healthcare environment, where the reality of nursing practice may be at odds with their expectations. Marlene Kramer's (1974) classic description of "reality shock" and the challenges faced by NLRNs continues to be as relevant today, as when it was first published in 1974 (Duchscher, 2009; Pellico, Brewer, & Kovner, 2009; Rush, Adamack, Gordon, Lilly, & Janke, 2013). Nursing turnover rates within

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the first year have been reported to be as high as 35% to 65% (Harrison & Ledbetter, 2014; Pittman, Herrera, Bass, & Thompson, 2013).

The Institute of Medicine's (IOM) (2011) *Future of Nursing* report recommended the establishment of nurse residency programs as a solution for transition to practice and to ensure a competent workforce. A Carnegie Foundation report (Benner, Sutphen, Leonard, & Day, 2009), the National Council of State Board of Nursing (Spector & Echternacht, 2010), and the Commission on Collegiate Nursing Education (Commission on Collegiate Nursing Education, 2008) support this recommendation (Goode, Lynn, McElroy, Bednash, & Murray, 2013). Based on this recommendation, there is a significant national initiative to provide residency programs for new graduates. However, consensus based standards and guidelines for residency programs have not been identified, resulting in a lack of consistency among programs (Barnett, Minnick, & Norman, 2014).

Hospitals that provide care to children face a unique challenge, ensuring that nurses new to pediatric units have the expertise to care for the specific needs of their population. In a survey of undergraduate pediatric faculty (McCarthy & Wyatt, 2014), it was reported that the time spent in pediatric clinical rotations ranged from 0 to 225 hours, with a mean of 83 hours. More than 90% of faculty responding believed that a pediatric nurse residency programs was *essential* for all RNs entering pediatric practice.

Based on the recommendation of the IOM, there is a significant national initiative to provide residency programs for newly licensed registered nurses (NLRNs). Hospitals that provide care to infants, children, adolescents, and young adults (here-after referred to as 'children') face a unique challenge, ensuring that nurses new to pediatric units have the expertise to care for the specific needs of their population. The Institute for Pediatric Nursing (IPN), supported by the Pediatric Nursing Certification Board, carried out a survey to describe pediatric nurse residency programs in hospital settings. The IPN includes leaders from pediatric nursing organizations and children's hospitals who share common concerns and identify areas for collaboration on the healthcare of children and the role of pediatric nurses.

The **purpose** of this paper is to present the results of the national survey that explored the characteristics of pediatric nurse residency programs (i.e. structure, faculty, preceptors, content, educational strategies, outcomes) as well as the benefits and challenges of these residency programs. In addition, information was obtained on orientation programs as the two types of programs (residencies and orientations) may compliment or conflict with one another.

Design and Methods

Participants

A list of 336 hospitals with at least one certified pediatric nurse was identified from the Pediatric Nursing Certification

Board (PNCB) database. These hospitals included freestanding children's hospitals, children's hospitals within a hospital, and community hospitals with pediatric services.

Survey Instrument

The Residency Task Force of the Institute of Pediatric Nursing (IPN) Board of Directors developed the survey of pediatric nurse residency programs, titled *Exploring Pediatric Nurse Residency Programs*. Members of the Task Force had direct knowledge of the structure and process of pediatric nurse residency programs, including experience with establishing residency programs, providing lectures in their local residency programs, and evaluating residency programs.

In order to appropriately assess residency programs, the first step in development of the survey required defining and differentiating Orientation Programs and Nurse Residency Programs. Orientation was defined as the process of introducing NLRNs to the philosophy, goals, policies, procedures, role, expectations, and other factors needed to function in a specific work setting. Orientation is concluded when the NLRN can independently practice in the role of the professional nurse (American Nurses Association, 2000). The Institute of Medicine — Robert Wood Johnson definition of a nurse residency program from the publication *The Future of Nursing: Leading Change, Advancing Health* (2011) is: "the planned, comprehensive periods of time during which nursing graduates can acquire the knowledge and skills to deliver safe, high quality care that meets defined standards" (p. 5–6). The definition was elaborated in order to clearly differentiate nurse residency programs from orientation. A **Nurse Residency Program** (NRP) was defined for the survey as "a program of instruction and socialization designed to assist NLRNs to successfully transition to practice by providing structured opportunities to expand clinical and professional competencies." Items in the survey obtained information on both the Orientation and the Residency Programs at the participating hospital.

Items in the initial survey were based on a review of the literature, evidence for best practices related to nurse residency programs, and the expertise of the task force members. Following institutional review board (IRB) approval, granted by the Medical City Children's Hospital, Dallas, Texas, eight pediatric nursing residency experts reviewed and pilot tested the survey. Four pilot testers were from freestanding children's hospitals, three from children's hospitals within hospitals, and one from a pediatric unit within a community hospital. Arizona, Washington DC, Iowa, Massachusetts, Missouri, Texas, and Virginia were represented. In addition to completing the survey and providing feedback on the questions, pilot testers were asked to report how long it took them to complete the survey. Time to complete the survey ranged from 17 to 40 minutes, with a mean of 29 minutes. Based on their feedback the survey was reduced to 65 items to eliminate redundancy and

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