

An Orientation Experience:

Introducing Newly Licensed Nurses to Ambulatory Care Settings

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Notes from the Author

I would like to thank my Lord for guiding me through this program.

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and patience throughout this journey.

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Abstract

This project aimed to evaluate the impact of an orientation program on retention and clinical confidence of newly licensed nurses hired in ambulatory care settings. Twenty-three percent of newly licensed nurses leave their first employment within one year, based on inpatient hiring data, causing a financial strain on health care organizations and a profound effect on quality outcomes and patient experiences. Newly licensed nurses are not typically hired into ambulatory care settings and orientation programs are not geared towards this population; therefore, the negative impact on retention, finances, patient experiences, and quality outcomes can be substantially greater than in other practice areas. This quality improvement project focused on implementing an ambulatory-specific orientation program using a prospective longitudinal design across multiple sites within one healthcare entity. A 12-week orientation program was implemented and provided 17 newly licensed nurses the opportunity to rotate every two weeks through 22 clinic settings; part of a larger health system. An evidence-based survey tracked clinical confidence over 12 months. Engagement sessions were incorporated into the project to provide additional support to the newly licensed nurses. At the end of one year, 12 newly licensed nurses remained employed in the ambulatory care setting, and overall turnover was one percent less in this setting for newly licensed nurses (18%) when compared to turnover for newly licensed nurses in the health system (19%). The survey data recorded a steady increase in clinical confidence during the newly licensed nurses' first year of practice. Designing a 12-week orientation experience in an ambulatory care setting can improve newly licensed nurse retention and clinical confidence. Incorporating engagement sessions provides insight into what is essential to newly licensed nurses.

Key words: ambulatory care setting(s), orientation program(s), newly licensed nurse(s), turnover, retention, clinical confidence, engagement sessions

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Section I. Introduction

As the nursing shortage continues nationally, there is a significant concern in the health care workforce to retain nurses beyond one to three years. It is documented that most newly licensed nurses will either transfer to another clinical area or leave the profession completely (American Association of Colleges of Nursing [AACN], 2014). Ambulatory care areas are not immune to this critical shortage. According to the American Academy of Ambulatory Care Nursing (AAACN; 2014), a significant nursing shortage will occur by the year 2025 within ambulatory care. This specialty area will experience an even more substantial shortage than other specialty areas due to nurses with years of experience who traditionally populated the ambulatory care workforce retiring. In contrast, younger, newly licensed nurses do not routinely find employment in the ambulatory care setting.

Background

Nursing is one of the leading occupations for growth from 2016 through 2026 with projections that there will be a significant need for new nurses each year through 2026 to replace those who will be retiring (Bureau of Labor Statistics, 2020). Difficulty in retaining nurses according to NSI Nursing Solutions (2021), continues to be a national problem. In their survey of over 3000 hospitals across the United States, NSI Nursing Solutions (2021) determined that over 23% of all new nurses leave their first employment within one year and that this first-year turnover attributed to approximately 24% of all nurse separations. The financial strain related to the inability to retain staff has a profound effect on quality outcomes in addition to the patient experience, subsequently leading to excess labor utilization.

Collard et al. (2019) identified confidence and engagement as areas that, when not addressed, can negatively impact retention. The authors further noted newly licensed nurses

experience a lack of confidence when performing multiple tasks; thereby, increasing their stress which resulted in retention challenges. In a report on strategies for nurse engagement and retention, Lippincott Nursing Center (2019) noted these issues often lead to staff dissatisfaction and nurses leaving their jobs or sometimes leaving the profession altogether. Attracting and retaining newly licensed nurses in ambulatory care settings is paramount to continue the level of nursing knowledge and experience that currently exists in this area. By doing so, healthcare organizations can meet the needs of the ever-growing patient population who opt for a more out-patient care experience versus in-patient (AAACN, 2014).

Organizational Needs Statement

The strategic plan for the target health system includes developing and retaining its nursing workforce. This plan also includes retaining nurses within the ambulatory care settings of the health system. For the target health system, performance services data for newly licensed nurse turnover from 90 days to one year showed an increase from 15% in 2018 to 19% in 2021. Turnover data for newly licensed nurses in the ambulatory care setting during 2018 through 2019 was not available because newly licensed nurses were not typically hired to this practice area. Therefore, the turnover rate for this project was compared to the health system target of 19%.

The Quadruple Aim (Institute of Healthcare Improvement [IHI], n.d.) focuses on Better Health, Better Care, Lower Cost, and the fourth aim, Joy in Work. The ambulatory care settings concentrated on improving the overall health of individuals within the community by providing state of the art, evidence-based care while also managing healthcare costs and meeting patient needs. Focusing on work satisfaction for the healthcare team and meeting the nursing shortage needs by addressing the identified area of concern can improve retention and overall clinical confidence. Healthy People 2030 does not specifically speak to ambulatory care and nursing.

However, several of the overarching goals such as the attainment of healthy lives and overall well-being absent of preventable diseases, injuries, and premature deaths in addition to the promotion of healthy development and behaviors across all life cycles (Healthy People, n.d.) supports the need to develop and retain nurses within the ambulatory care environment.

Problem Statement

Ambulatory care is becoming a central focus for patient care delivery and health prevention, accompanied by an essential need for ambulatory care nurses. Given the decreasing pool of experienced nurses, it is imperative to strengthen the ambulatory care nursing workforce pipeline (US Health Resources and Services Administration [HRSA], 2018). Retrieval of data from 2018 to 2021 indicated a decline in nurse retention in the health system with one of the greatest and most significant impacts occurring among newly licensed nurses within the first year of hire (Health System, 2021).

Purpose Statement

The purpose of this project was to evaluate the impact that an orientation program for newly licensed nurses would have on retention at one year in an ambulatory care setting. This information was compared to the health system's turnover rate of 19%. The project also addressed newly licensed nurse engagement and clinical confidence. The knowledge gained from the participants in this project helped guide the processes for adapting and developing onboarding programs that meet the needs of future newly licensed nurses throughout the entire health system.

Section II. Evidence

Literature Review

To obtain the best evidence-based orientation models for newly licensed nurses in ambulatory care settings, to improve retention, clinical confidence, and work engagement,

several strategies were employed to review the literature most applicable to this topic.

Information was obtained from the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL) and SCOPUS. Information was retrieved using internet search engines Google and Google Search in addition to the AACN website.

The literature searched involved the following key terms: newly licensed nurses, novice nurses, personnel retention, nurse retention, onboarding, orientation, staff development, ambulatory care settings, out-patient care, confidence, and engagement. The Boolean Operator “AND” and “OR” were used in the connecting of search terms. Reference lists were also reviewed, and several additional articles were obtained and reviewed. The literature search yielded approximately 500 articles. The exclusion criteria involved the removal of duplicate articles and articles that were greater than five years old. Inclusion criteria involved the retrieval of articles in the English language and published between 2015 and 2020. Twenty-six articles were appraised and nine were kept. Appendix A denotes the nine articles in support of interventions that addressed the orientation of newly licensed nurses in specialized areas to improve retention, clinical confidence, and work engagement.

Current State of Knowledge

While there was substantial literature detailing best practices for onboarding newly licensed nurses to varied patient care settings, there was no literature to support the onboarding for newly licensed nurses to the ambulatory care environment. The research addressed the overall impact orientation programs have on retention, clinical confidence, and engagement in many areas of nursing practice; however, there was no mention of the ambulatory care setting. This current state of knowledge related to newly licensed nurses in ambulatory care is best described through translational science in nursing. According to Titler (2018), translational

science in nursing examines which strategies can bring about process change that furthers evidence-based practices. This often requires investigating similar programs with similar interventions.

Numerous studies identified variables that influenced a newly licensed nurse's decision to remain or leave a specific patient care area. Several studies examined the benefit of newly licensed nurses spending 5, 10, or 12 weeks in designated clinical areas before permanently settling into the patient care area of their choosing. These studies were proven beneficial to overall retention, clinical confidence, and engagement (Joswiak, 2018; Maryniak et al. 2017). In a five-year prospective study, Kester et al. (2019) determined that a 12-week orientation program for newly licensed nurses increased retention and decreased turnover. Redesigning orientation programs of 12-weeks or greater in highly specialized areas such as a pediatric perioperative nursing unit and an intensive care unit (ICU) also revealed increased retention beyond one to three years while also increasing the newly licensed nurses' clinical confidence (Bittner et al., 2016; Gorgone et al., 2016; Kozub et al., 2015). Lack of work engagement and clinical confidence significantly impacted newly licensed nurses' intent to stay on a unit or in a health care setting beyond the first year of employment. Identifying ways to engage newly licensed nurses in addition to developing successful orientation programs that also help in boosting confidence was paramount to their overall success and retention (Kim & Yoo, 2018; Simone et al., 2018). The Graduates: Engaged, Mastering, Succeeding (GEMS) program, was described as successfully retaining and building confidence in newly licensed nurses through orientation experiences in several different specialty areas (Bonifazi, 2009).

Current Approaches to Solving Population Problem

The defined problem being addressed was to determine if an orientation program for newly licensed nurses hired into an ambulatory care setting could improve retention, clinical confidence, while also providing opportunity for work engagement. The staffing model designed and implemented by Kester et al. (2019) explicitly described a 12-week orientation program for newly licensed nurses. This orientation model provided newly licensed nurses orientation experiences within a Cardiothoracic ICU. In the New Employee Training Unit model, designed by Maryniak et al. (2017), newly licensed nurses received training on a designated unit for 5-weeks before transitioning to their home units. Gorgone et al. (2016) reported a pediatric perioperative area that typically hired experienced nurses introduced an orientation program to newly licensed nurses. The program subsequently produced positive retention results. The GEMS program hired newly licensed nurses for a 10-week orientation through critical care, adult health, and women's health career tracks (Bonifazi, 2009).

Evidence to Support the Intervention

The ambulatory care orientation program introduced newly licensed nurses to clinical areas that typically hired only experienced nurses. The interventions that best supported this program were the incorporation of two orientation models Kester et al. (2019) and Bonifazi (2009). Kester et al. (2019) noted few studies exist that address the decrease or absence of experienced nurses available for hire in specialty areas and the continuous issues related to turnover early in practice. The authors focused on the development of a Prospective Staffing Model that could be used to assist nurse managers in the utilization of tools to improve retention. The leadership team, being faced with challenges related to the inability to recruit experienced nurses to the Cardiothoracic ICU (CTICU) area, began to look to newly licensed nurses to help

in closing the hiring gap. The study involved the orientation of both experienced nurses and newly licensed nurses to a CTICU. The newly licensed nurses' orientation included didactic learning, professional development, and trained preceptors. Following implementation and using a convenience sample of nurses, a five-year longitudinal study was conducted to evaluate the effectiveness of the Prospective Staffing Model. Three hundred thirty-eight nurses were employed in the CTICU between 2014 and 2018. Of those employed, 193 were newly licensed nurses. Implementation of the Prospective Staffing Model revealed a 17.6% decrease in turnover in four years. The study suggested that the utilization of a Prospective Staffing Model provides a consistent approach to improving retention over time.

The GEMS program, outlined by Bonifazi (2009), was a 10-week orientation program adopted by a hospital to address retention. The GEMS orientation model included three career tracks: critical care (ED, ICU, and the Telemetry/Chest Pain Unit; adult health (Medicine, Surgery, Orthopedics/Neurology, and Rehabilitation); and women's health (Labor & Delivery, Postpartum-GYN, and Newborn/Special Care Nurseries). Newly licensed nurses, with the assistance of the GEMS program manager, identified their career track and, during their 10-week orientation, would spend two weeks in each area of the career track. The newly licensed nurses also attended core classes, and at the end of their 10-weeks they selected the area in which they wanted to work. According to Bonifazi (2009), the GEMS program decreased not only the hospital's need for contract staffing, but it also reduced the first year newly licensed nurse turnover rate to less than 9% within 18 months from the previous turnover rate of 53%.

Evidence-based Practice Framework

The IOWA Model of Evidence-based Practice to Promote Quality Care

The IOWA Model of Evidence-based Practice to Promote Quality Care originally named The IOWA Model of Research-based Practice to Promote Quality Care (Titler et al., 2001; Titler et al., 1994), was developed at the University of Iowa Hospitals & Clinics. The Iowa Model serves as a process nurses use to research findings that aid in enhancing patient care. This model is a pathway for evidence-based practice and a method that assists in identifying practice issues, while also providing solutions to research and implementing change. The name change occurred resultant to new developments in healthcare over time, the feedback from numerous health systems that utilized the tool, and the need to encourage the use of evidence when research is not available to lead practice (Titler et al., 2001). Appendix B details the steps in the IOWA Model of Evidence-based Practice to Promote Quality Care.

Implementation of the IOWA Model of Evidence-based Practice to Promote Quality Care

The IOWA Model of Evidence-based Practice to Promote Quality Care was the framework selected for the ambulatory care orientation program for newly licensed nurses. The trigger was problem-focused and addressed the issues of retention, clinical confidence, and work engagement. This problem was a priority for the ambulatory care setting due to current and past data that showed an increase in turnover within the first 90 days to one year after hire. The literature did not specifically address the development of an orientation program in the ambulatory care setting. However, the literature outlined the design and implementation of similar programs that impacted retention, clinical confidence, and work engagement; thereby validating sufficient research that allowed for the implementation of a change in practice. Implementation occurred in the form of a pilot, which involved the orientation of newly licensed

nurses to the ambulatory care environment. The results of the pilot were evaluated and determined the feasibility and utilization of such programs in other areas of the health system.

Ethical Consideration & Protection of Human Subjects

In preparation for the ethical considerations and protection of human subjects, the Collaborative Institutional Training Initiative (CITI) was part of the formal approval process. The CITI is a program designed to raise public trust in research by providing high quality, peer-reviewed, web-based courses covering research, ethics, regulatory oversight, responsible conduct of research, research administration, and topics deemed to be of interest to health systems and individual learners. The modules are constructed to fortify both the knowledge and professionalism of investigators, staff and students who conduct research both within the United States and internationally. The CITI also indoctrinates members, administrators, and leaders affiliated with ethics review committees responsible for reviewing and overseeing research. For this project biomedical research for good clinical practice modules were reviewed in addition to vulnerable subjects research modules; prisoners, children, and pregnant women, fetuses, and neonates (Collaborative Institutional Training Initiative [CITI], n.d.).

The project was then evaluated by the project site's Institutional Review Board (IRB) and academic institution's IRB. After review, the project site deemed this to be a quality improvement project and not original research (see Appendix B). Once the project sites letter of approval was obtained, the project proposal was submitted to the academic institution for review and was declared as not meeting the definition of research; thereby, approved (see Appendix C). The project does not present any harm to patient safety nor any release of medical information. The selection and participation of newly licensed nurses in this project has been deemed fair and equal as all participant identifying information is anonymous. There is no potential harm to any

participants, nor any threat of the participants being taken advantage of. Obtaining IRB approval ensures that the rights of all human subjects are safeguarded against unethical behavior and treatment during the course of a study. The importance of undergoing such a review prior to the implementation of a study stems from historical examples of ethical issues involving the treatment of human subjects. Failure of IRBs to provide the appropriate review and oversight can lead to severe consequences (White, 2020).

Section III. Project Design

Description of Setting

Project implementation took place in the ambulatory care settings at a large tertiary health system. The clinics include 18 specialty clinics at the health system, with an additional four clinics located within the county surrounding the hospitals. These clinics are divided into medical, surgical, and procedural practice areas where hospital physicians, nurse practitioners, and physician assistants collaborate with the nursing staff to provide care and support to patients and families. Clinic visits average approximately 1440 per day with an additional 50 procedural visits each day. The primary focus of the nurse is assessment, education, symptom management, and telephone triage. The specialty areas are: Benign Hematology, Cardiology, Endocrinology, Gastroenterology, General Medicine, General Surgery, Infectious Disease, Internal Medicine, Neurosciences, Gynecology, Orthopedics, Otolaryngology, Pain Medicine, Sickle Cell, Transplant, Trauma, Urology, and Wound Care.

Demographics of the Population

Newly licensed nurses were recruited locally and from other states for clinical nurse positions in the ambulatory care areas. The goal was to hire 20 newly licensed nurses into the orientation program. Twenty-four nurses were interviewed and 20 were offered positions.

Following the hire of the 20 newly licensed nurses, three accepted positions elsewhere. The program launched with 17 newly licensed nurses. On July 6, 2020, 11 newly licensed nurses began the program and were identified as Cohort I. Six newly licensed nurses started the program on July 20, 2020 and were identified as Cohort II. The cohorts were later combined for data collection purposes.

Demographical data collected included age, gender, and ethnicity, type of nursing degree received (BSN, ADN, or Diploma), and previous health care work experience. The participant's age was reported as mean. Gender was reported by percent of participants that are male and female. Nursing degree earned was reported as percentages.

Project Team

The project team consisted of the Associate Chief Nursing Officer (ACNO) for the ambulatory care areas, Assistant Vice President (AVP) for Nursing, an Assistant Director of Nurse Recruitment, and a Talent Acquisition Consultant. Additional team members were a Clinical Nurse Specialist for the ambulatory care area, Clinical Operation Directors and Nurse Managers for the ambulatory care area, the Director of Nursing Research & Evidence-based Practice, the Director of Clinical Analytics, a Clinical Nurse Educator, and the Project Manager. The ACNO in collaboration with the AVP for Nursing provided overall vision and leadership for the project. The Assistant Director of Nurse Recruitment in conjunction with the Talent Acquisition Consultant and Clinical Operations Directors collaborated in formatting and launching the hiring process. The Clinical Nurse Educator and Clinical Nurse Specialist were directly involved in the development and implementation of the orientation and on-boarding of the newly licensed nurses. They also partnered in the development of the new graduate competency-based orientation tools for ambulatory care and the core classes. The Director of

Nursing Research & Evidence-based Practice, ACNO, and AVP for Nursing provided ongoing guidance to the Project Manager through IRB approval, project implementation, and project evaluation. Additionally, the Project Manager, partnered with the Clinical Nurse Specialist in overall day to day operations for the newly licensed nurses. The Project Manager orchestrated the administration of all surveys and retrieval of all survey data as well as collaborated with the Director of Clinical Analytics to interpret and report all data to the project site team. The Project Manager also developed and scheduled all engagement sessions with the newly licensed nurses.

Project Outcome Measures

This quality improvement project incorporated a prospective longitudinal design. The design used multiple sites within one healthcare entity. The goal of this project was to evaluate the impact a 12-week orientation experience would have on newly licensed nurses in an ambulatory care setting where these nurses are not typically hired. The outcome measures were related to retention and clinical confidence.

Description of the Methods and Measurement

Outcome One: Retention. The first targeted outcome for the newly licensed nurses in the ambulatory care setting was to improve retention. Turnover is defined by Blau (2007) as an employee's withdrawal from their health system. It is important to note that the project site did not have newly licensed nurse turnover data. Therefore, the data collected on this participant group was based on the overall newly licensed nurse turnover for the health system one year after hire and was reported as 19%. This target was used as the baseline for turnover of the newly licensed nurses in the ambulatory care setting. National targets were researched for newly licensed nurse turnover in the ambulatory care setting. While the American Academy of

Ambulatory Care Nursing (AAACN) did not provide turnover benchmarks for newly licensed nurses, NSI (2021) reported newly licensed nurse turnover as 24% within the first year of hire.

Outcome Two: Clinical Confidence. The Casey-Fink Graduate Nurse Experience Survey (2006) was used for this project to measure clinical confidence, the second outcome. The tool contains validated measures for skills and procedure performance, comfort and confidence, job satisfaction, and role transition (see Appendix E). The two areas of the tool utilized for this project were: 1) skills and procedures; and 2) comfort and confidence. In their study, Casey and Fink evaluated newly licensed nurses' levels of comfort and confidence on a four-point Likert scale at three months, six months, and twelve months (Casey et al., 2004). The authors reported that 15% of the participants identified seven skills they were most uncomfortable performing during their first year of practice. This information was compared the aggregate data collected on the newly licensed nurses in ambulatory care during their first year. Casey and Fink noted that newly licensed nurses in inpatient settings tend to over-report their confidence at three months (x 55.03, SD 6.0), drifting down in confidence at six months (x 53.68, SD 6.8), with improved confidence by the end of their first year of nursing (x 57.92, SD 5.7). The ambulatory care project team wanted to follow the newly licensed nurses earlier than three months to determine any unidentified trends related to turnover that may occur. Therefore, the Casey-Fink Graduate Nurse Experience Survey (2006) was given at two months in addition to the standard survey timeframes of three months, six months, and twelve months. It was expected that similar trends in confidence would be reported by the newly licensed nurses in the ambulatory areas.

Discussion of the Data Collection Process

Process for Outcome I: Retention. The data for retention were compiled reports from the health system performance services department. This department provided information for

the project site through an approved, secured encrypted system. Analysis of the data was conducted with the Director of Nursing Research, Director of Clinical Analytics, and the AVP of Nursing. Due to there being no specific data related to newly licensed nurses in the ambulatory care setting, the available data which included all newly licensed nurses was used as the benchmark for turnover. National nurse turnover percentages obtained through NSI Solutions (2021) reported turnover for all newly licensed nurses and was not specific to ambulatory care areas.

Process for Outcome II: Clinical Confidence. The data for clinical confidence was collected at two months, three months, six months, and twelve months. Use of the Casey-Fink Graduate Nurse Experience Survey (2006) instrument was approved by the authors (see Appendix F). The secured cloud based Qualtrics Survey platform was used to collect individual survey items. Individual responses were exported to Microsoft Excel for scoring and assessment and stored in the secured health system approved data storage system box where only identified users from the project team were authorized to access. No data was shared via the project site e-mail system.

The instrument was provided to the participants at two months, three months, six months, and 12 months. The specific areas of the instrument related to skills and procedure performance and comfort and confidence were the areas of focus for this project. The skills and procedure performance section consisted of 20 items and the newly licensed nurses were asked to identify the three skills they were most uncomfortable performing independently. Newly licensed nurses were also given the 25 Likert Scale statements related to comfort and confidence.

Implementation Plan

Newly licensed nurses were hired into the ambulatory care setting and experienced a 12-week orientation. Each newly licensed nurse rotated every two weeks to a new medical, surgical, and procedural specialty area. During the final week of the rotation, the newly licensed nurses were hired into their selected ambulatory care area of interest. On the first day of the orientation, the newly licensed nurses were informed about the survey part of the project. It was explained that participation was optional and would not impact their orientation experiences nor their clinic selection at the end of the rotations. The newly licensed nurses were told that their participation in the project would help in the development of onboarding programs that would meet the needs of future newly licensed nurses throughout the health system.

The Project Manager administered the survey instrument to ensure there were no glitches related to accessibility or operation of the tool. The newly licensed nurses were blind copied in an e-mail from the project manager at two months, three months, six months, and twelve months (see Appendix G). A link to the survey was attached to the e-mail with specific start and end dates. The newly licensed nurses were instructed that the surveys would be available for two weeks during each of the four time frames. The newly licensed nurses were provided instructions for creating a personal identifier number (PIN) which they would use each time they accessed a survey. The newly licensed nurses created the PINs using the last four digits of their phone number, their birth date, and the first three letters (uppercase) of their favorite color. The Project Manager sent two reminder emails; one a week prior the survey closing date and the second one three days prior to the survey closing date.

Engagement Sessions

In their study, Simone et al. (2018), encouraged healthcare leadership to increase nurse work engagement which would subsequently have an impact on clinical confidence. At six months post-hire, the newly licensed nurses were invited to participate in six engagement sessions. The sessions were 30 minutes and took place each month. The Project Manager received approval to conduct the sessions from the ACNO and all ambulatory Nurse Managers were provided the dates and times. Due to the COVID-19 pandemic, the Project Manager facilitated all six sessions through a virtual platform. The sessions provided the newly licensed nurses an opportunity to focus on areas of importance to them which were clinical and non-clinical. Dempsey et al. (2016) supported the need for nurse engagement and explained how such collaboration reduces nurses' negative experiences such as compassion fatigue, burnout, and turnover. During the engagement sessions, the Project Manager reviewed several areas of the survey with the newly licensed nurses. These areas were preceptor experiences, feelings of belonging, and time management. Two of the sessions focused on resilience and character strength identification. The newly licensed nurses were also invited to share their experiences related to their transition from students to nurses.

Timeline

The Casey-Fink Graduate Nurse Experience Survey was distributed through a Qualtrics Survey link emailed to the newly licensed nurses at two months, three months, six months, and twelve months (see Appendix H). The Project Team met in September 2020 to review the first two months of data. Three- and six-month data were reviewed in February 2021. The twelve-month data was reviewed in July 2021. These meetings evaluated project success, reviewed lessons learned, and identified any potential changes to the project as it progressed. Engagement

sessions were each month for six months. Newly licensed nurse turnover rates were reviewed at the end of the project.

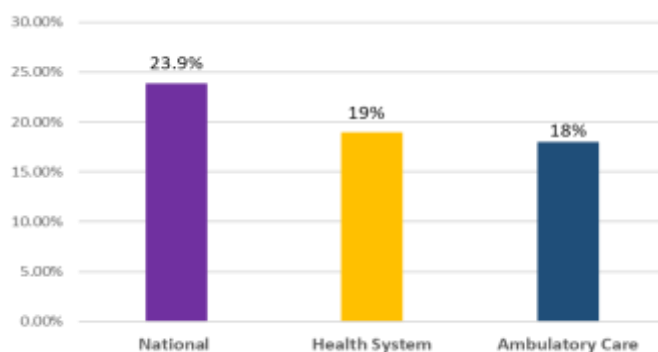
Section IV. Results and Findings

Outcomes Data – Retention

The newly licensed nurse ambulatory care orientation program began in July 2020. Seventeen newly licensed nurses were hired, and all participated in a 12-week orientation, rotating through all ambulatory areas. Upon completing the orientation, two newly licensed nurses transferred to other patient care areas within the health system, and three newly licensed nurses resigned. Twelve newly licensed nurses began working in their selected ambulatory care areas. One year after implementing the newly licensed nurse ambulatory care orientation program, all twelve newly licensed nurses remained in their ambulatory care areas. The turnover rate at one year for this group was 18%. The overall turnover rate for newly licensed nurses within the health system was 19%. According to NSI data (2021), the national newly licensed nurse turnover rate was 24% (see Figure 1).

Figure 1

2021 Newly Licensed Nurse Turnover



Note. This bar graph demonstrates data retrieved from the health system performance services department and NSI (2021).

Outcomes Data – Clinical Confidence

The newly licensed nurses received the Casey-Fink Graduate Nurse Experience Survey (2006) at two months, three months, six months, and twelve months. Participation in the survey was voluntary and revealed the following: fifteen newly licensed nurses participated at two months, eleven at three months, six at six months, and eleven at twelve months. The survey consisted of five sections (see Appendix F), which the newly licensed nurses completed; however, for the purposes of this project, demographics, skills and procedure performance, and comfort and confidence were examined and reported. The data from all four survey time frames were entered into a Microsoft Excel spreadsheet by the Director of Nursing Analytics and analyzed aggregately.

Demographics

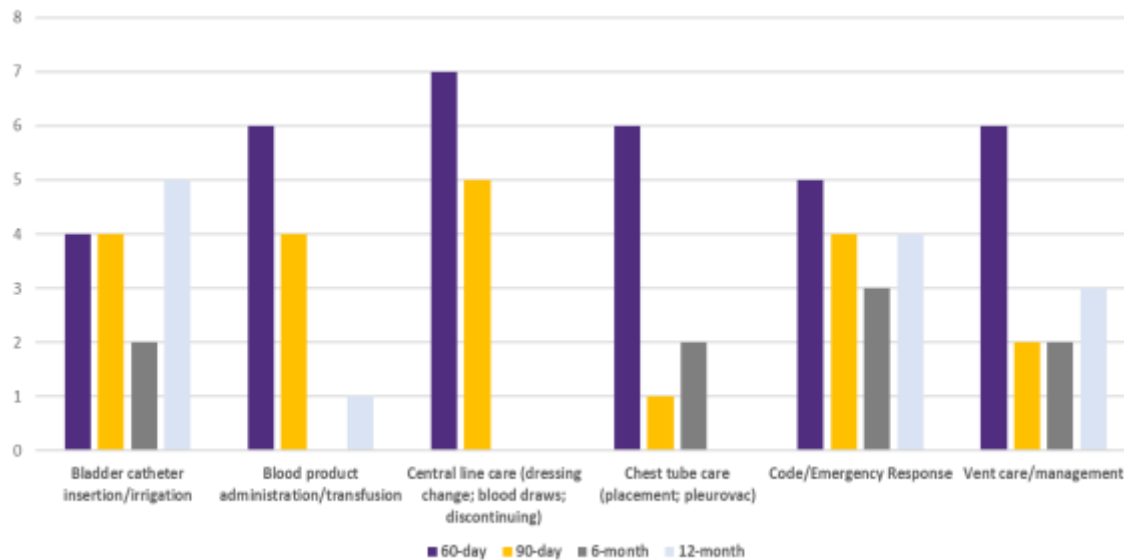
Of the 17 newly licensed nurses; 15 responded to the demographic information on the first survey. Forty-seven percent (n=7) of the newly licensed nurses identified as Caucasian, 27% (n=4) identified as Black, 7% (n=1) identified as Hispanic, and 20% (n=3) chose not to include this information. Ninety-three percent (n= 14) identified as female and 7% (n=1) identified as male. The average age of the newly licensed nurses was 37 with a range of 21 to 57. Ninety percent (n=13) of newly licensed nurses reported receiving a bachelor's degree in nursing, and 10% (n=2) reported receiving an associate degree in nursing. Most of the newly licensed nurses reported having previous healthcare experience in areas such as hospital volunteer, nursing care assistant, medical assistant, hospital unit secretary, emergency medical technician, and student nurse extern.

Skills and Procedures

Twenty skills and procedures were listed on the survey (see Appendix F, Section I). The newly licensed nurses were asked to select the three skills they were most uncomfortable performing independently. The skills most frequently listed during the survey were: bladder catheter insertion and irrigation, blood product administration and transfusion, central line care, chest tube care, code, and emergency response, and vent care and management. Bladder catheter insertion and irrigation, code and emergency response, and vent care and management were listed during four time points. Blood product administration/transfusion and chest tube placements were listed at three time points. Central line care was listed at two time points (see Figure 2).

Figure 2

Skills and Procedure Competencies over Time



Note. This bar graph demonstrates data retrieved utilizing the Casey-Fink Graduate Nurse Experience Survey (2006).

Comfort & Confidence

The comfort and confidence section of the Casey-Fink Graduate Nurse Experience Survey (2006) consisted of 25 statements and was based on the newly licensed nurses' perceptions of their clinical confidence. Twenty statements were presented in the form of a Likert scale with response options listed as Strongly Disagree, Disagree, Agree, and Strongly Agree (see Appendix F, Section II). Areas where the newly licensed nurses reported the most significant levels of comfort and confidence were when communicating with physicians, prioritizing patient care needs, communicating with patients and their families, and completing their patient care assignments on time. The newly licensed nurses were least confident in knowing what to do for a dying patient and making suggestions for changes to the nursing plan of care. The data from this section of the survey shows a steady increase in confidence levels for the newly licensed nurses at each survey time frame. At two months, 15 participants had a mean (M) score of 2.87 (standard deviation [SD] 0.76) for comfort and confidence. Both the M and SD scores were slightly increased at 3.00 and 0.87, respectively, at three months with 11 participants. At six months with six participants, the M score was 2.99 (SD 0.81). At 12 months, the number of participants were 11 with an M score of 2.96 (SD 0.81) (see Table 1).

Table 1

Clinical Confidence

Cycle	Subjects	M	SD
2 Months	15	2.87	0.76
3 Months	11	3.00	0.87
6 Months	6	2.99	0.81
12 Months	11	2.96	0.81

Note. This table demonstrates data retrieved utilizing the Casey-Fink Graduate Nurse Experience Survey (2006).

Engagement

Voluntary engagement sessions took place during the second half of the newly licensed nurses' first year of practice. A 30-minute session was scheduled each month on the same day. The average participation of newly licensed nurses was six each month. The greatest participation occurred in month six, and the least participation occurred in month four (see Table 2).

Table 2

Engagement Sessions

Month	Participants
January	6
February	4
March	5
April	2
May	6
June	10

Note. This table lists information retrieved from the scheduled Engagement Sessions.

Discussion of Major Findings

The purpose of this project was to determine if a newly licensed nurse orientation program specifically designed and implemented in a specialty area of practice that otherwise only hired experienced nurses could improve retention and increase clinical confidence. The project findings revealed that a 12-week newly licensed nurse orientation program to include biweekly rotations to different clinical areas and participation in engagement sessions had a positive impact on retention and clinical confidence. The newly licensed nurse turnover rate in the ambulatory care area demonstrated a one percent decrease in turnover when compared to the newly licensed nurse turnover rate for the health system and a six percent decrease in the

national turnover rate. This decreased turnover corroborates previous evidence-based studies as conducted by Kester et al. (2020), Maryniak et al. (2017), Gorgone et al. (2016), and Bonifazi's (2009), where the authors reported improvements in retention because of improved and extended orientation programs. Furthermore, the incorporation of engagement sessions during the newly licensed nurses' first year of practice anecdotally added to the improved turnover rates and is thereby supported by the evidence-based work of such authors as Kim and Moon (2018) and Simone et al. (2018). A one percent decrease in turnover compared to the overall health system is also significant because it occurred when the nation was faced with the COVID-19 pandemic which impacted nurses and nurse retention globally.

Section V. Interpretation and Implications

Cost Benefit Analysis

According to Shaffer and Curtin (2020), the costs related to nursing turnover can significantly influence a hospital's profit margin. Every fluctuation in nurse turnover can impact costs negatively or positively. Turnover within the ambulatory care setting and the health system has a profound impact on profit margin. The turnover cost is \$84,427.20 per newly licensed nurse. However, retaining 12 newly licensed nurses following a 12-week orientation program provided the health system a total cost savings of \$1,013,126.40. It is important to note that although two graduates transferred within the health system and three resigned, the cost-benefit remained favorable.

The health system hired a total of 937 newly licensed nurses in 2020. Approximately 178 (19%) newly licensed nurses left the health system in 2021. Seventeen newly licensed nurses were hired in the ambulatory care setting in 2020 and participated in the 12-week orientation program. Five (18%) of the newly licensed nurses left the clinics resulting in a 1% reduction in

turnover in 2021 compared to the inpatient newly licensed nurse turnover. Based on the evidence, if the health system were to adopt a newly licensed nurse orientation program like that of the ambulatory care area, it could experience a decrease in turnover. One resource needed to support the more extensive health system program would be hiring at least two administrators. This cost would be \$125,000.00 per clinical administrator. The cost savings from retaining newly licensed nurses would offset the administrators' expense providing the health system with a total cost-benefit of \$931,978.00 (see Table 3).

Table 3

Cost Benefit Analysis: Overall Savings vs Costs

Item	Description	\$/Person	Total
Hire	New Graduate	84,427.00	1,435,259.00
	Transfer	0.00	0.00
Subtotal			1,435,259.00
Turnover	Resignation	84,427.00	253,281.00
Net Cost Benefit			1,181,978.00
Hire	Clinical Administrator	125,000.00	250,000.00
Total Cost Benefit			931,978.00

Note. This table lists information retrieved from the Health System.

Resource Management

The newly licensed nurse orientation program involved utilization of many resources including personnel and technology to ensure the project's success. The involvement of the ACNO and AVP of Nursing was integral to the success of the project. They provided decision-making expertise which will guide the next steps for sustaining similar orientation programs in the future. The Director of Clinical Analytics and Assistant Director of Nurse Recruitment,

Ambulatory Care Directors and Nurse Managers, were all invested in a program that decreased turnover and improved retention. The utilization of technology to provide networking and collaboration for program success was needed throughout the entire project. The overall availability of these resources was sometimes limited due health system obligations and the COVID-19 pandemic; thereby, supporting the need to have a full time individual focused specifically on growing the program throughout the health system would be beneficial.

Implications of the Findings

The ambulatory care 12-week orientation program for newly licensed nurses decreased turnover and improved clinical confidence for 12 individuals. The orientation program was launched with 17 newly licensed nurses and greater than 50% remained in the program at one year. This percentage met the expectations of both the Project Manager and the project team. These results align with existing literature which states that developing or redesigning an orientation program for newly licensed nurses can improve retention. The nursing shortage continues to gain national attention and a significant contributing factor to this is newly licensed nurses leaving soon after taking a position within a healthcare organization (Kiel, 2012). Programs such as the one introduced in this project allow the newly licensed nurse to explore untapped practice areas and improve retention and clinical confidence.

Implications for Patients

As outpatient care continues to increase, so too will the percentage of nurses needed to practice in these areas (Berlin et al., 2020). The implication of the newly licensed nurse orientation program on patients would address patient safety concerns due to staffing shortages. Several of these concerns are medication administration errors, interruptions in care, and improper patient education (Phillips et al., 2021). This 12-week newly licensed nurse ambulatory

care orientation program could also positively impact safety and quality ratings as well as overall patient satisfaction scores.

Implications for Nursing Practice

As patient care needs increase so too is the need for skilled and confident nurses. The development of the newly licensed nurse 12-week orientation program provides a solution to the nursing workforce demand that currently exists in the ambulatory care setting. Berlin et al. (2020) noted that implementing innovative strategies that include training and retention will lead to a health system's overall success. Orienting newly licensed nurses in the non-acute setting significantly increases an available nursing workforce in an area of practice that traditionally relied solely on experienced nursing practice (AAACN, 2014). Incorporating work engagement opportunities for newly licensed nurses provides them a forum where they can feel supported and help decrease the stress many newly licensed nurses experience during the first year of practice (Sherman & Labat, 2021).

Impact for Healthcare System(s)

Newly licensed nurse orientation programs have historically been recognized as the most critical component in the newly licensed nurse's successful transition from student to professional (Bittner et al., 2017). The development of orientation programs such as the one introduced in this paper provides health systems with a process to help combat newly licensed nurse turnover. At times, the newly licensed nurse may realize that the patient care area where they were hired may not offer them the opportunities they are looking for and begin searching elsewhere. The health system develops a win-win situation when they support and encourage the newly licensed nurse to explore internal options versus resigning. This was the case for the two newly licensed nurses in the ambulatory care orientation program who chose to transfer

elsewhere within the health system. This type of supportive behavior lets the newly licensed nurse know that the organization is invested in their success.

Sustainability

The ambulatory care area is a part of a larger health system. The sustainability of this newly licensed nurse orientation program is contingent upon nursing leadership and new graduate interest when exploring employment opportunities. In July 2020, 17 newly licensed nurses began the first 12-week orientation program in the ambulatory care area. Twelve newly licensed nurses remained in ambulatory care one year later. In July 2021, the same ambulatory care area will begin another program introducing 20 newly licensed nurses to a 12-week orientation experience. Additionally, in June 2021, the ambulatory care area that specializes in oncology will launch its first newly licensed nurse 12-week orientation program.

Dissemination Plan

The success of orientation programs such as the one described in this paper relies heavily on the support of health system leadership. Therefore, this project will be shared in multiple settings, both internally and externally. There will be follow-up meetings with the project site team as we prepare for the arrival of the next group of newly licensed nurses. The project outcomes will be shared at the health system's Nurse Executive Council which is chaired by the Chief Nurse Executive and attended by the health system Chief Nursing Officers (CNO) and ACNOs. The project and outcomes will also be shared with the leadership of other ambulatory care facilities within the health system and inpatient care units interested in implementing an orientation program that could improve retention in those areas. Project outcomes will also be presented to the health system's Nursing Research and Evidence-Based Council in addition to the annual Quality and Safety Conference.

The newly licensed nurse orientation program will be shared externally in the form of podium and poster presentations at such conferences as the American Academy of Ambulatory Care Nursing Conference, the American Nurses Credentialing Center National Magnet Conference, and the American Health system for Nursing Leadership Conference. Additional dissemination opportunities would be journal submissions for publication to ViewPoint, the official publication of the American Academy of Ambulatory Care Nursing, the Journal of Ambulatory Care Management, the Journal of Nursing Administration, and the Nurses in Professional Development journal.

Section VI. Conclusion

Limitations

The limitations of the project were related to sampling size and data collection. According to Faber and Fonseca (2014), working with a small sample size can potentially report information as having a positive outcome when the result may have been negative. Still, the sample size was too small to make that determination. Participation in the surveys and the engagement sessions were voluntary, explaining the significant variations throughout the project. A more challenging aspect related to project limitations was implementing the project during the COVID-19 pandemic when newly licensed nurses everywhere were faced with the stressors of working in safe environments, educating patients on staying safe, and concerns for family safety during this time. Due to social distancing because of the pandemic, the engagement sessions were conducted through a virtual platform. Virtual platforms, according to Honavar (2021), are often considered impersonal. Listeners can be distracted by what may be occurring around them, and it becomes difficult to focus or engage in topic(s). Additionally, some individuals are not comfortable using virtual platforms and therefore will not participate in an event if it is being

conducted in this manner. Crimson et al. (2021) reported that the COVID-19 pandemic added to the existing challenges related to newly licensed nurses' transitions into practice. Therefore, offering orientation programs such as the one described in this paper improves retention and clinical confidence, while also addressing workplace engagement is paramount for the newly licensed nurse's experience and success.

An additional limitation pertains to the use of the Casey-Fink Graduate Nurse Experience Survey (2006) and its use in ambulatory care settings. The survey is a nationally recognized tool used to understand the newly licensed nurses' experience; however, many of the skills listed in the survey are specific to the in-patient setting and not ambulatory care. The newly licensed nurses in the ambulatory care orientation program listed six skills they were not comfortable performing independently. Several of these skills such as vent management and chest tube care in addition to caring for a dying patient are not necessarily skills that would be practiced in the ambulatory care setting.

Recommendations for Others

The newly licensed nurse orientation program should be extended throughout the health system. The health system is comprised of three in-patient facilities and additional ambulatory care facilities. The evaluation and redesign of this newly licensed nurse 12-week orientation program could assist in reducing turnover. According to Kiel (2020), for newly designed orientation programs to be successful, there would need to be a strategic plan incorporating sufficient buy-in from organizational leaders. Kiel further notes that the overall mindset of how orientations are currently implemented would require re-examination. Nurse leaders should not be content to make small changes to programs, such as extending orientation by one or two weeks, specifically when a new graduate meets challenges in the clinical setting. Leaders should

identify innovative ways to improve the orientation experience, which will improve retention rates (Handzel, 2021). Another recommendation would be to encourage academic nursing programs to increase student clinical experiences in the non-acute patient care areas and raise awareness of the many clinical options a new graduate would have (Berlin et al., 2020).

Recommendations Further Study

An increasing number of patients continue to receive care in settings outside acute care hospitals. Further studies are recommended that will examine how these needs can be met through training and hiring options (Berlin et al., 2020). Employing newly licensed nurses in clinical areas that were once considered only for experienced nurses must become the norm to improve retention and decrease turnover. Developing and incorporating an orientation program to safeguard the newly licensed nurse's success is paramount. An additional recommendation for further study is developing a newly licensed nurse survey tool that specifically addresses the skills and procedures of an ambulatory care setting.

Final Conclusion

Introducing newly licensed nurses to practice areas where they are not typically hired can improve retention and clinical confidence. The ambulatory care setting is precisely such an area because of the increased outpatient care demands and a decreasing pool of experienced nurses. Additionally, developing an orientation tool specifically designed for the newly licensed nurse in an ambulatory care setting will assess their comfort in performing specific skills while also providing information about their overall clinical confidence in the workplace. Incorporating engagement sessions during the first year of hire can foster a positive workplace experience while also providing the organization with information that can help guide processes for adapting and developing future orientation programs. Finally, ensuring that these types of orientation

programs meet the needs of the newly licensed nurses throughout an entire healthcare organization is essential.

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Appendix A

Literature Matrix

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take home message	Design/Analysis /Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Subject Charac.	Comments/critique of the article/methods GAPS
Bitner, N. P., Gravlin, G., Macdonald, C., & Bourgeois,	2017	A newly licensed nurse orientation program evaluation: Focus on outcomes	No Information	<i>The Journal of Continuing Education in Nursing</i>	Redesigning of a newly licensed orientation program to improve critical thinking and confidence	Level VI Qualitative Study	IV Orientation redesign & Critical thinking DV Confidence	Advisory Board Company Nursing Executive Center's Critical Thinking Diagnostic tool	46	Surveyed newly licensed nurses	No information	Authors found that newly licensed nurses who participated in a redesigned orientation which included simulation showed improved critical thinking and confidence levels Limitations: simulation alone could not
Bonifazi, W. L.	2009	Durham regional picks brilliant new grads through GEMS internship	No Information	<i>Nursing.com</i>	Adopting a 10-week orientation program allowing nurses to rotate units every two weeks can	Level VII Opinion of expert author	IV Orientation model DV Improving retention	No instrument provided	Sample size unknown	New graduated nurses	No information	Author reported the benefit of adopting a 10-week orientation module Usefulness: The model is useful, however, there is limited documented
Gorgone, P. D., Arsenault, L., Milliman-Richard, Y. J.,	2016	Development of a new graduate perioperative nursing program at an urbanpediatric institution	No Information	<i>Association of periOperative Registered Nurses</i>	New graduate perioperative nursing orientation program to improve staff attrition and retirement. Retention is currently at 100%	Level VI Qualitative Study	IV Orientation model & Perioperative nursing DV Improved retention	AACN Synergy Model for Patient Care	12	Graduated nurses	No information	Due to the 100% retention success, the authors are preparing for the next cohorts. Usefulness: additional quantitative and qualitative research will assist in understanding how to transition newly graduated nurses into specialty areas
Joswiak, M.	2018	Transforming orientation through a tiered skills acquisition model	No Information	<i>Journal for Nurses in Professional Development</i>	Newly licensed nurses need support in transitioning from student to staff nurse. Lack of support leads to decreased retention within the first year	Level VI Qualitative Study	Concept: Tiered skills acquisition model (TSAM)	No instrument doc	188	Newly graduated nurses	No information	Qualitative data was collected. TSAM orientation experience was reported as positive.Improvements in retention data were noted.

Literature Matrix

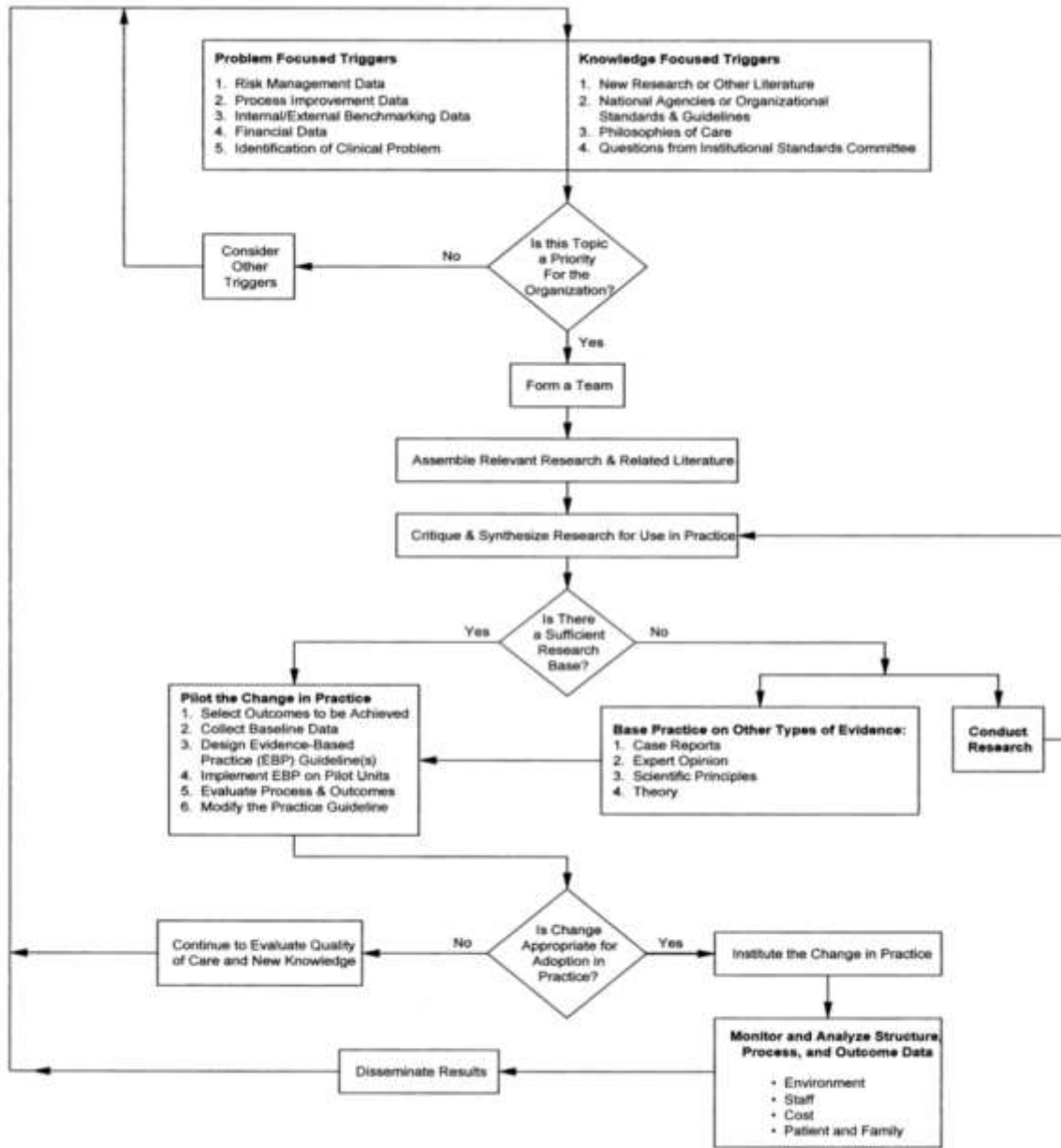
Authors	Year Pub	Article Title	Theory	Journal	Purpose and take home message	Design/Analysis /Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Subject Charac.	Comments/critique of the article/methods GAPS
Kester, K. M., Lindsay, M., & Granger, B.	2019	Development and evaluation of a prospective staffing model to improve retention	No Information	<i>Journal of Nursing Management</i>	5-year longitudinal study evaluated the implementation of a prospective staffing model that improved nurse retention	Level VI Retrospective, Secondary data analysis Convenience Sampling	IV Prospective staffing model & 12-week orientation for new graduate nurses DV Improved retention	No instrument documented	100	Newly graduated nurses	No information	The authors' study included newly graduated nurses and experienced nurses. The newly graduated nurses were in a 12-week orientation. Limitations: The subject characteristic information could not be determined because the new graduate nurses and experiences nurses are grouped together
Kim, K. J., & Yoo, M. S.	2018	The influence of psychological capital and work engagement on intention to remain of new graduate nurses	No Information	<i>The Journal of Nursing Administration</i>	Organizations must focus on ways to strengthen new graduate nurses' intent to stay in nursing	Level VI Cross-sectional survey design	IV Work engagement DV Intent to stay	Psychological Capital (PsyCap) Questionnaire, Utrecht Work Engagement (WE) Scale	156	New graduate nurses	No information	The authors' determined that utilizing the results of such tools as the PsyCap and WE instruments will assist in identifying important factors related to new graduate nurses' intent to stay.
Kozub, E., Hibanada-Laserna, M., Harget, G., & Ecoff, L.	2015	Redesigning orientation in an intensive care unit using 2 theoretical models	No Information	<i>American Association of Critical-Care Nurses</i>	The incorporation of a theoretical basis for orientation has been successful in improving nurse retention.	Design Maslow's Hierarchy of Needs & Benner's Novice to Expert	IV Redesigned orientation program DV Increase retention	Basic Knowledge Assessment Test (BKAT)	6	New graduate nurses	No information	The authors study showed a significant increase in retention after redesigning the orientation program. Limitations: The study included new graduates and experienced nurses. The sample size for new graduates was small.

Literature Matrix

Authors	Year Pub	Article Title	Theory	Journal	Purpose and take home message	Design/Analysis /Level of Evidence	IV DV or Themes concepts and categories	Instr. Used	Sample Size	Sample method	Subject Charac.	Comments/critique of the article/methods GAPS
Maryniak, K., Markantes, T., & Murphy, C.	2017	Enhancing the new nurse experience: Creation of a new employee training unit	No Information	<i>Nursing Economics</i>	New graduate nurses' success is dependent upon support in developing competencies and promoting retention.	Level of Evidence not reported	IV Training units & Development of competencies DV Promotes retention	No instrument documented	39	New graduate nurses	No information	Due to the program's success, a second training unit has been developed.
Simone, S. D., Planta, A., & Cicotto, G.	2018	The role of job satisfaction, work engagement, self-efficacy and agentic capacities on nurses' turnover intention and patient satisfaction	No Information	<i>Applied Nursing Research</i>	Implementing programs to improve self-efficacy and work engagement will also improve job satisfaction and nurse retention.	Level V Correlation analysis	IV Work engagement & job satisfaction DV Improved retention	No instrument documented	194	Nurses	Nurses' Work Areas: 13.4% Cardiology, 11.3% Medicine, 11.3% Gyn., 8.8% Pulm., 7.7% GI, 8.2% Surgery, 7.7% Vascular, 7.2% ENT, 6.7% Emerg. Surg., 5.7% Neuro., 5.2% Onc., 5.2% Uro., 4.6% Geriatrics, 4.1% Ortho., 2.1% Neuro. Surgery. 73.6% Females, 23.7% - Males, Mean age 43.5 years.	The authors study determined that retention is impacted by work engagement, job satisfaction, and self-efficacy. Limitations: The authors noted the sample size as small which they believed impacted the study results. Also, noted was the collection of subjective data may have also impacted the overall results and should have also included subjective data.

Appendix B

The IOWA Model of Evidence-Based Practice to Promote Quality Care



◊ = a decision point

Appendix C

Project Site Institutional Review Board



 **INSTITUTIONAL REVIEW BOARD DECLARATION OF ACTIVITY NOT MEETING THE DEFINITION OF RESEARCH**

The DUHS IRB has determined that the following activity does not meet the definition of research as described in 45 CFR 46.102(d), 21 CFR 50.3(c) and 21 CFR 56.10(c) and satisfies the Privacy Rule as described in 45 CFR 164.514.

Protocol ID: Pro00106480

Reference ID: Pro00106480-INIT-1.0

Protocol Title: Effect of an Ambulatory Care Orientation Program on Nursing Retention

Principal Investigator: Deborah Allen

This IRB declaration is in effect from August 11, 2020 and does not expire. However, please be advised that any change to the proposed research will require re-review by the IRB.



Appendix D

East Carolina University Institutional Review Board

**Quality Improvement/Program Evaluation Self-Certification Tool****Purpose:**

Projects that do not meet the federal definition of human research pursuant to 45 CFR 46 do not require IRB review. This tool was developed to assist in the determination of when a project falls outside of the IRB's purview.

Instructions:

Please complete the requested project information, as this document may be used for documentation that IRB review is not required. Select the appropriate answers to each question in the order they appear below. Additional questions may appear based on your answers. If you do not receive a STOP HERE message, the form may be printed as certification that the project is "not research", and does not require IRB review. The IRB will not review your responses as part of the self-certification process.

Name of Project Leader:

Lillian Denise Guerrier

Project Title:

An Orientation Experience: Introducing Newly Licensed Nurses to Hospital-Based Clinics

Brief description of Project/Goals:

Ambulatory care, a leading patient care delivery, and health prevention specialty area is experiencing low retention of nurses. It has become crucial to reexamine ways to strengthen this workforce. With high turnover, nursing leaders are charged with identifying ways to increase the percentage of nurses

hired and retained. One method is to recruit newly graduated nurses into an area of practice that, in the past, did not routinely do so. An orientation program will be initiated at a tertiary care health system in the hospital-based clinic setting. Newly graduated nurses will experience a 13-week orientation with the first week of the program consisting of general orientation to the health system. The new graduates will then enter a 12-week program that will include rotations through three clinical divisions; medical, surgical, and procedural. The newly licensed nurses will spend four weeks in each division. The success of the program will be determined by the newly graduated nurse orientation experience, confidence level related to practice, work engagement, and retention. The Casey & Fink New Graduate Experience Survey will be given in the form of a Qualtrics Survey at two months, three months, six months, and 12 months. Retention will be evaluated at nine months and again at 12 months.

Will the project involve testing an experimental drug, device (including medical software or assays), or biologic?

- Yes
 No

Has the project received funding (e.g. federal, industry) to be conducted as a human subject research study?

- Yes
 No

Is this a multi-site project (e.g. there is a coordinating or lead center, more than one site participating, and/or a study-wide protocol)?

- Yes
 No

Is this a systematic investigation designed with the intent to contribute to generalizable knowledge (e.g. testing a hypothesis; randomization of subjects; comparison of case vs. control; observational research; comparative effectiveness research; or comparable criteria in alternative research paradigms)?

- Yes
 No

Will the results of the project be published, presented or disseminated outside of the institution or program conducting it?

- Yes
 No

Based on your responses, the project appears to constitute QI and/or Program Evaluation and IRB review is not required because, in accordance with federal regulations, your project does not constitute research as defined under 45 CFR 46.102(d). If the project results are disseminated, they should be characterized as QI and/or Program Evaluation findings. Finally, if the project changes in any way that might affect the intent or design, please complete this self-certification again to ensure that IRB review is still not required. Click the button below to view a printable version of this form to save with your files, as it serves as documentation that IRB review is not required for this project. 9/2/2020

Appendix E

Casey-Fink Graduate Nurse Experience Survey (revised)

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I. List the top three skills/procedures you are *uncomfortable performing* independently at this time? (please select from the drop down list) list is at the end of this document.

- 1.
- 2.
- 3.
4. _____ I am independent in all skills

Drop down list of skills

Assessment skills
 Bladder catheter insertion/irrigation
 Blood draw/venipuncture
 Blood product administration/transfusion
 Central line care (dressing change, blood draws, discontinuing)
 Charting/documentation
 Chest tube care (placement, pleurovac)
 Code/Emergency Response
 Death/Dying/End-of-Life Care
 Nasogastric tube management
 ECG/EKG/Telemetry care
 Intravenous (IV) medication administration/pumps/PCAs
 Intravenous (IV) starts
 Medication administration
 MD communication
 Patient/family communication and teaching
 Prioritization/time management
 Tracheostomy care
 Vent care/management
 Wound care/dressing change/wound vac
 Unit specific skills _____

II. Please answer each of the following questions by placing a mark inside the circles:

- | | STRONGLY DISAGREE | DISAGREE | AGREE | STRONGLY AGREE |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I feel confident communicating with physicians. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I am comfortable knowing what to do for a dying patient. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 3. I feel comfortable delegating tasks to the Nursing Assistant. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I feel at ease asking for help from other RNs on the unit. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I am having difficulty prioritizing patient care needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I feel my preceptor provides encouragement and feedback about my work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I feel staff is available to me during new situations and procedures. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I feel overwhelmed by my patient care responsibilities and workload. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I feel supported by the nurses on my unit. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I have opportunities to | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

practice skills and procedures more than once.

11. I feel comfortable communicating with patients and their families.

12. I am able to complete my patient care assignment on time.

13. I feel the expectations of me in this job are realistic.

14. I feel prepared to complete my job responsibilities.

15. I feel comfortable making suggestions for changes to the nursing plan of care.

16. I am having difficulty organizing patient care needs.

17. I feel I may harm a patient due to my lack of knowledge and experience.

18. There are positive role models for me to observe on my unit.

19. My preceptor is helping me to develop confidence in my practice.

20. I am supported by my family/friends.

21. I am satisfied with my chosen nursing specialty.

22. I feel my work is exciting and challenging.

23. I feel my manager provides encouragement and feedback about my work.

24. I am experiencing stress in my personal life.

25. If you chose agree or strongly agree, to #24, please indicate what is causing your stress. (You may circle more than once choice.)

- a. Finances
- b. Child care
- c. Student loans
- d. Living situation

- e. Personal relationships
- f. Job performance
- g. Other _____

III. How *satisfied* are you with the following aspects of your job:

	VERY DISSATISFIED	MODERATELY DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	MODERATELY SATISFIED	VERY SATISFIED
Salary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vacation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits package	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hours that you work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekends off per month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your amount of responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for career advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of encouragement and feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity for choosing shifts worked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IV. Transition (please circle any or all that apply)

1. What difficulties, if any, are you currently experiencing with the transition from the "student" role to the "RN" role?

- a. role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge)
- b. lack of confidence (e.g. MD/PT communication skills, delegation, knowledge deficit, critical thinking)

- c. workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity)
- d. fears (e.g. patient safety)
- e. orientation issues (e.g. unit familiarization, learning technology, relationship with multiple preceptors, information overload)

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

- a. improved orientation (e.g. preceptor support and consistency, orientation extension, unit specific skills practice)
- b. increased support (e.g. manager, RN, and educator feedback and support, mentorship)
- c. unit socialization (e.g. being introduced to staff and MDs, opportunities for staff socialization)
- d. improved work environment (e.g. gradual ratio changes, more assistance from unlicensed personnel, involvement in schedule and committee work)

3. What aspects of your work environment are most satisfying?

- a. peer support (e.g. belonging, team approach, helpful and friendly staff)
- b. patients and families (e.g. making a difference, positive feedback, patient satisfaction, patient interaction)
- c. ongoing learning (e.g. preceptors, unit role models, mentorship)
- d. professional nursing role (e.g. challenge, benefits, fast pace, critical thinking, empowerment)
- e. positive work environment (e.g. good ratios, available resources, great facility, up-to-date technology)

4. What aspects of your work environment are least satisfying?

- a. nursing work environment (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 (inconsistent preceptors, lack of feedback)

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

V. Demographics: Circle the response that represents the most accurate description of your individual professional profile.

1. Age: _____ years

2. Gender:

- a. Female
- b. Male

3. Ethnicity:

- a. Caucasian (white)
- b. Black
- c. Hispanic
- d. Asian
- e. Other
- f. I do not wish to include this information

4. Area of specialty:

- a. Adult Medical/Surgical
- b. Adult Critical Care
- c. OB/Post Partum
- d. NICU
- e. Pediatrics
- f. Emergency Department
- g. Oncology
- h. Transplant
- i. Rehabilitation
- j. OR/PACU
- k. Psychiatry
- l. Ambulatory Clinic
- m. Other:

5. School of Nursing Attended (name, city, state located):**6. Date of Graduation:**

7. Degree Received: AD: _____ Diploma: _____ BSN: _____ ND: _____

8. Other Non-Nursing Degree (if applicable):**9. Date of Hire (as a Graduate Nurse):****10. What previous health care work experience have you had:**

- a. Volunteer
- b. Nursing Assistant
- c. Medical Assistant
- d. Unit Secretary
- e. EMT
- f. Student Externship
- g. Other (*please specify*):

11. Have you functioned as a charge nurse?

- a. Yes
- b. No

12. Have you functioned as a preceptor?

- a. Yes
- b. No

13. What is your scheduled work pattern?

- a. Straight days
- b. Straight evenings

- c. Straight nights
- d. Rotating days/evenings
- e. Rotating days/nights
- f. Other (*please specify*):

14. How long was your unit orientation?

- a. Still ongoing
- b. \leq 8 weeks
- c. 9 – 12 weeks
- d. 13 – 16 weeks
- e. 17 - 23 weeks
- f. \geq 24 weeks

15. How many *primary* preceptors have you had during your orientation?
_____ number of preceptors

16. Today's date:

Appendix F

Casey-Fink Graduate Nurse Experience Survey

Thank you for completing the information form. The survey tool and related documents are available for download via the links below. You have permission to use the survey tool to assess the graduate nurse experience in your setting. Please note that this tool is copyrighted and should not be changed in any way.

We hope that our tool will be useful in your efforts to enhance the retention, professional development, and support of graduate nurses in your practice setting.

Kathy Casey RN, MSN
Regina Fink RN, PhD, AOCN, FAAN

Appendix G

E-mail Correspondence to Participants

Ambulatory New Graduate RN Program – Qualtrics Survey – ____ Days

Good _____

Congratulations on completing your ____ months of orientation to the _____ Ambulatory Care areas and the selection of your permanent clinic. I look forward to hearing from you through the upcoming months with how you are progressing on this exciting journey.

As shared with you in previous emails and at your first clinic orientation, you are among a unique group of nurses as this is the health system's first time hiring newly licensed nurses to _____ Ambulatory care settings. You will continue to receive surveys from me between now and June 2021.

Remember also that you will be receiving surveys through an outside company as you are a part of the _____ Nurse Residency Program. Both surveys will continue to be the same, however they both serve different purposes. The surveys should not take more than 15 minutes of your time.

To begin the survey, please click onto the link below (_____ – *Newly licensed nurse Ambulatory Care Orientation*) and follow the instructions. You will be prompted to use your unique identifier by following the instructions in the survey. As always, your participation is voluntary and all responses are completely anonymous and confidential. We thank you in advance for your participation.

Sincerely,

Lillian D. Guerrier on behalf of the _____ Hospital-Based Clinic Team

Survey Link:

_____ - Newly licensed nurse Ambulatory Care Orientation

Appendix H

Newly Licensed Nurse Pilot Timeline

