Nurse Residency Programs: Implementation into Rural and Urban Hospital Settings

One of the greatest challenges the health care industry faces today is the shortage of registered nurses. An aging population is causing an unprecedented number of nurses to retire from the profession. Also, the nursing schools are not able to keep up with the demand of students enrolling annually. The Bureau of Labor Statistic projects that by 2022, there will be more than a million job openings for nurses in the United. States. This number will significantly affect the hospitals in the rural and urban areas, where there is a lack of availability of new nurses and smaller towns/hospitals lack the allure that metropolitan hospitals offer.

The recruitment and retention of nurses is vital for the overall well-being and financial stability of hospitals. Nursing turnover is a problem that is seen throughout the country particularly among nurses who have recently graduated. In order to combat the growing problem of retaining new nurses, smaller hospitals that struggle to compete for new nurses must be willing to implement new and innovative programs that supports new nurses entering the workforce. Hendrick Medical Center (HMC) in Abilene, Texas population 121,000 has implemented a nurse residency program that offers support and mentoring for its inexperienced nurses to assist with acclimation in an ever-changing and complicated work force.

There has been a great deal published regarding the benefits of nurse residency programs, but few hospitals outside of larger metropolitan areas have attempted to build such a program. Although some large-scale and expensive professional programs exist, attractive and less expensive options for smaller hospitals are available. Rural and urban hospitals can design a low cost, unique residency program tailored to meet the individual facility needs by utilizing existing staff resources. In 2011, HMC implemented a low-cost, customized nurse residency program. Since implementation, newly graduated RN turnover for the first year of practice has decreased from 25% in 2011 to 7% in 2015.

HMC's existing nursing staff (preceptors, educators & nurse managers) work together and are successfully supporting the needs of the New Graduate Registered Nurse (NGRN). Following a week long general hospital orientation, nurses are assigned a preceptor by the unit nurse manager. The experienced nurses' unit-based orientation lasts only as long as their needs and expectations warrant; while the NGRNs work with a preceptor for at least 8-12 weeks. This period is extended in areas like labor and delivery and the operating room. During this 8-12

week orientation period, the new nurse will begin the nurse residency classes concurrently as they work on their selected units. The classes are informal, easily adapted to most settings and allow time for the NGRNS to discuss any problems or questions they are experiencing. The classes are facilitated by three experienced RNs who have meet with nursing leadership and developed curriculum to meet the needs of the new nurse and the needs of each unit. The co-facilitators share responsibilities of the residency program, eliminating the need for a full-time nurse residency facilitator. All three facilitators work as employees at HMC and divide their time between their full time job and the residency program. Sharing the responsibility for the class with three nurses, eliminates overtime, as these classes are scheduled in advance and the nurses can adjust their schedules accordingly.

One of the difficulties with a nurse residency program is determining a class time that is workable for all new employees. The time and frequency is adjusted frequently based on the convenience of the new nurse. Although a year-long residency class is ideal, at HMC this length of time is not feasible and the number of nurses attendance drops, once the nurse is no longer in orientation.

In the past, seven residency class sessions (one class offered twice a week) have been offered over a 4 month period. Presently based on feedback, a new schedule is being trialed. The new schedule offers an entire day of class discussion. Topics for the residency classes include: delegation, professionalism, prioritization, time management, death and dying, self- care and stress management. Interactive "games," group discussions, role playing, and traditional educational strategies are utilized. Feedback from the initial class is overwhelmingly positive. Two additional two hour classes are scheduled within the year of employment to bring the new employee back into the classroom to discuss their progress on each unit and topics that are pertinent to new nurses or important in the acute care setting. A panel discussion consisting of nurse physicians, managers and nurses who are relatively new to HMC (less than 2 years of experience) meet to answer questions and provide feedback to the new nurses.

Communication through emails and small group discussions make it possible to identify possible problems and to offer solutions rather than terming employment. This program is always changing and evolving based on the needs of the new nurses, nursing leadership, evidence based practices, and the evolving needs associated with healthcare in an acute care setting.

The budget for the nurse residency program consists of the cost of the nurse facilitators' preparation and class time, class material, and snacks. At HMC, the nurse residency classes are offered in an educational classroom which is available at no cost. By allowing the classes to meet according to room availability of the hospital, it reduces the overall cost of the program. All new nurses attending the nurse residency classes are paid an hourly wage.

New graduates work in settings with complex technological systems and administer care to many patients with difficult and challenging disease processes. Nursing leadership and hospital administrators must have the insight to create programs which can help the new nurse develop their critical thinking skills and become more confident in their workplace in order to prevent unnecessary complications and reduce costly turnover. A nurse residency program should be offered to all nurses who have recently graduated from college, despite the size of the hospital. Hospitals that invest in a nurse residency program promote professional growth and development of nurses, enhance the retention of new graduate nurses, and improve patient outcomes by reducing nurse turnover.