



A Solution to the Problem of First-Year Nurse Turnover

By Cathleen Krsek, RN, MSN, MBA, and Debra McElroy, RN, MPH

THE PROBLEM

Health care leaders in both academic and practice settings agree that there is an education-to-practice gap for new graduates that makes it more difficult for them to cope with the complex, fast-paced health care environment they face today. New nurses need knowledge and competencies above and beyond those developed in school—their training gives them the requisite theoretical knowledge but does not provide the clinical and situational experience they need to be able to apply their own intuition, clinical judgment, and contextual knowledge to nursing practice and care delivery. This lack means that nurses new to the professional role function by rule-governed behavior; they are not able to recognize and interpret information without the situational experiences that allow them to acquire these higher-level skills. This experience gap contributes to several significant problems for today's health care organizations:

High stress. Today's new graduate nurses face a busy, complicated health care environment with sicker patients than has been the case in the past. This high-acuity environment, combined with a lack of situational experience, results in high stress levels for the new nurse. High stress levels have been shown to be a risk factor for patient safety and practice errors¹ and also lead to high nurse turnover: The median voluntary turnover rate for first-year nurses is 27.1%.²

Accelerating nurse shortage. Compounding the problem of first-year nurse turnover is the fact that the shortage of registered nurses in the United States could be as high as 500,000 by 2025.³ Although the current economic climate has lowered the registered nurse vacancy rate, history shows that as the recession eases, the rate will rise again. The nursing workforce is also aging—by 2012, nurses between the ages of 50 and 60 will make up the largest demographic group in the nursing workforce.⁴ By 2014, it will be necessary to recruit

more than 400,000 new registered nurses just to replace those who are expected to retire from active nursing practice.⁵ We must begin to replace this tremendous loss of wisdom and experience.

Higher costs. The news isn't any better on the financial side of the equation. The average cost associated with nurse turnover is estimated at \$88,000 per nurse.⁶ Health care organizations spend an estimated \$300,000 in nurse turnover costs for every 1% increase in turnover.² Factor in decreasing revenues and increasing overall expenses, and the problem takes on even greater urgency.

THE CONSEQUENCES

The consequences of the knowledge gap combined with the stress level of the new graduate can be devastating. As nurse turnover rates climb, the negative effects on nursing staff, patient care, and the hospital's bottom line become more and more evident.

Nurse burnout. Hospitals today are increasingly faced with doing more with less. However, high nurse turnover and vacancy rates result in higher nurse-to-patient ratios—and nurses burned out by high patient loads leave the bedside, increasing turnover rates even more. One study reported that hospitals with a nurse-to-patient ratio of 1:7 had an average turnover rate of 18%, while rates at hospitals with a ratio of 1:4 averaged only 9%.⁷

Compromised patient care. More than 40% of new graduates report making medication errors,⁸ and 50% of new graduates may fail to recognize life-threatening complications because of their lack of experience.⁹ Research by Aiken et al demonstrated that additional patients in a nurse's workload increased the likelihood of failure to rescue.¹⁰ A Toronto study reported in the *Journal of Advanced Nursing* also found that “the adequacy of nurse staffing and proportion



of registered nurses is inversely related to the death rate of acute medical patients within 30 days of hospital admission.”¹¹ Other research has associated positive patient outcomes with higher nurse staffing levels. Blegen and Goode, using data from University HealthSystem Consortium (UHC) hospitals, found that staffing levels and higher proportions of BSN-prepared nurses improved patient outcomes.¹² Finally, a study in 2002 by Needleman et al reported that higher levels of nurse staffing are associated with 25% fewer adverse patient outcomes.¹³

Lower revenue. As organizations seek to achieve a balance between adequate staffing and reduced costs, the effect of these 2 factors on patient outcomes becomes even more critical. The nursing workforce, always vital to a hospital’s mission, is today an important factor in an organization’s financial success. Recent implementation of guidelines from the Centers for Medicare & Medicaid Services on nonreimbursable conditions means that nursing’s impact on hospital revenue will be felt directly. These “never events” and hospital-acquired conditions are directly linked to the quality of care delivered to the patient at the bedside.

THE SOLUTION: AN EVIDENCE-BASED NURSE RESIDENCY PROGRAM

To address the identified gap between education and practice, the National Council of State Boards of Nursing has recommended a “transition to practice regulatory model designed to promote public safety by supporting newly licensed nurses.”¹⁴ This recommendation was echoed by the Michigan Department of Community Health’s Task Force on Nursing Education: “Michigan should implement a required system of nurse residency prior to practice for newly licensed nurses; such residencies bridge the gap between education and practice, increase retention of new graduate nurses in the workforce, and improve patient care and safety.”¹⁵

The concept of a residency program in nursing is not new, but there is tremendous variability in what is offered to the new graduate. In a 2000 UHC survey of chief nursing officers at academic medical centers, transition programs were reported to range in length from 4 weeks to 2 years, and content varied from 100% didactic to 100% clinical.

The ideal program is based on the evidence of the critical factors in transitioning from advanced beginner to competent professional. The first element is the duration of the program.

Benner said it takes about 1 year to move to competency, so the new graduate needs support through that first year.¹⁶ New graduates report that stress levels escalate after the orientation program is complete, when they no longer have preceptor support and they are expected to function independently but have not yet achieved competency.

Experts say that an effective residency program should be flexible, robust, and evidence-based.¹⁴ It should focus on areas identified by nursing experts as being critical to the success of the new graduate: communication, safety, clinical decision making/critical thinking, organizing and prioritizing, evidence-based practice, role socialization, and delegating and supervising.¹⁷ It should incorporate “clearly stated expectations for competent performance, constructive feedback about performance, adequate resources and support systems, and a safe and trusting environment.”¹⁸ Cooper also noted the importance of professional reflection during the nurse’s transition.¹⁹

A nurse residency program should use expert nurse facilitators to help new nurses develop effective decision-making abilities; improve their clinical judgment and performance; gain clinical autonomy at the point of care; incorporate research-based evidence into their practices to advance safe, high-quality nursing care; and strengthen their commitment to nursing as a career choice.

Some health care leaders have expressed concern about the resources needed to provide the ideal transition program. We believe that the evidence is clear. In today’s economy, a residency program that retains even 1 nurse is a sound investment, given the \$88,000 price tag on recruiting and training a replacement nurse. In addition, retaining new graduate nurses does more than reduce costs—it preserves the knowledge, experience, and competence gained during the first year of professional practice so that nurses can help deliver better patient outcomes. Stable staffing levels reduce stress and turnover, improve morale, increase efficiency, and promote patient safety.

UHC/AACN NURSE RESIDENCY PROGRAM™ OUTCOMES

Retention has improved every year, with 94.4% retention in 2008.

Outcome measurement using the Casey-Fink Graduate Nurse Experience Survey also shows:

- Significant decrease in stress
- Significant improvement in ability to organize and prioritize
- Significant improvement in communication and leadership skills

Resident nurses who receive ongoing, personalized support in their first year become professional nurses who are competent and stay in their jobs because they value their organizations. Today's health care climate and the reality of health care reform underscore the critical need to ensure a stable, well-educated, competent, satisfied nursing staff who can provide high-quality patient care, ensure patient safety, and promote excellent patient outcomes.

ENSURING THE FUTURE OF PROFESSIONAL NURSING PRACTICE

The UHC/AACN Nurse Residency Program™ has proven to be an effective model for addressing new graduate nurses' transition needs, promoting high-quality care by providing professional support for almost 16,000 nurses. The program is built on an evidence-based curriculum that meets national residency accreditation standards²⁰ and exceeds the recommendations of the National Council of State Boards of Nursing. Developed by experts from academic medical centers and schools of nursing across the country, the core curriculum content focuses on 3 critical areas:

- **Leadership:** Managing resources—including staff, supplies, and services—for optimal patient care and collaborating with the interdisciplinary team
- **Patient Safety and Outcomes:** Applying foundational knowledge of critical, nurse-sensitive topic areas to practice at the patient's bedside
- **Professional Role:** Enhancing the growth and development of the nurse, both professional and personal

The UHC/AACN program's curriculum was designed to meet the needs of new graduates as described in the literature, and the topic areas were validated by a study published in November 2008 that quantified areas of satisfaction (or lack thereof) with new graduates' competency on a list of 36 skills.²¹ Twenty-nine of the listed skills are included in the curriculum (the remaining 7 are technical skills, which are not the program's focus).

Following are the key features of the UHC/AACN Nurse Residency Program™:

- The program is 1 year in length.
- The curriculum complements hospital and nursing orientation and specialty training courses.
- All participants partner with a school of nursing, creating a practice and academic link.

- Core content, including professional reflection, is provided in structured, monthly seminars for a minimum of 4 hours.
- The program offers systematic access to preceptors and expert resident facilitators.

The program also supports efforts to obtain and maintain Magnet designation from the American Nurses Credentialing Center.

ABOUT UHC AND AACN

The University HealthSystem Consortium is an alliance of 107 academic medical centers and 220 of their affiliated hospitals, representing approximately 90% of the nation's nonprofit academic medical centers. UHC's mission is to advance knowledge, foster collaboration, and promote change to help members succeed in their respective markets. UHC's vision is to be a catalyst for change, accelerating the achievement of clinical and operational excellence.

The American Association of Colleges of Nursing is the national voice for America's baccalaureate- and higher-degree nursing education programs, offering educational, research, governmental advocacy, data collection, publications, and other programs to establish quality standards for bachelor's- and graduate-degree nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate education, research, and practice in nursing—the nation's largest health care profession.

ABOUT THE AUTHORS

Cathleen Krsek has more than 35 years' experience in health care, including many years in critical care, education, and quality improvement; she has also served as a director of nursing. She facilitated the design and development of the UHC/AACN Nurse Residency Program™. During her tenure as director of the program, she has overseen its growth from 6 academic medical centers in 2002 to almost 60 participating organizations, including community hospitals, in 2009.

Debra McElroy co-manages the UHC/AACN Nurse Residency Program™, focusing on its development for use in hospitals throughout the country and expansion of the residency model to varied practice settings for nurses. She has an extensive background in nursing and health care, including oversight of multidisciplinary health care coalitions and programs related to health care access.

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