New Graduate RN Transition to Practice

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The transition from nursing school into practice can be an overwhelming experience. Within nursing education, it is not required to engage in a residency, externship or an internship. Other health professions such as medicine, pharmacy, and physical therapists require residencies or internships to complete their professional training. Residencies and internships help new health professionals apply academic learning to real-life cases with patients. As a new graduate RN, it is difficult to transition from nursing school into professional practice. This paper will highlight what Transition to Practice Programs (TPPs) is , why it is necessary to have TPPs, the consequences of the academic-practice gap, and the challenges that will appear in the future of the TPPs.

# Transition to Practice Programs

Transition to Practice Programs (TPPs) is needed within nursing education. According to Houston (2017), TPPs are designed to support newly licensed RNs progression from education to practice as they move into their first professional nursing role. These programs help new nurses to bridge the gap between academic education and employment. Some of the programs commence in the final year of nursing school and continue through licensure. Other programs are structured as employer-based “new graduate classes” which are given within a hospital. Some of the programs take about a year to complete while others take about 12 to 16 weeks . There are also programs for new graduates who have not been hired as yet. Those programs help new graduates to gain skills in order to become more desirable to hire. There is a growing interest in TPPs for ambulatory care settings. Experienced nurses should be prepared to move into new roles.

The NCSBN reports that there has been a call for TPPs for more than 80 years (Spector et al, 2015). The debate about TPPs for newly licensed nurses has grown over the last decade. The health care system is rapidly changing as patient care is increasing in complexity and individuals are living longer with multiple chronic conditions. With the change in technology and focus on patient safety, there are high expectations from nursing educational systems that are not being met. TPPs are pushed heavily because the nurses will be better prepared with highly developed problem-solving and critical thinking skills. Nurses will be able to exercise clinical judgment to arrive at safe patient outcomes. According to Houston (2017), the gap is described in a practice brief from the Nursing Executive Center, the Advisory Board Company (Nursing Executive Center, The Advisory Board Company, 2006) following interviews with nurse executives from the member hospitals. “ The brief states, *Many arrive at the hospital unprepared to perform even basic clinical tasks and lacking critical thinking skills to apply their classroom learning to real-life clinical practice. New graduates may also be unprepared for the emotional demands of first-year nursing. The stresses of navigating a new environment, working overnight shifts, and caring for acutely ill patients can take a significant toll...* (p. vii).” TPPs would help new nurses recognize subtle changes in patients and avoid patient errors.

**Consequences of the Academic- Practice Gap**

The National Council for State Boards of Nursing (NCSBN) and boards of nursing (BONs) have thoroughly looked at the issue of training and retention of new graduate nurses. The problems that were found are (1) new nurses are caring for sicker patients in increasingly complex health settings, (2) new nurses feel increased stress levels and (3) approximately 25% of new nurses leave their unit within their first year. The impact of these problems is that (1) new nurses report more negative safety practices and errors than their more experienced colleagues, (2) stress is a big risk factor for patient safety and practice errors, and (3) high turnover rates have a negative impact on patient safety and healthcare outcomes.

There are several factors which negatively affect new graduate nurses. “Without TPPs or residences, stresses associated with the first year of employment, concerns about patient care, and feeling unsupported in their new roles often lead to high turnover rates in new graduates who are more likely than experienced nurses to resign within their first year of employment”( Nursing Executive Center, The Advisory Board Company, 2006). High turnover rates lead to outsourcing for temporary staff to fill vacancies. Having temporary staff affects the bond a patient would have with their nurse. Turnovers also impact the financial performance of companies. “The financial cost of losing a single nurse has been calculated to equal about twice the nurse’s annual salary” ( Hunt, 2009). Turnovers affect the quality of patient care, aid in furthering the nursing shortage and create stress for the nurses. The investments made in hiring a new graduate is lost by the hospital. Residency programs can help with turnover rates because nurses will be more confident and prepared to tackle real-life situations.

There is a growing concern about an expertise gap in nursing. As more experienced nurses will soon retire, the ratio of new graduates to experienced nurses will increase. Experienced nurses are needed to precept new graduates. “ In 2013, 53% of the nation’s working nursing workforce was 50 years or older, the impact of the expertise gap will be significant, as theses nurses retire and are replaced by new graduates” (Budden, Zhang, Moulton, & Cimiotti, 2013). TPPs will certainly assist in training new nurses to be equipped with skills they will need to deliver safe, patient outcomes. With the impending shortage of nurses in the United States, difficulties will arise when orienting new graduate nurses.

**Challenges to the Future of TPPs**

There are schools and employers that are supportive of implementing TPPs. The response towards these programs is reinforced by the IOM Report on the Future of Nursing. The push for TPPs highlights key message #2: Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. An improved education system is needed to ensure that current and future nurses can deliver safe patient care. While the debate about entry to practice has been taking place for over four decades, the competencies needed for one to practice have expanded. The increase in competencies has put pressure on education systems. “One step in realizing this goal is for a greater number of nurses to enter the workforce with a baccalaureate degree or progress to this degree early in their career. Moreover, to alleviate shortages of nurse faculty, primary care providers, and researchers, a cadre of qualified nurses needs to be ready to advance to the master’s and doctoral levels” ( IOM Report, 2011).

One of the most challenging aspects of the future of TPPs is an industry-wide expectation that all nursing schools prep upcoming nurses efficiently to practice as a registered nurse. It is unrealistic to think that this is possible but nurse leaders still have this expectation. “ Educators need to recognize the gap between academia and practice and seek opportunities to work with service to build bridges to close the gap” (Houston, 2017).

Another challenge is the need for standardization. From observation, every nursing school’s curriculum is set up differently. Some require courses that other schools don’t. With TPPs, the program should be standardized so there are no discrepancies in the education delivered . “Without standardization, the quality and expected outcomes of a program may be called into question. Also, programs that are not TPP or residencies, but are actually new hire orientations, may call themselves TPP, thus misguiding or misrepresenting themselves to a new hire” (Houston, 2017). A big obstacle to TPP is who will pay for it. In previous years, practice has been the payer. Many argue that hospitals no longer have the funds to accommodate the program as a result of decreasing reimbursement from insurance companies and Medicare. A funding source that has been untapped is the federal government. There is a national call for TPP to include shifting federal funds to nurse residencies.

**Conclusion**

TPPs are designed to provide new nurses with additional clinical experience to meet the needs and expectations of employers. This is done by bridging the gap between education and practice. TPPs should be a standard component of nursing education. As a result of TPPs, there would be lower turnover rates, improved safety, fewer patient care errors and nurses with strong clinical judgment. As a new graduate nurse, I would benefit greatly from this program so I can build on the skills I’ve learned in nursing school. Integrating TPPs nationally would steer the future of nursing in the right direction.

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