Empowerment of Graduate Nurses

Madison Gumpper BSN, RN
Lehigh Valley Health Network, Madison.Gumpper@lvhn.org

Rachel Hughes BSN, RN
Lehigh Valley Health Network, Rachel_N.Hughes@lvhn.org

Yekaterina Korotchuk BSN, RN
Lehigh Valley Health Network, Yekateri_A.Korotchuk@lvhn.org

Ashley Otto BSN, RN
Lehigh Valley Health Network

Follow this and additional works at: http://scholarlyworks.lvhn.org/patient-care-services-nursing

Part of the Nursing Commons

Published In/Presented At

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Nurse Residency: Empowering New Graduates

Rachel Hughes RN, BSN (CICU)
Ashley Otto RN, BSN (PCU)
Yekaterina Korotchuk RN, BSN (PCU)
Madison Gumpper RN, BSN (PCU)
By providing a 1 year Nurse Residency program to new graduate RN BSN, they are able to gain confidence and empowerment in order to provide the best care possible to their patients. We wanted to determine if there was a noticeable difference in new graduate RNs that did not participate in a nurse residency program.
What effect does a 1-year nurse residency program have on a new graduate nurses’ empowerment (confidence and interprofessional collaboration) in comparison to new graduate nurses not in a nurse residency program?
TRIGGER?

- Knowledge v. Problem
  - Process Improvement Data
  - New graduate hires that do not have their BSN are put straight to practice and left out of the opportunity to gain knowledge and empowerment from the Nurse Residency Program
EVIDENCE

- **Search Engines**: Dynamed, Cochrane, Pubmed, EBSCO CINAHL
- **Key words**: nurse residency, nurse residents, empowerment, confidence
- **Findings**: next two slides.
EVIDENCE

- Increase seen at 12 month survey in Clinical Decision making, organizational commitment, quality of nursing proformance and Job Satisfaction. (Bratt & Felzer, 2011)
- Job stress, feeling part of the team, individual competence, clinical knowledge and judgment improved by 12 month mark. Not much change from baseline and 6 month (Bratt & Felzer, 2011)
- Increased empowerment, higher access to opportunity, information and resources (Laschinger et al., 2013)
- Continuous increase in confidence at 6 months and 12 months (Beercroft, Pauline C., Kunzman, Lucy, Krozek, Charles. JONA 2001)
- Increase in ability to organize, prioritize, and communicate. Significant reduction in stress and increase in perceived level of control. According to preceptors, nurse residents had an increase in ability to resolve complex problems (Williams Et. Al)
EVIDENCE


- Casey-Fink Graduate Nurse Experience Survey© increased during the 12-month program, which indicated that nurse residents felt more confident during their first year of practice. Two of the subscales measuring confidence in participants increased over the duration of the program: (1) organizing and prioritizing and (2) communication and leadership. (Cindra Holland and Gail Moddenman. Transforming the Journey for Newly Licensed Registered Nurses. The Journal of Continuing Nursing Education, 2012)
New RNs 1 year post graduation are comfortable…..

- Communicating with physicians, patients and family members
- Delegating tasks to nursing assistants
- Organizing patient care
- Asking for help from other RNs
RESULTS

- New RNs 1 year post graduation feel.....
  - Encouraged from their management
  - Work is exciting and challenging
  - Supported by the members of their team on their unit
RESULTS

- Nurse Residents feel **overwhelmed** by patient care **responsibilities and workload**, expectations of the job are **not realistic**

- They feel that their work is **not acknowledged** by the organization and would look for **another job** if the economy was better
RESULTS

- Stress in personal life
  - **Student loans** was common among both groups

- **Nurse Residents**
  - Felt stress from **job performance**

- **Non-Nurse Residents**
  - Were also experiencing stress from **living situation, family support, and personal relationships**
RESULTS

- Transitioning from the “student” role to the “RN” role
  - Non-nurse residents felt the transition was difficult due to lack of confidence and fears
  - Nurse Residents felt the transition was difficult due to workload and fears
Concerns about nurse retention and employee satisfaction

- A common complaint we found among both groups were unsafe nurse to patient ratios and communication between management and staff about issues in the work place (taking action on problems)
Limitations in Our Research

- **The Non-Nurse Residency group (7)**
  - contained surveys from other hospitals in multiple states

- **Nurse Residency group (4)**
  - contained surveys from only 2 different units in LVHN, we would expand our surveys to those who participated in a nurse residency at a similar organization

- Most participants work 12-hour straight night-shifts only, we would expand our surveys to varying shifts

- 10 out of 11 participants were Female
Current Practice at LVHN

Currently at LVHN only new graduates with a Bachelors in Nursing Science can participate in the Nurse Residency program.
Practice Change/ Implications for LVHN

1) Allow all new graduate RNs to participate in the Nurse Residency program, both BSN and ADN degrees.

2) Offer a different Nurse Residency program specifically for new graduate RNs with an Associate Degree in Nursing with the same resources and content of the one offered now to BSN graduates.
Strategic Dissemination of Results

We would like to share the information with new/soon-to-be graduates so that when they are thinking about joining an organization, we can share with them the benefits of a Nurse Residency Program and all that they can gain from it.
Lessons Learned

Send out more surveys than you think you need, and put a deadline on to return by a set date.
References

Make It Happen

- Questions/Comments:

Contact Information:
Rachel Hughes RN, BSN
Rachel_N_Hughes@lvhn.org
IMPLEMENTATION

1. Process Indicators and Outcomes
2. Baseline Data
3. Design (EBP) Guideline(s)/Process
4. Implemented EBP on Pilot Units
5. Evaluation (Post data) of Process & Outcomes
6. Modifications to the Practice Guideline
7. Network Implementation