

Training and Retention: Establishing an Evidence-Based Transition to Specialty Practice

Program in the Emergency Department

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### Abstract

The purpose of this project was to create a more stable and evenly progressive experience for nurses transitioning to work in the Emergency Department (ED) environment. The plan for the project was to incorporate evidence-based scenarios into an established ED orientation program for those Registered Nurses (RNs). A orientation satisfaction survey and an intent to stay survey were administered prior to and after the intervention. A quality improvement design using the DMAIC (design, measure, analyze, identify opportunities for improvement, and control) was guided by Patricia Benner's Novice to Expert Nursing Theory. The goal was to reduce anxiety, feelings of not fitting in, and insecurity which would lead to increased job satisfaction and improved nurse retention. Survey data was analyzed using the Wilcoxin Signed Rank test. The test did not reveal a statistically significant increase. Multiple limitations were identified to this project process which were primarily related to the schedule adherence required by the project lead's education program. According to the DMAIC mode, the process will be adjusted and re-implemented with the changes incorporated. Cost of training new staff RNs and the morale loss in the department with frequent nurse turnover are costly to a facility. Dissatisfaction with the job contributes to dissatisfaction and disengagement, thus creating turnover. A well-devoped orientation program, which this will be when limitations are addressed, leads to increased confidence, comfort, and increased job satisfaction.

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Inexperience with the varied and often complex patients and situations which present in the Emergency department (ED) challenges a nurse transitioning from student to practitioner status and from non-critical care to the critical care environment. Boyer, Valdez-Delgado, Huss, Barker, & Mann-Salinas (2017) received a grant to develop and implement an evidence-based residency program to transition a nurse with non-critical experience into a critical unit. They demonstrated that an orientation and residency program designed specifically for a specialty unit resulted in improved transition to that specialty for staff, as well as increased nurse retention. A residency or specialty training program constitutes a contract between the employer and new-to-a-practice environment nurses. For nurses transitioning from a non-critical environment to a critical environment, a structured transition to specialty practice program (TSPP) creates defined activities and support and contributes significantly to the nurse's success (AL-Dossary, Kitsantas, & Maddox, 2014). A 2014 study by Choi & Boyle revealed that EDs had the lowest mean years of tenure in addition to the lowest scores for quality and resource availability, as calculated at a unit level and measured by the Practice Environment Scale of the Nursing Work Index. The authors identified the high patient throughput, lack of conventional patient associations, and protocol use as a structure that weakens nurse autonomy. On-boarding programs which include a residency program focused on the specialty care offered in that unit provides a safe environment for both the nurse and the patient while the nurse is acquiring new knowledge and skills (Boyer, et al., 2017). TSPPs are well-documented to help new-to-specialty nurses to build relationships, increase competence and confidence, and increase retention rates (Africa, 2017).

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### **Background**

The United States Department of Labor recognizes nursing as an occupation with a projected need of 437,000 nurses between 2016 and 2026. That is a projected increase of 15%, which is identified as being a “much faster than average” job outlook for job seekers (Bureau of Labor Statistics, 2017). In the years between 1994 and 2014, Emergency Department visits increased from 348 to 428 visits per 1,000 people annually (United States Census Bureau, 2014). That is an increase of 23% in 20 years, requiring increased staff to care for patients which makes reducing turnover and loss of nurses to the workforce is an increasingly significant issue. Nurses who are not properly transitioned into new roles vocalize feelings identified as associated with burnout, intent to change jobs (turnover intention), and a decrease in job satisfaction (Pineau Stam, Spence Laschinger, Regan, & Wong, 2015). While much of the focus for role transition in nursing is on newly graduated RNs, transitioning from lower levels of care such as a medical surgical unit to critical care, and especially the Emergency Department (ED) can be stressful and frightening. Tubbert (2016) discusses the need for resiliency in the ED because of uninhibited patient influx and unpredictable surges in acuity and volume. Nursing educators Walton, Lindsay, Hales, & Rook (2018) discuss their cumulative observations of nurse experiences during the orientation period, as extracted from the new nurses’ writing assignments. In doing so, the authors identify time management, lack of experience, lack of knowledge, and lack of confidence as self-recognized deficits. Boyer, et al. (2017) note that nurses are likely to repeatedly experience situations where they are once again starting over, such as starting in a new role within the same unit, or in a new unit; this transitioning can invoke those new graduate nurse feelings of inadequacy all over again. The authors recognize that a successful transition to a new area of practice includes experiential as well as simulation training. Turnover in hospitals,

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particularly in specialty units such as the ED, has significant implications across the facility. The unit suffers from the loss of experience and knowledge, which may result in a reduction in quality patient outcomes. Morale suffers when staffing is not stable. The organization suffers from expenses related to new hire orientations and diminished performance (Van Osch, Scarborough, Crowe, Wolff, & Reimer-Kirkham, 2018). Nurse training programs are costly, especially in critical care areas. Becker's Hospital Review (2016) identified an overall healthcare turnover rate of 13% annually. However, 43% of nurses leave their job within the first three years; with rates of 17.5% at one year and 33.5% at two years respectively. They cited the average cost of a nurse turnover as between \$36,000 and \$57,000 and annual cost to the average hospital at \$4.9 to \$7.6 million. Nurse turnover costs include the expense of using supplemental agency or overtime staff to fill the void until new staff is recruited and trained. It also includes the expenses of that recruitment and training. A training program such as a TSPP which decreases the orientee's isolation and feeling of being overwhelmed can contribute to reducing that turnover, and therefore institution expenses (Morphet, Kent, Plummer, & Considine, 2015).

### **Problem Statement**

Retention of new-to-specialty nurses is a common problem in EDs. Helbing, Teems, & Moultric (2017) cite 2014 Healthcare statistics of 14.2% turnover for nursing overall and 20.3% for ED nurses. Nurses new to the Emergency Department are subject to high levels of stress. These nurses are either transitioning from student to practitioner status, or from a lower level of care to a critical care status. Increasing acuity, high vacancy rates, and patients boarding in EDs add to staff dissatisfaction (Helbing, et al (2017)). Retention of trained ED registered nurses (RNs) is required, Strategies to lessen new-to-specialty staff's feeling of vulnerability and

inadequacy are urgently needed (Winters, 2016).

The project site is a 55 bed ED which serves as a gateway to a 450-bed acute-care hospital. The existing program provides an internship in which both new to the ED RNs and newly graduated RNs take a combined program of didactic education, simulation laboratory, and clinical preceptorship. Preceptors currently take a preceptor training course that is directed at nurse preceptors at all levels, across an urban six hospital system. The training consists of nine online modules, followed by a single four-hour classroom session. There is no training specific to the unique ED setting, and no training regarding a standardized progression of assignments for the preceptees. This results in newly hired ED RNs in the same cohort progressing at different rates and with different levels of understanding.

Once the RNs complete the internship program (12 weeks for experienced RNs who have not worked in the ED previously, 16 weeks for new graduate RNs), they complete orientation and are expected to function independently. While the team atmosphere in the ED is generally supportive of all members, it is difficult for clinical supervisors to address needs of new to the ED RNs coming in at multiple levels of functioning simultaneously. The RNs are relying upon whatever mentoring relationships they have formed independently while working through their preceptorships in the department. There is support within the general team framework, but it can be erratic depending upon how busy the shift is. Winters' 2016 study on the process of becoming and remaining an ED nurse highlighted the need to train preceptors specifically to the ED setting, and to allow new-to-ED RNs an opportunity to express frustrations and fears without judgment.

Registered Nurses who attend the internship program are required to sign a contract to stay with the department for at least one year and with the system organization for at least two

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years. There is still some loss of these new to the department nurses within that time, resulting in them being required (per their internship agreement) to pay back a portion of the program cost. The amount paid back when this happens does not cover the amount invested in that new hire and it is disheartening for the staff who had invested themselves in the new hires' training. These losses consist of both newly graduated RN hires and TSPP hires, but human resources reports a significantly higher loss among the TSPP RNs than from the newly graduated RNs before completion of the internship contract. Establishment of a TSPP that incorporates evidence-based practices (EBP) in preceptorship, support for nurses with self-doubt, and ongoing training will result in desired outcomes of increased nurse retention and job satisfaction, which equates to improved confidence levels, more independent function, and decreased vulnerability (Boyer, et al (2017).

### **Purpose Statement**

The purpose of this project is to create a more stable and evenly progressive experience for TSPP RNs who are newly hired to the ED. A TSPP program which encompasses training for preceptors specific to the ED, will include planned assignment progression through the clinical competencies required, and a timeline allotted for that progression would allow the preceptor to identify problem areas sooner. An action plan addressing those issues early would be formulated. The plan would also include training specific to ED and its function. The work flow for a medical surgical nurse looks much different than that of an ED RN, and education must be done to accommodate this variance. The goal of this TSPP is to provide structure to the ED orientation process and allow new to the ED RNs to expand their knowledge base and clinical skills in a manner appropriate to the environment so that they are retained through the length of their employment contract and beyond. To accomplish this the training program for transitioning

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nurses will be redefined and separated from that of the newly graduated RNs.

### **Project Question**

Will implementing an ED specific structured orientation program designed to transition new to ED RNs to independent practice result in increased retention and decreased anxiety (as measured by an intent to stay survey) when compared with those RNs who did not participate in a defined transition program over their first year of employment?

### **Project Objectives**

The primary objective is to create and implement a TSPP program which adapts content from this hospital system's existing didactic and simulation training program for newly graduated RNs and adds ED-specific preceptor training, progression of assignments, and continued support and mentoring of new-to-ED RNs who are transitioning from a lower level of care within the length of this project; approximately two months.

#### **Objective One:**

Develop a TSPP in the ED that addresses structured interval increases in responsibility levels and provides a support system for the transitioning RN utilizing content from the existing ED RN internship program adapted to a format that is effective for RNs who have experience in the acute care setting.

#### **Objective Two:**

Improve RN retention of nurses in the ED (expressed in the form of stated intent to remain at the completion of the project) to build seasoned staff from inexperienced in ED staff, and new mentors from those previously mentored.



## **Review of Literature**

### **Coverage and Justification**

The literature search was completed using Academic Search Complete (EBSCO), CINAHL Plus with full text, Science Direct, OVID, Google Scholar, and Health & Medical Collection. Search terms included transition to specialty practice, nursing progression, transition programs, new to critical care, and emergency department. Articles that were published after January 1, 2013, are in the English language, and peer-reviewed were considered. Excluded were articles which gave the author's descriptive review of elements of a successful program without describing methods used to measure success, those that used a small sample size without explanation of the limited quantity of participants, those that addressed new graduate nurses, and those that were generalized to other staff members (such as respiratory therapists) and were not solely focused upon nursing.

### **Review Synthesis**

Starting work in a new area of nursing is stressful; moving from clinical expert in one area to novice in a new area is a challenge to the most confident RN. A literature review reveals that while much is written regarding successfully moving the newly graduated nurse from student to a fully functioning nurse, the studies focused upon the transition from a medical surgical or other non-critical area to a specialty practice, such as the ED, are not as common.

### **Factors for a Successful Transition to Specialty Practice Program**

The articles reviewed fell along several lines of discussion; first was general discussion on the impact and success of TSPP programs. Africa (2017) addressed a common theme; the characteristics that typify the successful program content. These include communication, preceptorship, mentorship, time management, and outcomes. Also, key according to the author,

are resource allocation, stakeholder buy-in and continued program support, a plan to evaluate the process and outcomes, and for continuing the program beyond the initial effort. Africa discussed the potential for accreditation of the residency program, which would help to standardize processes. Accreditation is available through the Commission on Collegiate Nursing Education (CCNE) and the American Nurses Credentialing Center (ANCC).

### **Required Characteristics of Emergency Department Nurses**

Another theme in the review of the literature spoke to the characteristics required in ED work, and the difficulty in recruiting, training, and retaining staff where the nature of the broad knowledge requirements and the lack of relationship development with patients results in staff burnout (Morphet, Kent, Plummer, & Considine, 2016). ED has had and continues to have the highest level of turnover among nursing service areas, along with behavioral health (NSI Nursing Solutions, 2017). Winters (2016) and Glynn & Silva (2013) spoke to the qualities needed for the RN working in the ED, and the necessity of training the preceptor specifically for the work in that area. Tubbert (2016) also reviewed the resilient characteristic of the ED RN and recommended including coping strategies in training for new-to-ED RNs.

### **Newly Hired Nurses' Perceptions**

Nurses who have completed the ED Internship program who are now functioning in the ED environment in an independent manner were interviewed. Nine nurses who had previously worked in either a medical/surgical unit (six), an intermediate care unit (two), or in a jail (one) prior to coming to the ED were included. Of these, five felt their internship experience was inconsistent and if their "regular" preceptor (he or she who had been assigned) was not present for some reason, the substitute would fill in with orientation to whatever events were occurring that day, but it did not necessarily fall into line with what they had already been learning. The

newly hired RNs felt the substitute preceptor took them out of sequence, and while they did learn that (those) days, it was generally felt to be lost time. In addition, two RNs stated they felt the preceptor was “not really very good at teaching,” and sometimes was not receptive to questions from the RN who was learning.

The nurses, when speaking together and comparing their experiences along the way, also found that their preceptors had varying expectations regarding how fast they should progress in their assignments. For example, one RN told me he had been taking “three or four” patients within about three weeks of starting the 14-week internship, but when he spoke with another RN in the same group she was caring for two patients. He stated that he felt it was beneficial to be “pushed a little harder” as it was the organization of the ED work flow that was new to him and not taking care of patients.

Unanimously, the nurses felt that the largest learning curve for them had been to move forward out of “task mode” – “the doctor writes an order, I carry it out,” into the critical thinking mode of the ED. One RN voiced it as “This patient has just come in; the doctor is busy and will not see her for a while. What should I be anticipating, and can it wait for the doctor to be available?”

### **Limitations and Further Investigation Needed**

Despite the consensus that a standardized and specialized training system is needed for a TSPP which focuses on training and retention of new-to-ED RNs, there is still further research needed on just what that program should look like. Programs vary in length, and there is no defined length of time that would be “right” for the training. There is a requirement for ED nurses to have a broad base of knowledge and critical thinking skills, but there is not a consensus on how to train for that critical thought process.

### **Review of Study Methods**

Dawson, Stasa, Roche, Homer, & Duffield (2014) reported a qualitative study which gave nurses' interpretation of successful and unsuccessful supportive strategies that impact nurse turnover. Another study by Helbing, Teems, & Moultrie evaluated nurse satisfaction in the ED. Statistics which identifies characteristics and skills that make a critical care nurse successful. This type of qualitative data can add to the body of knowledge and guide in decisions about priority for what to include in a TSPP, and what to exclude. Morphet, Considine, & McKenna (2011) compiled an early literature review which evaluated existing evidence about TSPPs. Several of the study discussions speak to the authors' conclusion as to the positive impact that a strongly formatted program for training has upon recruitment, retention, and job satisfaction (Madhuvu, Plummer, & Morphet, 2017; Cochran, 2017; Gohery & Meany, 2013).

### **Significance of Evidence to Profession**

The studies chosen for inclusion include those discussed below by Morphet, et al 2015, 2016). There are several articles addressing successful transition programs to other critical care areas. For example, a study by Boyer, Valdez-Delgado, Huss, Barker, & Mann-Salinas (2017) reviewed an attempt to apply a program that had been deemed successful in transitioning staff to a burn care unit to transition to other critical units. Nelson-Brantley, Park, & Bergquist-Beringer (2018) spoke to the lower turnover rates that are generally associated with a well-formulated TSPP. Many of the studies were qualitative, measuring characteristics such as intent to stay (with the organization). Some were quantitative, with evaluation of recruitment response changes after introduction of a formatted onboarding program.

Several of the articles identified focus on the transition to specialty practices other than the ED; areas such as the intensive care unit, or a burn unit for example. Parallels can sometimes

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be drawn between these transitions and the critical environment of the ED in terms of new staff anxiety, learning curves, and unit acceptance and support. One group of writers in Australia have quite a few articles and studies specific to the move from medical surgical floors and similar care areas to the ED (Morphet, Kent, Plummer, & Considine (2015). These articles identified components of a successful transition program and evaluated the impact on professional development, recruitment, and retention.

### **What is Known**

Among the 42 articles reviewed, the theme was that a formatted onboarding process results in nursing staff who are more comfortable when their internship program comes to an end. There is a clear consensus that a well-planned progression of assignment, with preceptors who are trained to teach with specificity to the area in which the trainees will work result in greater confidence in the newly hired nurse, as well as more independent function. Training for the preceptors specific to the area in which they work also results in better outcomes for the orientees.

### **Theoretical Framework**

Theoretical framework in nursing offers a method of relating idea about nursing practice and aids in developing nursing knowledge to support that practice (Mattney, Avant, & Stagers, 2016). Merriam-Webster (2018) defines wisdom as a combination of attainment of knowledge through experiences of life, understanding, and judgment. Nursing theory attempts to bring consistency to the application of wisdom in nursing; to put structure to the relationships within nursing constructs (Mattney et al., 2016).

Dr. Patricia Benner is a Professor Emerita in the Department of Social and Behavioral Sciences in the University of California, San Francisco. Her model describes the progression

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through stages of professional growth (Institute for Healthcare Improvement, n.d.) Benner's theory concentrates on the way nurses learn, rather than how one becomes a nurse. She asserts that expert nursing status is possible through experiential learning without ever learning the theory behind it. Learning is achieved through a combination of education and experiences (Nursing Theory, 2016). Benner used the Dreyfus Model of Skill Acquisition as the model for her work. The Dreyfus Model was formed when the researchers observed individuals in various occupations (airplane pilots, chess players, tank drivers) and noted that most of their learning was experiential. They identified five stages through which the learners passed as they progressed from beginner to professional.

The Dreyfus model portrays progression through professional development as “a theoretical continuum of skill acquisition,” as the learner moves through stages from a novice to an expert status (Lyon, 2015, p. 89, ¶ 3). The novice acts in a manner that strictly follows direction and focuses on tasks without understanding of the overall objective. As the student passes through the stages of advanced beginner, competent performer, and proficiency more concepts are understood and interest in outcomes as a result of actions develops. In the expert stage actions become more intuitive, with activities that are performed without conscious thought as a result of experiential learning (Lyon, 2015).

Benner correlated the Dreyfus model to the learning of nurses and identified that the progression of skill in a nurse depended upon both education and exposure to learning situations. Her model can be applied to many fields where expertise is learned in a cumulative fashion over time.

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### **Major Tenets of Theory**

Dr. Benner's stages of clinical competence are described as follows:

#### **Novice**

A novice is a beginner; a student, a newly-graduated nurse, or possibly a nurse new to an area. Lacking foresight into potential outcomes and having limited ability to have insight into clinical situations, the novice must be carefully supervised. As there is no perspective on the overall objective, specific rules must be identified (Lyon, 2015). Potential exists for missing significant clinical symptoms because of lack of exposure to those symptoms (Nursing Theories, 2011).

#### **Advanced Beginner**

This nurse now has education but has little to no experience upon which to base clinical decisions and still has great risk for not recognizing an unstable clinical situation. There is some recognition of similar situations previously experienced and the nurse may begin to tie new situations to that previously experienced (Lyon, 2015). A newly graduated nurse or a nurse new to an area could also fall into the advanced beginner category. A nurse who has participated in an internship program but has little to no experience practicing independently is also an advanced beginner (Nursing Theories, 2011).

#### **Competent**

Beginning to gain some experience, the competent nurse may see patterns that are developing or deterioration that is occurring. Increasing experience in situations and the rate at which the exposure occurs influence how quickly development occurs (Lyon, 2015). This nurse is beginning to develop organizational skills and the ability to identify when events do not fit the pattern (Nursing Theories, 2011).

**Proficient**

The proficient nurse is now becoming more alert to patterns and can adjust planning and treatment to the changing scenario (Nursing Theories, 2011). Some intuition is applied in relation to previously experienced situations and decisions are made based on previous results and the desired outcome (Lyon, 2015).

**Expert**

The expert nurse makes plans and acts after analysis of the situation. She is responsive to individual need and can understand a situation based on experience. While the situation may not replicate one previously experienced, the expert can decide upon action and reach conclusions based upon intuition of the actions that will produce the desired result (Lyon, 2015). The expert nurse prioritizes activities and addresses situations with relevant actions (Nursing Theories, 2011).

**Application to Current Practice**

Benner's theory from novice to expert is easy to apply and is well-known to nursing educators. Benner's continuum of stages of knowledge expresses the idea that skilled nurses develop proficiencies and comprehension of patients and their condition over time by becoming educated and applying that education to experiences (Nursing Theories, 2011). An interesting twist on this theory is the fact that the new to critical care nurse may move from expert in her previous field to a novice or an advanced beginner in the ED.

Patricia Benner's Novice to Expert Theory is timeless. Larew, Lessans, Spunt, Foster and Covington (2006) describe use of Benner's theory in the development of a program of interactive care using simulation. Similarly, Thomas and Kellgren (2017) use Benner as a model both for student growth and for facilitator growth from novice to expert. The authors note that a

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beginning instructor may have knowledge of theory related to learning and teaching, they lack the expertise to apply simulator methods. The advanced beginner will probably be able to apply one technique. As the facilitator gains experience and skill, the ability to choose from a variety of methods will grow. The expert facilitators, note the authors, should assist the novice facilitators and the novices should have limited tasks assigned to them.

### **Application of Theory to the DNP Project**

Dr. Benner's novice to expert theory applies to the nurse participating in a TSPP. The nurse who was once expert, or at least proficient on a medical surgical unit is once again a novice. This nurse may come in as an advanced beginner but may have some competent qualities as well. The new-to-a-specialty nurse brings some "knowing" with him or her as he or she has cared for patients and had observation of patient situations. While this nurse can expect to experience many new events and even need to think in a different way, she will also recognize trends she has experienced in the past. Characteristic of a novice nurse, however, he or she may not initially understand how to apply the theory to situations with which he or she is confronted (Thomas & Kellman, 2017). With the assignment progression, the nurse will progress in critical thinking and learn to anticipate the activity that is unique to the ED setting.

A common situation the ED RN will face is the patient presenting with dizziness. A novice nurse will wait for the provider to examine the patient, then follow the orders. An advanced beginner will get an intravenous line and draw the blood, knowing this will be a part of the workup. A competent RN would think about what else the provider might order but wait for the orders to act further. A proficient nurse would enter protocol orders for the patient if the provider is delayed. An expert nurse would assess the dizziness, keeping differential diagnoses in mind (a neurological assessment, orthopedic vital signs) and ask the delayed provider for

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orders appropriate the patient condition (medication such as meclizine, a computer tomography scan, or an intravenous fluid order).

### **Novice Nursing in the Emergency Department**

The purpose of this project is to focus on nurses who have transitioned from other units to the ED. Nursing students in the ED are generally seniors completing their senior practicum and are approaching the advanced beginner stage. Novices in nursing education in the practice site begin their clinical program on the rehabilitation or medical-surgical units. There they perform basic nursing tasks such as assisting with activities of daily living and taking vital signs.

### **Advanced Beginner in the Emergency Department**

The advanced beginner is a RN who has recently graduated from school or a RN who has transitioned from another unit. These RNs have nursing knowledge and skills however they lack experiential training in the ED environment. Therefore, as mentioned above, these nurses require direct supervision from nurse mentors who are assigned to precept them. The mentors/preceptors will evaluate their knowledge, skills, and attitudes to determine the competency levels of the advanced beginner and provide the ED experiences required for the transferring RN to gain experiential training.

### **Competent Nursing in the Emergency Department**

The newly transitioned ED nurse who has moved from a non-critical environment may or may not reach a competent state at the end of the three-month internship period. Those RNs who have previous experience in the emergency arena, perhaps as a first response provider or as an ED technician may progress more quickly. A transitioning RN who has several years in the inpatient setting may also progress more quickly; alternatively, this nurse may struggle more to develop the critical thought process that is unique to the ED setting. The mentor/preceptor will

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need to adjust teaching strategies to the progression of the individual nurse.

### **Proficient Nursing in the Emergency Department**

The newly-transitioned nurse in the ED will not be expected to reach the proficient stage in the term of this project. This nurse has the experience to apply judgment to situations and anticipate outcomes. Proficiency in an ED nurse is expected to require approximately a year of ED experience. Often more experienced nurses in the ED team with the advanced beginner to create an enthusiastic and clinically competent dynamic.

### **Expert Nursing in the Emergency Department**

The expert nurse is intuitive in action and anticipatory in care. An expert ED RN is a partner with the medical provider in providing well-rounded care, bringing attention to a patient in crisis, calming patients and families in anxious states, and practicing conscientious patient and family-centered care. This nurse teaches those for whom he or she is caring and mentors ED staff who are new to the department. He or she acts as a community partner with first responders as well as a conduit to ongoing care in the inpatient setting.

### **Project Design**

A project design provides structure and organization to the ideas, interventions, and processes that make up the project. The design encompasses the vision and problem statement, the resources needed, the defined goals and the strategies to achieve them, the plan for evaluation, and financial implications (ProjectManager, 2018). This DNP project will use a quality improvement (QI) design that will be used to define, measure, analyze, improve, and control (DMAIC) model. This process was designed for facilitation of change and is commonly used in Six Sigma and Lean process improvement projects (Moore & Stichler, 2015).

The goal of –this DNP project is to increase retention of ED RNs who have transitioned

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from another area of an acute care facility with at least one year of acute bedside experience. To achieve the goal, a module will be added to the orientation process for ED RNs who meet TSPP criteria. The module will consist of two four-hour sessions; the first will include a PowerPoint presentation (Appendix A) which will describe the transition process and the goals of the module and the second session will include scenario practice to facilitate the change in the transitioning RNs' practice in the new role as an ED nurse. For the purpose of project completion, timing of the existing program dictates that the module be utilized for participants in the ED orientation that has just been completed on December 14, 2018. For ongoing TSPP groups the two four-hour sessions will be assimilated into the 12-week orientation framework that already exists, so as to incur no additional orientation expenses.

### **Define**

Define is an identification of success measures (goals), which could be a certain level of quality or type of result (Moore & Stichler, 2015). The desired outcome for this project is an increase in successful transition to the ED for nurses who had at least one year of acute nursing experience in another area. Success is defined by increased retention, increased job satisfaction, and decreased job-related anxiety for the TSPP RNs.

### **Measure**

Measure is a determination of the baseline and a decision as to how the results will be calculated (Moore & Stichler, 2015). An intent-to-stay survey (ITSS) (Appendix B) will be administered prior to and following the intervention to evaluate success.

### **Analyze**

The analysis process is an assessment for improvement opportunities. This may identify underlying issues in other processes or parts of the established process (Moore & Stichler, 2015).

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Information comprising the project findings will be determined from an analysis of the intent-to-stay surveys as well as from the end-of-orientation surveys (Appendix C) completed through the ED orientation process, and interviews with TSPP RNs who have previously participated in the ED orientation program, both successfully and unsuccessfully.

### **Improve**

To create improvement, -identification of creative solutions, -redesigning the relevant processes to achieve the goals, and -implementing the change are important (Moore & Stichler, 2015). The project lead collaborated with the project mentor and project content expert to develop a plan for improvement which includes development of a learning module which is specific for newly-hired ED RNs -that will be transitioning to the ED (Appendix A).

### **Control**

Measurement of the improvement and reporting of the results will create the control. If necessary, the improvement project may loop back to the second step, measure, and repeat the following three steps (Moore & Stichler, 2015). In the future, clinical supervisors and preceptors may offer valuable verbal and/or written feedback from a new ED RN staff to determine if the process is continuing to work. The pre and post -implementation results of the ITS survey will be compared to determine if the ED RNs participating in the training modules will identify an increase in self-confidence and a decrease in anxiety surrounding clinical performance in the ED.

### **Population of Interest**

The population of interest for this DNP project is the transitioning RN in the ED internship program. From those who have completed the ED orientation successfully there are eight nurses who meet TSPP criteria. These nurses most often come from the medical-surgical environment but may have varying levels of experience working in intermediate care or in a healthcare environment outside of the acute care hospital (rehabilitation, sub-acute care, clinics, or prison nursing are

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common). The ED is a unique environment, which requires a change in nursing practice in terms of pacing and function (Cohen, 2017). The exclusion criteria is newly-hired RNs in the ED which are newly graduated and those with less than one year of acute bedside experience.

### **Stakeholders**

The stakeholders of this project will include preceptors working with the TSPP RNs. Additional stakeholders will be the ED Director (EDD), the Chief Nursing Officer (CNO), and all ED staff. All ED staff are stakeholders because of the team work environment.

### **Setting**

The project site is the ED within an acute-care hospital in Southern Nevada. The ED has 55 beds and includes an adult and a pediatric division. Nurse to patient ratio is generally one to four, which is variable at times based on volume and acuity. Permission for use of this site was obtained from the EDD and the CNO (Appendix D and E).

### **Recruitment Method**

Since this is a QI initiative, all nurses working on the unit who fit the TSPP criteria will be included in this DNP project. The newly-graduated RNs, or those with less than one-year experience will be excluded, as will RNs with previous ED experience. As the education module is mandatory for the TSPP RNs, education sessions will be provided to staff while they are on duty.

### **Tools/Instrumentation**

#### **Intent to Stay Survey**

The Intent to Stay Survey (ITSS) will be used pre and post implementation. An ITSS will be collected twice; once prior to participation in the TSPP participation and once upon completion (Appendix B). An ITSS is a reliable predictor of turnover/retention for staff (Matthias & Benjamin, 2005). The tool that will be used was developed by Ya-Ting Ke (2017)

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for the study upon which her article Predictors of Nurses' Intent to Continue Working at their Current Hospital." Permission to utilize this survey has been received from the editorial coordinator of the journal, *Nursing Economic\$* (Appendix D).

### **End of Orientation Survey**

Post implementation, the ED RNs participating in the TSPP will be administered the End of Orientation questions (Appendix D). The orientation survey is a six-question document currently given at the completion of ED orientation, as part of the established program. Permission to use this document to retrieve data specific to the TSPP RNs is received from the system ED Education Director (Appendix F).

### **Data Collection**

Data collection will be completed before and after the TSPP implementation and will involve the administration of the ITSS pre and post implementation. Post-implementation of the intervention and end of orientation questionnaire will be completed by the ED RNs. Survey pre- and post-intervention data will be collected from the same nurses to compare changes in responses pertaining to job satisfaction and intent to stay.

An Excel spreadsheet will be used to record the data. The data will be input into the Statistical Package for the Social Sciences (SPSS), the software program developed by IBM to analyze statistical data. The paired sample t-test (Wilcoxon test) will be used to compare the values obtained in the repeated ITSSs.

### **Intervention/Project Timeline**

The project timeline is four weeks. The timeframe includes implementation of the project intervention, data collection and analysis/interpretation. The project implementation will start at the beginning of DNP III. Project approval will occur at the end of DNP II.

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Working a timeline can be ticking off of completed tasks, noting milestones, and assessing for meeting of deadlines (Bemker & Schreiner, 2016). For this DNP project, the plan is as follows:

**Week 1: Carry out**

- Update ED leadership on plan to assist this group in transitioning to ED RN functions.
- Ascertain and approach RNs who have recently completed ED orientation program and who meet TSPP criteria.
- Make introductory PowerPoint presentation available to RNs.
- Administer ITS survey to participants.

**Week 2: Carry out**

- Schedule opportunities for each RN to participate in advanced ED simulations.

**Week 3: Collect Data**

- Re-administer ITS survey.

**Week 4: Evaluate the Project****Ethics and Human Subjects Protection**

According to the Agency for Healthcare Research and Quality (2013), a QI initiative is the method most often used in healthcare settings to initiate improvement in quality of care. The Belmont Report defined the basic principles which define ethical treatment of humans when conducting research (HHS.gov, 2016). The following project is a QI initiative and will likely not require IRB review. Permission was granted to complete the project at the project site. The required institutional review board (IRB) forms will be submitted for review to remain compliant with the Touro University Nevada IRB.

The benefit of participation in this project include improved confidence in transitioning

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RNs, which will result in increased job satisfaction and improved staff retention. The participants will receive their hourly rate while participating in this project and will not receive any additional compensation. The participants in this project will have already completed their ED orientation, thus some of the information utilized for comparison will be retrospective, thus not putting the participants in any jeopardy. Data collected will be viewed only by the project lead, project mentor, and content expert. While completion in the project as a whole may be general knowledge, individual performance will be kept confidential and survey and response data will be de-identified. Once the project is complete, data will be retained by the ED manager, and disposed of securely when it is no longer needed. There is no risk to the participant in this project.

#### **Plan for Analysis/Evaluation**

Assessment of the impact on retention will be gauged to use of the ITSS, and through interviews with the participants. Pre- and post-intervention data obtained from the survey including intent to stay in the same department, intent to stay in the same facility, and intent to stay with the same organization will be assessed using the paired t-test (Wilcoxon Rank) using SPSS software. Should results be insufficient for completion of this analysis the Mann-Whitney test will be used as a non-parametric alternative. Data analysis will determine whether the nurses have improved confidence and comfort in their new role, thus contributing to longer nurse retention for the employer.

#### **Significance and Implication for Nursing**

The shortage of nurses to work at the bedside, particularly in critical areas that require specialty training such as the ED, is well-documented. Retention of trained nursing staff, and especially lack thereof, has tremendous implications for hospitals and patients. The cost of

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sending staff through an extended orientation program and having them choose to leave the position results in decreased quality outcomes, financial burden, and decreases in employee morale (Van Osch, Scarborough, Crowe, & Wolff (2017). Multiple studies have identified that moral distress, lack of empowerment, lack of managerial support, and quality of care issues contribute to nurse turnover (Cowden & Cummings, 2011; Laschinger & Fida, 2014).

The struggle for TSPP RNs to adapt to a new learning environment and to engage as novices again creates anxiety and lack of confidence. Introduction of a module designed to facilitate that transition will assist them to grow their new skills and become confident members of the ED team.

### **Analysis**

#### **Analysis of Implementation Process**

The aim of this DNP project is to increase retention of ED RNs who have transitioned from another area of an acute care facility with at least one year of acute bedside experience. The initial concept for this project was to imbed the focused TSPP training in the structure of the existing nine-week new-to-ED training program, thus diverting hours from that allotted time to allow for additional ED simulation education for nurses with experience outside of the ED setting. Because the time restrictions of the project course did not coincide with the once-per-quarter offering of the ED program, this approach was not possible. The implementation had to be adapted to fit within the structure of the DNP program. This change had two major impacts: the training for the TSPP RNs took place after they had already spent approximately three months working on the unit, and it resulted in an additional cost outlay as the hours required for the nurse participation were now outside of the previously allotted training period. This cost outlay was approved by administration for this one time only initial offering. Administrative

challenges aside however, the participation of all eight of the graduates from the December ED orientation did participate. Each attended a simulation session followed by a general debriefing session.

The desired outcome for this project is an increase in successful transition to the ED for nurses who had at least one year of acute nursing experience in another area. Success is defined by increased retention, increased job satisfaction, and decreased job-related anxiety for the TSPP RNs.

**Analysis of Data**

**Demographic Data.** An examination of the demographic makeup of the TSPP group showed that most of the transitioning nurses were fairly young in age and in terms of their career longevity. Only one RN who transitioned was aged 41 or greater. The group contained a mixture of associate and baccalaureate degree nurses, most of whom had hired on with the hospital system specifically to begin working in the ED. Two of the eight RNs (25%) had transitioned from a position in another department in the organization. Of note, three RNs in the group stated in commentary that they had either already enrolled in or planned to enroll in a graduate nursing program soon.

		Age Group			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-25	4	50.0	50.0	50.0
	26-40	3	37.5	37.5	87.5
	41-55	1	12.5	12.5	100.0
Total		8	100.0	100.0	

**Time as RN**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	less than or equal to 5 years	5	62.5	62.5	62.5
	greater than 5 years, less than 10 years	2	25.0	25.0	87.5
	greater than 10 years	1	12.5	12.5	100.0
	Total	8	100.0	100.0	

**Nursing Degree**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Associate Degree	5	62.5	62.5	62.5
	Baccalaureate Degree	3	37.5	37.5	100.0
	Total	8	100.0	100.0	

**Organizational Employment**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Newly Hired	6	75.0	75.0	75.0
	less than one year	2	25.0	25.0	100.0
	Total	8	100.0	100.0	

**Intent to Stay.** The information pertaining to intent to stay was analyzed using the Wilcoxon Signed Rank Test. This test is performed as a repeated measurement when the same group is measured on two different occasions (Pallant, 2013). In this case, the eight TSPP RNs completed the same survey prior to participating in the focused education and after completing it. Results indicated that there is not significant difference in either intent to stay with the hospital ( $p = .351$ ) or in intent to stay with the organization ( $p = 1.000$ ) after the intervention. There was a mean difference in intent to stay at the hospital was  $-.125$  with a 95% confidence range from  $-.421$  to  $.171$ . There is no mean difference in intent to stay with the organization.

**Paired Samples Test**

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Stay with Hospital - pre - Stay with Hospital - post	-.125	.354	.125	-.421	.171	-1.000	7	.351
Pair 2	Stay with Organization - pre - Stay with Organization - post	.000	.535	.189	-.447	.447	.000	7	1.000

**Discussion of Findings**

The aim of this project was to increase retention of nurses who were transitioning to the ED. Research confirms that nursing engagement, which is impacted by such factors as management engagement, lack of tolerance for bullying behaviors, and facilitation of conduct and training that enable good nursing care contribute to nurse engagement, and thus nurse retention (Tillott, Walsh, & Mochsm, 2013). For the purpose of this project, increased anticipated retention was expressed via an intent to stay survey. The survey was administered twice to assess for changes pre- and post-intervention.

Analysis using the Wilcoxon Rank test following the project implementation did not demonstrate a statistically significant impact ( $p = .351$ ) upon the participants’ intent to stay with the organization. This outcome may have been impacted by the small sample size of eight participants. Faber and Fonseca (2014) identify sample size as having an ability to influence significance of results, by either magnifying an issue identified in one case and magnifying it or missing an issue because the sample size is not proportionate to the intervention.

The final question on the ITSS offered participants the opportunity to offer constructive comments on any issue not covered directly by the survey questions, but which they felt impacted the success of their orientation program. Four of the eight (50%) TSP participants commented on initial course content which was expressed as “for new grads,” and “too basic.”

Other relevant critique stated that classroom time (“lectures”) played a more significant role than necessary (2 participants / 25%), and that more consistent clinical direction would be helpful (1 participant / 12.5%).

### **Significance**

The project significance to nursing centers on experienced nurses who are transitioning to a specialty practice. Literature has long identified that a structured preceptorship for newly graduated RNs facilitates stronger nursing confidence, increased confidence, improved knowledge foundation, and familiarity with departmental and facility policies (Murphy, 2017). Less attention has been paid to facilitate the growth experience for nurses who are not newly graduated but are rising to a higher level of care and, in the case of the ED, an entirely different method of practice.

This project incorporated focused education for the nurses transitioning to a specialty practice. Using simulation techniques, the TSPP RNs participated in practice sessions designed to highlight the difference in expected nursing actions in the ED setting from those in an inpatient or non-critical setting. Shin, Park, and Kim (2014) demonstrated through a mega-analysis that the use of simulation in clinical education promotes effective learning and facilitates psychomotor improvement in post-education analysis. The educational information will impact transition to a specialty practice, comfort, confidence, and support in their new area of practice. Such interventions may increase job satisfaction and positively impact nurse retention.

### **Limitations**

There were several limitations associated with this project. The first limitation was related to the time frame to complete the DNP project. The allotted time frame was four weeks, the timing of which were determined by the school calendar. In itself, this was not an issue. The

limitation existed in the fact that the timing for the school project did not correlate with the project site's established orientation. The original plan was for the intensive simulation sessions to take place within the time frame already allotted to the orientation process, thus assisting the nurse in transitioning successfully in the ED practice arena. To fit within the timeline required for implementation the program participants or TSPP group used were from the most recently completed orientation group (December 2018). This group had already worked on the assigned home unit for nearly four months at the time the intervention took place. In addition, the group had completed orientation and were contributory members of the unit workforce. Effectiveness of the intervention was limited and did not provide results that indicated a significant difference.

A second limitation of this project was that the TSPP group results may have also been impacted by the small sample size. Eight nurses participated from start to finish. All eight RNs were employed at the project site. Had the structure of the project allowed the implementation to occur in an active orientation setting, the group would have included TSPP RNs from across the hospital system to participate. This would have resulted in a much more robust group.

The goal of this project is to increase retention of nurses transitioning to the ED. Lastly, a third limitation of this project was that additional time is needed to determine if retention of nurses was successful. The intent to stay survey was utilized in this project in an attempt to determine whether training focused on acclimating the transitioning RN to ED nursing practices improves job satisfaction and performance, thereby improving retention rates.

### **Dissemination**

The dissemination of this project will include a formal presentation of the project to Touro University Nevada nursing faculty and students as part of the requirements of the program. The project results will also be disseminated to the practice site nursing leadership,

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hospital administrators, and to the ED staff through a series of meetings. The information will also be shared with the system-wide ED high-reliability unit (HRU), which meets monthly. An abstract/ poster presentation can be submitted for review to the Emergency Nurses Association for inclusion in the Fall Regional Symposium. This event is focused upon best practices and will be held on November 8 and 9, 2019 in Milwaukee, Wisconsin. The project will also be submitted to the Doctor of Nursing Practice Repository.

### **Sustainability**

The leaders at the project practice site have stated intent to utilize the training developed for this project with the next group of TSPP RNs. With the next incarnation of implementation, training for the TSPP RNs will be implemented according to the original plan. As discussed in the limitation section of this paper, implementing the training during the orientation process will be more appropriately timed for the participants' learning process and not incur further costs to the facility. The outcome of this implementation will be reviewed by the ED HRU. If it is judged to be effective, the HRU will create a plan to put the program in place across the health system.

### **Conclusion**

Registered nurses are critical to the care of patients and to healthcare organizations. Turnover of nurses is costly to the organization, particularly after investing in an extended orientation process (Gellasch, 2015). Dissatisfaction with the job contributes to disengagement and nursing turnover. A well-developed orientation program leads to increased confidence, comfort, and increased job satisfaction.



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Appendix A

# Transition to Specialty Practice Program

Sally Adams, MSN, MBA, CNS-BC, APRN, RN  
Touro University Nevada

## Who are the participants?

- ▶ Participants will meet the following criteria:
  - ▶ Newly -hired RNs in the ED
  - ▶ At least one year of acute care experience

## Why was this program created?

- ▶ The ED work environment requires adaptation in both thought and function for nurses with experience in other areas in the hospital.
  - ▶ Independent thought
  - ▶ Evaluation of evidence and information
  - ▶ Consideration of consequences of action
  - ▶ Confidence in decisions
  - ▶ Pertinent questions
  - ▶ Curiosity
  - ▶ Rejection of information that does not fit

Cohen, 2017

## Characteristics of an ED RN

- ▶ Urgency
  - ▶ Recognize a problem
  - ▶ Know what to do
  - ▶ Know when to do it
  - ▶ Know how to do it
  - ▶ Know why it is needed
  - ▶ Know resources required

Cohen, 2017



## A day in the life (of an ED RN)

- ▶ Requires constant re-prioritization as new patients present, treatments are required for ongoing patients, and dispositions are made
- ▶ Recognize when care for an individual patient must have increased attention, or when more resources are needed
- ▶ Identify when coordination of care is required for safe discharge
- ▶ Initiates protocols for treatments when the department is backed up
- ▶ Displays curiosity:
  - ▶ Does the story match the situation?
  - ▶ Were any elements of care missed?
  - ▶ Is there exposure to a dangerous element?

## Simulate actions

- ▶ Practice cases
  - ▶ Patient presentation
  - ▶ What questions would you ask?
  - ▶ What differential diagnoses are you considering?
  - ▶ Is this a patient who needs to be evaluated by a provider emergently?
  - ▶ What tests are you anticipating?
  - ▶ What protocol would you initiate?
  - ▶ Are there any tests outside the protocol you need to request from the provider?
  - ▶ What will you tell the patient/family?

## Critical thinking

- ▶ Required in all nursing, but essential to be fine-tuned in ED setting
- ▶ Defined as utilization of skillful reasoning and systematic thought process while being open to new information and able to apply standards (Cohen, 2017)
- ▶ Effective communication

## Patient presentation example

- ▶ “I’ve had nausea, and diarrhea for a week. I can’t eat or drink and I’m getting really dizzy. I feel so weak!”
- ▶ What questions would you ask?
  - ▶ Is anyone else around you sick?
  - ▶ Have you traveled recently?
  - ▶ Have you been on antibiotics recently?
- ▶ Considerations
  - ▶ Is the patient hemodynamically stable?
  - ▶ Is the patient contagious?
  - ▶ Are there any complicating co-morbidities?

## Objectives in each case

- ▶ What are the possible causes of the patient's condition?
- ▶ What is the most likely pathophysiology?
- ▶ What is my level of concern / my biggest concern for this patient?
- ▶ What tests will I anticipate?
- ▶ What treatment will I anticipate?
- ▶ Do I think this patient will need to be admitted?

## Lessons from scenarios: Applying critical thought

- ▶ Prioritization
- ▶ Urgency
- ▶ Delegation
- ▶ Application of protocols
- ▶ Resources
- ▶ Identify when assistance is needed
- ▶ Identifying red flags

Appendix B  
**Intent to Stay Survey**

Please check one answer for each question:

1. What is your age group?  
 18-25  
 26-40  
 41-55  
 56 or older
2. How long have you been a nurse?  
 ≤ 5 years  
 > 5 years < 10 years  
 > 10 years
3. What nursing degree have you completed?  
 Associate Degree  
 Baccalaureate Degree  
 Graduate Degree
4. How long have you been employed with this organization (this hospital or another in the system)?  
 I was just hired to start this position  
 ≤ 1 year  
 > 1 year < 3 years  
 > 3 years
5. How long are you planning to stay with this hospital?  
 I'm looking for another position or probably less than a year  
 One to two years  
 No plans to move on at present.
6. How long do you plan to stay with this organization?  
 One year  
 Two years  
 No plans to leave
7. What factors as they presently exist might motivate you to leave (mark all that apply)?  
 Lack of support  
 Lack of leadership  
 Lack of appreciation
8. What factors as they presently exist might persuade you to stay (rate 1 for most important, 3 for least important)?  
 Support from peers  
 Support from leadership

\_\_\_\_\_ Opportunities for growth

9. Is there anything that stands out to you as something that will make (or has made) the difference as to whether you have considered leaving?

Appendix C

**PROGRAM EVALUATION**

Title: **Emergency Department Internship Course**  
 Charlie Group 2018

Date:

Directions: Please evaluate the speakers of the course by placing a 1-4 in the space provided.

NOTE: 4 = Excellent 3 = Good 2 = Fair 1 = Poor

Speakers Name	Jodie Lane	Sam McClellan	Caroline Hafen (triage)	Ellie Powell (ethics)	Allen splint lab	Tina Limon (peds)	Oscar Borbon (EKG review)	Denise ( OB)	Overall Course
Extent to which course objectives were met.									
Rate the instructors' knowledge.									
Rate the instructors' presentation.									
How useful will this information be in your practice?									

Your Facility: \_\_\_\_\_

State 2 new concepts you learned in this program, and how you will use them in your job.

1.

2.

Comments (please add what you like/dislike about the course):

Appendix D

December 5, 2017

**SUMMERLIN HOSPITAL**

**M E D I C A L C E N T E R -**

To Whom It May Concern,

Sally Adams has my permission to use Summerlin Hospital as her clinical site for her DNP project. "Training and Retention: Establishing Evidence-Based Program in the Emergency Department" will be valuable to our organization.

Sincerely,



Anne-Marie Schenk BSN, MBA, RN, NE-BC

Chief Nursing Officer

Appendix E

December 7, 2017



To Whom It May Concern,

Sally Adams is the nurse manager of Summerlin Emergency Department and currently enrolled in a doctorate program at your institution. Please accept this letter as my permission for Sally to pursue her project, "Training and retention: Establishing an evidence based program in the Emergency Department."

An affiliation agreement is not necessary.

Sincerely,

Pamela Adzima RN, BSN, MHA  
Director Emergency Department



## Appendix F

Jackie Massaro

Wed, Dec 26, 2018, 12:33 PM (7 days ago)

Dear Sally,

Thank you for your response.

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Best of luck with your doctoral project.

Kind Regards,

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