

New Graduate Nurse Retention, Integration, Support & Education: Policy Directions for ARNBC

Prepared By:
The Association of Registered Nurses of British Columbia's (ARNBC) Nursing Practice Council (NPAC)

August 2017



Association of Registered Nurses
of British Columbia



Table of Contents

Executive Summary	3
Background	4
Factors Influencing Attrition among New Graduate Nurses	5
Discussion	6
Core Components of Successful Transition Programs	6
Utilizing Best Practices	8
Other Considerations	9
Moving Forward	11
Recommendations	11
Conclusion	12
References	13



Executive Summary

The transition from student nurse to new graduate nurse is one that continues to be challenging as illustrated in the literature and lived experiences of nurses. During this transition, new graduate nurses are required to navigate the enormous shift in responsibility and accountability as a practicing nurse, new complex workplace processes and structures, team dynamics, heavy workloads, short staffing, and a number of other unpredictable issues on a daily basis. Of particular concern is that many new nursing graduates are leaving the acute care setting or worse, the profession, within the first few years of practice due to a lack of support from employers, unhealthy work environments and poor working relationships during this transition phase.

While health authorities and various stakeholders across B.C. have all developed and implemented their own strategy to address new graduate nurse transition, there is significant variation across the province leading to inconsistent and inadequate supports for new nursing graduates across and within facilities. Through consultations with nurses across the province, ARNBC's Nursing Practice Advisory Council (NPAC) recognizes the challenges that new graduate nurses continue to face in B.C., and the need to continue to support them throughout this transition.

In order to further improve supports during this transition phase, this paper provides policy directions for ARNBC in addressing new graduate nurse retention, integration, support, and education. Specifically, this paper provides an overview of the key factors influencing new graduate nurse retention, the current state of new graduate transition programs across B.C., and an overview of best practices and core components of successful transition programs. The NPAC recommends ARNBC to take the lead in bringing together all key stakeholders involved in new graduate nurse transition to develop and implement a coordinated plan that includes implementing best practices of successful transition programs, advocating for adequate health care funding, academic curriculum changes, organizational restructuring, as well as further developing supports for new graduate nurse practitioners.



Background

The transition period from the educational setting to the workplace is challenging and stressful for many new graduate nurses (Rheume, Clement & LeBel, 2011). New graduate nurses (defined as nurses with five years or less in the workforce) require a work environment that provides the support and guidance needed for them to achieve success (Boychuk Duchscher, 2008; Laschinger et al, 2009). According to the Canadian Institute of Health Information ([CIHI], 2013), “the demographic profile of the nursing workforce is shifting, as a greater number of nurses approach retirement and increasing numbers of new graduates enter the workforce.”

Unfortunately, the new graduate nurses who are replacing those who are retiring are also leaving the profession at an alarmingly high rate, with as many as 18 to 30 percent leaving within the first year, and up to 37 to 57 percent leaving within their second year (Laschinger et al, 2012; Chandler, 2012). In 2009, the Canadian Nurses Association (CNA) noted that the attrition rate for Canadian registered nursing entry-to-practice programs was 28 percent. Further, the CNA estimated that there will be a shortage of 60,000 registered nurses by 2022. While the aging workforce is certainly a contributing factor to this shortage, the high attrition rate among new graduate nurses is also proving to be a significant issue.

In British Columbia (B.C.), this concern has not gone unnoticed by various stakeholders. Over the past few years, each health authority, region and facility has designed and implemented their own strategy, utilizing their own limited resources to address the student to new graduate transition period. As a result, a patchwork of programs have been developed throughout the province, with significant variation, which often provide inadequate and inconsistent support to new graduates. What appears to be lacking is strong leadership to ensure accountability among employers, as well as collaboration, coordination, standardization and sharing of resources among all stakeholders to improve efficiency and effectiveness.

Multiple studies have shown the benefits of investing in new graduate transition programs including increased confidence and competence in providing patient care, and cost savings within organizations due to improved retention and decreased turnover (Rush, Adamack, Gordon, Lilly, & Janke, 2012). It is estimated that the average costs associated with nurse turnover across Canadian institutions is \$25,000 (O'Brien-Pallas, Tomblin Murphy & Shamian, 2008). As a result, it is essential to provide new graduate nurses with the support needed during this critical transition period (Laschinger, Borgogni, Consiglio, & Read, 2015), as failing to do so will continue to negatively impact patient outcomes, the nursing workforce, and the entire health care system.

Through consultations with nurses across the province, ARNBC's Nursing Practice Advisory Council (NPAC) recognizes the very real challenges that new graduate nurses in B.C. continue to face. In order to work toward improving new graduate retention, integration, support and education, there is a clear need to identify the supports that are required to improve this transition, and the steps needed to be taken collectively, among government, B.C.'s three pillars of nursing (regulatory college, professional association and union), educational facilities and health authorities. New nursing graduates are leaving the profession for a variety of reasons, many of which pertain to a lack of support from employers, unhealthy work environments and poor working relationships. In order to fully understand the complexity of this issue, it is important to clearly identify the factors that are contributing to this high attrition rate.



Factors Influencing Attrition among New Graduate Nurses

New graduate retention, integration, support and education is an area that has been studied extensively for decades. There is a vast body of literature exploring this issue, much of which highlights the factors that influence new graduate nurses' decisions to leave the profession. Some of the common themes include (Sandler, 2016):

1. **Interpersonal violence:** Interpersonal violence, defined as workplace bullying, personal bullying or physical bullying is a key issue that continues to exist within the nursing profession. ARNBC's interactions with nurses across the province continue to validate the harsh reality of "nurses eating their young." Many students and new graduates have spoken out about the devastating impacts of intimidation, verbal bullying and exclusion on their ability to practice, and on their health and well-being.
2. **Workplace stress and anxiety:** New graduates have also spoken about the stress surrounding the need to quickly develop organizational skills, clinical skills, managerial skills and interpersonal relationship skills, without adequate support and resources. ARNBC's consultations with new graduate nurses across the province indicate that many continue to struggle with high levels of stress and anxiety, impacting their physical and mental health and well-being.

"When I first started working, I would have emotional or mental breakdowns after each shift because of the high levels of stress and anxiety. I didn't feel supported at all." (New Graduate Nurse, ARNBC student and new graduate program event in Kamloops, 2016).

3. **Feelings of incompetence and low confidence related to practice:** Many new graduate nurses also feel that their educational preparation did not prepare them to handle an entry-level acute care position leading to a lack of confidence or comfort in their new role. This has been described as the 'theory-practice gap', and has been documented by several researchers (Romyn et al., 2009; Wolff et al., 2010). While many new graduate nurses indicate that their educational experience was positive, many have also indicated that there is a lack of support in transitioning from a student to a practicing nurse, where the accountability is significantly different.
4. **Unit staffing and workload:** New graduate nurses often face a stressful, complex and complicated work environment, with limited resources and heavy workloads (Rheume et al., 2011). Many units are working chronically short-staffed, leaving new graduates struggling to manage clinical competencies and time management skills. This leads to an inability to meet newly learned standards of care and ultimately affects self-confidence. Issues in staffing and workload across B.C have been constant challenges, as made evident by the BC Nurses' Union (BCNU).
5. **Interdisciplinary relationships:** Interdisciplinary relationships reflect the perceived respect and collegial working relationships with members of the health care team. Through ARNBC's consultations with new graduates, many indicate that while team based care is taught as a key approach to the delivery of patient care, there continue to be units with strict hierarchies that limit nursing autonomy and contribute to poor communication between the health care team members.



Discussion

Since 2004, health authorities across B.C. have been establishing their own New Graduate Nurse Transition Programs to assist new nurses who experience problems during transition and to facilitate recruitment. Currently, the majority of new graduate transition programs are administered through each health authority's professional practice office. In an environmental scan completed by ARNBC, it is evident that new graduate transition programs across health authorities are highly inconsistent. Specifically, supernumerary hours vary significantly, as well as the delivery methods of education and the dedicated human resources available to support new graduates.

While many health authorities state that new graduates are provided with a certain amount of supernumerary hours, anecdotes from many new graduate nurses indicate that these hours are either non-existent or cut short, regardless of need, due to staffing shortages. Further, there is currently no dedicated resource outside of health authorities to ensure new graduate nurses are provided with the support they need based on evidence. ARNBC's growing and thriving IGNITE Student and New Graduate Program is well positioned to take on a leadership role in addressing current gaps.

In order to engage in advocacy and policy development around improving new graduate nurse transition programs, it is first necessary to identify the core components of programs that have successfully supported new graduates, based on evidence. This will provide a solid foundation for ARNBC's student and new graduate program, IGNITE, to build upon when moving this work forward.

Core Components of Successful Transition Programs

There is a considerable amount of research that illustrates the positive impacts of formal new graduate transition programs on retention and improved competency. Rush et al's (2012) integrative review of best practices provides a list of key components that are essential in formal transition programs:

1. Practical skill development:

- a) **Education** focuses on partnerships between educational institutions and health care organizations (i.e. work sites across health authorities), and:
 - stresses educational programs that teach didactic content and clinical activities,
 - utilizes information technology and evidence-based practice,
 - integrates pathophysiology and critical thinking throughout the curriculum,
 - integrates care of specific client populations.

Partnering between educational institutions and health care organizations often results in the creation of additional clinical practicum opportunities that allow for the integration of critical thinking skills and problem-based learning, educational institutions becoming involved in the education of preceptors, and staff being able to access academic offerings. Providing support for nursing staff in receiving facilities is critical in ensuring quality clinical placement for students.



- b) **Practice** focuses on educational opportunities within the transition period on the unit, consisting of both coursework and classroom sessions, and includes clinical and professional practice topics. Further, Beyea, von Reyn, & Slattery (2007) note that a 12-week transition program that includes weekly human patient simulation [and] weekly didactic sessions and time, enhances new graduate confidence, competence and readiness for independent practice.
- 2. **Formal preceptor training:** Preceptors, often referred to as mentors, should undergo specific selection criteria, receive specific training, and be carefully matched with their new graduate preceptee.
- 3. **Minimum, six to nine months, post-hire support** which includes:
 - a) **A defined resource person:** This consists of an individual assigned in a one-to-one relationship with the new graduate while functioning in a non-clinical, non-evaluative role. The focus of this resource person should be the socialization of the new graduate into his/her new role and within the unit.
 - b) **A defined mentor:** This consists of an individual assigned to support, integrate and acquaint the new graduate to the clinical roles and expectation of a new graduate, and includes an evaluative component. Two components surround this aspect: a defined period of time where the new graduate works with their mentor/preceptor in a “supernumerary capacity” so as to be able to become immersed in their new role without workload pressures; and a defined time, after the supernumerary period, where the preceptor works side-by-side with the new graduate to continue to offer support, guidance and educational opportunities as needed.
- 4. **Opportunities to connect with peers:** Opportunities should be made available for new graduates to meet and discuss their transition experiences, common concerns and to garner mutual support. Research shows an increased ability to cope with stress and emotions experienced during their transitional period with this support.
- 5. **A healthy work environment:** Healthy work environments have been identified as a critical piece in supporting new graduates through their transition period. Common themes identified by new graduates that lead to work dissatisfaction include: poor teamwork, physician disrespect, staffing/scheduling limitations, a lack of acceptance and respect, and “an insensitivity of experienced nurses to their [new nurses] needs for continued development in time management skills” (Rush et al., 2012). Rheaume et al. (2011) defines a healthy work environment as one that has adequate resources, appropriate staff-nurse ratios, positive relationships between other members of the health care team, and managerial support that allows nursing to give quality patient care. Additional characteristics include work environments which have decentralized decision making and a high level of professional autonomy. Further, work environments that allow new graduate nurses to “apply the skills, knowledge and values acquired in school is imperative” (Rheaume et al., 2011).
- 6. Healthy work environments also decrease new graduate reality shock and facilitate transition. In a study done by Rudman & Gustavsson (2011), it was noted that almost 50 percent of all new graduate nurses experienced a significant increase in levels of burnout during their second year. Specifically, the increased levels of burnout two years after entering the workforce are likely influenced by practice work environments.



Utilizing Best Practices

In an extensive literature review and mixed methods study led by Rush, Adamack and Gordon (2013) entitled “Expanding the Evidence for New Graduate Nurse Transition Best Practices”, the authors examined the various new graduate nurse acute care transition programs throughout B.C. with the aim of developing a ‘New Graduate Nurse Transition Program Best Practice Toolkit’ that could be used as a resource for agencies involved in developing and/or offering transition programs. However, it is evident that many new graduate nurse transition programs continue to struggle with meeting the evidence informed recommendations provided within the toolkit. With an extensive amount of research on the topic of new graduate nurse transition, and the development of a number of tools to guide organizations in improving transition programs, the Nursing Practice Advisory Council recognizes the strong need to mobilize existing research and resources into policy.

Rush et al’s (2013) toolkit, which is informed by data within B.C., provides several recommendations in the areas of education (pre-registration to transition), support and satisfaction, competency and critical thinking and workplace environment that can be used as a foundation for new graduate nurse transition policy and advocacy work.

1. Education (pre-registration to transition)

Strongly recommended:

- New graduate education delivered during a formal transition program should be of a practical nature such as hands-on, bedside learning opportunities and in-services and workshops
- Formal classroom type learning should be limited

Recommended:

- Encourage undergraduate programs to increase the opportunities for practical skill focus

2. Support and satisfaction

Strongly recommended:

- Use of mentors to support new graduates during their transition
- Provide formal preceptor education and make this training a requirement
- Provide formal support for new graduates for at least six to nine months post hire

Recommended:

- Unit orientation should be at least four weeks in length

3. Competency and critical thinking

Strongly recommended:

- Ensure all new graduates participate in a formal transition program as this assists in skill consolidation



- Strive to provide new graduates with at least 49 hours of work in a two week period during their first year of practice

4. **Workplace environment:**

Strongly recommended:

- Strive to ensure clinical unit work environments are 'healthy'
- Experienced staff nurses should be provided training and resources on how to be supportive to new graduates
- Zero tolerance for bullying policy

Though fairly comprehensive in nature, Rush et al. (2013) also recognize the limitations of their study and the various “uncontrollable issues” which may affect the implementation of the best practice recommendations. Further, the authors state early on in their Executive Summary that this review was mainly designed to address the acute care urban setting, and therefore does not take in to account rural or community settings. Nor do they address the needs of new graduate nurse practitioners entering into practice.

Other Considerations

While the toolkit developed by Rush et al. (2013) certainly provides a solid foundation on how to improve new graduate transition programs across B.C., in consultation with B.C. nurses, the Nursing Practice Advisory Council has also identified key areas that must be addressed when further examining ways to improve new graduate nurse retention, integration, support and education in B.C.

1. Challenges in rural and remote B.C.

It is important to acknowledge that the practice of nursing in rural and remote areas is unique compared to urban areas. Providing a formal new graduate transition program has proven to be challenging, and hospitals in rural and remote areas often have fewer resources, which may impact the nature and length of the transition programs offered. Higher turnover and migration to urban settings, especially among the younger workforce due to greater opportunities, peer support and a stronger economy are key factors that impact the retention of new nurses in rural and remote areas. On top of the many issues that new graduate nurses already face, many rural and remote nurses (including seasoned nurses) report distressing experiences due to a scarcity of resources (including human, technological, supplies and time), a strong sense of personal and professional accountability, a lack of organizational support, and disrespectful interactions with staff in larger centres (Siemens, 2016). When compared to hospitals in urban settings, nurses in rural settings are also particularly affected by even small fluctuations in staff turnover (Rheaume et al, 2011). As a result, there is need to identify how rural and remote new graduate nurses can be better supported, given the added challenges of practicing in such a setting.



2. Supporting nursing education programs

When developing transition programs, there is a need to look at the nursing education programs and how they can be supported in terms of their ability to educate, train and provide their students with the needed skills to deal with transitioning from a supportive educational/learning environment to a clinical working environment where the supports may not be as available. The landscape of nursing practice is continuously evolving and education programs have a key responsibility in ensuring graduates have the knowledge and skills to adapt to the current realities faced by practicing nurses. Specifically, how can nursing education programs and health authorities work even more closely to ensure the transition is as seamless as possible?

3. Supporting the receiving facility

The facilities in which new graduates become employed require greater support, and there is a need to further examine how employers can be better supported. Many employers are also faced with financial constraints creating difficulties in adequately supporting new graduate nurses while meeting other competing demands.

4. Supporting new nurse practitioner graduates

The integration of new nurse practitioner graduates into their role can also be challenging. From consulting with nurse practitioners across the province, many are often employed in specialty areas where they are not trained, with limited access to support. There is specifically a need to examine the various challenges that nurse practitioners face when being employed in roles within the health authorities, without additional support for expenses such as overhead costs.

Further, while some nurse practitioners are preceptored by physicians who receive remuneration, many are also preceptored by more seasoned nurse practitioners who do not receive additional compensation.

As nurse practitioners continue to be recognized as a fairly new role in B.C., there is also little to no research that has examined issues in new nurse practitioner integration, and how their current transitions impact their satisfaction, desire and ability to remain in practice. Many nurse practitioners have voiced the challenges they experience, which are often magnified, as the resources often far outweigh the responsibility which they are expected to manage. Moreover, the very nature of their role often places them in situations where they are working alone and/or in isolated areas. As a result, there is a further need to examine new graduate nurse practitioner integration, and the necessary supports needed to support their practice.

As a result, any transition program must, therefore, consider the entire environment surrounding the new graduate, from educational institution to the receiving facility (hospital, community clinic, rural/outpost clinic). It must also take into account the complexity of the environment in which each nurse is expected to work and the overwhelmingly important responsibility of ensuring safe patient care. Further, new graduate transition programs that currently exist must also understand the implications of inadequate support for new graduates, and the consequences this has on the nursing workforce and on patient outcomes.



Moving Forward

The ARNBC has been proactive in recognizing new graduate transition as an issue by expanding the Association's Student and New Graduate Program, IGNITE. To date, the association has engaged in a number of steps that will ultimately improve new graduate transition. These include:

- Investing in hiring a full time staff member to support the work of IGNITE Student and New Graduate Program
- Creating a Student and New Graduate Network Community of Practice (CoP) for students and new graduates to network and a comprehensive resource binder to support students and new graduates in staying aware of all current supports available to them

As part of this new initiative, there is significant potential for ARNBC to provide leadership by recommending all stakeholders to join together to coordinate a unified approach to effectively address these concerns. To date, there has been no coordinated and collaborative approach to address the critical issues that new graduate nurses are facing in B.C. ARNBC's Student and New Graduate Program is well positioned to take on a leadership role in building partnerships with all necessary stakeholders to improve new graduate nurse transition in B.C.

Recommendations

The Nursing Practice Advisory Council recommends:

1. That the ARNBC IGNITE Student and New Graduate Program approach government, health authorities and educational institutions, student associations, the nursing union and the regulatory body and propose the development and implementation of a coordinated plan to address the issues of new graduate registered nurse retention, integration, support and education. This may include:
 - a) Working toward implementing the recommendations outlined in 'Expanding the Evidence for New Graduate Nurse Transition Best Practices' (Rush et al., 2013).
 - b) Advocating for adequate health care funding, academic curriculum changes and organizational restructuring.
2. That the ARNBC include new nurse practitioner graduates as a component of the IGNITE Student and New Graduate Program, and conduct a needs assessment as a first step.



Conclusion

New graduate nurse retention, integration, support and education continue to be key areas that need to be addressed. Supporting new graduate transition requires collaboration among government, the regulatory body, nursing union, professional association, educators and health authorities. This was strongly articulated in the CNA's recommendations in '[Health Human Resources Landscape, Tested Solutions for Eliminating Canada's Registered Nurse Shortage](#).' With an alarmingly high attrition rate, there is need to ensure the issues faced by new graduate nurses during their transition are prioritized with a greater sense of urgency. With the development of the IGNITE Student and New Graduate Program, ARNBC is well positioned to take on a leadership role in coordinating a collaborative approach to address new graduate nurse transition. Ensuring a supported and healthy nursing workforce is everyone's responsibility, and is critical in ensuring safe and high quality patient care.



References

- Beyea, S., von Reyn, L., Slattery, M.J. 2007. A nurse residency program for competency development using human patient simulation. *Journal for Nurses in Staff Development* 23 (2) 77-82.
- Boychuk Duchscher, J. (2008). A process of becoming: The stages of new nursing graduate professional role transition. *The Journal of Continuing Education in Nursing*, 39(10), 441-450.
- Canadian Institute of Health Information. (2013). [Regulated Nurses](#).
- Canadian Nurses Association. (2009). [Health Human Resources](#).
- Canadian Nurses Association. (2009). [Tested Solutions for Eliminating Canada's Registered Nurse Shortage](#).
- Chandler, G. E. (2012). Succeeding in the first year of practice: Heed the wisdom of novice nurses. *Journal for Nurses in Staff Development*, 28(3), 103-107.
doi:10.1097/NND.0b013e31825514ee
- Laschinger, H.K.S., Finegan, J., Wilk, P., 2009. New graduate burnout: the impact of professional practice environment, workplace civility and empowerment. *Nursing Economics*, 27 (6), 377–383.
- Laschinger, H. K. S., Grau, A. L., Finegan, J., & Wilk, P. (2012). Predictors of new graduate nurses' workplace well-being: Testing the job demands–resources model. *Health care management review*, 37(2), 175-186.
- Laschinger, H. K. S., Borgogni, L., Consiglio, C., & Read, E. (2015). The effects of authentic leadership, six areas of worklife, and occupational coping self-efficacy on new graduate nurses' burnout and mental health: A cross-sectional study. *International journal of nursing studies*, 52(6), 1080-1089.
- O'Brien-Pallas, L., Griffin, P., Shamian, J., Buchan, J., Duffield, C., Hughes, F., North, N., Stone, P.W., 2006. The impact of nurse turnover on patient, nurse and system outcomes: a pilot study and focus for a multicenter international study. *Policy, Politics and Nursing Practice*, 7 (3), 169-179.
- O'Brien-Pallas, L., Tomblin Murphy, G., & Shamian, J. (2008). Final report: Understanding the costs and outcomes of nurses' turnover in Canadian hospitals. University of Toronto: Nursing Health Services Research Unit.
- Rhéaume, A., Clément, L., & LeBel, N. (2011). Understanding intention to leave amongst new graduate Canadian nurses: a repeated cross sectional survey. *International Journal of Nursing Studies*, 48(4), 490-500.
- Romyn, D., Linton, N., Giblin, C., Hendrickson, B., Limacher, L.M., Murray, C., Nordstrom, P., Thaubereger, G., Vosburgh, D., Vye-Rogers, L., Weidner, A, Zimmel, C.M. 2009. Successful transition of the new graduate nurse. *International Journal of Nursing Education Scholarship*, 6 (1), 1-17



- Rudman, A., & Gustavsson, J. P. (2011). Early-career burnout among new graduate nurses: a prospective observational study of intra-individual change trajectories. *International journal of nursing studies*, 48(3), 292-306.
- Rush, K., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2012). Best practices of formal new graduate nurse transition programs: An integrative review. *International Journal of Nursing Studies*, 50(3), 345-356.
- Rush, K., Adamack, M., & Gordon, J. (2013). [Expanding the evidence for new graduate nurse transition best practices.](#)
- Sandler, M. (2015). Why are new graduate nurses leaving the profession in the first year of practice? A rapid review of current literature. Unpublished. University of British Columbia Okanagan, B.C.
- Siemens, J. (2016). Examining How Rural and Nurses Experience Their Work and Ethical Implications of Those Experiences For Rural Nurses in British Columbia. NURS 595 Scholarly Practice Advancement Project. Unpublished. University of British Columbia, B.C.
- Wolff, A., Pesut, B., Regan, S, 2010. New graduate nurse practice readiness: perspectives on the context shaping our understanding and expectations. *Nurse Education Today*, 30 (2) 187-191