



A survey of program characteristics of new graduate residencies and support available for
underrepresented new registered nurses of color in Washington State

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Executive Summary

Introduction

According to the Sullivan Commission on Diversity in the Healthcare Workforce (2004), African Americans, Latino/Hispanic Americans, and American Indians comprise more than 25% of the U.S. population but only 9% of the nation's registered nurses. While the growth in Hispanic and Asian populations is expected to triple over the next half-century, the percentage of underrepresented new nurses is declining (National League for Nursing, 2006). In order to meet the healthcare needs of a diverse population and to address current disparities in healthcare, we must recruit and retain a workforce that reflects the cultural and racial diversity of our citizens.

Factors compounding the lack of a diverse nursing workforce are the aging nursing workforce and the current and future shortages of all registered nurses. Twenty-eight to thirty-seven percent of nurses in Washington State are over the age of 55. Nearly 5,000 RN vacancies exist statewide, and this number is expected to increase as the aging workforce retires and there is a lack of qualified replacements.

One strategy to address the shortage of registered nurses has been to increase the capacity of nursing programs in order to increase the number of new RNs. National data also indicate that new nurses do not feel prepared for the complexities of today's healthcare environment or supported in the best way possible to ensure their success. New-graduate transition programs or "residencies" have been identified as one way to successfully orient and retain new nurses. A review of the literature found no data that speak to successful strategies to retain underrepresented nurses of color. No data exist in Washington State describing the transition of new graduate nurses to their first professional role or the support available for underrepresented new nurses of color.

Purpose:

The purposes of this study are to document the program characteristics and retention rates among recently graduated RNs enrolled in residency programs in Washington State and to identify strategies that are in place to support underrepresented new RNs of color.

Method:

A survey was sent to 106 acute care hospitals in Washington State to identify hospitals with new-graduate transition programs. Seventy one hospitals responded and 41 stated that they had a new graduate transition program. A follow-up phone interview was conducted to elicit details of these programs. Interviews with 35 hospitals (representing 41 organizations) were conducted. These 35 respondents and prelicensure nursing programs in the state were asked to provide a list of the names and racial/ethnic backgrounds of their new graduate hires/new graduate class of May/June 2006. A follow-up call was made one year later to establish the 1-year retention rate of these new graduates.

Results:

Of the 71 Washington State hospitals responding, 41 (58%) had a new-graduate transition program. Nearly three quarters of these included classroom time that ranged from 16 to more than 100 hours. The number of preceptors assigned to new nurses varied as did the amount of training and premium pay these preceptors received. Three types of new-graduate transition programs were described: a new-graduate-specific orientation, a patient-population-specific orientation, and a precepted orientation without classroom time. The length of orientation was dependent upon the area for which the nurse was hired (e.g., acute care orientation averaged 8 to 12 weeks). Only 6% of the hospitals reported having a mentoring program for new graduate RNs, and only 18% had strategies in place specifically aimed at the needs of underrepresented new RNs.

Recommendations:

The following recommendations should be considered in order to incorporate current best practice in new graduate transitions:

Underrepresented new RNs

- Additional research is needed to describe the diversity of Washington's nursing workforce and the perceptions of current underrepresented nurses of color about the experiences of transitioning to their first professional role.
- The significance and value of a diverse nursing workforce need focused attention by nursing leaders around the state.
- Recruitment of a diverse nursing workforce should be part of a comprehensive organizational diversity plan.
- Cultural competency should be embedded in all healthcare organizations.
- Mentorship programs aimed at giving underrepresented new nurses role models to support them should be established.

Preceptors and Mentors

- All preceptors should receive education about the process of new graduate transition, Benner's Novice-to-Expert concepts, principles of adult learning, and the intergenerational workforce.
- Preceptors should be given follow-up education and support to build on skills and prevent burn-out.
- Preceptor recognition should be part of every organization's retention plan.
- Preceptors should be formally compensated.
- Only trained and qualified preceptors should orient new nurses.
- Preceptor continuity should be a priority with the number of preceptors minimized whenever possible. If there is more than one preceptor, a clearly defined communication plan among preceptors is necessary.
- A mentoring program for new nurses postresidency should be created.

Implementation of these recommendations and establishment of a solid theoretical framework based on existing national exemplars would help ensure both the recruitment and retention of the nurses of the future.

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A survey of program characteristics of new-graduate residencies and support available for underrepresented new registered nurses of color in Washington State

Introduction

The mission of the Washington Center for Nursing is “to contribute to the health and wellness of Washington State residents by ensuring that there is an adequate nursing workforce to meet the current and future healthcare needs of the citizens of the state of Washington” (Washington Center for Nursing [WCN], n.d.). Creating a repository of data about issues in the Washington State nursing workforce and sharing this information with stakeholders in Washington is a key strategy to accomplish this mission. The purposes of this study are to document the program characteristics and retention rates among recently graduated RNs enrolled in residency programs in Washington State and to identify strategies that are in place to support underrepresented new RNs of color.

The registered nurse population

The most recent national study, completed in 2004, estimated the number of licensed RNs in the United States to be 2,909,467, an increase of 7.9% over the estimate in 2000 (Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, March 2004). In this survey, the average age RNs was estimated to be 46.8 years compared to an estimated age of 42.3 years in 1996. According to this national survey, only 8% of registered nurses were under the age of 30 compared to 25% in 1980 (Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions).

Of those nurses who identified their racial/ethnic background in 2004, approximately 88% were White, 4.6% African American, 3.3% Asian or Pacific Islander, 1.8% Hispanic, and 0.4% American Indian/Alaska Native. An additional 1.5% reported being from 2 or more racial backgrounds (Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, March 2004).

According to the Sullivan Commission on Diversity in the Healthcare Workforce (2004) African Americans, Latino/Hispanic Americans, and American Indians make up more than 25% of the U.S. population, but only 9% of the nation's registered nurses. Data from the National League for Nursing, from 1994-2002, seem to indicate that, while there had been growth in the total number of minority students in nursing, this growth has ended. In 2004-2005, the overall percentage of minority nursing students declined by almost 2%. The percentage of African American, Latino/Hispanic, and American Indian nurses has decreased each year since 2005. This report also states that 1 in 10 U.S. college students is of Hispanic origin compared with 1 in 20 prelicensure nursing students (National League for Nursing [NLN], 2006). Additionally, nurse educators of color make up less than 10% of BSN nursing faculties (Sullivan Commission on Diversity in Healthcare Workforce, 2004). The U.S. Census Bureau's 2005 Community Survey projects that the nation's Hispanic and Asian populations will triple over the next half century and non-Hispanic whites will represent about one half of the total population.

Washington State nurse population

Washington State's healthcare personnel shortages are severe and are projected to worsen as the population and the healthcare workforce age. When the number of Washington State citizens over the age of 65 reaches 1.2 million in the year 2020, more healthcare services will be required at the same time that many healthcare workers are retiring (Washington State Healthcare Personnel Shortage Taskforce, 2005). As of October 2007, Washington State had 77,114 licensed RNs (WCN, n.d.). Washington State nurses are slightly older than the national average (48.4 vs. 46.8 years nationally). The percentage of RNs age 55 and older in Washington State is estimated to be between 28% and 38.6% depending on the geographic location (Skillman, Andrilla, & Hart, 2007).

The State of Washington Office of Financial Management (2006) projects large, long-term increases in populations of color. It projects that by 2030 the state population will reach 8.5 million, and nearly 1 in 3 residents will be a person of color. The most growth is expected to be within the Asian,

Pacific Islander, and Hispanic populations. The percentage of the population identifying as White will decrease from 79% to 68%, and the total percentage of African Americans, Asians, Pacific Islanders, American Indians, Alaska Natives, and Hispanics will increase from 20.6% to 31% of the total population of Washington State. According to a recent healthcare workforce briefing document presented to the Governor's Interagency Council on Health Disparities in Washington State, the proportion of Hispanic, Asian or Pacific Islander, African American, and American Indian or Alaska Native RNs would need to increase by 368%, 70%, 325%, and 250%, respectively, to reflect the diversity of the citizens of Washington State. While these numbers should be interpreted with caution due to the small rate of return they give a perspective of the magnitude of the diversity gap (Curwick, 2007).

Background

Registered nurses spend more time than other healthcare providers working directly with patients. They work in a variety of settings and specialties. Because of this, they are uniquely positioned to help improve access to care and to help ensure quality outcomes for patients, especially those who are subject to racial and ethnic health disparities (United States Department of Health and Human Services Office of Minority Health, n.d.). In order to positively impact the documented social disparities in health that currently exist in racial/ethnic populations and to assist in providing culturally appropriate care, new RN graduates, especially those from racial/ethnic backgrounds, must be supported during their transition to their first RN role.

The effects of an aging population and retirements in the healthcare industry are already being felt. Thirty-eight percent of Washington hospitals report diverting patients to other facilities or canceling or delaying services due to shortages of registered nurses and other healthcare providers. Expenditures for contract labor in hospitals due to unfilled positions have reached 140 million dollars (Health Workforce Institute & Washington State Hospital Association [HWIWSHA], 2007). Shortages of qualified and ethnically diverse nurses exist and are predicted to increase. The 2004 National Sample of

Registered Nurses projects a shortage of 17, 000 nurses by 2015 in Washington State and a national shortage of 683,700 nurses (Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, March 2004). As of April 2007, the number of estimated RN vacancies in the state of Washington was 4,488 (Wallace, 2007). Projections indicate that, while the supply of RN graduates in 2005-2006 is 80% higher than in 2001-2002, graduation rates for Washington nursing schools will need to increase by 400 new graduates per year starting in 2010 in order to meet anticipated shortages by 2025 (Skillman, 2007). While the projected shortages are startling, adequate numbers alone will not provide quality care. Underrepresented nurses of color must be recruited, supported, and encouraged in order to provide a nursing workforce that represents and can best provide care for the citizens of Washington State.

Strategies to address the shortage

One strategy aimed at preventing a shortage of RNs in the future is to increase the supply of new nurses entering the workforce. Significant resources have been allocated to the supply side of the nursing shortage equation. According to the American Association of Colleges of Nursing, enrollment in entry level Baccalaureate nursing programs has increased in the thirteen-state Western region by approximately 1,000 students per year over the last five years (Fang, Wilsey-Wisniewski, & Bednash, 2006, p. 43). In Washington State, approximately 1,800 new Associate degree and Bachelor of Science degree nurses graduate each year. The supply of RN graduates in the years 2002-2006 increased in Washington State by 45%. For the 2005-2007 biennium, the Washington State Board of Community and Technical Colleges allocated 71 percent of their high demand funds to expand healthcare programs, resulting in the creation of approximately 220 new nursing slots (Washington State Healthcare Personnel Shortage Taskforce, 2006, p.12). The Higher Education Coordinating Board provided additional funds to expand BSN and graduate nursing programs at Washington State University (p.12). While increasing capacity has been a national priority, the growth rate for nursing school admissions

nationally has fallen from 9.4% in 2003-2004 to 5% in academic year 2004-2005 (Klestzick, 2006). With indications that capacity may have peaked, interventions to increase the supply of nurses will not be enough.

New graduate retention is another strategy to address the shortage. Healthcare analysts Berlinger and Ginzberg note that the U.S. is in the midst of an unprecedented nursing shortage (2002). They suggest that work environment is a major barrier to job satisfaction for nurses, and that dealing with the current shortage simply by increasing supply is not enough. A key factor is the attention an organization pays to its practice environment. Nurse supervisors, job characteristics, management style, and an emphasis on service quality have been found to be factors associated with a “positive practice milieu” (Smith, Hood, Waldman, & Smith, 2005, p. 525) and decreased turnover. In response to the national nursing shortage of the 1980s, the American Nurses Association created a national recognition program to recognize excellence and define a healthy work environment. Hospitals achieving this recognition are known as *magnet hospitals* (Kramer & Schmalenberg, 2004). Staff nurses in 14 magnet hospitals were queried about the “essentials of magnetism” (p. 250). These nurses identified 8 essential traits necessary to providing quality patient care. The traits included 1) good physician/nurse relationships, 2) autonomous nursing practice, 3) a primary concern for the patient, 4) clinically competent co-workers, 5) being able to control one’s nursing practice, 6) perceived adequacy of staffing, 7) support for education, and 8) nurse manager support. Further studies show that the creation of a healthy work environment for both new and experienced nurses impacts not only the retention of employees but can be linked to Medicare mortality and patient outcomes (Aiken, Clarke, & Sloane, 2002). For underrepresented new nurses of color, this healthy work environment is equally important. A review of the literature found no studies describing strategies to create a healthy work environment specifically for new nurses of color.

Hospitals across the country are struggling with how best to support and retain new graduate nurses (Berliner & Ginzberg, 2002; Pine & Tart, 2007; Godinez, Gruver, Schweiger, & Ryan, 1999; Boychuk-Duchscher and Cowin, 2006). Berlinger and Ginzberg (2002) reported that 50% of new nurses working in hospitals in New York City left before the end of their second year of employment. A survey of new nurses in Nevada reported that 30% of respondents left within 1 year and over half left within 2 years (Bowles & Candela, 2005). It is not known whether these new nurses left the profession altogether or simply changed places of employment. Also unknown is the number of underrepresented new RNs of color who leave their job within the first year. In a recent national study of new graduate nurses (n=3266), 41.5% reported they would change jobs if they could. Of these, 37% indicated they would search for a new job within 1 year, and 24% indicated they planned to leave their first job within 2 years (Kovner et al., 2007). These losses take a significant financial toll on organizations, an emotional toll on both the new nurse graduate and experienced nurses, and have a negative effect on patient care (Curtin, 2003). Estimated costs of turnover of one RN employee range from one to two times the nurse's annual salary (Jones, 2005). Constantly bringing new nurses into an organization can compromise quality of care and result in burnout, exhaustion, and demoralization of current staff (Hayes et al., 2006; O'Brien-Pallas et al., 2006). When significant resources are allocated to increase the capacity of nursing programs to provide more new RN graduates, it is important to understand how to support these new nurses, specifically underrepresented new nurses of color, so they can successfully make the transition from student to practicing nurse.

New graduate transition process

Over twenty years ago, Dr. Patricia Benner described the transition from novice to competent practitioner in terms of the development of the new nurse (1984). Applying the Dreyfus Model of Skill Acquisition to nursing, Benner describes the stages of clinical competence “from novice to expert” (pp. 13-34). Novice nurses (i.e., most new graduates) have been taught to analyze situations based on

objective attributes, but they have limited real experience of the myriad situations in which they are expected to perform. Despite being given a scientific foundation, they have not had the opportunity to gain situational experience over time. Benner believes “the range of complex undetermined situations (that nurses experience) is unlimited,” and it is through experience that new nurses progress (2007). Advanced beginners have coped with some real life situations and have begun to develop principles to guide their actions. Achieving competence takes two to three years. Nurses must have time to gain contextual experience and begin to use this experience for long-range planning and goal setting. A proficient nurse has learned from experience what events to expect in a given situation. Finally, the expert nurse has a wealth of background and experience, allowing an intuitive grasp of patient care situations (2007). Scientists studying the structure of expert performance in many professions have found that “individual differences, even among elite performers are the result of effortful activities (deliberative practice)” and that “expert performance is acquired over a decade of intense preparation” (Ericsson, Krampe, & Tesch-Romer, 1993, p. 397). Expert educators in other professions such as law and engineering have recognized that academic preparation provides a foundation for the competent practitioner, but additional practice experience is required to develop expert performance (Sullivan, Colby, Welch Wegner, Bond, & Schulman, 2006).

The experience of transitioning from student to competent practitioner has been described by one researcher as a 12-month process, with the first 6 months being highly stressful and tumultuous (Boychuk-Duchscher, 2001). When new graduates are hired into specialty areas such as critical care, Reddish and Kaplan say the road to competence is a five-step process taking at least 6 months (2007). In the 1970s, Kramer described the reality shock experienced by new nurses beginning their first job, facing the realities of the practice environment, and attempting to develop a sense of professional identity (Kramer, 1974). The concept of reality shock has been further developed into a model of new-graduate transition (Boychuk-Duchscher, 2007). (See Appendix 1.)

A review of the literature of the last ten years on new graduate transitions found a remarkable similarity to the current descriptions of stress and lack of confidence by new graduates as they leave academia and enter practice. Descriptions provided by new nurses during their first year of practice include words such as “stimulated,” “hopeful,” “anxious,” “overwhelmed,” “eager,” and “intimidated” (Oermann & Garvin, 2002, p. 228). Cohorts of graduate nurses working in six Denver hospitals identified six major themes in role transition. These include 1) lack of confidence and knowledge, 2) difficult relationships with peers and preceptors, 3) wanting to be independent yet needing to rely on others, 4) issues with the work environment, 5) lack of priority-setting skills, and 6) difficulty communicating with physicians (Casey, Fink, Krugman, & Propst, 2004)). A Canadian study of nurses with an average of 20 months’ experience (Cho, Spence Laschinger, & Wong, 2006) (n=226) found that 67% of these nurses experienced a high level of burnout. Similar themes are described throughout the literature (Godinez, Schweiger, Gruver, & Ryan, 1999; Delaney, 2003; Ellerton & Gregor, 2003; Boswell, Lowry, & Wilhoit, 2004; Oermann & Garvin, 2002). Unfortunately, these stressors are reported to be exacerbated by nonsupportive, nonprofessional behavior of experienced staff towards members of the new graduate workforce (Griffin, 2004; Boychuk-Duchscher & Cowin, 2004). As many as 62% of new nurses experience rude, abusive, or humiliating comments from co-workers during their initial transition into the workplace (McKenna, Smith, Poole, & Cloverdale, 2003; Kovner et al., 2007).

The Experiences of Underrepresented New Graduate Nurses of Color

Given that the current ethnic/racial diversity of the nursing workforce does not match the diversity of the current population, data are needed to identify and describe barriers to underrepresented nurses of color choosing and staying with nursing as a career. Among the large number of studies describing the new-graduate transition process, no studies were found describing the transition experience for underrepresented new nurses of color or successful best practices for their retention during the first year of practice. Barriers for RNs of color may be similar to those faced by

nursing students of color. When recently graduated underrepresented RNs of color were asked about barriers to the successful completion of their education, they cited the challenge of balancing school and family obligations and the rigor of study required to be successful (Moceri, 2006; Evans, 2004). Cultural expectations and proscribed gender roles were sometimes a barrier for Hispanic nurses pursuing a BSN or Masters degree in nursing. For example, women are expected to care for the family. These expectations may result from limited family support or understanding of the rigors of education (Amaro, Abriam-Yago, & Yoder, 2006; Villarruel, Canales, & Torres, 2001). Those new RN graduates for whom English was a second language had the additional challenge of translating information from English to their primary language and back to English again. The challenges of effective communication and the lack of role models from similar racial/ethnic backgrounds were also cited by these new nurses discussing their student experiences (Amaro, Abriam-Yago, & Yoder, 2006).

Encountering racism among hospital staff and clients during practicum or by classmates provided additional challenges to underrepresented nursing students of color (Amaro et al. 2006; Villarruel & Paragallo, 2004; Doutrich, Ruiz, & Wros, 2005; Andrews, 2003; Villarruel, Canales, & Torres, 2001; Giddings, 2005; Moceri, 2006). When asked about factors that helped them to be successful, Latino new RNs and nursing students noted that stubbornness and a determination to succeed, as well as social support and family support, were essential (Moceri 2006). Thus, support for underrepresented new RNs of color during the transition into their first RN role is of critical importance.

A review of the literature did not find descriptors of the experiences of underrepresented nurses of color in practice. One academic work awaiting publication describes the experiences of Hispanic nurses in practice (Doutrich, Ruiz, & Wros, 2005). The burden of obligation to family and community and feeling an obligation to correct the cultural mistakes of others were some of the challenges described by practicing Hispanic nurses in the Pacific Northwest. In accordance with their values of family and community, these Hispanic nurses felt responsible to advocate for Hispanics and

others from underrepresented groups. Because of the small numbers of Hispanic nurses, participants in this study felt they needed to be better nurses than anyone else to be accepted. They felt the added pressure of representing all Hispanics and the need to be successful for all Hispanics. They described the stress of being the lone nurse of color on a unit. Some said that because they were nurses of color they were sometimes expected to be competent in understanding all cultures. Others said that because they look Hispanic or have a Hispanic last name they were expected to speak fluent Spanish. They were expected to incorporate translation or other cultural liaison responsibilities into their work without any additional support to care for their own patients. These perceptions and concerns were supported in a doctoral study of 15 ethnically diverse nurses caring for postpartum mothers and their infants in a Texas public hospital (Banks, 2000). Plateau Tribes nurses also describe a deep commitment to family and community as new nurses (Katz, 2005). A unique finding from this study was the expectation these new nurses had to return to their communities. These nurses were challenged to bring the new healthcare knowledge back to their communities and blend it with traditional medicine and healing. These nurses became mediators between the dominant healthcare culture and the problems of their communities and served as role models and mentors (Katz, 2005). Dimensions of acculturative stress have been described as environmental (financial, language barriers), societal/interpersonal (lack of social networks and social status, changing gender roles), and societal (discrimination/political historical forces) (Caplan, 2007, p.96). Underrepresented new nurses are challenged with the possibility of any or all of these factors as they begin their first nursing role.

In summary, the challenge of successfully transitioning to their first RN role is difficult for all new nurses. Underrepresented nurses of color face additional challenges. In order to meet the needs of the citizens of Washington State for a culturally diverse and plentiful workforce, strategies must be found to ensure new-graduate RN success.

New RN Residency

National support exists for the development of nursing residencies to ensure a successful transition into the practice world for new graduate RNs (Joint Commission on Accreditation of Health Care Organizations [JCAHCO], 2002; Robert Wood Johnson Foundation [RWJF], 2002). Developing a successful transition to practice model was identified as a crucial strategy for new RN success at a 2007 summit of nursing leaders across Washington State (Padgett, 2007). For new RNs, the foundation provided by their nursing programs provides a theoretical base for their work as they become practicing nurses. The National Council of State Boards of Nursing's National Survey on Elements of Nursing Education (Li & Kenward, 2006) describes areas where RN graduates feel inadequately prepared to practice. In this large national study (n=7,497), new RNs indicated that they felt inadequately prepared to provide direct care and administer medications to groups of clients. They also described difficulties in delegating tasks to other personnel, supervising care by others, and knowing when to call physicians and how to manage the conversation. Almost half of this group felt they were only somewhat prepared to analyze multiple types of data and/or to understand clients' cultural needs (Li & Kenward, 2006). Also of concern was the finding that new nurses are more likely to make mistakes when they have been in practice 3 to 6 months. During their first year of practice, 43% of new nurses said they had made practice errors (Harrison, 2007). Another large national study (Del Bueno, 2005) examined all types of nursing programs and found that only 35% of new RNs met entry level expectations for clinical judgment, defined as the ability to accurately recognize and synthesize a patient's clinical data or primary problem areas.

New graduates expect to be adequately supported and oriented to their first job. The importance of the length and quality of orientation and the number and quality of preceptors was consistently described when new RNs evaluated the quality of their initial orientation and their current

job satisfaction (Scott, 2005). The rate of turnover for new RNs has been strongly correlated with the presence or absence of a structured residency program (Woods, 2003, p=0.027).

One of the challenges in identifying exemplary new-graduate transition programs is the lack of a standardized definition and structure of postlicensure training. Hospitals programs for new graduates have different lengths, content, and expectations. The term “residency” or nurse “internship” is borrowed from medical training, since nurses do not receive standardized postlicensure training. For the purpose of this study, the terms “new-graduate transition program,” “residency program,” or “internship program” are used interchangeably to define an orientation process that is specific to the needs of new graduate RNs in their first year of practice, while being separate from the orientation process for experienced nurses.

Purpose and Aims

Little is known about the experiences of new RN graduates in Washington State or the demographics of this emerging workforce. Questions that arise are:

- Does the new RN graduate population reflect the ethnic/racial diversity of the citizens of the state?
- Are new RNs adequately prepared to enter the workforce and face the challenges of today’s healthcare environment?
- Are new RNs given the support and resources necessary to make a successful transition from school to workplace?
- What unique challenges face the underrepresented new RN graduate of color?
- What strategies address the specific needs of the underrepresented new RN graduate?
- What are the current successful practices managing these transitions in Washington State hospitals?
- How can hospitals and nursing schools best partner to ensure success for the new RN graduate?

Successful strategies to assist new RNs in their transition to their first job have been documented in the literature. Very little is known about the racial/ethnic mix of the new RN workforce in Washington State or the retention rate of all new RNs in their first job. The purposes of this study are to document the program characteristics and retention rates among recently graduated RNs enrolled in

residency programs in Washington State and to identify strategies that are in place to support underrepresented new RNs of color. This information can help guide hospitals and other employers toward successful strategies to retain new RNs in the workforce.

Methods

In order to document the presence of new-graduate transition programs and the support available for new RNs of color, as well as determine a one-year retention rate for new graduate RNs participating in these programs, a descriptive longitudinal design was employed. A survey (Appendix 2) was sent to 106 acute care hospitals in Washington State to identify hospitals with new-graduate transition programs, and a telephone interview was conducted to elicit details of these programs.

Human Subjects

The study was approved by the University of Washington Institutional Review Board. Information about the presence or absence of a new RN transition program and details about the programs were kept confidential. Consent from Chief Nursing Officers (CNOs) to participate was implied by their return of the postcards or by follow-up contact. Hospital representatives interviewed by telephone gave verbal consent at the beginning of the interview process.

Sample

Of the 106 hospitals in Washington State that were contacted by letter describing the study and asking for their involvement, 41 responded “Yes” to the question of whether or not they had a new-graduate transition program. Ten hospitals were from the eastern half of the state with the remainder being from the western half of the state.

Data Collection Procedures

In order to optimize response rates and obtain reliable information, a researcher experienced in nursing workforce issues was consulted about survey method and content. Because it was important to obtain new graduate programmatic information from knowledgeable respondents and to be able to

clarify information if necessary, a telephone survey was recommended. A three-step process was used to optimize results. First, an informational letter was sent to all hospitals in the state reminding them of the mission of the Washington Center for Nursing and informing them that they would be receiving an invitation to participate in a study about the new-graduate transition process. Second, an informational invitation to participate was sent to CNOs in all 106 acute care hospitals identified on the Washington State Department of Health web site. The chief nurse executives at each hospital in a multi-hospital system were contacted rather than a single CNO or executive over the entire system. A stamped postcard addressed to the Washington Center for Nursing was included, and a *Yes* or *No* response to the question “Does your organization have a new graduate transition program?” was requested. A transition program was described as an orientation program specifically focused on new RNs. Chief nurse executives were asked to identify representatives from their organizations who could be contacted for an interview about the orientation program. After three weeks, any CNO who had not responded was contacted by telephone with an offer to answer any questions about the study and given another opportunity to participate. A representative designated by the CNO of these hospitals was then interviewed by telephone to ascertain the details of the transition program. In addition to the telephone interview, hospitals and nursing schools participating in this study were asked to provide the names and racial/ethnic backgrounds of the May/June 2006 graduates and/or new employees in order to provide a picture of the diversity of that new RN class.

Interviews with 35 hospital representatives (some represented more than one hospital) took place between September of 2006 and January of 2007. They were interviewed again in May/June of 2007 in order to calculate the one-year retention rate of new RNs who had participated in transition programs.

Instrument

A new graduate transition interview tool was created by the principal investigator and the Executive Director of the Washington Center for Nursing to obtain details about how new graduate RNs transition into the workforce and the support programs available for new RNs of color. Questions were asked about the total number of classroom hours, how classes were structured, and the content of the classroom experience. Additional questions were asked about the details of the preceptor or mentor program at each organization, the specific programs for underrepresented new RNs of color, how program outcomes were measured, and descriptions of program successes. The interview tool was reviewed by an independent healthcare workforce researcher and was tested for clarity of questions with members of clinical education departments in local area hospitals. Questions were designed to create forced-choice answers whenever possible to provide ease of analysis. For example, questions like “Do you assign a preceptor to your new graduate employee?” and “Does the content of your classroom time include discussion about the challenges of transitioning from student to practicing nurse?” lend themselves only to *Yes* or *No* responses. Definitions were provided for clarity. For example, it seemed necessary to define the difference between a preceptor and a mentor as these two roles are blended in many organizations.

Data Analysis

Telephone interviews were completed with representatives from each hospital with a new-graduate RN transition program. Detailed notes were taken for each interview. These were reviewed and transcribed into an electronic document, and initial notes were organized into complete responses. Descriptive statistics were compiled for all responses and frequencies were run for all variables to evaluate the impact of missing data and to correct any possible data entry errors. Participating hospitals were surveyed again after 13 months so that a one-year retention rate of new graduate RNs

participating in transition programs could be provided along with the racial/ethnic representation of this RN group.

Since the intent of this project was to document the program characteristics and retention rates of recently graduated RNs in Washington State, the characteristics of these programs will be described to provide understanding of current practice in the assimilation of new graduates into the workforce. Existing programmatic support for underrepresented new graduate RNs will also be described. Describing existing programs will assist in the creation of best practice recommendations for transitioning new RNs of color and all new RN graduates into the workforce.

Findings

Of the 106 acute care hospitals in Washington State surveyed, 71 hospitals responded for a 67% response rate. Of the 71 respondents, 28 (39%) indicated that they did not have a transition program specific to new RN graduates, and 41 hospitals (58%) indicated that they had a new-graduate transition program. Table 1 shows the frequency of responses for all forced-choice questions. Participants' comments will be described in the discussion section of this report. In order to protect the confidentiality of hospitals, responses were tied to hospital size only. Seven hospitals interviewed had less than 100 beds, and the remainder had greater than 100 but fewer than 1,000 budgeted beds.

Hospitals and nursing schools participating in this study declined the request for information describing the diversity of these new RN graduates. Individual new graduates had not consented to the release of this information, and the hospitals and schools were concerned about student/employee confidentiality.

Responses to interview questions are grouped into three broad categories: classroom learning/orientation, preceptor and mentor programs, and support for new RNs of color. Analysis of each category will be described below. Support for new RNs of color will be described last in order to place it into the context of what hospitals are doing to assist the transition process for new RNs in

general. Responses to the questions of how outcomes are measured and the additional subjects that should have been addressed are described in the discussion section as these were more narrative in nature and unable to be specifically quantified.

Classroom learning/orientation

Representatives from hospitals indicating the presence of a new-graduate transition program were first asked whether their program included a period of classroom learning. Seventy-four percent of respondents indicated that classroom learning was a part of their new-graduate transition programs. Twenty-four percent indicated that their programs contained no classroom learning. Those indicating that their programs included classroom learning were asked about the details of that class time. Table 1 provides all responses to questions relating to the classroom component of orientation. When asked about the number of hours of class time, 31% said they provided 16-24 hours of class time; 35% provided between 25-40 hours of class time; and 34% provided more than 40 hours of class time. The length of class time ranged from 5 weeks to 6 months. The majority of classes were 8 hours in length. Classes took place immediately after to within week/months of the initial hospital orientation.

TABLE 1

Classroom Component To Orientation		
Response	n	percent
Yes	26	74%
No	9	26%
Does classroom include:		
Anatomy and physiology review		
Yes	16	62%
No	10	38%
Review of Disease Entities		
Yes	21	81%
No	5	19%
Challenges of Transitioning from Student to Practicing Nurse		
Yes	22	81%
No	4	15%
Care for Culturally diverse patients		
Yes	17	65%
No	9	35%
Other	1	4%
Utilize computers to complete learning modules		
Yes	14	54%
No	12	46%
How to Communicate with Physicians		
Yes	23	88%
No	3	12%

Preceptors and mentors

In order to provide clarity, the term *preceptorship* was defined as a 1:1 relationship with a new RN to teach on-the-job skills and competencies and to evaluate his or her ability to be successful.

Mentorship was defined as a formal relationship with a new RN to assist with his or her socialization and assimilation into the work environment and different from a preceptorship. Table 2 summarizes the responses relating to the preceptorship of new graduate RNs.

TABLE 2

Precepting of New Graduate RNs			
<u>Question</u>	<u>Response</u>	<u>n</u>	<u>percent</u>
Do you assign a preceptor?	Yes	35	100%
How many?			
One		8	23%
Two or more		26	74%
Assigned daily		1	3%
What preparation do your preceptors receive?			
None		6	18%
4 hour class		4	12%
8 hour class		18	53%
Other		9	24%
Are preceptors paid for precepting?			
	Yes	31	89%
	No	3	9%

After respondents described the number of preceptors and the preparation received, they were asked about the length of the preceptor-preceptee relationship. In all cases this was the same as the length of the general orientation to the work area. New graduates hired into specialized work areas received a longer orientation to their specialty work of up to 6 months, compared to an average reported total orientation for new graduate RNs in medical surgical acute care positions of 2 to 3 months.

Mentor programs for new RNs were rare with only 6% of organizations indicating that they had such a program for new RN employees.

Support for underrepresented new RNs of color

Participants were asked if they did anything special to address the needs of underrepresented new RNs of color. Specific support for nurses of color was minimal with only 6 (18%) out of 34 hospitals with new-graduate transition programs reporting that they had a specific strategy to address the needs of new underrepresented RNs. The balance of respondents (76%) indicated that their organizations did not have any specific programs to address the needs of underrepresented new nurses transitioning from

school to the workplace. Some of these commented that there was little diversity in either their hospital or in the surrounding community. Those 6 hospitals reporting having a program for new RNs of color provided support by educating the preceptor about cultural differences that an underrepresented new nurse might be facing, helping immigrant nurses adjust to American life and culture, and providing resources for nurses for whom English was a second language. Also reported were 1:1 mentorship and the promotion of a management-led, hospital-wide climate supporting diversity. One respondent also described the importance of giving nurses of color an opportunity to work first as Nursing Technicians while still in nursing school to assist them in early assimilation into the environment. When asked about programs specifically for underrepresented new RNs of color, several respondents described the importance of setting individual goals for all new nurses to assist each of them with unique challenges.

Discussion

The results of this study reveal a variety of approaches to the transition of the new graduate RN, as well as a general lack of specific approaches to support underrepresented new RNs of color. Among the hospitals in the study, the size of responding facilities, resources available, and geographic location were all highly variable, but a consistent thread shared across all sites was an understanding of the importance of supporting new graduate nurses. It is imperative to address the specific components of professional development and clinical competence in a way that ensures the success of the new RNs in transition despite the differences in organizations.

In addition, to better support new-graduate transition programs, a clearly articulated common language around this important topic needs to be defined. While the parameters of this study defined participation as an orientation process specifically for new graduates, separate from the process for experienced nurses, three different categories of responses were revealed. The first category, described by 55% (n=19) of the respondents, was an orientation process with core content attending to the specific needs of new graduates. The second category, described by 20% (n=7) of the respondents, was a

new-graduate transition that was a patient-population-specific orientation in cases where only new graduate RNs were always or almost always hired. Components attending specifically to the needs of new graduate RNs may or may not have been included. This is an important distinction, because the needs of new graduate nurses entering into practice differ from those of experienced nurses. The third category, described by 25% (n=9), was defined as precepted on-the-job training without any classroom component. These three examples highlight the lack of agreement and common understanding concerning the specific needs of the new graduate RN and new nurses of color.

The various strategies to facilitate the transition of new nurses into their first professional role are multi-factorial. They include organizational culture and priorities, financial resources, and access to information about evidence based best practices in new-graduate transitions. One underlying issue is the lack of competency congruence expectations between nursing education and practice. Competency is a priority concern of a number of states and is currently being addressed by the Council of Nurse Educators in Washington State (CNEWS). All resources must be called upon to assist new nurses to practice ethically, safely, and competently through prelicensure education and to identify a common underlying framework for the best practices in transition for the first year of practice.

The following will discuss the content areas of classroom orientation, preceptors and mentors, support for underrepresented new nurses, how outcomes are measured, and additional topics of interest identified by respondents.

Classroom orientation

The results of this study are consistent with a 2001 national survey of Chief Nursing Officers (CNOs) about the new-graduate transition process (University HealthSystem Consortium [UHC], 2000). In that survey CNOs described programs ranging from 4 weeks to 2 years with classroom time ranging from 13-376 hours. Specific hours of classroom time were difficult to quantify in this current study of new graduate RNs due to the number of different patient-population-specific orientation programs

within each organization; however, the hours ranged from 16 to well over 100 hours. For example, respondents who described their new-graduate transition program as containing 100 hours of classroom content may have been describing the theory based content required to become a critical care nurse or an operating room nurse and not a separate content that addresses the specific needs of RNs new to the profession. Those organizations with fewer classroom hours often were describing the new-graduate-specific content. There was content crossover in the new-graduate-specific orientations and the patient-population-specific orientation models with 81% of respondents indicating that during classroom hours they addressed both the challenges of transitioning from student to practicing nurse and how to communicate with physicians. There was indication during some of the interviews that the topic of communication with physicians may not have always been approached as a new-graduate-specific issue but was addressed to all nurses new to the organization. Regarding classroom learning, a number of interviewees spoke of providing case scenarios to foster critical thinking and develop additional practical knowledge. They described feedback from their new graduate employees suggesting that orientation be action orientated with case studies describing real data from patients and not a repeat of nursing school. Several respondents also articulated a belief that classroom content should address organization-specific protocols for care, following national guidelines. Interviewees also emphasized the importance of using classroom time to enable the new RN to connect to the culture of the organization and discover how the values and expectations of the new graduate aligned with those of the organization.

Scheduling of classes for those with specific new-graduate components was also a challenge due to conflict with the scheduling of the specialty-based orientation programs. Several sites noted that new graduates often missed the classes specific to new RNs in order to be able to attend their respective specialty orientations.

Fifty-eight percent of the respondents indicated that they addressed the care of culturally diverse patient populations, and 38% indicated they did not. Responses from those with content on culturally diverse patients mentioned the topics of respecting the cultural backgrounds of all patients and nurses, the importance of reframing a clinical issue to include cultural differences, and descriptions of how different cultures experience pain and treatment of pain as a potential issue. The significance of this is difficult to interpret because many of those who indicated that they did not address the needs of culturally diverse patient populations also indicated that the content on diversity was addressed in the hospital orientation.

Preceptors and mentors

Many of the respondents discussed the value organizations placed on the contribution of their preceptors, with 100% of respondents indicating that their nurses were assigned a preceptor. All respondents verbalized the challenges of trying to assign a new RN to just one preceptor, and 76% indicated that they assigned a new nurse to two or more preceptors throughout the transition process. Respondents added the topic of the differences between younger and older new graduate RNs. While age was not specifically addressed in this study, many of those interviewed voiced a belief that the older, second career, new RNs were better able to cope with having more than one preceptor. The respondents posited that this was a result of older new RNs' life experiences which helped them to understand that there could be a variety of approaches to certain aspects of patient care. Younger new RNs were viewed as being more successful, at least in the beginning of their orientation, when they were paired with one preceptor consistently. Despite this, the combination of many part-time workers and 12-hour shifts makes providing a single preceptor to a new RN challenging.

Preceptor preparation was also a major area of concern. Many of the respondents indicated that it was the intent of their organizations to use only preceptors who had attended a preceptor workshop, but if preceptors were needed, attending a class was omitted as a firm requirement. Some

respondents commented that using preceptors who didn't want to precept had negative impacts, and that there were RNs who had attended preceptor classes but were not effective preceptors. Some sites without an in-house preceptor training program sent preceptors to classes sponsored by other hospitals or colleges or made CD-ROM training available. The amount of preparation preceptors received varied from none up to eight hours. Many respondents also indicated that, while preceptor training was available, decisions about sending nurses to the training and subsequently utilizing them as preceptors was a unit-based decision. While a specific question was not included in the survey, some said they were re-evaluating their preceptor training program and hoped to extend one-time preceptor education by implementing periodic updates throughout the year.

A majority of respondents (81%) indicated they provide their preceptors with premium pay. Those that did not provide premium pay acknowledged their preceptors verbally and placed a letter of recognition in each preceptor's file. Many indicated they would like to do more to recognize this valuable contribution to new RNs' success.

There was a great deal of interest expressed in mentoring programs for new RNs, but such programs were rare. Many of the respondents believed that they became the de facto mentors of new RNs when structured mentoring on their units was not available. Several said the preceptor's role also included components of mentorship. Some indicated that they held weekly or monthly support groups for new graduate RNs in which preceptors and managers sometimes participated.

Support for new RNs from underrepresented populations

The findings show that there is little support specific to underrepresented new RNs of color, with only 18% of participants reporting specific strategies to address the needs or concerns of this group of new RNs. The literature demonstrates the value of nurses of color as a part of a nursing unit (St. Claire & McKenry, 1999) and as critical in providing culturally appropriate care to our increasingly diverse patient population; therefore, strategies to address the transition of underrepresented new RNs of color

to the workplace are essential. The successes of those hospitals that have such programs in place need to be evaluated and best practices implemented across the state.

Outcome measures

Responses to the question of how outcomes were measured varied from “we don’t” to a variety of questionnaires and assessments. For some, the emphasis was on evaluation of the class days themselves by the new graduate RNs; for others, the actual long-term success of the new graduate and the rate of turnover were key outcomes. The new graduate RNs were evaluated by the preceptors on the units, and some sites included the new graduate RNs’ evaluation of the preceptor as a part of measuring outcomes. The specific evaluation tools used were not asked for in this questionnaire, but several tools measuring critical thinking and competency were frequently mentioned. The majority of respondents talked about feedback from new graduates, managers, and preceptors as the measure for success. While a question about the cost of these programs was not specifically asked, one interviewee included a comprehensive evaluation of cost per hire as part of the program evaluation.

Elements of program success

At the close of each interview respondents were asked to name the three things that most contributed to the success of their new-graduate transition programs. Responses included the characteristics of the new RN and the hiring process, the characteristics of the preceptors and educators who taught in the transition program, the instruction content, and support for new RNs.

Initial screening by Human Resources or a Nurse Recruiter, combined with references from nursing instructors, was described as the ideal scenario for hiring, with the Nurse Recruiter and Nurse Managers working together to hire new nurses who “best fit” the unit and the organization. Several larger organizations described the advantages of giving nursing students the opportunity to work as Nursing Technicians (nursing students who have completed one clinical quarter of education) to create a pipeline of new RNs. This was seen as a great “try on” for both the student and the organization. Several

organizations believed that hiring LPNs who are planning to return to school for an RN degree is a successful practice and also serves as a pipeline for new nurses.

New-graduate orientation based on successful best practices and with specific competencies defined was described as a major goal of these programs. Hands-on, interactive classes with multidisciplinary content taught by experts were viewed as being successful. Helping new graduate RNs feel like they are members of a team, cultivating organizational pride, and a thorough needs assessment of newly hired RNs in order to optimize their orientation period were all seen as successful strategies. Representatives of several organizations suggested that the ideal for quality content and oversight of the new nurse was a combination of unit-based educators and hospital-wide educators or clinical nurse specialists. Flexibility in treating each new graduate RN as an individual and extending orientation if needed were considered valuable and essential.

Finally, the support of managers, preceptors, and hospital administration was recognized as critical to success. This support was vital for the development and maintenance of the new graduate transition program and for the self esteem and success of the new graduates themselves. Also essential was the opportunity to give these new nurses sufficient oversight and manager feedback.

What else should we have asked?

The intent of this final question was to provide an opportunity for interviewees to discuss any component of the new-graduate transition process or other concerns not covered in the interview questions. Nearly everyone expressed an interest in finding out about current best practices and evidence based approaches. Concerns were voiced that as the experienced nurse applicant pool decreases, new graduates will be asked to learn and do more much quicker than in the past. Also, there were a number of concerns expressed about the level of preparation of new RNs completing their nursing program. One interviewee wondered why new nurses were not prepared to take a patient assignment when they finished school. Another asked whether there was a consistent definition of the

skills and abilities new nurses should have upon entering practice. There was also concern expressed about the current generation of new nurses being “different than when we finished school” with less perceived commitment and willingness to “do their time on the off shifts or to work extra.” New nurses need to understand the generational expectations of their preceptors, charge nurses, and managers; and preceptors, educators, and managers need to understand how to bring out the best in this new generation of employees. It is also important to create better avenues of communication between schools of nursing and the hospitals to ensure closer collaboration in better preparing the RN of the future.

Many of the representatives of smaller or rural hospitals spoke of the challenges of recruitment and retention. Often a new graduate in these hospitals is the sole new nurse and so has no new graduate peer group or formal support structure upon which to rely. Continuing educational opportunities are often more limited due to the size of the staff. The ability to attract and retain new nurses was challenging, especially when spousal employment options often were limited.

Representatives of every hospital were interested in bringing best practices to their organizations. Many respondents expressed an interest in knowing how other institutions were educating and supporting both their preceptors and new RNs and asked questions about rewards for preceptor success and how preceptor success was defined. Mentoring programs were frequently asked about, and many expressed a desire to know what was working elsewhere that could be useful to their organization.

One-year retention rate of responding organizations

Thirty-four of thirty-five organizations responded to the request for numbers of May/June new graduate hires. A total of 619 new graduates were hired into these 34 organizations. All 35 organizations were contacted one year later either to request initial numbers of new graduates hired or to ask how many of those new graduates were still with the organization one year later. Four hospitals interviewed

had not hired any new graduates in May/June 2006 so they were not re-contacted. Excluding these 4 hospitals, a total of 24 organizations provided a one-year retention rate for their May/June 2006 new hires. These 24 organizations retained 504 of 562 new graduates for one year, representing an 89.6% retention rate. Of the 24 organizations that responded with numbers on their one-year retention rate of new graduates, 17 of them were identified as either having a new-graduate residency program or embedding elements of a new-graduate program within their specialty orientation (e.g., med surg, critical care, etc.) for a 90.5% retention rate at one year.

Implications and Recommendations

This study was a first step in what needs to be a collaborative and ongoing process among the multiple RN education programs and hospitals across Washington State to describe and implement best practices in new graduate transitions. Despite inherent differences between ADN and BSN prelicensure programs and 25-bed hospital or 500-bed hospitals, all are concerned about the challenges facing these new RNs. In order to ensure success for the large numbers of new graduate nurses entering the workforce, their preceptors, and the educators who support these new RNs, best practice elements of transition programs should be implemented. The current length and quality of the programs offered to novice nurses varies widely. A more consistent approach can enhance learning and reduce stress and distress among all staff. Most important, the data support the idea that transition programs improve retention, increasing job satisfaction for employees and decreasing labor costs for organizations. Increased workforce stability and improved patient safety and quality of care are additional positive results. Following are recommendations based on this study, discussions with content experts in Washington State and across the country, and a comprehensive review of the literature.

Classroom content

The results of this study do not suggest a one-size-fits-all approach to classroom content but rather highlight the need to pay specific attention to the transition process of new graduate nurses.

Classroom orientation should not be a repeat of nursing school but rather should build on the foundation provided in the new graduate's educational programs. Case scenarios and real life examples of patient situations help solidify concepts already learned and hold the new nurse's interest. In order to provide ongoing support and professional development, shorter classes (e.g., 4 hours added to an 8-hour clinical day, once a month) would allow participation in both a new graduate residency as well as a population-specific orientation such as a critical care consortium. New graduates need support beyond the typical 12-week residency, and this model would allow for an extended period of residency.

Underrepresented new RNs of color

Specific support for underrepresented new RNs of color is essential if we are to competently address the needs of an increasingly diverse patient population. Based on the results of this study, a conclusive report describing support available for underrepresented new nurses of color or the specific needs of these new nurses cannot be written. In order to completely understand the needs and the effectiveness of current support for new RNs of color, more research is needed. The voices of the underrepresented new RN graduates of color must be heard to understand their experiences as new nurses and to understand their unique needs as they transition into their first professional RN role. Based on this information, strategies must be implemented and evaluated, and best practices from around the country must be identified and adopted to support the success of underrepresented RNs of color.

As a result of discussions with content experts around the state (J. Katz personal communication, January 2007; D. Doutrich personal communication, February 2007; J. Mocerri personal communication, February 2007) who focus on the needs of developing a diverse RN workforce it became clear that a powerful strategy to support underrepresented new nurses of any background is not to focus on one specific group but to embed cultural competence and understanding across an entire organization. According to a group of Latina educators (Canales & Bowers, 2001), understanding

difference is not about specific cultural groups. This group of nursing faculty did not and could not distinguish between competent care and culturally competent care. For them “competence necessarily includes cultural competence” (p.102). Developing “diversity competence” (Frusti, Niesen, & Campion, 2003) is defined as an individual’s ability to respect each person’s uniqueness (p. 33). A positive impact may also be achieved by asking staff about their experience of being different and relating it to the experiences of underrepresented new RNs of color. Focus groups of underrepresented new RNs of color in Washington State would provide an understanding of what these new nurses experience and set a direction to ensure their success. Evaluation of the experiences and diversity of the RN workforce must also include specific demographics. The 2007 Department of Health data collection demographics for RN licensure will include data on the diversity of licensees. This data should be analyzed and evaluated. Additional research about retention of underrepresented new RNs of color is important. All facets of the acculturation process must be evaluated and addressed with special attention paid to the impact of social/cultural isolation for underrepresented new nursing graduates. Is the tenure of racially/ethnically diverse new RNs similar to or different from that of Caucasian RNs? It is equally important for every hospital in the Washington State to continue to develop and evaluate their strategic plan for diversity competence. Resources to develop cultural competency education are available (United States Department of Health and Human Services Office of Minority Affairs, 2006), emphasizing practical case scenarios and interactive modules. These modules include an introduction, followed by three courses which are organized around the three themes of the Culturally and Linguistically Appropriate Services (CLAS) standards. These national standards were developed by the Office of Minority Health in 2000 to define elements of culturally competent care, language access services, and organizational supports necessary to achieve cultural competence. The importance of strategies to address language and cultural issues in hospitals is validated by the Joint Commission on Hospital Accreditation (The Joint Commission, 2007).

Precepting and mentoring

The value of role models and mentoring in supporting any new nurse in the first year of practice is well documented in the literature and is especially important to underrepresented nurses of color (Eschiti, 2004; Wilson, 2007; Wilson, Andrews, & Woodard Leners, 2006). Professional organizations such as the National Coalition of Ethnic Minority Nurses Association, Mary Mahoney Professional Nurses Association, Ebony Nurses Association, National Black Nurses Association, National Association of Hispanic Nurses, Filipino Nursing and Healthcare Professionals Association, and others are good resources for finding mentors from specific racial or ethnic groups. Many of these organizations have state or regional speaker's bureaus or other resources that can help with establishing mentor relationships. The Office of Nursing Workforce in Mississippi has implemented a new-graduate residency program in which one of the goals is to recruit minorities into the hospitals participating in the grant. A cultural diversity workshop is included as part of the residency. Early findings show better alignment with the diversity profiles of the community after the residency program was initiated. (personal correspondence, Debbie Logan Office of Nursing Workforce Mississippi, April, 2007).Assimilation into the workforce and mentoring relationships that were developed with staff when underrepresented new nurses begin as Nursing Technicians were described as successful strategies. The Academy of Medical Surgical Nurses has been conducting mentoring research in hospital settings and offers resources to assist in starting mentoring programs. Outcome data for this national study are being evaluated. Educational preparation for preceptors should be required before they undertake the role, and those who precept formally should be compensated and recognized.

Toward a shared theoretical framework

Differences in the size and patient populations of hospitals across the state make a uniform approach to new graduate transition programs impractical and inappropriate; however, key foundational principles can be applied. This study has shown that programs for new graduate nurses

vary widely. Some are only orientations to organizational policies; others pair new graduates with preceptors who themselves have varied levels of training for the role. Some new-graduate transition programs enroll their new graduate nurses into existing specialty training programs for critical care or operating room, without focusing on the unique needs of the new nurse for social assimilation, support, and enhanced understanding of the complexities of the current healthcare environment. Building a new-graduate residency with a clear foundational model will aid in defining goals and benchmarks. A combination of Benner's principles of "Novice to Expert" (1984) and adult learning theories can be used as the foundation for success. Models exist nationally in which experts from academia and practice collaborate to create structured education, mentoring, and extensive support for all participants.

One successful national model of new graduate transitions is the Versant Residency Program (Versant, 2005). During an 18- to 22-week residency, new graduates are supported professionally and emotionally. They attend interactive classes and skills labs that build on their clinical experiences. In comparing a group of 2,500 new graduate nurses who have successfully completed the Versant program to new graduate control groups, Versant has been able to show a decrease in turnover from 35% to 6% at 12 months and from 55% to 11% at 24 months.

The University Hospital Consortium Model (Krugman et al., 2006) incorporates an evidence based approach to the development of a new-graduate residency program within the framework of a strong theoretical model. This program incorporates many of the best practices of successful Washington State programs. This program has been implemented in 34 hospitals around the country. Outcomes from the first year show a high rate of retention, decreased new graduate stress, increased satisfaction, and improved organization and prioritization of care.

Washington State University's Rural Nurse Internship Program (Washington State University Rural Nurse Internship, 2005) provides distance educational support for rural RNs with less than a year's experience. Preceptors and mentors are designated to supplement distance learning. A distance clinical

coordinator helps the new nurse to establish long- and short-term goals. Programs like these should continue to be supported, and nurses who participate in these programs should be queried to identify program strengths and areas for improvement. Outcome data from participants so far show a high level of job satisfaction and confidence (Molinari, personal correspondence, September 11, 2007).

While a variety of approaches may be needed to account for the differences in facility size and patient population, best practices do exist to ease the emotional challenges of the first year's transition. New-graduate researcher Judy Boychuk- Duchscher is the Executive Director of an organization started in Canada called Nursing the Future. The vision statement of this organization is "New Graduates building a supportive health care environment and advancing the nursing profession" (Nursing the Future, 2006). New graduates are offered on-line forums to discuss the challenges they are facing and a yearly conference. Mentorship programs modeled by the American Academy of Medical Surgical Nurses N3 project (Academy of Medical Surgical Nurses [AMSN], 2007) and supported by a number of other national professional nursing organizations would bring these support mechanisms closer to home.

Limitations:

There were a number of limitations to this study:

1. Agreement on core components of a new graduate residency program does not exist, making interpretation of results more challenging. Competency congruence discussions between education and practice are essential to resolve this issue.
2. This study was limited to acute care hospitals in Washington State. While the majority of new nurses take their first job in an acute care setting, these results cannot be applied to all new graduates.
3. Telephone interviews were not audio-taped, so results may have been affected by the investigator's recall.

4. We were unable to collect specific data on the ethnic/racial diversity of new RNs due to privacy constraints.
5. These findings offer only the perspective of the hospital respondents. More research is needed to incorporate the perspective of new graduate RNs in Washington State.
6. Data were collected on the one-year retention rate of new graduates participating in residency programs only. A cohort of Washington State new graduates should be followed over a longer period of time for a more comprehensive retention profile.

Conclusions

This study represents a first attempt to identify the structure and content of new-graduate transition programs in Washington State and to specifically identify the support available for underrepresented new nurses of color in their first year of practice.

In summary, the following recommendations should be considered in order to incorporate current best practice in new graduate transitions:

Underrepresented New RNs of Color:

1. Additional research is needed to more specifically describe the diversity of our current and future nurses and the perceptions of current underrepresented RNs of color about the experience of transitioning to their first professional RN role.
2. The significance and value of a diverse nursing workforce need focused attention by nursing leaders across the state. Collaboration to build a more diverse nursing workforce should be a priority of nursing leaders.
3. Cultural competency should be embedded in all healthcare organizations.
4. Hospitals and healthcare organizations should partner with organizations such as The National Coalition of Ethnic Minority Nurses and others to create mentorship programs that give underrepresented new nurses role models to support them.

5. More research is needed to understand the impact of all of the dimensions of acculturation for underrepresented new nurses.

Precepting and Mentoring:

1. All preceptors should receive education about the process of new graduate transition, Benner's novice-to-expert concepts, principles of adult learning, and the intergenerational workforce. Whenever possible this should be in an interactive setting where groups of preceptors can learn from and support each other.
2. Preceptors should be given follow-up education and support in order to build on what they initially learned and prevent preceptor burn-out.
3. Preceptor recognition should be a part of every organization's retention plan, and preceptors should be compensated for the formal mentoring. Whenever possible, only preceptors who have had the opportunity to attend training and have an interest and ability in teaching should be allowed to precept new nurses.
4. Preceptor continuity should be a priority. Every effort should be made to minimize the number of preceptors for a new graduate and provide a clear communication plan among preceptors.
5. A mentoring program should be implemented for all new nurses following a model such as the one developed and studied by the Academy of Medical Surgical Nursing.

Towards a Theoretical Framework:

1. Education and practice leaders from around the state should be brought together to define both competency congruence and best practices in new graduate transition.
2. New graduate transitions should have a theoretical framework utilizing principles such as Benner's novice-to-expert concept. Current national exemplars of new-graduate residencies with a strong theoretical model include the Versant Residency Program and

the University Hospital Consortium model. Key components of these national models include:

- Collaboration between hospitals and schools of nursing
- Four to six months of institutional and/or population-specific orientation
- Pairing with a qualified and prepared nurse preceptor
- Monthly seminars with curriculum content and interactive case studies
- Professional role development and support postresidency

Elements of these nationally recognized best practices are present in many Washington State programs. This study describes the structure of these programs only. Additional work is needed to come to definitive agreement on essential components needed to ensure both the recruitment and retention of the nurses of the future.

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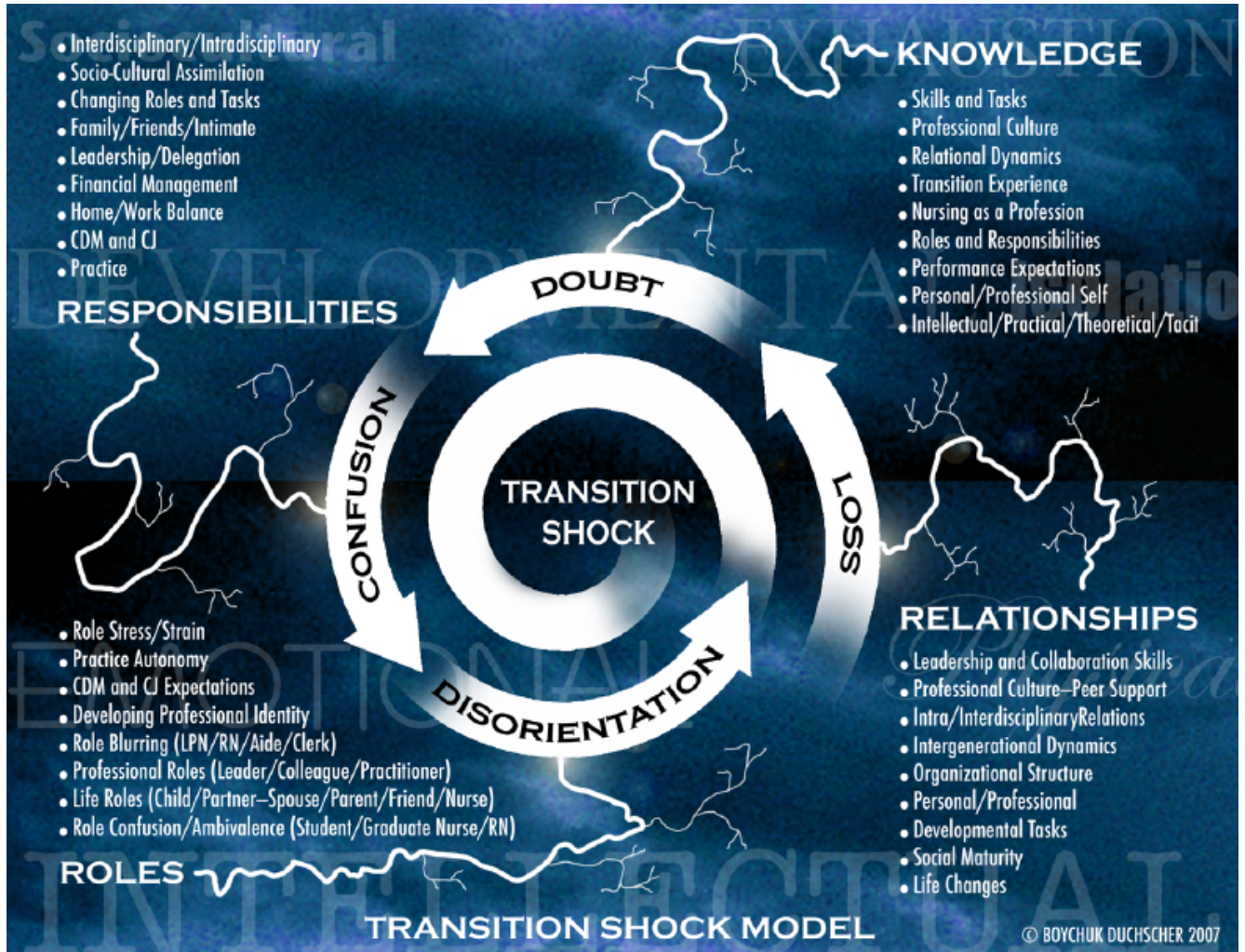
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Appendix 1



Appendix 2

1 Washington Center for Nursing
SCRIPT FOR INTERVIEW WITH HOSPITALS:

Interview# _____

Date interviewed _____

Hello, my name is Kathy Hare. I am calling about a research study conducted by the Washington Center for Nursing. I hope your Nurse Executive has let you know I would be calling. Is this a good time to talk? May I contact you at a better time to describe the purpose of this study and ask you to participate?

The purpose of this study is to understand the transition from school to workplace for new RN graduates by identifying hospitals in the state with and without new graduate transition programs and details of those programs. (We are identifying transition programs as an orientation program specifically focused on new graduate RNs.) We hope that the results of this study will provide information to hospitals and nursing schools to help assure a successful first RN work experience for newly graduated nurses. Your Nurse Executive has identified that your organization has such a program.

If you choose to participate I would like to interview you about the details of your new graduate transition program. For example I will ask you whether your program includes a period of classroom learning and a bit about the content of that class time. In order to understand the diversity of graduating RN's participating in transition programs, we will also be asking for a list of the names and minority status of your May/June 06 new graduate hires. We will be contacting you at the end of one year to find out how many of these new RN's are still with your organization in order to provide information on the state wide retention rate of new RN's participating in residency programs. You do not have to answer every question. The interview should take about 20 minutes

Taking part in this study is voluntary. You can stop at any time. Information about you and your organization is confidential. We will assign study codes to individuals and to hospitals. We will keep the master list in a secured location, separate from the study data. This information will be destroyed in 2 years or on completion of the study. If the results are published or presented you or your hospital will not be specifically identified.

I may want to re-contact you to clarify information from your interview. In that case I will telephone you and ask for a convenient time to do so. Giving your permission to re-contact you does not obligate you in any way.

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New Graduate transitions study
August 22,2006

Do you have any questions?

Yes _____

No _____

Do you give your permission for me to interview you?

Yes _____

No _____

Do I have your permission for me to re-contact you to clarify information?

Yes _____

No _____

If now is not a good time can we make an appointment at your convenience?

Appointment at _____

If you have questions later you can reach me at katmhare@gmail.com. (Please note I can not assure the confidentiality of information sent via E-mail)

INTERVIEW SCRIPT:

Of the following that I will describe, which of these are applicable to your program?

Does your program include a period of classroom learning yes _____ no _____

Comments:

If yes does the content include:

Anatomy and physiology review _____

Review and Nursing Care of Specific Disease Entities _____

Discussion about the challenges of transitioning from student to practicing nurse?

Information on the needs of culturally diverse patient populations? _____

Using computers to complete theory based learning modules _____

How to communicate with physician's _____

How many total hours of classroom time do you provide? _____

How are these hours structured (8 hour days, classes held after an 8 hour day? half day sessions etc) _____

When do classes start and end _____ (with date of hire, several weeks after, At the end of unit orientation)

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New Graduate transitions study

August 22,2006

These next questions are about precepting and mentoring of new RN graduates

If we define a preceptorship as a 1:1 relationship with a new graduate RN to teach them on the job skills and competency's and to evaluate their ability to be successful and

A mentorship as a formal relationship with a new graduate RN in order to assist with her socialization and assimilation into the work environment and different than a preceptorship

Do you assign a preceptor to your new RN graduate employee? _____
Just one? _____
More than 2? _____
Assigned Dailey _____

What preparation do your preceptors receive before taking on this role? _____

Do you have a premium pay for preceptors? _____

How long does this formal preceptor relationship last? _____

Do you have a mentor program for new RN graduates? _____
Do all new hire nurses (experienced and inexperienced) participate in this program? _____
Does this relationship begin during orientation? _____
After orientation is complete? _____
Is the mentor on the same shift as the new RN graduate? _____

What training do your mentors receive? _____

How long does this formal relationship last? _____

Discussion about difference between preceptors and mentors _____

We are aware of the small numbers of underrepresented new RN graduates in the nursing workforce. Is there anything special that you do to address the needs of underrepresented new RN graduate hires?

How do you measure the outcomes of your program? _____

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August 22, 2006

What are the three things that make your program most successful? _____

- 1.
- 2.
- 3.

What questions haven't I asked you that I should have? _____

Finally we ask that you send us a list of all your May/June 06 hires on the attached spread sheet. If you are unable to provide information on the minority status of these new nurses or specific names please provide what information you can. We will be contacting you at the end of one year to determine if any of these new nurses have left your organization so that we can provide a state wide picture of new graduate retention rates in Washington State.

Would you prefer to have this spreadsheet mailed to you or sent electronically? (Please be aware I cannot assure the confidentiality of Emailed information).

Where should I send this information? Should it be addressed to you?

Thank you for your participation and for providing input about your hospital in this state wide look at new graduate transitions. A copy of the completed report will be provided to your organization.

Again please feel free to contact me at katmhare@gmail.com or 425-765-6786.

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New Graduate transitions study
August 22,2006

LETTER TO HOSPITAL CHIEF NURSE EXECUTIVES

Dear.....,

The Washington Center for Nursing is contacting all acute care hospitals in the state of Washington to ask for their assistance with a research study. The purpose of our study is to understand the transition from school to the workplace for newly practicing nurses. To accomplish our goal, we would like to collect information about new RN transition programs in Washington State. We would also like to follow the retention of recently graduated nurses through their place of employment. We hope the results of our study will help assure a successful first work experience for new RN's.

We would first like to identify which hospitals do and do not have transition programs for new RN graduates. We are defining *transition programs* as an orientation program specifically focused on the new RN graduate that is in addition to your usual orientation process. **If you have a new graduate transition program, we are asking for permission to interview the person you designate about the details of your program. In the interview, we would like to ask for such information as the number of classroom hours and a bit about the content of those hours. The interview will take about 20 minutes**

We will also ask for a list of the names and minority status of your May/June 06 new graduate hires. We will use this information to understand the diversity of the graduating RN's participating in transition programs. We will contact you in one year to find out how many of these new RN's are still with your organization. A report of these findings will be made available to your organization. **If we publish or present this information, we will not identify your hospital or individual new graduate employees.**

Taking part in this study is voluntary. Participation can be ended at any time, and information provided will be strictly confidential. We will assign study codes to individuals and to hospitals. We will keep the masterlist in a secured location, separate from the study data. This link will be destroyed when the study is complete, in about 2 years. If the results are published or presented, you, your hospital or your employees will not be specifically identified

Please complete the enclosed stamped self addressed postcard indicating whether or not you have a transition program for new graduate RN's. In addition, please provide the name of the appropriate contact to interview. We will follow up with a reminder phone call in about two weeks. If you have any questions, or you do not want to be contacted about this project, please contact Kathy Hare at katmhare@gmail.com. Please note we cannot assure the confidentiality of information received by e-mail. Thank you for your assistance with this important work.

Sincerely

Kathy Hare RN, MN

Program Associate

Principal Investigator

Washington Center for Nursing

Linda Tieman RN, MN

Executive Director

Washington Center for Nursing

[STREET ADDRESS] • [CITY/STATE] • [ZIP/POSTAL CODE]
PHONE: [PHONE NUMBER] • FAX: [FAX NUMBER]