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Dedicated Preceptors Improve Nurse Residency

Anne Hustad, MSN, RN, CNE

Executive Summary

Introduction of the Problem

The use of dedicated preceptors in a nurse residency program for new graduate nurses has been shown to increase the retention and satisfaction rate of nurses employed in a hospital setting. A small rural hospital in Illinois faced high nurse turnover rates and strategized a plan for the future retention of new nurse graduates. The use of one or two dedicated preceptors per graduate nurse was identified as a strategy to reduce turnover. At the time of the program impetus, the hospital was free-standing and owned by the county board where it was located. Within the time frame identified in the project, the hospital merged with a larger hospital system in the state for financial reasons and accessibility of services.

Literature Review

Approximately 23% of new nurse graduates do not stay employed in their initial employment position for longer than one year (Blegen, 2017). The cost to rehire and retrain nurses is \$70,000 (Cochran, 2017). New nurse graduates who work with a dedicated preceptor have been found to develop a connection to the facility where they are working, which increases retention rates and decreases the cost of recruitment and retraining of new nurses.

Patricia Benner identified the Novice to Expert model (2000), where new nurses learn by gaining and developing skills and expertise while they work with seasoned nurses. Crimlisk (2017) noted that new graduates want to feel a connection with their preceptor while they are learning a new job. Hospital leadership must appreciate the value of dedicated preceptors to retain qualified nurses past their orientation program. Planning for the necessary staffing and

overlap of nursing shifts with new nurse graduates and dedicated preceptors is essential to nurse retention but can present a challenge when financial considerations are paramount.

Project Methods

The purpose of the Doctor of Nursing Practice (DNP) project was to increase new nurse retention by scheduling dedicated preceptors to work concurrent shifts with new graduate nurses. Nurses and new graduates were scheduled work hours and non-patient care hours together each week. The preceptors received training on best practices to interact with the new graduates and support them in the training process. Pre and post- interviews were conducted to gauge the effectiveness of the interventions of new and seasoned nurses working together.

The setting was a medical surgical unit in a small rural hospital in Southeastern Illinois. The new nurse graduates were trained primarily on the medical surgical unit. The hospital was county board-owned at the start of the project, but then merged with a larger facility in Central Illinois before the project could be fully implemented. The administration and education departments of the project hospital were then directed by the larger hospital to discontinue the plans for the residency program. Scheduling new nurses and dedicated preceptors was a logistical concern for the hospital. Ultimately, the dedicated preceptor program was approved by the new administration team, but many of the potential new nurse graduates had accepted positions elsewhere.

Southern Illinois University-Edwardsville Institutional Review Board concluded this DNP project was a Quality Improvement Project (QIP) and no further action was required as it did not involve human subjects.

Evaluation

Methods to evaluate the objectives of the project included focus groups with the participants of the initiative- both preceptors and new graduates. Although the hospital chose not to implement the project, the participants had already been selected and were interviewed for focus groups. Only three new graduate nurses completed the modified program and were retained after the orientation period. Limited nurse staffing, nurse vacancies, and vacations prevented pairing of new graduate nurses and dedicated nurse preceptors.

The results of the evaluation collected during the focus groups with the new nurse graduates and preceptors led to the findings that the new nurses did not have time to build a rapport with one person to help with the assimilation process into the workplace. The new nurse graduates did not work with consistent dedicated preceptors on the medical surgical unit. The new nurses were placed with nurses who were scheduled to work, whether the nurses agreed to precept the new nurses or not. The entire project did not develop as it was initially planned and was unable to be instituted with a large enough group of new nurses to indicate a positive impact on retention.

The limitations of the project included that the program was not able to be completed or fully funded before it was started with the group of new nurse graduates. In addition, the change in hospital ownership resulted in disruption of the planned start date to recruit for both new nurses and in-house preceptors.

Impact on Practice

Although it seemed that the impact on the retention of new nurses at the facility was minimal, the three new nurse graduates did remain employed at the hospital. The retention rate, therefore, was 100 %. There were only three new nurse graduates who were employed during this period and although they remained employed at the facility, they indicated that due to their

local residency status, the lack of dedicated preceptors did not impact their intent to stay with the organization.

There was a shortage of registered nurses identified in the area surrounding the hospital. To attract and retain qualified nurses in the future, evidence supports a dedicated preceptor residency program. Discussions with the education departments at other hospitals within an hour radius of the facility confirm the use of dedicated preceptors and nurse internships as part of their employment process and that resulted in increased nurse retention.

The use of a nurse residency program with dedicated preceptors requires the support of administration to see the value of providing the same schedules for both new nurse graduates and preceptors. A shared schedule can positively impact both training and retention of new nurses.

Conclusions

Positive outcomes of the project included an education program which could be used in the future, as well as a timeline for utilization of the dedicated preceptor program.

The project lacked essential features for successful implementation of the use of dedicated preceptors due to the changes in hospital ownership and administration during the planning and working stages. The nurse graduates were brought into the internship program late in the spring of 2019. The new nurse graduates were unable to be scheduled with dedicated preceptors. Only three nurses were included in the program during the project time and shared scheduling between participants was not accomplished.

Recommendations for the future include hiring new graduate nurses earlier in the process and planning schedules based on needs of the education department for training and staffing needs. There is great potential for this program to succeed if the time frame can be adjusted so that new nurses are hired before they graduate from school. Shared schedules between the new

graduate nurses and dedicated preceptors is a needed component of the process also. Nurses who have been involved in previous orientation programs should be polled for potential changes that could have an impact on the retention of nurses.

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