Evaluating Key Stakeholder Perceptions of Newly Licensed Nurse Residency Programs

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Problem Statement
• Nurse residency programs (NRPs) support the successful transition of newly licensed nurses (NLNs) to practice following graduation (Asker, 2019; Van Camp & Chappy, 2017) and represent a significant financial investment for organizations (Pillai et al., 2018).
• Evaluation typically focuses on preceptors and NLNs, with limited tools available to obtain feedback from key stakeholders (Laflamme & Hykiras, 2020).

Background
• Despite evidence supporting NRPs, there are few tools available to measure their effectiveness from the perspective of key stakeholders.
• The Nurse Residency Program – Stakeholder Evaluation Survey (NRP-SES) (Failla et al., 2021) was developed to address the gap in the literature and has been found to effectively measure key stakeholders’ perceptions of NRPs.

Purpose
• To evaluate the effectiveness of the current NLN Residency Program from the perspective of key stakeholders.

Research Question
• “What are the perceptions of the key stakeholders about the effectiveness of the NLN Residency Program?”

Conceptual Framework
• Benner’s novice to expert framework (Bennis, 1984)

Methodology

Study Design: Cross-sectional descriptive design

Setting: 171-bed Magnet® designated community teaching hospital in the Northeast U.S.
Sample: Purposive sampling was used to recruit 107 key stakeholders knowledgeable about the nurse residency program
IRB: IRB review conducted and met regulatory requirements for exempt research

Data analysis: Data analysis included means, standard deviations, and Cronbach’s alpha reliability coefficients with current sample compared to the NRP-SES study sample

Data Collection: Demographic questions, NRP-SES, two open-ended questions

Results
• Response rate was 45% (n=49); response rate differed by roles
• Highest response rate from clinical leaders (77%) and lowest from preceptors (27%)
• Demographic data suggests need to strengthen preceptor education at the organization
• 74.1% (n=20) reported that they had not received formal preceptor education

A series of t-tests were conducted to assess if NRP-SES scale means differed for various demographic groups; only one set of comparisons revealed significant differences (Table 1)

Open Ended Responses

Strengths
• Program length & use of cohort model
• Clinical and didactic components
• Ongoing reflective exercises
• Supportive environment provided by NPDMs and preceptors

Opportunities
• Improve preceptor education and development
• Limit # of preceptors assigned to NLNs
• Promote consistency for unit-based progress meetings
• Increase # of simulation experiences
• Address retention and establish a mentor program
• Extend orientation for NLNs hired to specialty practice units

Implications
• Nurse leaders may use the NRP-SES to determine baseline and ongoing effectiveness of NRPs.

Conclusions
• Study highlighted the effectiveness of the organization’s residency program.
• Demographic data and open-ended responses identified numerous opportunities to strengthen the NRP.
• Results showed concordance with Failla et al. (2021), validating usefulness of the NRP-SES instrument when used in a different setting with a different sample size.

Contact Information
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Table 1: NRP-SES Summary statistics and sample comparisons

<table>
<thead>
<tr>
<th>NRP-SES Scales</th>
<th>Current Sample (n=49)</th>
<th>Failla et al. sample (n=301)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>items</td>
<td>α</td>
</tr>
<tr>
<td>Evidence-based practice</td>
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<td>0.84</td>
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<tr>
<td>Patient-centered care</td>
<td>6</td>
<td>0.89</td>
</tr>
<tr>
<td>Teamwork and collaboration</td>
<td>6</td>
<td>0.85</td>
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<tr>
<td>Quality improvement and safety</td>
<td>13</td>
<td>0.93</td>
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<tr>
<td>Informatics</td>
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<td>0.86</td>
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<td>Overall satisfaction</td>
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<td>0.89</td>
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<tr>
<td>Total scale</td>
<td>43</td>
<td>0.97</td>
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</table>

Table 2: T-tests between clinical leaders and preceptors on the NRP-SES scales

<table>
<thead>
<tr>
<th>NRP-SES Scales</th>
<th>Clinical Leaders (n=10)</th>
<th>Preceptors (n=17)</th>
<th>F</th>
<th>p</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence-based practice</td>
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<td>0.46</td>
<td>0.32</td>
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<td>0.06</td>
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<td>0.25</td>
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<td>0.45</td>
<td>9.25</td>
<td>0.005</td>
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<td>Teamwork &amp; collaboration</td>
<td>2.93</td>
<td>0.26</td>
<td>3.22</td>
<td>0.53</td>
<td>4.24</td>
<td>0.050</td>
<td>1.84</td>
</tr>
<tr>
<td>Quality improvement &amp; safety</td>
<td>2.93</td>
<td>0.26</td>
<td>3.29</td>
<td>0.46</td>
<td>7.24</td>
<td>0.013</td>
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<tr>
<td>Informatics</td>
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<td>0.24</td>
<td>3.44</td>
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<td>23.54</td>
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<tr>
<td>Overall satisfaction</td>
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<td>0.26</td>
<td>3.09</td>
<td>0.49</td>
<td>1.71</td>
<td>0.203</td>
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<td>Total scale</td>
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<td>0.22</td>
<td>3.26</td>
<td>0.43</td>
<td>7.01</td>
<td>0.014</td>
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Table 3: Comparison of means for NRP-SES scale items between clinical leaders and preceptors.