Impact of Reflective Practice within a Residency Program on New Graduate Nurse Satisfaction, Stress, Support, and Retention Rates

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Abstract

Background. New graduate nurses face immense amounts of stress during their first year of practice related to transition shock, role adjustment, increased acuity of patients and more. All of these concerns lead to job dissatisfaction and intent to leave, increasing the turnover rate (Fink, Krugman, Casey, and Goode, 2008).

Significance. With new graduate nurses confronting challenges from the transition of student to nurse, the need for reflection and critical thinking is imperative. Novice nurses need to learn coping skills and reflect on the number of “first” experiences they will endure during their initial 12-months of practice (Caley, et al., 2017).

Clinical Problem. Turnover rates within the nursing profession are climbing, reaching nearly 16.2% (NSI, 2017). Residency programs lack the opportunity for open discussion and reflection regarding new graduate experiences. Without the ability to critically reflect on significant experiences new graduates are left feeling stress, lacking confidence, and a feeling of dissatisfaction (Beecroft, Dorey, and Wenten, 2008).

Purpose. The purpose of this study is to increase retention rates, support, satisfaction, and decrease stress within a large faith-based Midwest health system through implementation of reflective practice.

Methods. Facilitator-led reflective discussions will be implemented at the eighth-month mark of a residency program. New graduates will journal personal stories from practice based upon an assigned theme, then within small groups utilize Gibbs reflective cycle to discuss their experiences. Subthemes will be addressed within small groups for qualitative data. The Casey Fink Graduate Nurse Experience Survey© will be utilized for quantitative data collection.

Literature Review. Evidence provides that through reflective writing and facilitator led peer-support discussions novice nurses report increased satisfaction with their job at the end of 12 months. Nurse satisfaction and turnover rates run parallel to one another (Beecroft, Dorey, and Wenten, 2008), therefore increasing retention rates.

Theoretical Framework. Patricia Benner’s From Novice to Expert is used to describe the new graduate transition in the initial stages. Her framework exemplifies the five stages of development a nurse goes through: novice, advanced beginner, competent, proficient, and expert. It is necessary during the novice stage to enhance critical thinking, which can be done through Gibbs Reflective Cycle. This reflective cycle is utilized during many discussion groups for healthcare reflection.
Impact of Reflective Practice within a Residency Program on New Graduate Nurse Satisfaction, Stress, Support, and Retention Rates

Working in healthcare’s complex adaptive system, new graduate nurses face challenges related to stressful situations, care for patients of high acuity, and experience transitional shock associated with role adjustment (Khamisa, Peltzer, Ilic, and Oldenburg, 2016). There is a consistent reality that includes the nursing shortage and decrease of retention rates, the inevitable stressors of being a new graduate, and the unintended consequences of novice nurses taking on roles and responsibilities that are beyond their current abilities (Dyess and Sherman, 2009). By 2025 it is predicted that there will be a shortage of 300,000 nurses (Bolden, Cuevas, Raia, Meredith, and Prince, 2011). It is more important now, than ever, that hospitals begin to focus on developing and retaining their new graduate nurses.

Nurse residency programs [NRP] have been implemented to aid in the new graduates transition and have been designed to focus specifically on developing the new graduates skills in critical thinking, delegation, communication, professional development and prioritization. While classes are held to develop these skills, there is minimal focus on the impact clinical experiences have on the new graduates. New graduates experience many of their firsts during the beginning twelve months. Their first death or first birth, first MET call or code; their first great catch, or first medication error, along with many other “firsts”. It is imperative to pay attention to these firsts, as they can have a significant impact on the novice nurses’ future practice in healthcare. It is necessary to support the transition to practice by allowing new graduate nurses to verbalize their emotions and thoughts during significant situations they’ve been apart of as a nurse. Reflective practice has been noted as a viable approach for addressing concerns and is an essential component to becoming a competent nurse (Caley, et al., 2017).
Background

With the nursing shortage continuing to grow across the nation, recruitment and retention of new graduate nurses is imperative. By 2024, the American Association of College of Nursing [AACN] (2008a) predicts there will be a need for nearly 650,000 nurses. This is directly related to the increasing age of nurses as the baby boomers reach the age of retirement, as well as the growing number of nurses reporting job burnout, both perpetuating turnover rates (AACN, 2008b). In fact, studies show that 17.5% of new nurse’s express intent to leave within the first year (AACN, 2017). In 2009 the National Council of State Board Nursing [NCSBN] reports that new graduate nurses make up greater than 10% of a typical nursing staff, and nearly 87-90% of nurses take their first job within a hospital (Brewer, et al., 2012; NCSBN, 2009; Kovner, Fairchild, Poornima, Kim and Djukic, 2007). While they may make up a large portion of the hospital staff, the turnover rate for the newly graduated RN’s is at an all-time high. To combat the retention problem, administration within the acute care settings have begun investing time into the development of effective orientation programs to increase new graduate nurse’s intent to stay and develop competent nurses. A common development for successful orientation programs has been implementation of Nurse Residency Programs [NRP].

When a hospital loses a nurse, it can amount to $37,000 - $59,000 per nurse. This equates on average to the total loss for a hospital reaching nearly 5-7 million dollars annually (NSI, 2017). In 2015, a study of 203 acute care hospitals in the United States, with greater than 250 beds, it concluded that 48% of these hospitals had residency programs implemented. Confirming that residency programs are being implemented, however, this study also states that programs within this 48 percent differ greatly in content and length (Spector, et al., 2015).
Significance

In 2014 The Institute of Medicine (IOM) released a statement that nurse’s residency programs, can provide important hands-on experiences that new graduate nurse’s need. Residency programs have demonstrated a decrease turnover rates for new graduate nurses significantly, reduce costs, increase stability of staffing, and aid in the confidence, critical thinking and skill set of first year nurses (Institute of Medicine [IOM], 2014). The IOM recommends specifically that, “Action be taken to support nurses’ completion of transition-to-practice nurse residency programs after they have completed examination or are transitioning to new clinical practice areas,” (IOM, 2014)

The AACN and University Health System Consortium have noted a significant decrease in turnover rates is found with implementation of NRP’s. Since 2000, AACN and UHC have been working to develop strategies to better prepare nurse graduates and ensure retention of these novice nurses, and established a national accreditation for nurse residency programs. Data shows an impressive retention rate of 94.3% with their nurse residency program implementation (AACN, 2015).

The National Council of State Boards commends the IOM report in 2010, calling for the implementation and evaluation of nurse residency programs. The NSCBN believe residency programs are necessary to aid novice nurses through their transition to practice. They express support of a program for six months, with continued support for one year. The NCSBN states that feedback and reflection are necessary components to be maintained during the novice nurse transition. “Without opportunity to reflect their practice will not improve,” (NCSBN, 2008).

The Magnet Recognition Program provides a roadmap to nursing excellence and is committed to proof of steadfast hard-earned commitment to excellence, with nursing at the heart
of it all. This program designates hospitals worldwide where nurse leaders have developed strategic plans and successfully align their nursing plan with strategic goals to achieve optimal patient care. For nurses Magnet status means empowering nurses to achieve their full potential, as they are committed to education and development throughout their career. Research supports that Magnet organizations have lower nurse dissatisfaction and turnover. To apply for Magnet status hospitals must either have (1) and accredited Nurse Residency Program in place or (2) have strategic plan developed and utilized to demonstrate new graduate nurse transition and the experienced nurse transition process (ANCC, 2018).

**Clinical Problem**

CHI Health, a metropolitan faith based Midwest health system has had a nurse residency program since June 2017. The model for this program was developed from the center for Clinical Practice within the healthcare system.

The Executive team identified a need to improve the Nurse Residency program due to turnover rates reaching greater than 20% annually. Some medical/surgical units turnover rates were ranging anywhere from 30-greater than 50% annually. The cost of replacing an employee for the health system costs anywhere from 30-50% of an entry-level staff salary, reaching nearly $52,000 per RN (CHI Health, 2018). These factors foreshadowing a clear need for implementation of effective retention strategy to support and sustain new graduate nurses. There is no opportunity for open peer discussion, or critical reflection to assist new graduates through this difficult transition. New graduate nurses verbalized frustration and lacked coping skills, suggesting a clear need for implementation of reflective practice within the program.
Purpose/Aims

The purpose of this project is to implement reflective practice into a new graduate nurse residency program to (a) increase new graduate nurse retention, (b) increase reports of professional RN satisfaction, (c) support, and (d) decrease stress. The practice-focused question driving this project is: How will the implementation of facilitator led, peer group discussions focused on reflection, impact new graduate nurse retention, satisfaction, support, and stress within a large faith-based Midwest health system.

Aims

1. Conduct baseline, six-month, and 12-month assessments on nurse satisfaction, support, and stress (Casey Fink New Graduate Nurse Survey©) and retention rate from new graduate nurses in Cohort 1, 2, 3, and 4 prior to start of RN Nurse Residency Program.

2. Conduct a comparison of cohort four (individual and aggregate) on nurse satisfaction, support, and stress (Casey Fink New Graduate Nurse Survey) and retention at baseline, six-month and 12-month.

3. Conduct a comparison of cohort 1, 2, 3, with 4 on nurse satisfaction, support, and stress (Casey Fink New Graduate Nurse Survey) and retention at baseline, six-month and 12-month.

4. Implement a facilitator led, peer group reflective intervention at month eight, nine, ten, and eleven within the residency program to determine the effect on nurse satisfaction, support, stress and retention.

5. Evaluate intervention data and provide recommendations on the sustainability of incorporating reflective and journaling practices within a nurse residency program.
Theoretical Framework

Overall Framework

The theoretical framework *From Novice to Expert* in nursing by Patricia Benner will be used to guide this project. The theoretical framework utilized in this quality improvement project is derived from the Dreyfus Model of Skill Acquisition by Stuart Dreyfus and Hubert Dreyfus. The framework is applied in NRPs as it focuses primarily on the development of a nurse throughout her career (Fink, et al., 2008; Casey, et al., 2004; Goode, et al., 2009; Dyess and Sherman, 2009). The nurse graduate will begin her practice as a novice nurse, facing new challenges and situations in which they have no experience in, however, they are expected to perform (Dyess and Sherman, 2009). These nurses best learn from task situations and specific attributes that go along with each circumstance (Benner, 1984). The novice nurse is in a vulnerable time of her career, in need of increased support and guidance to assist in her development towards the second stage they should achieve post residency program.

Intervention Framework

Bulman and Schultz (2013), based up on the work of Schon, provide insight into the importance of utilizing reflection in our daily lives, and specifically the nursing profession. Reflection requires time and commitment. As a nurse investing time into learning how you as a nurse functions is important, but also as a person; as Bulman (2013) states, “You do not stop being a person simply because you put on a uniform.” Reflection is a time that one can analyze why a certain challenge or situation impact one’s self in such a way.

Organizations have a responsibility to provide professionals with an opportunity for critical reflection if they hope to support their practitioners. To best support them it is necessary
to provide the appropriate tools for reflection. A helpful way to start the reflective practice is to have a framework to guide the novice nurse with a facilitator present.

Theoretical frameworks can be utilized to form a structure towards the reflection process and offer key questions to ask (Caley, et al., 2017). Gibbs reflective Cycle (1988), derived from Kolb’s experiential learning cycle is one commonly utilized in the nursing field (Finlay, 2008). This cycle utilized basic questions to structure reflection, originally characterized as a “de-briefing sequence”. This cycle proposes that theory and practice are a never-ending cycle that has the ability to enrich one another (Finlay, 2008). The cycle is cyclical and can be applied to various situations that nurses are faced with. The structure of this framework is ideal for novice nurses, as it is an easy to utilize, permitting enhanced engagement. Research shows that the use of Gibbs’ model can promote self-awareness for the novice nurse, in turn building confidence (Wilding, 2008).

**Literature Review**

A broad literature search was conducted using Creighton’s Health Sciences Library online search engines, including CINAHL, Medline, ScienceDirect, and PubMed. Key terms used included: “Nurse residency program,” “novice nurse”, “new graduate nurse”, “reflective practice”, “reflection”, “nurse satisfaction,” “nurse support,” “nurse stress,” “nursing shortage,” and “retention”. The following literature review gives a comprehensive outline of data on new graduate nurse residency programs, new graduate nurse characteristics, and reflective practice components.

**Nursing Shortage**

Healthcare is complex with registered nurses caring for acutely ill patients and with the baby boomer generation approaching the age or retirement, it is predicted that the United States
will suffer a severe nursing shortage within the coming years (Casey, et. al, 2004). According to the Bureau of Labor Statistics’ Employment Projections 2014-2024, the Registered Nursing occupation is expected to increase by 16% or 439,000 nurses. However, the need for nurses is expected to increase by at least 649,000 nurses by 2024, creating a severe shortage of nurses across the United States (AACN, 2017).

New graduate nurses are quickly becoming a significant part of the hospital recruitment and staff during these times of nursing shortage (Casey, et al., 2004). New graduates are expected to take on more responsibilities quickly and report a lack of support, leading to high turnover and low retention rates among new graduate nurses (Dyess and Sherman, 2009; Casey, et al., 2004).

**Retention Rates and Nurse Turnover**

New graduate nursing turnover rates nationally can be difficult to assess as most often organizations only report data regarding the hospital (Brewer, et al., 2012). However, in a review of literature it shows the new graduate nursing turnover rates can range from 7.5% all the way to 70%, however often cases range on the higher side of these number (Casey, et al., 2004; Kovner, et al., 2007).

The financial implications of new graduate nurse turnover are important to note for a hospital organization. The cost for turnover not only accounts for the loss of the RN, but also the need for replacing that position. Quality recruitment and retention are necessary for institutions to begin focusing on and coming up with strategic planning to maintain a higher retention rate (Casey, et al., 2004; IOM 2014; Brewer, et al., 2012). Turnover cost can account for up to 5% of the hospitals budget and range between $49,000-$92,000 per nurse (Brewer, et. al., 2011; Trepanier, Early, Ulrich, and Cherry, 2012). These daunting numbers make it imperative for
nurse leaders to determine what strategic planning must be put into place to decrease new graduate turnover.

Kovner and his colleagues (2001) conducted a study on new graduate nurse transition that it noted by many researchers in this field, in order to determine elements impacting new graduate nurse turnover. New graduate nurses often defined as a nurse with two years or less of experience, and of these nurses when surveyed 24%-31% have stated that by the end of year one they are considering leaving their current job (Kovner, et al., 2001; Casey, et al., 2004). Turnover is inevitable to occur and while it can be influence it cannot be eliminated (Brewer, et al., 2011). Nurse executive must determine what characteristics are impacting these new graduate nurses leaving their organization.

**Characteristics of New Graduate Nurse(s)**

Kovner et al., (2001) conducted a multistate study of new graduate nurses to determine their perception on their first year of practice. The study results focused on job satisfaction, workload, personal attitude and beliefs, relationship with colleagues and on the job training. Among these results most new graduate nurses report that work is challenging and 20% had negative responses towards the survey questions. New graduate nurses often report feeling stressed at work, due to high patient loads, they lack confidence in their skills from a lack in orientation or opportunities, and their overall satisfaction at their current job is low during their first year (Kovner, et al., 2001; Casey, et al., 2004; Dyess and Sherman, 2009).

**Stress.** New graduate nurses are expected to take on the independent role of nursing within weeks after graduating and finishing an orientation. They are delegating tasks to interdisciplinary staff, making patient care decisions, and often managing 4-5 patients at a time.
All of these elements create an overwhelming feeling of stress for the new graduate (Casey, et al., 2004).

While many stressors new graduates feel come from workload, tasks, time management, and other skills, there are often personal perspective stressors many new graduates experience. Most new graduate nurses have high expectations for themselves; they expect to be able to do what a five-year nurse can at their level, which is simply not realistic. This adds to the stress new graduates feel at work (Casey, et al., 2004).

With this being their first job out of nursing school, these individuals are going through a transition period. Any time a transition occurs stress and uncertainty are bound to be present (Beercroft, Dorey and Wenten, 2008; Hart and Swenty, 2015).

**Need for Support.** Building confidence in competency for clinical knowledge is key for new graduate nursing success; working to improve this difficult concept is important (Beecroft, Dorey, and Wenten, 2008). Many new graduates verbalize their feelings of inadequacy as nurses, due to their lack in skill capabilities and minimal clinical knowledge right out of nursing school. This, in turn with the escalating, daunting environment of our complex healthcare system, leaves them feeling incompetent in caring for their patient assignment (Beecroft, Dorey, and Wenten, 2008; Casey, et al., 2004).

During this period of transition new graduate nurses often will go through orientation with a mentor or preceptor. This individual is imperative in providing the needed support new graduate nurses seek. In a review of literature new graduate nurses who do not feel supported by their team or accepted by their team, display a lack in confidence while working (Dyess and Sherman, 2009; Casey, et al., 2004).
**Nurse Satisfaction.** Job satisfaction coincides with turnover rates according to Beecroft, Dorey, and Wenten (2008). Roughly 15% of new graduate nurses are dissatisfied with their job and 41% state if they were free to go into any other job, they would do so, clearly these nurses are not finding what they need in their first year of practice (Beecroft, Dorey, and Wenten, 2008; Casey, et al., 2004; Kovner, et al., 2001). These feelings of dissatisfaction are perpetuated by high demanding workloads, feeling incompetent without team support, and lack of leadership empowerment (Beecroft, Dorey, and Wenten, 2008).

While new graduate nurse satisfaction is not extremely high rates, the low job satisfaction does directly correlate to a number of negative outcomes, such as low cohesion among the team members and decreased retention rates (Laschinger, 2012). There is a direct need for interventions focused to help the new graduate nurses during their transition into practice, in order to create positive, quality nurses.

**Nurse Residency**

NRP’s are designed to aid in the transition from academia to the professional world of nursing. The program curriculum is established with a focus on skill development and professional development, but many programs lack the essential components of support and coping skills such as reflection, peer support and/or debriefing sessions (Casey, et al., 2004; Fink, et al., 2008).

**Nurse Residency Program**

Two things can characterize today’s healthcare field: nursing shortage and financial instability. With this being the case research shows that many nurse leaders find it necessary to decrease the length of orientation and onboarding for new graduate nurses, in order to financially benefit the organization (Trepanier, et al., 2012). However, the decrease in orientation is not
helping financials of companies as then high turnover rates and dissatisfied nurses are an outcome (Casey, et al., 2004, Kovner, et al., 2001).

The Institute of Medicine recommended along with the Joint Commission that Nurse Residency Programs be put into place in hospitals across the United States in order to increase new graduate competency, confidence, and satisfaction, as well as increase retention rates (IOM, 2014). Nurse Residency programs have been around for many years, but have not truly been utilized widespread until the past decade.

Nurse residency programs can range from 4-12 months generally. These are evidence based programs which put an emphasis on professional development of the new nurse transition to practice, leadership, quality care and patient safety (Cline, La Frentz, Fellman, Summers, and Brassil, 2017). Most nurse residency programs will have two main areas of focus: an orientation and a fundamental clinical development. The orientation most often consists of orienting the new graduate to the hospital system, including policies, procedures, etc. The fundamental development can vary for each program, but most often consists of skills and educational classes; very few nurse residency programs will turn to using simulation during nurse residency (Cline, et al., 2017; Andersen, Hair, Todero, 2012). The nurse residency program also places a large focus on the reflection, critical thinking, delegation, socialization, and conflict management side of nursing (Cline, et al., 2017). There are many components to implementing a successful program to aid in the nurse transition; it is imperative that all components are carefully thought out (Cline, et al., 2017).

**AACN program.** The overall objectives from the UHC/AACN nurse residency program include: strengthen the nurses commitment to the profession, transition from an “entry” level nurse to an “advance beginner”, incorporate research into their practice, and develop critical-
thinking and decision development skills (AACN, 2008a). A main component to a competent nurse would be critical thinking, the development of this skill provides the foundation for the UHC/AACN’s nurse residency program. The UHC/AACN have continued to revise and evaluate their program as needed and have shown significantly positive results from their first year at 28 organizations. Retention rates have shown an impression 94.3% and outcomes data includes an increase in confidence, communication, leadership, and competency (AACN, 2008a; Goode, et al, 2009).

The program is one-year in length, and based on a series of work and learning environments designed for the direct patient care new nurse graduates working in hospitals (AACN, 2008b). Studies have show that with the UHC/AACN nurse residency program, nurses show confidence and positivity regarding their abilities during their first three months of practice (AACN, 2008b; Goode, et al., 2009). As the next few months continue on nurses begin to have reality shock set in, while feelings of self-satisfaction, confidence, and skill ability vary among new nurses. However, by the end of one year most regain their confidence and results from the Casey-Fink new graduate nurse questionnaire show that new nurses feel less apprehension in their ability to work as a nurse (Goode, et al., 2009; Casey, et al., 2004).

**Versant Program.** The Versant New Graduate Nurse Residency Program was established in 1999, with a goal to assist in the transition from new graduates to professional nurses and increase their commitment and retention (Ulrich, Krozek, Early, Ashlock, Africa, and Carman, 2010). The Versant Program defines their program as “The journey from knowledge to knowing,” in hopes of moving towards competent bedside nursing (Versant 2017). The Versant RN program was derived from Benner’s novice to expert framework, and has continued to shape many nurse residency programs that are present today (Ulrich, et al., 2010; Versant, 2017).
The program curriculum focuses on classroom content with case studies, looping within related departments, structured mentoring and debriefing, and validating the new graduates competence (Ulrich, et al., 2010). Their program is evaluated based upon critical components of turnover rate, satisfaction, empowerment, competency, and self-confidence. Impressive results yield a turnover rate for this program in low range after 12-months, 4.3%-7.1% (Ulrich, et al., 2010).

**Reflection**

John Dewey, nearly 100 years ago, identified several modes of thought with reflection being one of high interest. Much of today’s current understanding of reflection was derived from Dewey’s work and explanation of reflective thinking. Reflection is an active, meaning-making process, by which the individual is moved from one experience to the next, through a deeper understanding of its connection and relationship with alternate experiences (Rodgers, 2002). It is an ongoing process that allows individuals to examine their experiences in depth, rather than simply living them. By understanding the connection between experiences the individual makes the continuity of learning possible, and allows growth and progression of that experience. Reflection allows the development of the ability to explore and remain curious about ones actions, which in turn enables purposeful learning; as Dewey describes reflection is the road to learning (Rodgers, 2002; Amulya, 2011).

**Self-Reflection.** The ability to self-reflect allows the individual to inspect and analyze one’s own thought, feelings and behaviors. This process is seen as central to purposeful, directed change (Grant, Franklin, and Langford, 2002). In order for the individual to be able to self-reflect, it is important to first understand the foundation of one’s personal beliefs, values, and
attitudes. Once a basic understanding is formed, the ability for the individual to evaluate how certain experiences may have a greater impact upon their lives.

Self-reflection is a tool in assisting the individual to determine deficiencies in a knowledge structure or inefficiencies in a learning process. Through reflection the individual can then take these learned deficiencies and improve their overall learning process (Kim, Hong, Bonk, and Lim, 2009). Literature supports that the process of reflection does have the ability to improve professional growth (Boerboom, et. al., 2011). All of these things can be improved through self-reflection, but then to take it to the next level individuals can engage in-group reflection to gain insight from others and increase communication skills.

**Reflection for the Novice Nurse.** New graduate nurses face complex patient cases and overwhelming workloads. These challenges create emotional distress for many new graduates. During nursing school many students are educated on the importance of reflection, however, once they begin practice as a professional nurse the importance of reflection is often forgotten. Reflection can assist the new graduate nurses in not only gaining coping skills for their current practice, but help them to critically process through situations in order to better deal with them in the future (Bolden, et al., 2011).

These reflective group discussions are also commonly referred to as debriefing sessions. Reflection is at the core of any of these sessions aiding in better understanding the realities of nursing and enhancing the ability to understand challenging situations (Shinners, Africa, and Hawkes, 2016). Often facilitators are utilized to assist in the dialogue. Facilitators should be experiences nurses, who are there to create a conducive environment for sharing and assist in keeping communication open, respectful and provide empathy. The facilitator role is utilized to
“make easy” the conversation and act in a nonjudgmental position (Shinners, Africa, and Hawkes, 2016; Manning, Cronin, Monaghan, and Rawlings-Anderson, 2008).

Both new graduate nurses and experiences nurses report the use of reflection to be beneficial in providing empathy and better understanding for your peers (Shinners, Africa, and Hawkes, 2016; Manning et. al., 2008). Addressing these emotions can decrease burnout and stress, in turn increasing the novice nurse’s job satisfaction.

**Group Reflection.** It is a basic part of human existence to be a part of social grouping; therefore, efforts to bring individuals together to work in groups can yield positive outcomes. When individuals are paired together in groups working towards a common goal, often the ability to see value in each other’s differences is enhanced. Group reflection offers a time for individuals to hear one another’s story, not to compare or judge, but to allow their story to have a meaningful impact within their own lives. Group reflection process is important in allowing critical thinking, learning to respond respectfully, and how to better practice effectively (Lin and Lucey, 2010).

Group reflection process can at times have a greater impact on the individual based on the depth of the conversation. Group reflections are driven by other assisting in developing the connections and relationships of situations, through shared experiences. The conversation is driven by inquiry from other questions and can yield different insights. The quality of group reflection will directly be driven by the dynamics of the group, therefore when the common goal is well established from the start, it most often aids in producing positive outcomes (Amulya, 2011). Many studies show that the number of individuals can impact the quality of reflection and individual willingness to share. Literature supports smaller groups to enhance the quality of reflection (Manning, et. al., 2008).
**Reflective Journaling.** Reflective Journaling is a common strategy utilized for reflection that provides individuals with an opportunity to relay their experiences utilizing their own narrative. Foriners and Peden-McAlpine (2006) utilized reflective journaling to gain insight into how reflection impacts the novice nurse in relation to their critical thinking. New graduates were provided time to journal on challenging, feelings of accomplishment, frustration, dissatisfaction or satisfaction type of situations they had undergone, and then in a facilitator led discussion could verbalizes their story. In sharing their narratives, the nurses verbalize positivity in not only exploring their own thoughts, but hearing the stories of others as well. The study after six months showed that novice nurses utilized the reflective learning structure, to connect with the contextual realities of care situations and expedite their development of becoming a competent nurse (Forneris and Peden-McAlpine, 2006).

**Facilitator led reflection.** Allowing for dialogue in conjunction with reflective writing creates an opportunity for sharing and challenging of multiple perspectives to gain a wider understanding of the individual experience (Forneris and Peden-McAlpine, 2007). A facilitator’s role is intended to help provide guidance for a group and encourage that discussions run smoothly and effectively. Facilitators are critical in the success of a group discussion. Their role is to be non-judgmental, and communicate with respect, empathy, and openness. The facilitator is not intended to hold the sole source of power and knowledge, but guide the conversation through expert questioning. Facilitator roles are important in beginning the discussion for reflection, guiding it, and bringing it all to a close (Shinners, Africa, and Hawkes, 2016).
Summary of Literature Review

Nurse Residency Program

Kovner et al., (2001) conducted a multistate study of new graduate nurses to determine their perception on their first year of practice. The study results focused on job satisfaction, workload, personal attitude and beliefs, relationship with colleagues and on the job training. New graduate nurses often report feeling stressed at work, due to high patient loads, they lack confidence in their skills from a lack in orientation or opportunities, and their overall satisfaction at their current job is low during their first year (Kovner, et al., 2001; Casey, et al., 2004; Dyess and Sherman, 2009). Studies show 24%-31% of new graduate nurses state that by the end of year one they are considering leaving their current job (Kovner, et al., 2001; Casey, et al., 2004). The trend for nurse residency programs across the country is increasing. In a study supporting nearly 200 acute care hospitals, 48% of them have implemented residency programs (Spector, et al., 2015). Nurse Residency programs are evidence based programs which put an emphasis on professional development of the new nurse transition to practice, leadership, quality care and patient safety (Cline, et al., 2017).

Reflection in Residency

Reflection can assist the new graduate nurses in not only gaining coping skills for their current practice, but help them to critically process through situations in order to better deal with them in the future (Bolden, et al., 2011). Literature supports that the process of reflection does have the ability to improve professional growth (Boerboom, 2011). Reflective group discussions aid new graduate in better understanding the realities of nursing and enhancing the ability to understand challenging situations (Shinners, Africa, and Hawkes, 2016). Often facilitators, such as experienced nurses, are utilized to assist in the dialogue and guide conversations (Shinners,
Africa, and Hawkes, 2016; Manning, et al., 2008). Foreigners and Peden-McAlpine (2006) utilized reflective journaling to gain insight into how reflection impacts the novice nurse in relation to their critical thinking. Through reflective journaling and sharing personal narratives, nurses verbalize positivity in not only exploring personal thoughts, but hearing the stories of others as well. The study after six months showed that novice nurses utilized the reflective learning structure, to connect with the contextual realities of care situations and expedite their development of becoming a competent nurse (Forneris and Peden-McAlpine, 2006).

**Ethical Considerations**

The Creighton Universities IRB, DNP review committee at Creighton University College of Nursing, and CHI Health Clinical nurse Research Council, will approve the quality improvement project for implementation. CHI Health’s, CNE of Nebraska will provide a letter of support.

Nurse Residency Participants will sign a confidentiality form agreeing to hold in confidence information shared during discussions. Concerns brought up during discussion will be brought to the attention of the cohort leader and individual resident. Each new graduate nurse will sign consent prior to initiation of reflective practice component.

**Methods**

**Study design**

This is a quality improvement project to modify the Nurse Residency program and incorporate a reflective practice. The purpose of this project is to implement reflective practice into a new graduate nurse residency program to (a) increase new graduate nurse retention, (b) increase reports of professional RN satisfaction, (c) support, and (d) decrease stress. Peer support group, facilitator led discussions will be implemented at the eight month of residency for new
graduate nurses within the CHI Health system. Utilization of the Casey Fink New Graduate Nurse Survey will be administered at baseline, six-month, and 12-months to evaluate the new graduate nurse satisfaction, support, stress, and retention rates.

Participants

The population for this study will consist of 46 new graduate nurses, working within one of 15 hospitals within CHI Health. These individuals are enrolled in the 12-month, nurse residency program within a large, metropolitan faith-based health system. Inclusion criteria for the nurses includes the following: BSN or ADN prepared nurse, full or part time employee, nurse with less than 1 year of acute care experience or have been away from acute care nursing for more than 1 year by request of manager/director upon hire, and managers/directors may nominate any individual outside of the residency parameters. The residents who meet the previously stated requirements are required to attend the residency program. This is paid work time and an expected component for the new graduates onboarding experience. OB nurse residents are required to attend the kick-off for nurse residency, but then will participate in their own ongoing OB residency program.

Setting

The study will take place at CHI Health, a metropolitan faith based Midwest health system in Omaha, Nebraska. CHI Health is a part of a national non-profit health system known as Catholic Health Initiatives [CHI]. CHI Health was developed in 2012 and is a combined organization consisting of 15 hospitals, 4 behavioral health facilities, 2 specialty hospitals, over 120 clinics, and a free-standing emergency department. The organization is made up of more than 12,000 employees and over 150 employed physician practice locations. The hospitals and
clinics support areas of heart and vascular, emergency services, surgery, oncology, orthopedics, maternity, and diagnostic care (CHI Health, 2018).

**Measurement Methods**

Permission was granted to utilize the CFGNES (See appendix B). CFGNES will be the instrument utilized for data collection (appendix C). The survey is intended to determine perceptions of the new graduate nurse as it related to stress, leadership/communication, professional satisfaction, patient safety, and support (Casey, et. al., 2004). There are five sections of the survey: (a) skills/procedure performance, (b) comfort and confidence, (c) satisfaction, (d) work environment, and (e) demographics (Casey, et. al., 2004; Fink, et. al., 2008). The survey is comprised of open-ended questions, questions based upon a Likert-scale, and multiple-choice selection questions. It is a tool that can be simple and easy to use, and takes no more than 15-20 minutes to complete.

The CFGNES has been adopted by the UHC/AACN Nurse Residency Program and also is used across the nation as the tool of choice to evaluate nurse residency programs (Fink, et al., 2008). The tool has a Cronbach coefficient alpha of .89. Validity was verified through multiple review boards of both nursing directors and educators from both private and academic hospital settings (Casey, et al., 2004; Casey and Fink, 2015). And with over 37 Residency Programs utilizing the tool, results have shown consistency with the first usage of the CFGNES (Fink, et al., 2008). Data collection occurs often at three separate phases including (a) start of the program, (b) six months into the program, and (c) at the completion of the residency program at one year.

There are nine questions from the second section utilized to evaluate support, with a reliability of \( a = .90 \). Seven questions will be utilized to evaluate stress impact, reliability \( a = .71 \),
and three questions are utilized for professional satisfaction evaluation, reliability $a = .83$ (Casey and Fink, 2015) (see Appendix D).

The CFGNES second section is comprised of 24 questions. Respondent’s answer using a 4-point balanced response format, and an additional question with the answer of “yes” or “no” is appropriate to a series of stressors. In development of the CFGNES, all items were subjected to exploratory factor analysis. “Principle Axis Factoring was utilized to decrease the likelihood of overestimating the explained variance and item factor loadings common with principal Components analysis,” (Casey and Fink, 2015). A 5-factor solution is found and items were labeled: Stress, support, patient safety, communication/leadership, and professional satisfaction. “Reliability estimates for the factors ranged from .71 to .90,” (Casey and Fink, 2015).

**Data Collection Procedures**

**Aim One.** Conduct baseline, six-month, and 12-month assessments on nurse satisfaction, support, and stress (Casey Fink New Graduate Nurse Survey©) and retention rate from new graduate nurses in Cohort 1, 2, 3, and 4 prior to start of RN Nurse Residency Program.

**Procedures.** Baseline data on the new graduate nurses’ perception of the previous elements will be analyzed utilizing the Casey Fink New Graduate Experience Survey. The survey will be administered as a required component of the residency program at baseline (first month) of the residency program. It also will be collected at six-months of the residency program and at 12-months (completion) of the residency program.

Nurse retention rates will be evaluated based upon the number of new graduate nurses involved within their individual cohorts. For Cohort 1 the number of new graduates will be
collected at baseline, six-months, and 12-months. The same data collection will be conducted for Cohorts 2, 3, and 4.

**Aim Two.** Conduct a comparison of cohort four (individual and aggregate) on nurse satisfaction, support, and stress (Casey Fink New Graduate Nurse Survey) and retention at baseline, six-month and 12-month.

**Procedures.** At month six of residency, new graduates within cohort 4 will be assigned a resident ID number. This number will be written at the top of their Casey Fink New Graduate Nurse Survey for six-month data collection and 12-month data collection. The primary facilitator will keep a list of resident ID numbers, but the resident name will remain confidential and anonymous from any data analysis.

Statistical Analysis and comparison tests will be conducted to compare individuals within cohort 4 based upon their results on satisfaction, support, and stress from 6-month of residency program to their 12-month (completion) scores on the Casey Fink New Graduate Experience Survey.

**Aim Three.** Conduct a comparison of cohort 1, 2, 3, with 4 on nurse satisfaction, support, and stress (Casey Fink New Graduate Nurse Survey) and retention at baseline, six-month and 12-month.

**Procedures.** Statistical analysis and comparison tests will be performed to compare cohort 4 with cohort 1, 2, and 3, based upon nurse satisfaction, support, and stress. Comparisons will look at overall scores. Scores will also be analyzed based upon BSN nurses versus AD prepared nurse’s scores and previous experience within healthcare versus no prior experience in healthcare.
Aim Four. Implement a facilitator led, peer group reflective intervention at month eight, nine, ten, and eleven within the residency program to determine the effect on nurse satisfaction, support, stress and retention.

Procedures. The Reflective Practice will be implemented as a primary component during the last four months of nurse residency in 2018-2019, in order to improve new graduate nurse retention, support, satisfaction, and stress.

Facilitator Training Procedures. Facilitators will be chosen based upon a voluntary basis. They must meet the requirements of: minimum of two years of experience in the clinical setting, BSN degree, and completed facilitator training. Facilitators will be chosen by the primary investigator and are required to attend all new graduate nurse monthly peer-group discussions.

Facilitator training comes from Reed and Koliba (1995) Manual created for leaders and educators on how to facilitate reflective group discussions. Reed and Koliba (1995) derived their work from a literature review focused on reflective practice. Their work was published for use on the Internet, via permission of Georgetown University Office of Volunteer and Public Service.

Facilitators, prior to the initial meeting, must review the training guide learning module, and complete the quiz. Objectives for completion of the facilitator training include: (1) Facilitators will have an understanding of what reflection is and various methods available to guide reflection (2) Facilitators will gain knowledge on the characteristics of a novice nurse and experiences they may undergo during first year of practice (3) Facilitators will understand their role of the facilitator as a leader and various methods to trouble shoot during difficult conversations and (4) Facilitator will demonstrate understanding on Gibbs Reflective Cycle and how to process through discussion utilizing this framework.
A signed letter of consent from facilitator acknowledging completion of training, as well as confidentiality agreement regarding group conversations, will be signed and returned to primary investigator at first session.

At the initial meeting on month eight the facilitator will have all individuals introduce themselves. The facilitator will discuss rules and expectations for the reflective discussions, and allow for any questions.

*Reflective Journal.* The reflective journal provided was derived from the work of Gibbs’ Reflective Cycle (Bulman, 2013). This framework is most utilized in literature to support the reflective writing and discussion process for practitioners.

Month eight, nine, ten, and eleven new graduates will be asked to write in their journal a narrative or experience they have endured pertaining to the specific theme. The themes are derived from literature as common characteristics new graduates naturally progress through during their first year of transition. The prompts will go as follows for month 8-11: (1) anxiety, fear, and frustration, (2) Lack of confidence, support perspectives, (3) accomplishment, proud, positive experiences, (4) fears to come, anxiety, excitement for the future.

When journaling new graduates should utilize the Gibbs framework to structure their writing and reflection analysis.

*Reflective Discussion Groups.* Starting at the eighth month mark new graduates will meet at a designated location for a four-hour session, as a required component of their nurse residency program. 30 minutes will be dedicated towards the reflective discussion. New graduates will be divided by the residency leader, into groups of 6 -10 with one facilitator. Each month the groups and facilitators should stay the same to promote discussion and trust.
The facilitator should start the discussion with reviewing the theme. Sticky notes will be distributed to all residents within the group. Each is instructed to write down a common theme from their personal narrative for the month. The facilitator will collect and allow the group to analyze similarities and differences. The facilitator should proceed and allow individuals to share narratives and encourage open discussion.

Sticky notes should be collected at the end of discussion and provided to the primary investigator. This information will serve as qualitative data to interpret common themes new graduates feel pertaining to each monthly topic.

Consent for Participation. Prior to initiation in the reflective practice, the primary investigator will provide an oral introduction of the reflective practice component and describe the research that will be conducted. Participants will be provided a written introduction and a consent form to sign and return to investigator. The primary investigator also provided email address and follow-up telephone number for further questions regarding risks and benefits.

Control Group Procedure. Control groups will progress through the residency program without implementation of reflective practice component. Cohort 1 began in June 2017 and is comprised of 44 new graduate nurses. Cohort 2 began in July 2017, comprised of 81 new graduate nurses. And Cohort 3 began in September 2017 with 79 new graduate nurses. They all participated in a kick off orientation, then proceed to meet monthly for four-hour sessions. There was no component of reflective practice for Cohort 1, 2, or 3.

Intervention Procedure. Methodology for implementation of the reflective practice consists of the following components: 1) facilitator education, 2) implementation of reflective journal, (3) facilitator-led, peer group discussions, 4) quantitative data analysis of Casey-Fink
survey from baseline, six months, and completion of residency program, 5) quantitative data analysis of new graduate nurse retention.

**Aim Five.** Evaluate intervention data and provide recommendations on the sustainability of incorporating reflective and journaling practices within a nurse residency program.

**Procedure.** An advisory group will be asked to meet post completion of the intervention with cohort 4 and subsequent data analysis. The advisory group will consist of the primary investigator, residency coordinators, and director for the center of clinical practice at CHI Health. The primary investigator will present the findings to the group and solicit recommendations for sustainability.

**Data Analysis**

CFGNES’s will be collected and data is input into excel template. Once all data is collected, SPSS a software product used for Statistical Package for the Social Sciences will be utilized to statistical analysis the data for descriptive ratios and frequencies.

**Quantitative Data.** Quantitative data will be utilized to analyze the retention rates of new graduate nurses. The number of new graduate nurses at the start of the residency program will be compared to the number of new graduate nurses at completion of residency program. With this information a percentage will be computed in order to determine retention rate for the defined cohort. Comparison of Cohort 4 will be analyzed towards the other three cohorts individually.

Descriptive statistics will be utilized to summarize and collect all data. The categorical variables will be analyzed using percentages and counts. Control groups, of cohort 1, 2, and 3, will be compared individually to the interventional group Cohort 4. Data analysis will be conducted to determine if there was a significant change or not.
While individual scores are not collected within Control groups, Cohort 4 will evaluate individual scores between CFGNES data at 6-month and 1-year. Respondents will be assigned a resident ID number to place at the top of their survey. This will remain consistent between both 6-month survey and 1–year survey. (Names will not be associated with surveys upon evaluation; it is simply for analysis purposes; explained within consent.)

**Qualitative Data.** At months 8, 9, 10, and 11 new graduates will meet within groups to discuss assigned themes. At the start of facilitation session each month, the facilitator will provide participants with a sticky note and ask them to write a subtheme from within their journal writing, or example they will discuss. This information will be collected from all groups each month and provided to the primary investigator. After each month the primary investigator will categorize all sub themes. This information will provide information on trends or patterns within monthly discussions.

**Data Results**

The data was analyzed using Statistical Package for the Social Sciences program [SPSS] by a certified statistician and analyzed by individual cohort comparison, as well as aggregate comparison for cohorts 1-3. Data analyzed the support factor, satisfaction factor, stress factor, and retention rates. Both descriptive and statistical statistics were utilized in the data analysis.

The Casey Fink New Graduate Nurse Survey tool is designed to measure support, professional satisfaction, communication, stress, patient safety and demographics. The purpose to analysis was to understand the average levels on these factors as they relate to cohorts 1-4. First in order to analyze data score tips from the Casey Fink Survey creators were utilized. Variables within the data collection were coded according to scoring tips, and then reliabilities (Cronbach alpha) were run for each score. This first step is utilized to identify if there are any
reliability problems before proceeding, noting the stress factor analysis is not amendable to the Cronbach’s alpha. If the instrument is scores by summing all of the items within the survey the internal consistency estimates alpha .89 (Casey et. al., 2004).

**Demographics**

End-point analysis was utilized to evaluate the demographics of cohort 1-4 at 12 months. See table A for demographic details. There were notably more females throughout all cohorts to complete the evaluation survey, greater than 75% in all cohorts. The specialties were broken down between departments individuals work in at the hospital and the most predominant area reported was adult critical care followed by adult medical/surgical. Greater than 50% of all respondents within all four cohorts had completed their BSN degree. Overall these factors stand out as similarities between all four individual cohorts for significant demographic data.

**Table A**

<table>
<thead>
<tr>
<th></th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cohort 1 (n=27)</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>24 (89)</td>
</tr>
<tr>
<td><strong>Specialty</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>4 (15)</td>
</tr>
<tr>
<td>2</td>
<td>11 (41)</td>
</tr>
<tr>
<td>6</td>
<td>3 (11)</td>
</tr>
<tr>
<td>7</td>
<td>0 (0)</td>
</tr>
<tr>
<td>9</td>
<td>1 (4)</td>
</tr>
<tr>
<td>10</td>
<td>2 (7)</td>
</tr>
<tr>
<td>11</td>
<td>3 (11)</td>
</tr>
<tr>
<td>13</td>
<td>3 (11)</td>
</tr>
<tr>
<td><strong>Degree</strong></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0 (0)</td>
</tr>
<tr>
<td>1</td>
<td>6 (22)</td>
</tr>
<tr>
<td>2</td>
<td>0 (0)</td>
</tr>
<tr>
<td>3</td>
<td>21 (78)</td>
</tr>
<tr>
<td>4</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>

* Note the sample size is consistent with number of participants at time point 12-months
Professional Satisfaction and Support

The professional satisfaction and support factors were evaluated on an individual basis utilizing Tukey HSD for type I error adjustment. Overall the Casey Fink domains do not appear to evidence any significant between cohort differences at 12 month. However, there are statistically significant differences on the Professional Satisfaction factor. These significant differences occur between cohort 1 and 3, and cohort 3 and 4. Essentially, they are just indicating that cohort 3 had a lower 12-month professional satisfaction average than cohort 1 and cohort 4. See Table B. It is important to note this evaluation was utilized to determine overall if there were differences between cohorts in general.

Table B

<table>
<thead>
<tr>
<th></th>
<th>Mean (sd)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cohort 1 (n=27)</td>
</tr>
<tr>
<td>Total (sum)</td>
<td>76 (9)</td>
</tr>
<tr>
<td>Support Factor (avg)</td>
<td>3.3 (.4)</td>
</tr>
<tr>
<td>Organizing Factor (avg)</td>
<td>3.2 (.4)</td>
</tr>
<tr>
<td>Communication Factor (avg)</td>
<td>3.3 (.4)</td>
</tr>
<tr>
<td>Professional Satisfaction (avg)</td>
<td>3.6 (.5)</td>
</tr>
</tbody>
</table>

Analysis was also completed to compare an aggregate score of cohort 1-3 to cohort 4. Table C, shows this comparison. Ideally, our hypothesis intended to show there were equal scores at 6 month between cohort 1-3 and 4, then show a significant improvement by cohort 4 at 12 months. Overall there is no statistical significance to note.
Table C

<table>
<thead>
<tr>
<th></th>
<th>T2 -6 Month Mean (sd)</th>
<th>T3 -12 Month Mean (sd)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cohorts 1-3 (n = 149)</td>
<td>Cohort 4 (n = 24)</td>
</tr>
<tr>
<td>Total (sum)</td>
<td>70.4 (7.7)</td>
<td>74.6 (7.4)</td>
</tr>
<tr>
<td>Support Factor (avg)</td>
<td>3.1 (.45)</td>
<td>3.3 (.41)</td>
</tr>
<tr>
<td>Organizing Factor (avg)</td>
<td>2.9 (.43)</td>
<td>3.2 (.42)</td>
</tr>
<tr>
<td>Communication Factor (avg)</td>
<td>3.1 (.35)</td>
<td>3.1 (.35)</td>
</tr>
<tr>
<td>Professional Satisfaction (avg)</td>
<td>3.3 (.52)</td>
<td>3.4 (.51)</td>
</tr>
</tbody>
</table>

**Stress Factor**

The stress factor was analyzed for cohort 4 individually. Frequencies were determined for both six-month data and 12-month data. While the intervention took place between these two times there was intention to have a significant decrease in areas of stress. Data shows that new graduates within cohort 4 did note a decrease in reports of stress in relation to childcare, personal relationships, and job performance. There was an increase by about 50% in reports of stress related to student loans.

**Table D**

<table>
<thead>
<tr>
<th>N=32</th>
<th>Time 2 Frequency (%)</th>
<th>Time 3 Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress in Personal Life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finances</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Child Care</td>
<td>6 (19)</td>
<td>3 (9)</td>
</tr>
<tr>
<td>Student Loans</td>
<td>1 (3)</td>
<td>2 (6)</td>
</tr>
<tr>
<td>Living Situations</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Personal Relationships</td>
<td>5 (16)</td>
<td>4 (13)</td>
</tr>
<tr>
<td>Job Performance</td>
<td>2 (6)</td>
<td>1 (3)</td>
</tr>
</tbody>
</table>
Limitations

There was a major limitation in data analysis related to the large dropout rate of individuals between cohorts and overall cohort numbers. The survey was not required, but was option, thus creating a decrease number of individuals filling out the survey each time period. Also, during baseline survey individuals who work in OB and behavioral areas did take the survey, but in six and 12 month evaluations did not take survey resulting in a decrease in responses. The cohort by size were vastly different with end point number: cohort 1 N=27, cohort 2 N=47, cohort 3 N=23, and cohort 4 N=15. This resulted in data being limited in finding statistical significances and non-significances between cohort 4 during final two survey times.

Qualitative Data Analysis

Qualitative data was collected via an evaluation form and through monthly discussions. Monthly discussions new graduates filled out on a sticky note their subtheme for the topic. This provided qualitative data regarding common patterns and themes for what caused the most anxiety, lack of support, stress among new graduates. See table E below for analysis of each monthly discussion subtheme topics new graduates identified.

Table E

<table>
<thead>
<tr>
<th>Anxiety, Frustration, and Fear</th>
<th>Fears Moving Forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing/patient Load/patient Ratios</td>
<td>Fear: Making an Error</td>
</tr>
<tr>
<td>Communication with MD/Alternate units</td>
<td>Future Career Path Responsibilities</td>
</tr>
<tr>
<td>Delegation</td>
<td>Future Educations</td>
</tr>
<tr>
<td>Lack of Knowledge/forgetting something</td>
<td>Emotional Burnout</td>
</tr>
<tr>
<td>Admit/Discharges/Transfers</td>
<td></td>
</tr>
</tbody>
</table>

...
The evaluation was administered at the 12-month data for Cohort 4 new graduates. It was a yes or no evaluation to determine if their perception of stress, satisfaction, and support have either increased or decreased. 100% of evaluations determined that new graduates felt their feelings of stress decreased; satisfaction and support increased, and overall felt the reflective practice was beneficial.

**Conclusion**

New graduate nurses face immense amounts of stress within their first year of practice related to transition shock and role adjustment. In today’s complex healthcare world, new graduate nurses go from the academia work, to taking their NCLEX, and within days to weeks begin their career as nurses. This creates stress for new graduate nurses in concurrence with the challenges associated with healthcare and patients in today’s hospitals. The stress is only made worse by the continued increase of nursing turnover. Turnover has reached 18.2%, up two perfect from 2016 and bedside turnover is at 16.8% (NSI, 2018). The numbers continue to increase, while our nursing shortage also begins to increase. It’s imperative now more than ever
that our healthcare systems begin to create programs to fully support and retain our new graduate
nurses (Fink, Krugman, Casey, and Goode, 2008); Caley, et al., 2017; Beecroft, Dorey, and
Wenton, 2008).

Through the use of Nurse Residency programs many hospitals have been able to reduce
their turnover rates substantially. Programs accredited by the AACN have noted retention rates
of 98.4% and accreditation by Versant note a turnover rate as low as 4.3% (AACN, 2015).
While this does increase retention, there is still a pertinent need for reflection in the new graduate
nurses transition. These nurses experience situations that will impact the rest of their career as a
nurse during this first year. Providing them time to cope and reflect upon the situations to
determine just how they will be impacted is necessary. It is evident that the use of reflective
practice can have an impact, but more research needs to be done to continue to affirm the usage
in a residency program. What this study concludes is that reflective practice through journal
writing and facilitator led discussion groups from a new graduate nurses perspective can increase
satisfaction, increase support, and decrease stress.
Reference


Appendix A

New Graduate Nurse Residency: Reflective Practice Journal

What is it?

Reflection is an active, meaning-making process by which individuals are moved from one experience to the other. This process allows one to understand the deeper connection and relationship of experiences with one’s moral values and perspectives. It is in reflection and understanding of these connections that one allows growth both personally and professionally.

Why Use it?

New Graduate nurses are transitioning from the student to professional nurse. During this time new graduate nurses are taking on complex workloads, adjusting to the new role of being a professional nurse, and learning how to work as a team through difficult situations. New graduate nurses need to work on developing coping skills and take time to understand the importance of reflecting on challenging situations. As new graduate nurses begin their practice, they experience many firsts. Your first birth, death. First code, or MET call. First medication mistake. First great catch. And many more. Utilizing reflection can help you process through these situations to better understand their impact on your professional career as a nurse, but also on your personal life. It’s important to remember that you don’t stop being who you are simply because you put on the uniform.

How Use it?

This journal is yours to keep and utilize throughout your first year of nursing experience. The following pages contain Gibb’s Reflective Cycle. Utilize this to guide your reflective writing for each situation. Take time to write down a challenging, happy, sad, frustrating—whatever you may be feeling, take time to record the situation. Each month in small groups you will utilize these stories to guide the group through the reflective process.

Gibbs Reflective Cycle:

**Figure 9.1** Reflective Cycle (Adapted and updated from Gibbs et al. (1988)).

Appendix B

June 2015 Dear Colleague:

Thank you for the inquiry regarding the Casey-Fink Graduate Nurse Experience SurveyÔ (revised, 2006) instrument.

The survey was originally developed in the spring of 1999, initially revised in June 2002, and revised a second time in 2006. Since that time, it has been used to survey over 250 nurses in hospital settings in the Denver metropolitan area, and has been further validated by over 10,000 graduate nurse residents participating in the University Health System Consortium/AACN Post Baccalaureate Residency program and elsewhere nationally and internationally. Psychometric analysis has been done using these data and is reported in the summary included with this letter. We have published a report of the research we conducted in the development of this instrument:


We are granting you permission to use this tool to assess the graduate nurse experience in your setting. Please note that this tool is copyrighted and should not be changed in any way. We have enclosed a copy for you to use for reproduction of the instrument.

We hope that our tool will be useful in your efforts to enhance the retention, professional development, and support of graduate nurses in your practice setting. Please email us if you have further questions. We would be interested in being informed as to your results or publications related to the use of our instrument.

Sincerely,

Kathy Casey, RN, MSN Manager, Clinical Education Programs, Exempla Lutheran Medical Center Adjunct Faculty, University of Colorado, College of Nursing kathy.casey@sclhs.net

Regina Fink, RN, PhD, AOCN, FAAN Associate Professor, University of Colorado College of Nursing regina.fink@ucdenver.edu
## Appendix C

Casey Fink Graduate Nurse Experience Survey

### Casey-Fink Graduate Nurse Experience Survey (revised)
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**I. List the top three skills/procedures you are uncomfortable performing independently at this time?** (please select from the drop down list) list is at the end of this document.

1. __________________________
2. __________________________
3. __________________________
4. _______ I am independent in all skills

**II. Please answer each of the following questions by placing a mark inside the circles:**

<table>
<thead>
<tr>
<th>STRONGLY DISAGREE</th>
<th>DISAGREE</th>
<th>AGREE</th>
<th>STRONGLY-agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel confident communicating with physicians.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. I am comfortable knowing what to do for a dying patient.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. I feel comfortable delegating tasks to the Nursing Assistant.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. I feel at ease asking for help from other RNs on the unit.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. I am having difficulty prioritizing patient care needs.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. I feel my preceptor provides encouragement and feedback about my work.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. I feel staff is available to me during new situations and procedures.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. I feel overwhelmed by my patient care responsibilities and workload.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. I feel supported by the nurses on my unit.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. I have opportunities to practice skills and procedures more than once.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. I feel comfortable communicating with patients and their families.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
12. I am able to complete my patient care assignment on time.  ○   ○   ○   ○

13. I feel the expectations of me in this job are realistic.  ○   ○   ○   ○

14. I feel prepared to complete my job responsibilities.  ○   ○   ○   ○

15. I feel comfortable making suggestions for changes to the nursing plan of care.  ○   ○   ○   ○

16. I am having difficulty organizing patient care needs.  ○   ○   ○   ○

17. I feel I may harm a patient due to my lack of knowledge and experience.  ○   ○   ○   ○

18. There are positive role models for me to observe on my unit.  ○   ○   ○   ○

19. My preceptor is helping me to develop confidence in my practice.  ○   ○   ○   ○

20. I am supported by my family/friends.  ○   ○   ○   ○

21. I am satisfied with my chosen nursing specialty.  ○   ○   ○   ○

22. I feel my work is exciting and challenging.  ○   ○   ○   ○

23. I feel my manager provides encouragement and feedback about my work.  ○   ○   ○   ○

24. I am experiencing stress in my personal life.  ○   ○   ○   ○

25. If you chose agree or strongly agree, to #24, please indicate what is causing your stress. (You may circle more than once choice.)
   a. Finances
   b. Child care
   c. Student loans
   d. Living situation
   e. Personal relationships
   f. Job performance
   g. Other ______________________________
III. How satisfied are you with the following aspects of your job:

<table>
<thead>
<tr>
<th></th>
<th>VERY DISSATISFIED</th>
<th>MODERATELY DISSATISFIED</th>
<th>NEITHER SATISFIED NOR DISSATISFIED</th>
<th>MODERATELY SATISFIED</th>
<th>VERY SATISFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Vacation</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Benefits package</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Hours that you work</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Weekends off per month</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Your amount of responsibility</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Opportunities for career advancement</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Amount of encouragement and feedback</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Opportunity for choosing shifts worked</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

IV. Transition (please circle any or all that apply)

1. What difficulties, if any, are you currently experiencing with the transition from the "student" role to the "RN" role?
   a. role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge)
   b. lack of confidence (e.g. MD/PT communication skills, delegation, knowledge deficit, critical thinking)
   c. workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity)
   d. fears (e.g. patient safety)
   e. orientation issues (e.g. unit familiarization, learning technology, relationship with multiple preceptors, information overload)

2. What could be done to help you feel more supported or integrated into the unit?
   a. improved orientation (e.g. preceptor support and consistency, orientation extension, unit specific skills practice)
   b. increased support (e.g. manager, RN, and educator feedback and support, mentorship)
   c. unit socialization (e.g. being introduced to staff and MDs, opportunities for staff socialization)
   d. improved work environment (e.g. gradual ratio changes, more assistance from unlicensed personnel, involvement in schedule and committee work)

3. What aspects of your work environment are most satisfying?
   a. peer support (e.g. belonging, team approach, helpful and friendly staff)
   b. patients and families (e.g. making a difference, positive feedback, patient satisfaction, patient interaction)
c. ongoing learning (e.g. preceptors, unit role models, mentorship)
d. professional nursing role (e.g. challenge, benefits, fast pace, critical thinking, empowerment)
e. positive work environment (e.g. good ratios, available resources, great facility, up-to-date technology)

4. What aspects of your work environment are least satisfying?
   a. nursing work environment (e.g. unrealistic ratios, tough schedule, futility of care)
   b. system (e.g. outdated facilities and equipment, small workspace, charting, paperwork)
   c. interpersonal relationships (e.g. gossip, lack of recognition, lack of teamwork, politics)
   d. orientation (inconsistent preceptors, lack of feedback)

5. Please share any comments or concerns you have about your residency program:
______________________________________________________________________________
______________________________________________________________________________

V. Demographics: Circle the response that represents the most accurate description of your individual professional profile.

1. Age: _______ years

2. Gender:
   a. Female
   b. Male

3. Ethnicity:
   a. Caucasian (white)
   b. Black
   c. Hispanic
   d. Asian
   e. Other
   f. I do not wish to include this information

4. Area of specialty:
   a. Adult Medical/Surgical
   b. Adult Critical Care
   c. OB/Post Partum
   d. NICU
   e. Pediatrics
   f. Emergency Department
   g. Oncology
   h. Transplant
   i. Rehabilitation
   j. OR/PACU
   k. Psychiatry
   l. Ambulatory Clinic
   m. Other: ____________________________
5. School of Nursing Attended (name, city, state located): 

6. Date of Graduation: 

7. Degree Received:  
   AD: _______  Diploma: _______  BSN: _______  ND: _______  

8. Other Non-Nursing Degree (if applicable): 

9. Date of Hire (as a Graduate Nurse): 

10. What previous health care work experience have you had:  
    a. Volunteer  
    b. Nursing Assistant  
    c. Medical Assistant  
    d. Unit Secretary  
    e. EMT  
    f. Student Externship  
    g. Other (please specify): 

11. Have you functioned as a charge nurse?  
    a. Yes  
    b. No  

12. Have you functioned as a preceptor?  
    a. Yes  
    b. No  

13. What is your scheduled work pattern?  
    a. Straight days  
    b. Straight evenings  
    c. Straight nights  
    d. Rotating days/evenings  
    e. Rotating days/nights  
    f. Other (please specify): 

14. How long was your unit orientation?  
    a. Still ongoing  
    b. ≤ 8 weeks  
    c. 9 – 12 weeks  
    d. 13 – 16 weeks  
    e. 17 - 23 weeks  
    f. ≥ 24 weeks  

15. How many primary preceptors have you had during your orientation?  
   __________ number of preceptors  

16. Today’s date: 

Drop down list of skills

Assessment skills
Bladder catheter insertion/irrigation
Blood draw/venipuncture
Blood product administration/transfusion
Central line care (dressing change, blood draws, discontinuing)
Charting/documentation
Chest tube care (placement, pleurovac)
Code/Emergency Response
Death/Dying/End-of-Life Care
Nasogastric tube management
ECG/EKG/Telemetry care
Intravenous (IV) medication administration/pumps/PCAs
Intravenous (IV) starts
Medication administration
MD communication
Patient/family communication and teaching
Prioritization/time management
Tracheostomy care
Vent care/management
Wound care/dressing change/wound vac
Unit specific skills ________________________________
Appendix D

Casey-Fink Graduate Nurse Experience Survey Reliability and Validity Issues

This tool has been developed over several years and consists of five sections. Items in the first section relate to skills and procedures the graduate nurse is uncomfortable performing independently. Items in section three relate to job satisfaction. Items in sections four and five are either demographic in nature (e.g., “How many primary preceptors have you had during your orientation?”) or are open-ended (“List the top skill you are uncomfortable performing independently”) so that neither section can be quantitatively summarized.

The second section is composed of 24 questions responded to using a 4-point balanced response format (Strongly Disagree to Strongly Agree) and an additional question where the respondent answers "yes" or "no" to a series of stressors. All but the stress items appear to address the respondents' professional comfort, expectations or supports. The stress item addresses the respondent's personal life and does not appear to be conceptually similar to the other items.

All items were subjected to exploratory factor analysis – Principal Axis Factoring with Varimax rotation. Principal Axis Factoring was selected to decrease the likelihood of overestimating the explained variance and item factor loadings common with Principal Components analysis.

In the analysis a 5-factor solution was found, accounting for 46% of the variation in total scores. The factors were labeled Support, Patient Safety, Stress, Communication/Leadership and Professional Satisfaction. Reliability estimates for the factors ranged from .71 to .90.

Specific constitution of the factors follows. Items on each factor are listed in the order of the magnitude of their corresponding loadings, highest to lowest.

Support (a = .90)

CF19 My preceptor is helping me to develop confidence in my practice CF9 I feel supported by the nurses on my unit

. CF6 I feel my preceptor provides encouragement and feedback about my work

. CF7 I feel staff is available to me during new situations and procedures

CF18 There are positive role models for me to observe on my unit CF10 I have opportunities to practice skills and procedures more often than once CF4 I feel at ease asking for help from other RNs on the unit CF13 I feel the expectations of me in this job are realistic CF23 I feel my manager provides encouragement and feedback about my work

Patient Safety (a = .79)

CF16 I am having difficulty organizing patient care needs CF5 I am having difficulty prioritizing patient care needs CF8 I feel overwhelmed by my patient care responsibilities and workload CF12 I am able to complete my patient care assignment on time CF17 I feel I may harm a patient due to my lack of knowledge and experience

Stress (a = .71)
NRP Reflective Practice


Finances causing stress I am experiencing stress in my personal life
Student Loans causing stress Personal relationship(s) causing stress
Living situation causing stress Job performance causing stress
Child care causing stress

Communication/Leadership (a = .75)

CF1 I feel confident communicating with physicians CF3 I feel comfortable delegating tasks to the nursing assistant CF15 I feel comfortable making suggestions for changes to the nursing plan of care CF14 I feel prepared to complete my job responsibilities CF11 I feel comfortable communicating with patients and their families CF2 I am comfortable knowing what to do for a dying patient

Professional Satisfaction (a = .83)

CF22 I feel my work is exciting and challenging CF21 I am satisfied with my chosen nursing specialty CF20 I am supported by family/friends

If the instrument is scored by summing all of the items, including the stress items, the internal consistency estimates is $\alpha = .89$.

Content validity has been established by review of expert nurse directors and educators in both academic and private hospital settings. The content of this tool is derived from a substantial and comprehensive literature review. This instrument was identified as discriminating between nurses with varied amounts of experience during the first year of practice.