

Executive Summary

Doctor of Nursing Practice Capstone Project:

**Nursing Residency Program for
Long-Term Care Facilities in Washington State**

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Problem Statement

Even before the Covid-19 pandemic, long-term care (LTC) faced an acute and debilitating staffing crisis; facilities continually struggled to recruit and retain nursing and ancillary staff.^{1,2} To address the LTC nurse shortage will require a sustained, multi-pronged approach that includes legislative investment and support, ample funding, and new partnerships between LTCs, novice RNs, and nurse education programs.

One recruitment and retention approach generated by collaboration between LTCs and nurse educators is a Nurse Residency Program (NRP) for new graduate nurses in LTC. However, no such program exists in Washington (WA). The purpose of this DNP project is to create an online evidence-based LTC NRP in collaboration with the mentor agency and stakeholder workgroups (see Appendix D for specification of agency and stakeholders).

Objectives

The specific objective of this DNP project is to:

1. Create, refine, synthesize, and organize educational information into three web-based learning modules accessible online for nurses in LTCs across Washington state that will be used in a nurse residency program. The purpose of the modules is to provide education to new graduate nurses who are participants in the NRP about the regulatory environment of LTCs in WA, the technical nursing skills required to work in LTC, and professional interpersonal and resilience skills applicable to LTC settings.

Background and Significance

Funding shortfalls lead to chronic understaffing in LTCs, which cannot compete for the best nurse candidates because they cannot match the pay and benefits offered in other settings.³ Funding shortfalls contribute to the negative perception about work in LTC. Staff nursing is considered difficult, with challenging workloads that drive burnout for health care professionals.^{4,5} Long-term solutions generated at a policy level are cumbersome and slow and must be justified with data and evidence. However, increased staffing in LTC is needed urgently. LTCs require a more immediate solution to support staff retention and provide evidence for legislative support of funding. An NRP that provides mentorship and education to novice nurses can support these outcomes.

An analysis of the evidence from acute care NRPs and LTC NRPs in other states identified protective factors that were incorporated in the program's content:^{11,12,13,14,15}

- Nursing education to bolster competency and reduction of knowledge gaps.
- Structured mentorship from experienced RNs.
- Support of qualification for certification in gerontological nursing.¹²
- Development of a culture of collaboration to share stress and foster teamwork.
- Cultivation of a questioning attitude to promote safety.
- Nurture resilience in new graduate nurses.
- Generate greater awareness of LTC's complex regulatory environment.
- A format that combines synchronous and asynchronous learning:

- In-person learning occurs during the facility's onboarding process and through mentorship guided by written competencies or standards focused on collaborative experiences.
- Independent learning occurs through educational modules comprised of articles, weblinks, videos, and other online assignments.

Residency programs have been shown to reduce burnout and support staff retention in acute care settings and LTCs from other states.^{11,12,13,14,15} This evidence suggests that LTCs can benefit from the continued development of employees beyond the basic skill set they acquire in their ADN/BSN programs. New graduate nurses who are given the tools, perspectives, and resources to grow into competent RNs can thrive in the specialty environment of LTC. LTCs that wish to extend the length of time that novice RNs stay within an organization and improve their work quality can rely on this critical evidence-based practice recommendation.

Barriers to residency development in WA have been:^{11,12,13,14}

- Financial: without high-level evidence for NRPs, specifically in LTC, securing funding for a program has been difficult. Without a program, it is impossible to gather high-level evidence on outcomes.
- Lack of Consistency: updates or changes may be sporadic or delayed. Each preceptor may teach different skills differently.
- Technological: the internet has not been ubiquitously accessible until recently.
- Limited Resources: experienced RNs have been reluctant to take on mentorship roles in LTC; facilities often have tight budgets to work within.
- Resistance to Change/Institutional Inertia: it is often difficult to convince people to join innovation; people are often uncomfortable with change.
- Geographic Limitations: Many LTCs only hire one new person at a time, which renders the cohort model of resident instruction obsolete at LTCs.

Taken together, evidence from existing NRPs suggests three domains of knowledge must be included to support best outcomes for a WA LTC NRP.^{11,12,13,14} These three domains are the regulatory environment of LTCs in WA, the technical nursing skills required to work in LTC, and professional interpersonal and resilience skills applicable to LTC settings. Implementation of existing evidence surrounding NRPs increases the likelihood that new graduate nurses transitioning to practice in LTCs will avoid burnout and choose to stay employed in this specialty environment.

A technological solution for implementation is vital to this practice improvement. The use of technology reduces the barriers to residency development. The utilization of technology keeps costs low, allows for instantaneous updates or changes, produces uniformity of education across diverse locations, is accessible using the internet, makes information easily accessible, creates a collaborative environment, and facilitates the application of existing knowledge.

Summary of Implementation Process

The Knowledge-To-Action (KTA) framework was used for project implementation (See Appendix B, Figure 1). This model facilitated the use of research knowledge by multiple stakeholders, promoted knowledge creation and adaptation, and expedited assessment of facilitators and barriers required to adapt the proposed NRP to meet the needs of both LTC agencies and the nurses working within them.^{18,19} The KTA framework supported a funneling of knowledge inquiry, knowledge synthesis, and knowledge tools/products, refining the project's deliverables through collaboration between its stakeholders and end-users to support sustained and significant success.

Evidence from NRPs in both acute and long-term care informed the basis for the project. Stakeholders collaborated on and contributed to the program's content. Barriers and facilitators were assessed to design solutions and utilize facilitators. The student learned how to build a website. Weekly meetings with the mentor agency, the Washington Health Care Association (WHCA) and the University of Washington LTC Externship Work Group provided feedback to tailor project development and informed a program draft. Professional nursing curriculum experts from the stakeholder workgroup (see Appendix D) validated the program content. The knowledge was integrated into module creation. Evidence-based, up-to-date information, open-source media, and stakeholder feedback were utilized to build the program. Nurses working in LTC and nursing students in an LTC externship provided feedback. The project was completed on time according to the proposed timeline. The student will present the project at the Annual WHCA Conference in May 2022.

Outcomes and Deliverables

This DNP project proposed to create an online evidence-based LTC NRP, and to refine, synthesize, and organize existing information into modules accessible online by nurses in LTCs across WA. The purpose of these modules is to educate NRP participants on the regulatory environment of LTCs in WA, the technical nursing skills required, and professional interpersonal and resilience skills. The project is complete, and all objectives are met.

The project deliverables (see Appendix C) consisted of:

- A website comprising education materials supporting an NRP for LTC RNs at: <https://nrpinltc.wixsite.com/nrp-in-ltc>.
- An informational poster detailing the project.
- An Executive Summary.

The project was completed in collaboration with agency stakeholders in the development of the regulatory environment of LTC, while the technical nursing skills modules were informed by the stakeholder workgroups (See Appendix D). New materials developed by the student were focused on the modules supporting professional interpersonal and resilience skills. This section of the project relates to ameliorating the stress experienced by new graduate nurses transitioning into practice, an area of expertise in the DNP-PMHNP program.

40 learning modules fall into the three domains that were illuminated by the research:

The Regulatory Environment of Long-Term Care

- It's The Law!
- Regulations of Skilled Nursing
- Regulations of Adult Family Homes
- Regulations of Assisted Living Facilities
- Other Regulatory Environments

Professional Interpersonal and Resilience Skills

- What is Resilience and Why Does it Matter?
- Three Secrets of Resilient People
- Stress Management
- Dealing With Imposter Syndrome
- Dealing With Feelings
- "But I Feel So Dumb"
- Interpersonal Communication
- Culturally Competent Care
- Caring for the Elderly
- Caring for BIPOC Patients
- Caring for LGBTQIA+ Patients
- Nursing Ethics and Patient Autonomy

Technical Nursing Skills and Assessments

- SBAR
- Enhancing Patient and Staff Safety
- Infection Control and Prevention
- Critical Thinking
- Identifying Abuse and Neglect
- Recognizing and Reacting to Changes
- Wound Care and Dressing Changes
- IV Skills, Blood Draws, and Labs, Oh MY!
- Care of Patients with ESRD
- Tracheostomy Care
- Enteral Tube Care
- Waste Management
- Providing Emergency First Aid
- Preparing for the End of Life
- Admission and Discharge Assessments
- Assessment of Comorbid Chronic Conditions and Disabilities
- Pain Assessment
- Cognitive Assessment
- Respiratory Assessment
- Neurovascular Assessment
- Psychosocial Assessment and Behavioral Management
- Skin and Mouth Assessment

The project goal was to develop an LTC residency program for new staff nurses in LTC. The objectives of the DNP project were to create three modules that would be included in the residency program. The overall residency program will be considered complete when all the learning modules and the skills competencies for preceptors are finished and verified, the program has a permanent home or host on the internet, and a champion has been identified who can manage the project ongoing.

Conclusions and Recommendations

Moving forward, several action items are necessary for further project development.

1. Determine what agency will host the program on their website or determine where it will be hosted.
2. Determine how the website will be kept up to date.
3. Complete any remaining/additional educational modules and validate or verify their content with review from curriculum experts.
4. Complete the preceptor module/area and upload skills competency checklists.
5. Create tests or evaluations to assess outcomes.

Implications

The WHCA can partner with the University of Washington for possible future projects:

1. A DNP project can investigate how to develop and support NRP preceptors in LTC and assist in the production and dissemination of preceptor education within the Preceptor module.
2. A DNP project can evaluate the program's effectiveness, determine its impact on new graduate nurses who completed it, and assess how it may have affected nurse resilience and retention.
3. A DNP project can assess and organize the dissemination and implementation of the program and address the recruitment of new graduate nurses.
4. A Ph.D. project can implement this program to create high-quality evidence from a randomized controlled trial (RCT).

Tripartite Role of the DNP

This DNP project was completed in two phases. The first phase assessed the practical impact of policies and procedures on meeting the health needs of the patient population within long-term care. The second phase created a quality improvement strategy to implement organizational changes with sustainable and measurable outcomes to address those needs and strengthen practice and health care delivery in LTCs.

This project supports the application of evidence in its review and translation supporting NRPs in acute care and compares it to existing NRPs for LTCs in other states. This evidence review identified themes that underpin new graduate nurses' perception of work in LTC and impact the decision of LTC nurses to continue employment in this specialty area. These themes represented opportunities to improve the retention of nurses in LTC with an NRP designed to address them. The project further utilized evidence with the application of this knowledge to the setting of LTCs and the development of an NRP for new graduate nurses in WA LTCs.

Advanced practice principles were used in this DNP project by aligning nursing practice with nursing evidence to impact new graduate nurses during their crucial role transition period. Without opportunities to receive post-graduate support and education, many new graduates working in LTC have struggled to transition to practice and moved on to other employment. This program creates an alternative to new graduate acute care residency programs by offering a similar comprehensive educational and support program for LTC that supports the development and retention of nurses choosing LTC employment.

According to the AACN's *The Essentials of Doctoral Education for Advanced Nursing Practice*, "Improvements in practice are neither sustainable nor measurable without corresponding changes in organizational arrangements, organizational and professional culture, and the financial structures to support practice."²¹

Effecting these improvements requires the kind of leadership employed to execute this DNP project. Examples of critical areas of skill-building and refinement of expertise during this DNP Project include:

- Active Listening and Innovation supported the discovery of the need and development of a functional and practical practice change.
- Problem-Solving and Perseverance were required to take risks and pursue an unconventional solution.
- Communication and Collaboration with interdisciplinary stakeholders and the mentor agency were required to develop the nursing skills and regulatory content.
- Empathy, Passion, and Empowerment were foundational to design a program that would support the psychological well-being of new graduate nurses.
- Accountability, Self-Motivation, Technological Savvy, and Self-Discipline were required to learn the technology involved and ensure the project stayed on track to completion.

Summary

This DNP project created forty learning modules for use in the development of an online LTC residency program for new graduate nurses during their transition to practice. These modules cover three evidence-based domains illuminated by the research: the regulatory environment of LTC in WA, the technical nursing skills required to work in LTC, and professional interpersonal and resilience skills applicable to LTC settings. Several future projects may derive from this work. A DNP might investigate how to develop and support preceptors for this program and produce preceptor education within the program. A Ph.D. might evaluate the program's effectiveness, determine its impact on new graduate nurses who completed it, and assess whether it impacted staff resilience and retention.

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Appendix A: Evidence Appraisal Table

Study	Design/Sample	Intervention	Outcomes	Results	Clinical Relevance
<p>Fink et al. (2008)¹¹</p> <p><i>Level of Evidence</i>¹⁷ 5</p>	<p>Program Evaluation</p> <p>Convenience sample of 1,058 novice RNs -hired between 5/2002 and 9/2003 -completed an NRP -voluntary online surveys.</p> <p>n= 434 completed all 3 surveys 41% response rate</p> <p>Mean -age=26, -gender=female, - ethnicity=Caucasian</p> <p>Results blinded; no access to individual responses.</p>	<p>Implement/evaluate NRP: University Healthsystem Consortium/AACN hospital-based NRP</p> <p>Pretest-posttest, mixed-methods approach evaluated results at: -baseline, -6- and 12-months post-completion.</p>	<p>The CFGNES⁶ instrument measured:</p> <p>Primary Finding: Novice RNs benefit from a formal residency program. -reduces stress -diminishes role transition difficulties, -supports professional development, -helps integrate novice RNs into unit culture, -increases RN retention and job satisfaction.</p> <p>Secondary Finding: Novice RNs want mentoring.</p> <p>Tertiary Finding: Insights into stressors' impact on role functioning and how to ameliorate them</p>	<p>Experience of Stress: 24% at baseline 11% at 6 months. 18% at 12 months.</p> <p>Role Transition Difficulties: 92% at baseline, 72% at 6 months, 42% at 12 months.</p> <p>Integration to Unit: 24% at baseline, 34% at 6 months, 43% at 12 months.</p> <p>Top 3 work satisfiers: -support, camaraderie, and caring for patients, -staff support and teamwork, -sense of belonging/peers.</p> <p>Top 3 work dissatisfiers: -frustration with environment -dissatisfaction with system -poor staff relations .</p>	<p>Strengths: Employed a reliable and valid instrument to measure perceptions of role transition (CFGNES).</p> <p>Examined 16 months of data from over 1000 RNs</p> <p>Limitations: Attrition of responses over time could have affected validity</p> <p>Diversity of sites/programs led to diversity of responses that could not be homogeneously applicable to the study at large.</p>
<p>Neller et al. (2021)¹²</p> <p><i>Level of Evidence</i>¹⁷ 5</p>	<p>Program Evaluation</p> <p>Utah novice RNs in -1 urban LTC facility -1 rural LTC facility</p> <p>Novel NRP tailored to Utah RNs</p> <p>Novice RNs with</p>	<p>Implement/evaluate NRP: -distance-based -synchronous and asynchronous -12 weekly modules -3 core topics</p> <p>Pretest-posttest, mixed-methods approach evaluated results at:</p>	<p>The Interprofessional Attitudes Scale,⁷ the Nursing Home Survey on Patient Safety Culture,⁸ and the CFGNES⁶ instruments measured:</p> <p>Primary Finding: -competence -confidence -job satisfaction -resilience</p>	<p>Novice RNs reported increased: -confidence, -competence, -knowledge, -job satisfaction -resilience -intent to remain at current employment</p> <p>Identified need for protected</p>	<p>Strengths: Evidence-based program has generalizability for replication of equivalent results.</p> <p>Achieved competencies and contact hours to sit for gerontological certification exam.</p> <p>Limitations: Funding and time inadequate</p>

	<1year LTC experience paired with mentors at the same facility for 9 months	-baseline -program completion, -6- and 12-months post-completion	-transition to practice -mentorship of novices - retention	time or financial incentives for program completion Specialty certification inspired RNs to remain in LTC	to program completion. No statistical data included on how many novices surveyed
Salmond et al. (2017) ¹³ <i>Level of Evidence</i> ¹⁷ 5	Program Evaluation 37 New Jersey novice RNs across 36 LTCs in two cohorts Survey participation was voluntary Independent evaluator administered surveys online via REDCap, analyzed the data, and conducted post-survey focus groups. Demographics: - 75% female, - 21-39 years old, - greater than 50% ethnic or racial minority, - 50% ADN - 50% BSN	Implement/evaluate NRP based on Benner's Theory including: -5 days preceptor training, -20 days resident training, -8 collaborative learning experiences, -preceptor-nurse dyad mentored by a faculty member on a QI project. Pretest-posttest, mixed-methods approach evaluated results in 2 categories: - organizational-level data - individual-level data (preceptor and resident) All facility staff completed surveys on: -the culture of safety, -job satisfaction, -geriatric knowledge, attitudes, and skills.	The Nursing Home Survey on Patient Safety Culture, ⁸ the Job Satisfaction Survey, ⁹ the Geriatric Institutional Assessment Profile ¹⁰ and the CFGNES ⁶ instruments measured: Primary Finding: -confidence -competence -retention rates in LTC -job satisfaction in LTC -perception of organizational safety -influence on transition-to-practice Secondary Finding: Increased commitment to LTC post-NRP completion	NRP improved novice RNs': -confidence, -competence, -clinical practice, -role development, -decision-making, -ability to manage care, -understanding of LTC policies and procedures, -personal job satisfaction. Pre-test vs. Post-test scores: -3 subscales had meaningful increases (+ 5, 6, and 8 percentage points) -2 subscales had minimal variation. Post-implementation of NRP: -86% retention rate in experimental group -53.8% retention rate in control group (statewide average). Factors affecting retention: -facility leadership NRP buy-in -positive work environment -opportunities for promotion -schedule/shift flexibility -pay/benefits	Strengths Provides data on an NRP in a non-hospital setting Evidence-based program has generalizability for replication of equivalent results in other locations. Collected 19 months of data from 37 novices Organizational data gave insight into understanding the context of care environment and determining whether the NRP influenced care within the organization. Limitations: Small sample numbers Weak methods unable to measure organizational-level change that might have occurred Limited experience exists with data collection from nurse residency programs in post-acute settings
UW Madison School of	Program Evaluation	Implement/evaluate NRP: -4-month program	The CFGNES ⁶ instrument measured:	Reported improved: -competence and confidence -staff retention	Strengths: Generalizability for replication in other locations.

<p>Nursing Center for Aging Research and Education (2021)¹⁴</p> <p><i>Level of Evidence</i>¹⁷ 5</p>	<p>Evaluated Geri-Res NRP at 1 LTC in Madison, WI.</p> <p>Included novice RNs, nurse managers, and program coaches at Attic Angels LTC.</p>	<p>-16 60- to 90-minute weekly modules -online and in-person -paid orientation</p> <p>Modules include readings, exercises, and assignments.</p>	<p>Primary Finding: Novice growth in 1 year equal to growth previously attained in 3-5 years.</p> <p>Secondary Finding: Staff who did not participate initially became interested and eager to learn</p>	<p>-critical thinking -autonomy and initiative -communication -mentorship and collaboration -interpersonal staff relationships -knowledge of specialty -safe practice -adherence to procedures -awareness of LTC regulations</p>	<p>Set a standard for LTC NRPs</p> <p>Limitations: Did not publish research to keep data proprietary</p> <p>Did not make specifics or statistical data available</p>
<p>Van Camp and Chappy (2017)¹⁵</p> <p><i>Level of Evidence</i>¹⁷ 1</p>	<p>Systematic Review of Qualitative Data</p> <p>Electronic databases searched include: -CINAHL, -Health Source Nursing Academic Edition, -Ovid Journals Online, -Academic Search Complete.</p> <p><i>Inclusion criteria:</i> -written in English, -2004 to 2016, -addressed RN retention rates, satisfaction, or perceptions of NRPs.</p> <p><i>Exclusion criteria:</i> -no discussion of retention rates -preceptor-only orientations -occurred during</p>	<p>Intervention: implementation of NRP for novice RNs</p> <p>University Healthsystem Consortium/AACN most frequently cited NRP</p> <p>22 articles included</p> <p>Summarized RNs' perceptions of outcomes and related changes after participation in an NRP.</p>	<p>Various measurement instruments were used: -Organizational Commitment Questionnaire -Modified Hagerty-Patusky Sense of Belonging Instrument -Halfer-Graf Job/Work Environment Nursing Satisfaction Survey -CFGNES⁶</p> <p>Primary Finding: Qualities evaluated: -experiences, -knowledge, -confidence, -job satisfaction, -engagement -organizational commitment -retention rates of novices -how these relate to RN retention, efficiency, and productivity.</p> <p>Secondary Finding: Retention rates improved enough to offset program costs vs. the cost of</p>	<p>Themes: Retention rates increased.</p> <p><i>Experimental NRP #1:</i> 88%-90% retention rate based on more than 33,000 residents</p> <p><i>Experimental NRP #2:</i> Retention rates: 73% 1-year pre-NRP 92.9% year 1 post-NRP 80.4% year 2 post-NRP 71.4% year 3 post-NRP</p> <p><i>Comparison Group:</i> National RN retention rate was 73% to 82% annually in the same time period.</p> <p>Identified job satisfiers and dissatisfiers: -<i>satisfiers</i> related to caring for patients, positive patient outcomes, and effective teamwork. -<i>dissatisfiers</i> related to ineffective teamwork, inconsistent staffing, scheduling, and physician disregard.</p>	<p>Strengths: Outcomes, results, and findings consistent with NRP program evaluations in LTCs.</p> <p>Large sample sizes produced greater likelihood of accurate reflection of population.</p> <p>Limitations: Data from hospital-based NRPs as almost no data and few programs are available about NRPs in LTC</p> <p>Not enough data exists to determine long-term retention.</p> <p>Challenging to estimate NRP costs because of varying direct/indirect costs across institutions</p> <p>Only 1 study reported an estimated cost for their NRP</p> <p>Difficult to determine whether NRP is beneficial variable with inconsistent comparison measures.</p>

	nursing school.		hiring/onboarding new staff.		
Lin et al. (2014) ¹⁶ <i>Level of Evidence</i> ¹⁷ 1	<p>Systematic Review of Quantitative Data</p> <p>Electronic databases searched include: -EMBASE™, -PubMed® Plus, -Ovid® MEDLINE</p> <p><i>Inclusion criteria:</i> -Measured novice RNs' job satisfaction -NRP program was clearly defined -sample size provided -NRP in the US -written in English -quality score of ≥5 out of 14 points by Cummings and Estabrooks' quality rating tool²⁰ indicating strong to moderate validity</p> <p><i>Excluded:</i> -sample size omitted -articles rated <5 out of 14 points by Cummings and Estabrooks' quality rating tool²⁰</p>	<p>Intervention: implementation of NRP for novice RNs meeting review criteria</p> <p>University Healthsystem Consortium/AACN most frequently cited NRP</p> <p>Articles reviewed for methodological quality with Cummings and Estabrooks' tool²⁰</p> <p>11 articles included</p> <p>All studies used non-experimental designs</p> <p>Summarizes the relationship between NRPs and novice RNs' job satisfaction</p>	<p>Various measurement instruments were used: -McCloskey-Mueller Satisfaction Survey -Halfer-Graf Job/Work Environment Nursing Satisfaction Survey -Nursing Job Satisfaction Scale -Work Satisfaction Scale -CFGNES⁶</p> <p>Primary Finding: NRPs influence novice RNs' job satisfaction</p> <p>Secondary Finding: Job dissatisfaction negatively affects novice RNs' retention rates</p> <p>Tertiary Finding: NRPs ameliorate "reality shock" in transition-to-practice environments</p>	<p>Themes: Findings: -support the need to engage capable facilitators, mentors, and preceptors in NRPs -can be used to minimize the dissatisfaction and increase retention of novice RNs.</p> <p>Predictors contributing to novice RN job satisfaction: -scheduling, -support, praise and recognition from superiors, -professional opportunities, -work environment, -hospital system, -positive interpersonal relationships with colleagues, -effective communication with other members of the care team (nursing staff, physicians, patients, and families), -increased sense of belonging, -opportunities for peer engagement, -increased feeling of confidence -increased feeling of competence.</p>	<p>Strengths: Outcomes, results, and findings consistent with program evaluations of NRPs in LTCs.</p> <p>Large sample sizes produced greater likelihood of accurate reflection of population.</p> <p>Outcomes are supported by the Institute of Medicine's 2010 <i>Report on the future of nursing: Focus on education.</i></p> <p>The need for support by new graduate nurses was found to be universal across cultures, languages, and settings.</p> <p>Limitations: Data derived from NRPs overwhelmingly located in a hospital setting, as almost no data (and few programs) are available about NRPs in LTC.</p> <p>Did not stipulate a direct causal relationship between NRPs and novice RNs' level of job satisfaction.</p>

Appendix B: Diagram of Translational Model with Description of Implementation

Figure 1 Knowledge to Action Framework ^{18,19}

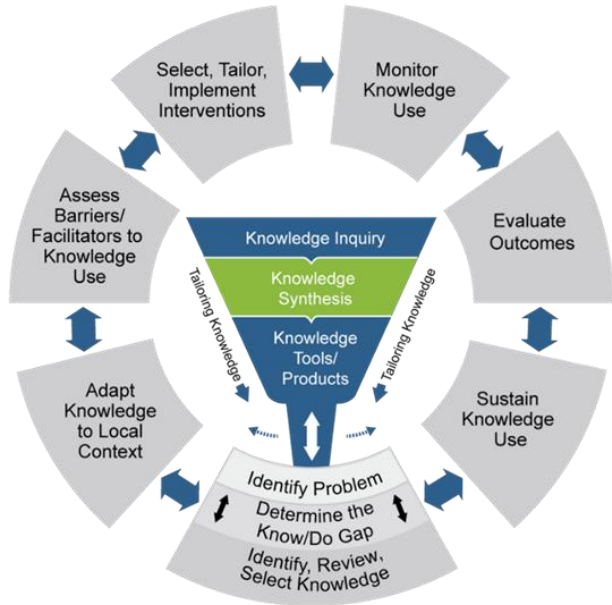
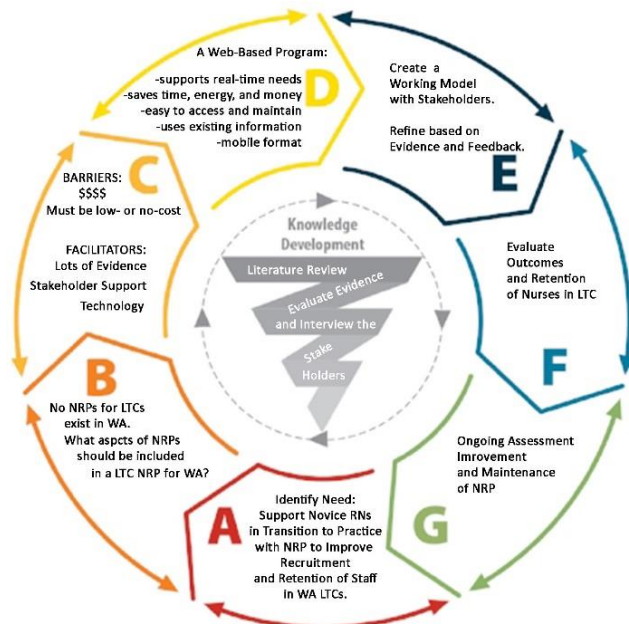


Figure 2 Knowledge to Action Framework Adapted to Project



Appendix C: Deliverables

I. Website (screen shots from <https://nrpinltc.wixsite.com/nrp-in-ltc>)

Welcome to LTC

More

Search...

Boosting Your Success in LTC

Skip Intro

Tips and tools for a productive mindset

Waste Management
Jan 31 • 1 min
What goes in has to come out, and some of our patients need help with that second part. Here we will discuss...

SBAR
Jan 31 • 2 min
Continuity of patient care is achieved by the clear and concise transfer of patient clinical information between...

It's The Law!
Jan 24 • 4 min
Long-Term Care is one of the most highly regulated industries due to the vulnerable nature of the people in...

Regulations of Skilled Nursing Facilities
Jan 23 • 5 min
Facilities that fall under the designation of "Skilled Nursing" are the only ones governed by both stat...

Other Regulatory Environments
Jan 20 • 3 min
The arena of long-term care is broad. We've covered a lot, but there's a few specialty areas we'd like to mention...

Caring For LGBTQIA+ Patients
Jan 19 • 2 min
Nursing professionals must employ an inclusive and educated approach when providing care for LGBTQIA+ patien...

Caring for Patients Who Are BIPOC
Jan 18 • 11 min
You've probably encountered the acronym BIPOC if you stay up-to-date on current events. It stands for Black,...

Interpersonal Communication
Jan 16 • 5 min
Interpersonal communication in healthcare is the ability to elicit and understand concerns, to explain...

II. Poster

Nursing Residency Program for Long-Term Care Facilities in Washington State

Angela Kokinakos, DNP-PMHP Student



INTRODUCTION

Evidence suggests that long-term care facilities (LTCs) can improve RN recruitment and retention with a Nurse Residency Program (NRP) for new graduates in their transition to practice. However, no NRPs existed in Washington (WA) for LTCs.

BACKGROUND

Funding shortfalls lead to chronic understaffing and contribute to the negative perception of work in LTC. Long-term solutions are slow to materialize, but LTCs require an immediate solution. An NRP can support recruitment and retention of RNs. Analysis of NRP evidence identified protective factors to incorporate:

- Education to bolster competency and knowledge.
- Mentorship from experienced RNs.
- Support certification in gerontological nursing.
- Develop a culture of collaboration.
- Cultivate a questioning attitude to promote safety.
- Nurture resilience in new graduate nurses.
- Generate awareness of regulatory environment.
- Combines synchronous in-person learning and asynchronous online modules:
 - Mentorship guided by written standards and focused on collaborative experiences.
 - Independent learning modules comprised of articles, links, and videos accessed online.

PURPOSE/OBJECTIVE

Create, refine, and organize educational information into three evidence-based learning modules accessible online for nurses in Long-Term Care facilities across Washington in a nursing residency program.

IMPLEMENTATION

Knowledge To Action Framework, Adapted

Landing Page Screen Shot of Website Located at: <https://nrpic.wikisite.com/nrp-in-ltc>



MODULES

Interpersonal and Resilience Skills:

- What is Resilience?
- Three Secrets of Resilient People
- Stress Management
- Dealing With Imposter Syndrome
- Dealing With Feelings
- "But I Feel So Dumb"
- Interpersonal Communication
- Culturally Competent Care
- Caring for the Elderly
- Caring for BIPoC Patients
- Caring for LGBTQIA+ Patients

Technical Nursing Skills:

- SBAR
- Initial and Ongoing Assessment
- Critical Thinking
- Identifying Abuse and Neglect
- Recognizing and Reacting to Changes
- Wound Care and Dressing Changes
- IV Skills, Blood Draws, and Labs
- Care of Dialysis Patients
- Tracheostomy Care
- Enteral Tube Care
- Waste Management
- Providing Emergency First Aid
- Preparing for the End of Life

Regulatory Environments:

- Skilled Nursing Facilities
- Assisted Living Facilities
- Adult Family Homes
- Enhanced Service Facilities

Preceptor Module (TBD):

- Skills Competencies
- Preceptor Training (TBD)

RECOMMENDATIONS

- Determine what agency will host the NRP and where it will be hosted.
- Complete the remaining educational modules and have content validated or verified by curriculum experts.
- Complete preceptor module and upload skills competency checklists.
- Create tests or evaluations to assess outcomes from the modules.
- Determine how and by whom the website will be kept current.

ACKNOWLEDGEMENTS







THE CROSS CULTURAL HEALTH CARE PROGRAM



SCHOOL OF NURSING | UNIVERSITY OF WASHINGTON

III. Executive Summary

IV. PowerPoint presentation to WHCA in May, 2022

Appendix D: Mentor Agency and Stakeholder Work Groups

LTC Nurse Residency Program Development Group:

Mentor Agency: Washington Health Care Association; Lauri St. Ours, Executive VP for Government Relations, and Sam Sullivan, Government Relations Coordinator

Mindy Schaffner, Ph.D., MSN, CNS, RN; Director of Nursing at Bainbridge Island Health & Rehabilitation, and former Washington Nursing Care Quality Assurance Commission (WA NCQAC) Board Staff

Adam Canary LN / LNHA; Nursing Home Administrator for Bainbridge Island Health and Rehabilitation, and current Washington Nursing Care Quality Assurance Commission (WA NCQAC) Board Staff

University of Washington LTC Externship Work Group:

Tatiana Sadak, Ph.D., PMHNP, ARNP, RN FAAN; Director of Dementia Palliative Education Network (DPEN) and UW Director of Graduate Education and Associate Professor of Geriatric Mental Health Nursing

Emily Ishado, MSW; Project Manager & Research Coordinator, UW School of Nursing and DPEN Associate Director of Strategic Initiatives

Melinda Schultz, MA; Research Coordinator, Department of Child, Family, and Population Health Nursing (CFPHN), UW School of Nursing

Dr. Albert Munanga; Regional Director of Health & Wellness for Era Living and Instructor for NCLIN 499, the UW LTC Clinical Externship

Lyndsy Vasquez; Student Advisor, UW School of Nursing BSN class of '22 and Teaching Assistant/Instructional Support Specialist for NCLIN 499

Chandler J. Lewis, M.Sc.; Program Director for Equity and Inclusion at The Cross-Cultural Health Care Program (CCHCP)

Kimberly Garber RN-BC; Geriatric Care Manager for Virginia Mason Bainbridge, Island Volunteer Caregivers Board of Directors, and Project Curriculum Advisor

Other LTC Administrators, Nurse Leaders, Policymakers, Nurses, and Associations