

AN EVIDENCE BASE CLINICAL RESIDENCY INTERNSHIP PROGRAM A CONCEPTUAL, THEORETICAL, AND EMPIRICAL APPROACH TO NURSING PRACTICE

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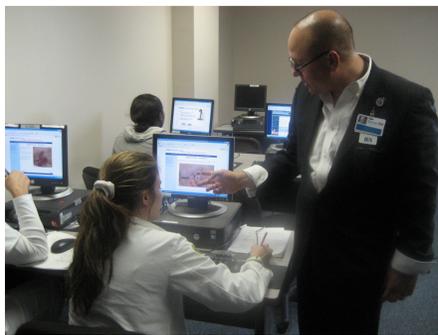
Problem Identified

Hospital organizations are facing nurse retention challenges in the new millennium, the shortage of nurses is projected to increase over the next 20 years. Healthcare organizations are pressured by high clinical job demands, nurse-patient ratio overload, and inconsistency of nursing retaining measures.

Hospitals generally report an 8 to 10 percent turnover rate but intensive care units report an average of two percent higher per month for the past six years. The average nursing vacancy rate in hospitals in the United States is 13.8%. The average acute care hospital rate is about 21.3%. The highest rates found in critical care settings as high as 14.6%.

Nursing turnover costs are financially significant. Out of pocket expenses represent less than 25 percent of turnover cost. Turnover cost exceeds the nursing salary by 14 percent. The average turnover cost is about \$42,000 for a hospital. This is attributable to costs of lost productivity during entire turnover cycle (before, during, and after position filled).

Nursing turnover rates that reflect high percentages impact an institution negatively and reflect poorly on patient satisfaction. Problems directly linked to dissatisfactory nursing variables are poor staffing, high job demands, and specifically lack of support mentorship. **Inferential Question: Can a supportive clinical and organizational environment lead to nurse satisfaction and retention?**



Project Description:

This is an educational clinical residency internship program for new nurses, in which the learning environment is influenced primarily by the mentorship perspective towards effective communication and learning. The vision of the program is to promote one single standard of supportive learning for new nurses coming to work at a healthcare institution. The primary conceptual theme of the clinical residency program towards nurse satisfaction, retention, and turnover prevention is the concept of mentorship.

The program utilizes a one to one nurse intern/educator methodology in the clinical settings and a two educator facilitator approach for a maximum capacity of 50 students per internship, the average class is about 10 to 20 nurse interns. The program promotes effective communication among all the program participants utilizing Peplau's Interpersonal Theory of Communication as the primary intervention defining mentorship.

The clinical residency internship program utilizes the Magnet perspective of the American Nurses Credentialing Center in order to provide a scholarly structure environment that is framed towards the acquisition of valuable nursing knowledge. The conceptual, theoretical, and empirical framework of the clinical residency internship program promotes the "novice to expert" learning journey as nurse interns are in collaboration with their nurse leaders, preceptors, mentors, and educators as role models.

Quality Based Literature Review: An Evidence Base Focus on Mentoring

The turnover rates in the acute care areas are high, the staffing patient ratios are overwhelming, and the nursing clinical job demands continue to augment. Belten (2005) acknowledges that the present state of human resources advocates for an employee supportive approach with the hopes of promoting workplace productivity and positive labor outcome measurements. In order for an organization to be successful in labor relations it needs to reproduce nurse retention programs that are embedded in standards of clinical educational mentoring, nurse appreciation and wellness, reflecting positively both on new nurses and nursing satisfaction. Bennet (2001) acknowledges that excellence is enhanced by promoting a supportive learning environment in clinical nursing practice.

Cornett and Summer (2007) also recognize the importance of promoting learning in a supportive environment in order to foster a healthy learning culture at the institutional level. Jones (2004) recognizes that high nursing turnover is directly linked to unsupportive and stressfully demanding clinical nursing practice; thus resulting in nurse burnout and job dissatisfaction. Aiken, Clarke, Sloane, Sochalski, & Silber (2002) correlate nursing staffing shortages to increase chances of patient mortality, promoting a negative dynamic in quality care. Block, Claffey, Korow, & McCaffrey (2005) acknowledge that hospitals are facing nurse retention challenges in the new millennium. They believe that mentoring provides a mean to generate new responses that establish an environment supportive of nurses thus retaining nurses. They support mentorship programs as models for workplace wellness and successful retention of nurses. In their views the mentoring process encourages the development of leadership skills, thus advancing the vision of nurses towards colleague support.

Beech (2007) defines mentoring as providing a mean to generate responses that establish an environment supportive of nurses and nursing. She infers the importance of mentoring relationships in shaping a nurses career. In mentoring the nurse in the workplace, Grindel (2004) asserts that supportive relationships promote mutual understanding and satisfaction, this being the antecedent to preventing stresses and burnout. Verdejo (2002) points out that mentorship programs are effective in attracting graduate nurses. Kilcullen (2007) asserts that mentorship and the quality of instructor teaching, plays an enormous role in promoting learning. Mentors promote analytical reasoning which is useful for nurses learning new nursing experiences. Farrell, Digiioia, Broderick, & Coates (2004) explain that much emphasis must be given to the dual educator/ learner relationship so that strong mentoring network for educators becomes essential in promoting academic growth in the field of learning and education. Cavanaugh & Huse (2004) further acknowledge that an environment of workplace support and orientation is effective in promoting workplace wellness. They concluded that success of an orientation program is conducive to nurse retention and turnover prevention. The report acknowledges multiple hospital centers around country that have benefit from the workplace support retention nursing model.

Method: Implementation of Clinical Residency

Clinical residency programs produce a nursing environment of support and scholarship. Clinical residencies using evidence base practice, though relatively new to nursing organizations, do bring a unique perspective in that using the comprehensive structure of the "Magnet Recognition Program" by American Nurses Credentialing Center (2008) produces outcomes that are inherently aligned with the Fourteen Forces of Magnetism, which can help to outline the road to Magnet recognition and accreditation. This would give an institution applying for Magnet accreditation, a clear structure on how to promote workplace wellness, nurse satisfaction, and high performance service.

The Medical Surgical Clinical Residency Internship Program serves as a residency clinical program for new nurses and those that primarily have been out of practice coming back to nursing. The internship is composed of two didactical web enhanced lecture days and a simulation laboratory afternoon experience with two to three of the other days at the clinical bedside. The nurse's work is structured to two internship lecture days and a three day or two day work week, depending on an eight hour, or twelve hour schedule basis. The nurses and preceptors are closely monitored throughout the internship to avoid conflict and communication deficits. If problems do arise, then one of the facilitators either a nurse or a social worker are readily available for one to one interactive sessions. The consensus is always to promote an interpersonal intern-preceptor relationship in which respect and empathy towards the parties involved fosters an open line of communication towards conflict resolution. The internship nurse educators are available throughout the program as the first link to conflict resolution and communication. As a quality improvement initiative, the education mentorship program will serve the large tertiary healthcare organizational system as a fundamental nurse retention instrument. It will enhance performance improvement as the didactics of the program are heavily weighted on meeting the ethical, legal, and regulatory issues of professional nursing practice. The interpersonal model methodology will impact on the lived experiences of new nurses coming to work at an organization, and help to create an environment of nurse support and well being. The tracking of nurses through their professional practice environment will serve as the foundation for ongoing mentoring consistency in meeting the emotional organizational needs of the nurses.

Theoretical Framework: Practice Application

Peplau (1952) establishes the conceptual model of the interpersonal relationship theory which identifies the four stages of a therapeutic relationship: orientation, identification, exploitation, and resolution as the supportive evidence of the theory that connects the nursing phenomena to human beings.

This interpersonal methodology is crucial in the mentoring perspective, as both the mentor and preceptee explore their feelings and develop bonding among each other. Peplau is regarded as the mother of psychiatric nursing and as the trend setter in establishing the need to practice nursing from a theoretical point of view.

Peplau's theory of interpersonal relationship is further operational in an environment such as in an educational setting, where the learner connects with the mentor educator, to establish a therapeutic supportive connection that leads to positive experiences in learning and teaching. Peplau's theory of interpersonal relationship is patterned to set the human experience for optimistic psychological emotional growth; that build trust, respect, and connection when human beings are interacting as a result of an emotional indicator.

Peplau is most practical in confirming that it is important to establish trust and bonding in order for students to reflect on the learning environment that they are experiencing. This is most effective in the mentorship/learner role as building trust and promoting respect helps the novice learner to grow and mature emotionally. This is a most influential variable affecting nurse satisfaction and overall organizational gratification.

A Conceptual Model for Transforming Practice



Outcome Measures

Nurse interns evaluate the caliber of clinical education and relevance to nursing practice of the internship through daily evaluation tools, which addresses the specific topic of the program, facility appropriateness, presenter/facilitator evaluation, and comment area as a general internship performance evaluation. At the end of the internship, a general internship evaluation tool with a comment page is given to measure customer satisfaction. Once the nurse interns have graduated from the clinical residency internship, then they are followed by the retention staff; three, six, nine, and twelve months into their clinical experience. After the twelve month surveillance, the unit managers will follow the nurses quarterly and notify the retention internship staff to start the monitoring process all over again, if problems arise. The internship will promote higher nurse retention rates which will capacitate less use of temporary personnel and more resources for professional staff development.