

Quantifying the Nursing Residency Advantage:

The Fast-Track to Nursing Competence & Confidence

By the year 2015 all 50 states are expected to have a nursing shortage. Nurse staffing has become a universal healthcare challenge

Introduction: The Turnover Cycle

Across the country, virtually every healthcare institution reports no end in sight to the chronic shortage of skilled nurses. The consequence: hospitals are scrambling to find – and *keep* – qualified nurses to meet growing demands for patient care. As a result, many institutions have resorted to increased financial incentives and workplace perks to augment their recruitment and retention efforts. Unfortunately, these incentives do not address the larger issues surrounding nursing staffing and job dissatisfaction. It is about more than just money.

Given the shortages, more new-graduate nurses are being hired faster than ever before by hospitals. However, most do not have the necessary nursing skills and experience to perform independently in complex patient care situations. That puts them in an unsatisfying position – and places additional strain on senior nurses. As a result, new nurses are most vulnerable to rapid turnover and are leaving their first jobs at alarmingly high rates within the first two years of service.¹

With the direct cost of filling a vacant nursing position reaching as much as 100 percent of a nurse's annual salary, this unending turnover cycle represents a substantial cost to hospitals.² This is why many hospitals are bridging the gap between the educational and clinical settings through intensive nursing residencies. These structured, programs combine classroom instruction and opportunities to develop hands-on clinical mastery of nursing tasks and skills as defined by the institution. New graduate RNs also receive additional support, training and professional guidance to help them successfully and confidently provide excellent care to their patients. An organization-wide commitment to comprehensive on-boarding of new graduate nurses can reduce turnover, lower staffing costs, improve morale and increase the quality of patient care.

¹ Bland Jones, C, Ph.D., R.N. The costs of nurse turnover: an economic perspective. *Journal of Nursing Administration*. December 2004. 34:562.

² Department of Veteran's Affairs, Office of the Inspector General. Evaluation of nurse staffing in Veteran's Health Administration facilities. Aug. 13, 2004. Report No. 03-00079-183

Does a Nursing Residency Have an Impact?

The question arises – how much of an advantage does a nursing residency really provide a new graduate RN? To obtain a clear, objective view of this topic, Versant completed an extensive study of 63 new graduate RN residency cohorts from 14 adult-care hospitals across the United States that have implemented the Versant™ RN Residency.

Versant compared all hospital residency cohorts that had completed an 18-week Versant RN Residency and compared their competence and confidence to a control group of nurses who did not complete a residency and had an average tenure of slightly more than 17 months. The results showed that those residents who had recently completed the 18-week residency post-nursing-school demonstrated at least equal and often higher levels of both competence and confidence than the more experienced control group of nurses.

Demonstrating Competence: The Slater Nursing Competencies Rating Scale

Versant used the Slater Nursing Competencies Rating Scale to measure nursing competency and obtain a performance rating in the clinical setting. Both reliability and validity of the Slater scale had previously been established. Slater scores are calculated by trained observers who rate nurse-patient interactions over a particular timeframe, and consist of 76 items that identify actions performed by nurses as they care for patients. The trained RN evaluator rates the observed nurse on the 76 items using a scale of 1-5; one representing poor and most limited care, and five demonstrating excellent or most comprehensive care.

The evaluator uses a cue sheet that lists several concrete examples of activities to illustrate each of the 76 observation points. When the evaluator has not observed nursing care actions that would permit a rating, even though such actions would have been appropriate or expected in the setting, he or she records the item as “not observed.” If the action is unlikely based on the setting, the evaluator reports the item as “not applicable.” Ratings on 60 of 76 items are sufficient to provide a valid and reliable evaluation score.

In total, 414 nurse residents were observed and evaluated in adult-care hospital settings. The control group consisted of 137 nurses who were observed in adult-care hospital settings. The Versant residents' aggregate score of 71 percent (the percentage of the maximum score) is 4 percent higher than the control group's aggregate score of 67 percent. This means that the overall competency of Versant residents at the end of an 18-week residency slightly exceeded the performance of the control group with an average of 17.5 months of RN experience. Residents received higher ratings in all five subscales of the Slater scale - psychosocial, physical, general, communication, and professional.

- **General care subscale**– The general care subscale measures actions that are directed toward meeting physical or psychosocial needs of patients such as protecting the sensitivities of the patient and uses multidisciplinary resources in the hospital for problem-solving. The differentiation between residents and the control group was greatest in this subscale, with Versant residents scoring higher.

Slater scores are calculated by trained observers who rate nurse-patient interactions over a particular timeframe

This means that residents were observed performing the desired/appropriate actions more often than the control group.

- Communication subscale** – The communication subscale measures communication on behalf of patients such as reports observations objectively without resorting to meaningless generalizations, establishes effective nursing care plans and communicates effectively with other disciplines. This subscale showed the least difference between Versant residents and the control group as the scoring was essentially equal.

At the end of the 18-week residency in adult-care hospitals the observed performance of Versant residents was essentially equal the control group. A successful transition from new graduate nurse to professional RN who provides safe and competent care is consistently accomplished within the framework of the standardized Versant RN Residency.

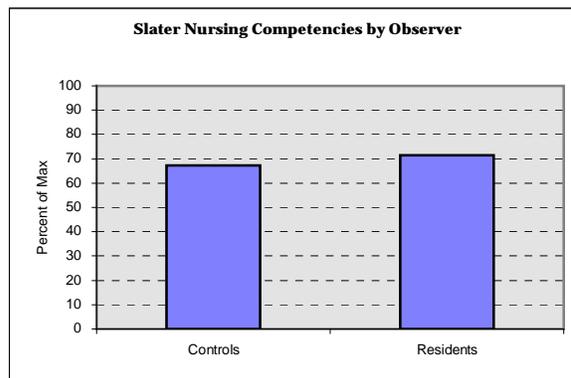


Chart 1: Observed performance of Versant Residents

Confidence Grows Along With Competence

One of the chief components of turnover in new graduate nurses is an absence of confidence

Human resources experts in the healthcare field agree that one of the chief components of turnover in new graduate nurses is an absence of confidence in the tasks that they perform for patients on a daily basis. As part of its research into the effectiveness of residency programs, Versant used the *Skills Competency Self-Confidence Survey*, a self-administered survey instrument that each resident completed three times – at the beginning, middle, and end of the residency. Nurses in the control group completed the survey once.

The survey was derived from a staff nurse competency profile developed via a standardized occupational analysis process – a DACUM.³ The nurse ranks his or her own confidence on each item using a scale of 0-3: none, low, medium and high. Higher scores indicate greater confidence. Since the survey incorporates virtually everything an RN does, it is not expected that

³ Ohio State University Center on Education and Training for Employment

respondents would be confident in all items and results are interpreted in terms of improvement over the 18-week residency for residents. For the control group, the survey is completed one time and higher scores indicate higher confidence.

More than 1,200 nurse residents completed the survey, compared to a control group of 400 experienced nurses. Versant residents recorded an aggregate score of 77 percent on the survey instrument compared to the control group's 80 percent. The results show that, overall, the self-confidence of Versant residents at the end of the 18-week residency is essentially equal to the self-confidence of nurses with more than one year of additional job experience. This is very encouraging when one considers the increased RN experience of the control group.

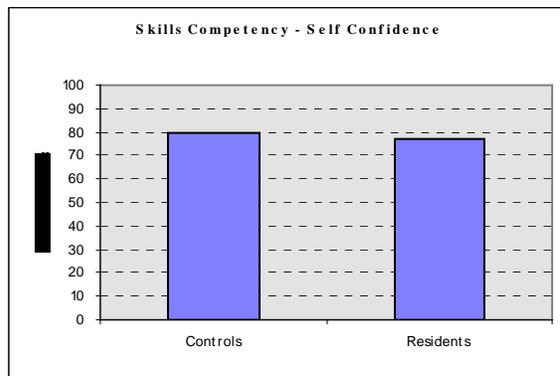


Chart 2: Results of Skills Competency Self-Confidence Survey

Conclusion

In the face of persistent RN staffing shortages, hospitals need new strategies to onboard and successfully transition new graduate RNs to maintain delivery of high quality patient care while reducing the high cost of nursing turnover. Rather than simply hiring wave after wave of new graduate nurses who are more likely to churn in an endless and unsatisfying staffing cycle, hospitals are increasingly adopting structured residencies. Research shows that these programs accelerate the new nurse's development of both competency and confidence.

The consistent outcomes from 63 Versant resident cohorts in 14 different adult-care hospitals are persuasive evidence that the Versant RN Residency accelerates the competence and self-confidence of new graduate nurses. For healthcare institutions, this acceleration translates into greater opportunities to stabilize the workforce, reduce recruitment costs, and achieve the desired level of quality patient care.

To learn how the Versant RN Residency can assist your organization in meeting its nursing workforce goals call 866-328-5473. For more information visit www.versant.org

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