



Effect of Nurse Residency Programs on Newly Licensed Nurse Retention

Raymond Davis, MSN, CNL Student

Background

- Newly licensed nurses (NLRN) comprise the largest nurse demographic entering and exiting nursing practice (VanCamp and Chappy 2017)
- Within 1-2 years of entering practice, an average of 50% of NLRNs will have left the profession (Eckerson, 2018)
- Replacing a nurse can cost upwards of \$120,000/nurse (VanCamp and Chappy 2017)
- The exodus of new nurses can lead to understaffing, burnout, poorer patient care outcomes, and perpetuate nurse turnover.

Objective

To determine the effectiveness of nurse residency programs (NRP) on retention rates of nurses within their first one to two years of practice

Methods

- Evidence was retrieved from six scholarly articles related to nurse retention and nurse residency programs.
- Keywords: ((NLRN retention)) AND ((NRP))
- Inclusion Criteria: peer reviewed, English language, academic journals, 2015- present
- PICO:** *Among newly hired nurses, do nurse residency programs, compared to the traditional new nurse orientation programs impact new nurse retention?*



Summary of Evidence

Author(Year) (Evidence Level)	
Asber, S. R. (2019)(V)	First year retention rates for new nurses ranged from 74-100%, compared to the national average of 51.8% in all 16 articles.
Eckerson, (2018)(V)	NRP implementation correlated strongly with an average increase of 38% above the national average Improved retention rates saved some facilities roughly \$15.2M
Pelletier et al., (2019)(V)	Year one turnover rates were 5.8% below the national average Year two 30.6% below the national average
Van Camp & Chappy,(2017)	NRPs improved retention rates approximately 20-30%
Warren et al., (2018)(V)	Maryland hospitals that utilized NRPs displayed a 6-10% reduction in voluntary turnover rates The reduction in turnover saved \$17.6M/yr statewide The Vizient/AACN NRP is a model that is suitable for wide scale replication
Wolford et al.,(2019)(V)	Turnover after a year for new nurses attending the NRP was approximately 11% lower than the control group (p<0.001) New nurse replacement cost was roughly \$44,100 To break even, three new nurses would need to work 8-9 months

- Settings with NRP implementation have shown increased NLRN retention rates
- Although NRPs can be expensive, the money saved outweighs the initial cost
- Structured NRPs make for more generalizable retention metrics
- NRPs are not extended orientations: NRPs should follow cohort model, include classroom time, last about 12 months and have an EBP final project.

Implications and Recommendations

Implementing NRPs can be an effective tool for organizations hoping to:

- Achieve safe staffing ratios
- Positively impact patient care outcomes
- Improve patient safety and satisfaction metrics
- Recruit greater numbers of new graduate nurses

Recommendations

- Hospitals considering an NRP should select a structured, and scalable program model (ie. Vizient/AACN)
- Advocacy for universal implementation of NRPs
- Further research should include more longitudinal data and measure patient outcome data pre and post implementation

Conclusions

Increased prevalence of NRPs could lead to:

- Better nurse patient ratios
- Nurses that are less likely to experience burnout.
- More favorable patient care outcomes
- Long term benefits to public health

Hospitals that have implemented NRPs have:

- Saved on average of \$120,000 per nurse
- Increased average nurse retention rates

References



Notes

Poster Reader: Susan Bindon DNP, RN, NPD-BC, CNE, CNE-cl