

COVID-19: Shaping the New Graduate RN

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Introduction

Hospitals are faced with the exorbitant cost of ongoing recruitment, orientation, and training in hope of retaining the new graduate registered nurse (RN). Kovner, Baker, and Fatehi (2014) reported that hospitals are experiencing a difficult time maintaining the new graduate RN with 17.5% percent of newly licensed RNs leaving the job within a year and 33.5% leaving within two years. Nurse turnover is costly to hospitals and poses safety concerns to patients.

Zeller, Doutrich, Guido, and Hoeksel (2011) further reported that nurses are leaving their jobs due to the following factors: inadequate socialization, stresses associated with chronic understaffing, high patient acuity, insufficient orientation, salary and scheduling problems, hostile or negative attitudes of coworkers, and inadequate support from supervisors. The Coronavirus Disease (COVID 19) pandemic has added frustrations and fears to an already stressful transition for the new graduate nurse. The new graduate registered nurse (RN) is defined as a graduate hired within one year of National Council Licensure Examination (NCLEX) success.

Each person holds various experiences that help shape their lives such as the attack on the World Trade Center, Hurricane Katrina, and COVID -19. Those persons sharing similar life events tend to behave similarly and share similar beliefs and characteristics. The Coronavirus Disease (COVID 19) will forever shape the behavior and attitude of nursing and nursing care. This pandemic is causing fear, frustration, postponing elective surgeries and procedures, exhausting supplies, frequent staff turnovers, increasing work hours and shifts. Nurses are working with a higher patient- to- nurse ratio and with patients of higher acuity levels.

According to Schub and Woten (2017), adequate staffing levels have shown reduced medical and medication errors, decreased patient complications and complaints, decreased mortality rates, improved patient satisfaction, reduced nurse fatigue, decreased nurse burnout and improved nurse retention and job satisfaction. Therefore, the purpose of this study was to investigate the impact of COVID- 19 and other factors that may led to a revolving door for these novice nurses.

Literature Review

Healthcare leaders have been creative in developing strategies to build a safer environment for patients and RNs. Optimal staffing models must take into consideration patient acuity, unlicensed assistive personnel, and the skills, education, and training of the workforce. Shrimp (2017) conducted a systematic review of healthcare-related databases accessing 79 articles ranging from 2009 to 2015 to research modes of improvement. Heavy workload, providing direct patient care, inadequate RN to patient ratios, lack of nurse manager and organizational support, and lack of staff resources were common themes in the cause for staff turnover. One-third of the nurses 26 years old or younger reported plans to leave their position within two years. Suggestions to improve the

work environment included having a designated educator for the new staff nurse, skills fairs, supportive nurse managers and adequate RN- to- patient ratios. Nowrouz et al. (2016) conducted a study to examine factors related to retention in Northeastern Ontario, Canada by surveying 459 RNs. The study found that participants aged 46 to 56 years old were more likely to report that they intend to remain in their current employment position. Respondents working in nursing for 14 years or longer were more likely to stay in their current position. Respondents raised in rural areas were more likely to continue working following matriculation.

Friedman, Delaney, Schmidt, Quinn, Macyk (2013) reported that Cohen Children's Medical Center was experiencing problems with retention of a first year RN which was described as a RN that had passed the (NCLEX) within one year of hire. To increase retention, Cohen Children's Medical Center developed a Pediatric Nurse Fellowship Program (PNFP). The standard orientation (SO) consisted of a two-week classroom training program focused on basic patient care, equipment, and didactics on pediatric assessment, pain management, mechanical ventilation, and dysrhythmia recognition.

Teaching methodology included a self-learning module with a return post-test. The PNFP included SO to the intensive care unit (ICU) which included content on caring for acutely ill pediatric patients. The first year RN spent two weeks with an educator working on the unit, received PowerPoint lectures, discussions, and hands- on practice with mannequins for skills needed for basic pediatric patient care.

Then the first year RN would then be transitioned to two weeks of pediatric intensive care unit (PICU) to care for stable patients followed by more PowerPoint lectures and working with the preceptor for 2-3 months. Seventy-seven graduate RNs from each orientation section participated. The SO average age range was 28.4 years while the PNFP group was 33.2 years. The retention rate of the SO pediatric graduate first year RN was 82%, and the PNFP retention rate was 94%.

Schub and Wotten (2017) reported that a preceptorship would ease the transition from nursing school to nursing practice, therefore, improving retention because novice nurses often have difficulty embracing their new professional role. Schub and Wotten (2017) further reported that the novice nurse lacked confidence in clinical skills and management of patient care. Other shortcomings were underdevelopment of critical thinking skills, ineffective communication with physicians, poor relationships with physicians and peers, and frustration regarding low nurse to patient ratio.

Purpose

Frequent nurse turnover is very costly to hospitals and can provide an unsafe clinical environment for patients due to inadequately prepared nurses. New graduate nurses face many challenges when transitioning to the workforce, such as complex patient care, lack of adequate mentoring, bullying, generational diversity, job related injuries or illnesses (COVID 19 pandemic). Therefore, the goal of this research was to evaluate the various reasons that may contribute to low retention of the new graduate nurses.

Research Methodology

Prior to collecting data, permission was granted by Hinds Community College Institutional Review Board (IRB). This research did not receive any type of funding from public, commercial or not-for-profit agencies. The participants were RNs working at a not-for-profit, 550 bed inner-city comprehensive hospital with a nursing workforce of approximately 1,400 nurses. Data was collected utilizing a researcher developed questionnaire to gather geographical data and potential reasons for early job separation. Content validity of the questionnaire was established by a panel of three nurse educators not associated with the study and who were considered knowledgeable on the research subject. Because the hospital restricted computer access to non-hospital related Internet sites, paper questionnaires were placed on all units along with secure drop boxes.

Participation was strictly voluntary and posed no risk to the participants. Participants were instructed to avoid placing identifying marks on the survey tool to promote anonymity and ensured that there would be no repercussion due to participation. The completed questionnaires were entered into survey monkey for ease of data analysis.

Results

The sample size included (N= 158) nurses or 1.2 % of the hospital's nursing staff who voluntarily participated in the study. Of the participants, 63.9% were associated degree nurses and 36.1% were bachelor's prepared nurses. Eighty percent reported as female while 20% reported as male. The largest age group ranged from 26 to 36 years (40%) with the lowest participating age group over 56 years of age (10%).

Eighty-eight percent of the nurses were hired between 2015 and 2018 which indicated the majority 88% of the nurses had less than five years of clinical experience. Therefore, the hospital had a limited pool of clinically competent preceptors, mentors, and clinical staff.

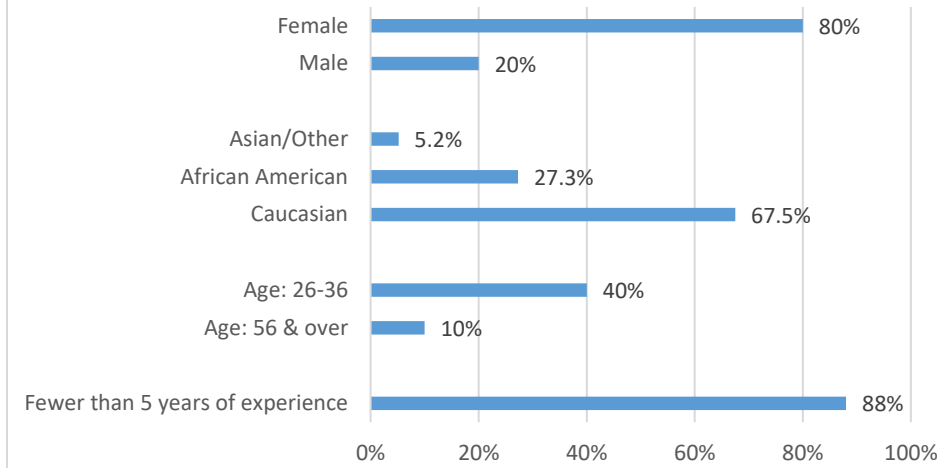
Thirty percent of the participants reported working a second job while 70% reported working overtime, which indicated that many of the nurses worked long hours predisposing them to burn out. Sixty percent planned to return to school to further their education while the remaining 40% had no intention of returning to school.

Ninety percent of the participants felt that their orientation was sufficient. Eighty percent planned to remain on the job for five years or longer. The ethnicity of the participants included 67.5 % Caucasian 27.3 % African American, and 5.2% reporting as Asian or other. When asked if they felt supported by administration, 47.1% felt support, 39.4 % felt no support while 13.5% felt support sometimes.

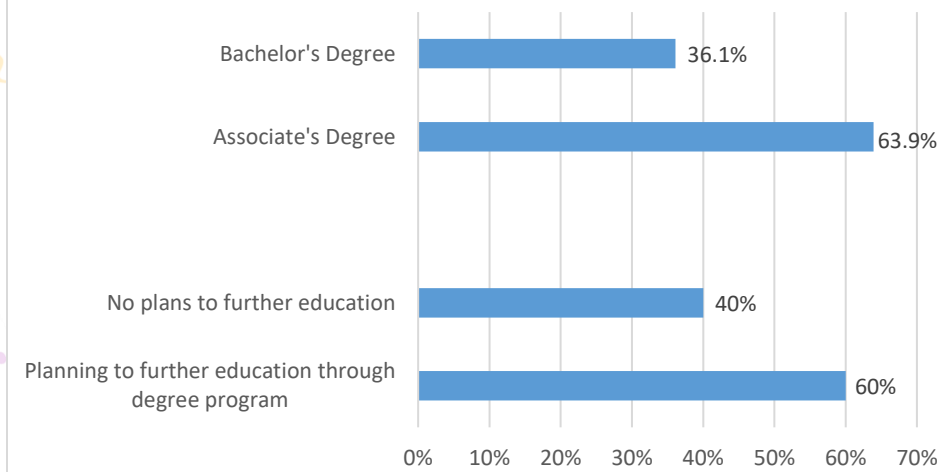
When asked If they felt supplies and equipment were adequate, 50.1% reported inadequate supplies or equipment, 42.3 % reported a delay in getting supplies to the unit from central supply with nursing staff sometimes having to leave the unit to retrieve items while 7.6 % felt supplies and equipment were adequate. When asked to list three concerns that could possibly cause them to seek employment elsewhere, the following were reported:

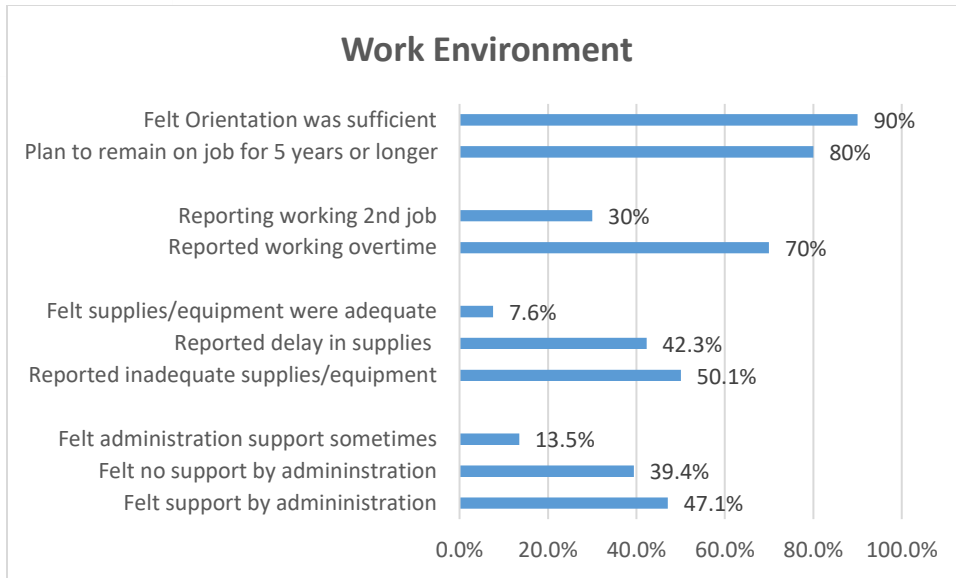
- Distance with lack of housing accommodations/working a long distance from home
- “Burnt out!”/Over time consistently/pressured to work
- Have had 3 managers within a 4-month period/high staff turnover/Change in weekender program
- Everyone not held accountable for their actions/ridiculous rules/unfair policies/strict policy enforcement with no human considerations
- Equality is not seen within the company/discrimination/problems with administration
- Management continually changes/lack of leadership reliability/respect/lack of management support/lack of management communication/ Fear due to buy out/ incentive managers
- Scheduling/no flexibility/12-hour shifts/workload/12 hours too long for older nurses/ Lack of loyalty to long term employees
- PRN nurse being allowed to pick up days instead of being offered the days that are needed leaving the full-time staff person at a discharge.
- No one available to help with prioritizing patient care/lack of clinical support
- No appreciation for long term-employees/need to feel more appreciated
- Lack of raises/max out on pay/slow promotions/no incentives/no room for advancement
- Culture is more focused on physicians than on nursing staff
- Working with younger generation nurses that stay on Facebook while at work/coworkers that don’t want to work/working with different personalities/lazy coworkers
- New graduate nurses anxious and not retaining information from orientation.
- Managing morbidly obese clients/difficult clients/hostile environment with psychiatric clients.
- Managing COVID 19 patients- fearful of contracting the virus or taking it home to family.
- Insufficient system of making sure the supplies we need are properly stocked. “We run out of basic supplies every day”/ the lack of supplies.
- Lack of resources for the nurse to protect back and work-related injuries/ADA accessibility
- Not enough M95 masks and other supplies
- Would like to have techs for the ICUs/lack of CNA staff/lack of tech support
- Charting is redundant and time consuming/ Lack of discharge planning
- Staff nursing pay versus float pool pay. Float pool complains about the acuity of clients as well as 6:1 ratio but they make more money when staff nurses do it every day.
- Unrealistic expectations/inability to provide quality care due to charting, checklists, etc.

Participant Snapshot



Education





Limitation of Study

The sample pool was limited to one hospital resulting in a final sample of N=158 participants. The generalizability of the results is therefore limited. A larger study involving other hospitals in different geographical locations is recommended. The comparison sample would provide a larger pool of research participants and allow an opportunity to assess another organization's strengths, weaknesses, and similarities. A larger sample would give a better indication of rapid employee turnover.

Conclusion

Life influences, mentoring and generational philosophy impacts the nurses' thinking, goals, and plans therefore, based on the population sample, administrators should support work- life balance and encourage staff to pursue their personal goals. Members of administration needs to continuously investigate the perceived factors impacting job longevity of the new graduate nurse. Successful nurse retention improves the continuity of care of the patient and decreases the cost of hiring and orienting new nurses. The majority of nurses surveyed had five years or less of clinical experience. Members of administration needs to investigate ways to create flexible scheduling, offer contracts or other incentives to increase longevity of employment. Proper orientation and the availability of personal protective equipment is a must. The ultimate organizational goals must be retention and ongoing training, education, and staff support.

Recommendations

Healthcare and the world will never be the same after the COVID -19 pandemic. This pandemic has caused economic devastation, stressed the healthcare infrastructure, caused widespread uncertainty, fear and anxiety, and propelled telehealth into the mainstream. The pandemic has also added a different dimension to nursing retention. Managers must work to improve orientation of the newly hired, incorporate a mentoring program, as well as verify and fine-tune nursing and

decision-making skills of the new graduate nurse. To further enhance retention, managers will need to promote counseling targeting stress reduction, and the development of coping skills, depression and suicide prevention. Time should be incorporated to allow time to debrief at the end of a shift. Days off should be consecutive days, allowing for more time away from work. The future of healthcare is now charged with recruitment and retention in a very uncertain arena.

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