

Redesigning the way we educate new nurses

Hospitals find standardized, evidence-based, education programs lead to happier, better-prepared clinicians.

Supporting nurses with trusted and consistent education at every stage of their journey is becoming more critical as healthcare organizations look to reduce orientation costs and increase education efficiency by engaging and retaining clinical staff. It all starts with a robust orientation program that provides standardized, evidence-based content, says Tammy Purcell, clinical nurse executive with Elsevier. Here, Purcell shares how standardized orientation and evidence-based clinical resources are preparing nurses to safely decrease the time from orientation to confidence and competence.

Q: Average nurse turnover rates are 18.2%¹ and even higher for new graduates at 35%². Not only that, a 2016 Gallup report estimates millennial turnover costs the country \$30.5 billion annually³. What contributes to this high attrition among nurses?

Tammy Purcell: Disillusionment and lack of engagement are just two of the many reasons nurses think about leaving their department or organization within their first year of employment. Hospitals are consistently challenged to reduce nursing turnover by creating amazing educational opportunities. Yet many education departments continue to see their resources reduced year over year which contributes to the problem in addition to the taxing pressure. New graduate nurses are particularly at risk. They are often faced with unmet expectations during those first few weeks of “real world” experience in orientation. Imagine what happens to the excitement of those new nurses when they feel a lack of support on their unit, find themselves constantly searching for supplies or clinical resources, or they immediately

feel overworked and lost at how to simply survive the next shift. Creating an optimal experience with orientation and engagement is imperative to help work towards improving nurse retention.

Q: A strong orientation program can make a powerful impression, yet hospitals are under constant pressure to reduce orientation and continuing education costs. What can they do?

Purcell: Hospitals face steep costs, with orientation programs running anywhere from six weeks to six months. That doesn’t include the critical care areas that can require a longer orientation time, or the hospital-based nurse residency programs that typically run for a full 12 months. At \$25 per hour, conservatively, it could cost up to \$24,000⁴ to onboard each nurse. As a result, educators must work smarter with fewer resources. The best education departments are finding solutions that allow them to create standardized and efficient orientation and continuing education programs that provide support at every step of a nurse’s educational journey. An evidence-based program creates a strong foundation that says, “All we do is evidence-based clinical practice.”

Q: How does this reduce turnover and improve costs?

Purcell: When organizations provide standardized orientation and continuing education programs that use authoritative clinical resources, nurses feel supported and that they have the tools to do their job. It also releases education teams from the time-consuming process of creating programs from scratch. They are able to refocus their time on critical goals, such as creating more



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effective and impactful learning processes to better engage nurses and improve patient outcomes. Successful educators have the time to view each new orientation program with fresh eyes. You can’t do the same thing over and over again. They are moving away from teaching only by lecture and engaging learners in new ways, including using a flipped classroom model, simulation labs, virtual reality, and video games. Ultimately, all of this improves job satisfaction, which has a direct impact on retention rates, and in turn increases the quality of care provided. New employees expect the very best that every organization can provide. If that doesn’t happen, they will look elsewhere constantly.

References

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