

**Integration of a Perinatal Specialty Curriculum into a PTAP Accredited Nurse Residency
Program**

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Introduction

Nurse residency programs have well documented success in helping new registered nurses in their transition to independent practice, retention, and organizational commitment. A great deal of residency programs focus curriculum on the medical/surgical inpatient nurse. Rightfully so, according to Smiley et.al. (2023) the med/surg nurse is the largest and broadest group of nurses in the nursing workforce. It would stand to reason that they make up the majority of these residency programs. This business minded model makes sense as it gets the biggest use of the allocated dollars for training but often do not serve specialty nurses in pediatrics, NICU and Perinatal services. Curriculum overlooks unique knowledge demands of their specialty area. Job satisfaction and retention rates of nurses are directly correlated with a quality orientation process which often includes a residency program (Kuhrik et al., 2011). One-year turnover rates continue to outpace all other categories. One-year registered nurse (RN) turnover rates have made little improvement over the last few years regardless of the practice area in the hospital. This group can make up 83.3% of a hospital's total turnover. When including employees with less than two (2) years of service, the rate jumped to 91.6% (Nursing Solutions Issues,2022). The newest employees of a facility are often the first to leave. These rates are not improving as desired and continued efforts from nursing leaders across the hospital are underway to innovate solutions. The financial burden is estimated to be \$50,000 to \$90,000 per nurse (Nursing Solutions Issues,2022). With the well-documented success of residency programs many leaders in specialty areas such as Pediatrics, NICU and Perinatal

services have started to look at specialty nurse residencies in adjunct to or replacement of the broader med/surg based nurse residency model to impact retention rates in those areas.

Chapter One

Background

The PTAP accredited Nurse Residency Program at a large urban/rural health system in the northwestern United States provides learning and training sessions designed to advance new nurses practice for all RN's employed at the main campus as well as axillary sites. The main campus is located in an urban city and supports rural communities and affiliates within a 600+ mile radius. Any RN with less than one year of RN experience is required as a condition of employment to complete the Nurse Residency Program. This process provides effective opportunities that enhance nursing knowledge, skills, and behaviors. With the guidance of the nurse residency specialists, new nurses cultivate their practice and professional performance standards essential to the complex and integrated health care system. Feedback, encouragement, and support are provided as a new nurse progresses to becoming a caring, confident, and competent new nurse. The Nurse Residency Program has been in existence for 5 years and had been accredited since 2021. It has evolved in length and format over time. Originally a 2-year program to now a 1-year program.

The Nurse Residency program is managed and administered by the following team of professionals. A Director of Nursing Quality and Practice, Program Director, Nurse Residency Specialists, Program Associate, and Unit Based Educators and Leadership.

During the 12-month period there is a six-hour kick-off week, ten monthly four-hour sessions in which curriculum is provided to the nurse residents. The residency is capped in the last month with a poster presentation and graduation ceremony. The first six-hour class is split between two days reviewing foundations of the nurse residency program and concepts in patient centered healthcare. There are monthly themes for the remaining sessions, including handling emergencies, crucial conversations, resiliency, self-care, evidence-based practice, quality and safety. It is proposed that the 12 sessions will be divided into a “trimester” system. Months 1-4 focusing on networking, transition to practice, and getting to know the organization. Months 5-8 will be unit based or specialty unit curriculum. Months 9-12 will be focused on evidence-based practice, quality and safety with the culmination being the evidence/quality project poster presentation. The 12-month Nurse Residency program sequences each session topic so that the new nurse can successfully complete QSEN competencies in:

- Patient centered care
- Teamwork and collaboration
- Evidence based practice
- Quality improvement
- Safety
- Informatics

Development of critical thinking, clinical reasoning, and the clinical judgement skills needed to succeed are expected outcomes of participation. Residents are expected to attend, participate, and complete all scheduled in-person class sessions, assignments and program required activities.

Transition into Practice (TIPS) meetings are conducted while in unit orientation.

Residents will meet every other week with unit leadership, preceptor, and a nurse residency specialist to review orientation forms and discuss progress. The TIPS meetings also provide an opportunity to share what’s going well, answer questions, receive feedback and set goals with their entire orientation team.

Retention rates for facility X have seen improvements since the introduction of the residency program. Tracking of retention rates has been ongoing from 2016 to present. Table 1 “Retention Rates” below identifies the organization three-year retention rates. Interestingly, a significant drop in retention after 2020 is noted across all three categories, presumptively due to COVID impacts. Retention rates of residency graduates appears to remain fairly steady regardless of time at the facility.

	Retention % 1 year	Retention % 2 year	Retention %3 year
2018	92.65%	75%	56%
2019	93.33%	76%	57%
2020	88.61%	77%	59%
2021	84.27%	65%	TBD 2024
2022	93.02%	TBD 2024	TBD 2025

Table 1 – Retention Rates

Like many other organizations the two and three- year retention rates are of concern as they continue to lose nurses. Potentially indicating that continued support beyond the first year of onboarding may be warranted once underlying causes are better understood.

Positive surveys of residency participants upon completion speak to the appreciation of the participants in having peer support, debriefing opportunities, emotional support and knowledge of resources. Terms highlighted in the positive surveys were “helped, validated, emotional support, advocate, knowledge and confidence”. Criticisms included the specialty practice areas not getting content specifically related to their practice areas and generally a dissatisfaction with the time commitment. Many referred to it as “Nursing School 2.0”.

Professional

The perinatal practice area at facility X has put 30 nurse residents through the nurse residency program since 2018. The facility currently has 11 still employed within the unit. This is a 36% retention rate. Exit interviews within the perinatal practice area identified “relocation” and “another job opportunity” as the top two reasons for leaving. Travel nursing contracts were quite lucrative immediately after COVID 2020 resulting in significant attrition.

In addition to the 12-month (some 24 month) residency, perinatal nurses are required to complete Neonatal Resuscitation (NRP), Electronic Fetal Monitoring, and STABLE – a newborn stabilization class these requirements represent an additional 24 hours of classroom education with testing and synthesis in mock codes and simulation all while working shifts on the floor in a preceptorship. These new nurses are also working in a Labor, Delivery, Recovery and Postpartum (LDRP) model of care. The significance of this is that they are ultimately assimilating three different practice areas at one time. They must learn to care for labor patients, postpartum moms and infants, surgical patients with operating room procedure, post

anesthesia care and high-risk antepartum patients. This is a common model, but it does require a lot of synthesis and a long orientation.

Perinatal nurse residents also had vast complaints regarding the nurse residency requirement in addition to the other specialty education that is required for them. Much of the nurse residency curriculum dealt with adult med/surg content and did not address their practice area considerations. Often, the nurses reported classes would start with an instructor saying to them that “this did not apply to them”. They reported disengagement and low motivation to learn from the content after that was presented to them. Labor, Delivery, Recovery, Postpartum (LDRP) leadership retains data for process improvement and upon review of this data lack of educational support was repeatedly identified as a dissatisfier in exit interviews. The LDRP model and the varied volumes seen at this smaller urban facility and its rural affiliates contribute to dissatisfaction as well. Often there will be months between patient types, i.e., Diabetic patients, post-partum hemorrhage etc. These low volume but high acuity patient situations create great angst in new grad nurses. They need additional practice and synthesis of these types of patient situations as part of their first year of onboarding to build confidence and know their resources and tools (Waggoner, & Waskosky, A.,2023).

Problem

Generalized nurse residency programs leave a gap of opportunity and growth in knowledge for new graduate specialty registered nurses. This is a contributing factor in continued high turnover rates for perinatal nurses. Time and education dollars are already allocated for the nurse residency programs, prioritizing a way for the specialty nurses to get

residency content that is applicable and relevant to their everyday nursing practice will improve retention of new hires into perinatal nursing.

Significance

Retention of new graduate nurses is important to nurse leaders and healthcare organizations. It affects many things including financial security, quality of care, and patient outcomes (Failla et. al., 2021). The cost of turnover can have a profound impact on the hospital bottom line. Multiple sources have looked at the costs of training and losing these nurses. Estimates range from \$50,000 to \$90,000 per nurse. This is a 13.5% jump from previous evaluations and includes line items such as overtime, increases in salary, special pay programs and travel/agency fees. (Nursing Solutions Issues,2022). With this elevated turnover rate, the average hospital lost \$8.55m in 2022, ranging from \$6.57m to \$10.53m. It is no surprise that addressing turnover is high priority for hospitals and nursing leaders, with each percent change to the positive in RN turnover there is a potential cost savings for the average hospital of \$380,600 per year (Nursing Solutions Issues,2022).

Quality of care and patient outcome are also affected by increased turnover. Nursing leaders are turning to contract and agency nursing to fill their gaps. The quality of nursing care when using temporary staffing is reasonably well-explored. High levels of agency staffing have been linked to low patient satisfaction and increased complaints (Hurst & Smith, 2011). It is surmised that temporary staff are less familiar with hospital policy and procedures and do not maintain continuity of care. Additionally, good quality care is associated with nursing teamwork and good nurse-physician relationships, which will inherently suffer when a unit is staffed with

many temporary staff. There are also studies that link increases in medication errors and hospital mortality when agency staffing percentages are high (Hurst & Smith, 2011).

Purpose/Aim

The purpose of this project is to utilize the existing framework of an accredited nurse residency program to include specialty nursing content and focus. Specifically, perinatal curriculum that will address the intellectual stimulation and professional growth of perinatal new nurse graduates with an aim to improve both one and two-year retention rates.

Definitions

LMS – Learning Management System; a computer-based platform for delivering and tracking of educational content for employees and participants in the evaluated facility

PTAP – Practice Transition Accreditation Program, administered through the American Nurses Credentialing Center. PTAP sets the global standard for residency or fellowship programs that transition registered nurses (RN's) and Advanced Practice Registered Nurses (APRN's) into new practice settings.

LDRP - Labor, Delivery, Recovery and Postpartum, description of a care model implemented for inpatient perinatal practice.

TIPS – Transition into Practice meetings, progress meetings between new grad RN's, their preceptor, unit leadership and residency support staff

Chapter Two

Overview

Inquiry is the foundation of the scientific process and research. Projects of this nature must be built on thorough and accurate evidence-based nursing practice discovered through literature review. Having an idea for an intervention is simply not enough. To justify and ensure success for the proposed specialty nurse residency curriculum it must be supported in literature. The literature search strategy is outlined and defined in detail. Organization of the literature was conducted after synthesis. Similarities and unique findings have been identified in the literature and are summarized in the research findings and in research matrices. Themes discovered strengthen the evidence of support of the project. A conceptual/theoretical framework was researched, described, and applied to the project as well. Gaps and limitations of the in the literature are discussed throughout the research findings.

Search Strategy

The Montana State University research librarian was consulted and together with the author searches were conducted using the Montana State University library Cat Search, google scholar, and Web of Science databases. Search terms "nurse residency*" or "transition to practice " and the key word "perinatal" were utilized. Search criteria included applying limits of full-text, peer-reviewed and a publishing date of the last five years.

Cat Search had limited results with only two articles produced. Because limited results were encountered the qualifier "perinatal" was removed and the publishing date was expanded to the last 10 years in hopes of increasing findings. This improved the results to eight which

yielded studies, literature reviews, and journal articles in which other nursing specialties were identified.

The search was then broadened to google scholar with the original search terms and 338 results were identified. That seemed promising but only the first few results were related to perinatal nursing or another nursing specialty. The remainder were not applicable as they were capstone projects for other nursing students, addressed COVID impacts, advanced practice nursing, hospitals that had no residency program at all, interventions for transition to practice not including residency experience, and residency programs without specialty nursing.

Web of Science was next utilized with the original search terms and no results were found that were not duplicates from the previous searches. Articles were included in the literature synthesis if they specifically addressed perinatal nursing, other specialty nursing orientations, specialty nurse residency programs, nursing impressions and evaluations of residency, and impacts of residency on nurse retention. Pertinent articles and gray literature were also found via resource mining of the reference lists of several of the other articles first identified. Interestingly, articles included in the literature review also share many of the same references, chain references. It is evident that extensive formal research has not been conducted. Seven articles were included in this literature review.

Conceptual/Theoretical Framework

Healthcare outcomes will only be positively impacted when newly trained nurses are retained and have the appropriate education/orientation necessary to practice effectively in their nursing specialty. Problem focused triggers are identified by healthcare staff through quality improvement efforts, risk surveillance, identifying recurrent clinical problems, or analysis

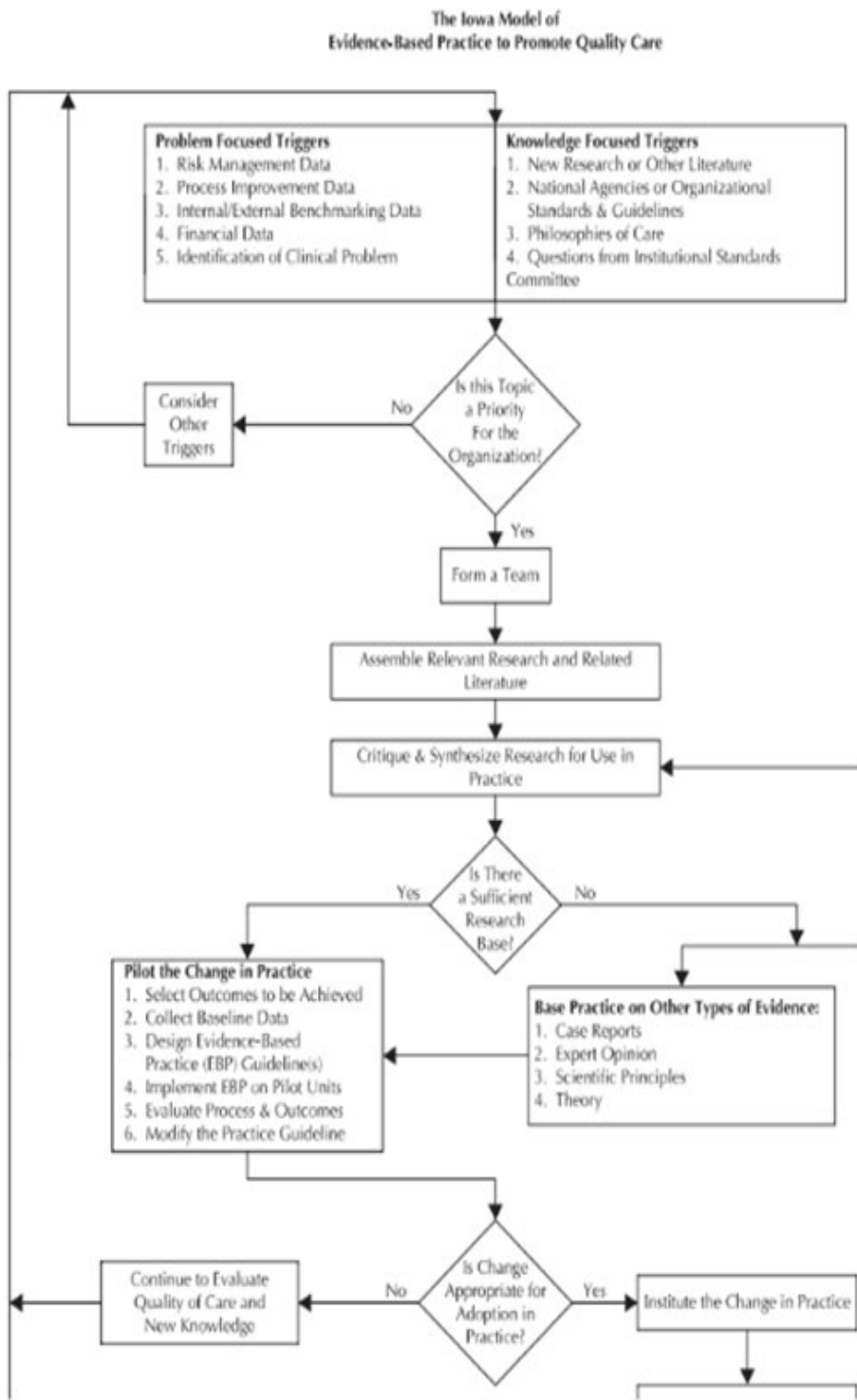
of data. Data surrounding retention of new graduate nurses and the feedback received upon exit interviews identified a problem focused trigger in this facility as well as others identified in the literature. Literature supports improved retention rates with residency programs and this facility already has a residency program in place. Despite the residency program, retention rates remain unacceptable to the organization and turnover continues to affect the morale and nursing quality. The question is how to improve the efficacy of the residency and what gaps exist that could be contributory?

The Iowa model can be utilized to address this problem analysis and for the development of potential solutions. The Iowa model of evidence-based practice (EBP) is a practice mode with the primary purpose of guiding health care professionals in the use of evidence to improve healthcare outcomes. The model is based on a planned action process, and incorporates conduction of research, use of research evidence, and other types of evidence to investigate (Rycroft-Malone & Bucknall,2010). A comprehensive algorithm guides users through this process. One arm of the algorithm looks at problem focused triggers while the other arm looks at knowledge-based triggers as leaders of change. This questioning can lead staff members to evaluate current health care practices and whether patient care can be improved using research findings (figure 1).

The first version of the Iowa model (often called the 1994 version) was a culmination of the leadership of the Research Committee at the University of Iowa Hospitals and Clinics (Titler,2009). The Research Committee developed the original Iowa model flow diagram to illustrate the process used for research utilization by staff nurses. The original flow diagram (see figure 1) and accompanying narrative were published in Nursing Research journals in 1994. The

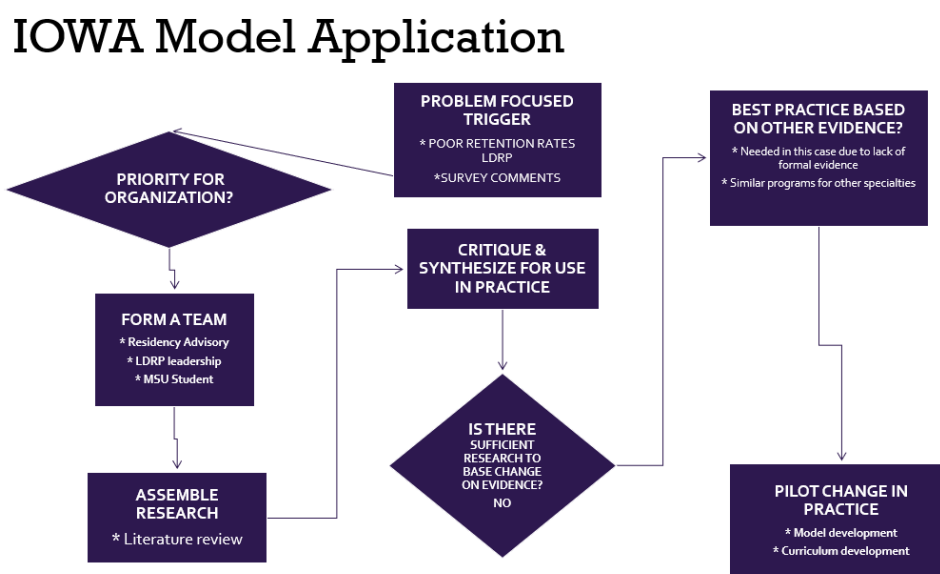
model was first conceptualized and applied in the acute care nursing practice settings. It was later adopted as the model for quality improvement for all disciplines system wide. Regulatory agencies such as the Joint Commission keyed in on this framework after discussions about its use during site visits to the University of Iowa. This led to national level knowledge and requests for use.

FIGURE 1. Iowa Model of Evidence-Based Practice



This project idea emerged directly from perinatal staff identification of a problem focused trigger – low retention rates and dissatisfaction in the current residency model. Conduction of research and use of that evidence in application to the development of a specialty residency program resulted in application of the flow diagram and ultimately this project proposal.

FIGURE 2. Iowa Model Application



Synthesis of the Literature

Seven articles were reviewed and summarized with matrices of findings, see appendix for matrices and further details. Types, similarities, themes, and differences are highlighted between the articles.

Two non-research grey articles were retrieved (Table x.1, appendix). Published as descriptive summaries regarding the implementation of specialty internships or residencies. These articles provided in-depth descriptions of program development, reasons behind the

decisions to implement, and take aways or lessons learned. While not all articles in a literature review need to specifically address the target population it is noted that the only article of the entire literature search that addressed perinatal nursing specialty specifically is included here. Published in 2021, Leshner discusses the implementation of a new orientation program for a robust perinatal service. The recent publish date and the fact that only one article was found overall, reinforces findings in the literature search that formal research is lacking.

Non-research Articles

Despite the two completely different nursing specialties (oncology and perinatal) both descriptive summaries noted similarities. Both recognized benefits of the specialty focus and discussed increased need for leadership planning due to non-productive work hours and extended orientation/education needs noting that this can increase costs to the facility. Kuhrik,et.al. (2011) highlighted leadership recognition of the new nurse residents as beneficial. Leshner (2021) had a notable increase in retention rate of greater than 70% for the two years evaluated. This program had a two-year implementation in contrast to the year-long residency described in the Kuhrik article. This is a significant finding considering increased retention is one of the ultimate aims of this project.

One published literature review article (Table X.3, appendix) was included in this analysis. It is not surprising there were no identified meta-analyses or more of these types of articles considering the lack of articles found in total regarding specialty nursing and residency programs. This solidly indicates that more research needs to occur. Waggoner, et.al. (2023) conducted their literature review while investigating the best practices for onboarding Neonatal Intensive Care nurses. They found support in the literature from their research that residencies

and simulation are best practices when onboarding new graduate nurses in non-specialty areas and posit that residencies and simulation should be the approach for specialty nursing practice as well.

Descriptive Studies

Of the various observational study designs, the descriptive design is the simplest. It allows researchers to study and describe the distribution of one or more variables. Descriptive studies seek to find answers to questions. Four descriptive studies were found upon literature search and were included for analysis (Table x.2, appendix). Only Friedman (2013) looked at a specialty, pediatrics, and found the specialty focus included in the residency increased retention and further qualified that as having positive financial impacts on the hospital. Guerrero (2017) noted that increasing professional commitment increased nurse retention and cited work environment along with organizational resources as the drivers for that professional commitment. Clark & Springer (2012) focused on the lived experience of the new graduate RN's studied and those nurse respondents highlighted communication and organization as key factors in success. Failla (2021) had a unique finding of increased vulnerability in nursing retention specifically in the 12–24-month time frame after integration into practice. This finding suggests a need for increased support beyond the one-year time frame traditionally given by residency programs. The findings in the Failla (2021) were similar to the non-research articles. This article identified retention vulnerability providing a potential explanation for the retention success in the two-year program. Common themes arose among the four descriptive studies. Leadership participation was noted in every single article. Impressing upon the new graduates that they are valued, recognized and that they are seen all led to positive impacts whether it be

retention, intent to stay or professional commitment. Additionally, support to the new graduate nurse through residency programs, simulation or work tools all had positive impacts on commitment and retention.

Therefore, while limited published literature was available several common themes were identified. A residency program must be viewed by participants as a productive and supportive use of their time. This can be accomplished by leadership clearly communicating support and knowledge, increasing support beyond one year, ensuring learning is well organized and including simulation into the residency program.

Summary

Specialty nursing residencies appear to be in their infancy regarding published research across the country. Even less published literature exists specific to perinatal nursing. Despite the limited literature sources available, what is available provides clear support for and promising results in retention rates for the use of new graduate nurse residencies offering specialty practice RN's content and simulation unique to their practice areas.

Only positive impacts spring forth for all involved in the spectrum of care when new nurses are adequately prepared to care for the patient populations assigned to them. Retention leads to happy hospital administrators through cost savings as discussed in chapter one. Retention also leads to new graduate RN's have commitment and satisfaction with their chosen profession. Evidence set forth in this literature review shows that is accomplished through well designed new graduate nursing residencies and notably leadership support. Specialty nursing areas including the perinatal arena should be supported through residency content, clear

leadership, communication, organization, extended support, and simulation that is relevant to the patient population served.

Chapter Three

Overview

New graduate specialty registered nurses need more focused education than generalized nurse residency programs to develop their knowledge and skills. This lack of specialized training leads to high attrition rates among specialty nurses. This QI project capitalizes on an existing nurse residency program where time and money are already allocated. This will be done developing and providing content that is specific and useful for the specialty nurses' daily work. This project focuses specifically on perinatal nurses; however, the framework can be used across the hospital system for all specialty areas. Impacts will not be quickly evaluated but are hypothesized to improve retention rates of new graduate nurses.

Design of the Quality Improvement Initiative

This is a clinical education quality improvement project focused on increasing the clinical knowledge and skills of new practicing registered perinatal nurses. As mentioned in chapter one, the facility is a health system in the northwestern United States in an urban city that supports rural communities and affiliates within a 600+ mile radius. Participants for this project will be any registered nurse hired into the Labor, Delivery, Recovery & Postpartum (LDRP) unit who meets eligibility requirements for the Nurse Residency Program. Stakeholders include but are not limited to the new graduate nurses, the leadership team, nursing staff of the LDRP unit and hospital leadership.

Planning the Project Intervention

Project planning was a collaborative process that involved the input and feedback of both unit stakeholders and hospital system level educators. Additional background developed prior to the inception of the project is an important part of the planning. As part of the micro assessment, specialty nursing unit leaders (LDRP, NICU, Pediatrics, Surgery and Critical Care) at the hospital had been identifying to the Center for Education and Development (CEAD) department shortfalls in preparedness and satisfaction among new graduate nurse residents for the last twelve months. The departments have faced challenges related to preparedness and satisfaction among new graduate nurse residents. Simultaneously, retention rates for these new nurses have been closely monitored with a persistent focus on retention set by senior hospital nursing leadership. As highlighted in chapters one and two, the financial implications of training and retraining new nurses are substantial. Furthermore, the link between residency program dissatisfaction and these outcomes underscores the priority need for interventions addressing nurse retention and lowering training costs.

The Nurse Residency Advisory Committee (NRAC) is a team of unit leaders, educators, staff nurses and the members of the nurse residency team at this facility. They are the chosen representative stakeholders for the Nurse Residency program. That committee was tasked with root cause analysis for the reported dissatisfaction and low preparedness levels of specialty unit nurses.

Major changes in the residency program occurred after the Practice Transition Accreditation Program (PTAP) accreditation last year, most notably there was a reduction in the length of the program from two years to one. With that revised timeline the opportunities that

once existed for specialty unit training were deleted in preference for accreditation requirements and hospital system priorities.

Once this root cause was identified, solutions were earnestly investigated. Regular meetings were conducted with in-depth discussions of proposed solutions. Senior hospital nursing leadership conducted reviews to track progress, identify risks and issues, and provide expectations for a resolution timeline.

The NRAC developed a framework for the one-year nursing residency program more specifically outlined in chapter one, to include a block of class time dedicated to each nursing unit's specific training priorities. This framework is a benefit predicted for both specialty and generalized nursing units. It allows each nursing unit to focus time in residency training to the individualized needs of their unit. When introduced to the nursing leaders hospital wide, the framework was enthusiastically received.

This project proposal leverages the existing nurse residency framework to incorporate a perinatal nursing curriculum for LDRP new graduate nurses. Designing the curriculum intervention required consultation with LDRP leadership, staff nurses, obstetric providers, and the unit clinical educator. As utilized in the microsystem assessment the Iowa Model of evidence-based practice used problem focused triggers and an algorithm to guide users in research and then to direct planned actions. Specifically, for the LDRP unit research included brainstorming in staff meetings, a suggestion box, new graduate nursing interviews and personal communications. All were utilized to identify knowledge gaps and priorities for content. Gap analysis evaluations conducted yearly since 2017 in preparation for the annual unit skills day trainings were also reviewed hoping to identify trends over time. With so many

stakeholders there was no surprise that the findings were varied. Additionally, personal perceptions of what was most important for new graduates to learn is influenced by the stakeholder's own agenda, personal needs, and their own experiences. In designing the curriculum, the nurse manager and the clinical educator decided topics to be included. Time allotted was a consideration as the block created in the residency framework was four 4-hour classes.

Consideration of budget, space and resources is necessary for successful implementation of this project. Fortunately, budget and resources were thoroughly considered with the residency framework adjustment. New graduate nurses' time commitments to the residency program were not altered and are subsequently already budgeted for. Education resources exist for the facility with established training requirements, unit-based educators, and a robust simulation center. Time in the simulation center will need to be reserved and due to all units getting the same block of four months' time for training it may increase demand for the simulation center and the need for creative scheduling or the need for in-situ simulation. Classroom space is also needed for the classes. The unit educator will book space when available in classrooms within the facility or utilize the LDRP units conference room.

Task trainers, various medical equipment and mannequins will be utilized for hands on and simulation training. On-going training already occurs for the various pieces of medical equipment, and all are available readily on the units and within the facility. The simulations scenarios are also developed and already utilized for drills and yearly skills days. Slight modifications may be required for the new graduate level of learning. The facilities simulation center utilizes a Guamard high fidelity birthing simulator named Victoria. She is capable of

birth, seizure, hemorrhage, cardiac arrest, and many other medical scenarios specific to labor and delivery. Victoria's size weight, and compressor limit her ability to be utilized outside of the simulation center. The facility also utilizes a low fidelity Limbs 'n' Things birth task trainer. It is a pelvis with half legs with the capability for the facilitator to manually deliver an infant through a perineum in various positions and with or without delivery complications such as shoulder dystocia or cord prolapse. This task trainer is very mobile and can be utilized anywhere with just a table or bed. It also gives the advantage with its ease of use the ability to accomplish numerous deliveries in a learning session letting the students fine tune the physical aspects of their interventions and develop muscle memory. The task trainer has a dynamic cervical exam insert that lets students practice and be assessed for accuracy on their cervical exam skills. Additionally, it has a postpartum hemorrhage kit with bleeding uterus. Ultimately, many options exist for completion of the planned hands-on skills and simulations and could be carried out in varied locations to accommodate any scheduling difficulties.

Lecture and discussion modules were developed after examination and comparison of current evidence-based findings from pertinent professional organizations. The LDRP unit supports Registered Nurses, Certified Nurse Midwives, and OBGYN physicians, therefore the following resources were consulted: The American College of Obstetricians and Gynecologists (ACOG), American College of Nurse-Midwives (ACNM), and the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). Simulation and drill scenarios for postpartum hemorrhage and hypertensive disorders were developed utilizing national maternal safety initiative toolkits outlining best practices for care (*California Maternal Quality Care Collaborative*, n.d.), (*Patient Safety Bundles for Safer Birth | AIM*, n.d.).

Implementation Procedures

The final curriculum was approved by the nurse leader and clinical educator from the LDRP unit, and the classes were set as follows based on findings from the microsystem assessment:

Class 1: Labor Class

HANDS ON: cervical exams, patient positioning

LECTURE/DISCUSSION: shoulder dystocia, cord prolapse

SIM: precipitous delivery (priorities) turns into shoulder dystocia (interventions)

Class 2: Postpartum Hemorrhage

HANDS ON: hemorrhage cart, quantitative blood loss calculation, Bakri placement, blood orders/administration, Ranger rapid infuser, D&C machine

LECTURE/DISCUSSION: Social Determinants of health and influence on PPH, early recognition, causes and treatments of postpartum hemorrhage

SIM: Postpartum Hemorrhage with blood administration

Class3: Hypertensive Disorders

HANDS ON: magnesium administration,

LECTURE/DISCUSSION: hypertensive disorders, interventions/medication, fetal/placental impacts

SIM: Eclamptic Seizure (recognizing hypertensive symptoms, seizure interventions and treatment)

Class 4: Intrauterine Fetal Demise

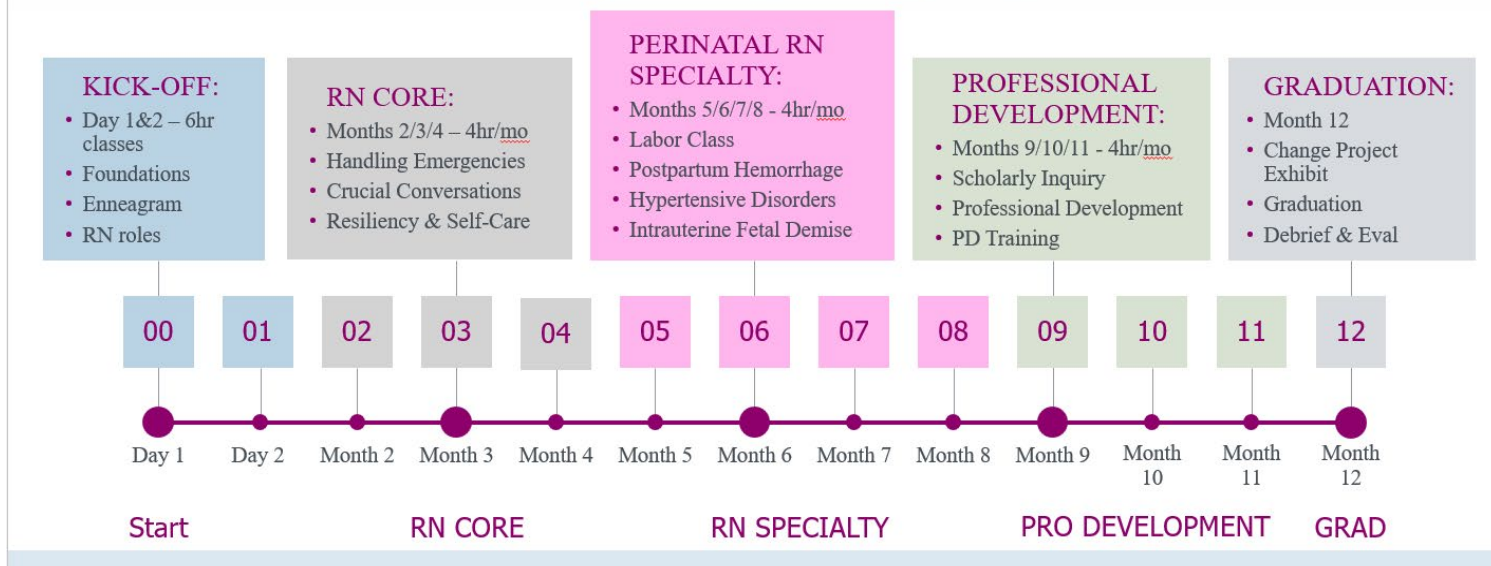
HANDS ON: paperwork, molds, pictures, memory boxes

LECTURE/DISCUSSION: what to expect/differences, scripting, causes, paperwork, community patient resources

SIM: role play difficult conversations

Nurse Residency Timeline

with integration of perinatal specialty



As previously discussed in chapter one the perinatal class portion of the nurse residency program will occur in months five through eight with a four-hour session monthly.

Implementation of the new framework will begin with the cohort of new nurse hires March of 2024. As shown in the illustration above the specialty RN training is imbedded in the year-long program with RN Core content before and Professional Development content following. Our first cohort will be expected to graduate in March 2025. At the conclusion of month eight for the first cohort the LDRP unit educator will administer a focused Likert-scale (appendix x.4 Survey) evaluation survey evaluating satisfaction and skills acquisition for those perinatal new graduate nurses. That data collection will continue after each cohort completes month eight of their respective residency cycle. Currently this hospital is hiring three new graduate cohorts per year: spring, summer, and fall. The Labor and Delivery Specialty Classes Evaluation Survey

(appendix x.4 Survey) responses will need to be collected from the first three cohorts and the data will need to be organized for analysis. Assessing the effectiveness of the program can be accomplished with descriptive statistics. Mean scores and standard deviation will be calculated for each question. Additionally, frequency distribution can be evaluated to see how many participants chose each rating. Higher mean scores indicate stronger agreement with the statement and lower mean scores suggest disagreement or dissatisfaction. A narrow standard deviation indicates consistent responses, while a wider one suggests variability. Patterns and differences can indicate a need for further investigation and areas for improvement (Heavey,2019). Adjustments to the program may need to be made based on participant feedback.

Evaluation Tools and Outcome Measures

Evaluating the effectiveness of any education program is important, evaluating one for new graduate nurses is crucial to ensure its success and identify areas for improvement. A comprehensive evaluation considers both quantitative and qualitative data.

As previously assessed, retention rates are a deeply influential marker for success especially for this facility who has noted declining retention rates as outlined in the microanalysis. Higher retention rates could indicate that the project successfully prepares the new graduate nurses for clinical practice thereby fostering job satisfaction. Continued monitoring of retention rates is needed. Based on identified costs for training of new nurses increased job satisfaction and retention could also result in cost-savings for the facility. That

calculation will need to be accomplished in conjunction with retention rate tracking which is being tracked and calculated currently by the senior hospital nursing leadership.

A good deal of data collection will also be needed. Assessment on perceived competency, clinical competency assessment, and feedback from preceptors are necessary for evaluation of skill improvement. The residency program already collects the validated Casey-Fink Graduate Nurse Experience Survey and should continue(Appendix x.5 Casey-Fink) as it collects information on perceived competency. Preceptor evaluations collected during the TIPS meetings will provide essential data points on clinical competency assessment and the necessary qualitative feedback on new graduate nurses. Preceptors would have real time opinions of the project's effectiveness as compared to the prior state. Additionally, data on clinical incidents, medication errors, and patient satisfaction surveys should be evaluated.

Summary

Anticipation is building as the nurse residency framework undergoes a significant revision. The inclusion of dedicated time for unit-specific training aims to boost the retention and competency of new graduate perinatal nurses. Additionally, unit specific education will decrease overall turnover and staff training costs. The project involves the creation of 16 hours of perinatal-specific training, carefully designed to equip nurses with the essential skills needed for immediate practice. Following this training, data collection and rigorous evaluations will determine the program's effectiveness in achieving its goals.

Chapter Four

Improving perinatal nursing retention rates is crucial for both nurses' job satisfaction and quality patient care. By enhancing existing residency programs with specialty content, facility X can create a supportive environment for perinatal nurses, empower them, enhance their confidence, and ultimately improve retention rates. This is an interactive process and continuous evaluation, and quality improvement is essential for not only the best implementation but long-lasting positive outcomes. This chapter summarizes the intent of the project in the context of conceptual framework alignment, literature findings, and implications to nursing practice.

QI Project Summary

This hospital system concluded that significant cost savings are realized when nursing turnover rates are addressed. Estimates suggest that each percentage point gained in RN turnover equals \$300K in the savings per year (Nursing Solutions Issues,2022). Many things can influence nurse turnover rates such as job satisfaction, leadership involvement and moral distress (Pressley & Garside,2023). Through investigation and assessment of perinatal stakeholders by nursing leaders at this facility, dissatisfaction surrounding residency preparation and satisfaction was identified as a cause for increased turnover. Previously described in chapter two, the Iowa model of evidence-based practice guided these nursing leaders in the use of evidence to strategize improvement efforts. By using their assessment findings as problem focused triggers, they successfully identified a gap and then further used the model to create solutions.

This project addressed the residency program as a strategy to decrease nurse turnover rates in perinatal new graduate nurses. Taking advantage of already budgeted time and existing resources, this facility cost effectively and diligently carved out time for perinatal education in their existing residency program. Other specialty areas realized the added benefits of this residency model change. The time allotted for the perinatal specialty is universally allocated for all hospital residents in all units. Therefore, every unit and specialty will have the same opportunity for increased focus for their areas.

General nursing residencies are well supported in literature in increasing professional commitment and satisfaction among nurses in their organization thereby positively affecting retention rates (Guerrero, 2017). When surveyed new graduate RN's highlighted communication and organization that are often provided in residency programs as key factors in their personal success (Clark & Springer, 2012). Friedman (2013) specifically evaluated a specialty residency and had similar findings of increased retention and subsequent financial gains for the participating hospital. This leads to the conclusion that new graduate nurse retention is expected to rise among all new graduate nurse's hospital wide as a result of implementation of this project.

Discussion

A conflicting finding in literature was a discrepancy between PTAP guidelines and studies that supported longer residency programs. The Practice Transition Accreditation Program currently recommends a six month to one year residency program (ANCC, n.d.). This facility had recently decreased their program from two years to one based on those PTAP

accreditation guidelines and feedback gathered from residency participant surveys. More work is needed in evaluation of the ideal length of the residency program at this facility. As noted in Chapter Two, Leshner (2021) had a notable increase in retention rates of greater than 70% for a two-year residency program. If those rates were able to be replicated that would be a significant increase in retention as compared to the 65% retention rate currently seen at this facility and would represent a substantial financial improvement for the hospital of up to 1.9 million dollars (Nursing Solutions Issues, 2022). The integration of the specialty training blocks will first need to be evaluated to see if any improvements in retention rates occur with that intervention. Depending on results, extension of the residency program length may need to be considered.

The Iowa Model provides a structured framework for integrating research findings into clinical practice. It guides both clinicians and healthcare systems in implementing evidence-based practices effectively and is a great fit for this quality improvement project. This project was conceptualized using problem-focused triggers and those can continue to be utilized in addressing any further gaps identified by stakeholders through feedback. Using evidence, as supported by the model, will assist in developing content to address any identified challenges. Healthcare is an ever-changing environment with continued research and development of innovative technologies. It is not a question of if practices changes occur but more a question of when. When those changes need to occur based on the latest research and guidelines this facility can continue to employ the model by using knowledge-focused triggers. Additionally, knowledge-focused triggers can assist in the continuous evaluation of the effectiveness of the

specialty residency program. The evolution of this project over the long-term is well supported by the Iowa Model (Rycroft-Malone & Bucknall,2010).

Implications and Recommendations

More than six hundred hospitals and healthcare systems in forty-seven states take part in an accredited nurse residency program (ANCC, n.d.). Specialty residency training programs for nurses have been shown to significantly improve retention rates and contribute to better patient care (Friedman, 2013). Nursing residency programs are embraced as best practice and provide a structured transition from academia to practice. They offer specialized training, mentorship, and clinical experience increasing employee confidence. As a result, new nurses who participate in these types of programs have better job satisfaction and experience lower turnover rates compared to their counterparts who do not participate in residency programs (Pressely & Garside, 2023). These programs focus on improving clinical judgment, critical thinking, and evidence-based practices. New graduate nurses develop stronger skills in patient evaluation, decision-making, and communication. Nurse residents engage in debriefing sessions and professional mentoring, which helps them build effective communication skills (Wolters-Kluwer,2022).

As previously demonstrated investing in nurse residency programs is cost-effective. The average cost of turnover for an organization is high. Residency programs are more economical than losing nurses from burnout or other stressors. Specialty residency programs not only benefit nurses but also positively impact patient outcomes and hospital

bottom lines. They provide the necessary supportive environment for new nursing professionals to grow and thrive.

An entire year-long residency solely focused on the perinatal specialty would seem to be ideal for the growth, development, and retention of new perinatal nurses. Having only four sessions with simulation for the new perinatal nurses means important and necessary content identified by the stakeholders in the initial gap analysis is not addressed. Some organizations have invested and developed a yearlong specialty focused residency. Costs and organizational goals must be considered when making the decision to expand specialty residency. Additionally, a head-to-head comparison study would be needed to determine the strengths, weaknesses, and results of both models. Specifically evaluating retention rates and new nurse satisfaction will be helpful in identifying further need.

Conclusion

Increasing nursing retention in hospitals is a critical endeavor that can significantly impact both patient care and the nursing profession (Pressley & Garside, 2023). The strategy of adding specialty education complements the already existing nurse residency program. This enhancement of new nurses' experience during transition to practice improves patient outcomes and quality of care. When nurses stay in their positions, they provide consistent, high-quality care and they develop higher levels of communication and collaboration with their physician counterparts. This continuity improves patient safety and reduces errors (Udod,2023). Financial savings from reduced turnover can be redirected toward improving patient care. Facilities may invest money in wages, additional staff, professional development, or workplace enhancements that improve working conditions (Duru & Hammoud, 2022).

Addressing nurse retention is not only essential for the financial success of hospitals but also contributes substantially to nursing practice. By retaining experienced and well-trained nurses, hospitals improve patient care, reduce costs, and create a more resilient and satisfied nursing workforce.

The American Association of Colleges of Nursing (2013) outlines competencies for clinical nurse leader (CNL) practice. As a leader in the healthcare delivery system the CNL affects change by taking active ownership for patient-care outcomes. Inquiry and implementation of evidence-based intervention are the keystones for designing, implementing, and evaluating processes in the healthcare arena. The CNL encourages, mentors, and models for other nurses in the process of translating and integrating scholarship into practice. They are leaders of change and strive to improve standards of care. Quality improvement and safety are often areas of focus when improving standards of care and a CNL must be skilled and knowledgeable in using assessment and performance evaluation tools such as microsystem assessment and root cause analysis to provide context for problem identification and action. These competencies as outlined were employed in the development and execution of this quality improvement project.

Appendix

Table x.1 Non-Research Articles

<i>Author/year</i>	<i>Design/Method</i>	<i>Purpose</i>	<i>Sample</i>	<i>General Findings</i>
<i>Kuhrik (2011)</i>	Overview of an implemented program Descriptive Summary	Share with nursing community experiences of implementation of a specialty orientation	Oncology nurses at a large east coast hospital	Leadership recognition & Specialty orientation beneficial Planning for non-productive work hours
<i>Leshner (2021)</i>	Overview of an implemented program Descriptive Summary	Share with nursing community experiences of implementation of a specialty orientation	New graduate perinatal nurses at a two-hospital academic facility	14 modules of specialty ed extended orientation 16-24 weeks >70% retention rate in the 2 years evaluated

Table x.2 Descriptive Designs

<i>Author/year</i>	<i>Design/Method</i>	<i>Purpose</i>	<i>Sample</i>	<i>General Findings</i>
<i>Friedman (2013)</i>	Descriptive evaluative design Retrospective	Evaluating if specialty orientation impacted retention rates	77 Peds new grad RN's over 2 years at	Specialty focus increases retention Positive impact on hospital finances
<i>Guerrero (2017)</i>	Descriptive Evaluative 3-wave longitudinal design	Examining what factors increase professional commitment & reduce turnover	Nursing students grad from Canadian univ/college program	Professional commitment increases nurse retention Work env. & org resources = pos impacts
<i>Failla (2021)</i>	Descriptive/comparative study design	Eval of residency impact on new RN intent to leave	117 new grad nurses from a 5 hospital system	12-24 m. vulnerability Support beyond 12 m. needed Mentorship, stay interviews, transformation leadership
<i>Clark & Springer (2012)</i>	Qualitative descriptive study Focus groups	Aim was to examine the "lived experience" of new grad RN's	37 new grad nurses in a NW hospital	More focus on communication & organization Feeling valued was important

Appendix

Table x.3 Literature Review

<i>Author/year</i>	<i>Design/Method</i>	<i>Purpose</i>	<i>Sample</i>	<i>General Findings</i>
<i>Waggoner & Waskosky (2023)</i>	Literature Review	Evaluation to find best practice for NICU	New graduate RN's and application to NICU nurses	Integrated residency and simulation practice had most benefits

Appendix

x.4 Survey

Labor and Delivery Specialty Classes Evaluation Survey

Please rate the following statements using the Likert scale (1 = Strongly Disagree, 5 = Strongly Agree):

The labor and delivery specialty classes were relevant to my role as a nurse.

1 (Strongly Disagree)

2

3

4

5 (Strongly Agree)

The instructors effectively covered the necessary topics during the classes.

1 (Strongly Disagree)

2

3

4

5 (Strongly Agree)

The class materials (handouts, presentations) were helpful.

1 (Strongly Disagree)

2

3

4

5 (Strongly Agree)

I feel more confident in my ability to handle labor and delivery situations after attending the classes.

1 (Strongly Disagree)

2

3

4

5 (Strongly Agree)

I feel more confident in my ability to perform labor and delivery specific skills.

1 (Strongly Disagree)

2

3

4

5 (Strongly Agree)

x.5 Casey-Fink

Casey-Fink Graduate Nurse Experience Survey © 2006

Kathy Casey, MSN RN and Regina Fink, PhD RN FAAN AOCN University of Colorado Hospital

-
- I. List the top three skills/procedures you are *uncomfortable performing independently at this time?* (please select from the drop down list) **list is at the end of this document.**

1. _____
 2. _____
 3. _____
 4. _____ I am independent in all skills
-

- II. Please answer each of the following questions by placing a mark inside the circles:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. I feel confident communicating with physicians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am comfortable knowing what to do for a dying patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel comfortable delegating tasks to the Nursing Assistant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel at ease asking for help from other RNs on the unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am having difficulty prioritizing patient care needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel my preceptor provides encouragement and feedback about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel staff is available to me during new situations and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel overwhelmed by my patient care responsibilities and workload.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I feel supported by the nurses on my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I have opportunities to practice skills and procedures more than once.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I feel comfortable communicating with patients and their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
12. I am able to complete my patient care assignment on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I feel the expectations of me in this job are realistic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I feel prepared to complete my job responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I feel comfortable making suggestions for changes to the nursing plan of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I am having difficulty organizing patient care needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I feel I may harm a patient due to my lack of knowledge and experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. There are positive role models for me to observe on my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My preceptor is helping me to develop confidence in my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I am supported by my family/friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am satisfied with my chosen nursing specialty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I feel my work is exciting and challenging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I feel my manager provides encouragement and feedback about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am experiencing stress in my personal life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. If you chose agree or strongly agree, to #24, please indicate what is causing your stress. (You may circle more than once choice.)				
a. NCLEX				
b. Finances				
c. Child care				
d. Living situation				
e. Personal relationships				
f. Job performance				
g. Graduate school				

III. How *satisfied* are you with the following aspects of your job:

	VERY DISSATISFIED	MODERATELY DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	MODERATELY SATISFIED	VERY SATISFIED
Salary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vacation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits package	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hours that you work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekends off per month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your amount of responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for career advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of encouragement and feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to work straight days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IV. Transition (please circle any or all that apply)

1. What difficulties, if any, are you currently experiencing with the transition from the "student" role to the "RN" role?

- role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge)
- lack of confidence (e.g. MD/PT communication skills, delegation, knowledge deficit, critical thinking)
- workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity)
- fears (e.g. patient safety)
- orientation issues (e.g. unit familiarization, learning technology, relationship with multiple preceptors, information overload)

2. What could be done to help you feel more supported or integrated into the unit?

- improved orientation (e.g. preceptor support and consistency, orientation extension, unit specific skills practice)
- increased support (e.g. manager, RN, and educator feedback and support, mentorship)
- unit socialization (e.g. being introduced to staff and MDs, opportunities for staff socialization)
- improved work environment (e.g. gradual ratio changes, more assistance from unlicensed personnel, involvement in schedule and committee work)

3. What aspects of your work environment are most satisfying?

- peer support (e.g. belonging, team approach, helpful and friendly staff)
- patients and families (e.g. making a difference, positive feedback, patient satisfaction, patient interaction)

- c. ongoing learning (e.g. preceptors, unit role models, mentorship)
- d. professional nursing role (e.g. challenge, benefits, fast pace, critical thinking, empowerment)
- e. positive work environment (e.g. good ratios, available resources, great facility, up-to-date technology)

4. What aspects of your work environment are least satisfying?

- a. nursing work environment (e.g. unrealistic ratios, tough schedule, futility of care)
- b. system (e.g. outdated facilities and equipment, small workspace, charting, paperwork)
- c. interpersonal relationships (e.g. gossip, lack of recognition, lack of teamwork, politics)
- d. orientation (inconsistent preceptors, lack of feedback)

5. Please share any comments or concerns you have about your residency program:

V. Demographics: Circle the response that represents the most accurate description of your individual professional profile.

1. Age: _____ years

2. Gender:

- a. Female
- b. Male

3. Ethnicity:

- a. Caucasian (white)
- b. Black
- c. Hispanic
- d. Asian
- e. Other
- f. I do not wish to include this information

4. Area of specialty:

- a. Adult Medical/Surgical
- b. Adult Critical Care
- c. OB/Post Partum
- d. NICU
- e. Pediatrics
- f. Emergency Department
- g. Oncology
- h. Transplant
- i. Rehabilitation
- j. OR/PACU
- k. Psychiatry
- l. Ambulatory Clinic
- m. Other: _____

5. School of Nursing Attended (name, city, state located): _____
6. Date of Graduation: _____
7. Degree Received: AD: _____ Diploma: _____ BSN: _____ ND: _____
8. Other Non-Nursing Degree (if applicable): _____
9. Date of Hire (as a Graduate Nurse): _____
10. What previous health care work experience have you had:
- a. Volunteer
 - b. Nursing Assistant
 - c. Medical Assistant
 - d. Unit Secretary
 - e. EMT
 - f. Student Externship
 - g. Other (please specify): _____
11. Have you functioned as a charge nurse?
- a. Yes
 - b. No
12. Have you functioned as a preceptor?
- a. Yes
 - b. No
13. What is your scheduled work pattern?
- a. Straight days
 - b. Straight evenings
 - c. Straight nights
 - d. Rotating days/evenings
 - e. Rotating days/nights
 - f. Other (please specify): _____
14. How long was your unit orientation?
- a. Still ongoing
 - b. \leq 8 weeks
 - c. 9 – 12 weeks
 - d. 13 – 16 weeks
 - e. 17 - 23 weeks
 - f. \geq 24 weeks
15. How many *primary* preceptors have you had during your orientation?
_____ number of preceptors
16. Today's date: _____

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