

**CAN STRUCTURED ORIENTATION FOR NEW NURSE GRADUATES
THROUGH IMPROVED PRECEPTOR PROGRAMS
DECREASE TURNOVER RATES?**

by

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Biosketch:

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Abstract

Preceptors take on the responsibility of educating and training new nurses in innovative evidence based practice as they pass on their knowledge and facilitate the growth of critical discernment and solid clinical skillsets. They are necessary for the success of any facility if they desire to retain their nurses and maintain job satisfaction among their staff nurses. It is critical in today's healthcare setting to promote a workplace culture of nurture, support, and professional growth for new nurse graduates. Through the use of focused preceptor education courses, they can have the advantage with the much needed instruction to promote and provide an exceptional and quality driven orientation process. The drive of this improvement mission existed to restructure the preceptor training course to not only increase participation and satisfaction in job role, but also measure whether having such a program supported a successful orientation process and therefore retained the organization's nurses.

Key Words: preceptors, orientation process, nurse turnover, turnover rates, job satisfaction, program restructure, new graduates, education, professional growth, immersion, mentors, graduate nurse success, hospital based orientation.

Can Structured Orientation For New Nurse Graduates Through Improved Preceptor Programs Decrease Turn-Over Rates?

Preceptors take on the responsibility of educating and training new nurses in innovative evidence based practice. Preceptors pass on their knowledge and facilitate the growth of clinical thinking skills. They are essential for the success of any facility if they desire to retain their new nurse graduates and maintain and continue job satisfaction among their staff nurses. It is critical in today's healthcare setting to encourage a workplace culture of professional growth, support, nurturing new nurse graduates (NNGs). At nearly \$82,000.00, spent for each new hire, attrition in new graduates is expensive in monetary and professional advances and can have a destructive effect on the patient's quality of care (Christopher, 2015). Preceptors are vital for successful nurse immersion to the unit workforce. By implementing a precepting program, it can be assured that the preceptor integrates all fundamental skills and behaviors necessary for new nurse graduates to succeed.

The goal of the project was to assess how a revitalized and improved preceptor program will give more structure to newly hired nurses thus decrease turn-over rates. Unsuccessful development may result in new graduates parting from the institution or nursing profession overall (Rush, 2015). Today's workplace challenges the minimally trained and newly graduated nurse to perform within acute care settings in a competent, proficient manner. This training, provided in short orientation processes, is adding to the high attrition rate and staff vacancies. This may also affect perceptions of what they understood nursing to be.

The drive for this quality improvement project entailed the application of a preceptor training course to assist and advance the orientation processes for NNGs. The capstone question was to make a determination if implementing and applying a formal program truly had an impact on increasing retention with the assessment scores giving the organization data on whether there is a value in sustaining the program course.

In settings where new graduates nurses develop into practitioner, nurses at all levels have a duty to accept responsibility for job retention. Nursing staff should have an idea of the retention on their units and have strategies in place to combat such issues. Evidence based strategies, such as resilient preceptor and mentors, support a healthy work setting, have visible direction and guidance and nurturing peer relationships. Establishing preceptors personally and professionally can have a vital influence on learning and in so doing also increase competence and confidence (Anderson, 2013). NNGs become comfortable in their role and therefore dedicated to stay in an institution when they are empowered in their roles perceive a sense of belonging and recognize that unit specific resources balance apparent job stress (Feng, 2012). Soon enough, these NNGs who pledge to stay within the organization become the peers and preceptors themselves for the next surge of new graduates.

Background

Prior to implementation, the organization had an informal preceptor development program offered once a year. Selection of preceptors was defined as being part or full-time and having at least two years of unit specific experience. All nurses employed at this organization are Registered Nurses and work a plethora of varying shifts and hours. It was common practice to choose any available nurse at the time willing to train the new

nurse graduate. The NNG would then take on their preceptor's schedule for consistent training.

The period during preceptorship is critical for practitioners who are recently registered. This is a process designed to help the preceptee advance his/her self-confidence and enrich competence (McClusker, 2013). They must be educated and have the required skill set to meet the NNGs multifaceted needs. By tradition, NNGs are oriented to their roles by a veteran nurse who is expert in the ways, methods and peculiarities of nursing within their setting. Preceptors are used to accelerate the orientation process however with lack of training or continued education on how to master the art of training; these veteran nurses are reporting a "burn out" from work related stressors (Das, 2013). There are just not enough qualified, motivated preceptors. Furthermore, lack of training for preceptors proves detrimental, shown in poor nurse perceptions in work experience and subsequently causes high turn-over rates. Preceptors must be dedicated to this vital role. They are the roots the new nurses grow and eventually branch out from. NNGs need qualified preceptors to guide them in their initial practice and mentor them to competent, confident and caring nurses. The responsibilities of preceptors are immense and the groundwork is needed to effectively prepare new colleagues.

This Doctor of Nursing Practice (DNP) capstone project organization was a 123 bed acute care facility encompassed by a larger health systems network. The organization serves as a level II trauma facility, and services the community with emergency and critical care, surgical services, maternal health, orthopedic rehabilitation, interventional radiology and diagnostic cardiac catheterization lab services. The organization also

serves three area nursing schools as their clinical learning site. Over 270 nurses are currently employed with an estimation of 47 new hires per year.

Once the hiring process and hospital orientation are completed, the new nurse was placed with a preceptor in their respective units. As mentioned earlier, preceptors, who may or may not be qualified, were chosen due to availability and were placed with the NNG. The more experienced nurses typically did not have formal training as the preceptor program was very informal, and widely unpublicized. Many nurses stated that they did not even know one existed.

The target population for this capstone was the registered nursing staff employed for at least two years, and had a favorable working record. Preceptor staff were considered for the program if they displayed leadership, motivation or drive for teaching. These nurses had previously taken the older version of the preceptor course so there was a source comparison and measurement from the old program to the new one.

New graduate nurses were considered for the study, however this would not take place until staff completed the preceptor training course. After preceptors had taken their formal training, they would take these NNGs on for more in-depth orientation and immersion into the workplace and unit specific preparation. This was to assess if the turn-over rates improved due to being placed with preceptors who had proper training.

The new nurse graduates were then approached after the preceptors had completed their formal training course. These new nurses were finishing or had just concluded their initial orientation process when with the permission of their manager, were asked to engage in another process with a formally trained preceptor. This was also

to give a comparison and measurement on the success of their formal preceptor training course.

Theoretical Underpinnings

The drive of this study was to discover and define the role of preceptors and the relationships they develop with their NNGs. Theoretical framework and change model selected to guide this study were Change Model by Kurt Lewin and Benner's Novice to Expert theory since both were applicable to the implementation of the formal precepting training course.

Change Model

To carry out effective organizational modifications, selecting an approach for change in order to facilitate the process is necessary. By indicating a strategy for change, it not only reduces resistance, but it emboldens commitment to comply and proceed (Glenn, 2010).

Lewin's change model focuses on communication and attaining staff buy-in toward that change (Lewin, 2011). Communicating the vision, empowering staff to change their behaviors, team building and creating a sense of urgency for positive change were vital. Lewin's theory has been utilized by countless health care organizations to recognize and comprehend human behaviors and conduct as it transmits to change and the opposition to it. Lewin's model incorporates three stages identified as unfreezing, freezing and lastly, refreezing (Lewin, 2011). The change process during this application entails recognizing that modification is essential and where the organization must

transition or move into this new state of being. The vision is a revitalized preceptor course with formal training.

The unfreezing piece derived from evaluation of the current precepting program and realizing that it was in need of restructure. With validation from the stakeholders, the old preceptor program was remodeled and reorganized for efficiency and better impetus from the preceptors. The old program was a disservice to the current preceptors and those who potentially were interested in fulfilling the preceptor role. A change had to be made to improve job perception and satisfaction (Lewin, 2011).

The change process comes in the form of implementing the modifications to any program. Preceptors were notified of the workshop restructure and encouraged to participate. The program required buy-in to succeed and facilitating a forward momentum was natural since the facility knew of its' educational needs. The change proceeded and moved forward without incident. The refreeze period occurred during the implementation period of six months and reevaluated thereafter by the deciding stakeholders. Having a goal for preceptor success and eventually decreasing turn-over rates was the ultimate objective. Refreezing this change and mainstreaming it into this facility's education piece was reinforced thus showed its level of importance.

Novice to Expert Theory Model

Benner's Novice to Expert Model states that expertise in practice develops progressively as the nurse gains experience during clinical scenarios. The stages in this theory can be easily adapted to any experience, job, or profession. Benner used it as she and her colleagues discovered that nurses follow a similar path of development. This model delivers a framework for the anticipated progress of the nurse (Benner, 1984).

This theory model states that the beginner, due to inexperience does not know what they do not know. These new nurses rely on others to recognize what is important or vital and call attention to it. Therefore, discussing observations with others enhances judgement. Benner also states that there is a benefit in sharing a pool of knowledge. With the augmented intricacies in healthcare settings, it remains crucial for preceptors to be proficient at supplementing newer nurses in their transition process allowing for realistic expectations and time for growth and development. The education and training setting is a significant factor in the success of the NNG orientation thus should be conducive and stress-free as much as possible. Improving preceptor-NNG interactions proves a positive step in the development of caring relationships (Horton, 2012).

Understanding in what manner new nurses think and perform can aid the preceptor in planning activities for learning and assess performances accurately. Preceptors can gauge where their orientees are with daily planning, weekly objectives, determining needs and introducing structure. Trained preceptors help to build confidence in patient care through continued verbal and physical cues. Although all stages apply to new nurses and precepting, this is the only stage within this theory model that was considered due to timeframe in orientation process. Novice nurses have less than one year of clinical work experience with a goal of progressing them toward advanced beginners where efficiency in skill and practice are developed.

The first stage in Benner's model is the novice stage. New nurses start here and are trained under preceptors since they have little to no clinical experience or judgements. The novice nurse requires continual verbal cues and over a period of time may start to make their own unrestricted decisions. This is a critical time period for nurses as they are

learning and adjusting to expectations and their workloads. The following stages thereafter are competent, proficient and expert nurses; these all evolving over years of experience (Benner, 1984).

Relevant Research

Literature pertaining to this subject illustrates how important precepting programs are in molding new nurses and successfully immersing them into the workforce. Several research and literature reviews also identify the need for such courses and validate knowledge enrichment through training and support. To precept effectively, nurses have to be educated in roles, responsibilities and effective techniques.

Hillman (2011), and Raines (2008), acknowledged the benefits and essential components of a residency program for new graduates. The unique group of NNGs had the lowest rates for retention therefore, the study concentrated on the requirements of this set. This was a five year study with implementation of a nurse residency program showing an increase in nurse retention from as low as 50% to 72.5%. Equal to the importance of the residency program were their preceptors. Having properly trained preceptors made a remarkable difference. The conclusion from this study comprised that not only does a residency program and precepting decrease turnover rates; hospitals will save money from retention. Cost saving assessment was projected at 4 million dollars over a 4 year period, if using a projected budgetary value of \$50, 000 per nurse (Hillman, 2011).

Raines (2008), explains that current literature indicates that the concept of caring is fundamental for interpersonal interaction. This encompasses relational interactions

with showing kindness and consideration to others. Even in today's society, the phrase "nurses eating their young" is often heard with a negative connotation in the orientation processes of the newly hired. In today's workplace, the expression horizontal violence; which is obvious or furtive non-physical aggression, such as denigration, sabotage, undermining, blame, and quarreling, has proliferated into nursing and has become a trend in current nursing literature (Rush, 2015). It was concluded that caring behaviors and respect were paramount to the success of the program and retaining of the facilities new nurses. The interpersonal core stems from a professional-peer partnership directed from evolving interchange and discussion (Raines, 2008). In caring relationships and professional behaviors, the dialogue is open, equally responsive, and non-directing. Nurse preceptors fostering the newly hired engage in activities and conduct that exhibit how to care. This behavior remains an essential trait in today's continuously shifting healthcare setting (Raines, 2008).

The literature reviewed has indicated a prerequisite for nurses to have precepting preparation prior to assuming the responsibility of training another (Rush, 2015; Das, 2013; Feng, 2012). Methods are all variable as there is no one method preferred over the other. Nurse residency programs however can be costly, especially for smaller scaled hospitals in rural settings. Overall, literature supports implementing preceptor programs as they have positive results in turnover rates and have shown increased quality of care provided at the bedside.

Aim

The objective was to deduce whether a formal precepting course would impact and influence new graduate nurses. The literature reviewed indicated a prerequisite for

nurses to have precepting preparation prior to assuming the responsibility of training another (Rush, 2015; Hillman, 2011; Raines, 2008). Methods vary from facility to facility based on needs but as long as formal training occurs and produces positive results, literature supports preceptor programs at viable levels (Haggerty, 2012). There were two hypotheses with this capstone project. The first was that the restoration of the precepting program would result in a better orientation process for NNGs and thus decrease turn-over rates due to positive and enriching experiences. Second, there was the assumption that the course would improve job satisfaction for preceptors. They were given the tools to be adequately trained therefore having the ability to effectively and efficiently train the NNGs nurses paired with them.

Design

This project, based on review of literature concluded that the current preceptor program at a local hospital system did not provide the essentials for successful precepting prior the implementation, the facility had a preceptor program that was only offered yearly. It was not widely publicized therefore attendance was very minimal. There was also very little interaction between nurses with the lesson plan consisting primarily of PowerPoint presentation. There are many philosophies on implementing such a program. Combining an online and workshop approach for this facility worked best. Online coursework was to be done at nurses' own convenience; however completion dates were assigned with sufficient time allowance prior to the workshop. This consisted of a 2-hour session focused on roles and responsibilities, preceptor expectations, learning and teaching strategies, critical thinking, facing challenging situations and finally assessments and evaluations as program design topics by (Larson & Zahner, 2011). Online training is

a substitute that successfully addresses many of these weaknesses. In addition, improved learner access, increased flexibility, and augmented instructional consistency are distinct rewards of using online education (Larson & Zahner, 2011). If the online coursework was not completed, nurses then were not permitted to attend the second portion. A certificate of online completion was awarded and expected at the commencement of the workshop. The span of time between each course was two weeks to allow interested nurses to complete the first requirement.

The workshop course consisted of an overview of what was learned online and expanded each lesson to involve role play, group discussions, participant interactions and feedback to scenarios. PowerPoint presentation was the key teaching element with breaks in between throughout the four hour course for discussion and collaboration. The workshop course was being offered every quarter and addressed the necessity for an organized preceptor program due to high interest and feedback.

A qualitative design was used to measure how preceptors felt about their training and how new nurse graduates viewed their precepting experiences. This allowed the investigator to distinguish their views, experiences and what its implications mean.

Participants

The target populations for this study were current preceptors and new nurse graduates. A convenience sampling of eight preceptors and eight new nurse graduates were obtained. The preceptors had at least two years of unit specific experience and as mentioned had a respectable work record and no disciplinary actions. The NNGs chosen were nurses that had already gone through an informal training process and were interested to go through another orientation to gauge their first experience against their

second. Likert type surveys were given to both groups to measure experiences pre and post implementation. The project was applied over a period of 6-months commencing in March 2014 and ending August of that same year.

Data Collection

To understand the impact of the preceptor role and the effectiveness of the program, it is important to have information associated with the personal and professional demographics of the preceptors participating. This encompasses their preliminary and ongoing preparation for their role as well as their clinical experience. This information was gained by implementing the new preceptor workshop with the eight nurses that agreed to participate in the project. Pre and post surveys were distributed at the beginning and end of implementation. No alterations in questions were made as they stayed the same on all surveys with the exception of referring to the new precepting program.

Surveys were developed and field tested for validity. The nursing practice committee assisted with ensuring content focus and revisions to questions determined where needed. This tool was established due to the necessity to focus on preceptor needs, measure satisfaction in the workplace and assess turnover before and after implementation. Surveys were also given to the NNGs at the allotted time frames to measure their thoughts and perceptions regarding the formal preceptor training workshop. The turnover rate prior to start was collected for a baseline then assessed at the sixth month period of program evaluation. The initial turnover rate for the facility was 9% pre-implementation with 'no comment' listed as reason for leaving in the exit interview. This

was done to determine what effect if any, the new preceptor training program had on retention rates.

Preceptors

Data collection was obtained from a Likert scale type and uncovered the perception that nurses were not satisfied with their current preceptor status. They felt that they were inadequate in their knowledge base to orient successfully and that a revised preceptor program would be beneficial to the organization. The questions focused on feelings of adequacy, self- confidence with concepts, preparedness of new role, effectiveness, improved confidence, and job satisfaction. The post implementation surveys were given at the end of the project and reiterated the same format of questions.

NNGs

NNGs were given pre-implementation surveys to gauge their feelings of success and ease of transition into work after precepting was complete through the orientation process. They were asked questions in regards to feelings of positive preceptor impact, skills sets, knowledge and skills gained, job satisfaction, motivation to stay at current employment and lastly, whether they felt that their preceptors should have further training. The post implementation surveys were given at the end of the project and also reiterated the same format and vernacular as the pre-implementation surveys.

For this project, the use of this type of measurement was prepared due to its simplicity and straightforward report. The importance to convey a successful decrease in turn-over due to preceptors having a formal precepting course was paramount. This was the major objective for measurement as well as continued implementation for preceptors within the organization.

Ethical Considerations

Once Institutional Review Board (IRB) approval was obtained from Capella University and project site, informed consent and pre and post surveys were developed and made available for initial phase of implementation. Nursing administration was once again notified with the purpose, implementation methods and benefits. Full support of the project was required so it was asked of the nursing leaders on each unit to ask their qualified staff members to attend and participate. Participants were asked to answer surveys anonymously and placed into allotted manila envelopes in the education department. Consents were obtained and maintenance of confidentiality was done by each participant placing their forms in a manila envelope. These were then placed into a locked file cabinet; all surveys were also kept in this manner. Once the project was completed, all data collected was placed into a shedder.

Findings

Limitations

Although preceptors are utilized comprehensively in clinical practice settings, many of them have no instruction at all in regards to focused training and how to assist in growing and evolving the critical thinking skills in novice nurses (Forneris, 2009; Haggerty, 2012). Gaining momentum from nurses willing to take on the preceptor role is an ongoing challenge. Although the many roles of nurse encompass one of educator and mentor, they lack the ambition or initiative. The capstone project location only hires Registered Nurses, including both Associate degree nurses (ADN) and Baccalaureate degreed nurses (BSN). The first limitation was that having Registered Nurses as the only

discipline taking part in the study reduced the sample size. Due to this and it being a smaller organization with fewer new hires, obtaining preceptors that met criteria, and who were interested was a challenge. Another limitation identified was the time frame given during the capstone project. The study was completed over a 6 month period however with a longer implementation period, additional data and analysis would have been achieved.

Data Analysis

Pre Implementation

The project consisted of eight Registered Nurses that participated in the improved preceptor workshop. Data was collected from a six question pre-implementation survey and uncovered the perception that nurses were not satisfied with their current preceptor status. They felt that they were inadequate in their knowledge base to orient successfully and that a revised preceptor program would be beneficial to the organization. The series of six questions resulted in a baseline for how these nurses perceived their abilities with the old preceptor program.

Figures 1,2,3,4,5 & 6 reveal responses in regards to training, abilities, preparedness, knowledge base, confidence in role and satisfaction. A surprising 63% of precepting nurses stated that they felt were not adequately trained while another 63% felt a lack of self-confidence in their training and abilities. Fifty percent of the nurses prior to implementation stated they felt they were effective preceptors from the old program. At 38%, nurses reported a job satisfaction with current preceptor course while another 63% of nurses remained neutral.

Preceptor 6 month Post- Implementation

At the post implementation six-month evaluation, Figures 7, 8, 9, 10, 11, and 12 displays the preceptor survey revealing that they sensed more confidence in their capacity to orient new nurses and felt they had an increase in preceptor knowledge. The surveys also demonstrate an increase in job satisfaction with their improved roles. These revelations are evidence that formal precepting courses are essential for continued training and staff development at this organization.

A surprising 63 % of nurse preceptors who had taken the improved preceptor workshop course reported that they were offered the resources to be adequately prepared. Confidence plays an enormous part in abilities and talents. Preceptors at 50% were noted to have an increase in confidence level after taking the improved preceptor course while 63% reported they felt they were more effective to facilitate the training process. Not surprising at all is the overwhelming 86% of nurse preceptors that stated their overall improved job satisfaction. This proves the hypothesis that the course workshop would improve job satisfaction and give the preceptors recognition in their hard work and aptitude for training new nurse graduates.

New Nurse Graduate Pre-Implementation

New nurse graduates having been trained by preceptors with little to no experience in pedagogy or adult learning are given a huge disservice in their immersion process (Maringer, 2014). Due to poor orientation processes secondary to poor precepting methods, NNGs continue to develop dismal perceptions of the nursing workforce and therefore resign within their first year. In figures 13, 14, 15, 16, 17, and 18, NNGs at 63%, reported that they did not have a positive orientation process although that same

percentage stated they felt comfortable to work effective or independently. Half of the NNGs reported dissatisfaction in their job roles among the reasons was due to their precepting and orientation process. Another 63% revealed that they were not content in their employment and not motivated to stay or vest their time in the facility. They felt they were rushed and not given enough time to acclimate to their duties independently.

As mentioned, these NNGs had finished or were completing their orientations and were then placed with different preceptors for another training process to gauge the effects of an improved precepting workshop. After the pre-implementation survey was completed and the NNGs were placed with their new improved preceptors, a six month follow up survey was completed to allow time to gauge their responses and levels in confidence and job perceptions.

New Nurse Graduate 6 month Post-Implementation

Findings during the post implementation process revealed favorable responses from the NNGs having gone through a second precepting experience. In review of the post implementation surveys, a positive conclusion was reached; Figures 19, 20, 21, 22, 23, and 24 shows in improvement in the preceptor process. Although one nurse left the hospital during the orientation process to pursue a different job opportunity, it was not related to the precepting issue or improvement project. Eighty-six percent of the NNGs reported that the improved precepting training had impacted them in a positive way. Eighty-six percent also concluded that they had increased confidence, level of effectiveness and independence at the bedside. This was an improvement increase of 23%. What is particularly remarkable is that 86% 'strongly agreed' and 14% 'agreed' that they were motivated to stay in their current roles and employment due to positive changes

and job satisfaction. Post implementation of precepting, 100% of NNGs stated they felt that formal precepting workshops are essential and should be a requirement for preceptors wishing to orient and train new nurses.

Rigor

Rigor was upheld in the study by closely monitoring a recognized design for data gathering and analysis. The individual surveys were collected and transcribed by the project leader. Analysis of Content was designated as the approach to review, condense and define the data. The researchers' independent review of the surveys investigated commonalities in score groupings and variances. Prior to this investigation, a yearly preceptor orientation class on the role of preceptor was held based on the amount of registered participants. Also, there was no conducted study to investigate the perceptions of these preceptors on the use of the preceptor manual and any adjunct literature offered.

Preferably, a formal preceptor preparation course is critical to any orientation development and progression. It is also suggested that such programs be collaborative and based on adult learning philosophies (Robitaille, 2013). Robitaille further states that successful preceptor based orientation programs are essential for nurse retention. The end of project included a Likert scale grading score that gauged the effectiveness and perception of the preceptor workshop and orientation process with a new nurse. The survey questions were based on five answer options: Strongly agreed, agreed, neutral, disagreed and strongly disagreed. These measurements were analyzed and placed into percentages for ease of use and readability. The quality of knowledge and awareness in the preceptor taking place in the orientation development would in the end, regulate the quality and efficacy of the program. There are a variety of descriptive works in regards to

preceptorship as a clinical teaching method. Evidence proposes that the role of preceptor is a highly vital one and further suggests that preparation and maintenance is central to the achievement and success of this training strategy (Robitaille, 2013).

Implications in Practice

After assessing the data provided, it is not difficult to understand the positive impact a formal precepting course has on an orientation process. The encouraging statistics demonstrate that preceptors felt they had a very good outcome upon completion of their training. It was conveyed that their satisfaction within the new roles and confidence levels were high. They also felt better prepared for the responsibility ahead of them.

Data collection and analysis revealed that improved preceptor programs can impact new nurse orientation positively thus decrease turnover rates. Job satisfaction increases due to the improved methods and professional development within the processes. The preceptor program is considered a nominal risk with enormous gains and benefits for both NNG and nurse preceptors. The organization had 15% retention rate with an increase of 6% after the implementation of the preceptor program within the six month reevaluation. One nurse did leave the facility due to another job offer with more hourly pay and consistent schedule for family purposes. Through the methods, new concepts and knowledge learned and utilized, the preceptors were able to effectively enhance the new nurses' knowledge base and effectively immerse them into the workforce.

Preceptor training has become an essential part of organizations that desire to maintain retention and deliver support for the knowledge, talents and abilities of their

preceptors. Organizations have a responsibility for their staff to ensure training is adequate and that patient safety remains a top priority. Having two modalities within the preceptor course is essential to positive outcomes, professional development and experiential learning. Ensuring convenience and flexibility for both the online and classroom coursework coupled with having the ability to review concepts and learning/teaching techniques, has aided in the progress toward the encouraging outcomes. This guarantees a safe learning environment thus increasing job satisfaction through alleviation of stressful moments between preceptor and new nurse.

Based on the study analysis, evidence proves that preceptors are a dynamic component to the success of a new hire. If preceptors do not have an understanding of what precepting represents within the orientation process, the outcomes are sure to be dismal. When emphasis is placed on formal training programs to assist their preceptors, nursing staff recognize and appreciate that their needs are heard. Preceptors have responsibility of training new nurses in innovative evidence based practices. They pass on their knowledge and facilitate the growth of clinical thinking skills. They must be trained in precepting concepts, understand orientation expectations and needs of the new nurse. Preceptors must also understand the mission and vision of their working unit and organization. It is critical in today's healthcare setting to promote a workplace culture of nurturing professional growth for novice nurses.

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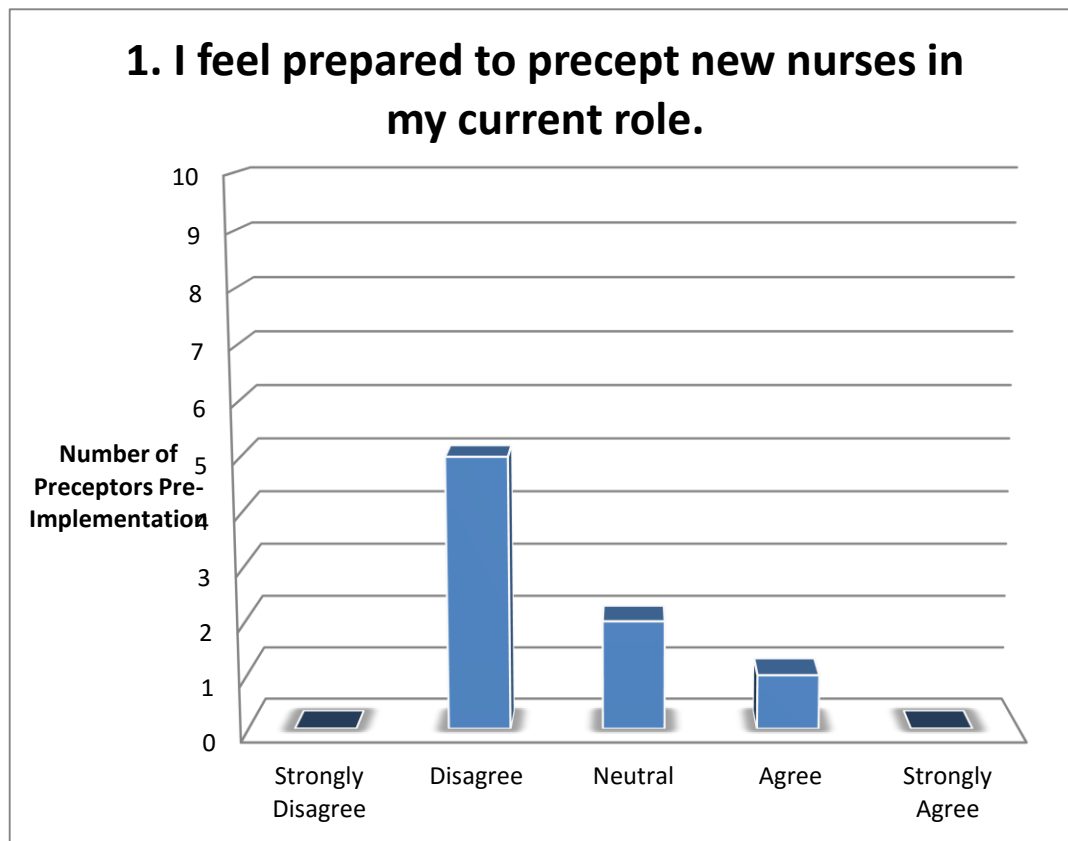
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CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES?

Appendix A

Figure 1

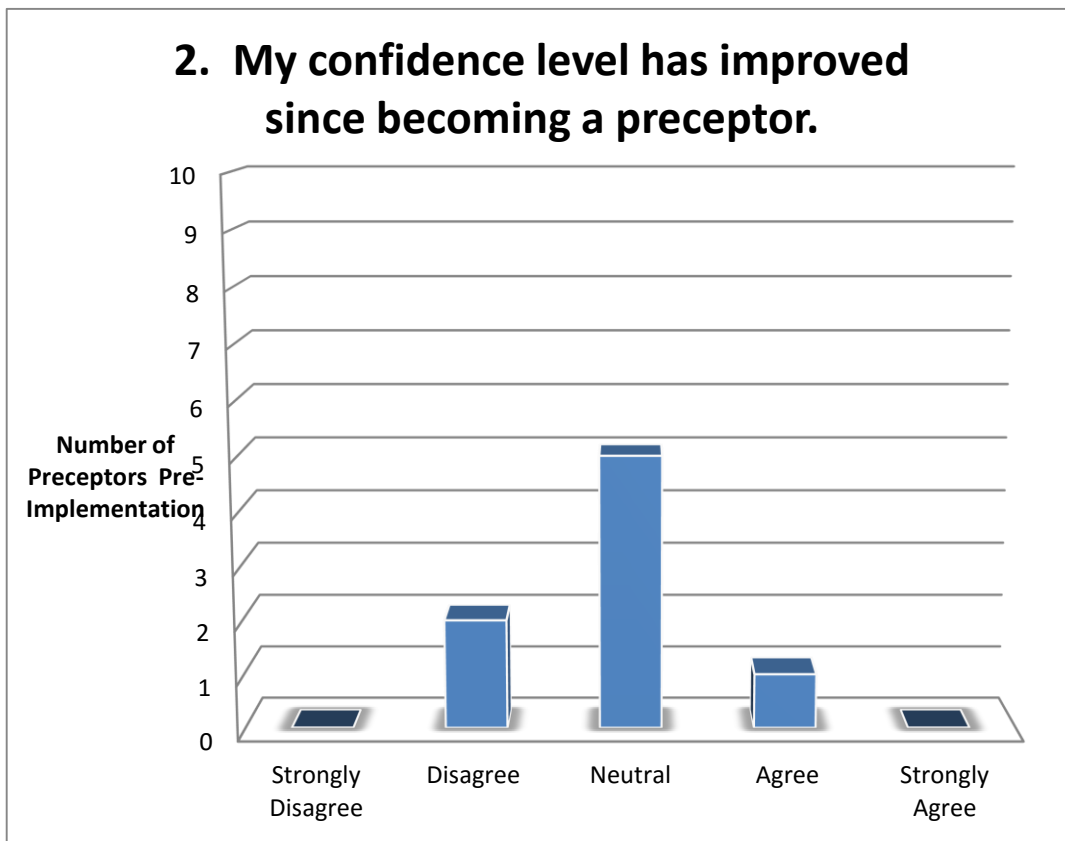
Preceptor Pre- Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES?

Figure 2

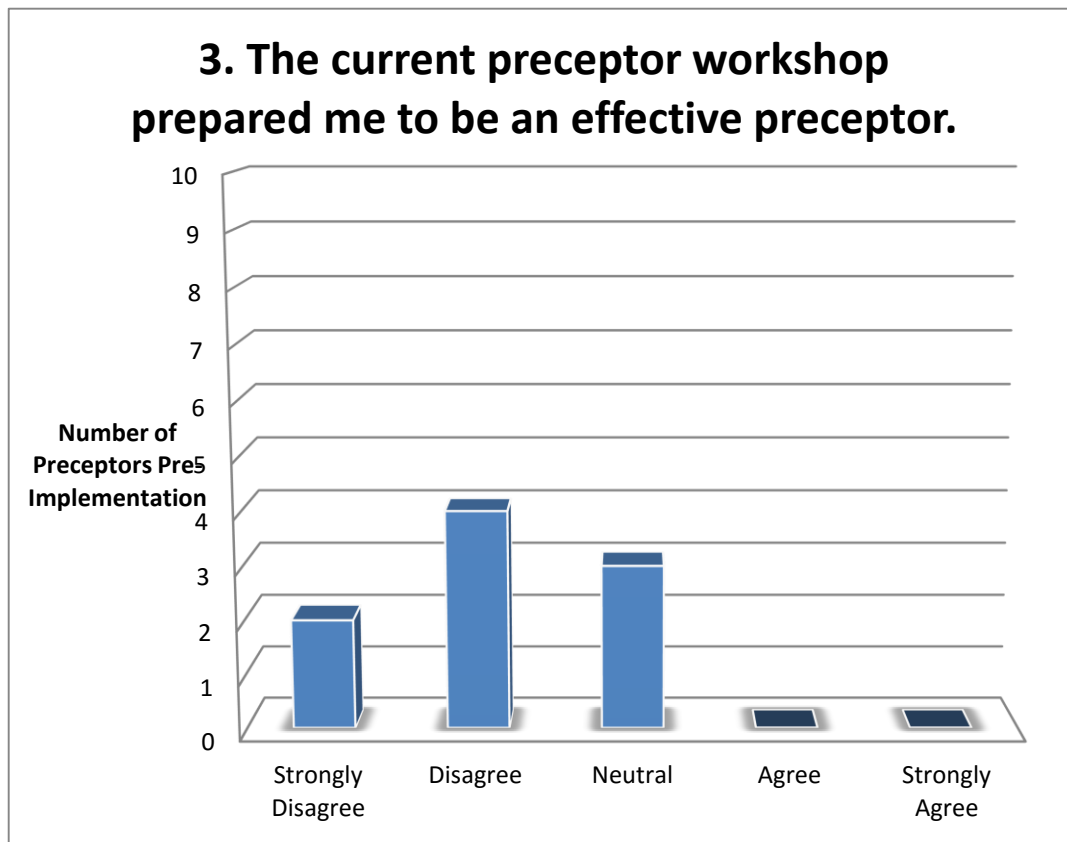
Preceptor Pre-Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES?

Figure 3

Preceptor Pre- Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES?

Figure 4

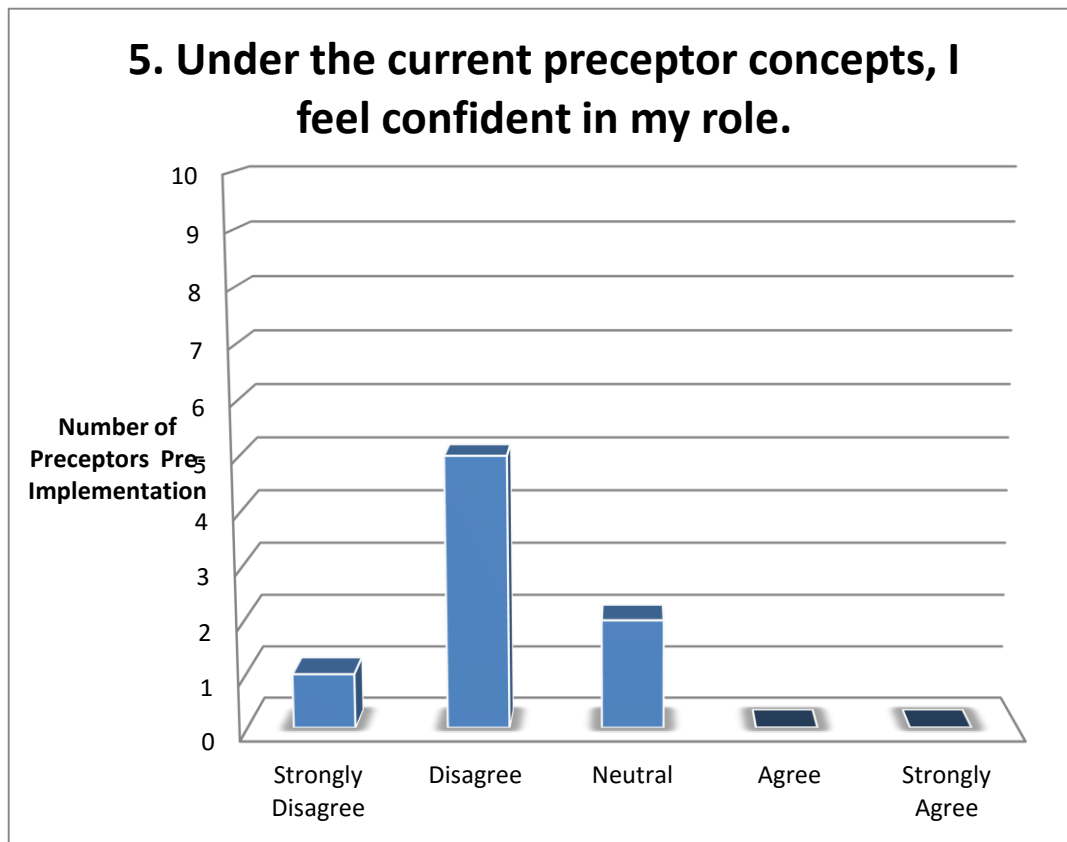
Preceptor Pre- Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES?

Figure 5

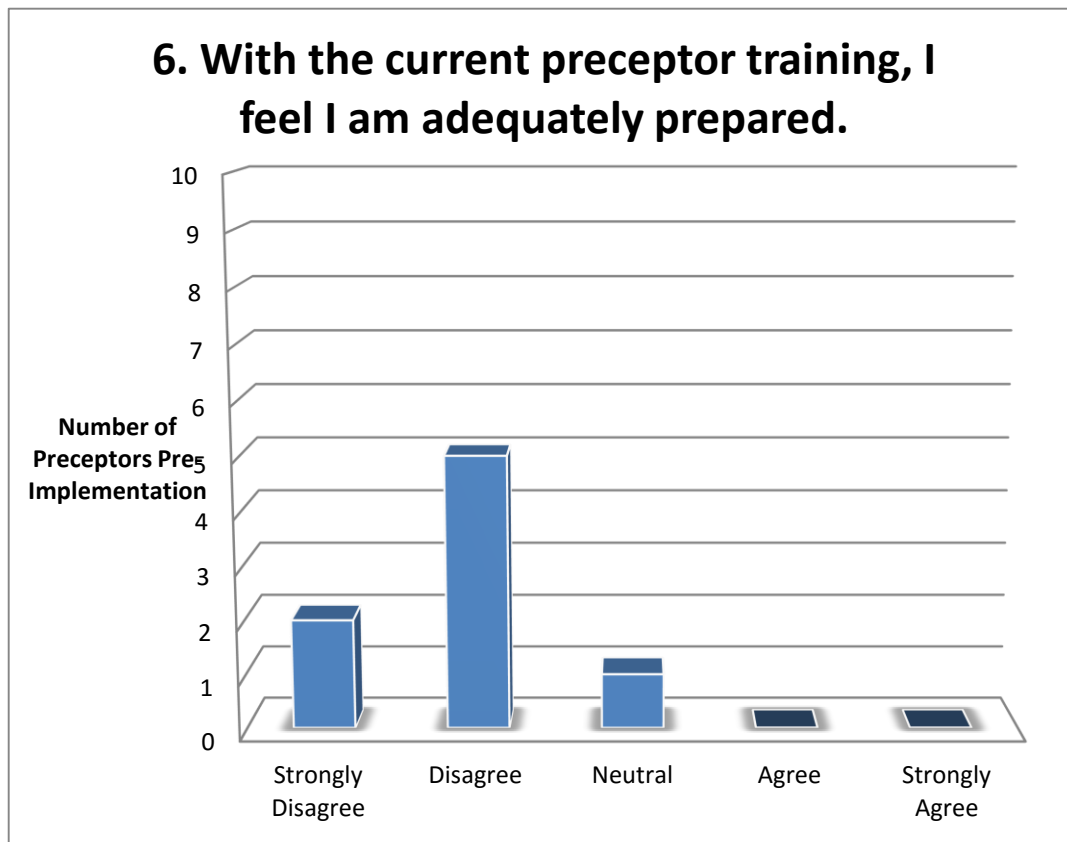
Preceptor Pre- Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES?

Figure 6

Preceptor Pre- Implementation

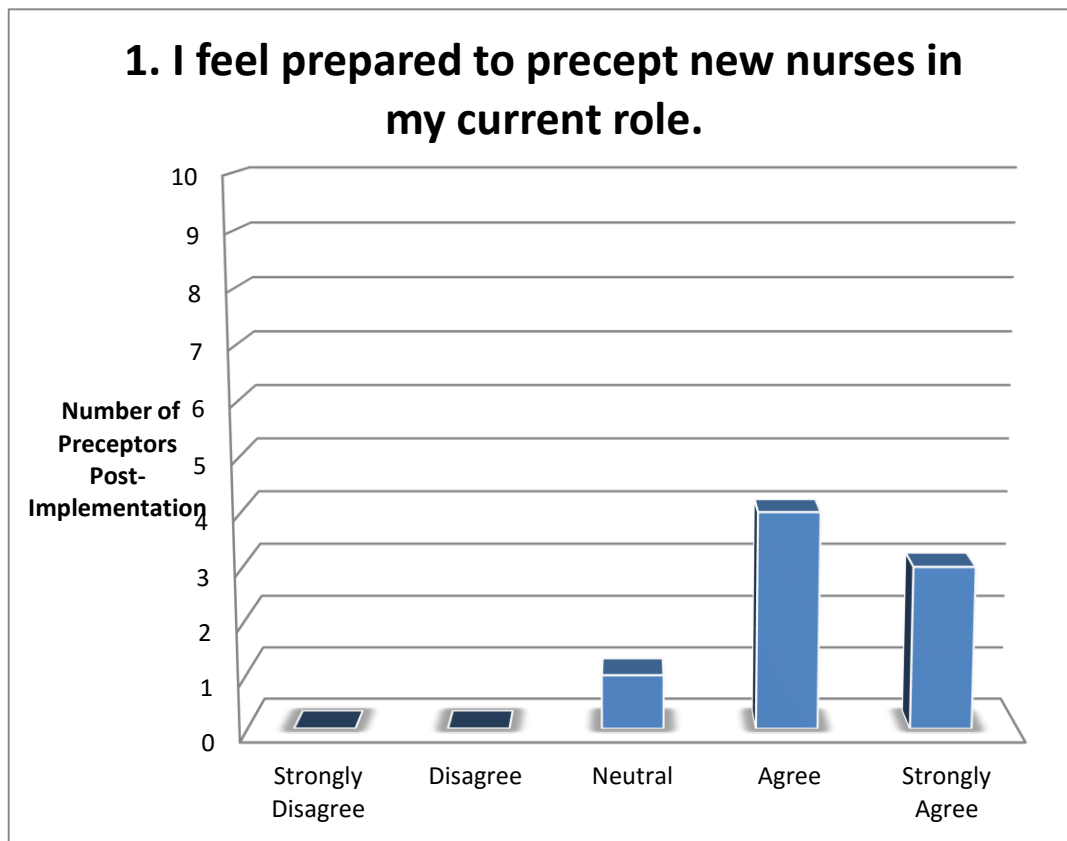


CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES?

Appendix B

Figure 7

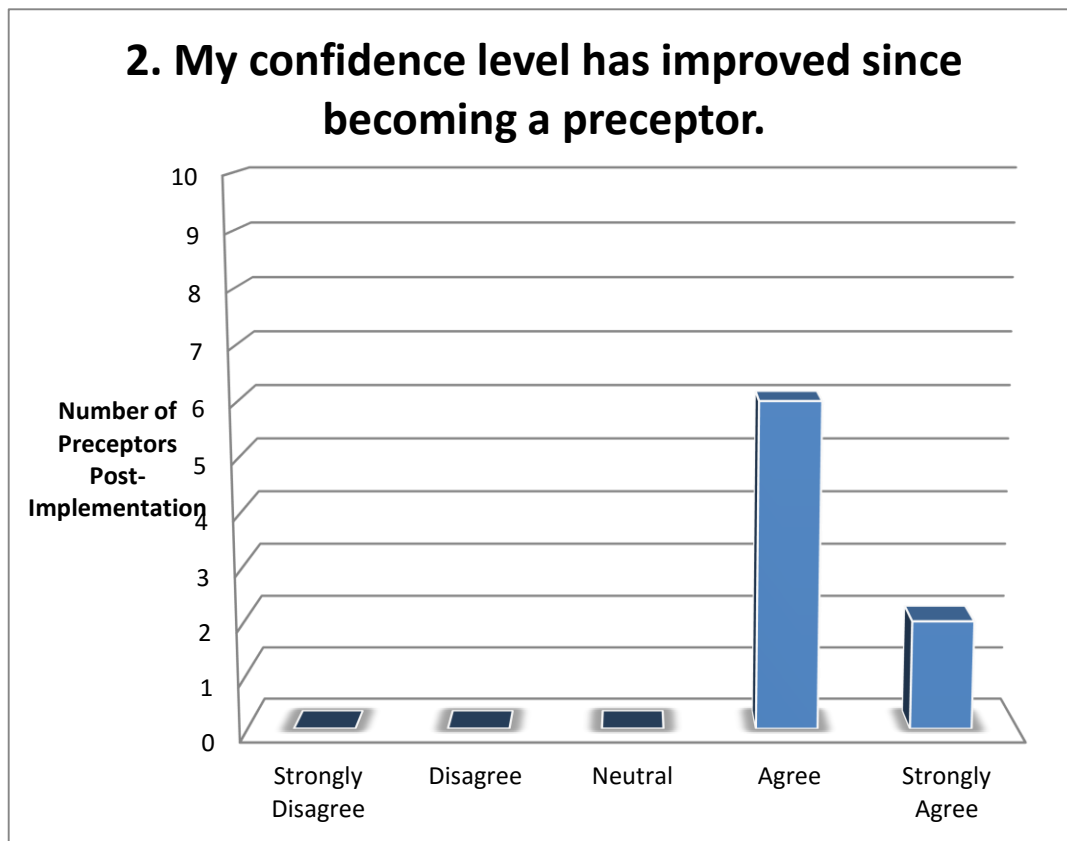
Preceptor Post - Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES?

Figure 8

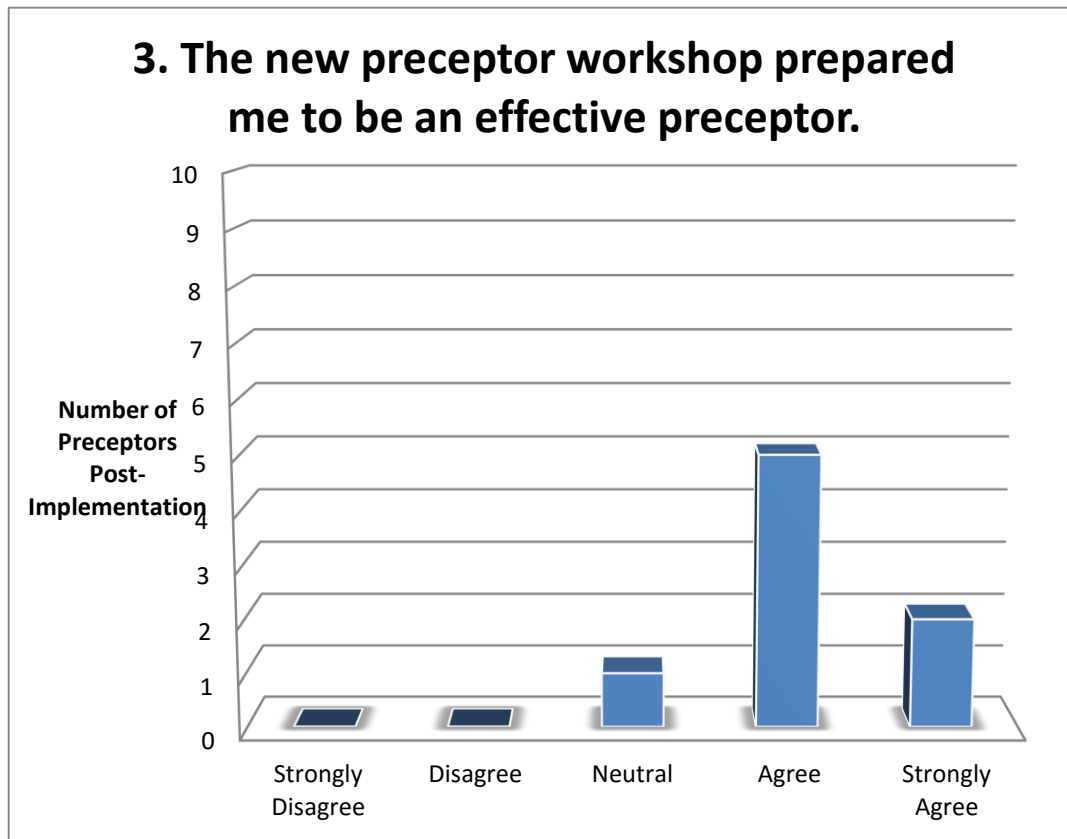
Preceptor Post - Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES

Figure 9

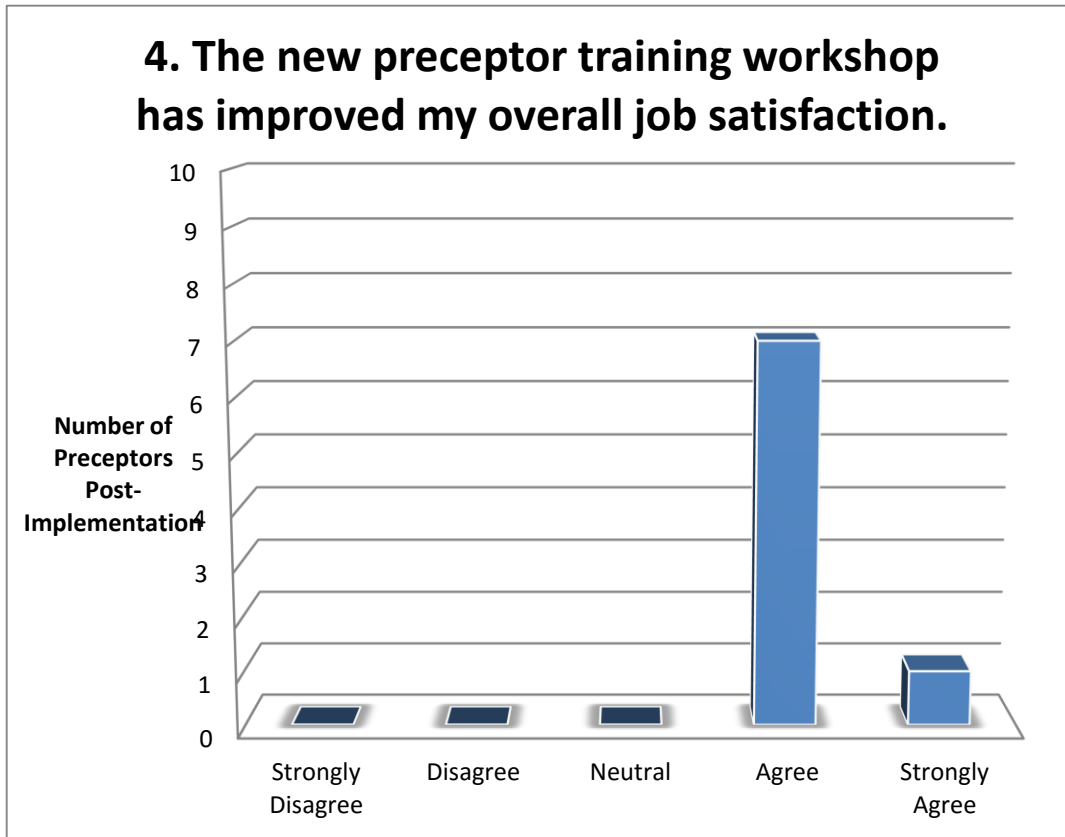
Preceptor Post - Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES

Figure 10

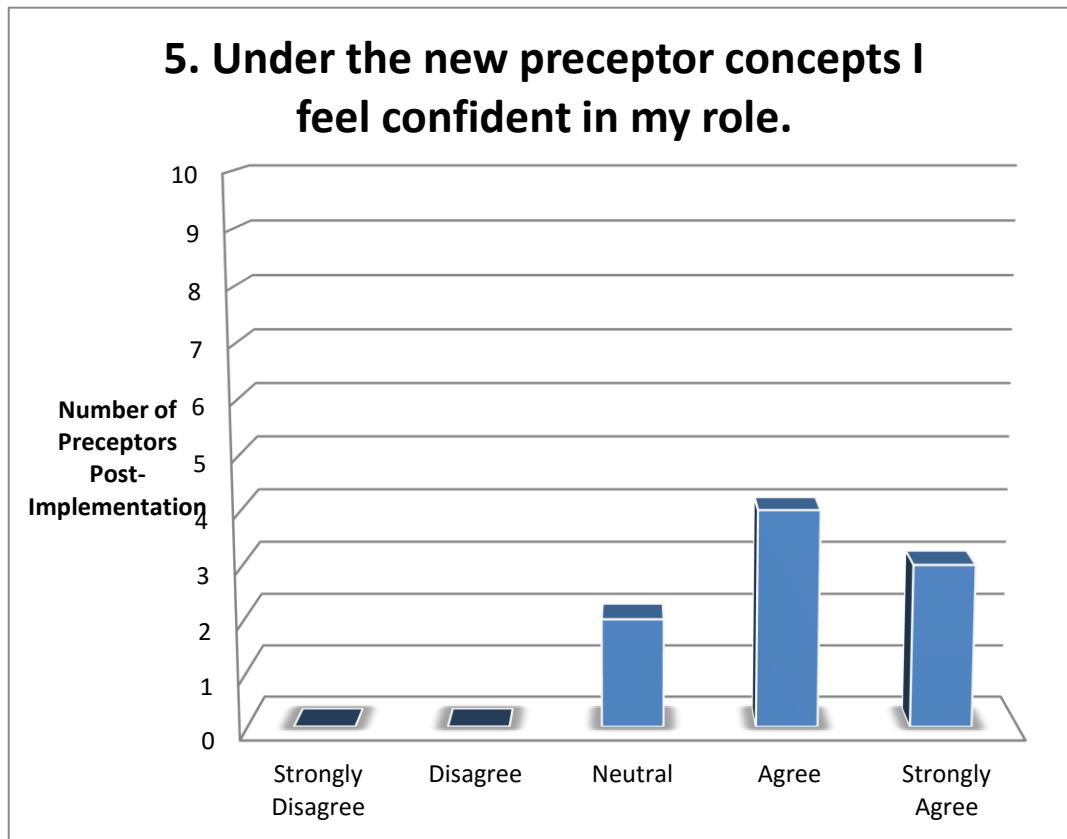
Preceptor Post - Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES

Figure 11

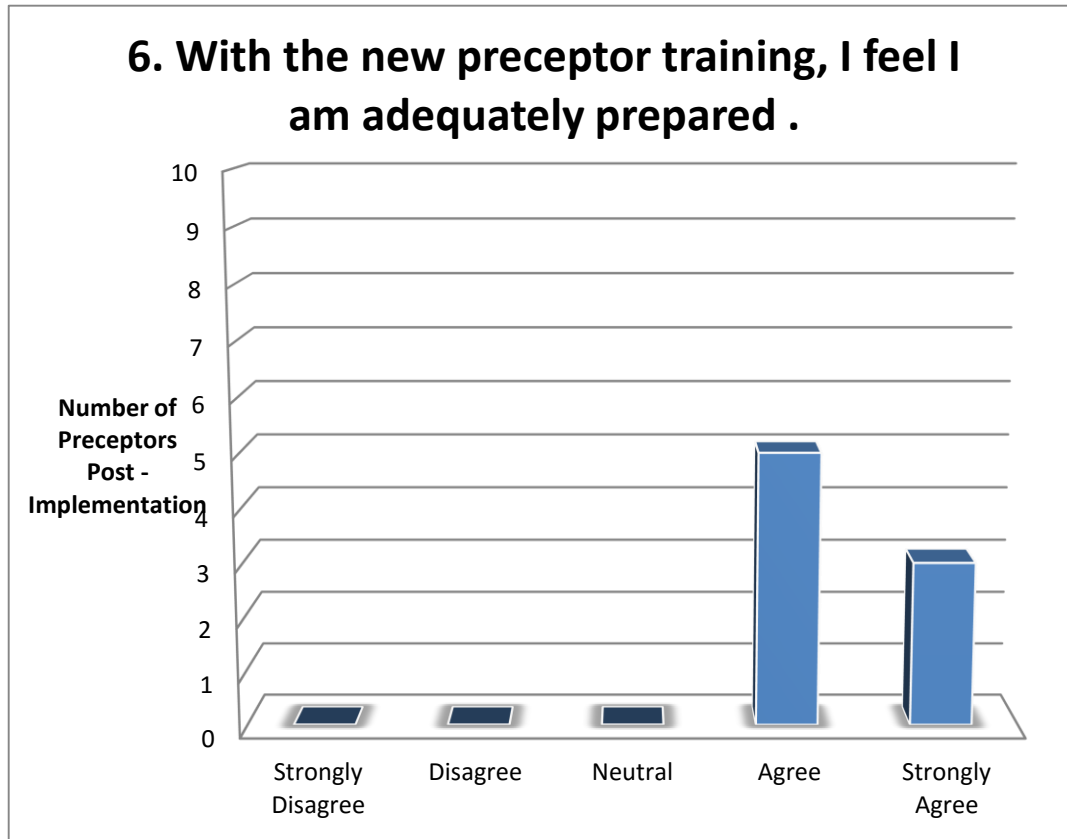
Preceptor Post - Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES

Figure 12

Preceptor Post- Implementation

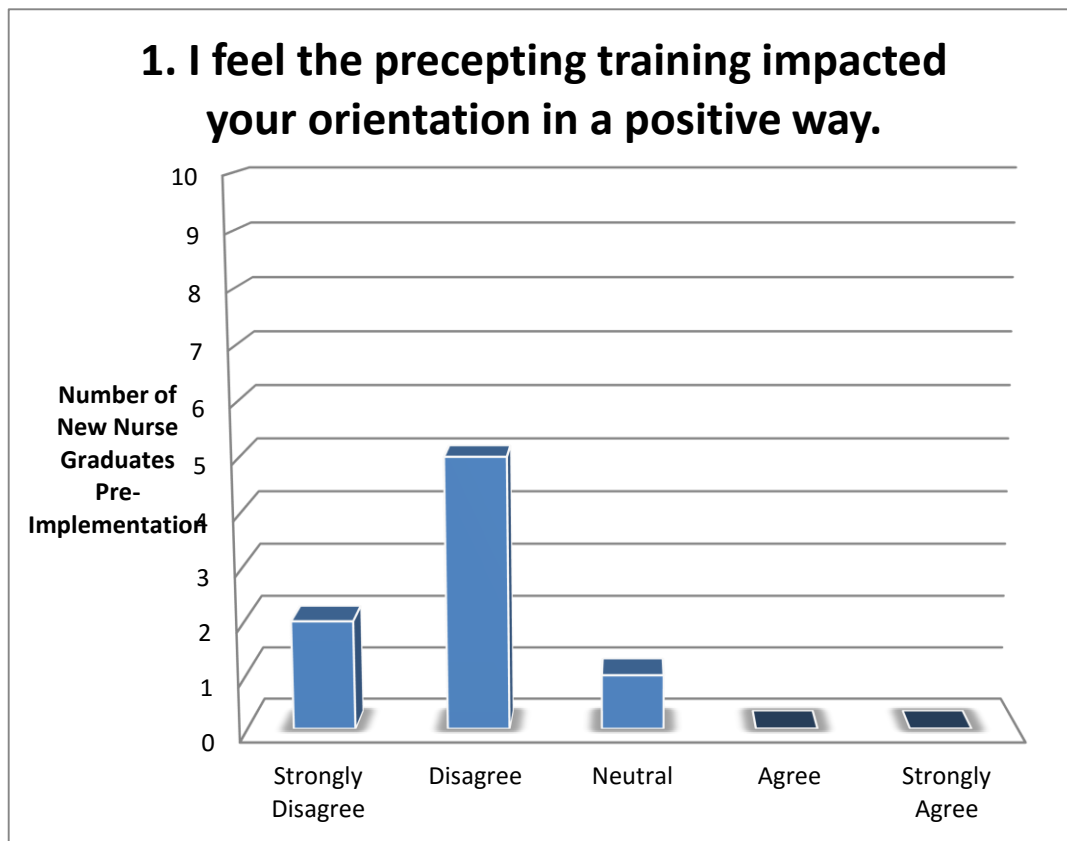


CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
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Appendix C

Figure 13

NNG Pre- Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES?

Figure 14

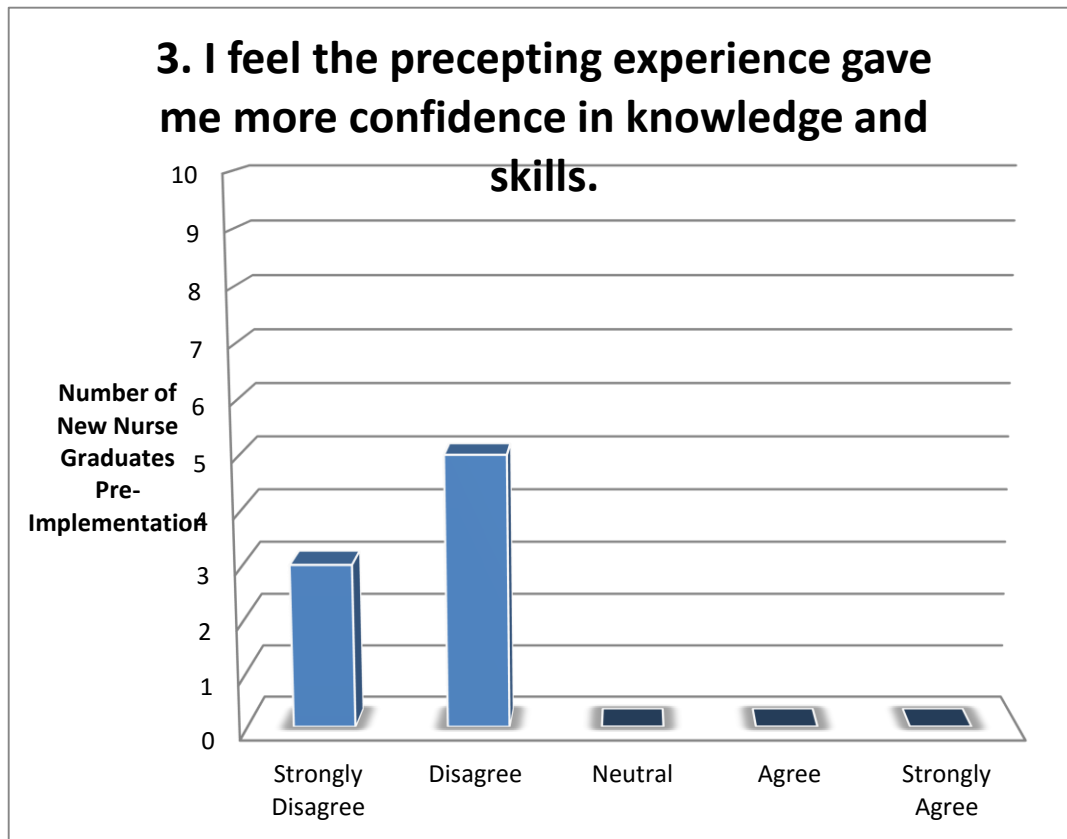
NNG Pre- Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES?

Figure 15

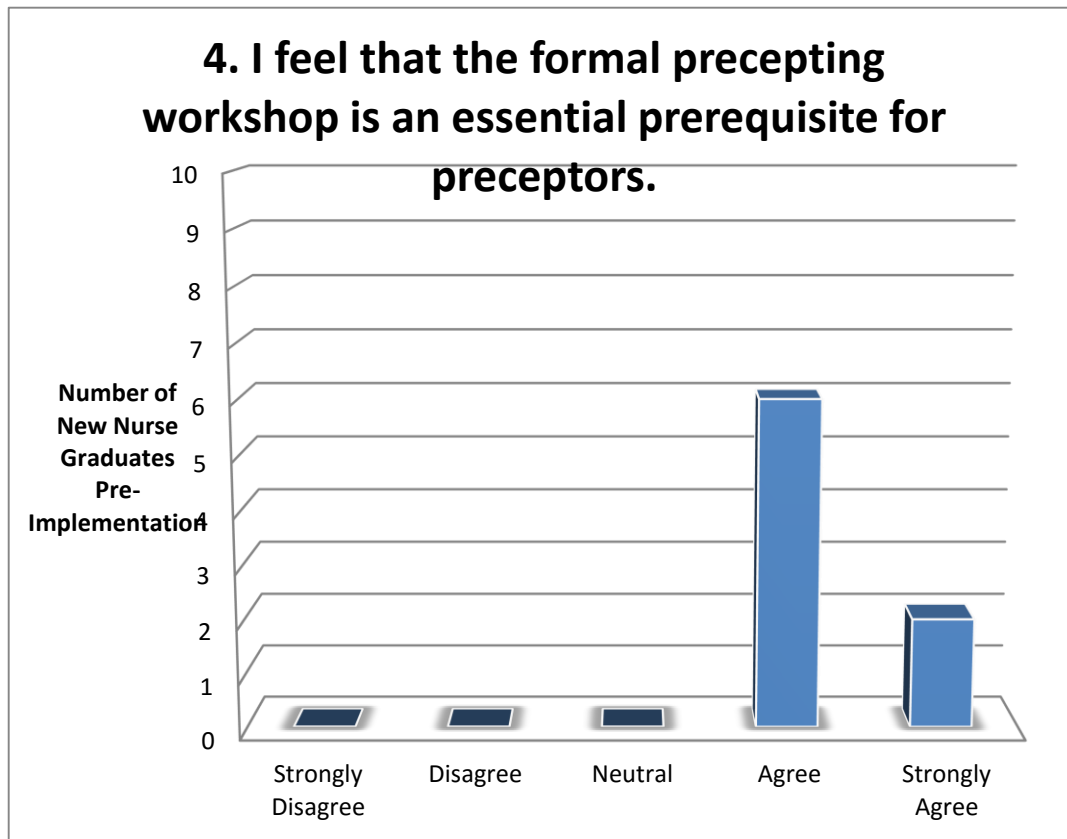
NNG Pre-Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES?

Figure 16

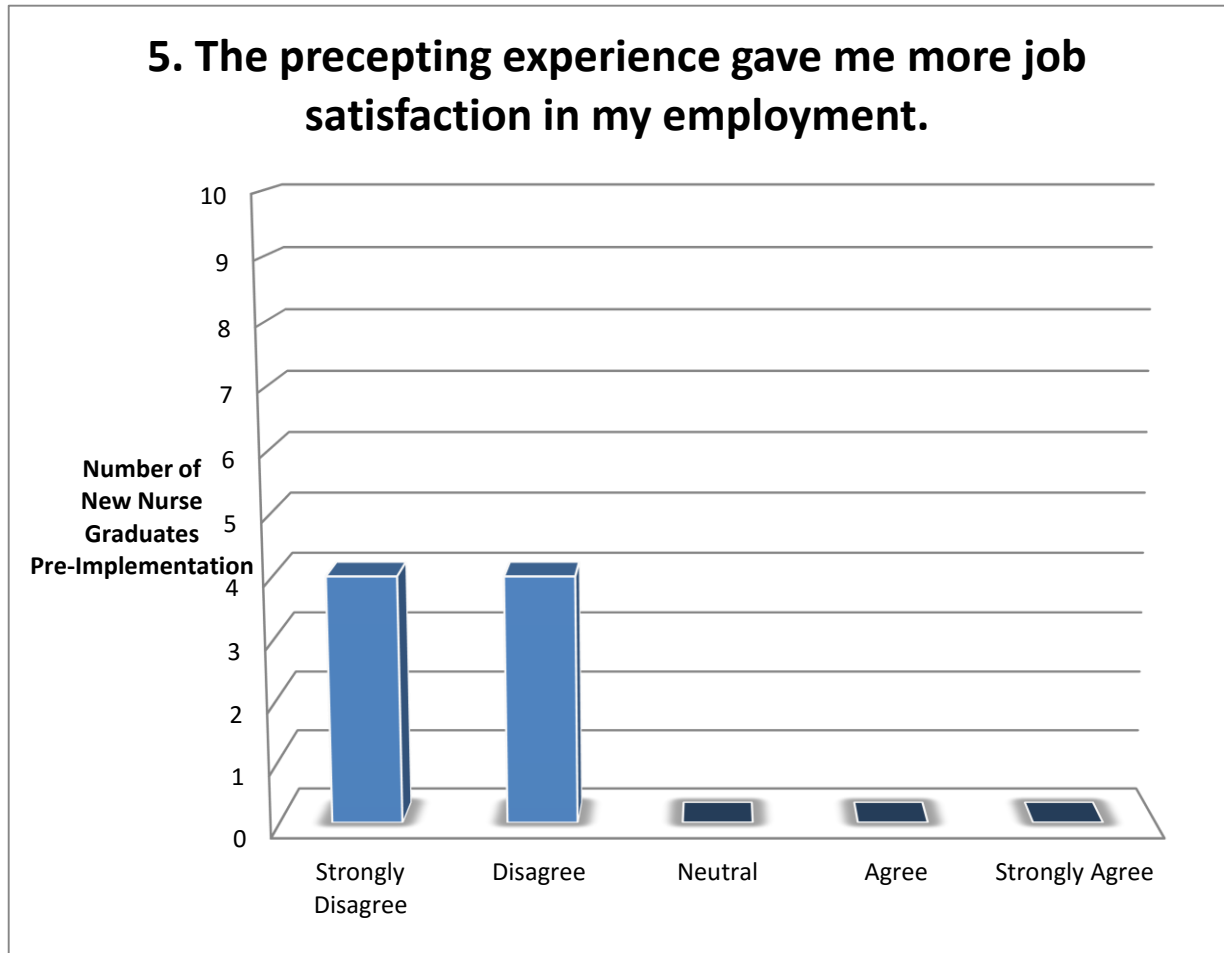
NNG Pre-Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES?

Figure 17

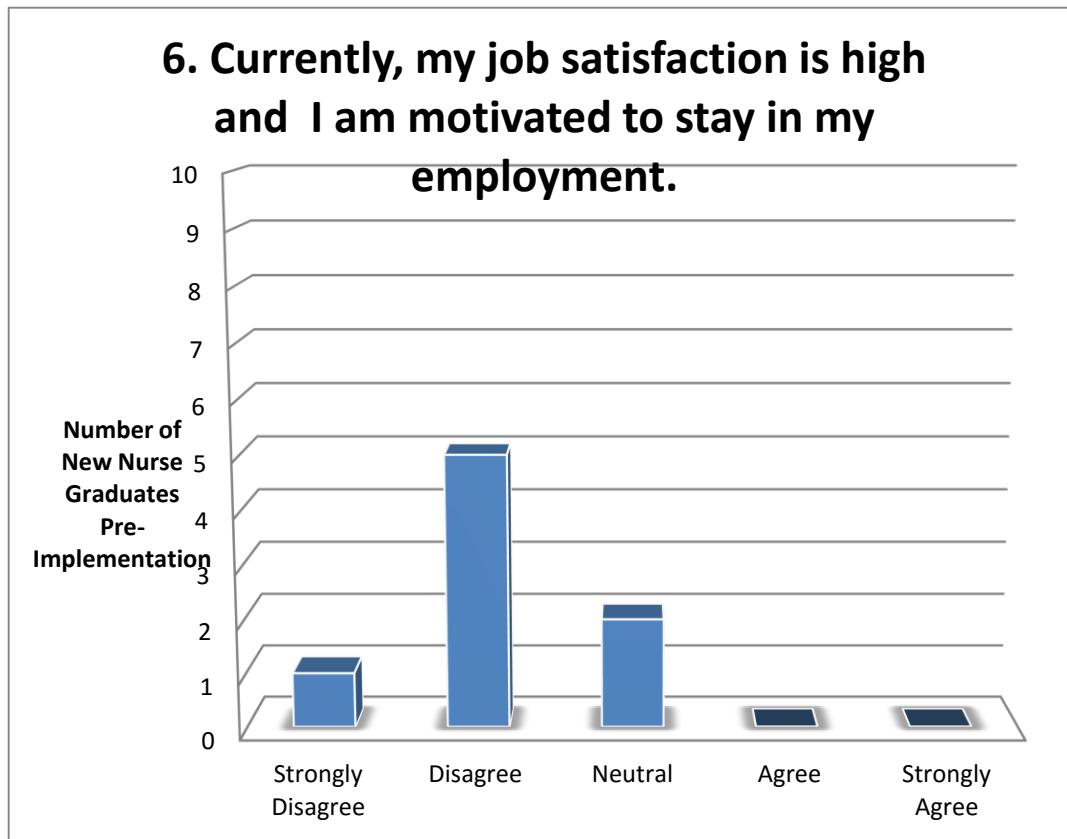
NNG Pre-Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES?

Figure 18

NNG Pre-Implementation

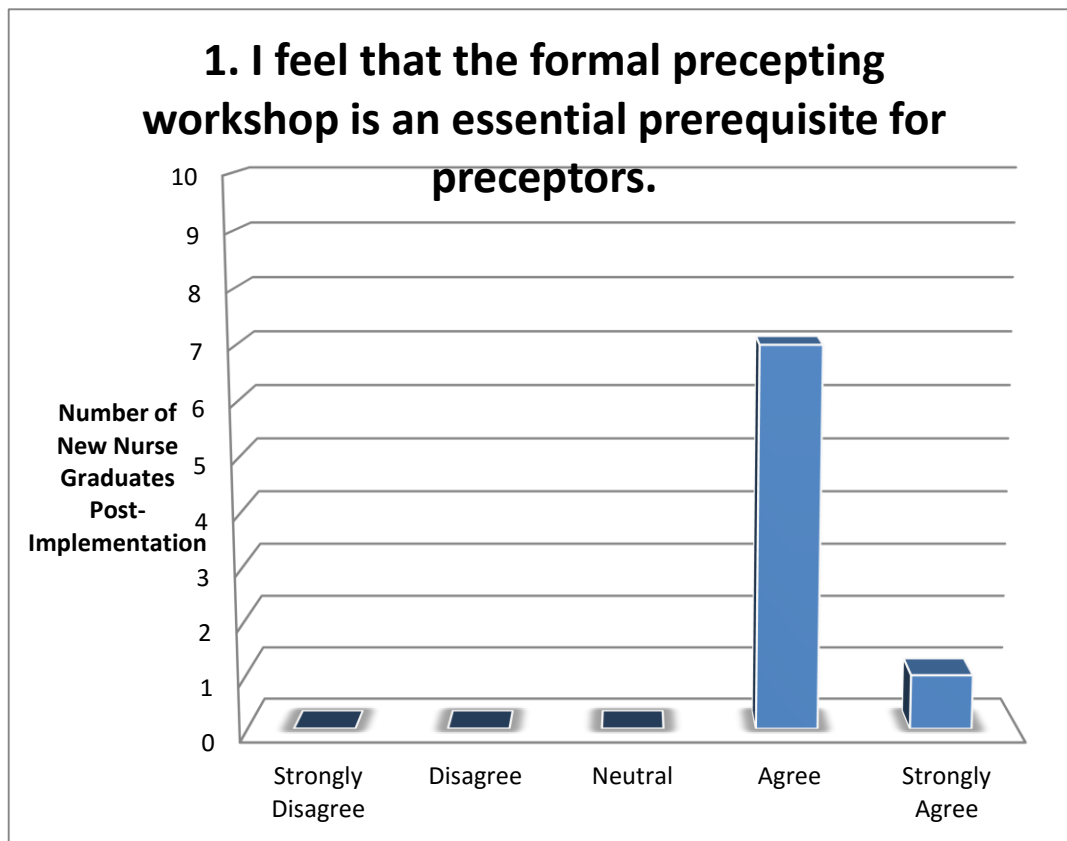


CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
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Appendix D

Figure 19

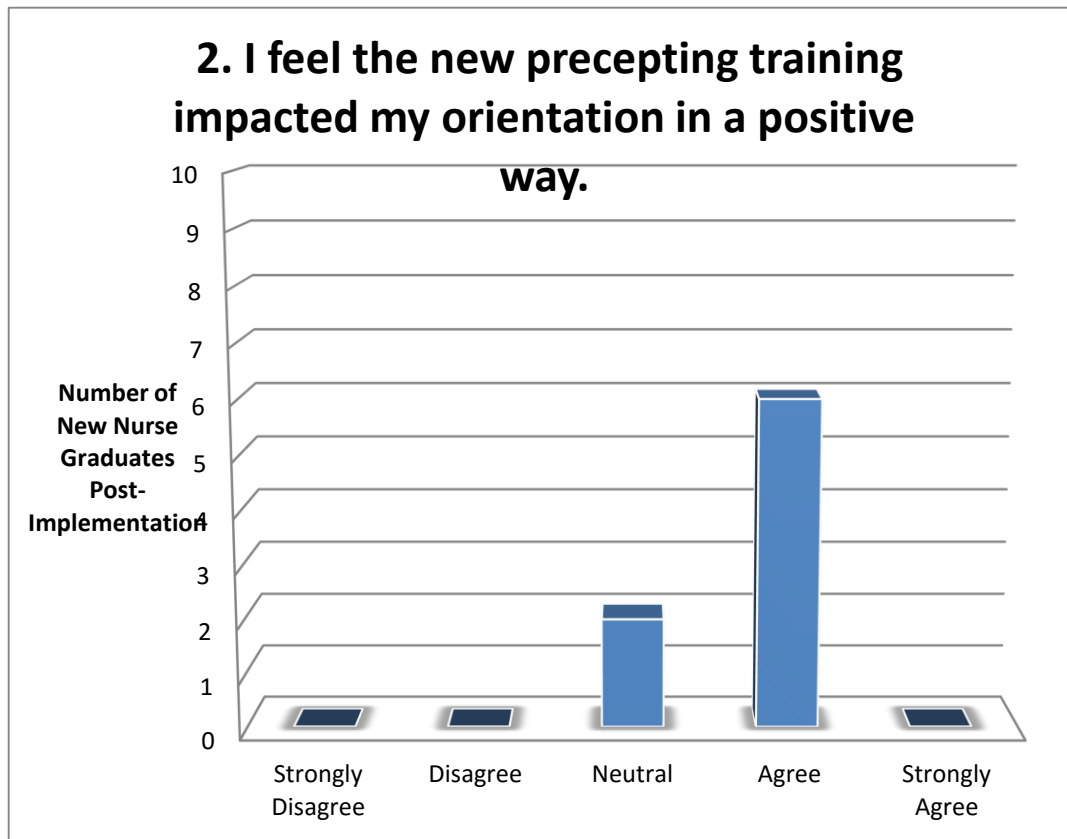
NNG Post- Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES?

Figure 20

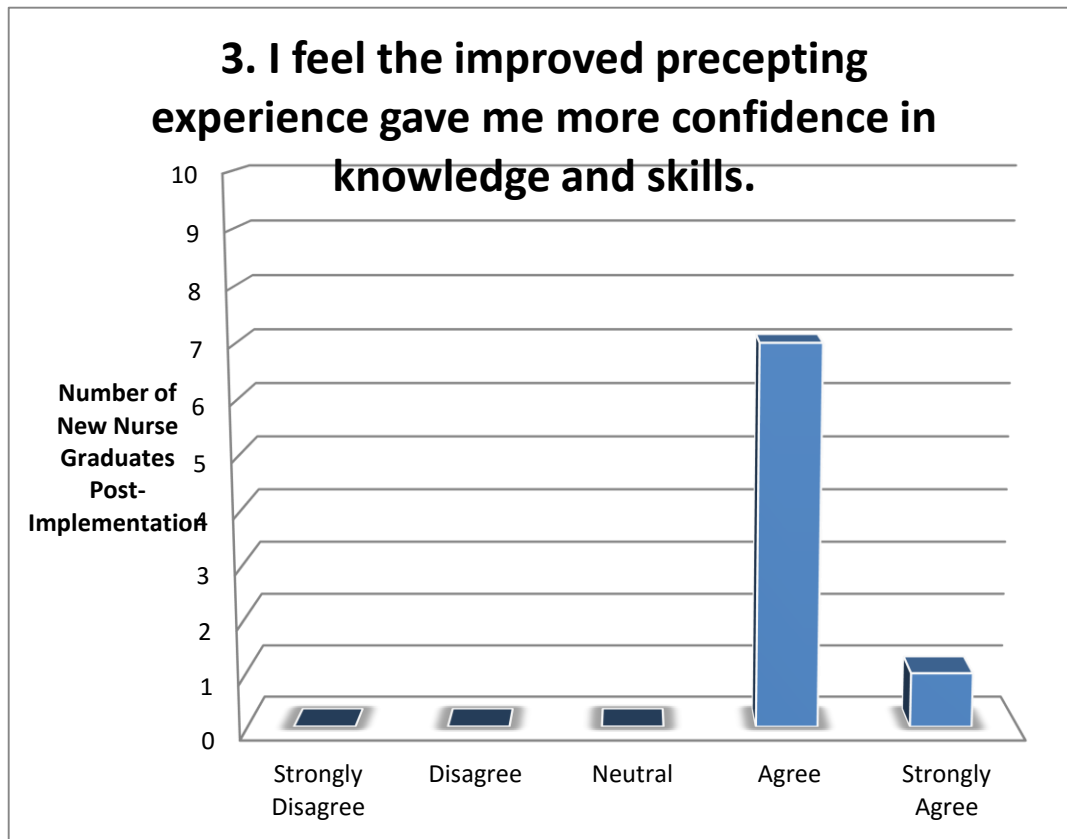
NNG Post- Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES?

Figure 21

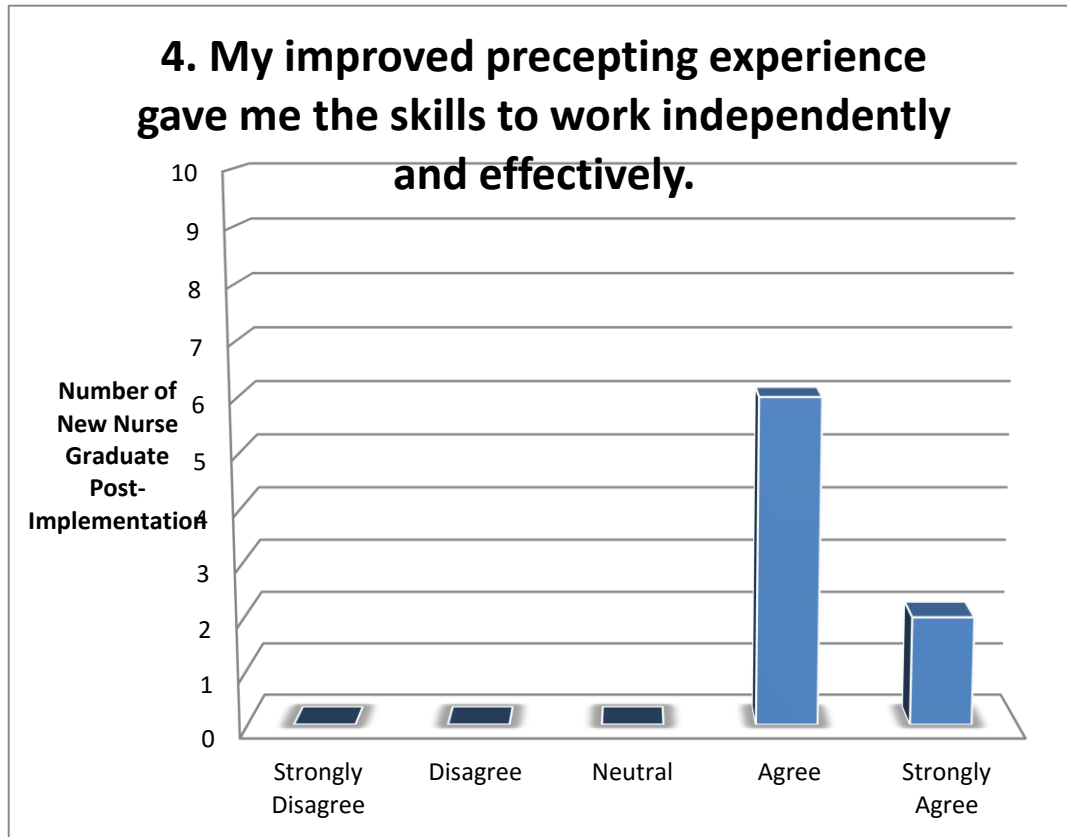
NNG Post- Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES?

Figure 22

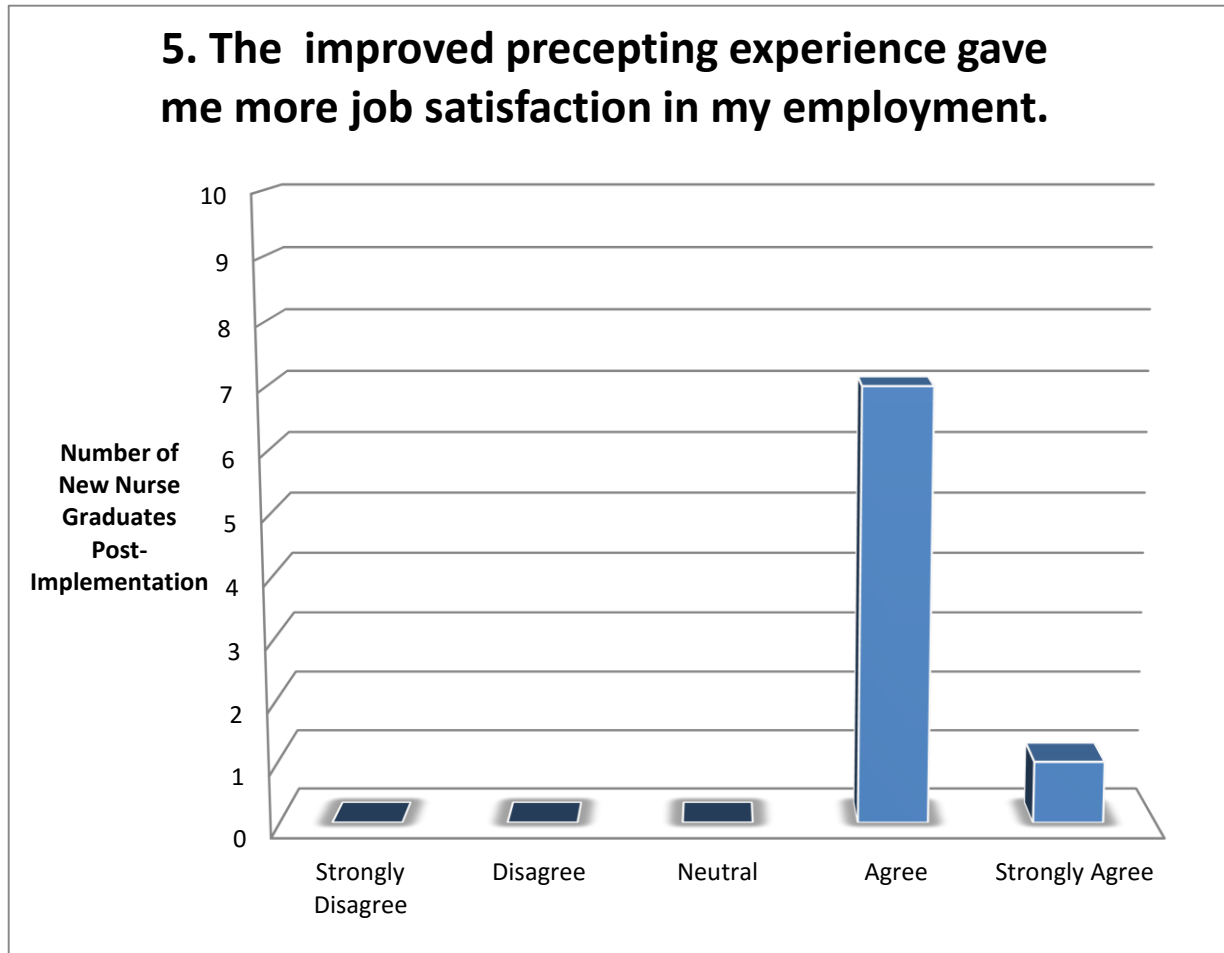
NNG Post- Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
IMPROVED PRECEPTOR PROGRAMS DECREASE TURN-OVER RATES?

Table 23

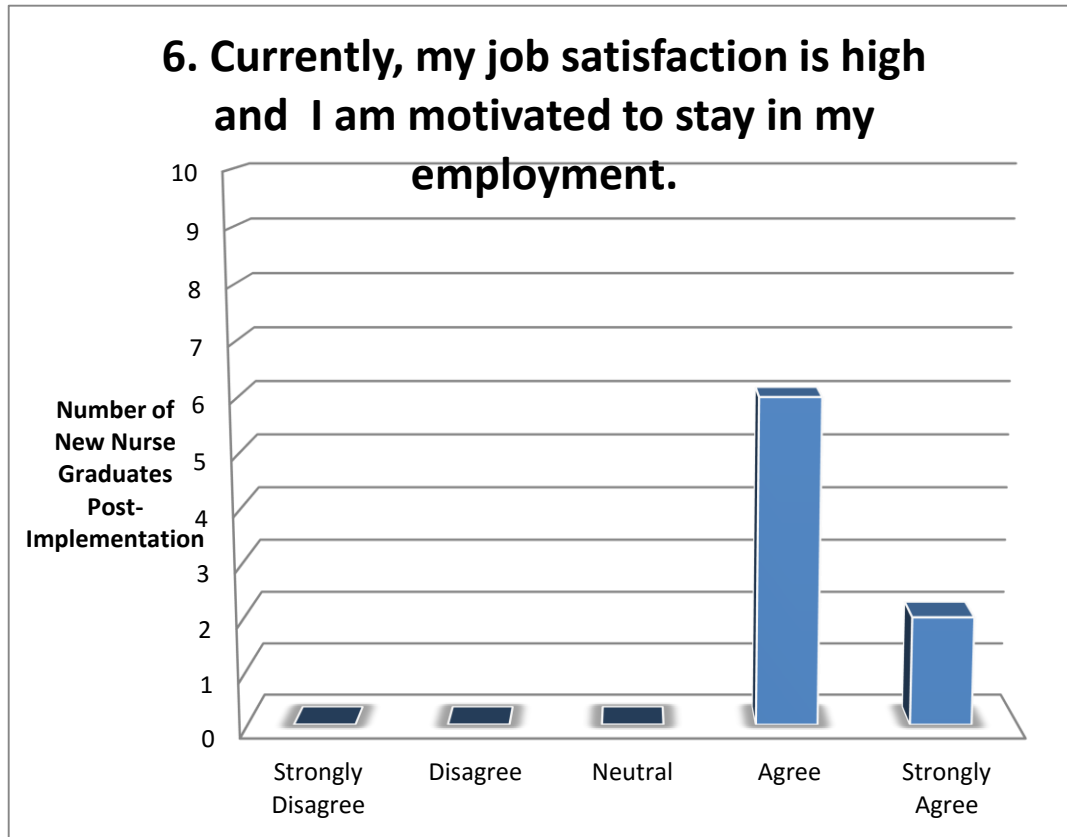
NNG Post- Implementation



CAN STUCTURED ORIENTATION FOR NEW NURSE GRADUATE THROUGH
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Table 24

NNG Post- Implementation



APPENDIX E. STATEMENT OF ORIGINAL WORK

Academic Honesty Policy

Capella University's Academic Honesty Policy ([3.01.01](#)) holds learners accountable for the integrity of work they submit, which includes but is not limited to discussion postings, assignments, comprehensive exams, and the dissertation or capstone project.

Established in the Policy are the expectations for original work, rationale for the policy, definition of terms that pertain to academic honesty and original work, and disciplinary consequences of academic dishonesty. Also stated in the Policy is the expectation that learners will follow APA rules for citing another person's ideas or works.

The following standards for original work and definition of *plagiarism* are discussed in the Policy:

Learners are expected to be the sole authors of their work and to acknowledge the authorship of others' work through proper citation and reference. Use of another person's ideas, including another learner's, without proper reference or citation constitutes plagiarism and academic dishonesty and is prohibited conduct. (p. 1)

Plagiarism is one example of academic dishonesty. Plagiarism is presenting someone else's ideas or work as your own. Plagiarism also includes copying verbatim or rephrasing ideas without properly acknowledging the source by author, date, and publication medium. (p. 2)

Capella University's Research Misconduct Policy ([3.03.06](#)) holds learners accountable for research integrity. What constitutes research misconduct is discussed in the Policy:

Research misconduct includes but is not limited to falsification, fabrication, plagiarism, misappropriation, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting research results. (p. 1)

Learners failing to abide by these policies are subject to consequences, including but not limited to dismissal or revocation of the degree.

Statement of Original Work and Signature

I have read, understood, and abided by Capella University's Academic Honesty Policy ([3.01.01](#)) and Research Misconduct Policy ([3.03.06](#)), including the Policy Statements, Rationale, and Definitions.

I attest that this dissertation or capstone project is my own work. Where I have used the ideas or words of others, I have paraphrased, summarized, or used direct quotes following the guidelines set forth in the *APA Publication Manual*.

Learner name and date	Dara Kimery January 26, 2016
Mentor name and school	Dr. Lydia Forsythe Capella University