

# Wanted – New Graduates

Recruitment and Retention of New  
Graduate Nurses in a Rural  
Community Hospital

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# Nursing Shortage in Rural Healthcare

- Canadian Nurses Study (Tested Solutions for Eliminating Canada's Registered Nurse Shortage, May, 2009) projected that shortage of nurses will grow by almost five times over 15 years
- Areas most impacted are specialty clinical areas
- Severely impacted – rural health care with specialty practice!

# Context: Quinte Health Care

- 4 hospital organization primarily in rural communities
- Includes primary and secondary care for 4 communities with a population of approximately 100,000
- Total nursing population – approx 700 positions
- No academic nursing program with graduate registered nurses in vicinity; local programs graduate registered practical nurses and personal support workers

# Why the challenge?

- Rural migration of young people to urban centers
- New graduates typically drawn to larger tertiary care centers
- Infrastructure to support new graduates can be challenged
- Generalist clinical environment not addressed in undergraduate programs

# Health Human Resources

- 2006 – severe nursing shortages throughout organization, particularly in acute medical inpatient unit (30% vacancy rate)
- 2008 – shortages in critical care and ED nursing
- 2010 – shortages in operating room
- 2011 – shortages in critical care

# Solution 1. Partnerships with Academic Institutions

- Goal: to support QHC's future sustainability by strengthening relationships with academic institutions
- Results:
  - 2011- QHC coordinated 161 student placements with 10 separate colleges and universities in 6 disciplines
  - 2012- 25 4<sup>th</sup> year nursing preceptorship scheduled for spring, the largest number in QHC history

## Solution 2. New graduate guarantee initiative

- Purpose: to maximize this program as a recruitment tool for newly graduated nurses
- Results:
  - 2010-12 - QHC supported 22 new graduate nurses through NGGI
  - 17 (77%) secured permanent positions, with 3 in progress; possibility of achieving 91% permanent placement
- QHC has re-invested \$77,500 in nursing education, including ACLS and PALS

# Success to date

- From April 2011 to December 2011, we have hired a total of 69 new graduates, for a total of 12% of our total nursing staff
- Of these, 22 entered the organization through the new graduate portal
- High retention rates 97%
- Ability to support continued education and professional development beyond the new graduates (for example, ACLS, PALS)



# Challenges to the organization

- Orientation costs and support
- Preceptorship/Mentorship responsibilities
- Retention of new grads – building a community of learners
- Clinical student capacity – undefined

# What does it look like for our Nurses and colleagues?



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# Strategies

- Aggressive recruitment and relationship building with nursing schools
- New process in Human resources for screening resumes and acknowledgement
- Extending New Graduate Initiative beyond in-patient medicine
- Growing a Professional Practice Department (consisting of Nurse Educators) for support
- Previous Experience with “Internship Project” and gained learning for supporting novice nurses

# Strategies (continued)

- Changing expectations of orientation and support of new nurses (cultural change to a supportive environment) – a primary focus of clinical educators
- Corporate orientation redevelopment (annual for 3 years) – currently 6 days
  - Review of different services
  - Electronic documentation
  - Policies, best practice reviews, skills (blood products, IV, phlebotomy, central lines)
- Development of program specific orientations
- Further redeveloped for transition pool nurses
- Recruiting new graduates into critical care areas

# Strategies (continued)

- On-going Support and Education (touch points for educators and clinicians, group meetings)
- Review of policies to match expectations
  - Added Competencies
  - Development and involvement of Nursing Practice Committee
- Experience level of mentors – change from years of experience to focus on knowledge base and communication skills (i.e. mentorship ability)

# The Tools...

- Added Competency Checklists
- Competency Assessment Tools → “Learning Assessment Tools”
  - Competencies and Skills
  - Self-Assessment (Novice to Expert)
  - On-going assessment, and mentor/educator/clinician
- Learning Plans and Goal Setting Sheets
- Mentorship Guidelines
- Daily Journaling and Milestones

# All the paperwork...

**Learning Assessment Tool – In-Patient Medicine**

Name of Employee: \_\_\_\_\_

Name of Preceptor: \_\_\_\_\_

Name of Clinician/Educator: \_\_\_\_\_

Name of Manager: \_\_\_\_\_

**Grading Legend**


1	Novice	E	Employee (preceptee)
2	Advanced Beginner	P	Preceptor
3	Competent	C/E	Clinician/Clinical Educator
4	Proficient	M	Manager
5	Expert		
N/A	Not applicable at this time (has not had the opportunity to practice this function)		

Nursing Skill/competence	Self Evaluation (completed by employee prior to starting internship)	Mid-Preceptorship			End of Preceptorship			End of Probation		Performance Appraisal	
		E	P	C/E	E	P	C/E	E	M	E	

**1. Professional Behaviour/Ethics**

- Consider and respect patient's
- Obtain patient for nursing to current le standards, a
- Understand privacy and rights and responsibilities
- Recognize my practice assistance as
- Reflect on improve my

QUINTE HEALTHCARE CORPORATION



**Skills Checklist**  
Swallowing (Dysphagia) Screening Tool

Screeener Name: \_\_\_\_\_

Trainer Name(s): \_\_\_\_\_

Nursing Unit: \_\_\_\_\_

	#1	#2
1. Explained procedure to patient/family	<input type="checkbox"/>	<input type="checkbox"/>
2. Prepared with the following at bedside: teaspoon, cup, water, applesauce, oxygen saturation monitor, oral suctioning equipment set-up	<input type="checkbox"/>	<input type="checkbox"/>
3. Oral Care provided: cleaned patient's mouth to moisten and remove bacteria prior to screening	<input type="checkbox"/>	<input type="checkbox"/>
4. Evaluated patient's appropriateness for screening, prior to oral, intake utilizing Initial Assessment criteria	<input type="checkbox"/>	<input type="checkbox"/>
5. Positioned patient upright at 90°, with trunk in midline in bed or in a chair. Staff positioned at eye level for swallowing trials	<input type="checkbox"/>	<input type="checkbox"/>
6. Asked patient to produce a prolonged "ah" before and after each trial to evaluate for vocal quality changes	<input type="checkbox"/>	<input type="checkbox"/>

Nursing Mentorship

**Appendix 1 – Goal Setting and Mentorship Program Development**

Date: \_\_\_\_\_

Name of Nurse to be Mentored: \_\_\_\_\_

Name of Nurse Manager: \_\_\_\_\_

Name of Mentor: \_\_\_\_\_

Practice Issues Identified prior to Mentorship: \_\_\_\_\_

or to Mentorship, the nurse is expected to complete the following (check appropriate box):

Self-Assessment using the Learning Assessment Tool  
Self-Assessment using the College of Nurse's Competency Review Tool (2007)  
Date: \_\_\_\_\_

is of the Mentorship Program: \_\_\_\_\_

essment of Competency Tools to be used (check appropriate boxes below):

College of Nurse's Competency Review Tool  
Competency and Skill Checklist (Unit: \_\_\_\_\_)  
Date: \_\_\_\_\_

ituation Plan: \_\_\_\_\_

te for Evaluation Meeting: \_\_\_\_\_

ngth of Mentorship: \_\_\_\_\_

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# The New Graduate Experience



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# The New Graduate Experience

## Supports

- Mentor
- Corporate and nursing orientation
- In-services
- Educational days
- Career opportunities
- Bracken Library (Queen's University)
- Interdisciplinary Co-workers

# The New Graduate Experience

## Challenges

- Building confidence
- Familiarization with the surgical unit
- Transition into an RN

# The New Graduate Experience

## Highlights

- Adequate orientation
- Building relationships with co-workers
- Working with variety of inter-disciplinary professionals

# Supporting our Staff - The Mentor Experience



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# What our work conditions were...

- Limited granting of vacation time
- Job opportunities in all areas
- Burnout and fatigue – overtime and working short
- Very few extending educational opportunities
- Working with other initiatives, for example 70/30 (FT/PT)
- Basically no new graduates in work environment

# Working Conditions - Now

- Win/win environment for staff and new graduates
- New grads getting more mentoring and exposure to new experiences with less stress
- Building work relationships and teams
- Less overtime, less burnout, rarely working short
- Approved vacation
- Funding for educational needs of staff and education done on working day

# Mentor Learnings

- Staff satisfaction for all
- Staff learning from new grads, best practice and reviewing own practice (reflective practice)
- Formal orientation and mentorship guidelines and skill checklists for all hires
- Patient Satisfaction
- Renewed staff

# Challenges for Mentors

- Need for monitoring proper numbers for best learning opportunities, exposure and preventing fatigue
- Continuous evaluation of our mentoring program – are we meeting the needs?
- Are we remembering current hires job opportunities?



# Lessons Learned

- Tipping Points – the number of new graduates on a unit and the ability to match with a mentor
- Mentor Fatigue by staff nurses
- Redevelopment and re-evaluation of unit specific orientation – clearly articulating expectations to mentors
- Some strategies didn't work (for example, Bi-weekly meetings)
- Manager engagement in progress discussions – start this early

# Where do we go from here...

- Mentorship and Preceptorship training
- Financial considerations for on-going recruitment and orientation costs
- Investigating social media opportunities (developing a community of support for the new graduates who may also be new to the rural settings)

# Questions



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