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The Effects of a Dedicated Education Unit on Nurse Retention and Turnover

Cherilyn Campbell

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THE EFFECTS OF A DEDICATED EDUCATION UNIT ON
NURSE RETENTION AND TURNOVER

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A doctoral project submitted in partial fulfillment
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Doctor of Nursing Practice

School of Nursing
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Abstract

Despite the fast growth of healthcare jobs in the United States, there is a deficit in the nursing workforce. Literature has shown high nurse turnover within the first year as a new graduate nurse. Healthcare organizations will need to explore innovative ways to impact nursing retention and turnover to keep up with the growing demand. The purpose of this Doctor of Nursing Practice (DNP) project is to perform and evaluate a comprehensive review to determine the effect of a dedicated education unit (DEU) on nurse retention and turnover within an academic-practice partnership.

Literature has shown the benefits of the DEU on nursing education and clinicals within schools of nursing but there is a gap regarding the benefit of the DEU for the academic practice partner. This DNP project will begin to show the benefits of the DEU prepared new graduate nurse on retention at the academic practice partnership organization and can be utilized as a starting point for more in depth and comprehensive concurrent reviews.

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Dedication

I stand in humble amazement at the amount of support that I have received from so many people in my life. In moments when I couldn't see the potential or the possibilities of what could be accomplished, I was given strength to move forward. I thank each of you for that. There was no louder, persistent person in my corner than my husband, Rodney Campbell. I dedicate this project to you. Thank you for your love, support, encouragement, and sacrifices that it took to complete this journey. This project is a testament and reminder that even through times of trials and tribulations, remarkable things can be accomplished. Finally, to my family, especially my parents Karen Cardenas and Gregory Wilhelm, thank you for your encouragement, your understanding, and your belief in everything that I do.

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Chapter I: Introduction

The National Council of State Boards of Nursing (NCSBN) reports that there are over 5 million active registered nurses (RN) in the United States (NCSBN, 2021), which is a growth of fewer than 130,000 since 2020. The World Health Organization (WHO) estimated that to meet the demands of healthcare reform and the expanded role of the nurse in all areas of nursing, there would need to be a workforce increase of 20% over the next two decades (WHO, 2017).

Although healthcare jobs are reported to have the fastest growth, between 15-26% annually (Nei et al., 2015), by 2026, the demand for nurses will exceed that growth estimate (Alexander & Johnson, 2021). Kiel (2020) estimates that by the year 2025, there will be a 500,000 registered nurse shortage. This deficit could be attributed to several factors, including the increased demand for healthcare workers and a challenge in the retention of nurses once they enter the workforce (Nei et al., 2015). To maintain safe and quality care for patients, organizations must find new and innovative ways to retain their workforce, especially within the first year of licensing (Brook et al., 2019).

Problem and Significance

Nurse retention and turnover have become a key issue in the growth and improvement of national and global health policy (WHO, 2017). Studies have shown that turnover impacts patient safety and quality (Nei et al., 2015) and that the most vulnerable time for turnover is within the first year of licensing and employment (Brook et al., 2019). On average, nurse turnover is at 8.4%, with voluntary turnover within the first year at 27.1% (Kiel, 2020). Nurse turnover creates a financial strain on any healthcare organization. In 2007 the cost of turnover, including the impact on hospital productivity and patient quality and safety, was \$82,000-\$88,000 per nurse (Silvestre et al., 2017). Furthermore, vacancy rates cause care disruptions,

sometimes leading facilities to understaff or unstaff beds, leading to care disturbances and decreased care quality and safety (Hisgen et al., 2018).

Nurse turnover creates a financial strain on an organization (Brooks et al., 2021) and can also impact the culture and satisfaction in the workplace (Keith et al., 2021). Current studies present generalized ways to impact satisfaction and, thus, retention positively, but they are broad in their explanations (Brook et al., 2019). Nurses within their first year are particularly vulnerable to feeling overwhelmed, transitioning from student nurses to new graduate nurses (NGN) (Zhang et al., 2016). The increased number of NGN hired in the workplace due to the perceived nursing shortage (Tyndall et al., 2019) adds to the turnover rate of nurses within that first year of employment. Finding ways to decrease this frustration during employment transition may reduce turnover, thereby increasing retention.

Creating a Dedicated Education Unit (DEU) within an academic-practice partnership may assist with the transition of student nurses to the hospital workforce. Dapremont and Lee (2013) identified that a benefit of the DEU model is to better prepare student nurses to transition to the registered nurse role. In the DEU model, staff nurses are trained to be clinical instructors for nursing students (Dapremont & Lee, 2013), thus creating an academic and practice relationship between student nurses and staff nurses. Students learning in a DEU setting report better relationships and collaborations with the nurses who act as their instructors (Moore & Nahingan, 2013). While some data are available within the particular partnership that is the focus of this project, a comprehensive review to determine the effect of the DEU on nurse retention and turnover is needed. Data from this review may provide supportive data about the DEU as related to nurse retention and turnover and in doing so, facilitate strategic planning for both entities.

Purpose

The purpose of this Doctor of Nursing Practice (DNP) project is to perform and evaluate a comprehensive review to determine the effect of a DEU on nurse retention and turnover within an academic-practice partnership.

Table 1

Definition of Terms

Term	Definition
Dedicated Education Unit (DEU)	Model of nursing education that utilizes partnerships with a practice partner to devote a unit to a cohort of nursing students. The goal being to immerse students into clinical experienced by utilize practice partner staff to act as instructors.
DEU New Graduate Nurse (DEU NGN)	A newly licensed registered nurse (RN) who participated at the practice partner site as part of the DEU.
Non-DEU New Graduate Nurse (Non-DEU NGN)	A newly licensed registered nurse (RN) who received education via a traditional model and was not part of the DEU at the practice partner site.
Clinical Designated Instructor (CDI)	Registered nurse at the practice partner site who has been selected and trained by the partnering school of nursing (SON) to function as a clinical instructor for nursing students within the DEU.
Traditional Model	Model of nursing education in which faculty employed by the academic institution school of nursing (SON) oversee the clinical education of a cohort of student nurses at a practice facility.
Magnet® Accreditation	A designation by the American Nurse's Credentialing Center (ANCC®) recognizing organizations that are able to meet the five forces of Magnet® <ol style="list-style-type: none">1. Transformational Leadership2. Structural Empowerment3. Exemplary Professional Practice4. New Knowledge and Innovation5. Empirical Quality Outcomes

Chapter II: Literature Review

This chapter presents an extensive review of the available body of research applicable to this DNP project's topic and to identify gaps in the current literature. Also included will be a section describing available data from the practice site for this project.

The search for studies published between 2016-2021 using the Cumulative Index of Nursing and Allied Health Literature (CINAHL) and Elton B. Stephens Company (EBSCO) databases was conducted in three sections. The first section focused on nurse retention and turnover, the second on academic partnerships related to recruitment, and the third on the DEU model. All searches were limited to studies conducted within the United States involving registered nurses. See Appendix A for a complete Table of Evidence.

Section one of the literature review resulted in 76 articles and utilized the keywords “nurse retention”, “turnover”, and excluded “residency programs.” After eliminating articles that were not directly relevant to the focus of this study and articles that were duplication of data, 21 articles were selected for review. Out of these 21 articles, eight provided quality background information on the topic, and the remaining thirteen addressed strategies and interventions that impact nurse retention.

The second section focused on the keywords “academic partnership,” “nursing,” and “recruitment,” with the same limitations as the previous search. Eighteen articles were identified, and ten were excluded as duplications in another literature search or irrelevancy to the project. Five articles were reviewed for this topic.

The literature review of the keywords “dedicated education unit” or “DEU” and “model” yielded 52 articles. After eliminating duplicate articles and articles not related to this study, seventeen articles were selected for review. Nine articles addressed the development and

implementation of the DEU, and eight discussed the impact of the DEU on nursing education and transition to practice.

Nurse Retention and Turnover

As the need for healthcare increases, there is also a need for an increase in caregivers. The 69th World Health Assembly in 2016 recognized the global challenge of a healthcare workforce deficit and called for a worldwide rise to action for sustainable goals (WHO, 2016). One strategy presented was an investment directly into the healthcare workforce to improve nurse retention and satisfaction.

The WHO predicts 3.9 million registered nurses (RN) in the United States, with an estimated one million added in 2020 (Haddad et al., 2020). However, despite employment opportunities for nurses growing 15% faster than any other job field (Haddad et al., 2020), the estimated RN shortage will reach 500,000 nurses by the year 2025 (Kiel, 2020; Keith et al., 2021) and by 2026, demand will still outpace these growth estimates (Alexander & Johnson, 2021).

With the retirement of the boomer generation nurses and the advent of the millennial generation nurses to the workforce, nursing turnover has increased in the past few years (Keith et al., 2021). Kiel (2020) and Thew (2019) found that turnover rates among new nurses are rising. A 2007 study by Price Waterhouse Coopers reported average overall hospital turnover rates of 8.4%, with voluntary turnover rates of 27.1% of RNs leaving within their first year (Kiel, 2020). Additional data from a Press Ganey survey, reported by Thew (2019), shows the turnover intention of RNs leaving their job within the year as 21%. The 2019 NSI National Health Care Retention & RN Staffing Report reported hospital turnover rates of 17.2%, with 55.3% of participating hospitals reporting RN vacancy rates of 7.5% (Kester, 2020; Shaffer & Curtain,

2020). Along with turnover rates comes concerns regarding patient safety and quality. An increase in turnover could lead to a rise in staffing ratios, which has led to increased patient morbidity and mortality rates (Haddad et al., 2020). Additionally, an increase in hospital-acquired infections and quality of care concerns could occur (Keith et al., 2021; Hisgen et al., 2018).

Staff turnover affects patient safety and quality and could create a budgetary crisis across healthcare organizations (Keith et al., 2021). Bontrager et al. (2016) found that orientation costs per nurse can range between \$22,000 and \$64,000 based on specialty and education needs. Regarding recruitment, prices are estimated to be \$418-\$591 per day per RN to recruit for an RN and the average fill time is 82-90 days (Hisgen et al., 2018). These costs can accumulate, costing hospitals \$4.4 to \$6.9 million per year (Shaffer & Curtain, 2020).

Brook, et al. (2019) noted that organizations must find new and innovative ways to retain their workforce to maintain safe and quality care for patients, especially within the first year of licensing. The systematic review that the authors conducted identified that preceptorship, mentoring, a positive orientation process, and opportunities for advancement are what are needed for nurse retention (Brook et al., 2019). Providing support from preceptors and mentors to newly hired nurses decrease anxiety and apprehension during the transition period (Gazaway et al., 2016). Mentorship programs such as the one initiated by Krofft and Stuart (2021) hope to decrease turnover intention by focusing on fellowship and transition. Although this study was not successful due to the pandemic, studies presented by Bontrager et al. (2016) and Silvestre (2017) found that preceptorship can lead to new nurses feeling a sense of group cohesion which then leads to decreased turnover intention.

In the following studies, improved job satisfaction and job embeddedness were posed as solutions to increase retention. Nei et al. (2015) literature review on nurse turnover found that the concept that a healthy workplace environment is a more significant predictor of nurse retention than is assumed predictors such as salary. As NGN hired in the workplace increase, Tyndall et al. (2019) identified that the new millennial generation of nurses strongly needs to feel supported and immersed in the workplace environment. The authors proposed the idea of job embeddedness being essential to decrease the turnover rate of nurses within that first year of employment. These findings were echoed in a study by Reinhardt et al. (2020), who surveyed 700 nurses to identify areas that impact turnover intention. Of the 258 nurses who responded, there were significant correlations that intention to stay was affected by job embeddedness and a positive workplace environment (2020). Another systematic review conducted by Al Zamel et al. (2020), found that job satisfaction was the main contributor to turnover intention. Therefore, leadership interventions should focus on creating a healthy work environment. To support these results, hospital leadership should focus on improving job satisfaction by creating positive practice environments that highlight joy at work while mitigating burnout (Dans & Lundmark, 2019). Strategies to accomplish this task include clear communication, frequent and consistent recognition, authentic leadership, and involving staff in decision-making and collaboration (Kester, 2020).

Dedicated Education Units: Perception and Impact

The DEU was developed to increase student nurse enrollment while securing stable, quality clinical rotation sites (Rusch, Beirmann, Schoening, Slone, Flott, Manz, & Miller, 2018; DeMeester, 2016). The DEU also created opportunities to develop academic partnerships between schools of nursing and healthcare facilities (Dorcy et al., 2016). These partnerships

established mutually beneficial outcomes for both students and hospital staff. Within the DEU model, clinically experienced staff nurses operated as clinical dedicated instructors (CDI) for a dyad of students on their unit (Bryant, 2020). University faculty functions as a resource for the student and the nurse preceptors (Schechter et al., 2017). Preparation for the DEU is multifaceted and involves all the critical stakeholders, including hospital administration, school of nursing administration, faculty, leaders, and nursing staff (Dorcy et al., 2016).

The transition from the traditional style of clinical nursing education where the school of nursing (SON) faculty is the primary educator to the DEU model requires planning and training. Faculty interviewed about their experience transitioning to the DEU model shared that the most important themes for the transition are: preparation, adaptation, and creation of a modern style of learning (DeMeester, 2016). In addition, Rusch et al. (2018) presented two studies that explored the change in the faculty role in the transition to a DEU model. SON faculty in these studies found that the creation and use of a guide that defined the roles and responsibilities of the faculty, CDI, and student helped the transition process.

One of the SON faculty's roles was to educate the CDIs on their role within the DEU. Although the CDIs were selected based on their experience and clinical skills, the expectation for them to know how to be an instructor or preceptor for students should not be assumed. A study conducted by Good (2020) observed that there was no consistent curriculum used within the DEU model to train CDIs. The question was posed on whether formal online educational modules would benefit the CDIs and the student. Through this study, CDIs were given a survey before and after a formal online module training was provided. The study established that CDI felt more prepared and competent to instruct students and the students experienced an increase in satisfaction in the quality of instruction they were provided.

Another role of the faculty is to function as mentors and consultants to students. The students involved in a quasi-experimental study measuring their perception of confidence and competence while in the DEU worked closely with the faculty and CDIs through three semesters of DEU clinical experiences (Schechter et al., 2020). The results proved to be inconclusive, but there was improvement across all areas that were evaluated.

While literature shows that the DEU model impacts the opinion of both students and the clinical instructors on the student's preparedness, there is also a correlation between participation in the DEU and successful transition to the workforce. Moore and Nahingan (2016) found that students who were learning in a DEU setting reported better relationships and collaborations with the nurses who function as their instructors. The article suggested that the quality of their clinical experience would lead to a more comfortable transition after graduation. Another study by Dorcy et al. (2016) illustrated that the collaboration between the DEU and healthcare facility created a transition to practice model that accelerated critical thinking leading to a successful transition as a NGN. The findings were further supported by Heidelberg et al.'s (2017) pilot study, which showed that practicing nurses felt that DEU-prepared student nurses were more prepared to enter practice. The study discussed that the DEU model allowed student nurses to develop more critical thinking in real patient scenarios, which increased the confidence of the student nurse entering the workforce and led to a more positive transition. Three other studies published in 2017 found that the perceptions of staff and students aligned with the ideas that the DEU created a positive learning environment, supported professional growth and development, engaged staff-student relationships, and resulted in improved critical thinking skills, confidence, and transition readiness for the students (Glynn et al., 2017; Jones et al., 2017; Koharchik et al., 2017). In more recent studies, the DEU has continued to show benefits for student preparation

for practice. Students in a 2019 study were found to have an increase in knowledge base, critical thinking, self-confidence, and self-efficacy as compared to traditional nursing students (Vnenchak et al., 2019), while another study in 2020 showed statistically significant findings that students within the DEU environment felt more confident in the practice environment and more supported by the nursing staff (Dimino et al., 2020). However, despite these findings, there is no specific studies linking the DEU to nurse retention.

Although DEUs are most commonly found in adult acute care settings, the program's success has prompted other nursing areas to investigate this model. One of the first areas that looked to expand the DEU was maternal-child services. Raines (2016) discussed the experience of one hospital system's implementation of the DEU into their maternal-newborn unit. The advantages that were experienced echoed the successes of the DEU in other areas. The unit experienced strong academic partnerships, professional growth for the clinical staff, and improved patient safety and quality outcomes. Additionally, nursing students were introduced to this specialty area.

The added benefit of introducing nursing students to areas of nursing that are not commonly experienced during clinical rotations has enticed other nursing settings to investigate the implementation of a DEU. Areas such as hospice and palliative care (Chmura, 2016), long-term care facilities (Fox, 2017), public health settings (Frie et al., 2020), and mental health (Schoening et al., 2021). In addition to the benefits seen in other DEU settings, these studies found that the DEU brought attention to areas of nursing that are not typically sought after in new graduate nursing. In this way, the DEU operated as a strategy to recruit nurses. The studies conducted by Chmura (2016) and Shoening et al. (2021) also presented an opportunity for students to become more comfortable with mortality and mental health.

The sustainability of the DEU is the next step in the DEU journey. Lapinski and Ciurzynski (2020) pondered how to improve and sustain the current DEU model at one clinical site. The challenge observed was a disconnect between the SON and the healthcare facility due to turnover of leadership and staff, disconnection of goals, and consistent communication and evaluation. The authors found dissatisfaction on the part of the university and the healthcare facility. A literature review was completed to research best practices within the DEU, and a collaboration redesign meeting was held with all the stakeholders. Issues and concerns were discussed, and all parties realigned to a mutually beneficial mission, vision, and goals. The study found that continuous collaboration and needs identification, such as CDI training and support, was needed to maintain successful academic partnerships.

Academic Partnerships

Academic partnerships foster interfacility collaboration to meet goals and strategic plans (Burman & Fahrenwald, 2018). In rural areas, these collaborations bring a greater understanding of socioeconomic disparities that exist. Partnerships between a SON and healthcare facilities can help align goals to meet the care needs of the community (Burman & Fahrenwald, 2018). In Kentucky, implementing a practice agreement between the University of Kentucky healthcare system and a SON led to an increase in community relationships, nursing research, and successful recruitment, transition, and retention of NGN (Heath & Schwartz, 2017). Partnerships created among SON and non-traditional healthcare settings, such as community-based primary care facilities, still show an increase in recruitment and retention, leading to improved patient outcomes (Humphrey Beebe et al., 2019).

The academic partnership between a SON and a healthcare facility, created with the DEU, strives to decrease, and eliminate negative experiences for students and staff. Building the

academic partnership between the DEU and the hospital relies on the agreement and understanding of a shared mission, vision, and values (Lapinski & Ciurzynski, 2020). The collaboration between the DEU and hospital creates a unique transition to practice model that leads to the successful transition of new graduates to the workforce (Dorcy et al., 2016). The hospital can hire new graduates who already have clinical experience within their system (Brooks et al., 2021), which leads to decreased new graduate turnover and increased retention (Dorcy et al., 2016).

Available Data from the DNP Project Site

The academic medical center (AMC) chosen for this project is a public, non-profit 564-bed level one burn and trauma teaching hospital. Academic partnerships are in place with various schools of learning, including the SON at a public university. Students at the partnering SON complete a nursing program that encompasses four levels prior to graduation. While all nursing students completed their fundamentals of nursing clinicals within level one using the traditional clinical model at this site, in 2018, the SON and AMC collaborated to implement the DEU model into two areas for nursing clinicals during levels two and three. The DEU was established on a medical/surgical unit for level two students and an intermediate care/critical care unit for level three students. Initially, the AMC committed to two days a week for both sites. However, due to the COVID-19 pandemic, clinical days for the level three DEU were decreased to once a week. In addition, the location was changed to a different medical/surgical unit specializing in transplant, flaps, and gender confirmation surgeries.

Hiring practices at the AMC include the recruitment of experienced as well as NGN. The AMC has committed to hiring a maximum number of fifteen to twenty new graduate RNs twice a year into their nurse residency program recognized by the American Nurse Credentialing

Center (ANCC) for their practice transition accreditation program (PTAP). Hiring cohorts would be planned for January and September of each year. Bryant (2020) presented a proposal that would allow the AMC to utilize the DEU academic partnership as a pipeline for newly graduated RNs familiar with the facility and may require a shortened onboarding process. The rationale would be that students who have been a part of AMC's DEU units have a basic and working knowledge of the electronic record, policies, and procedures, the organization's culture, and already feel a sense of job embeddedness. These factors have all been identified by new graduate RNs in their turnover retention, especially during their first year or two of practice (Kester, 2020; Tyndall et al., 2019)

Summary

As the need for healthcare services increase due to an aging population, the demand for nurses will outpace the 15% growth potential in the field (Alexander & Johnson, 2021). With turnover rates between 8.8-37%, strategies to enhance nurse retention are needed. Studies have shown that the most common way to decrease turnover is by improving job satisfaction, including job embeddedness, workplace culture, and collaboration (Gazaway et al., 2016; Keith et al., 2021; Vardaman et al., 2019).

One innovative way to impact nurse recruitment and retention is within academic partnerships in the development of the DEU. Academic partnerships have been shown to improve nurse retention, decrease recruitment costs, and improve patient safety and quality outcomes (Brooks et al., 2021; Humphrey Beebe et al., 2019). In addition, facilities that have successfully implemented the DEU have reported that NGN hired out of the program exhibit an elevated level of confidence and competence in areas such as critical thinking organization, prioritization, and autonomy as compared to other non-DEU NGN (Dimino et al., 2020).

This project will take a closer look at the DEU's impact on nurse retention at the selected AMC.

Chapter III: Conceptual Framework

The Magnet® concept was the impetus for and the conceptual framework chosen to underpin and guide this DNP project.

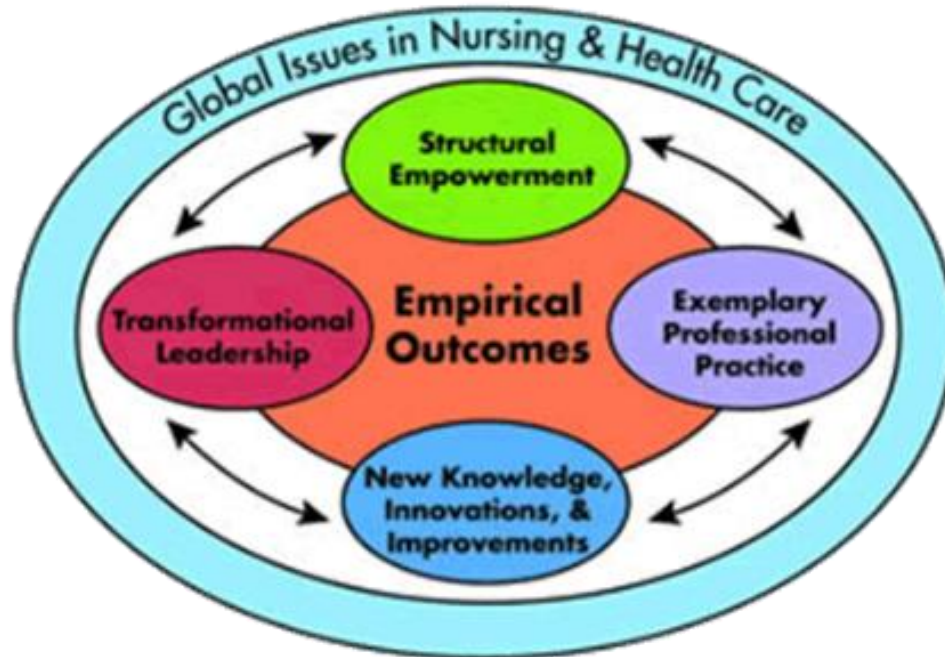
Since there is a gap in the literature on the long-term impact the DEU has on nurse retention, these concepts will be used to feature ways that the information can be synthesized and used in the future. This chapter will discuss an overview of the Magnet® concept as it applies to this DNP project.

The Magnet® Concept

The Magnet® Recognition program was founded twenty-five years ago to recognize hospitals that had been able to maintain a stable, competent workforce during times of extreme nursing shortages (Graystone, 2018). The hospitals were evaluated to identify common qualities that allowed them to achieve high retention; these fourteen qualities became known as the forces of magnet (FOM).

The program underwent improvements and updates based on input from stakeholders and the needs of the nursing community. In March of 2005, redundant FOMs were eliminated and decreased to seven. The FOMs were again evaluated in 2007 and reduced further to the current Magnet® model of five FOM (Figure 1). These five FOMs are transformational leadership, structured empowerment, exemplary professional nursing practice, new knowledge innovation and improvements, and, finally, empirical quality outcomes (Wolf et al., 2008).

Figure 1: Magnet® Forces of Magnet



The current Magnet® concept continues to impact nurse retention positively. Graystone (2018) presented several examples of Magnet® facilities being able to decrease nurse turnover. For example, the Ohio State University Comprehensive Cancer Center (OSUCCC) saw an increase in nurse applicants and reduced their turnover rate, currently 9%. Leadership at OSUCCC attributes their success to the elevation of nursing practice that the Magnet® designation brings. Other facilities highlighted in the article attribute their retention to the high quality of standards and reputation that a Magnet® designation brings. Additionally, staff at Magnet® facilities report job satisfaction fostered by positive, transformational leadership exhibited by nurse leaders (Bormann & Abrahamson, 2014).

Transformational Leadership

The strength of a transformational leader is in the ability to motivate and inspire others to see a future vision (Pearson, 2020). Magnet® organizations utilize transformative leaders to create innovation and ideas that will advance the organization into the future (Wolf et al., 2008). In addition, transformative leaders engage staff nurses in practice changes (Shaughnessy, et al., 2018). This level of collaboration and involvement has been shown to increase staff job satisfaction and decrease turnover intention (Bormann & Abrahamson, 2014; Kester, 2020).

The academic partnership between the SON and the AMC would not have been forged if not for both parties' transformative leaders. The future of the relationship and any future benefits of the partnership may be in part to the continued efforts of these leaders.

Structural Empowerment

Organizations require a solid foundation based on their mission, vision, and goals to achieve success (Wolf et al., 2008). For some Magnet® organizations, structural empowerment comes in the form of shared governance (Clavelle et al., 2013). Shared governance is a model in which staff and leadership collaborate to impact nursing practice and workplace culture. In general, any activity which focuses on staff development and strategic planning can create structural empowerment (Wolf et al., 2008). The study by Clavelle et al. (2013) found a strong correlative link between shared governance activities and perception of a healthy nurse practice environment.

Continued improvement of the practice partnerships between the SON and AMC may realign a shared mission, vision, and goals to move the program forward into sustainment (Lapinski & Ciurzynski, 2020). Involvement in a DEU setting has been shown to lead to staff nurses' professional growth and development (Jones et al., 2017). Any avenue that allows staff

nurses to participate in a collaborative role to achieve their organization's mission, vision, and goal can lead to job satisfaction.

Exemplary Professional Nursing Practice

The role that nursing plays in the care, communication, and satisfaction of patients and the rest of the healthcare team is at the core of this Magnet® concept (Wolf et al., 2008).

Professional practice models describe what guides and shapes nursing practice within an organization. The goal is to provide safe, quality patient care while maintaining patient satisfaction (Meier et al., 2019). To achieve this, organizations should incorporate staff nurses into the development and implementation of new practices. Allowing nurses to be involved fosters the collaborative spirit and leads to staff autonomy and satisfaction, which is also a part of this criterion. Organizations should also focus on staff well-being and recognition to foster staff engagement and satisfaction (Kester, 2020).

In addition, high turnover rates have been shown to affect the safety and quality of patient care (Silvestre, 2017). Academic partnerships have been an innovative solution to decreasing turnover by focusing on retention, thereby improving patient quality of care (Humphrey Beebe et al., 2019). The DEU is another strategy that has been used to improve nurse retention. SON graduates who have participated in the DEU and have been hired into the same facility start with organizational-specific foundational knowledge that leads to a smoother transition to practice. Being comfortable in the job environment and feeling a sense of job embeddedness decreases the NGN's intention to leave their position (Vardaman et al., 2019).

New Knowledge, Innovation, and Improvements

Continuous improvement is the goal of the Magnet® organization and it is the next logical step in the designation process after creating a solid professional practice model (Wolf et al., 2008). This category also includes quality improvement, nursing research, evidence-based practice, and the dissemination of knowledge (Tinkham, 2013).

The data obtained from the comprehensive review to determine the effect of a DEU on nurse retention and turnover within an academic-practice partnership would be new knowledge. In addition, the data evaluated would provide insight into future recruitment and retention strategies at the AMC.

Empirical Outcomes

The last component of Magnet® is empirical outcomes. All the previous components influence this area, but this area is the least weighted in determining Magnet® status (Wolf et al., 2008). The concept behind this component is moving the field of nursing forward and making improvements and innovative strides (Ponte, 2013). Organizations are encouraged to collaborate with patients, families, interdisciplinary teams, community leaders, nursing staff, leadership, and any other stakeholders involved in advancing patient care practices.

Chapter IV: Methods and Procedures

This chapter presents the methods and procedures of this project, the purpose of which was to perform and evaluate a comprehensive review of the effect of a DEU on nurse retention and turnover within an academic-practice partnership. In addition, this chapter specifically describes the design, setting, population, sample, procedures, measurement instrument, data analysis, key stakeholders, resources, personnel, cost, timeline, threats and barriers, and ethics of the project.

Design, Setting, Population, and Sample

A retroactive review and analysis were utilized for this project. The project's setting was an inner-city AMC in the Southwestern region of the U.S. The population of interest was all NGN at the AMC. The sample consisted of student cohorts from the SON who were educated in the DEU method of clinical education at the AMC since 2018 and all other NGN hired at the AMC during this same time, but not in the SON's cohorts.

Procedures and Measurement Instrument

New graduate nurses, including both DEU and non-DEU participants hired since the start of the DEU at the AMC were identified, and project-related data were collected. Data collected included (a) the year the NGN was hired; (b) whether the NGN had DEU clinical experience at the AMC; (c) whether the nurse was still employed at the AMC; (d) which unit the nurse was hired into; (e) if the nurse is still employed, which unit the nurse is currently working on. If the nurse has since separated from the AMC, the year the nurse left, and when available, the reason for leaving was collected from an organizational exit interview.

A general qualitative survey was developed and administered to all NGN (DEU and non-DEU educated) who have retained their employment at the AMC. Three additional questions

(numbers 10, 11, 12 below) were also asked of the SON DEU NGN only. This survey, along with other employment data, served as the measurement instrument for this project. The general survey included the following questions:

Think back to when you were first hired:

1. What helped you the most to get you to where you are today?
2. What were some of the barriers that you faced?
3. Did the preparation during your clinical rotations as a student help with your transition?
 - a. If yes, how?
 - b. If no, why not?
4. Did the logistical aspects of the job, such as the electronic health record, directions, policies, and procedures, etc., affect your performance?
5. Did you feel supported during your transition by your peers?
 - a. If yes, how?
 - b. If no, what support was lacking?
6. Did you feel supported during your transition by your leadership?
 - a. If yes, how?
 - b. If no, what support was lacking?
7. How long did it take for you to feel a sense of belonging?
8. What are your reasons for staying in your current position?
9. Do you plan to be at this facility in the next three years? Five years?
10. How did being a part of the DEU affect your transition?
11. Did being a part of the DEU help you with the logistical transition?
12. Did the DEU prepare you for the expectations of the new graduate experience?

The information gathered by the surveys was used for a year-by-year retention comparison of NGN educated within the DEU with those NGN from traditionally educated programs (i.e., non-DEU) for the past five years.

The surveys were developed using Google Forms, one for non-DEU NGN (Appendix C) and one for DEU NGN (Appendix D). Each of the 31 NGN received a link to one of the surveys via email and was voluntarily asked to complete it within ten days. The responses were anonymous. The survey was closed at the end of the ten days, and the data were analyzed.

Data Analysis

Descriptive statistics, including frequencies and percentages, were used to analyze and present all retention data between DEU and non-DEU educated nurses. Data were collected and analyzed by unit, quarter, year, and cumulatively from 2018 through 2021.

A qualitative analysis was completed on the survey answers to identify themes and frequencies of responses. Percentages were examined to determine differences between the DEU and non-DEU new graduate groups.

Key Stakeholders

The key stakeholders for this project were identified and included nursing leaders and executive leadership at the AMC and the SON. It was reasonable to assume that maintaining a mutually beneficial academic partnership between the two organizations impacts faculty, students, staff nurses, nurse leaders, hospital leadership, and patients. Additionally, the continued success and growth of the DEU may create a pipeline for high-quality NGN to provide care for the patients at the AMC.

Scope of Project

The benefits of the DEU to nurse transition to practice and retention were evaluated in this project. It was anticipated that the impact of the DEU on nurse retention at the AMC since the advent of its DEU program through 2021 would be positive.

Resources, Project Personnel, Cost, and Timeline

The DNP project's author collected data from the SON and AMC. All data were entered into an Excel spreadsheet and cross-referenced between groups. No other personnel resources were used, but some collaboration with SON's administration and AMC's administration and staff were needed.

There were no costs associated with this project. The timeline for the collection and data analysis was three months.

Threats and Barriers

This project's author identified no direct threats and barriers throughout this project. The academic partnership between the AMC and SON created a collaborative spirit when gathering data and information regarding student cohort and new graduate nurse hires.

However, initial delays with the project proposal resulted from the impact of COVID-19 on healthcare facilities. In addition, this author's responsibilities during the COVID-19 pandemic hindered the initial development of the project proposal and plan.

Ethics

There were no ethical issues identified involving human subjects in this project. An Institutional Review Board (IRB) exemption was obtained from the SON's University. Approval was also obtained from the Nursing Research & Evidence Based Practice Council, and the IRB at the AMC. The approval letters are included in Appendixes E, F, and G.

Chapter V: Results

This project aimed to perform and evaluate a comprehensive review to determine the effect of a DEU on nurse retention and turnover within an academic-practice partnership. This chapter presents the project's results in text and graphic representation.

Beginning in 2018 (the start of the DEU model) through 2021, 35 NGN were hired, 31 are still employed (Figure 2), 23 of the 31 newly employed nurses graduated from traditional SON education models, and eight were DEU graduates. Of the 35 NGN, four resigned as of December 2021, three were non-DEU graduates, and one was a DEU graduate (Figure 3). All four nurses of those who resigned, were initially hired on different nursing units.

The first non-retained nurse was hired in October 2019 and left the organization in 2020 to relocate to another state. The second non-retained nurse, a DEU graduate, was hired in October 2018 and left the organization in May 2021 for a case management position at another facility amid COVID staffing. The last two non-retained nurses were hired in February 2021 and left the organization six months after being hired. One of these last two nurses left due to a family emergency, and the other went to a different facility during COVID staffing.

The remaining 31 new graduates received surveys via email, and 22 anonymous responses were completed for a return rate of 71% ($N = 22$). Sixteen responses were from non-DEU graduates and six from DEU graduates (Figure 4). The sex of the respondents was equally divided between male and female (Figure 5), with an age range of 23 to 38 years old (Figure 6).

Figure 2: AMC NGN Hires 2018-2021

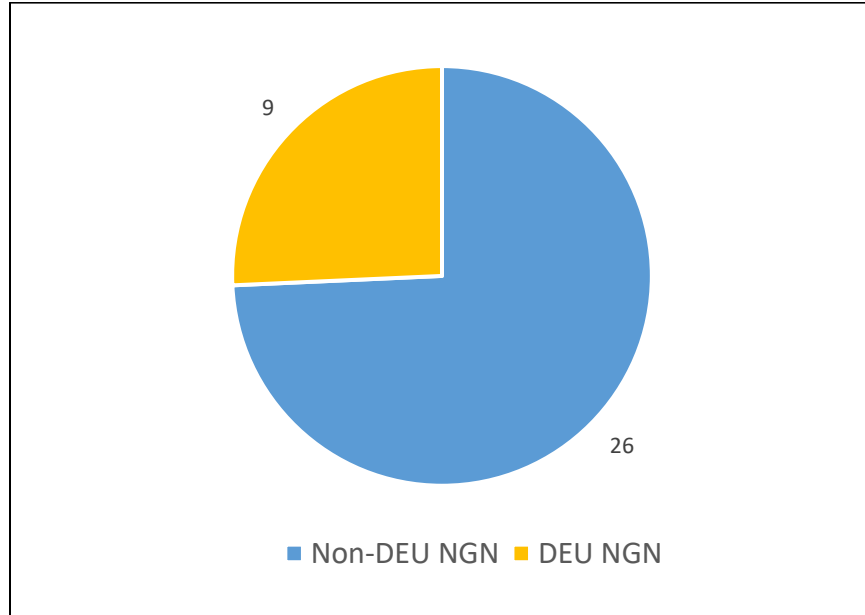


Figure 3: AMC Number of NGN Retention and Turnover

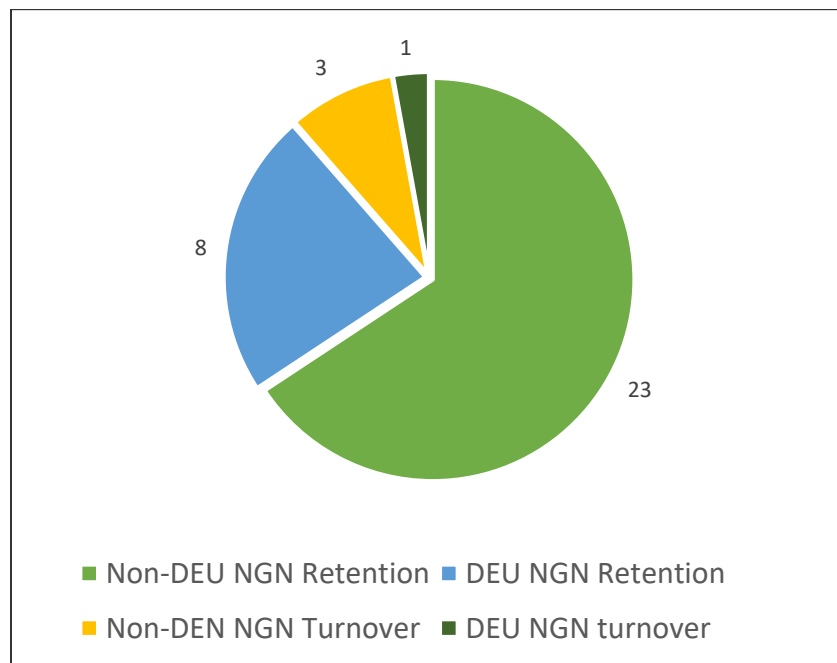


Figure 4: AMC NGN Respondents

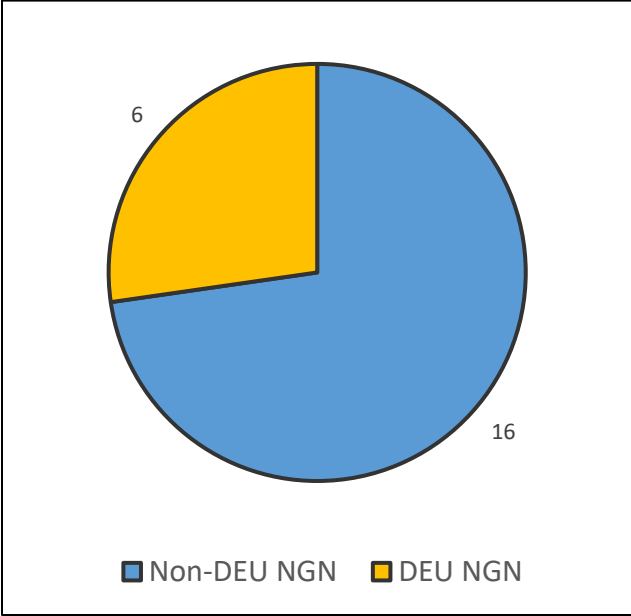


Figure 5: AMG NGN Demographics

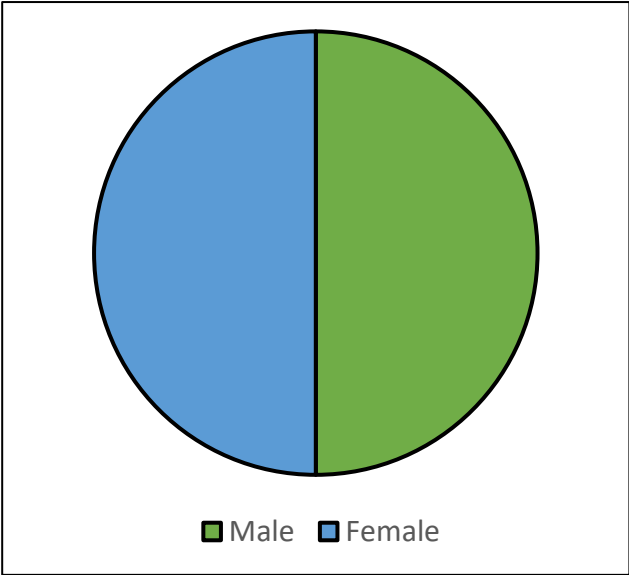
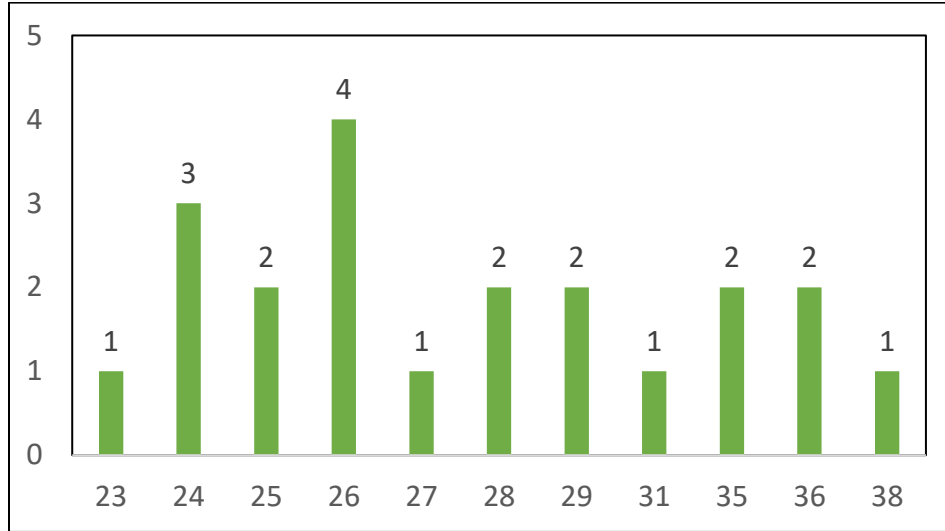


Figure 6: AMC NGN Age



Eleven nurses were hired in 2018, three of which were DEU graduates; three nurses were hired in 2019, all of which were DEU graduates, and eight nurses were hired in 2021, all from traditional SON models (Figure 7). Out of the 22 responses, four nurses had worked in healthcare before being hired as a new graduate nurse (Figure 8), and none were DEU NGN. Experience ranged from six months as a nurse at a subacute facility to nine years as a licensed practical nurse (LPN). The other two new graduates had experience as a certified nurse assistant (CNA) and a medical assistant (MA) (Figure 9).

Figure 7: AMC NGN Respondent Year of Hire

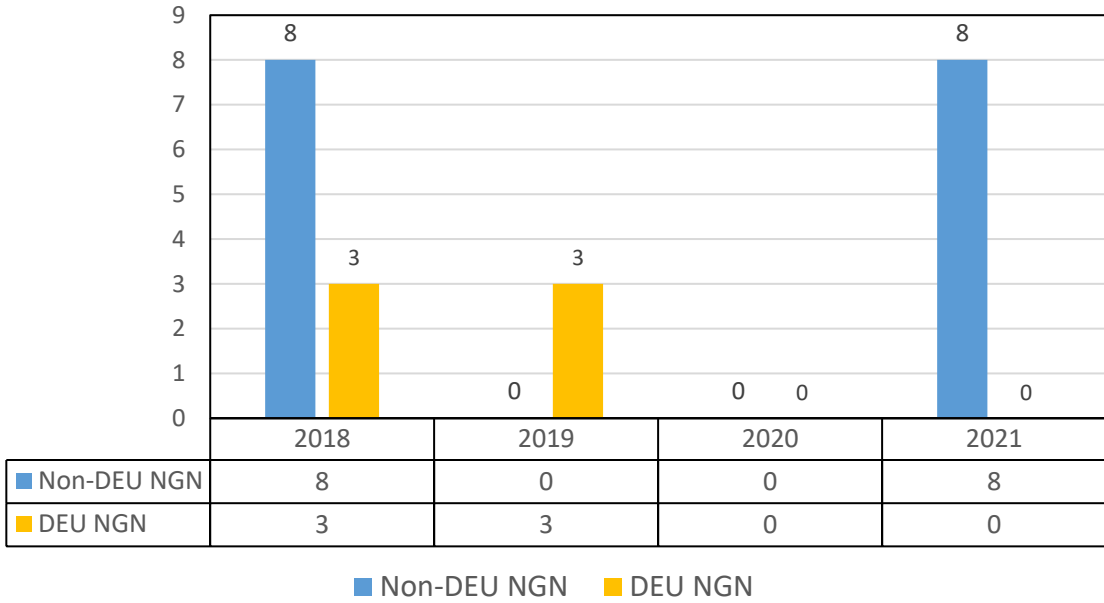


Figure 8: NGN Previous Health Care Experience

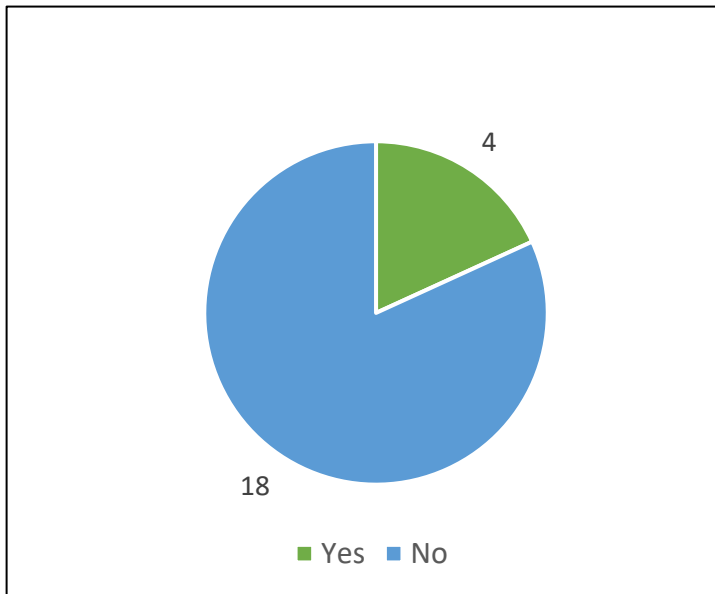
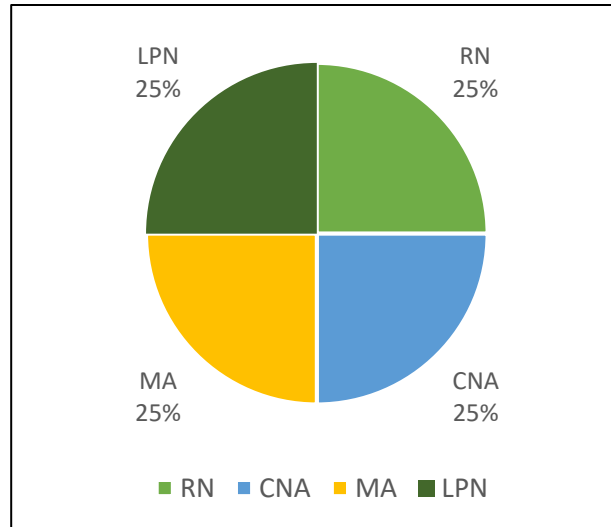


Figure 9: Type of Previous Health Care



The NGN were asked to think back to when they were hired as NGN for the survey questions. The responses were analyzed for all respondents and then broken down further into the subcategories of DEU, and non-DEU NGN hires. The themes with the highest percentage of responses will be presented relative to each survey question.

The Identified Themes per Survey Question

What helped you the most to get you to where you are today?

There were 34 responses from the 22 participants, and each response was categorized into themes to quantify the answers (Figure 10). There were ten distinct categories of responses, and the most common response identified the NGN's preceptor as the most helpful in their transition to practice. Of the total responses, 32.4% mentioned preceptors. Preceptors were also the response most common among non-DEU new graduates at 36% and were tied with coworkers for DEU NGN with 22.2% each.

What were some of the barriers that you faced?

There were 33 responses ($N=33$) over 18 categories from the participants (Figure 11). Responses were again categorized and quantified. Overall, time management was the most significant barrier, with four out of the 22 or 12.1% of NGN identifying it. At 11.1%, Non-DEU NGN identified time management and lack of support from coworkers as considerable barriers. However, being offered a new graduate position (33.3%) is what DEU NGN identified as their most significant barrier.

Did the preparation during your clinical rotations help with your transition? Did the logistical aspects of your job, such as the electronic health record, directions, policies, and procedures, etc., affect your performance?

Out of the 26 responses ($N=26$) to this question, 76.9% stated that it did, and 23.1% said it did not (Figure 12). Of the 23.1% who did not feel that their clinical rotation in their nursing program assisted with the transition, 50% was attributed to the decreased clinical time due to COVID while in school. Of the NGN who felt that their clinical rotation did help with their transition, 34.6% of total respondents and 35% of the non-DEU NGN identified the clinical skills gained as a student as the key factor to their success. Although DEU NGN also identified their clinical skills as part of their success at 33.3%, most of the DEU respondents, 66.7%, determined that their successful transition was because of their DEU clinical rotations at the AMC. Additionally, most of all the NGN felt that the logistical aspect of the job did not affect their performance during their transition (Figure 13).

Did you feel supported during your transition by your leadership? How long did it take for you to feel a sense of belonging?

A high percentage (90.9%) of NGN felt leadership supported them through the process (Figure 14). 69.6% of the total responses, 58.8% of the non-DEU NGN, and 100% of the DEU NGN identified general overall support from leaders as the most helpful. Regarding how long it took NGN to feel a sense of belonging on their units (Figure 15), 45% of total responses and 50% of non-DEU NGN felt a sense of belonging after four to six months. 50% of DEU NGN felt a sense of belonging immediately after joining the team.

What are your reasons for staying in your current position? Do you plan to be at this facility in the next three years? Five years?

The NGN was then asked for their main reason for staying at the AMC and whether they plan to remain there in three to five years (Figure 16). There were 32 total comments ($N=32$) from the 22 respondents. 37.5% of total responses, 34.6% of non-DEU NGN, and 50% of DEU NGN mentioned their peers and the overall team as reasons for staying at the AMC. Regarding the NGN's plans to remain at the AMC, 100% of those surveyed said they plan to stay employed at the AMC (Figure 17).

How did being a part of the DEU affect your transition? Did being a part of the DEU help you with the logistical transition? Did the DEU prepare you for the expectations of the new graduate experience?

The above three survey questions were asked of only the DEU NGN ($N=6$) and assessed the impact of the academic partnership between the AMC and DEU on NGN transition to practice. There were six DEU NGN who participated in the surveys. Regarding how the DEU affected their transition, 66.7% of the DEU NGN stated that the familiarity with their hiring units

and their RN peers was the most significant way the DEU affected their transition (Figure 18). The other 33.3% attributed the familiarity with the electronic record and policy and procedures as instrumental in their transition. In addition, all six DEU NGN reported that logistical understanding made their transition smoother (Figure 19). Finally, all six said that being a part of the DEU at the AMC prepared them for the expectations of an NGN (Figure 20).

Figure 10: Most Helpful to NGN During Transition

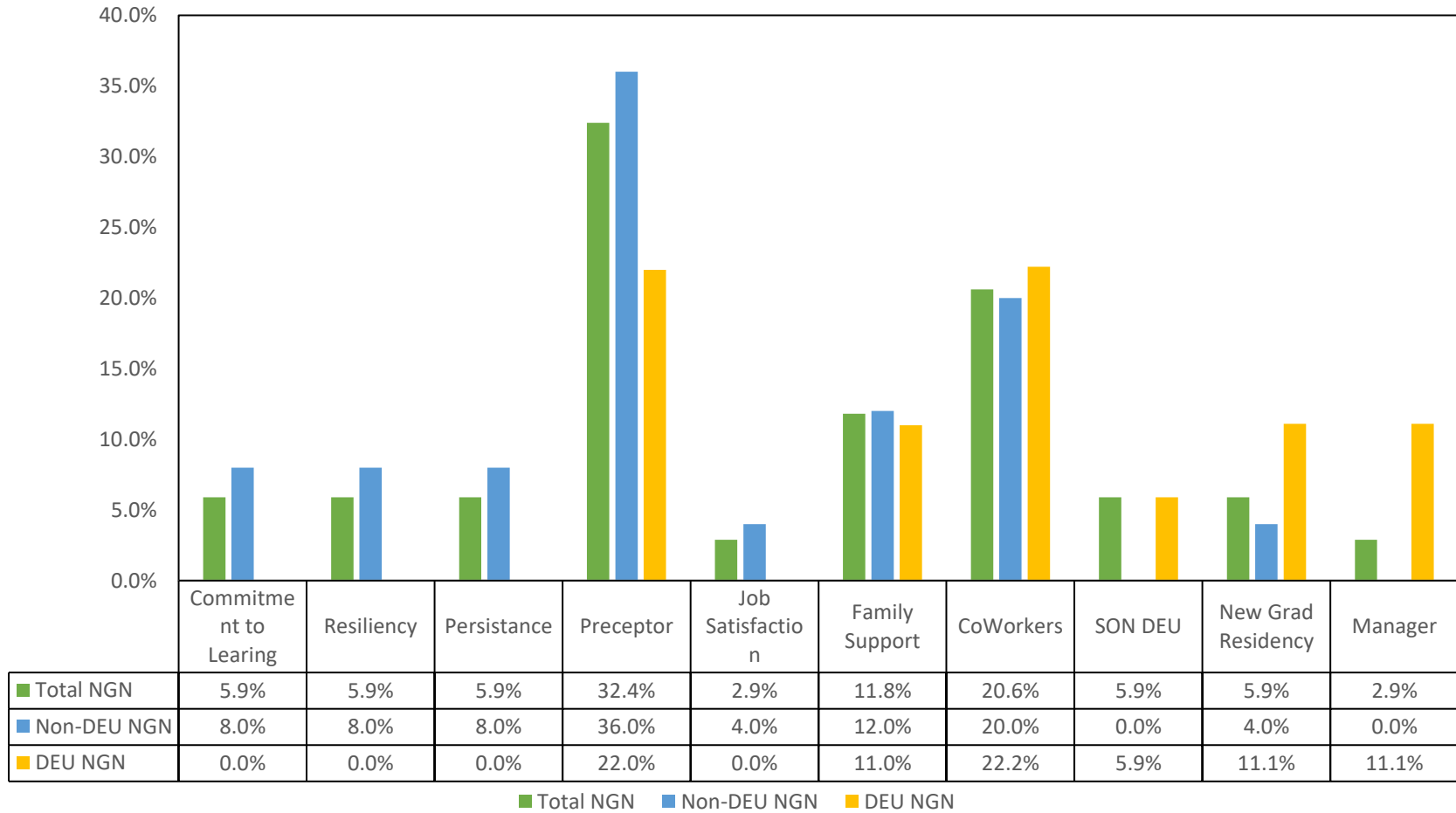


Figure 11: Barriers NGN Faced During Transition

Barriers Faced During Transition

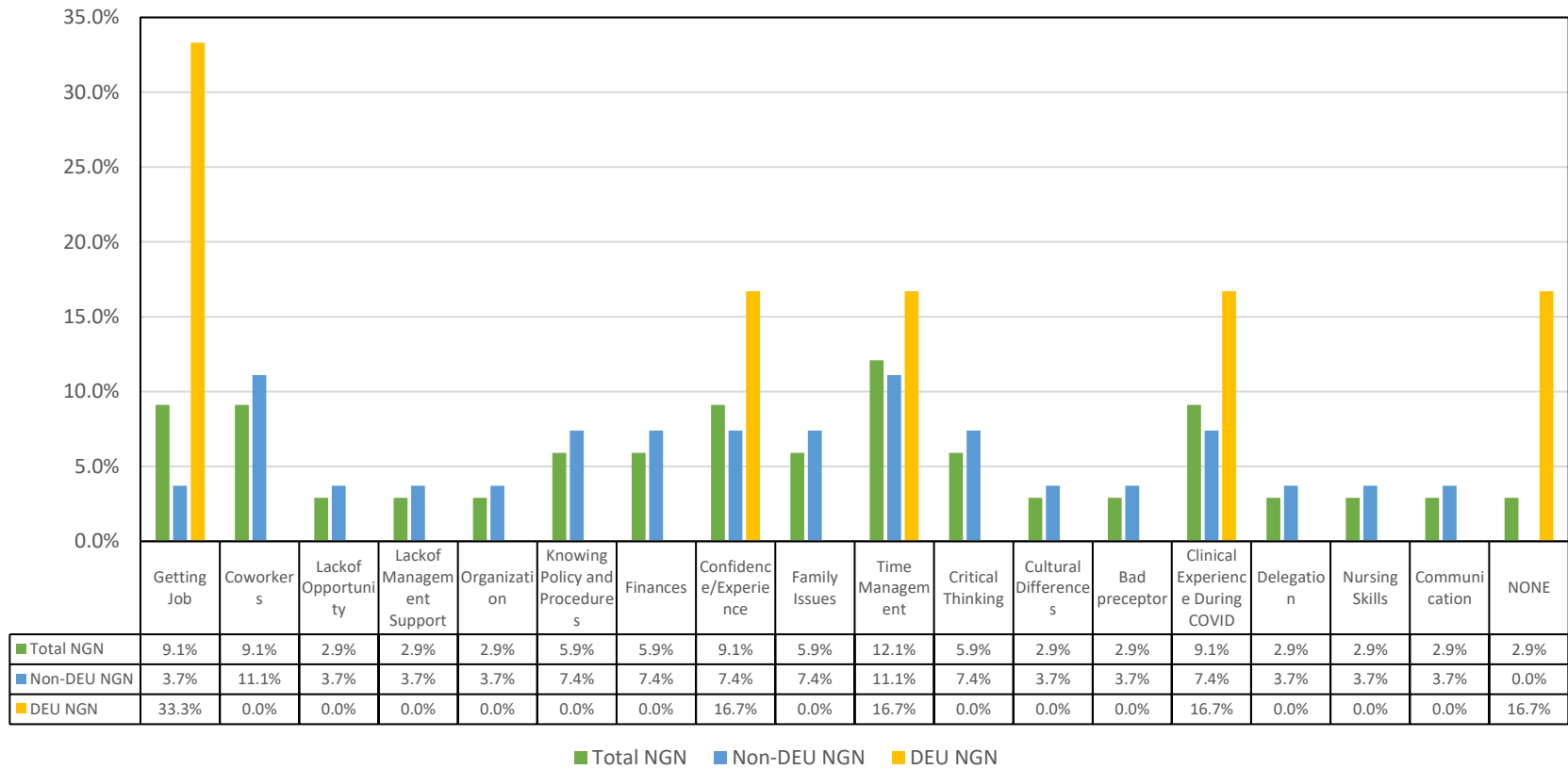


Figure 12: NGN Clinical Rotation Help with Transition

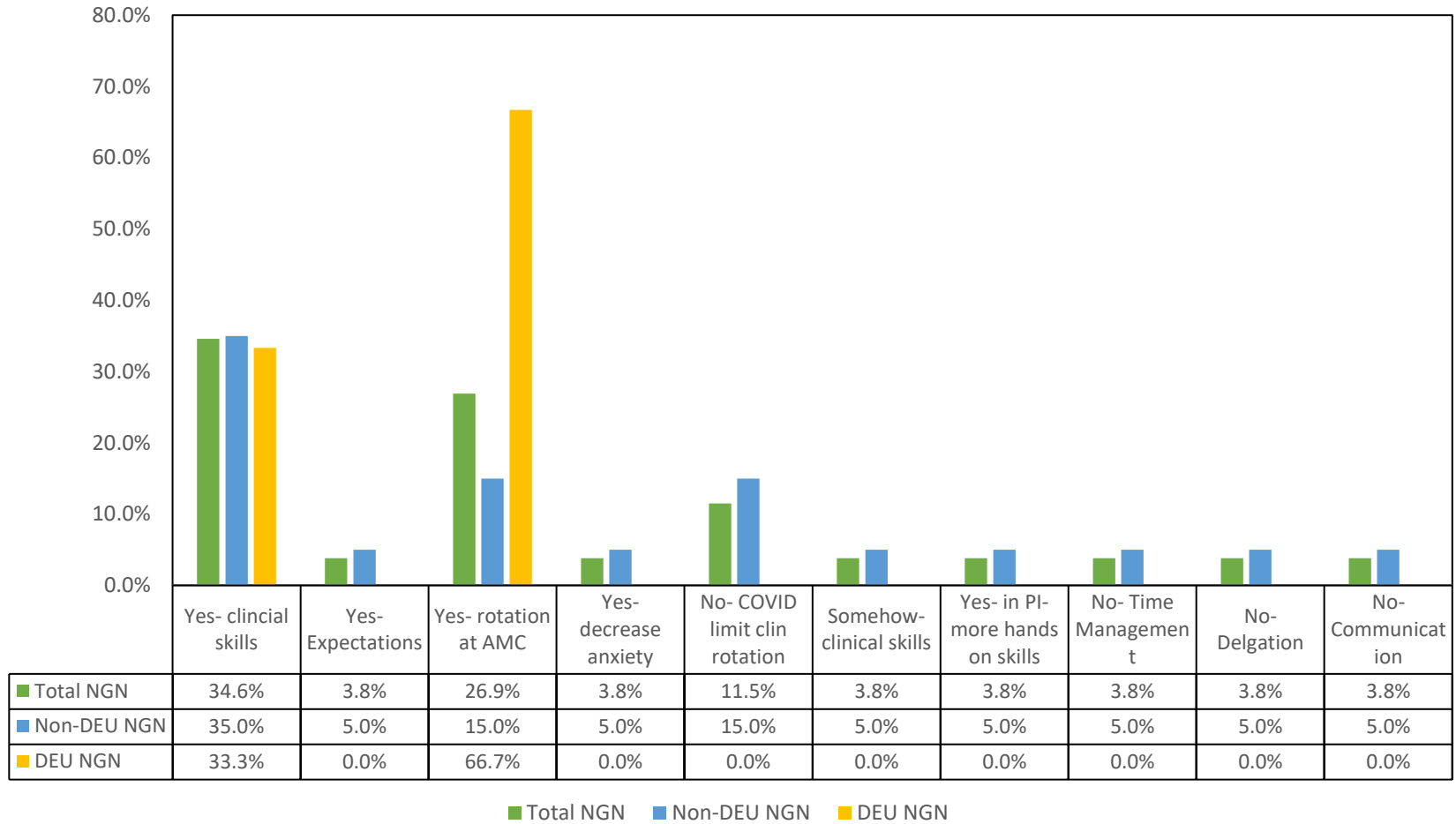


Figure 13: Logistics Impact to Transition

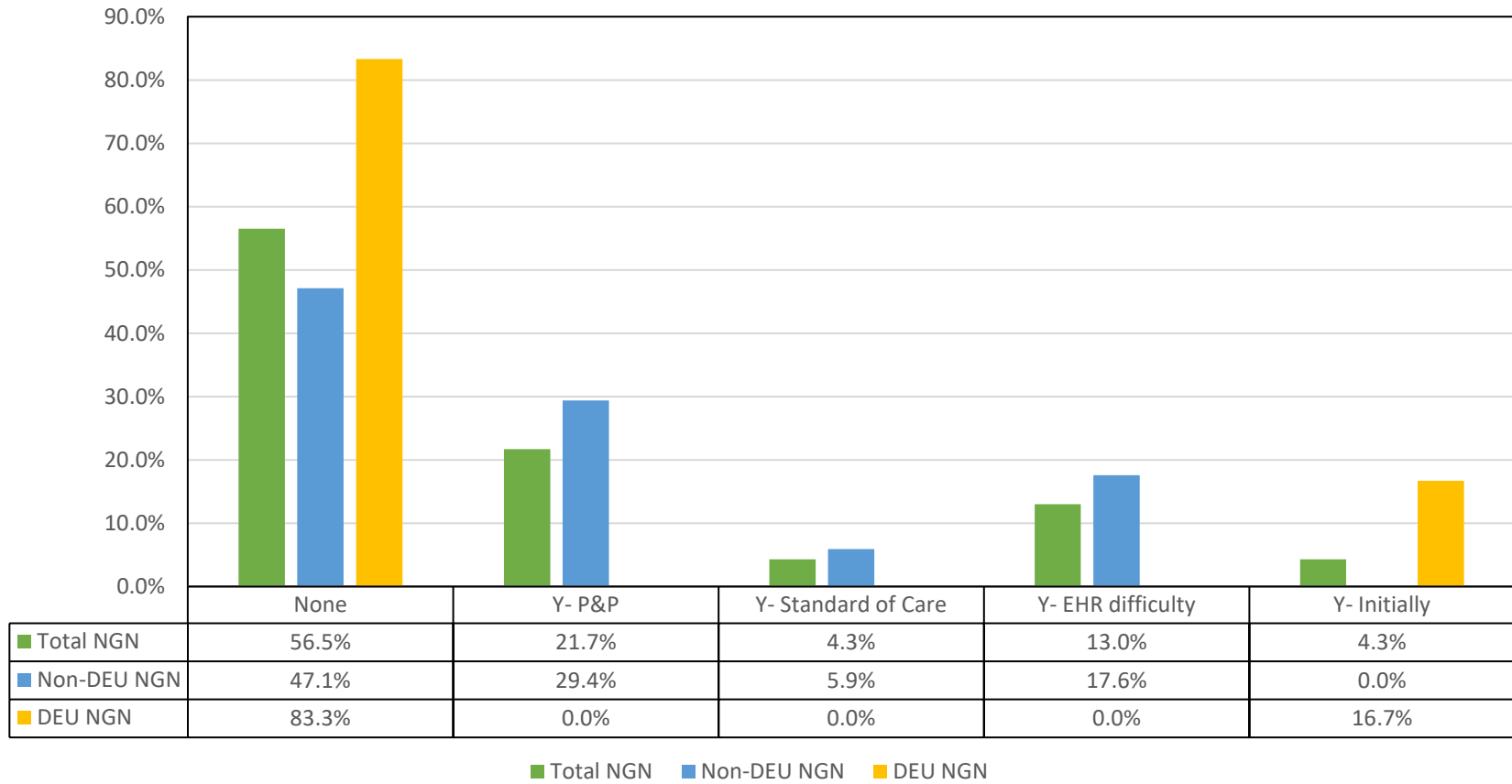


Figure 14: Leadership Support During Transition

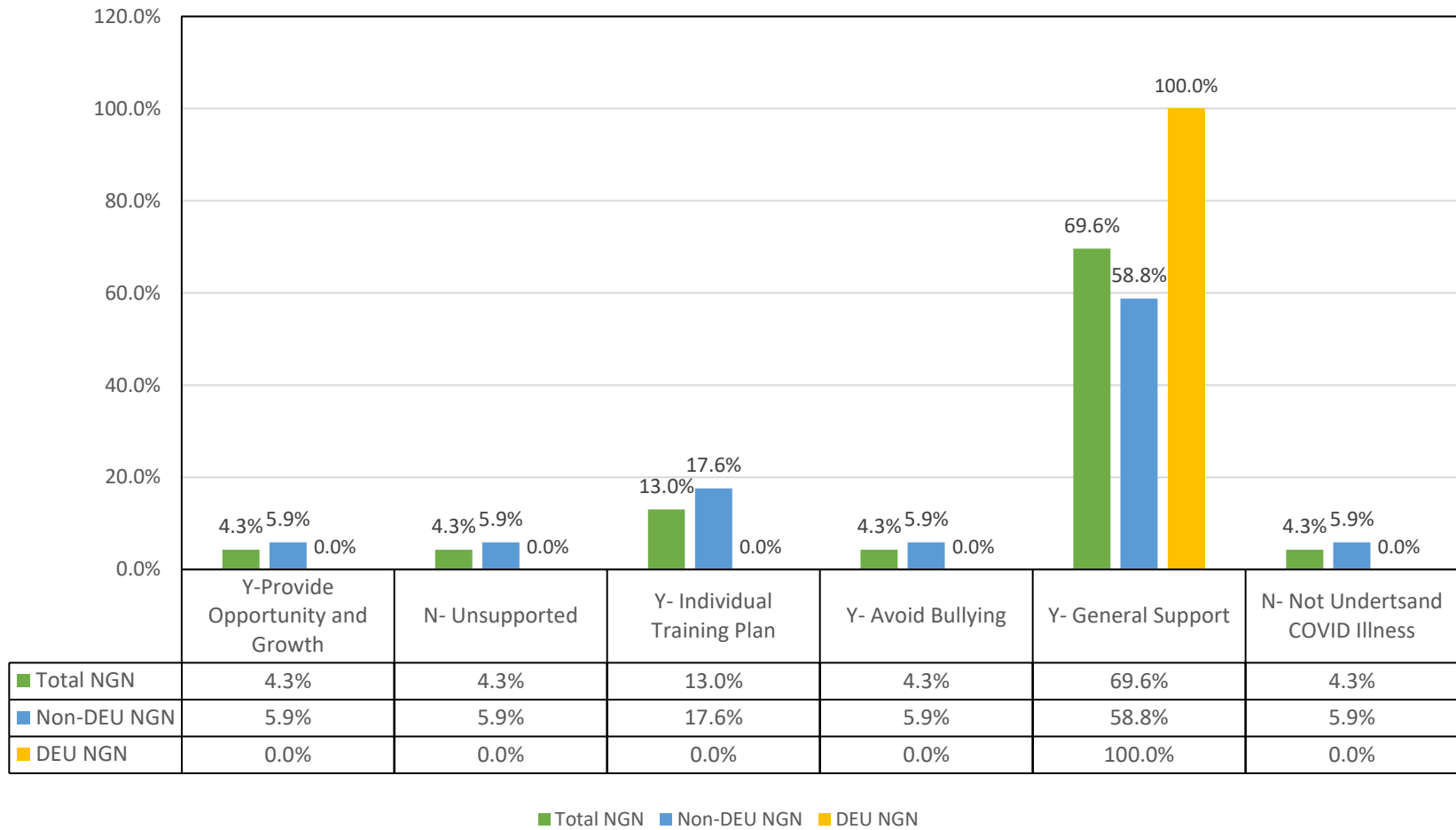


Figure 15: Time Until Sense of Belonging

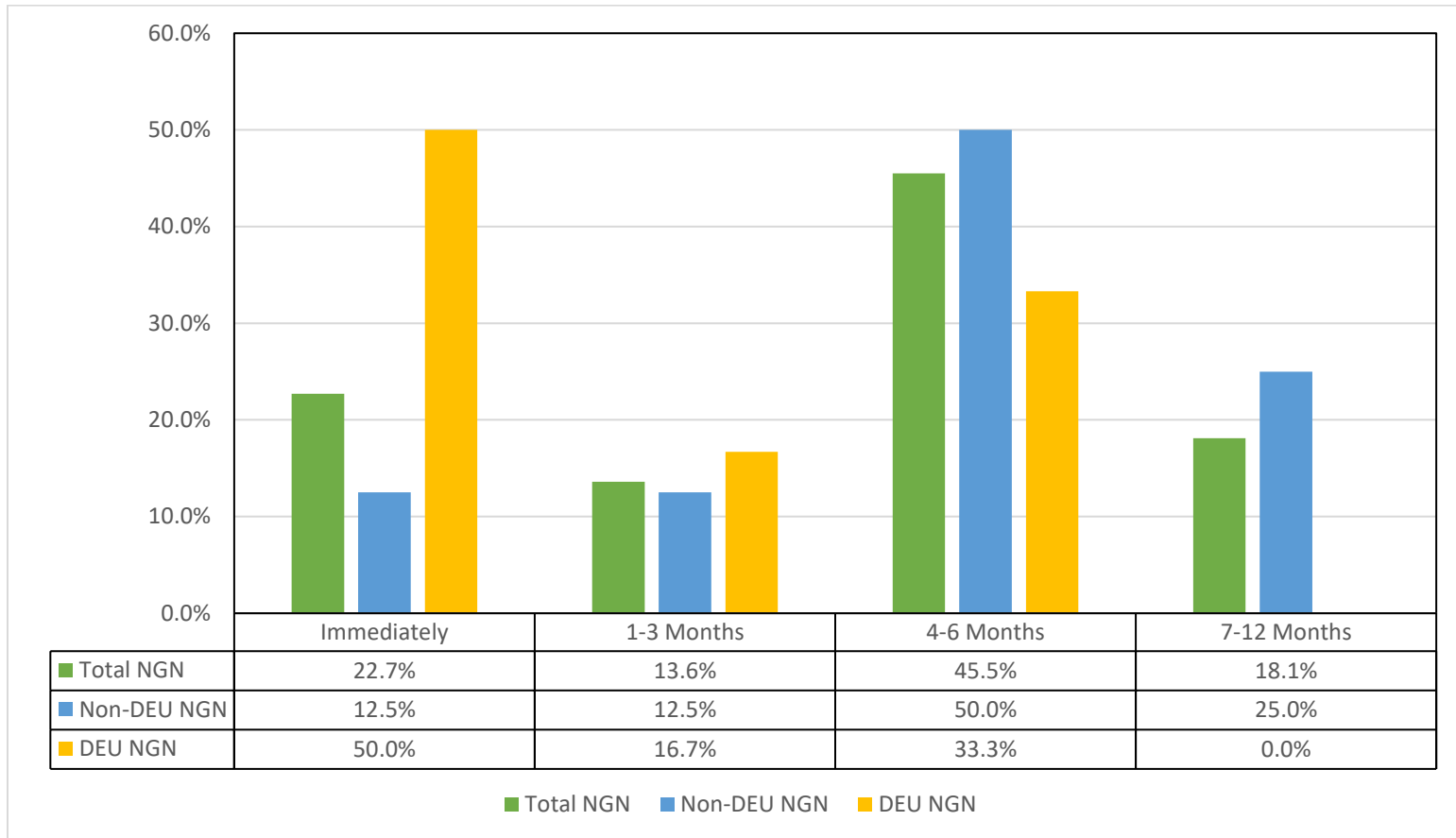


Figure 16: AMC NGN Retention Reasons

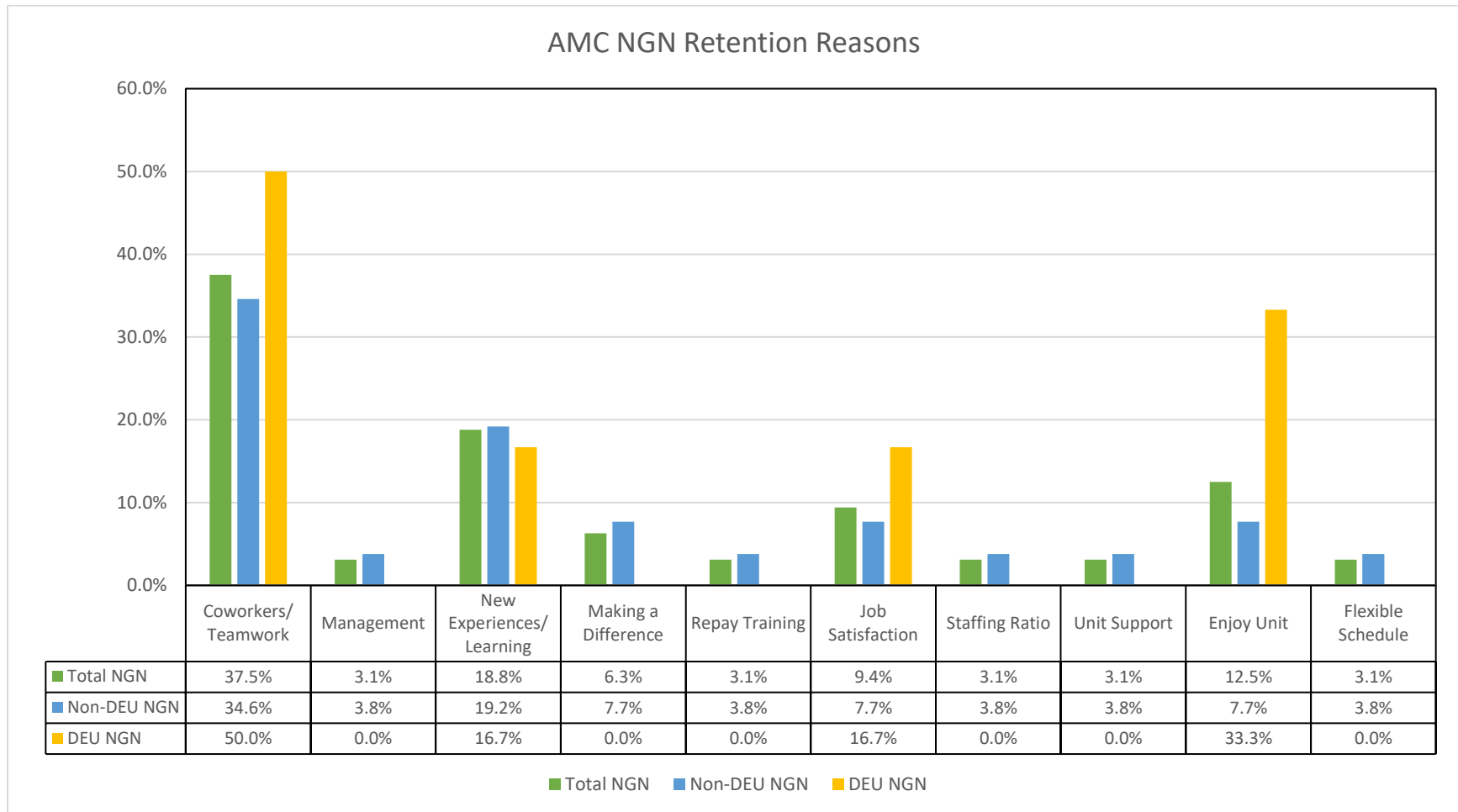
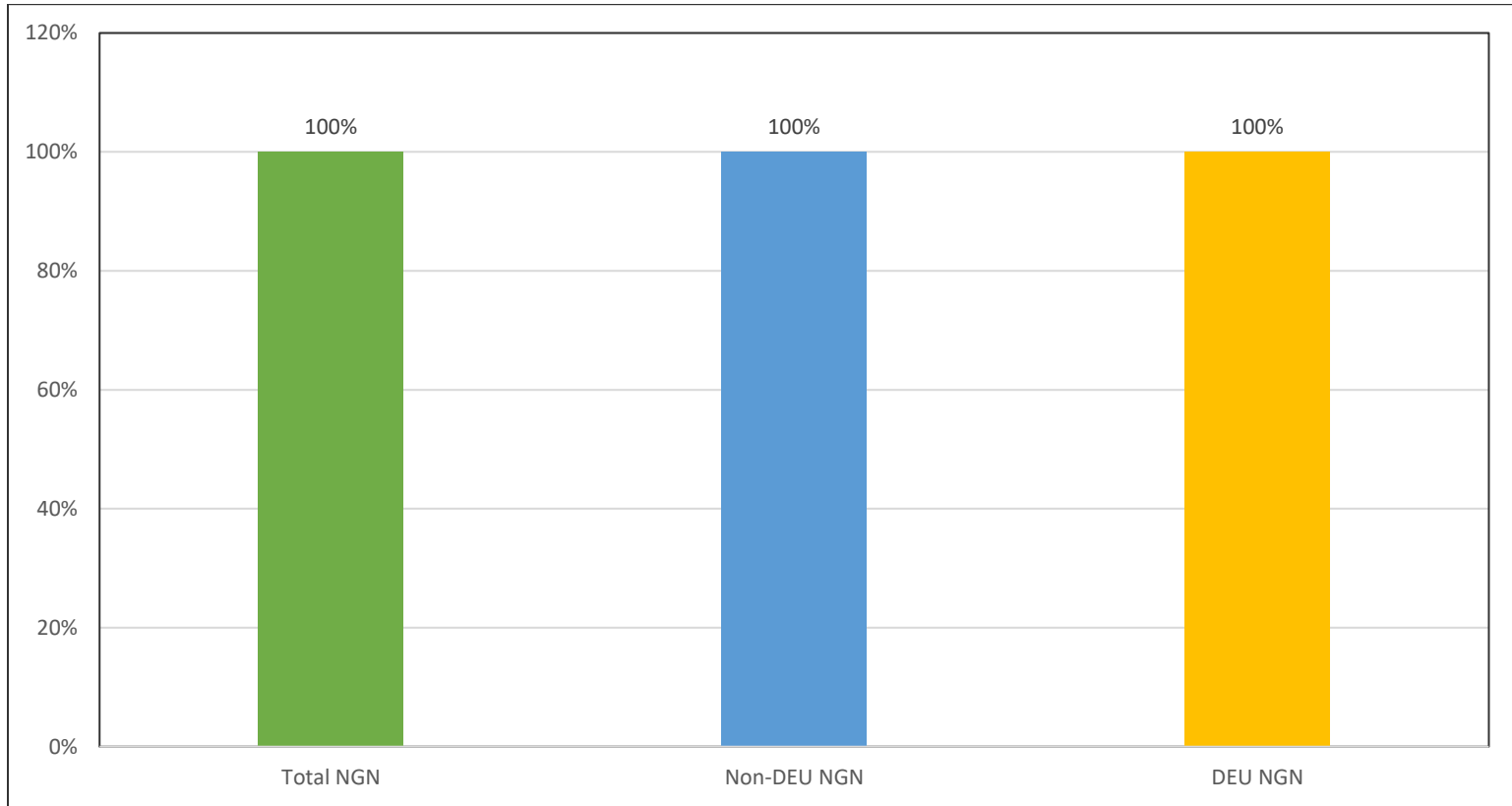


Figure 17: NGN Intention to Stay at AMC



DEU

Figure 18: DEU Impact on DEU NGN Transition

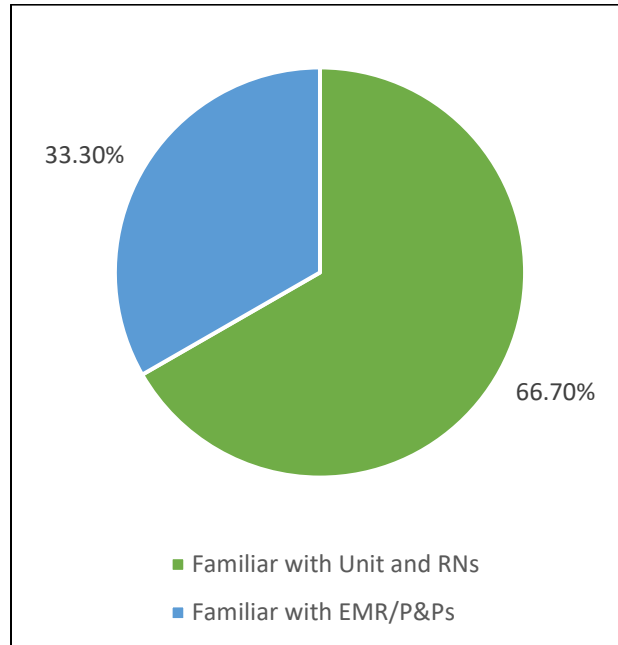


Figure 19: DEU Help with Logistic Transition

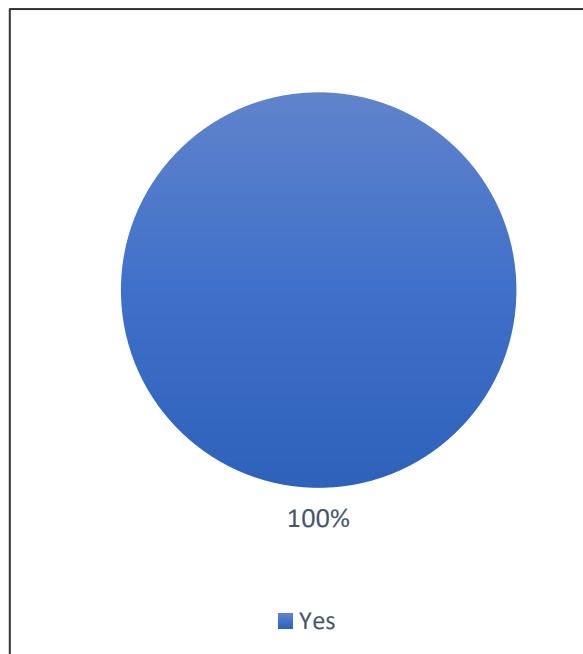
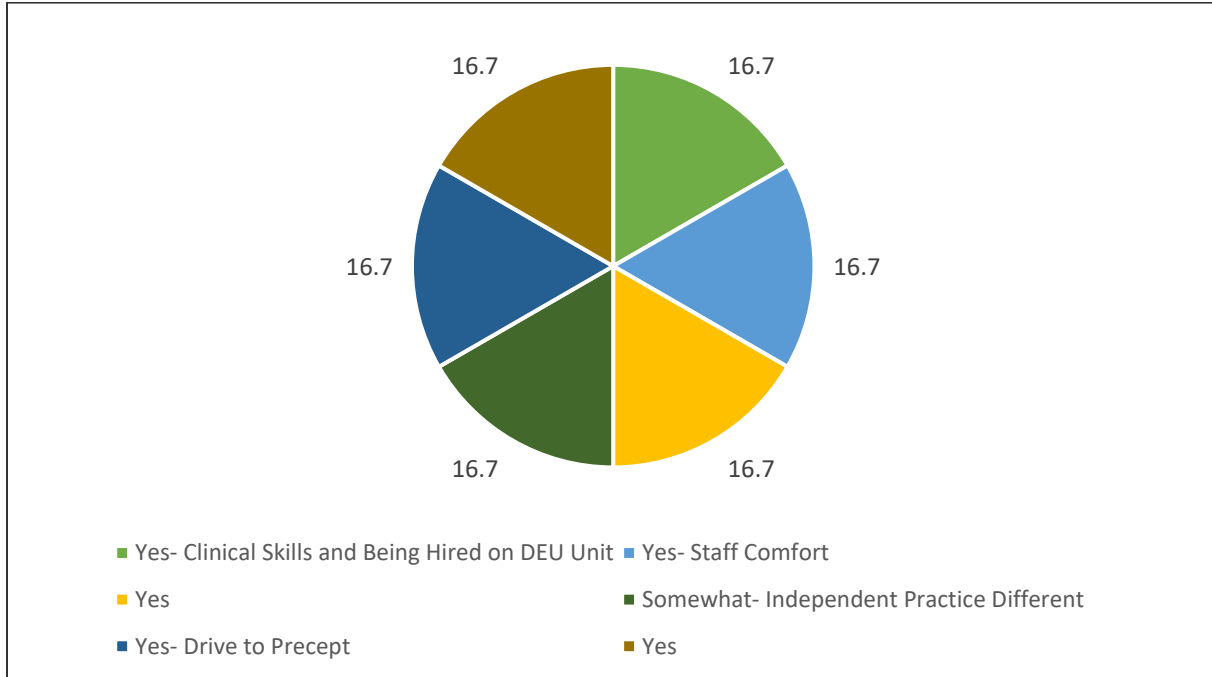


Figure 20: DEU Prepared NGN for NG Experience



Summary

The data collected from the 22 NGN who participated in this survey shows similarities between the experiences of the non-DEU and the DEU NGN experience. Both groups felt that their preceptor had the most significant impact on their successful transition. The DEU NGN also attributed their success equally to their coworkers. Time management was the most significant barrier with the non-DEU NGN, while the DEU NGN felt that successfully attaining the job was their biggest barrier. In terms of clinical preparation, non-DEU NGN felt that their clinical rotation prepared them the most in terms of their clinical skills. DEU NGN felt that their experience at the AMC for their clinical course made the most difference in their transition. Logistics, such as the electronic health record, facility policies, and equipment, did not negatively impact their transition; however, leadership supported their success. Half of the non-DEU NGN felt a sense of belonging within four to six months, while half of the DEU NGN felt a

sense of belonging immediately. The other half of both groups had varying responses from one month to one year. Teamwork and their coworkers were why non-DEU and DEU NGN remained at the AMC, and all survey participants planned to stay at the AMC beyond three to five years.

Data from the DEU NGN survey looked at whether participation in the DEU impacted their transition at the AMC. The majority of DEU NGN felt that familiarity with the unit and their coworkers were the biggest benefits to being in the DEU. The other benefit mentioned was familiarity with the electronic record and policies and procedures. In addition, all DEU NGN felt that the familiarity with the logistics at the AMC made them more successful. As to whether the DEU prepared them for the expectation of an NGN, all respondents agreed that it did. The responses included being comfortable with their clinical skills, being in the same unit as they had their DEU experience and being comfortable with their coworkers. One participant mentioned that though independent practice is different, the DEU provided a good foundation of skills and knowledge.

Chapter VI: Discussion

This chapter presents a brief precis of the project and a discussion of the project's relationship to the literature, purpose, and conceptual framework. The potential impact on nursing practice, sustainability, dissemination of results, and future scholarship are additionally addressed.

Precis

As the demand for nurses in the workforce grows (Alexander & Johnson, 2021), healthcare facilities are looking for ways to increase recruitment and improve retention. However, studies have emphasized that nurse turnover leads to adverse outcomes for patients and inflated costs for healthcare organizations (Silvestre et al., 2017; Hisgen et al., 2018; Brooks et al., 2021). Therefore, the purpose of this DNP project was to perform and evaluate a comprehensive review to determine the effect of a DEU on nurse retention and turnover within an academic-practice partnership.

Literature has shown that one of the most significant opportunities for healthcare organizations is to improve retention of NGN within their first year (Brook et al., 2019). In addition, organizations that can create a positive orientation process, job embeddedness, and job satisfaction for NGN experience improved retention (Brook et al., 2019; Gazaway et al., 2016; Kroft & Stewart, 2021).

Academic partnerships developed between a SON and an AMC create a potential conduit for NGN hires (Dapremont & Lee, 2013). Studies have also shown that DEU NGN feel more prepared to enter the workforce and have a sense of belonging if hired at their DEU facility (Glynn et al., 2017; Jones et al., 2017; Koharchik et al., 2017). This sense of immediate job

embeddedness and comfort may lead to higher retention (Dimino et al., 2020; Vnenchak et al., 2019).

Project's Relationship to the Identified Purpose

This project aimed to perform and evaluate a comprehensive review to determine the effects of a DEU on nurse retention and turnover within an academic-practice partnership. The information gathered from the 22 currently employed NGN, six of whom were in the DEU at the AMC, hired since 2018, has provided enough data to complete this review. Although the information gathered did not show a significant difference between DEU and non-DEU NGN regarding retention and turnover, there may be potential for further collaborative research when looking at recruitment and orientation processes (Bryant, 2020).

The desire to identify whether the DEU model of clinical nursing education impacted the recruitment and retention of NGN motivated this project. The AMC hired 35 NGN since 2018, nine of which were DEU graduates. Since 2018, one DEU graduate and three non-DEU graduates resigned for an 11.1% and 11.5% turnover or 88.8% and 88.4% retention, respectively. Although there was minimal difference between the retention of DEU and non-DEU NGN, the information gathered through the survey identified some differences in the clinical experiences and job embeddedness between the two groups. For example, in the DEU survey, the respondents were able to identify that familiarity with the AMC impacted their transition to practice even though none of them had worked in healthcare previously.

However, in terms of barriers to a successful transition to practice, the more meaningful data gathered was what the DEU NGN did not experience. While their counterparts encountered obstacles in areas such as negativity from coworkers, lack of support from leadership, discomfort with the AMC environment, policy and procedures, critical thinking, and communication with

the team, including physicians, the DEU NGN did not identify any of these areas as barriers during their transition.

Relationship of Project Results and Cited Literature

Overall, data collected during this project has aligned with what has been identified in the literature as critical key steps in nurse retention. This project's literature review also saw the similarities and differences between the non-DEU NGN and the DEU NGN. This section will briefly discuss the correlation of the data collected and the literature review.

The study by Brook et al. (2019) highlighted the importance of a positive orientation process through effective preceptors. Most of the respondents identified their preceptor as the most helpful in their transition. Other studies by Gazaway et al. (2016), Bontrager et al. (2016), and Silvestre (2017) all identified that preceptorship is imperative to not only successful transition to practice but also NGN retention.

Additionally, studies by Moore and Nahingan (2016) and Schechter et al. (2020) explain why the barriers that were identified by the non-DEU NGN in terms of peer relationships and environmental comfort were not recognized by the DEU NGN. The collaborative relationship established within the DEU setting allows the transitioning NGN to feel more comfortable in the practice setting and with their coworkers (Moore & Nahhingan, 2016; Schechter, 2020), which correlates to the responses obtained from the DEU NGN on how the DEU supported their transition. Furthermore, Dorcy et al.'s (2016) study helps to explain why DEU NGN may not have identified critical thinking as a challenge as the non-DEU NGN did. According to Dorcy et al.'s (2016) study, the DEU model and environment accelerated critical thinking development. These findings were further supported by other literature studies (Heidelberg et al., 2017; Glynn et al., 2017; Jones et al., 2017; Koharchik et al., 2017).

Several studies that have been discussed addressed the benefit of job embeddedness and job satisfaction (Tyndall et al., 2019; Reinhardt et al., 2020; Gazaway et al., 2016; Keith et al., 2021; Vardaman et al., 2019). The NGN surveys highlighted that job satisfaction and the relationship with coworkers is the main reason for remaining at the AMC. All respondents intended to stay employed at the AMC for the next three to five years and beyond.

Relationship of the Project to the Concepts of Magnet®

The forces of Magnet® can be identified within this project. The goal of this project would be to align the AMC with these forces to meet the AMC's goal of attaining Magnet® designation.

Transformational Leadership and Structural Empowerment

The data obtained in the survey identified that support from leadership was essential to the successful transition of every NGN. The NGN stated that the administrative leadership supported them through creating job opportunities and growth, individualized training plans, and coworker relationships. The level of collaboration and interaction between NGN and leadership is expected within the Magnet® forces and may lead to increased job satisfaction and decreased turnover (Bormann & Abrahamson, 2014; Kester, 2020). Interestingly, one non-DEU NGN responded that he did not feel supported by his leadership. This NGN reported feeling abandoned and unsupported. Although he remained in the AMS, he did leave his hiring unit within the first year.

The information gained from this study may lead to changes in the academic practice agreement between the SON and AMC. As both organizations' mission, vision, and goals are realigned and perhaps shift to a focus on nurse recruitment and retention at the AMC, the next steps for this partnership can be developed (Lipinski & Cieurzynski, 2020).

Exemplary Professional Nursing Practice

This study has shown that the AMC's retention and turnover rates are low. As retention continues to maintain and improve, patients may benefit from improved outcomes and quality of care (Meier et al., 2019; Silvestre, 2017;). In addition, NGN reported feeling a sense of belonging at the organization, contributing to staff engagement and satisfaction (Kester, 2020). The sustainment of the DEU at AMC may only add another layer of innovation to nurse retention through job embeddedness (Humphrey Beebe et al., 2019; Vardaman et al., 2019).

New Knowledge, Innovation, and Improvements and Empirical Outcomes

The information gained through this project could be considered new knowledge and lead to innovation and improvement. Continuous improvement of the DEU program and disseminating the information in this study would benefit the AMC's Magnet® designation goal.

Project Impact on Nursing Practice and Patient Outcomes

Focusing on the benefits of the DEU at the AMC may impact recruitment and retention, improve patient outcomes, and potentially be a cost-saving to the hospital (Bryant, 2020). Utilizing the plan laid out by Bryant (2020), the cost savings of hiring a DEU graduate nurse into the AMC would have a potential savings of \$5,441.81 per DEU NGN hired. These cost savings, coupled with the data from this project's survey showing that DEU NGN feel an immediate sense of job embeddedness and satisfaction, which may lead to increased retention and patient care outcomes. The literature has demonstrated nurse retention's impact on quality of care and patient satisfaction. Utilizing the information gained in these two DNP projects may advance the AMC closer to their Magnet® designation goal.

Project Sustainability and Dissemination

The information gained in this project will be communicated through the AMC's Research and Development Council. In addition, the benefits and potential collaboration with Bryant's 2020 study will be presented for future action.

Future Scholarly Activity

To further evaluate the benefits of the DEU on NGN recruitment and retention, a longitudinal study could be conducted following the cohort of students within this survey. The study would focus on the respondent's progress and advancement at the AMC.

To gather more data on this topic, additional research should be done with a larger sample size. At the AMC, collaboration with the education department to gather information concurrently during their already established NGN residency program would yield a larger sample size. There is also potential for inclusion into other studies regarding nurse retention, recruitment, and turnover.

Plan for Dissemination

The information gathered in this study is a starting point for additional and more in-depth studies into this topic. In addition, the data collected, the benefits of improved patient care and satisfaction, and the alignment with Magnet® designation goals will be shared with the AMC and SON.

Appendix A: Table of Evidence

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
Al Zamel, L., Abdullah, K., Chan, C., & Piaw, C. (2020). Nurses' intention to leave: Integrative review	Systematic Review	What are the determinants that affect a nurse's turnover intention?	Integrative review of 37 studies across several countries including the United States.	Review found that the commitment of the organization and job satisfaction was related to turnover intention.	Moderate
Alexander, G. R., & Johnson Jr, J. H. (2021). Disruptive demographics	Informational/Systematic review	What can be done to meet the increasing demand for nurses in the workforce?	Review of data regarding supply and demand for nurses	By 2026, demand will exceed the 15% growth estimate. Presented nine steps to help combat the gap in supply and demand, including continuous recruitment, training, and retention strategies.	Low
Bontrager, S., Hart, P., & Mareno, N.	Primary Research	How much impact do preceptors and group cohesion have on	Quantitative, cross-sectional, descriptive study of newly licensed	Potential nurse shortage of 500,000 by 2025. Orientation cost for	Moderate

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
(2016). Role of preceptorship and group cohesion		newly licensed nurse retention?	nurses in a residential program in a multi hospital system. Questionnaire was given to participants and evaluated using descriptive and inferential statistics.	nurses are \$22-64,000/nurse. Study found that preceptorship and group cohesion were statistically significant indicators for retention.	
Brook, J., Aitken, L., Webb, R., MacLaren, J., & Salmon, D. (2019). Characteristics of successful interventions to reduce turnover	Systematic Review	What are the interventions that have been successful at increasing retention in first year nurses?	Systematic review of studies between the year 2001 and 2018 to evaluate interventions used to decrease turnover and increase retention. The articles were selected due to their relevance to the thesis and then quality appraised by two different researchers. Data extraction and synthesis was then	The interventions that were identified were: preceptorship, mentoring, externships, orientation and transition programs, and clinical ladder advancement programs. Limitations identified that the interventions identified were widely varied and there was differing ways of reporting the outcomes. This led to non-	Moderate

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
			performed on the qualified articles.	standardization of the topic.	
Brooks, C., Ratta, C., & LaSala, M. (2021). Leveraging academic-clinical partnerships	Informational	Can an academic-practice partnership improve staff retention and recruitment?	Discussion of partnerships between SON and a Magnet® hospital facility and how a shared vision can lead to increased quality, increased retention, and cost savings on recruitment.	Retention at the facility increased to 100% after 3 years. The partnership provided clinical experience and helped recruit staff leading to a \$359,000 recruitment savings.	Moderate
Burman, M. & Fahrenwald, N. (2018). Academic nursing leadership in rural settings	Informational	Can partnerships in rural settings improve outcomes and interfacility collaborations?	Discussion of the AACN’s recommendation for partnerships between healthcare facilities and academic organizations within a rural setting.	In rural settings, collaboration brings increased understanding to the socioeconomic and healthcare disparities that exist. Academic partnerships that allow for the alignment of goals and strategic planning	Low

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
				can lead to improved outcomes	
Chmura, J. Q. (2016). Dedicated education unit model in a hospice and palliative care setting	Primary Research	Would the creation of a DEU in hospice/palliative care bridge the gap that exists in prelicensure exposure to this field of nursing?	Qualitative study of student’s perception of their experience in a palliative care/hospice DEU.	Student journals were used as data for this study. Limitation to this study is that journaling is a subjective activity. Students were positive regarding their experience in this clinical setting and introduced them to situations regarding death and dying while in the clinical setting. Students also expressed interest in entering this area of nursing after this experience.	Low
Dans, M. & Lundmark, V. (2019). The	Informational	What are some tips for leadership to	Presentation of data and information related to leadership impact to	17.2% turnover rate of RNs in 2018 in the US.	Low

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
effects of positive practice		positively impact turnover?	turnover rates and intention.	Top priorities include: job satisfaction, positive practice environments, joy at work, and mitigating burnout.	
Dapremont, J., & Lee, S. (2013). Partnering to educate	Informational	Could the DEU model be used to combat shortages in the workforce and educational institutions?	Discussion of the DEU model as it relates to future nurse shortages and building partnerships with local healthcare facilities.	Collaboration between healthcare facilities and educational institutions is key. Limitations is that the article stopped short of discussing the transition of the DEU students to the workforce.	Low
DeMeester, D. (2016). The lived experience in DEU	Primary Research and Literature Review	What are the lives experiences of faculty who have transitioned to teaching in a DEU?	Interviewed sampling of faculty who have been teaching in a DEU environment. Using Van Manen's lifeworld existential as theme categories.	Results were analyzed using Colaizzi's phenomenological analysis method. Themes were discovered that lead to a new synergy of learning.	Low

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
<p>Dimino, K., Louie, K., Banks, J., & Mahon, E. (2020). Exploring the impact of a DEU on NGN' transition to practice</p>	<p>Primary Research</p>	<p>What is the impact of a DEU on newly licensed nurse transition to practice</p>	<p>Mixed method study of Casey-Fink Graduate Nurse Experience Survey and informal interviews of BSN prepared nurses from the same nursing program that provided DEU and traditional clinical experiences.</p>	<p>Statistically significant findings: DEU new nurses felt more comfortable with the nursing plan of care and felt more supported by the nurses.</p> <p>Other results though not statistically significant: DEU new nurses felt more comfortable and confident talking with physicians, delegating, prioritizing, making suggestions, organization, and feeling overall more confident in their knowledge, experience, and skills.</p> <p>Nurse managers reported that students with DEU background have better critical thinking, are</p>	<p>Moderate</p>

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
				<p>more autonomous, and more confident.</p> <p>Limitations is in the size of the study.</p>	
<p>Dorcy, K. S., Elgar, S., Heye, D., Ford, R., Bohl, S., Eisenberg, S., ... Matthews, D. W. (2016). From student to practicing oncology nurse</p>	<p>Primary Research</p>	<p>Does an academic-practice partnership improve NGN transition to the workforce?</p>	<p>Pilot project that established the guidelines needed to implement a Dedicated Education unit (DEU).</p> <p>Discussion of the components needed for a successful DEU program such as collaboration between academia and clinical sites.</p>	<p>Collaboration between the DEU program and the hospital created a “transition-to-practice” model that accelerated critical thinking and nursing knowledge.</p> <p>This further led to a transition program that reached beyond the initial transition to the workforce and led to successful specialization and retention in oncology nursing.</p>	<p>Moderate</p>

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
Fox, J. (2017). Creating a DEU Long term	Literature Review	How does the DEU affect knowledge and attitude of a nurse in a health care setting?	Review of seven articles for analysis.	DEU has been used to increase student interest in a particular setting. LTC facilities are not normally sought after by new grads. The LTC DEU did increase nurse to nurse collaboration and integration but unknown if it affects new grad interest.	Low
Frie, K., Pronchnow, J., Meiers, S., Fiedler, T., Jones, C., & Bergen, S. (2020). The implementation of dedicated education unit in	Primary Research	Does a DEU in public health improve clinical experiences and lead to increased interest in new grads for the field?	Pre and post survey of clinical instructors and students using the clinical nurse teacher survey	Results were not significantly significant but still showed a positive trend of satisfaction with the DEU by RNs and students.	Low

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
public health setting					
Gadd, J. (2018). Highs and lows of early nursing career	Informational	Does providing early support for NGN improve the perception of their transition?	Interview of a NGN about her transition to the workforce	Early support and education are key, in this nurse's opinion, to a successful transition to the workforce.	Low
Gazaway, S., Schumacher, Am., Anderson, L. (2016). Mentoring newly hired nurses	Informational	What are the reasons for new hire RN turnover?	Discussion of new hire RN turnover. Offers tools and interventions that can be utilized to increase retention among this group of nurses.	Anxiety and apprehension related to transition to practice has been identified by new RNs as contributing to their turnover. Mentorship and job embeddedness are ways that can decrease the level of anxiety and lead to professional socialization for the nurse. Successful	Low

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
				transition to practice will lead to better productivity and quality outcomes as well as increase retention.	
Glynn, D., McVey, C., Wendt, J. & Russell, B. (2017). DEU: Clinical instructor role perception	Primary Research	What is the role perception of staff nurses involved in the DEU?	Interviews were conducted with eight staff nurses who involved in the DEU. Qualitative study to find themes in perception.	Themes that emerged were mentoring, competency with basic skills, and critical thinking development.	Moderate
Good, B. (2020). Improving preceptor competence with DEU	Primary Research	Does a formal online educational module improve preceptor readiness for students in a DEU?	Nursing preceptors received online module training specifically geared towards how to instruct students. Preceptors were given and pre and post survey	Preceptors felt more competent and prepared to instruct students after the training. Students also experiences and increase in satisfaction with the quality of their education.	Low

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
Haddad LM, Annamaraju P, Toney-Butler TJ. (2020). Nursing Shortage	Informational	What is the state of nursing shortage and what can be done about it?	Presentation of information and data showing trends and solutions.	<p>WHO estimates there are 3.9 million RNs in the US and one million more will be added in 2020. ANA reports that RN jobs are increasing faster than any other area but there is still a gap. US Dept of Labor projects a need of 11 million nurses.</p> <p>Some areas for concern are the aging nurse workforce, decreased nurse faculty which leads to decreased students, and burnout. Turnover rates are 8.8-37% depending on location and specialty.</p>	Moderate

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
Harris, J., Keller, S. Hinton, E. (2018). DEU as clinical rotation	Literature Review Protocol	What is the perception of faculty and student nurses regarding clinical outcomes and experiences of a DEU?	Proposed literature review	No results. Review has not occurred yet.	Low
Heath, J. & Swartz, C. (2017). Culture of authentic partnership	Informational	Does the alignment of an academic and clinical organization assist to improve future education, clinical practice, and community service?	Presentation of the implementation of an academic service partnership between the University of Kentucky healthcare system and a college of nursing.	One of the data points that was looked at was the successful recruitment, transition, and retention of new graduates from the college of nursing. Other areas of success included nursing research and community relationships.	Low
Heidelberg, T. (2017). Registered Nurses' Beliefs	Primary Research	Are DEU students prepared to enter the workforce?	Pilot quantitative study using surveys to determine the perception of RNs on the preparedness of DEU	Thirty-three participants completed the survey and showed that RNs did believe that the DEU	Low

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
Regarding the Preparedness			<p>nursing students to enter the workforce.</p> <p>Data analyzed using a statistical package and Excel spreadsheets for graphing.</p>	<p>student was prepared for practice.</p> <p>Limitation was there was no comparison group for significance.</p>	
Hinch, B., Livesay, S., Stifter, J., & Brown, F. (2020). Academic-Practice partnerships	Primary Research	Does academic-practice partnerships and collaboration lead to mutually beneficial results in patient outcomes and goals?	Quantitative study using survey to determine if academic-practice partnerships between university and medical center in determining DNP project and student group could lead to mutually beneficial outcomes.	There were eleven respondents to the survey. Respondents 100% agreed the collaboration improved communication between the organizations. There was also a positive correlation of mutually beneficial DNP projects being developed and sustained.	Moderate

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
Hisgen, S. A., Page, N. E., Thornlow, D. K., & Merwin, E. I. (2018). Reducing RN vacancy rate	Primary Research	Would retention and turnover be impacted by restructuring new grad nurse hiring processes?	Process improvement project using PDSA to evaluate several iterations of the process until one was found to be successful	Retrospective review of one month of interviews was completed. Timeline from application to hire was reduced leading to faster turnaround of applicants. Best practices for each step of the interview process was bundled and will be used going forward. Process decreases use of traveler staff, decreases care disruptions due to vacancies, decreases recruitment and education costs, increases patient safety and quality of care	Moderate

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
Humphrey Beebe, L., Mixer, S., Thompson, K., Davis, S., Elliot, L., Lakin, B., Hurt, M. & Niederhauser, V. (2019). Community based integrated primary care	Primary Research	Does an academic partnership focusing on difficult to fill positions in certain nursing areas lead to improved recruitment and retention?	Development of a program focused on community based primary care nursing.	Program creation led to increased quality outcomes, decreased turnover and increased retention.	Low
Jamieson, I., Sims, D., Casey, M., Wilkinson, K., & Osborne, R. (2017). Utilising the Canterbury Dedicated Education Unit model	Primary Research	Can the Canterbury DEU model support nurses in their first year of practice?	Literature review of precepting programs was the initial step. Descriptive exploratory case study of three focus groups all working in different DEU areas. They were asked about how the DEU had helped with their transition to	All groups felt that there was organization support to their success as well as peer support from the staff. This satisfaction led to an increase in retention and recruitment.	Moderate

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
			practice and what support was offered.		
Jones, E., Simpson, V., & Hendricks, S. (2017). Enhancement of professional development in DEU	Primary Research	Does participation in a DEU improve professional development of front-line nurses?	Quasi-experimental design using survey data from the Revised Professional Practice Environment survey pre participation, and after completion of an orientation program for preceptors.	There was statistically significant improvement in two of the eight components of the survey leading the belief that there is professional growth and development in participation in a program such as this.	Low
Keith, A., Warshawsky, N., & Talbert, S. (2021). Millennial nurses intention to stay	Literature Review	What are some factors that influence millennial nurses' retention intent?	Literature review of thirteen articles that addressed the millennial generation's expectation of the work environment and how that affected their retention.	Alignment to personal values and strong leadership support contribute to retention. Work life balance and job embeddedness also plays a role.	Moderate

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
Kester, K. (2020). Multifaceted approach to nursing turnover	Informational	What are some approaches to decreasing nurse turnover?	Presentation of data and information to help hospital leadership decrease turnover	Hospital’s experience: <ul style="list-style-type: none"> • 17.2% RN turnover • 55.3% of hospitals have an RN vacancy rate of 7.5%. • 48.2% of nurse leave their job within two years. Promoting a healthy work environment is important from the very beginning. This includes effective communication, recognition, authentic leadership, collaboration and involved decision making.	Moderate
Kiel, J. M. (2020). An analysis of restructuring orientation to	Informational	Will restructuring new nurse orientation affect retention?	Discussion of retention and turnover data and presentation of	By 2025, RN shortage will be 500,000 RNs with an overall turnover rate of 8.4% and voluntary turnover rate of 27.1%	Low

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
enhance nurse retention			orientation restructuring ideas.	within the first year. Cost of recruitment including education and productivity loss is \$62,100-67,100 per nurse.	
Koharchik, L., Jakub, K., Witsberger, C., Brooks, K., Petras, D., Weideman, Y., & Antonich, M. (2017). Staff nurse perception of role in DEU	Primary Research	What are the perceptions of staff nurses performing as CDI within a DEU?	Focus group discussions with faculty and RNs 2 months after the end of the DEU semester.	Discussions found that staff felt that the DEU was a positive learning environment, staff were more engaged, and the outcomes were positive. Staff did recommend more in-depth preparation teaching for their role as instructors.	Moderate
Krofft, K. & Stuart, W. (2021). Implementing mentorship program	Quality Improvement Project Literature Review	What can hospitals do to decrease turnover during the pandemic?	Review of seventy-nine studies of HCW in pandemic situations and how they dealt with psychological stress and burnout.	Limitations in the study due to the pandemic and the variations in hospital census and staffing. Overall, there was some improvement in nurse's	Low

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
			Implementation of a mentorship program in med/surg in hopes of decreasing burnout and turnover.	intention to stay but not enough to be significant.	
Lapinski, J. & Cierzynski, S. (2020). Enhancing sustainability of a DEU	Primary Research	Does a redesign of the original implemented DEU help with sustainability for the future?	Redesign meeting with stakeholders to evaluate the current program and realign mission, vision, and values.	Ongoing collaboration is needed for successful sustainability of the DEU.	Low
Moore & Nahigian, 2016, Nursing student perceptions of nurse-to-nurse collaborations	Primary Research	Is there better perception of nurse-to-nurse collaboration in a DEU unit as compared to a traditional model unit?	Quantitative study comparing the perceptions of nursing students regarding collaborations on a DEU vs. traditional unit. Data collected via survey and analyzed based on the type of unit the students were on (DEU vs traditional).	Differences on perception of nurse-to-nurse collaboration was proven with the DEU model having a more positive result. Limitations were the small sample sizes and limited to a small program.	Moderate

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
			<p>Data collected via survey which included demographics and the “Nurse-to-Nurse Collaboration Scale (NNCS).</p> <p>Data analyzed using descriptive statistics.</p>		
<p>Nei, D., Anderson Snyder, L., & Litwiller, B. J. (2015). Promoting retention of nurses</p>	<p>Systematic Review</p>	<p>Does a supportive work environment have an impact on RN turnover?</p>	<p>Meta-analysis of the different predictors of turnover rates.</p> <p>A literature review was completed, and the articles were coded for inclusion by graduate students. The meta-analysis used was by Hunter and Schmidt.</p> <p>Correlations were identified between 106 different studies regarding turnover and</p>	<p>Assumed predictors such as salary did not have as much impact on turnover as expected. A strong workplace environment and supportive leadership has a larger impact on turnover than expected</p>	<p>Moderate</p>

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
			correlations were determined.		
Raines, D. A. (2016). A DEU for Maternal-Newborn	Informational	What are the benefits of a DEU in the maternal-newborn area of nursing?	Sharing information regarding the development and implementation of a DEU in maternal-newborn units in one hospital.	Anecdotal advantages presented include professional growth of nursing staff, strong academic partnerships, introduction, and preparation of new nurses to this specialty area, and improved quality/safety outcomes.	Low
Reinhardt, Lèon, & Amatya (2020). Why nurse stay	Primary Research	Does workplace culture and environment affect retention?	Descriptive correlational survey of 700 RNs	Workplace environment, job embeddedness and healthy workplace environment positively impacted retention	Moderate
Rusch, L., Beirmann, T., Schoening, A.,	Informational/ Literature Review	What is the defined teaching role for faculty within a DEU?	Presentation of two studies that helped define the role of faculty within	Effectiveness of the guides were evaluated using questionnaires	Low

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
Slone, C., Flott, B., Manz, J., & Miller, J. (2018). Defining role for faculty in a DEU			a DEU as compared to the traditional model. A guide which defined the roles and expectations of faculty and students was developed and implemented in a DEU program.	given to both students and clinical designated instructors. Both groups found that the guides were helpful in setting expectations and guiding progression through the program. Limitation is that this was done in one DEU site with one group of students and clinical instructor. Belief is that this can be adapted into any DEU site and setting	
Schechter, R., Gallagher, J., & Ryan, M. (2017). Enhancing baccalaureate nursing students' perception of	Primary Study	Does the DEU impact BSN student's perception of confidence and competence?	Quasi experimental pilot study. Pre and posttest Likert Scale questionnaire of BSN students who had three clinicals on the same nursing unit.	Improvement was found in all areas across the three clinical courses. The biggest change came after the last clinical rotation. There was perceived positive interaction between	Moderate

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
competence and confidence				nursing staff and students and a strengthening of the academic partnership. Limitations: size of study, differences in survey for each clinical course.	
Schoening, A., Williams, J., & Saldi, D. (2021). Developing a psychiatric DEU	Primary Study	What are the benefits of developing a psychiatric DEU?	Focus group interviews of students, staff nurses and patients.	DEU helped mitigate fears and misconceptions about psychiatric nursing. Students and staff had a positive experience and patients reported positive interactions. May lead to increased interest in new grad psychiatric nursing.	Low
Shaffer, F. & Curtin, L. (2020). Nurse turnover:	Informational	What can employers do to increase nurse retention?	Periodical piece on stats of turnover and	2019 National healthcare Retention and Staffing Report: turnover rate for	Low

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
understand it, reduce it			recruitment and ways to improve retention.	bedside Rn increased to 17.2% resulting in \$4.4-6.9 million/year hospital cost. Average fill time is 85 days with recruitment cost of \$82,000. Healthcare is among the top three for turnover rate. Forty-three percent of new nurses leave within three years, 33.5% resign after two years and 17.5% resign after one year.	
Silvestre, J. H. (2017). A Multisite Study on a New Graduate Registered Nurse Transition to Practice Program	Primary Research	Does the development and use of a transition to practice program lead to decreased turnover?	Comparison study of multiple sites regarding their use of transition to practice programs and how turnover rates are impacted	Retention was higher in facilities that invested in a transition to practice program. The initial cost mitigated by the long-term benefits of improved retention and	Moderate

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
				increased quality/safe care.	
Thew, J. (2019). Want to keep nurses at the bedside?	Informational	How can leadership keep nurses at the bedside and decrease turnover?	Informational periodical piece regarding turnover rates and cost of recruitment. Shared ideas on how to improve retention.	RN Work Study found that 17% of new nurses leave within the first year, 33% in two years and 60% in eight years. National turnover rate of 16.8% costing \$38-61,000/ nurse or \$4.4-7 million/year/hospital. Offered strategies to improve retention including marketing strategies, HR process, and job satisfaction/ embeddedness. Periodic piece, no references	Low

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
Tyndall, D. E., Scott, E. S., Jones, L. R., & Cook, K. J. (2019). Changing NGN profiles	Primary Research	Does generational differences in the characteristics of a nurse affect retention and job embeddedness?	<p>This study did a secondary analysis of data reported on NGN between 1999 and 2009 to current data collected with NGN between 2011 and 2016.</p> <p>Both groups underwent the same residency program and data was collected via survey in both studies.</p> <p>Data was evaluated using descriptive statistics.</p>	<p>The study showed that the current cohort of new graduates’ value perception of the workplace environment and being empowered by their leader.</p> <p>Millennial new graduates are more likely to remain loyal to a workplace environment that they feel are supportive of them.</p> <p>Leaders will need to look at strategies to improve job embeddedness as well as providing the support and resources that this generation of new graduates need.</p> <p>Limitations include sample size, lack of</p>	Moderate

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
				existing data, and differences in statistical evaluation of the data between the two studies.	
Vardaman, J., Rogers, B., & Marler, L. (2019). Retaining nurses in a changing health environment	Primary research	Does change related self-efficacy and job embeddedness reduce turnover?	OLS regression was used to evaluate information from 207 nurses working in med/surg units in one hospital as it relates to job embeddedness and turnover intention.	Study found that nurses who have a more successful transition to practice have a decreased intention to leave the practice. The four hypotheses that were presented in this study was upheld. The theme being that a positive work environment that supports transition to practice in a positive and self-efficient way leads to lower turnover.	Moderate
Vnenchak, K., Sperling, M. L., Kelley, K.,	Primary Research	Does participation in a DEU improve critical thinking and anxiety?	Longitudinal quasi-experimental design of	DEU students showed increase knowledge base, critical thinking, self-	Moderate

Reference	Type of Evidence	Purpose Statement	Design and Procedures – including intervention & appropriateness of stats	Results & Conclusions Any appropriate or major limitations to consider	Evidence Rating
Petersen, B., Silverstein, W., Petzoldt, O., Cooper, L., & Kowalski, M. O. (2019). Dedicated education unit improving critical thinking and anxiety			17 students within a DEU. Nurse Anxiety and Self-Confidence with Clinical Decision-Making Scale, General Self-Efficacy Scale, Casey-Fink Survey, and HESI were all used to evaluate outcomes.	confidence, and self-efficacy while decreasing anxiety. Factors contributing to the success of this study could be used in nurse onboarding activities. Limitations included the size of the study across one cohort of nursing students.	
WHO: Workforce 2030, 2016	Informational	Will the successful transition of new nurses help alleviate the health workforce deficit?	Global strategy to combat the rising workforce issue in healthcare.	Calling for sustainable goals to decrease healthcare shortage. Itemizes what would be required from the different players in the global arena to reach the goals called for by the 2020 and 2030 goal deadline.	Low

Appendix B: Timeline for DNP Project

Activity Timeline	Activity
November, 2021	<ul style="list-style-type: none"> • Presented proposed project to facility Research and Evidence-Based Council for facility approval <li style="padding-left: 20px;">✓ Approval granted • Submitted proposal to facility IRB for approval or exemption <li style="padding-left: 20px;">✓ Exemption granted
December, 2021	<ul style="list-style-type: none"> • DNP Committee approved project • Submitted IRB to university <li style="padding-left: 20px;">✓ Exclusion granted
January, 2022	<ul style="list-style-type: none"> • Developed and sent out surveys • Synthesize data from survey
February, 2022	<ul style="list-style-type: none"> • Present results to facility Research and Evidence-Based Council • Meet with (Cathy Hamel and nurse externs to review data
March, 2022	<ul style="list-style-type: none"> • Submit final DNP project to the committee • Defend DNP project

Appendix C. New Graduate Retention Survey

New Graduate Retention Survey

Demographic Data

1. Demographic Data- Sex *

Mark only one oval.

Male

Female

Prefer not to say

2. What is your age? *

3. What year were you hired at this facility as a new graduate RN? *

4. What unit were you first hired on as a new graduate? *

5. Did you have previous healthcare experience prior to starting as a new graduate RN? *

Mark only one oval.

Yes

No

6. If you selected "Yes" on previous question, in what area of healthcare did you work(LPN, CNA, EMT, etc)?

7. How many years did you work in healthcare prior to being hired as a new graduate nurse?

New Graduate NurseRetention
Survey

For the following questions, think back to when you were first hired as a new graduate nurse:

8. What helped you the most to get you to where you are today? *

9. What were some of the barriers that you faced? *

10. Did the preparation during your clinical rotations as a student help with your transition? If yes, how? If no, why not? *

11. Did the logistical aspects of the job, such as the electronic health record, directions, policies, and procedures, etc. affect your performance? *

12. Did you feel supported during your transition by your leadership? If yes, how? If no, what support was lacking? *

13. How long did it take for you to feel a sense of belonging? *

14. What are your reasons for staying in your current position? *

15. Do you plan to be at this facility in the next three years? Five years? *

Appendix D: New Graduate Retention Survey

New Graduate Retention Survey

Demographic Data

1. Demographic Data- Sex *

Mark only one oval.

Male

Female

Prefer not to say

2. What is your age? *

3. What year were you hired at this facility as a new graduate RN? *

4. What unit were you first hired on as a new graduate? *

5. Did you have previous healthcare experience prior to starting as a new graduate RN? *

Mark only one oval.

Yes

No

6. If you selected "Yes" on previous question, in what area of healthcare did you work (LPN, CNA, EMT, etc)?

7. How many years did you work in healthcare prior to being hired as a new graduate nurse?

New Graduate NurseRetention
Survey

For the following questions, think back to when you were first hired as a new graduate nurse:

8. What helped you the most to get you to where you are today? *

9. What were some of the barriers that you faced? *

10. Did the preparation during your clinical rotations as a student help with your transition? If yes, how? If no, why not? *

- I 1. Did the logistical aspects of the job, such as the electronic health record, directions, policies, and procedures, etc. affect your performance? *

- I 2. Did you feel supported during your transition by your leadership? If yes, how? If no, what support was lacking? *

- I 3. How long did it take for you to feel a sense of belonging? *

- I 4. What are your reasons for staying in your current position? *

- I 5. Do you plan to be at this facility in the next three years? Five years? *

DEU New Graduate Nurse Survey

- I 6. How did being a part of the DEU affect your transition? *

- I 7. Did being a part of the DEU help you with the logistical transition? *

- I 8. Did the DEU prepare you for the expectations of the new graduate experience? *

Appendix E: Facility IRB

From: <Ronald.Roemer@umcsn.com>
Date: Mon Nov 29 14:34:31 EST 2021
To: <Cherilyn.Campbell@umcsn.com>
Cc: <Cathleen.Hamel@umcsn.com>
Subject: RE: UMC IRB Question

Hi Cherilyn,

Based on the protocol in the email below, UMC IRB review is not required as UMC is not engaged in research. You will need permission from Nursing to access UMC nurses to participate.

If the protocol changes and UMC becomes engaged UMC IRB review would be required.

Good luck with your project.

Thanks,
Ron

Ronald Roemer
Director Clinical Research and Compliance
Clinical Trials Office

University Medical Center of Southern Nevada
1800 W. Charleston Blvd.
Las Vegas, NV 89102
(702) 207-8345

Compassion * Accountability * Integrity * Respect

Appendix F: UNLV IRB



ORI-HS, Non-Committee Review Notice of Excluded Activity

DATE: December 30, 2021

TO: Jennifer Pfannes

FROM: Office of Research Integrity - Human Subjects

PROTOCOL TITLE: UNLV-2021-264 The Effect of a Dedicated Education Unit on Nurse Retention and Turnover

SUBMISSION TYPE: Initial

ACTION: No Engagement in Research

REVIEW DATE: December 30, 2021

REVIEW TYPE: ADMINISTRATIVE

REVIEW

Thank you for your submission of materials for this proposal. This memorandum is notification that the proposal referenced above has been reviewed as indicated in Federal regulatory statutes 45 CFR 46.

The Office of Research Integrity - Human Subjects has determined this request does not meet the definition of 'research with human subjects' according to federal regulations, and there is no further requirement for IRB review.

Any changes to this excluded activity may cause this request to require a different level of review, so please contact our office to discuss any anticipated changes.

If you have questions, please contact the Office of Research Integrity - Human Subjects at IRB@unlv.edu or call 702-895-2794. Please include your project title and project ID in all correspondence.

Office of Research Integrity - Human Subjects

4505 Maryland Parkway . Box 451047 . Las Vegas, Nevada 89154-
1047(702) 895-2794 . FAX: (702) 895-0805 . IRB@unlv.edu

Appendix G: Facility Letter



Memorandum

UMC Nursing Research & Evidence Based Practice Council

TO: Cherilyn Campbell MSN, RN
FROM: UMC Nursing Research & Evidence Based Practice Council
SUBJECT: Nursing Research Study Proposal
DATE: November 22, 2021

The UMC Nursing Research & Evidence Based Practice Council has reviewed your Performance Improvement Study Proposal Titled The Effect of a Dedicated Education Unit on Nurse Retention and Turnover.

The Study Proposal was found to be

- Approved
- Approved with revisions (See Attached)
- Unapproved with Rationale (See Attached)

If you have been approved, the next steps in the process are for you to continue to UMC IRB approval and report back to this council. Once approved from UMC IRB please plan to present your study timeline and units/departments involved in your study to this council, so the plan for all areas to receive informational update/education prior to the start of the study will occur. Additional UMC practices may need to be adhered to prior to the study starting if all researchers on your team are not UMC employees.

Should you wish to discuss the findings with the Council you may contact Cathy Hamel @ 383-2734 and ask to be put on the next meeting agenda. Thank you for submitting your proposal to the UMC Nursing Research & Evidence Based Practice Council.

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Curriculum Vitae

Cherilyn Kehaulani Joy Wilhelm Campbell

kehaucampbell@gmail.com

Professional Experiences

Licensed Registered Nurse (RN)

Clinical Supervisor

Nurse Manager

Nursing Experiences

Medical/Surgical Nursing

Adolescent Psychiatry

Charge Nurse

Preceptor

Leadership

Special Certifications and Licenses

Nevada RN License #RN63687 Expiration Date: 6/14/2023

BCLS Expiration 4/30/2022

Professional Memberships

Sigma Theta Tau Gamma Psi- Chapter at Large 2003-present

Academy of Medical-Surgical Nurses

American Nurse Association

Nevada Nurse Association

Awards/Recognition

March of Dimes Nurse of the Year- Charge Nurse Medical/Surgical 2014

Diamond Award- UNLV/Summerlin DEU Collaboration

UNLV SON Nurse of the Year 2020

Daisy Leadership Award 2020

Daisy Team Award 2020

Education

Michigan State University

Degree: Bachelor of Science- Physiology with Specialization in Health and Humanities

150 Administration Building

East Lansing, MI 48824-0210

Attended: August 1992- May 1997

Hawaii Pacific University

Degree: Bachelor of Science- Nursing, Magna Cum Laude

1164 Bishop Street

Honolulu, HI 96813

Attended: August 2001- May 2003

Grand Canyon University

Degree: Master of Science-Nursing with an Emphasis in Leadership

3300 West Camelback Road

Phoenix, AZ 85017

Attended: August 2015- March 2017

University of Nevada-Las Vegas

Anticipated Degree: Doctor of Nursing Practice- Leadership Track

4505 S. Maryland Parkway

Las Vegas, NV 89154

Expected Graduation Date: May 2022

Professional Experiences

February 2020-present

University Medical Center of Southern Nevada

1800 W Charleston Blvd.

Las Vegas, NV 89102

Position: Clinical Nurse Manager

Responsibilities: Manage a 90-person team, 37 bed acute Transplant Medical/Surgical unit while overseeing budget requirements and monitoring productivity.

Coordination and Collaboration of Level 3 Program of UNLV DEU

Shared Governance committee member- Journey to Magnet Status, Unit Based Council, Fall Committee

April 2013-January 2020

Summerlin Hospital Medical Center

657 Town Center Drive

Las Vegas, NV 89144

Position: Nurse Manager/Interim Director

Responsibilities as Nurse Manager:

- *Managed a 130-person team, 68 bed acute medical/telemetry unit while overseeing budget requirements and monitoring productivity.*
- *Coordination and Collaboration of Level 2 Program of UNLV DEU*
- *Developed and successfully piloted a new discharge throughput model*
- *Served as part of service excellence team for orientation presentation*

- *Decreased fall rate for unit*
- *Improved CLABSI and CAUTI rates for unit*
- *Achieved low RN turnover while maintaining staffing to full plus 20%*
- *Eliminated agency as a staffing resource*
- *Enhanced clinical supervisor team*
- *Lean Process Improvement*
- *Responsibilities as Interim Director:*
- *Supported a 5-person management team*
- *Coordinated division-wide projects*
- *Precept new managers to their job duties*

May 2012-April 2013

Summerlin Hospital Medical Center

657 Town Center Drive

Las Vegas, NV 89144

Position: Clinical Supervisor

Responsibilities: Front line supervisor for medical-surgical unit with focus in orthopedics. Maintaining clinical excellence of staff nurses, coordinating staffing and throughput, service recovery to patients and families, provide coaching to staff for improvement and development, and involvement in unit-based committees and improvement.

September 2009-May 2012

Summerlin Hospital Medical Center

657 Town Center Drive

Las Vegas, NV 89144

Position: RN I Med Surg

Responsibilities: Coordinating clinical care of patients. Integrates all health care providers to ensure high quality patient/family outcomes and establishes a consistent and accountable relationship with patient/family. Key responsibilities include, but are not limited to, initiation and development of the plan of care, patient/family education, utilization management, and discharge planning. Preceptor and relief clinical supervisor responsibilities.

August 2003- December 2012

The Queen's Medical Center

1301 Punchbowl Street

Honolulu, HI 96813

Position: August 2003-June 2006 Clinical Nurse Level II

July 2006-June 2008 Clinical Nurse Level III

July 2008- Dec 2012 Clinical Nurse Level IV

Responsibilities: Coordinating clinical care of patients. Integrates all health care providers to ensure high quality patient/family outcomes and establishes a consistent and accountable relationship with patient/family. Key responsibilities include, but are not limited to, initiation and development of the plan of care, patient/family education, utilization management, and discharge planning. Charge Nurse and Preceptor experience as well as played role in Magnet Designation application and site visit. Performance Improvement projects included: Improving Vaccine administration compliance in the in-patient setting; Charge Nurse Orientation training; and Improving and Decreasing HA-MRSA.

References

Available Upon Request