

## New Nurses Confront New Stresses

Marva Carpenter has been a nurse for just a few years, but she's already felt the effects of the nursing shortage. The former social worker joined the profession in 2008 after she received her bachelor's degree in nursing from South University — West Palm Beach. She loves the rewards and challenges of her new career. Still, she doesn't mince words when talking about the stress fledgling nurses can experience.

"I have had moments I've wanted to go in a bathroom and curl up and cry," she says.

Carpenter is not alone.

The National Council of State Boards of Nursing (NCSBN) says the job of a newly licensed nurse has become more complex. The turnover rate is high, and the transition training new nurses receive from school to the workforce is variable and sometimes nonexistent.

Priscilla Dunson Bartolone, program director at the College of Nursing at South University — West Palm Beach, agrees: "What typically happens is that the nurses become extremely frustrated, quickly disenchanted with the profession and with the facility." Sometimes new nurses will quit and job hop. Unless they have an intervention so that someone can help them get on the right track, the nurses can be lost to the profession.

"That's hurting everybody," Bartolone says. "That's hurting the profession, the new nurse, the staff, and ultimately the patients."

There have been a number of initiatives aimed at addressing the nursing shortage in the U.S., including state and federal grants to nursing schools to increase the number of faculty and students. Public and private partnerships have emerged to help schools expand.

But a big part of the stress on new nurses stems from the lack of extended training time with a seasoned preceptor when a nurse enters the workplace, Bartolone says. New nurses "should not be doing their own independent assignment until they have proven they are safe and have clinical competence to care for patients on their own," she says.

When Bartolone started out 35 years ago, she received six months of supervision, mentoring, and additional classes at the hospital where she worked. "All new nurses in the graduating program that year had classroom time at the hospitals as well as support throughout those six months," she says.

Nancy Spector, director, regulatory innovations at the National Council of State Boards of Nursing, says NCSBN is developing a regulatory transition-to-practice model for hospitals throughout the country to use because "there's a huge variability of transition models and residencies at hospitals."

Studies show that mentoring programs are directly related to improved patient outcomes. "New graduates were talking about terrible times in their first year," Spector says. "We found that if a new nurse had a transition program that included specialty content where they were working, they actually made fewer errors."

The NCSBN wants to see a residency or preceptor program become part of states' licensure requirements. The model would require new graduates to first pass a licensure examination, then find a job and enter the employer's program. The new nurse would work one-on-one with a preceptor for six months.

While many facilities may view an extended preceptor period as a cost too great, the NCSBN reports that there's actually a cost savings down the road. The council estimates the replacement cost of a nurse at \$46,000 to \$64,000 or higher per nurse. The group cites studies showing that transition programs can reduce first-year turnover from between 35% and 60% to between 6% and 13%.

Although a standardized regulatory training model hasn't been established in the U.S., Bartolone says things are starting to improve, just not quite fast enough: "What we are seeing is most hospitals around our area are using a preceptor model. The problem is facilities tend to expedite it. The new nurse gets put through orientation at different levels."

And nurses come into the practices at different levels of preparation. "Some are well prepared and some are a less well prepared, and that goes back to their education program," Bartolone says.

State boards of nursing require varying levels of minimal clinical training hours to receive licenses. Florida, for example, requires 650 hours, 25% of which can be computer simulated. At South University's West Palm Beach campus, nursing students complete more than 1,000 real clinical hours, and then they complete up to 80 more hours of clinical time in a simulated setting.

Carpenter, the South University alumna, says she had a 12-week preceptor program, but she feels the clinical hours and education she got at school are what prepared her for her nursing job.

Just a few years ago a newly licensed nurse could request to work in a specific area of a hospital, Carpenter says. Now, with fewer nurses in the ranks, novices are rotated through departments depending on the day's needs.

"We are a jack of all trades, and that's where the stress comes in. I was hired for [the intensive care unit], but I've had moments where I did three days in one area but then was called to fill in somewhere else," she says.

"Each area is different. The protocols are different. Trying to remember where everything is, what you are supposed to do, it's nerve wracking," she says. "I honestly think if I did not get the preparation I got at South University, I would not have been able to do this."