



NCSBN

National Council of State Boards of Nursing

111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277

312.525.3600
www.ncsbn.org

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NCSBN's Transition to Practice® Study: Implications for Boards of Nursing

Background

Beginning with the Practice, Regulation and Education (PRE) Committee in 2003, transition to practice for new graduate nurses has been a subject of discussion at NCSBN among regulators, educators and practitioners. The dialogue continued for a number of years and in 2009, NCSBN's Board of Directors convened a Transition to Practice Committee to design an evidence-based model to transition new graduates to practice. The committee developed the Transition to Practice® (TTP) model based on the existing literature and in collaboration with more than 35 nursing and health care organizations. Elements identified as being essential to transition to practice include: communication and teamwork, patient-centered care, evidence-based practice, quality improvement, and informatics. The necessary content from each of these areas were incorporated into a TTP program via online learning modules. Patient safety, clinical reasoning and opportunities for feedback and reflection were threaded throughout the modules. The model and program also contained a preceptorship where new graduates were assigned to experienced nurses for their first six months of practice. The preceptors received specific instruction and guidance in the precepting process via an online module. In 2010, the newly developed TTP program was presented to NCSBN's Board of Directors, who supported conducting a randomized, multisite research examining the outcomes of instituting the TTP program with new graduate nurses.

Institutions across three states (Ohio, Illinois and North Carolina) were enrolled in the study. They were randomly assigned the NCSBN TTP program for their new graduates' onboarding process or to maintain whatever pre-existing onboarding program they had been using prior to the NCSBN study (control sites). Many of the control sites already had established transition programs. These varied in length, content and structure. Data was collected over a one-year period from the new graduates and the participating sites. The study examined self-reported errors, positive and negative safety practices; self and matched-preceptor rated competence; new graduates' reports of work stress and job satisfaction; and facility reports of retention.

The initial results of the study comparing the TTP program with the control group were equivocal. On certain factors the TTP group showed better outcomes, while other factors showed more favorable results in the control group. To better understand these results, the researchers took an in-depth look at the types of transition programs in the control group.

It was noted that many programs in the control group were well-established, structured and had at least six of the 11 elements identified by the TTP committee as essential to new graduate transition (these were labeled "established" programs). Others were quite limited in terms of scope and content ("limited" programs). When the "established" transition programs were separated and compared to the NCSBN TTP program and the institutions with "limited" onboarding programs, the results indicated the following:

New graduates in the hospital-based "established" transition programs had:

- fewer errors;
- fewer negative safety practices and;
- higher overall competence ratings (self as well as preceptor reports).

The new graduates in the established programs also reported decreased stress related to their jobs, had increased job satisfaction and were less likely to leave their position during the first year of practice. These results were statistically significant when compared to the TTP and limited programs.

The new graduates' reports in the TTP program also indicated they had fewer errors, fewer negative safety practices, had higher ratings of competence, less stress and increased job satisfaction, and a lower turnover when compared to the "limited" programs. However, the new graduates in the "established" programs had the best outcomes.

New graduates in institutions with limited onboarding programs were more likely to report errors, report negative safety practices, report that they felt less competent, report higher job stress and decreased job satisfaction and were twice as likely to leave their nursing position during the first year of practice.

It was then attempted to conduct the entire TTP program and study procedure/data collection in a second phase using non-hospital settings including long-term care, public health, outpatient and home health facilities. Unfortunately, the quantitative results were not analyzable due to small sample size and lack of full participation by the institutions that enrolled in the study, especially those that were long-term care. Qualitatively, the new graduates in these facilities reported that they were not able to find time to complete their online modules and the preceptors reported having difficulty finding time to connect with their assigned new graduate nurses.

The TTP study allowed examination not only of the newly developed NCBSN TTP program, but also of a variety of pre-existing transition programs being used in institutions participating in the study. The multisite, randomized TTP study is one of the largest to date, and the only study of transition programs to include a control group. While it offers insight into successful strategies for transitioning new graduates into practice, as with all studies, it has some limitations. The data related to errors and safety practices were based on self-reports by the new graduate nurses. There were, however, no feasible methods for objectively collecting these data, and this is generally a limitation for all transition to practice studies. In addition, we are aware that there may have been a selection bias and the hospitals enrolled in the study were already interested in transition to practice and this is marked by the fact there were so many “established” programs enrolled in the control group. There was, however, no way to eliminate this limitation, as a random sample of hospitals was not possible. Finally, the number of new graduate participants in the study did decrease at each interval of data collection. This frequently occurs with longitudinal studies of this type. We anticipated this and did enroll a larger number of new graduates than needed at the onset to account for attrition. Also, our method of data analysis, the multilevel modeling accounted for the study attrition.

Implications for Boards of Nursing

This study indicates that new nurses in structured transition programs, which have been established in hospitals, report decreased errors and negative safety practices. In addition, new graduates and their preceptors in “established” programs rate themselves as more competent, than new graduates in “limited” onboarding programs, and have less work-related stress, increased job satisfaction and are less likely to leave their position during the first year of practice.

It is clear from the study that many hospital employers already have established structured programs that incorporate many of the evidence-based elements identified by the TTP Committee as essential to transition. Hospitals with these rigorous transition programs appear to be effectively transitioning new graduates to practice.

Second, results of NCSBN’s TTP program provide some evidence that the NCSBN TTP program may offer improved outcomes for transitioning new graduate nurses. However, as this study has shown, a program may need to be established for longer than one year in order to have a major impact on new graduate outcomes.

Third, this study looked at specific elements that were identified by the literature, the NCSBN TTP committee and experts as essential to transition. However, we do not know the exact combination of these elements or whether there are other existing elements that are important for transition. There is room for further study here.

Fourth, the lack of participation by non-hospital sites leaves a gap in the data needed about transition to practice in non-hospital institutions. More research is needed related to the type of transition program, length and content for non-hospital sites.

From our data and that of other studies, we believe well-structured transition to practice programs that are individualized, supported by the institutions, incorporate evidence-based elements and include specialty knowledge are important for new graduates. However, more work is needed to answer some of the questions emerging from this study. While we encourage boards of nursing to disseminate our findings and support employers in the development of transition to practice programs, at this time we do not believe there is sufficient evidence to regulate transition to practice programs for nursing.



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