

TAP TO GO
BACK TO
KIOSK MENU

THE NURSING SHORTAGE: Hiring New-Graduate Nurses into the Intensive Care Unit—MSN Project

Meredith Schofield, BSN, RN, CCRN
MSN Candidate, Johns Hopkins University

Background

Nursing Shortage Background:

The profession of nursing is in the midst of a large shortage, with over 1 million projected position vacancies to occur in the next ten years

National Level Factors:

1. Fast growing aging population—*over 80 million adults age 65 or older by 2050*
2. Increased patient complexity—*77% of older adults have >2 chronic conditions*
3. Retiring workforce—*1 million nurses out of 3.4 million to retire by 2030*
4. Rising stressful environments—*60% of RNs leave profession within 8 years of starting 1st position*
5. Nursing faculty shortage—*over 1,700 vacancies resulting in rejection of potential nursing student candidates*

Local Organizational Considerations:

1. Massachusetts expected 2% nurse surplus by 2030, unclear what % is experienced nurses
2. ICU turnover rate—5% (less than national average)
3. Beth Israel Lahey Health merger & new building = larger network & increased #of ICU beds

Aim

To address the nursing shortage, alternative strategies to recruit and retain nursing staff should be considered. One solution to this problem has been to hire new-graduate nurses (NGN) into the intensive care unit (ICU). Thus, the aim of this project was to evaluate the pros and cons to hiring NGNs into the ICU.

The Team

- Meredith Schofield, BSN, RN, CCRN
- Susan Holland, EdD OCL, MSN, RN
- Susan Kulik, DNP, MBA, RN, CJCP



The Interventions

- Literature review
- Organizational & Boston-area hospital assessment with a self-designed 9-question survey
- Presentation of summarized information to ICU leadership teams
- Post-presentation evaluation of leaderships' and frontline staffs' perceptions relating to hiring NGNs into the ICU, using a 14-question survey (adapted from Readiness to Practice Survey)

Results

Literature Review

- 11 articles met specific inclusion criteria
- Level III-V, quality low-medium
- Benefits & risks to hiring NGNs—additional articles reviewed for general NGN evaluation

Boston Hospital Feedback


- 7 hospitals contacted in Boston
- 29% response rate
- Both implement NGN ICU program

Staff Perceptions

- Most agree/strongly agree that NGN are potential solutions
- Need program development

Future Recommendations:

- Assess current RN retirement projections at BIDMC
- Evaluate organizational culture—frontline staff perceptions, current hiring practices
- Consider using ANCC recommendations & successful models (i.e. PTAP or ECCO program)
 - Provide NGNs clinical & theoretical knowledge acquisition, preceptor & mentor development, & unit socialization is optimized
- Monitor patient outcomes and staff satisfaction scores/retention rates



Considerations	Benefits
A) Increased time & resources needed to orient	A) Bring high levels of education & interest with evidence-based practice
B) Inexperienced—lack knowledge	B) Potential long term employees: NGNs stay at large, urban hospitals
C) Potential turnover	C) Reduce cost
D) Potential harm/error	

Survey Results					
Units	Length	Frequency	# Participants	Outcomes	Recommendations
• Multiple ICUs • OR • Oncology • Step-down	6 months to 1 year	Every 4 months vs. Annually	5-13 NGNs per session	95% retention for 3 years	• ANCC's Transition Program Criteria • Lateral violence education • Simulation & brown bag learning sessions

For more information, contact:

mschofie@bidmc.harvard.edu (references upon request)