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Effectiveness of a Psychiatric–Mental Health Nurse Residency Program on Retention

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Abstract

BACKGROUND: Nurse residency programs (NRPs) provide new graduate nurses (NGNs) with social support and experiential activities as a formal transition to clinical practice. **AIMS:** The study was conducted to answer the question: What is the effectiveness of an NRP in retaining NGNs in a psychiatric–mental health setting? **METHOD:** This study used a quantitative time-sequenced comparative study of multiple cohorts of NGNs hired into an NRP at a freestanding hospital in California. **RESULTS:** The study yielded a turnover rate of 11.7% in Year 1 (88.3% retention) and 2.9% in Year 2 (97.1% retention rate), which are lower than reported turnover rates (17.5% and 33.5%, respectively). Significant correlations are described in the workplace domains of knowledge and skills, social support, organizational citizenship behavior, civility, coping self-efficacy, organizational and occupational commitment, person–organizational fit, and burnout. **CONCLUSIONS:** NRPs are effective in attracting and retaining competent, confident NGNs in psychiatric–mental health nursing.

Keywords

inpatient psychiatry, administration and management, program evaluation, professional issues, psychiatric nursing practice

Introduction

A new graduate nurse residency program (NRP) was developed at a large, metropolitan acute freestanding psychiatric hospital in southern California in 2009. The NRP has an evidence-based curriculum using adult and experiential learning theories, which has been correlated with improved skills and behaviors among nursing students (Ferguson & Day, 2007; Kolb, Boyatzis, & Mainemelis, 2001). The NRP curriculum incorporates Benner's novice to expert framework. Since new graduate nurses (NGNs) are considered advanced beginners, they lack expertise and experience in prioritizing and confidence in caring for patients with complex clinical issues (Beecroft, Kunzman, Taylor, Devenis, & Guzek, 2004; Benner, 1984; Goode, Lynn, McElroy, Bednash, & Murray, 2013). Benner's framework facilitates sequencing and prioritizing of knowledge and to develop clinical judgment and decision making. Additionally, and most important, because of immediate entry into the specialty, the curriculum is strongly based in the *Scope and Standards of Practice for Psychiatric–Mental Health Nursing* (APNA, ANA, & ISPN, 2014), Last, NGNs benefit from reflection on an action either during or soon after engaging in an experience as a means to reframe the experience (Mangone, King, Croft, & Church, 2005). As a result, the NRP curriculum includes the reflective practice theoretical frameworks developed by Schön (1983) and Johns (2009) as a means to promote critical inquiry for the NGN.

The NRP provides social support for new graduates and enhances the employees' knowledge and skills (K&S), organizational citizenship behavior (OCB), civility (CIV), coping self-efficacy (CSE), organizational commitment (OrgComm), person–organizational fit

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(POF), occupational commitment (OccComm), and burnout. The literature is absent of any description of the effectiveness of NRPs in the psychiatric–mental health nursing specialty. Nor is there research related to entry into the specialty as entry into professional nursing practice. This study was developed to answer the question: What is the effectiveness of an NRP in retaining new graduate nurses in a psychiatric–mental health setting?

Literature Review

It is reported that 17.5% of NGNs leave the nursing profession in the first year of practice and that more than 33.5% of NGNs leave their first position within 2 years of employment (Kovner, Brewer, Jun, & Fatehi, 2014). Reasons cited for leaving the nursing profession include job dissatisfaction, stress, shortened orientations, and poor physician–nurse relationships. It has been estimated that it costs $25,000 to $64,000 to hire and train a new nurse (Jones, 2004). Because of the high rate of turnover and costs associated with nurses leaving their roles, it is clear that health care organizations must promote a work environment that cultivates and ensures successful integration into the new role. It is also imperative that health care organizations provide a culture conducive to professional nurse development. Since hospital turnover has been directly correlated with increased mortality rate in hospitalized patients (Needleman et al., 2011), health care organizations must also collaborate on strategies that reduce the theory-to-practice deficit. Nursing literature addresses the benefits of establishing new graduate NRPs as a means to prepare nurses to work in today's complex hospital environment. However, there is a lack of specificity in the literature about using NRPs in psychiatric–mental health nursing settings to emphasize social support of NGNs to enhance retention and integration into the profession.

As a retention strategy, many organizations have developed formal NRPs for NGNs, and they have been shown to help them transition from novice or advanced beginner to competent nurse. The Advisory Board proposes nine goals of exemplary NRPs: (1) bridging gaps in nurses' skill set, (2) connecting "book knowledge" to real-life clinical challenges, (3) ensuring ongoing support from leadership and peers, (4) fostering espirit de corps among new nurses, (5) broadening new nurses' understanding of health care delivery, (6) empowering new nurses to contribute to practice improvement, (7) sparking continuous professional growth and development, (8) demonstrating residency program value, and (9) facilitating partnerships with area nursing schools (Advisory Board, 2007). Residency programs have been shown to reduce turnover rates of new graduates from 20% to 12% in one study (Halfer, Graf, & Sullivan, 2008) and between 20% to 4%, and 54% to 28% in a meta-analysis of 16 studies (Salt, Cummings, & Profetto-McGrath, 2008).

NRPs are also essential to the success of NGNs in the areas of skill acquisition, work organization, communication, and clinical leadership (Goode et al., 2013). NGNs expressed the benefit from long-term support and debriefing opportunities (Dyess & Sherman, 2009). Gill, Deagan, and McNett (2010) examined the expectations, perceptions, and satisfaction of NGNs during their first year of practice and found that they desire a well-organized orientation that includes multifaceted experiences. Formal mentoring for NGNs has also been cited as an excellent way for organizations to create a dynamic, nurturing environment in which the new professional nurse can progress successfully from a new graduate to a safe, competent, and satisfied nurse (Halfer et al., 2008; Krozek, 2008).

NRP Components

The new graduate NRP was developed as both an educational intervention and as a social support system that was created based on a review of the literature, known learning theories, best practice analysis, and findings from previously completed qualitative survey of this large health care system's NGNs identifying those factors that were hypothesized to make the most positive difference in the NGN experience. From the review of the literature, the curriculum content includes the following topics: (1) teamwork; (2) interpersonal relationships with other nurses; (3) physician interactions and conflicts; (4) competency and confidence levels; (5) social support from others; (6) role and job stress; (7) commitment to the health care system; (8) job satisfaction; (9) evidence-based practice knowledge, attitudes, and practice; and (10) coping efficacy. In addition, the NRP curriculum is rich in the theories and practice of psychiatric–mental health nursing.

Method

This study design was a quantitative time-sequenced comparative study of multiple cohorts of NGNs who were hired into the new NRP. The study used a convenience nonprobability sample of NGNs. Data were collected between June 1, 2010, and September 30, 2016. The study was approved by the institutional review board. Subjects included all NGNs who were hired into the NRP. All subjects were employed from December 2009 through September 2016. Initially, it was expected that approximately 10 subjects would be recruited per year from a sample of 10 per year. Total enrollment for this study was expected to be 30 subjects. The actual total recruitment was 34.

The participants were hired into the new NRP and participated in the educational intervention and received planned social support from the coordinator of the program. NGNs were asked to complete the survey instruments at 6, 12, and 24 months post-hire date. The 6-month survey served as the baseline survey. In total, it was expected that the participants would complete 3 surveys. Recruitment e-mails were sent the first week of the month of the survey. A hard copy of the survey and a link to the online survey were sent by the co-investigator who was not an employee (a professor at local state university). The potential participants were asked to complete the survey if they were interested in participating in the study. The co-investigator informed the research subjects about the study's purpose, methodology, data collection procedures, and protection of the subjects' anonymity and confidentiality. They were informed that their identities will not be known to the principal investigator and co-investigators, since the participants will be asked to code each of their study forms with a secret 8-digit identification code comprised of their mother's birthday in a 2-digit month, 2-digit day, and 4-digit year. Subjects were informed that individual responses would be known only to the co-investigator, who was not an employee. It was hoped that these measures ensured that participants were not unduly influenced in their decision to participate in the study.

Instrument

The items in the survey have been used in other published studies and have known psychometric properties. A summary of administrative data and instruments is outlined in Table 1.

Results

Demographics

Descriptive statistics were calculated for study participants and are presented in Table 2. All the respondents were female. The majority of respondents were aged 18 to 29 (46%). Fifty-four percent of the respondents were White, 15% classified themselves as Asian, and an equal number were categorized as Hispanic/Latino and Black or African American (8%, respectively). The majority of respondents were graduates of an accelerated baccalaureate nursing program (56%); 77% had the BSN as their highest degree earned. Only 47% belonged to a professional nursing organization. Ninety-one percent intended to become board certified in their specialty with 73% planning to take a review course prior to sitting for the exam. The majority of respondents were assigned to an open mental health unit (29%), followed by an adult unit (18%), child and adolescent unit (18%), and chemical dependency unit (18%). The remainder were assigned to an adult intermediate unit (12%) and a senior behavioral unit (6%).

Workplace Domains

The 6-month, 12-month, and 24-month surveys measured various workplace characteristics or domains. There were no significant differences in mean scores for the scales between time periods, but the lack of statistical significance was likely related to an insufficient sample size. K&S increased slightly from 6 months to 1 year (3.18 to 3.47). SS decreased over time (3.90 at 6 months, 3.51 at 12 months, and 3.42 at 24 months; see Table 3). Structured activities and formal teaching/learning took place during the first 6 months of the NRP, with a decrease in those intensive activities over time. OCB also decreased slightly over time. This may be due to a focus on the behaviors expected of the employee within the first 6 months, and the employee's enculturation into their own professional role over time. The decrease in CIV over time could be due to the professional nurse's life in the "real world," versus the idealized world of nursing student and NGN. OrgComm, OccComm, and POF decreased slightly over time, which could have been the result of diminishing social support from the NRP coordinator after Year 1 (see Table 3). It should be noted that Burnout decreased from the first measurement at 6 months to the 24-month measurement, which is an important finding supporting the NRP.

Correlations

Significant correlations were noted among six of the nine workplace domains (see Table 4).

The strongest correlations were among K&S with CSE and with OrgComm; SS with CIV and OrgComm; OCB with POF; CIV with OrgComm; OrgComm with BO; and POF with OccComm. As the NGN moves from novice to become more confident in their knowledge, skills, and role, their commitment to the organization may increase. Intensive social support at the beginning of the NRP could contribute to civil behavior among the professional staff and other staff (physicians, social workers, etc.). The NRP provides group time where NGNs can discuss challenging interprofessional interactions and behaviors. Social support provides the RN with the opportunity to share these scenarios (reflective learning) and gather knowledge and skill from each other and from seasoned RNs (NRP coordinator, mentors, and preceptors). The correlation

Table 1. Summary of Instrument Elements.

Element	Description
Demographics	Survey items to describe the sample and to control for confounding variables that could affect the NGNs' transition to practice (gender, age, ethnic group, etc.).
Survey frequency and workplace domains	Measurement at 6 months, 12 months, and 24 months using the following scales: job satisfaction (K&S), social support (SS), organizational citizenship behavior (OCB), workplace civility (CIV), organizational commitment (OrgComm), coping self-efficacy (CSE), occupational commitment (OccComm), person-organizational fit (POF), burnout (BO), and turnover.
Job satisfaction	Measured using the Halfer and Graf (2006) Job/Work environment Nursing Satisfaction Survey's items related to knowledge and skills, which includes 5 items (K&S).
Social support	Measured by the shortened version of the Eisenberger Social Support Scale (Eisenberger, Huntington, Hutchison, & Sowa, 1986; Eisenberger, Stinglhamber, Vandenberghe, Sucharski, & Rhoades, 2002; SS) which includes 10 items with three subscales: Organization/Hospital, Supervisor, and Peer. Perceived organizational support refers to employees' perception concerning the extent to which the organization values their contribution and cares about their well-being (Eisenberger, 2016).
Organizational Citizenship Behavior (OCB)	Measured by the Williams and Anderson OCB scale (Williams & Anderson, 1991). OCB is defined as the extent to which an individual's voluntary support and behavior contributes to the organization's success (Business Dictionary, n.d.). The scale assesses the frequency of organizational citizenship behaviors performed by employees. Eleven items and 2 subscales were used in this study.
Civility	Measured by the Pearson, Andersson, and Porath (2005) Civility Norms Questionnaire (Short Version)–Form B, which consists of 4 items (CIV). Uncivil behavior includes talking down to others, making demeaning remarks and not listening to somebody, and can have financial consequences for an organization (Porath & Pearson, 2013). The questionnaire assesses workgroup climate for civility. Four items from this questionnaire were used in the NRP instrument.
Occupational coping self-efficacy (CSE)	Measured by the Pisanti, Lombardo, Lucidi, Lazzari, and Bertini (2008) scale, which provides a measure of a person's self-appraisals of capabilities to cope with environmental demands. Eleven items were used from this survey.
Organizational commitment (OrgComm)	Measured by the Allen and Meyer (1990) Affective Commitment Scale (shortened version). Affective commitment reflects the commitment based on emotional ties the employee develops with the organization primarily via positive work experiences (Jaros, 2007). Three items were used from this tool.
Occupational commitment (OccComm)	Measured using a tool developed by Allen and Meyer (1990). Occupational commitment refers to the affective commitment to the profession of nursing. Allen and Meyer defined commitment as "a psychological state that (a) characterizes the employee's relationship with the organization, and (b) has implications for the decision to continue or discontinue membership in the organization" (Meyer, Allen, & Smith, 1993, p. 539). Three items were used from this tool.
Person–organization fit (POF)	Measured by the Cable and Judge (1996) Person–Organizational Fit Scale. The internal reliability has been reported in published studies ranging from $a = .73$ to .87. The scale measures the extent to which job seeker's perceptions of an organization's values match their own values ($p = .295$). Three items were used from this tool.
Burnout (BO)	Measured by a shortened version of the Copenhagen Work Burnout Inventory (Borritz et al., 2006), which consist of 7 items and measures work related, client related, and personal burnout.
Turnover	Measured by actual turnover rates of nurse graduate cohorts. Data supplied by Human Resources.

between OCB and POF could reflect the NGNs enculturation into the mission and vision of the organization, thus refining their perception of their place/role in the organization. As the person perceives more of a fit within the organization, their commitment to the organization increases.

Turnover Rates

The overall RN turnover rate for the hospital during the study period decreased from 7.8% to 6.6% (see Figure 1), supporting the hypothesis that social support for NGNs enhances various workplace domains. Thirty-four new nurse

Table 2. Demographic Characteristics of the Study Participants.

Characteristics	*n*	%
Gender	(*n* = 12)	
Female	12	100%
Male	0	0%
Age in years	(*n* = 12)	
18-29	6	50%
30-39	1	8%
40-49	3	25%
50-59	0	0%
60-69	2	17%
⩾70	0	0%
Ethnic Group	(*n* = 13)	
Hispanic or Latino	1	8%
American Indian or Alaska Native	0	0%
Asian	2	15%
Black or African American	1	8%
Native American or other Pacific Islander	0	0%
White	7	54%
Other	2	15%
Nursing degree	(*n* = 13)	
BSN	6	46%
Accelerated BSN	7	54%
Highest degree earned	(*n* = 13)	
Baccalaureate—Nursing	10	77%
Baccalaureate—Other	3	23%
Work commitment	(*n* = 16)	
Full-time	7	44%
Part-time	9	56%
Work shift	(*n* = 14)	
Days	9	64%
Eves	5	36%
Nocs	0	0%
Belong to a nursing professional organization?	(*n* = 17)	
Yes	8	47%
No	9	53%
Intend to become certified?	(*n* = 11)	
Yes	10	91%
No	1	9%
Intend to take certification preparation course?	(*n* = 15)	
Yes	11	73%
No	4	27%

graduates were selected for the NRP. Of those, 5 resigned within 1 year, yielding a turnover rate of 11.7% (88.3% retention rate). In Year 2, only 1 NRP participant left the organization, yielding a turnover rate of 2.9% (97.1% retention rate) for the study period (see Figure 2 for Year 1 and Year 2 turnover compared with national averages).

Job Satisfaction and Dissatisfaction

Thirteen participants provided distinct comments, which were coded into themes. The results of this analysis are presented in Figure 3. The most frequently cited satisfiers included teamwork/coworkers (53%) and shift/hours (15%). Also cited were tasks, feedback from patients, training, and unit. The greatest source of job dissatisfaction was related to staffing—understaffed/acuity/patient load (23%) followed in equal measure to shift/hours/weekends (23%). The next most frequently cited dissatisfier was lack of downtime and stress (18%). Other dissatisfiers included overworked, expectation of others, management responsiveness, getting floated, lot of time on computer, and not enough time with patients (see Figure 4).

Discussion

Summary of Key Findings

The majority of respondents were female and were between 40 and 62 years of age, which is not typical of NGNs reported in the literature. The participants in this study were primarily White and graduated from an accelerated BSN program. NRP participants were more often assigned on the day shift (64%), and the majority were classified as working part-time (56%). Of the 91% of survey respondents who indicated that they intended to become board certified, 4 (12%) attained certification.

The domain OrgComm was most frequently correlated with other workplace domains. NRPs provide a more formalized structure for skills and knowledge acquisition, compared with more common orientation programs. The intention is to provide special attention to the experience of the NGN as they dive into unfamiliar clinical territory. NRP participants are exposed to thought leaders in the organization, who have a keen interest in welcoming NGNs to the organization and the profession. This exposure may have a positive effect on the person's commitment to the organization. In addition, NRP activities focus on quality, safety, and enculturation into the new environment. In effect, the organization's professional practice model becomes a living, breathing thing.

The findings in this study indicated 11.7% of new nurses left their position within the first year, and 2.9% left within 2 years, as contrasted to the higher rates of 17.5% in the first year and 33.5% within 2 years as reported in the literature (Kovner et al., 2014). The increased retention rates found in this study are similar to a recent systematic review of NRPs on retention (Van Camp & Chappy, 2017). Using Jones' (2004) cost estimates methodology, the cost of losing five nurses in this organization ranged from $125,000 to $320,000.

Table 3. Workplace Domains.

Domain	Survey (months)	*n*	Mean (1-5)	*SD*
Job Satisfaction (Knowledge & Skills; K&S)	6	2	3.18	0.17678
	12	10	3.47	0.35917
	24	5	3.28	0.20187
Social Support (SS)	6	2	3.90	0.14142
	12	10	3.51	0.39847
	24	5	3.42	0.62209
Organizational Citizenship Behavior (OCB)	6	2	4.16	0.79710
	12	11	3.76	0.20956
	24	5	3.71	0.26032
Civility (CIV)	6	2	4.75	0.35355
	12	11	3.98	0.67504
	24	5	4.30	0.44721
Coping Self-efficacy (CSE)	6	2	3.86	0.19285
	12	10	4.16	0.29937
	24	5	3.73	0.56408
Organizational Commitment (OrgComm)	6	2	4.83	0.23570
	12	11	4.51	0.50252
	24	5	4.47	0.50553
Occupational Commitment (OccComm)	6	2	4.83	0.82496
	12	11	4.52	0.50692
	24	5	4.47	0.53489
Person–Organizational Fit (POF)	6	2	4.50	0.70711
	12	11	4.36	0.45837
	24	5	4.13	0.60553
Burnout	6	2	3.07	0.30305
	12	10	2.73	0.72672
	24	5	2.86	0.48445

Table 4. Correlations Among Workplace Domains.

Workplace variable	K&S	SS	OCB	CIV	CSE	OrgComm	POF	OccCom	BO
K&S					.712*	.533*			
SS				.540*		.814**			
OCB							.647**		
CIV		.540*				.497*			
CSE	.712**								
OrgComm	.533**	.814**		.497*					.708**
POF	.708**							.647**	
OccCom									
BO									

**Correlation is significant at the .01 level (2-tailed). *Correlation is significant at the .05 level (2-tailed).

Limitations

There are several limitations of this study. The low response rate of 33% and small sample size made it difficult to achieve statistical significance to determine differences in mean scores on study variables. Only 38% of NRP graduates completed the 6-month survey, which included demographic information. With the original design, the researchers expected that they would be able to compare results from the same participant over time (6, 12, and 24 months). Because of the low response, there were very few instances where all three surveys had been completed by the same participant. Goode et al. (2013) summarized lessons learned from 10 years of research on NRPs and concluded that "it is difficult to maintain high response rates in a repeated-measures design" (p. 5).

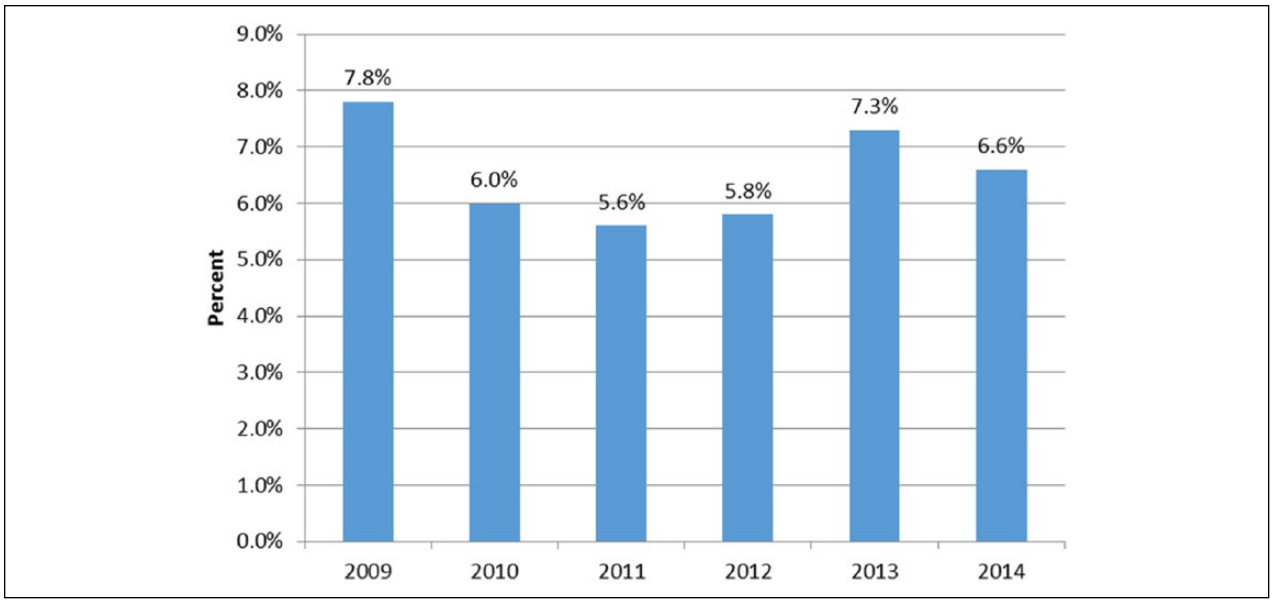

Figure 1. RN turnover rates—Overall.

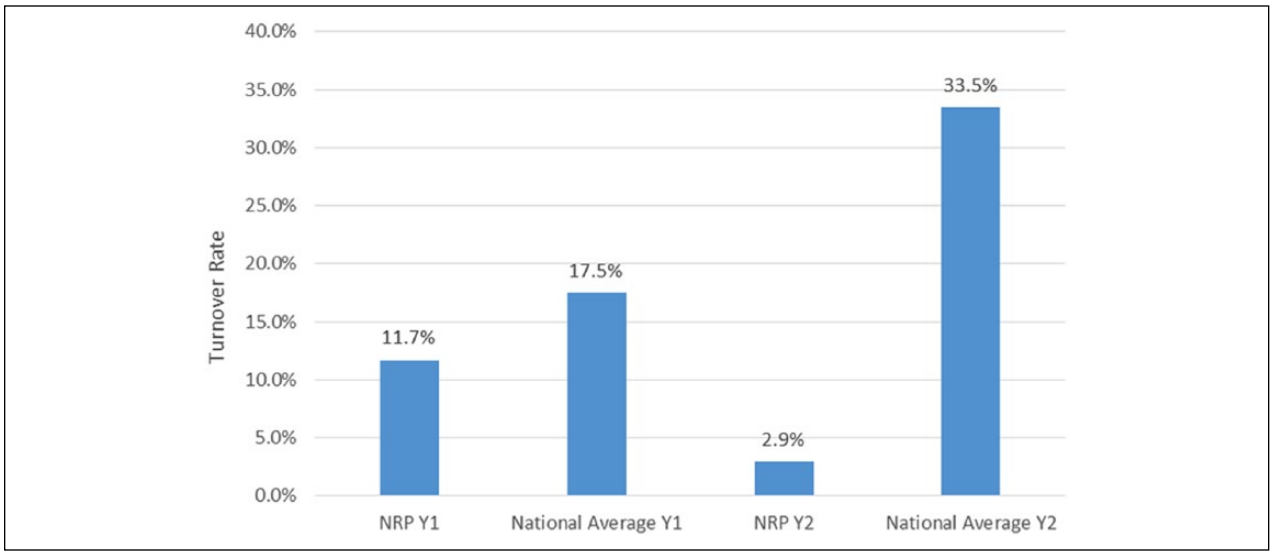

Figure 2. NRP turnover compared to national averages (Year 1 and Year 2).

Attrition of survey participants could be due to the fact that the program was only a year-long. The 24-month survey was outside of the NRP and participants could have lost interest in the study due to their change in focus from NRP to their work roles or to job stressors and desired work–life balance, which prevented them from taking the time to complete the additional surveys. The attrition across the time periods and the decrease in means for important study variables (e.g., SS, OrgComm, OccComm, POF) support the need to continue in Year 2 of the NRP.

Study Implications

The NRP is a means of attracting NGNs to the psychiatric–mental health specialty and retaining them in the profession and in their new jobs. An NRP can serve as a recruitment and retention strategy that lowers overall turnover rates as demonstrated in this study focused on an NRP in a specialty area. Twenty-six percent of this group progressed into leadership positions, another positive effect of the NRP. In this way, NRPs can also be considered part of a succession planning strategy.

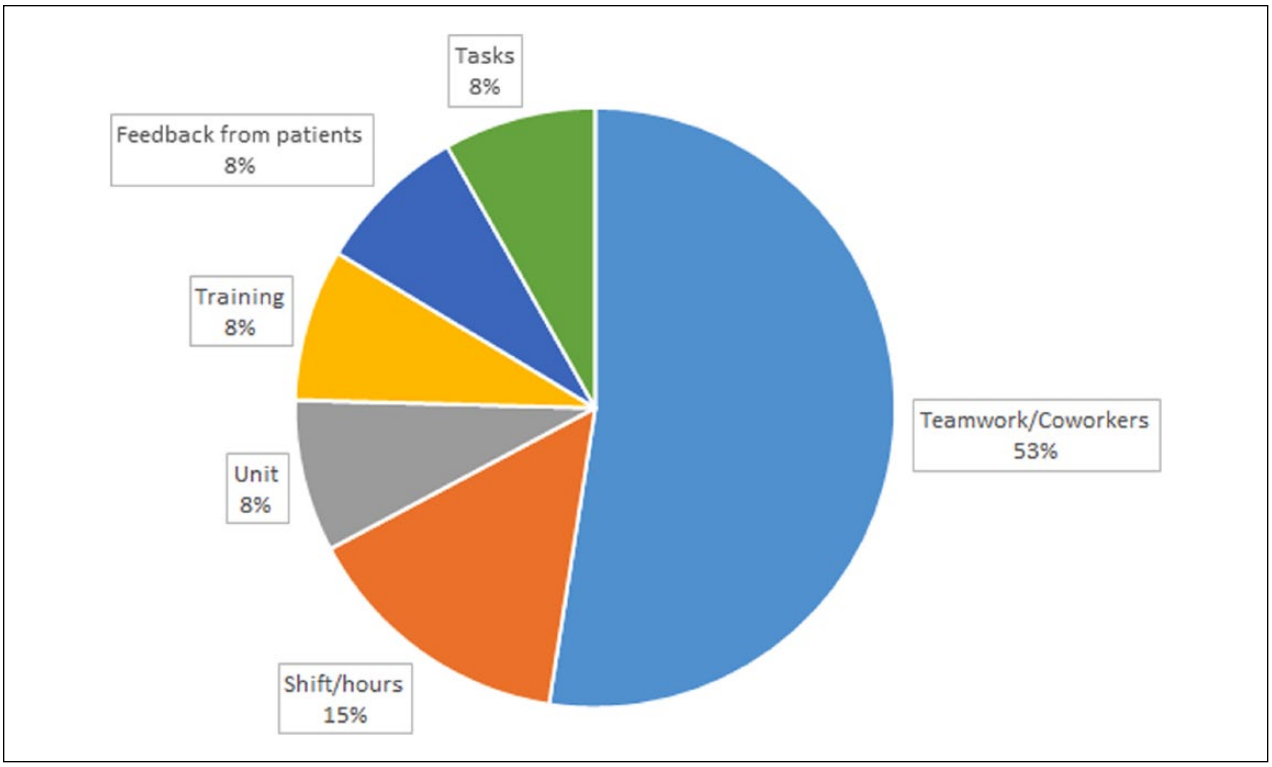

Figure 3. NRP: Source of job satisfaction.

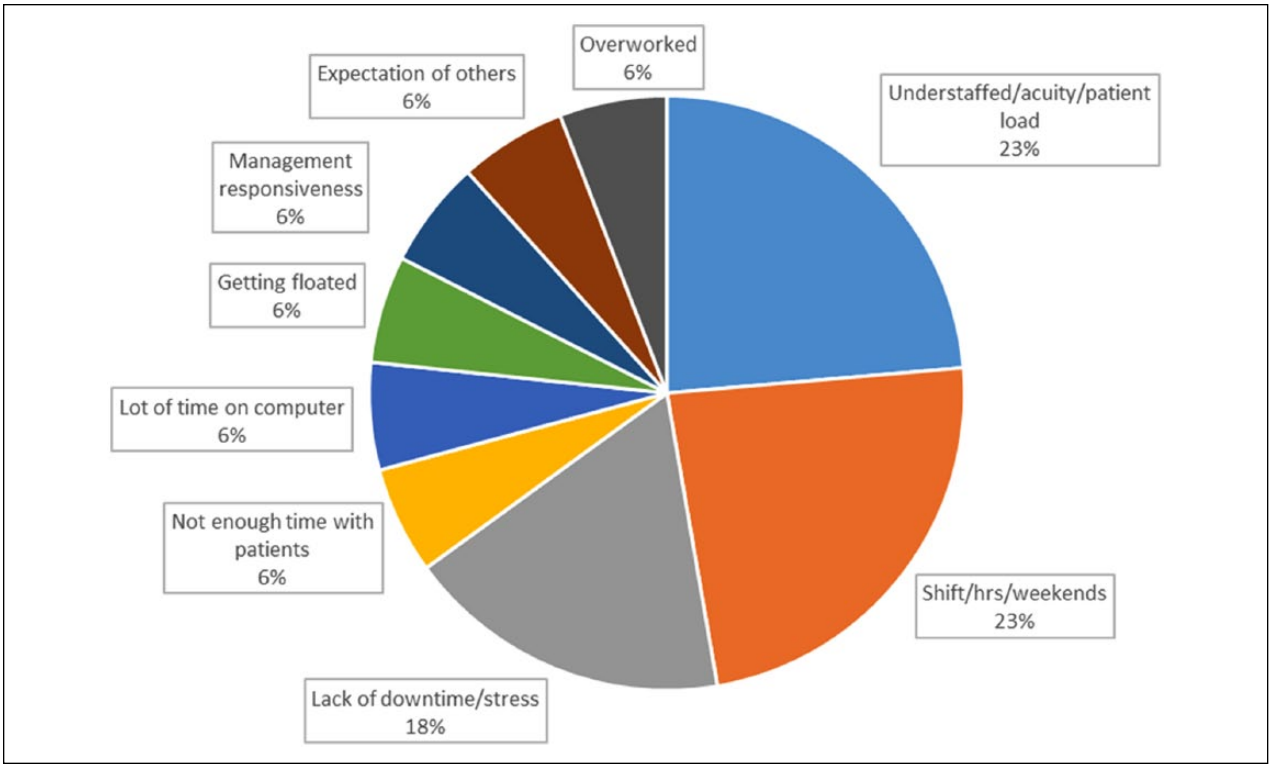

Figure 4. NRP: Source of job dissatisfaction.

Author Roles

Luc R. Pelletier: Research design, data analysis, writing.
Chandra Vincent: Research.
Loralie Woods: Research, writing.
Cheryl Odell: Research.
Jaynelle F. Stichler: Research design, data analysis, writing.

Declaration of Conflicting Interests

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References

Advisory Board. (2007). *Transitioning new graduates to hospital practice: Nine goals of exemplary nurse residency programs*. Washington, DC: Author.

Allen, N., & Meyer, J. (1990). The measurement and antecedents of affective, continuance and normative commitment to the organization. *Journal of Occupational Psychology*, *63*, 1-18. doi.10.1111/j.2044-8325.1990.tb00506.x

APNA, ANA, ISPN. (2014). *Scope and standards of practice for psychiatric-mental health nursing*. Silver Spring, MD: Author.

Beecroft, B.C., Kunzman, L.A., Taylor, S., Devenis, E., & Guzek, F. (2004). Bridging the gap between school and workplace: Developing a new graduate nurse curriculum. *Journal of Nursing Administration*, *34*(7-8), 338-345. doi: 10.1016/j.outlook.2005.01.004

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley.

Borritz, M., Rugulies, R., Bjorner, J. B., Villadsen, E., Mikkelsen, O. A., & Kristensen, T. S. (2006). Burnout among employees in human service work: Design and baseline findings of the PUMA study. *Scandinavian Journal of Public Health*, *34*(1), 49-58. doi:10.1080/14034940510032275

Business Dictionary. (n.d). *Organizational citizenship*. Retrieved from http://www.businessdictionary.com/definition/organizational-citizenship.html

Cable, D., & Judge, T. (1996). Person-organizational fit, job choice decisions, and organizational entry. *Organizational Behavior and Human Decision Processes*, *67*, 294-311.

Dyess, S. M., & Sherman, R. O. (2009). The first year of practice: New graduate nurses' transition and learning needs. *Journal of Continuing Education in Nursing*, *40*, 403-410. doi:10.3928/00220124-20090824-03

Eisenberger, R. (2016). *Perceived organizational support*. Retrieved from classweb.uh.edu/eisenberger/perceived-organizational-support/

Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology*, *71*, 500-507. doi.org/10.1037/0021-9010.71.3.500

Eisenberger, R., Stinglhamber, F., Vandenberghe, C., Sucharski, I. L., & Rhoades, L. (2002). Perceived supervisor support: Contributions to perceived organizational support and employee retention. *Journal of Applied Psychology*, *87*, 565-573. doi:10.1037/0021-9010.87.3.565

Ferguson, L. M., & Day, R. A. (2007). Challenges for new nurses in evidence-based practice. *Journal of Nursing Management*, *15*, 107-113. doi:10.1111/j.1365-2934.2006.00638.x

Gill, B., Deagan, E., & McNett, M. (2010). Expectations, perceptions, and satisfaction of graduate nurses. *Journal of Nurses in Staff Development*, *16*(2), E11-E17. doi:10.1097/NND.0b013e31819b5ef4

Goode, C. J., Lynn, M. R., McElroy, D., Bednash, G. D, & Murray, B. (2013). Lessons learned from 10 years of research on a post-baccalaureate nurse residency program. *JONA*, *43*(2), 73-79. doi:10.1097/NNA.0b013e31827f205c

Halfer, D., & Graf, E. (2006). Graduate nurse perceptions of the work experience. *Nurse Economics*, *24*, 150-155.

Halfer, D., Graf, E., & Sullivan, C. (2008). The organizational impact of a new graduate pediatric nurse mentoring program. *Nursing Economics*, *26*, 243-249.

Jaros, S. (2007). Meyer and Allen model of organizational commitment: Measurement issues. *Journal of Organizational Behavior*, *VI*(4), 7-25.

Johns, C. (2009). *Becoming a reflective practitioner*. San Francisco, CA: Wiley.

Jones, C. (2004). The costs of nurse turnover. Part 1: An economic perspective. *Journal of Nursing Administration*, *34*, 562-570.

Kolb, D. A., Boyatzis, R. E., & Mainemelis, C. (2001). Experiential learning theory: Previous research and new directions. In R.J. Sternberg & L. Zhang (Eds.), *Perspectives in thinking, learning and cognitive styles* (pp. 227-247). New York, NY: Routledge.

Kovner, C. T., Brewer, C. S, Jun, J., & Fatehi, F. (2014). What does nurse turnover rate mean and what is the rate? *Policy, Politics & Nursing Practice*, *15*(3-4), 64-71. doi:10.1177/1527154414547953

Krozek, C. (2008). The new graduate nurse residency: Win/win/win for nurses, hospitals, and patients. *Nurse Leader*, *6*(5), 41-44.

Mangone, N., King, J., Croft, T., & Church, J. (2005). Group debriefing: An approach to psychosocial support for new graduate registered nurses and trainees enrolled nurses. *Contemporary Nurse*, *20*, 248-257. doi:10.5555/conu.2005.20.2.248

Meyer, J. P., Allen, N. J., & Smith, C. A. (1993). Commitment to organizations and occupations: Extension and test of a three-component conceptualization. *Journal of Applied Psychology*, *78*, 538-551.

Needleman, J., Buerhaus, P., Pankrantz, S., Leibson, C. L., Stevens, S. R., & Harris, M. (2011). Nursing staffing and inpatient hospital mortality. *New England Journal of Medicine*, *364*, 1037-1045. doi:10.1056/NEJMsa1001025

Pearson, C. M., Andersson, L. M., & Porath, C. L. (2005). Workplace incivility. In S. Fox & P. E. Spector (Eds.), *Counterproductive work behavior: Investigations of actors and targets* (pp. 177-200). Washington, DC: American Psychological Association.

Pisanti, R., Lombardo, C., Lucidi, F., Lazzari, D., & Bertini, M. (2008). Development and validation of a brief Occupational Coping Self-Efficacy Questionnaire for Nurses. *Journal of Advanced Nursing*, *62*, 238-247. doi:10.1111/j.1365-2648.2007.04582.x

Porath, C., & Pearson, C. (2013). The price of incivility. *Harvard Business Review*. Retrieved from https://hbr.org/2013/01/the-price-of-incivility

Salt, J., Cummings, C., & Profetto-McGrath, J. (2008). Increasing retention of new graduate nurses: A systemic review of interventions by healthcare organizations. *Journal of Nursing Administration*, *38*, 287-296.

Schön, D. (1983). *The reflective practitioner: How professionals think in action*. London, England: Temple Smith.

Van Camp, J., & Chappy, S. (2017). The effectiveness of nurse residency programs on retention: A systematic review. *AORN Journal*, *106*, 128-144. doi:10/1016/j.aorn.2017.06.003

Williams, L. J., & Anderson, S. E. (1991). Job satisfaction and organizational commitment as predictors of organizational citizenship and in-role behaviors. *Journal of Management*, *17*, 601-617. doi:10.1177/014920639101700305

Continuing Education

Disclosures: The authors and planners have no conflict of interest to disclose. Off-label medication use will not be discussed.

Target Audience: Registered nurses and advance practice registered nurses

Learning Outcomes: *Upon completion of this article, the participant will be able to*

1. Compare the turnover rates of a nurse residency program in a psychiatric-mental health setting to rates discussed in previous literature.
2. Describe the top two satisfiers and dissatisfiers of a nurse residency program in a psychiatric-mental health setting.

Cost: There is no fee for continuing education credit.

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