Nurses' Transition to Practice in the Context of the Covid-19 Pandemic: A Multi-site, Longitudinal Study

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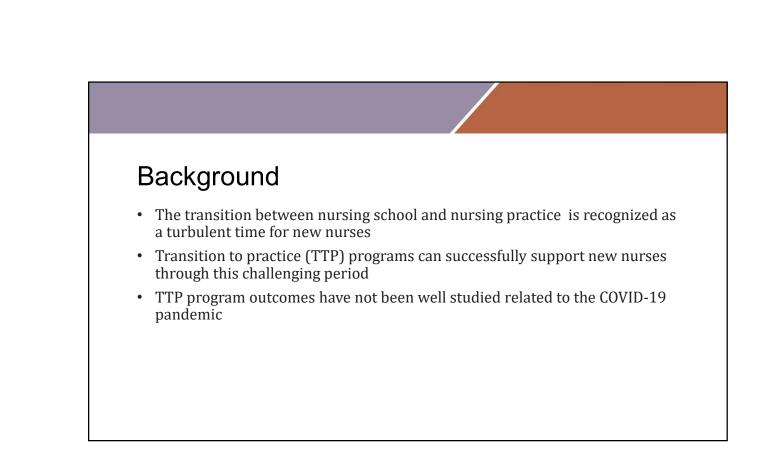
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Acknowledgments

- The research reported in this presentation has been funded by the National Council of State Boards of Nursing Center for Regulatory excellence.
- Study co-investigators and staff.

Learning Outcomes

- Describe transition to practice outcomes for new nurses during the Covid-19 pandemic
- Discuss implications of the study findings for transition to practice research, education, and practice



Study purpose

• The purpose of this study was to analyze the associations between TTP outcomes and the COVID-19 pandemic

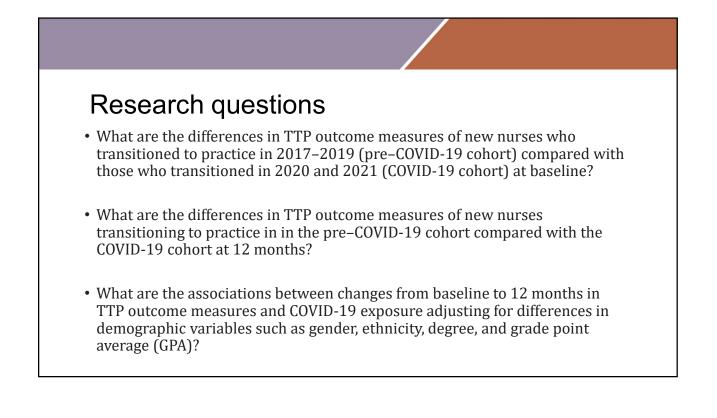
TTP research before the pandemic

- New nurses felt unprepared for practice, lacked confidence in their skills and care coordination abilities, experienced heavier workloads than expected, and had insufficient communication and professional skills
- Feelings of being overwhelmed led new nurses to lose confidence or leave their jobs
- TTP programs help transition new nurses into practice by providing support to increase new nurses' knowledge, skills, and abilities



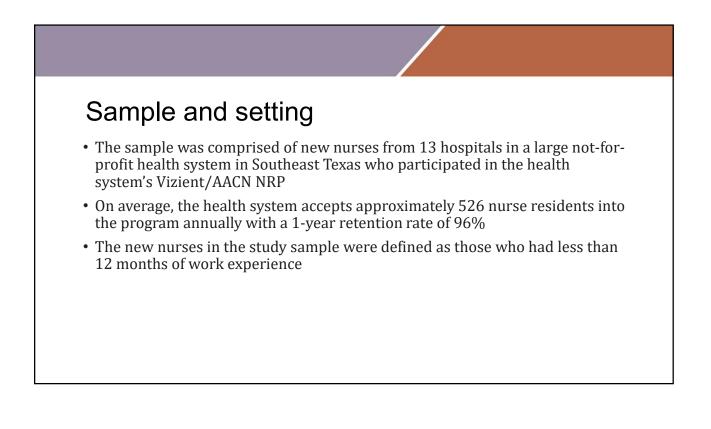
TTP research during the pandemic

- 67.5% of new nurses had fewer clinical practice experiences that their prepandemic counterparts, resulting in the nurses feeling overwhelmed, concerned for lack of efficiency, afraid of making mistakes after their orientation
- 96% of new nurses rated their experience as negative and reported an inability to form effective peer relationships, lowered confidence in their preparation and abilities, and increased concern for personal health and safety
- For Vizient/AACN NRP participants no differences before and during the pandemic from the Casey–Fink Graduate Nurse Experience Survey and Nurse Resident Progression Survey



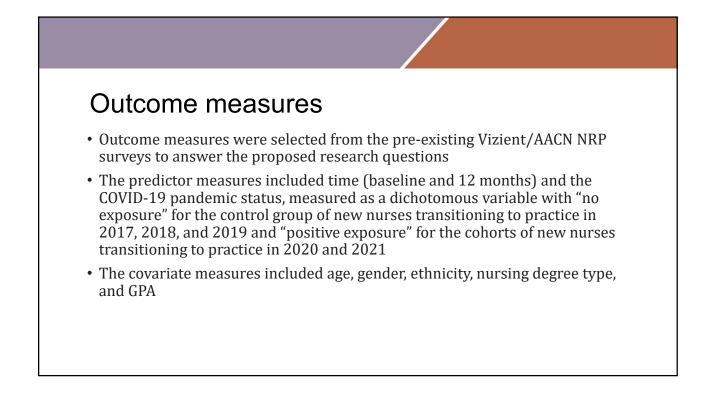
Study design

• We used a correlational longitudinal design to analyze self-reported survey data previously collected and stored in the Vizient/AACN NRP database using two Vizient/AACN NRP survey instruments: the Casey-Fink Graduate Nurse Experience Survey and the Nurse Resident Progression Survey at baseline and 12 months from nurses transitioning to practice from 2017 to 2021 across 13 hospitals in a single health system in Southeast Texas.



Data collection

- The health system collected data regarding new nurses from its 13 hospitals in collaboration with Vizient
- New nurses who participated in the Vizient/AACN NRP responded to surveys via an electronic portal
- The responses to the surveys were submitted electronically into Vizient and automatically entered into their database
- A data coordinator from Vizient then prepared and shared data from the Vizient database with the research team for analyses



Analysis

- Baseline and 12-month characteristics were described as frequency (%) for categorical variables and as mean (SD) for continuous variables
- The longitudinal analysis was carried out with linear mixed effects models for each scale score

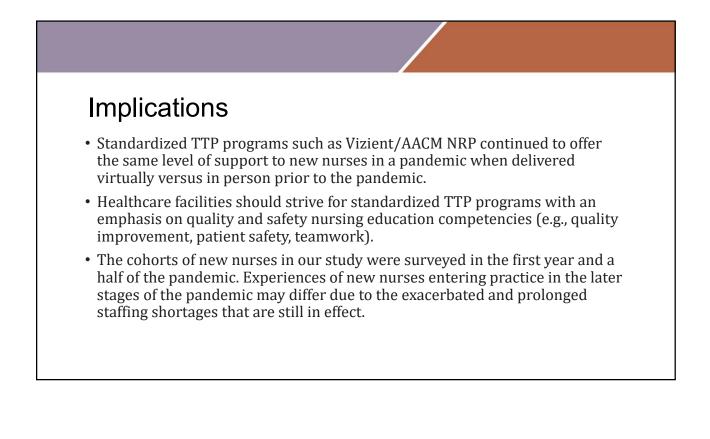
Results

- Data were available for 2,673 new nurses from 13 hospitals who were enrolled in the TTP program; 1,475 of the nurses were enrolled in either 2017, 2018, or 2019 (before the COVID-19 pandemic) and 1,198 entered in 2020 (after March) or 2021 (after the COVID-19 pandemic began)
- New nurses entering practice during the COVID-19 pandemic were more diverse, had a higher overall GPA, and were more likely to have a bachelor's degree
- When adjusting for the demographic composition of the cohorts, differences were identified in the changes from baseline to 12 months in advocacy, patient safety, and commitment scores

Key Findings

Scale	βª	95% <i>Cl</i> Lower	Upper	p Value
Casey-Fink Graduate Nurse Experience Survey				
Support	0.00	-0.04	0.04	.906
Patient safety	-0.15	<mark>-0.20</mark>	<mark>-0.11</mark>	<.001
Stress	0.04	-0.04	0.12	.361
Communication/leadership	-0.03	-0.07	0.01	.199
Professional satisfaction	-0.02	-0.07	0.03	.358
Job satisfaction	-0.05	-0.11	0.00	.054
Nurse Resident Pi	rogression Survey			
Advocacy	<mark>-0.06</mark>	<mark>-0.12</mark>	<mark>-0.01</mark>	<mark>.021</mark>
Collaboration	-0.02	-0.06	0.03	.430
Leadership	0.00	-0.05	0.05	.971
Commitment	<mark>-0.05</mark>	<mark>-0.09</mark>	<mark>-0.01</mark>	.017
				1 100

^aLinear mixed models for each scale are summarized by the interaction term β , which represents the difference in improvement from baseline to 12 months in the COVID-19 cohort relative to the pre-COVID-19 cohort. For example, β of -0.05 represents the difference in negative improvement from baseline to 12 months in the COVID-19 cohort. For example, β of -0.05 represents the difference in negative improvement from baseline to 12 months in the COVID-19 cohort. For example, β of -0.05 represents the difference in negative improvement from baseline to 12 months in the COVID-19 cohort. For example, β of -0.05 represents the difference in negative improvement from baseline to 12 months in the COVID-19 cohort. For example, β of -0.05 represents the difference in negative improvement from baseline to 12 months in the COVID-19 cohort. For example, β of -0.05 represents the difference in negative improvement from baseline to 12 months in the COVID-19 cohort. For example, β of -0.05 represents the difference in negative improvement from baseline to 12 months in the COVID-19 cohort. For example, β of -0.05 represents the difference in negative improvement from baseline to 12 months in the COVID-19 cohort. For example, β of -0.05 represents the difference in negative improvement from baseline to 12 months in the COVID-19 cohort. The models are adjusted with propensity scores to control differences in distributions of demographic composition of the cohorts.



References and Contact Information

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