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Successful Components for Developing an Oncology Nurse Residency Program: An Integrative Review

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Introduction

The transition from student nurse to practicing professional nurse is an overwhelming time for newly licensed registered nurses (NLRNs). The first year of nursing practice is a formative time for an NLRN with 35-60% leaving their first job within the first year of practice (Eckerson, 2018). Such high turnover rates have detrimental financial effects on healthcare institutions, with the cost to replace an NLRN hovering in the \$88,000 range nationally. Benner et al. (2010) make the case that formal theories, textbook descriptions, and models, such as those taught in nursing schools, are inadequate to prepare students for the complexities of clinical practice. As many as 90% of hospital nurse leaders would agree, noting that NLRNs are poorly equipped to practice safely and efficiently (Eckerson, 2018). When nurses graduate from an accredited nursing school, they still need to gain experience and competence in clinical practice to function with proficiency. With the overall shift to managing complex patients in an outpatient setting, inpatient units where many NLRNs are first employed are caring for higher acuity patients than in the past (Jones-Bell et al., 2018). The lack of clinical experience paired with high patient acuity and staff turnover sets the stage for a difficult introduction into practice.

When an NLRN is placed into an oncology unit, the new nurse who was prepared for general practice now must gain the knowledge, skills, and abilities to function in this rapidly evolving specialty while learning to provide safe patient care. Turnover rates on oncology units are high with workload, patient disease state, and emotional stress high on the list of nurse dissatisfiers (Gonzaga et al., 2016). Given that two-thirds of new oncology nurses leave the specialty within the first two years (Ortega, 2020), it is beneficial for both the staff and employer to establish an evidence-based nurse residency program to provide support for new oncology nurses to flourish.

Since the rise of the COVID-19 pandemic in March 2020, nurses have faced shortages in supplies and equipment needed to do their jobs paired with long work hours (Chan et al., 2021). Many nurses experienced family stresses due to quarantines that required the choice between caring for out of

school children and continuing to work. Mental and emotional trauma experienced by nurses who worked through the pandemic have caused thousands more to leave the profession. Now more than ever, it is incumbent upon institutions to prioritize the transition of the NLRN to professional practice. With so many being drawn to nursing because of the pandemic, nurse leaders have the responsibility to provide an NLRN residency that meets the needs of all ages, ethnicities, and backgrounds.

Background

NLRN residency programs are widely recognized as tools successful in transitioning nurses into practice. The first official NLRN residency programs were implemented in 2004, led by the American Association of Colleges of Nursing (AACN) (Walsh, 2018). These residencies focused on nursing practice in the intensive care setting. Since that time, residency programs have been successful in improving job satisfaction and retention rates across all nursing settings. In 2010, the Institute of Medicine (IOM) published *The Future of Nursing: Leading Change, Advancing Health*, which recommended that NLRN residency programs last at least one year. As of 2018, 40% of NLRN residency programs were one year in length (Walsh, 2018).

While there are several commercially available residency programs (Hansen, 2015), this often does not fit into the budget of many healthcare institutions. Institutions may also seek accreditation of their NLRN residency program through programs such as the American Nurses Credentialing Center's (ANCC's) Practice Transition Accreditation Program (PTAP) or the Commission on Collegiate Nursing Education (CCNE) standards, however oncology nursing leaders are without clear guidance as to what concepts and components have been most successfully integrated into an NLRN residency.

Problem Identification

NLRNs who participate in residency programs report that they feel like valued members of an organization, that these programs promote resilience, and mitigate NLRN burnout (Wolford et al., 2019). These are issues that oncology nurses struggle with daily in their practice. The aim of this integrative

review is to highlight best practices and present concepts and components that have been integrated successfully into NLRN residency programs to provide nursing leaders with actionable guidance that may be incorporated into an existing or developing facility-based oncology residency program.

Literature Search

Design

This integrative review followed the Whitemore and Knafl (2005) methodologic framework with guidelines established by Toronto and Remington (2020). After the initial review of the literature yielded a paucity of research on successful NLRN residency concepts, an emerging synthesis approach (Schick-Makaroff et al., 2016) was incorporated. With the lack of data on the topic, this broader scope of review allowed for the integration of peer-reviewed articles that illuminate best practices regarding concepts and components of NLRN residencies.

All data were initially screened for inclusion based on title and abstract, then a full text review was conducted to determine if the article met minimum criteria. Evaluation of the quality of data utilized the Johns Hopkins Nursing Evidence Based Practice appraisal tools (Dang & Dearholt, 2017). All data was managed using ProQuest RefWorks, and a Microsoft Excel spreadsheet was used to catalog included data. Microsoft Teams was used to house all review documents to facilitate collaborative engagement in the review process.

Inclusion/Exclusion Criteria

This integrative review included many types of research as well as individual program evaluations. To be considered for inclusion, literature must be published in a peer-reviewed journal with the full-text article available in English and must be primary research, program evaluation, position statement, or guideline. Excluded from this review were editorials, commentaries, and individual experiential articles or narratives.

With the first universally accepted NLRN residency program developed by AACN in 2004, the growth of the modern residency program began. As such, the literature search for this review was restricted to 2004 through June 2021 when the search occurred. Due to the paucity of oncology-focused literature regarding NLRN residencies, data from all NLRN residency settings is included for consideration and application to the oncology practice setting.

Search Terms

The following databases were included in the search: CINAHL Plus with Full Text, PubMed/Medline Complete, EMBASE, Joanna Briggs Institute, and Health Source: Nursing/Academic Edition. Key terms used to identify relevant data were nurse, residency, resident, intern, internship, retention, turnover, component, oncology, and cancer. Keywords were combined with the Boolean phrase “and” to connect keywords and narrow search results. Keywords with multiple possible word endings were truncated during the search using the *, or truncation operator, to capture all possible keyword suffixes. Phrases used to perform the literature search were: (a) nurse AND residen* AND retention, (b) nurse AND residen* AND turnover, (c) nurse AND residen* AND component, (d) nurse AND residen* AND oncology, (e) nurse AND residen* AND cancer, (f) nurse AND intern* AND retention, (g) nurse AND intern* AND turnover, (h) nurse AND intern* AND component, (i) nurse AND intern* AND oncology, and (j) nurse AND intern* AND cancer. The search continued until no new results were returned. A PRISMA diagram compliant with the 2020 Checklist (Page et al., 2021) is included in Figure 1.

After the primary author completed an initial review, a second independent review was conducted to enhance trustworthiness of the data. Identified themes were discussed and agreed upon by both reviewers. As each reviewer is a veteran oncology nurse with experience in clinical education and leadership, the career experiences of both reviewers adds credence to the recommendations for successful residency development. A total of eighteen articles were included in this review. The complete list of included data is found in Table 1.

Data Evaluation

Toronto and Remington (2020) describe the thematic analysis method for evaluating data for an integrative review. The review process involves reading and rereading the data to become familiar with it, generating initial codes to identify pertinent information from the data, sorting the codes into themes, defining and naming themes, and finally producing a narrative that tells the story of the data. Following the strategy for thematic data analysis, five themes were identified as successful concepts to integrate into a NLRN oncology nurse residency. Identified components were socialization, professional growth, competency validation, preceptor support and training, and looping.

Synthesis

Enculturation

Enculturation was the most observed theme, with fourteen out of eighteen articles including this as a successful component of NLRN residencies. This theme was defined as the successful integration of the NLRN into organizational culture, with the NLRN adopting the structure and processes of the organization. Caring groups were identified as one successful means of integrating NLRNs into their new role as a professional nurse (Wilson et al., 2015). Many caring theories are utilized in undergraduate programs of study, and the integration of this concept into professional practice is grounded in respect for nurturing both the patient and the new nurse. This lead NLRNs to provide support for each other as they shared similar experiences of adapting to professional practice within an organization, and diminished feelings of inadequacy felt by NLRNs for being less than perfect during their transition to nursing practice. NLRNs who may otherwise have felt isolated and alone were supported and the experience of transitioning to professional practice was validated and normalized. By building a safe space for NLRNs to share experiences and benefit from each other's stories, enculturation helped to empower nurses and increase patient and staff satisfaction.

Another program detailed the onboarding of the NLRN to include an initial assignment on a medical-surgical floor that was not the unit of hire (Crimlisk et al., 2017). NLRNs completed a one-month rotation on the temporary assigned unit, working five eight-hour shifts per week. The daily exposure to organizational culture reinforced the enculturation of the NLRN while offering them a clinical experience where they were able to follow a patient through the continuum of care more thoroughly than if shifts were broken by several days off. This reinforces consistent enculturation experiences as a tool for successful integration into professional culture.

Competency Validation

Competency validation was the second most common theme identified, appearing in twelve of the eighteen included articles. While NLRN residencies traditionally do not include competency validation, this was incorporated into the first phase of transition for many programs. Childress and Gorder (2012) cite extended mentorship of NLRNs both in class and at the bedside as they rotate through multiple oncology nursing practice settings such as inpatient medical oncology, blood and marrow transplant (BMT), and ambulatory infusion as critical in validating the competencies of NLRNs. In other programs, competency validation often comprises the first four to five months of residency before the focus turns to developing clinical autonomy (Diaz et al., 2018; Hillman & Foster, 2011; Trepanier et al., 2012). Kramer et al. (2011) propose that the NLRN transition to professional nursing practice involves two phases. The first phase consists of a structured, precepted experience to guide the NLRN in the attainment of nursing skills where they can competently care for one to two patients. The second phase focuses on the development of the professional nurse role and the management of multiple patients simultaneously.

The use of simulation labs and skills centers to provide hands-on experience for high risk, low volume patient care situations was cited across the literature as integral in building clinical competence for NLRNs. Due to the increased reliance on outpatient management of chronic conditions such as

cancer (Jones-Bell et al., 2018), experiential learning of the simulation or skills lab exposes the NLRN to a practice arena they may not have experienced while in nursing school. By exposing NLRNs to stressful situations in a safe environment, organizations are building clinical confidence and reinforcing clinical decision-making skills.

Professional Growth

Professional growth was defined as the focus on professional development of the NLRN within an organization and was identified in eleven of the eighteen articles included. While many NLRNs struggle to see how they fit in to the overall organizational structure, successful residencies offer structured programs that aid nurses in developing a growth plan within their unit or organization. Organizations may incorporate clinical coaches or mentors who are not the NLRNs assigned preceptor to help them develop a professional development plan and offer continuous support by helping the NLRN set attainable goals (Bratt, 2009). Offering nursing continuing professional development (NCPD) credits and a certificate of completion for their human resources file gives the NLRN a sense of accomplishment and investment in their own professional growth (Molinari et al., 2008).

One unique strategy to reinforce professional growth was cited by Hillman and Foster (2011). Each residency cohort was offered a community volunteer experience. While the experience was not a requirement for residency completion, approximately 90% of residents volunteered for community service as a representative for the organization. Feedback received from NLRNs indicated that this experience helped to provide a view of their role within the community as a representative of their organization and profession.

Preceptor Support and Training

Preceptor support and training was identified as the fourth most critical component for a successful NLRN residency program. This theme appeared in eleven of the eighteen included articles. This theme was defined as the investment in the training and support needed to develop preceptors

capable of guiding NLRNs in developing nursing skills while avoiding preceptor burnout. Childress and Gorder (2012) recognize that oncology programs hiring NLRNs must use preceptors to help build a strong base of oncology knowledge that was not obtained in nursing school. Preceptors must be committed to providing NLRNs with meaningful clinical experiences during the residency period that enhances information presented in didactic classes and allows for hands-on learning rather than observation. Jones-Bell et al. (2018) note that prioritizing the training and support of preceptors by reducing daily patient assignments to account for time spent precepting the NLRN and offering monetary incentives is effective in building a competent preceptor pool. Feedback received from both the preceptor and the NLRN in this instance was appreciation for the organization regarding the need for uninterrupted time to enhance the clinical experience. By prioritizing the preceptor-NLRN relationship, organizations enhanced the overall experience of both staff members.

Recognizing the need for professional development of preceptors to adequately train and interact with NLRNs was another facet of preceptor support. Offering preceptors Nursing Continuing Professional Development (NCPD), for example, is a way to enhance preceptor quality while improving outcomes for the NLRN (Molinari et al., 2008). By offering NCPD for a rural nurse residency program, preceptors were able to grow their leadership and clinical skills. Both NLRNs and preceptors were invited to attend an in-person conference that focused on advanced skills in nursing subspecialties and a hands-on simulation experience using high-fidelity infant, child, and adult manikins. Prioritizing the development of strong preceptors will empower them to be more engaged in their own professional growth within the organization, which will in turn enhance job satisfaction.

Looping

The concept of looping appeared in six of the eighteen included articles. Looping was defined as the exposure of NLRNs to the patient care continuum through cross-training or shadowing a nurse on another unit. Trepanier et al. (2012) recommend that NLRNs have shadow experiences on units where

they may have frequent interactions, for example NLRNs hired into a cardiac unit may spend time in the emergency department to understand the patient experience just prior to admission to the NLRNs home unit. This type of clinical experience helps the NLRN grasp the bigger picture of the patient care continuum.

In oncology, patient care involves a multi-disciplinary approach with the NLRN regularly interacting with advanced practice providers, pharmacists, and physicians (Diaz et al., 2018). For the oncology NLRN, shadowing or looping in clinical experiences with oncology experts in other disciplines such as pharmacy, mid-level providers, and others, can help develop clinical decision-making skills. As the new nurse sees first-hand how each discipline makes informed decisions regarding patient care, they can build associations between their practice and their peers' practice more effectively.

Implications for Practice or Research

These findings reinforce the need for healthcare organizations to invest in the transition of NLRNs to professional practice. Through this integrative review, five actionable themes, or concepts, are identified as integral to a successful oncology NLRN residency. By incorporating the themes of enculturation, competency validation, professional growth, preceptor support and training, and looping, NLRN transition to professional practice will be enhanced.

The dearth of research across all nursing specialties regarding successful concepts and components of an NLRN residency is an opportunity for future research. While there is much literature available to prove that NLRN residencies improve retention and job satisfaction (Eckerson, 2018), organizations are left to determine what content to include in their residency programs. With the global nursing shortage only growing more dire in the post-COVID world (Buerhaus, P. I., 2021), research into current successes is critical to address issues faced by NLRNs now completing undergraduate training. With many NLRNs being second-career nurses, an opportunity exists to examine how successfully the themes identified in this review address differences in needs across multiple generations of NLRNs.

Limitations

As with all research, this review has its weaknesses and strengths. Limitations in this study include the review of only published works available in the authors' native language, which may have limited data applicable to the review. The selected search terms may have limited the discovery of appropriate data, and the lack of oncology-specific data may limit applicability to this nursing demographic.

Due to lack of studies regarding successful concepts and components of an NLRN residency, program evaluations were included to determine best practices. While this is not traditionally included in an integrative review, the inclusion of program evaluations and quality improvement projects allows for the generalization of best practices across multiple settings, so that individual organizations may glean usable advice from others' successes.

Although the lack of oncology-specific data may appear to limit applicability, both authors are seasoned oncology nurses with experience in leadership and clinical education that reinforces these findings. A widely accepted theoretical framework was utilized for this review to provide a structure that may be replicated. A commonly used data appraisal tool was utilized to reduce bias in review of the data.

Knowledge Translation

Each professional registered nurse starts their career as an NLRN. As the costs for onboarding and training inexperienced staff continue to grow, it is incumbent upon organizations to invest in staff. An NLRN residency is a tool for leaders to improve retention of inexperienced staff, lower existing staff turnover, and invest in the professional development of all staff. Although much of the data collected was from various nursing specialties, the struggles that each NLRN faces in their first year of practice is universal. With this review three important themes have emerged that oncology nursing leaders should

consider when shepherding an NLRN into professional practice: socialization of the new nurse, competency validation, and preceptor support and training.

The concept of socialization combines the themes of enculturation, professional growth, and looping. It involves not only integrating the NLRN into organizational structure but investing in them as an integral part of the patient care team. Offering looping experiences to socialize the NLRN with other units that they will routinely interact with, giving them time to work with their preceptor without the constraints of a full patient load, and reinforcing the focus on the patient care continuum will produce a well-rounded professional nurse. Offering caring groups as a way of establishing camaraderie with cohorts is critical in helping the NLRN understand that they are not alone in their transition.

Competency validation may be included in the NLRN's transition to practice, should the organization choose to include this. While nurse residencies are often thought of as a socialization program, competency validation has been a successful part of many programs. Without establishing competency of the NLRN, organizations will not be able to verify that the new nurse has indeed achieved the required skills and abilities to provide safe patient care.

Preceptors are crucial in the successful implementation of an NLRN residency. Preceptors serve as the ambassadors for the organization during the initial phases of residency. They willingly serve the organization and the NLRN. Supporting their continued professional growth and development is essential in the development of a successful nurse residency. Offering continuing education credits for completing preceptor training, honoraria, or shift pay differentials are ways of showing appreciation for the investment preceptors make in the NLRN.

NLRN residencies have become commonplace throughout nursing. These programs should be considered an investment in the organization and its staff, not just a budget line item. By continually reviewing and improving on a residency program, oncology nursing leaders can offer NLRNs a quality

transition to professional practice that reduces costs, improves organizational culture and addresses the unique needs of the NLRN.

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Figure 1

PRISMA 2020 Flow Diagram for Search Results

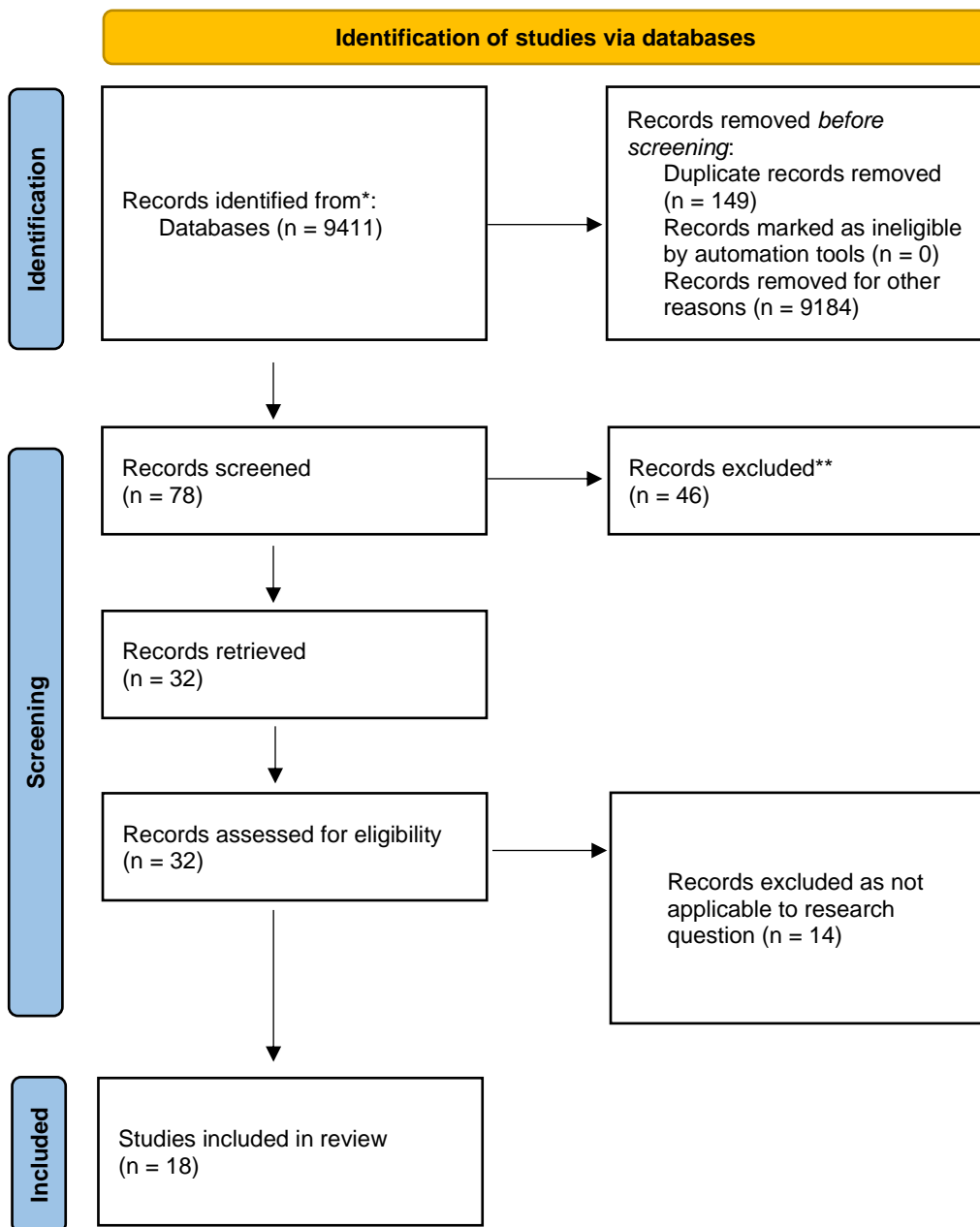


Table 1

Data Coding Table

Author/Title/Journal/Publication Date	Design	Residency Components	Recommendations
Bratt, M. M. Retaining the next generation of nurses: the Wisconsin nurse residency program provides a continuum of support The Journal of Continuing Education in Nursing, September 2009	Program Evaluation	Professional development plan Clinical decision-making/Critical thinking Teamwork Preceptor training Clinical knowledge Commitment to organization and quality care	Structured education should not be presented like an academic program but should be focused on teaching NLRNs to think and act like professional RNs. Long- term psychosocial support is needed. Stakeholder buy-in is essential.
Cadmus, E., & Wurmser, T. Perceptions of acute care nurse residencies: perspectives from one state Journal of Nursing Management, 2019	Qualitative Study	Competency validation must follow published guidelines Multiple preceptors offer different experiences Rotate through different units to find the best fit Preceptor levelling important	From all perspectives, nurse residencies offer a valuable transition for NLRNs. Standardized curricula can help to evaluate outcomes.
Childress, S. B., & Gorder, D. Oncology nurse internships: A foundation and future for oncology practice? Oncology Nursing Forum, 2012	Program Evaluation	Extended mentoring in class and at bedside Rotate through other units so that residents will be confident in any oncology setting Looping by following patients to procedures Case studies, quizzes Follow standards published by national nursing organization	NLRNs need a strong oncology foundation to develop a broad view of the patient continuum.
Crimlisk, J. T. et al. Nurse Residency Program Designed for a Large Cohort of New Graduate	Program Evaluation	5 - 8's to get basic skills on intro then transfer to specialty unit Concurrent specialty education	Residents work 5 8-hour shifts per week to solidify hands on skills and be socialized into the organizational culture. Exposure

Author/Title/Journal/Publication Date	Design	Residency Components	Recommendations
Nurses: Implementation and Outcomes MedSurg Nursing, March-April 2017		Clinical orientation part of 6month program Case studies Didactic classes on skills/procedures/SOPs	on more days improved coaching opportunities, consistency of assignments, and looping in off-unit experiences.
Diaz, B., Corbett, A., & Camiling-Burke, A. Blood and marrow transplantation RN fellowship Clinical Journal of Oncology Nursing, December 2018	Program Evaluation	1 year program 8hr didactic program monthly Case studies Partnership with clinical experts General skills mastered before specialty training EBP project required	Specialty training should begin after general nursing skills/competencies are mastered
Hillman, L., & Foster, R. R. The impact of a nursing transitions programs on retention and cost savings Journal of Nursing Management, 2011	Program Evaluation	Use content experts to present clinical information Preceptor training essential Simulation experiences Process improvement projects Community volunteer experience	Program is not a traditional nurse residency. Focuses on competency assessment and not transition to practice components such as professional development.
Jones-Bell, L. J., Halford-Cook, C., & Parker, N. W. Transition to practice – part 3. Implementing an ambulatory care registered nurse residency program: RN residency and transition to profession practice programs in ambulatory care – challenges, successes, and recommendations Nursing Economic\$, January-February 2018	Literature Review	Partner with academic institution Looping or cross-training with other practice areas Dedicated skills center to learn hands on skills Preceptor training Reflective journaling QI project	Establish an academic practice partnership to advance the exposure of undergraduate nurses to ambulatory care. NLRNs can transition to practice in ambulatory care without working in a hospital first. Residency program mirrors acute care programs but focuses on ambulatory skills/competencies/experiences.
Kramer, M., Maguire, P., Halfer, D., Brewer, B., & Schmalenberg, C. Impact of residency programs on professional socialization of newly licensed registered nurses	Mixed Design	Preceptor is important for situational learning Reflection/debriefing sessions Competency validation 1/3 of hospitals included EBP Projects	Identified two phases: Transition goal is competent care of 1-2 patients Integration is being able to care for multiple patients

Author/Title/Journal/Publication Date	Design	Residency Components	Recommendations
Western Journal of Nursing Research, 2011		Looping	simultaneously while managing multiple peripheral roles that are compressed by time
Kramer, M. et al. Components and strategies of nurse residency programs effective in new graduate socialization Western Journal of Nursing Research, 2012	Qualitative Study	7 core management competencies that do not change over time: delegation, prioritization, management patient care delivery, clinical autonomy, RN/MD collaboration, constructive conflict resolution, feedback to restore self-confidence	Orientation is not the same as residency
Larsen, R. Development of a new graduate public health nurse residency program using core competencies of public health nursing Public Health Nursing, 2018	Program Evaluation	Looping Core competencies first then specialty education Preceptor support essential Follow published guidelines/competencies for PHN Case studies Mentorship did not improve competency but did establish a climate of support and better socialization	General orientation and core competency development should come before entering residency program. Residency should focus on enhancement of professional development.
Molinari, D. L., Monserud, M., & Hudzinski, D. A new type of rural nurse residency The Journal of Continuing Education in Nursing, January 2008	Program Evaluation	Preceptors get NCPD Residents get NCPD and certificate for HR file University developed education; small organizations choose from menu of courses based on job description Distance learning with weekly access to support PDAs provided for just-in-time training Centralized simulation experience for all participants Mentors from other organizations provided additional support	Offering NCPD credits for preceptors and honorariums for more accomplished preceptors entices participation. Educational needs of ADNs is different from BSNs. More evident after first 4 months of participation in residency, requires additional.

Author/Title/Journal/Publication Date	Design	Residency Components	Recommendations
<p>Pelletier, L. R, Vincent, C., Woods, L., Odell, C., & Stichler, J. F. Effectiveness of a psychiatric-mental health nurse residency program on retention Journal of the American Psychiatric Nurses Association, 2019</p>	<p>Non-Experimental Comparative Study</p>	<p>Use of adult/experiential learning theories improved skills/behaviors in NLRNs Socialization Teamwork Competency in PMH nursing skills Interdisciplinary communication Commitment to organization EBP project</p>	<p>Residency programs provide a structure for skills and knowledge acquisition Interdisciplinary communication essential in practice settings with many care providers Completion of EBP project shows commitment to organization</p>
<p>Smith, J. B., Rubinson, D., Echtenkamp, D., Brostoff, M., & McCarthy, A. M. Exploring the structure and content of hospital-based pediatric nurse residency programs Journal of Pediatric Nursing, 2016</p>	<p>Non-Experimental Descriptive Study</p>	<p>Communication Competency validation Early recognition of patient condition change EBP and research Patient/family centered care</p>	<p>Preceptor training/investment is crucial Core curriculum for all NRPs needs to be identified Orientation focuses on SOPs; residencies focus on developing nursing skills like critical thinking and communication</p>
<p>Trepanier, S., Early, S., Ulrich, B., Cherry, B. New graduate nurse residency program: a cost-benefit analysis based on turnover and contract labor usage Nursing Economic\$, July-August 2012</p>	<p>Non-Experimental Descriptive Study</p>	<p>Looping Clinical immersion for competency validation Didactic instruction focused on case studies Scheduled, facilitated debriefing sessions Mentors serve as career coaches</p>	<p>Residencies must provide a well-rounded approach in transitioning to clinical practice. Must be considered by organizational leaders as an investment in staff rather than an expense.</p>
<p>Ulrich, B., Hippias Ashlock, C., Krozek, C., Marquez Africa, L., Early, S., & Carman, M. L. Improving retention, confidence, and competence of new graduate nurses: 10-year longitudinal database Nursing Economic\$, November-December 2010</p>	<p>Program Evaluation</p>	<p>Follow published guidelines to establish competencies Teach to standards and evaluate success Continuous improvement of program 18-week clinical immersion with dedicated preceptors Preceptor levels to help avoid burnout Versant NRP helps with professional development</p>	<p>Competence requires self-confidence to be able to handle clinical situations. Programs require continuous improvement to maintain high quality.</p>

Author/Title/Journal/Publication Date	Design	Residency Components	Recommendations
<p>Welding, N. M. Creating a nursing residency: decrease turnover and increase clinical competence MedSurg Nursing, January-February 2011</p>	<p>Program Evaluation</p>	<p>Socialization into organizational culture Professional development of NLRN 1 week HR orientation 1 week arrhythmia class On-unit training for competency assessment Residency focused solely on professional development Manager/preceptors took class first, Residents followed with same class</p>	<p>Focusing on the professional development of nurses will help smooth the transition into professional practice.</p>
<p>Wilson, C. B., Martin, K., & Esposito, J. Embracing the difference caring makes: implementing caring groups in a new graduate orientation program International Journal for Human Caring, 2015</p>	<p>Phenomenology Study</p>	<p>Caring groups offer socialization support for NLRNs Integration of caring theories learned in undergraduate programs with caring in practice</p>	<p>NLRNs who participated reported not feeling alone in their transition to practice and knowing that others are having the same experiences gave comfort. NLRNs learned to lean on each other for support as well as their educators.</p>