2022

Proposing preceptorship programme changes to improve newly qualified nurse retention rates

Newton, Sam

Proposing preceptorship programme changes to improve newly qualified nurse retention rates

Sam Newton[1]

[1]Staff Nurse. Royal Cornwall Hospitals NHS Trust, TRURO, TR1 3LJ, UK.

Email: samantha.newton@.nhs.net

Background

The Kings Fund (2021) reports a national shortage of 84,000 full time equivalent health care positions. With these numbers growing, staff retention is essential for the NHS to address. Focusing on the national nursing shortage, it is imperative to support newly qualified nurses (NQNs) at ward level to reduce attrition rates within their post-registration first year (Aparicio and Nicholson, 2020). To enable these preceptees to gain confidence within their speciality, support and teaching need to be offered at ward level to expose them to relevant clinical situations that they will encounter (Health Education England, 2018). Locally, current staffing pressures are causing supernumerary time to be cancelled, with a knock-on effect of reduced support being offered to NQNs. Barrett (2010) has suggested these increases attrition rates across speciality areas.

Review of the evidence

A pragmatic literature search was conducted to understand what good contemporary practice looks like using full text journal articles from 2015-2022 from CINHAL and the Library Hub. The search terms used were Preceptorship, Attrition Rates, Retention Rates, Nursing AND Hospital Settings. Boolean logic was used to narrow the search. 796 articles were retrieved and screened by title and abstract relevance. 105 articles consequently matched the relevant criteria and were subsequently reviewed.

The main themes repeatedly emerging from the literature were: 1) the lack of supernumerary time given to preceptee nurses was becoming detrimental to the preceptee programme (Ward and McComb, 2017). 2) preceptee/preceptor relationships are essential to ensure that preceptees feel confident and competent within their nursing roles. 3) encouraging specialty competence, confidence and expanding clinical knowledge has a positive effect on patient outcomes and aids staff retention (Health Education England, 2018). 4) attrition levels can be reduced by preceptorship programmes that offers clinical, peer and pastoral support (Ward and McComb, 2017).

Project plan

Using the JBI Evidence Implementation Model (Porriet at al., 2020), the project will re-state the problem with stakeholders assessing data extracted on local retention and attrition rates of NQNs and its correlation with cancelled supernumerary time lost. Supplemented by qualitative data from a local staff survey, a proposed change project will be formulated, based on best practice and a local assessment of performance against that. This will potentially lead to a change in practice proposal where preceptees will feel more supported in their specialty area and their confidence and competence is grown and nurtured, ultimately leading to better staff retention rates.

References

Aparicio, C. and Nicholson, J. (2020). 'Do Preceptorship and Clinical Supervision Programmes Support the Retention of Nurses', *British Journal of Nursing*, 29(20), pp.1192-1197.

Barrett, R. (2020) 'Changing preceptorship to achieve better quality training and less attrition rates in newly qualified nurses', *British Journal of Nursing,* 25(29) pp. 706-709.

Health Education England (2018) 'RePAIR: Reducing Preregistration Attrition and Improving Retention', Available at https://www.hee.nhs.uk/our-work/reducing-pre-registrationattrition-improving-retention (Accessed 23/02/2022).

Porritt, K., McArthur, A., Lockwood, C., Munn, Z. (2020) *JBI Handbook for Evidence Implementation*. Available at https://implementationmanual.jbi.globa (Accessed 23/01/2022).

The Kings Fund (2021) 'NHS workforce: our position', Available at https://www.kingsfund.org.uk/projects/positions/nhs-workforce (Accessed 09/02/2022)

Ward. A,E. and McComb. S,A., (2017) 'Formalising the precepting process: A concept analysis of preceptorship', *Journal of Clinical Nursing,* 27(5-6), pp. e873-e881