



cil of State Boar

It was then attempted to conduct the entire TTP program and study procedure/data collection in a second phase using non-hospital settings including long-term care, public health, outpatient and home health facilities. Unfortunately, the quantitative results were not analyzable due to small sample size and lack of full participation by the institutions that enrolled in the study, especially those that were long-term care. Qualitatively, the new graduates in these facilities reported that they were not able to find time to complete their online modules and the preceptors reported having difficulty finding time to connect with their assigned new graduate nurses.

The TTP study allowed examination not only of the newly developed NCSBN TTP program, but also of a variety of pre-existing transition programs being used in institutions participating in the study. The multisite, randomized TTP study is one of the largest to date, and the only study of transition programs to include a control group. While it offers insight into successful strategies for transitioning new graduates into practice, as with all studies, it has some limitations. The data related to errors and safety practices were based on self-reports by the new graduate nurses. There were, however, no feasible methods for objectively collecting these data, and this is generally a limitation for all transition to practice studies. In addition, we are aware that there may have been a selection bias and the hospitals enrolled in the study were already interested in transition to practice and this is marked by the fact there were so many “established” programs enrolled in the control group. There was, however, no way to eliminate this limitation, as a random sample of hospitals was not possible. Finally, the number of new graduate participants in the study did decrease at each interval of data collection. This frequently occurs with longitudinal studies of this type. We anticipated this and did enroll a larger number of new graduates than needed at the onset to account for attrition. Also, our method of data analysis, the multilevel modeling accounted for the study attrition.

I c a n f B a d n f N g

This study indicates that new nurses in structured transition programs, which have been established in hospitals, report decreased errors and negative safety practices. In addition, new graduates and their preceptors in “established” programs rate themselves as more competent, than new graduates in “limited” onboarding programs, and have less work-related stress, increased job satisfaction and are less likely to leave their position during the first year of practice.

It is clear from the study that many hospital employers already have established structured programs that incorporate many of the evidence-based elements identified by the TTP Committee as essential to transition. Hospitals with these rigorous transition programs appear to be effectively transitioning new graduates to practice.

Second, results of NCSBN’s TTP program provide some evidence that the NCSBN TTP program may offer improved outcomes for transitioning new graduate nurses. However, as this study has shown, a program may need to be established for longer than one year in order to have a major impact on new graduate outcomes.

Third, this study looked at specific elements that were identified by the literature, the NCSBN TTP committee and experts as essential to transition. However, we do not know the exact combination of these elements or whether there are other existing elements that are important for transition. There is room for further study here.

Fourth, the lack of participation by non-hospital sites leaves a gap in the data needed about transition to practice in non-hospital institutions. More research is needed related to the type of transition program, length and content for non-hospital sites.

From our data and that of other studies, we believe well-structured transition to practice programs that are individualized, supported by the institutions, incorporate evidence-based elements and include specialty knowledge are important for new graduates. However, more work is needed to answer some of the questions emerging from this study. While we encourage boards of nursing to disseminate our findings and support employers in the development of transition to practice programs, at this time we do not believe there is sufficient evidence to regulate transition to practice programs for nursing.

©2014 The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories. There are 21 associate members. NCSBN is the vehicle through which boards of nursing act and counsel together to provide regulatory excellence for public health, safety and welfare.

Mission: NCSBN provides education, service, and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.