

A Comprehensive Approach to Increasing Nurse Retention: *NYC Nurse Residency Program Improves Newly Licensed Registered Nurse Outcomes*

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Nursing leadership at New York City Health + Hospitals (NYCHH), the largest municipal health care system in the nation, recognized the looming nursing shortage and the concurrent problem of high turnover were significant challenges. Here we showcase the strategy NYCHH used to launch a nurse residency program as a part of a city-wide regional collaborative, thereby creating a stable infrastructure for nurse retention; the article also addresses the importance of leader engagement, programmatic outcomes, and implications for nurse leaders.

It is no secret that there is a national nurse shortage. The 2022 Nurse Salary Report from Nurse.com¹ reveals that 29% of nurses are considering leaving the profession, a substantial increase from 11% reported in 2020. A study by global management consulting firm McKinsey & Company² estimates a national deficit of 200,000 to 450,000 RNs by 2025. To make up for the shortfall, the United States needs to more than double the number of newly licensed nurses entering the workforce and staying for at least 3 years.² One method used to help with the improvement of retention is the implementation of nurse residency programs (NRPs). NRPs are in approximately half of all hospitals in the United States; these programs, while variable in structure, have similar goals including improving nurse recruitment, retention, nurse satisfaction, patient care, and organizational outcomes.³ In 2010, the Institute of Medicine⁴ recommended that hospitals implement NRPs to assist nurses during their transition from school to practice. This article showcases the strategy New York City Health + Hospitals (NYCHH), the largest municipal healthcare system in the nation, used to launch an NRP as a part of a city-wide regional collaborative, thereby creating a stable infrastructure for nurse retention; the article also addresses the importance of leadership engagement, programmatic outcomes and implications for nurse leaders.

ABOUT NYC HEALTH + HOSPITALS

NYCHH serves over 1.4 million New Yorkers annually at 70-plus locations, including 11 acute care hospitals; post-acute/long-term care facilities; correctional health services in all New York City (NYC) jails; Gotham Health, a network of Federally Qualified Health Center clinics; and Community Care, comprehensive care management and social support services in patients' homes and communities.

NYCHH employs over 9600 nurses, the largest segment of the system's 40,000-member workforce. NYCHH nurses exemplify the system's mission, extending comprehensive health services to all in an

KEY POINTS

- **New York City created a city-wide regional nurse residency program (NRP) collaborative to support the transition of newly licensed nurses to the practice setting.**
- **Nurse leader support and participation is crucial to NRP success.**
- **Implementing the city-wide NRP increased retention rates from 54% preimplementation to 84% of all NRP participants at New York City Health + Hospitals.**

atmosphere of compassion, humane care, dignity, and respect to all New Yorkers regardless of immigration status or ability to pay.

NYCHH nurses play transformational roles in improving quality, developing best practices, improving patient outcomes, enhancing organizational culture, and reshaping care delivery. NYCHH's Office of Patient Centered Care/Nursing Administration (OPCC)—under the direction of the senior vice president, chief nursing executive (SVP, CNE)—is responsible for developing and implementing major nursing initiatives focused on offering patients superior care experiences. One major nursing initiative, supported by the SVP, CNE, is the NRP. Implementing the NRP at NYCHH addressed the looming nursing shortage and the concurrent problem of high turnover for the system.

BEGINNING THE NURSE RESIDENCY PROGRAM JOURNEY IN NYC

Prior to NRP implementation, NYCHH's retention rate systemwide was 54% compared to the national benchmark for retention of newly licensed nurses of 74.7%, more than 20% lower than the benchmark.⁵ Leaders from NYCHH collectively agreed that nurse retention needed to be addressed and improved across the city through a shared strategy, and therefore, decided to implement an NRP. Nurse leaders knew that retention rate outcomes for the Vizient/American Association of Colleges of Nursing (AACN) Nurse Residency Program™ across the United States exceeded 90% for newly licensed nurses who completed the program.⁶ This largescale evidence-based program offered an impactful addition to current retention strategies. Simultaneously, the government of the City of New York in conjunction with nursing leaders across NYC proposed the adoption of a city-wide NRP as a retention strategy in collaboration with New York Alliance for Careers in Healthcare (NYACH) utilizing the NRP developed by Vizient® and the AACN, whose curriculum was refined for more than 2 decades across the nation.

NYACH, a health care public-private partnership housed within NYC government, launched the NYC-wide Nurse Residency Program (NYCNRP) as the nation's first NRP regional collaborative led by a city, building from comparable statewide NRP models across the country and NYACH's own previous work,⁷ supporting nurse transition to practice. Run in partnership with the Greater New York Hospital Association, the NYCNRP serves a consortium of 28 local hospitals (including NYCHH's sites).

One of the unique aspects of the NRP in NYC is the collaboration from Vizient, NYACH, NYCNRP, and NYCHH depicted in [Figure 1](#) and explained below—focusing on the success of newly licensed nurses.

- Vizient provides the program curriculum, tools, and advisory support. Curricular topics focus on leadership, professional roles, and quality improvement while considering specialty areas and the application of knowledge throughout each monthly seminar. The Vizient/AACN NRP also provides data analytics resources for conducting survey assessments to measure participant progress at the start, midway and completion of the twelve-month NRP.
- NYACH covers the fees associated with the NRP curriculum and convenes participating hospitals to learn from one another and collaborate on unique local challenges in NYC. The NRP license fee, typically paid for by individual hospitals, is funded by the City of New York and NYACH. Funds are provided from the City of New York with the goal of improved retention and support of nurses.
- NYCNRP is a group of 28 hospitals in NYC; participation includes consortium-wide mentorship support provided by experienced leaders from hospitals operationalizing successful NRPs, as well as regular professional development and networking opportunities. Implementation of the NRP is managed by each participating hospital and led by on-site NRP coordinators who can access resources and databases developed by Vizient/AACN NRP.
- NYCHH coordinates and manages the 12-month NRP throughout its system. There are 12 8-hour seminars spanning the first year of practice. Examples of seminar topics include clinical reflections, self-care, end of life, palliative care, evidence-based practice (EBP), culturally competent care, and professional development planning. The 12-month NRP culminated in the completion of an EBP project that newly licensed nurses start to work on in groups or individually beginning in seminar 1, with milestones towards completion achieved and delivered with each following seminar until program completion in seminar 12.

NYCHH'S NURSE RESIDENCY PROGRAM STRATEGY

Shortly after the NRP began at NYCHH's 11 acute care hospitals, a gap analysis led by the system's SVP, CNE revealed an opportunity to increase enrollment in the NRP. This gap created a strategic imperative to rapidly scale up NYCHH's NRP to reach an ideal state of 1200+ participants in 2 years. A plan was developed to reach this goal; the 7 steps NYCHH used to achieve NRP success are described below ([Table 1](#)).

Increase Dedicated NRP Staff

Scaling up the NRP began with using the information from the gap analysis to determine additional resources needed to run the program: NRP staffing infrastructure needed to be created within the OPCC. A doctoral-

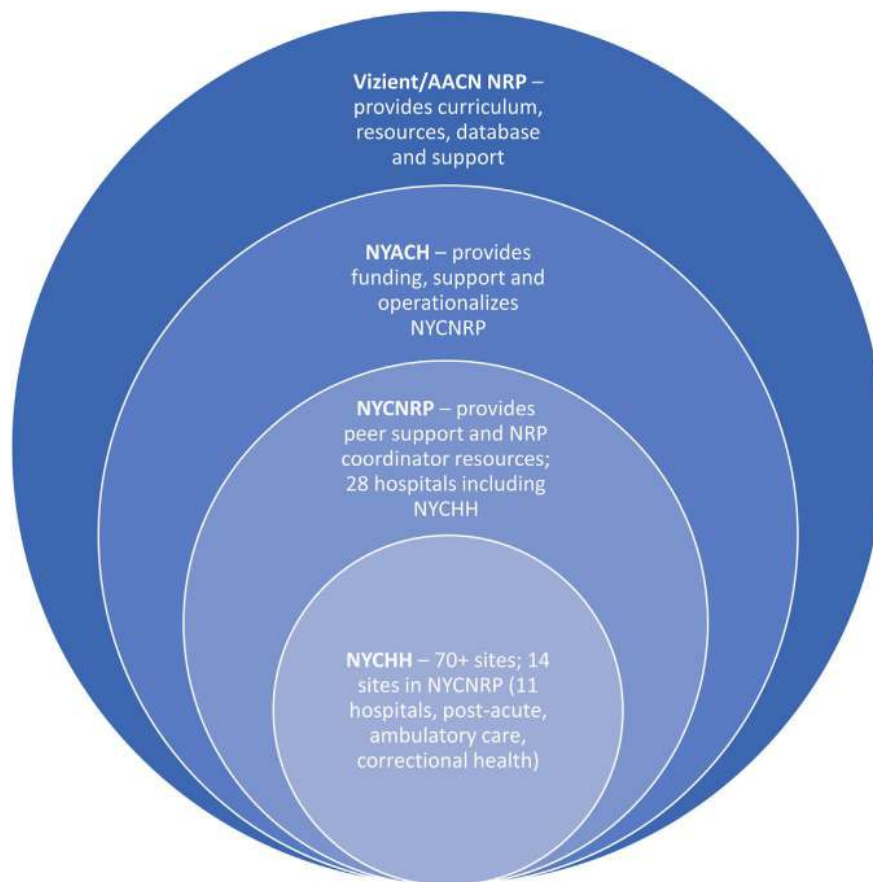


Figure 1. Structure of NRP in NYC

prepared program director was appointed and 2 program coordinators were recruited representing 3.0 full-time equivalents. The program director is responsible for the strategic vision of the NRP including curriculum development, achieving the mission, vision, and expected NRP outcomes, engaging leaders across the health system, disseminating outcomes, and analyzing data. The program coordinators are responsible for the overall program operations including screening and enrolling NRP participants, facilitating monthly seminars, and record keeping. The program director reports to the SVP, CNE, and the program coordinators report to the program director.

Organize a CNO Coalition

Next, the SVP, CNE organized a coalition of facility CNOs with the shared goal of reducing turnover and improving retention rates through a transition-to-practice program. The SVP, CNE hosted an informational luncheon for CNOs, frontline leaders, nursing educators, and nursing professional development practitioners, sharing the vision of how the NRP supports new hires beyond orientation; the impact of staff retention in the unit operation; inclusion criteria and enrollment process; and a description of an EBP project poster that the nurse residents complete during the NRP.

The SVP, CNE framed the discussion as a “what’s in it for me?” conversation, focusing on years of anecdotal reports from CNOs that newly licensed nurses have not been ready to assume professional roles. The SVP, CNE presented NRP as a programmatic opportunity for CNOs to support newly licensed hires. The SVP, CNE shared the then-current NYCHH system retention rate (54%) and set a goal for future retention, mirroring the evidence from years of nurse residency literature that show retention rates of 90%⁶ or greater when transition-to-practice programs are implemented.

The SVP, CNE also detailed leadership roles to make the program a reality. Discussions included the request for larger numbers of facilitators, responsible for guiding, coaching and mentorship on EBP projects, from each hospital and clarified the once-a-month time commitment of each facilitator, to be appointed by the CNOs.

Recruit Facilitators

Facilitators operationalize smaller groups for clinical reflection and case studies, as well as being expert resources for clinical practice questions from participants during and in-between seminars. The scaled-up program required recruiting more facilitators from each facility to be released from patient care assignments

Table 1. Steps to Achieve NRP Success at NYCHH

1. Increase dedicated NRP staff
2. Organize a CNO coalition
3. Recruit facilitators
4. Develop an advisory board
5. Automate enrollment in NRP
6. Disseminate outcomes and communicate effectively
7. Involve leaders in celebrating successes

requiring at least 12 facilitators per monthly seminar to run. Securing enough facilitators was one of the major challenges of increasing enrollment in the NRP. Therefore, engaging the facility CNOs was necessary to select and support facilitators' participation in NRP. The pool of facilitators expanded to more than 70, with each hospital represented; facilitators alternated between seminars and leading smaller groups for clinical reflection, case studies and EBP projects.

Develop an Advisory Board

An NRP advisory board was formed, led by the SVP, CNE, and comprised several CNOs, the system's chief human resources officer, the chief learning officer, the University Dean for Health and Human Services of the City University of New York as an academic partner, several facilitators, and the NRP program director. An NRP alumnus was later added to the advisory board.

The Advisory Board became the source of feedback on programmatic goals, NYCHH-specific curricular topics and teaching methodology, and assessed the teaching and learning strategies as measured by value-added validated measurement tools provided by Vizient. A variety of indicators are delivered to program leaders along with analytics for comparison to national benchmarks.

Automate Enrollment

A simplified process to enroll NRP participants automatically was developed jointly by the system's human resources department and facility CNOs. This automatic enrollment began with a recurring monthly hiring list from human resources, screening the list for dates of licensure.

To implement automatic enrollment, NRP coordinators contacted lead facilitators in the NYCHH sites for new hires' orientation status (ongoing or completed). New hires were enrolled into an NRP cohort, and the entire year's schedule of seminars were shared with the participants and CNOs prior to seminar 1. Seminars were structured as regularly scheduled workdays for nurse residents. Instead of

reporting to their unit of practice, participants were pre-scheduled by supervisors/schedulers to attend full-day, 9 a.m. to 5 p.m. seminars once a month.

Disseminate Outcomes and Communicate Effectively

CNO involvement continued to expand, as NRP updates by the program director became regular agenda items at monthly CNO council meetings to communicate effectively. Updates include scheduling, enrollment, and outcomes of the NRP, along with news about NRP's new cohort kickoff events and existing cohort completion ceremonies. A requirement for the NRP is to complete an EBP project approved by the CNO; therefore, participants' current EBP projects became a regular part of the council's agenda. Further, there are a plethora of data available from nurse residents; strategically and regularly sharing successes and opportunities for improvement support the growing demand for improving the nursing workforce.

Involve Leaders in Celebrating Successes

Celebrating successes, large or small, of nurse residents is vitally important, and involving nurse leaders in the NRP is equally important. NYCHH established NRP completion ceremonies every 3 months providing an enjoyable culmination of the nurse residents' hard work. Each nurse resident presents their EBP posters, articulating their project story from start to finish and features a keynote speech from the SVP, CNE and remarks from CNOs regarding the EBP projects; invited guests include external stakeholders from NYACH and the Greater New York Hospital Association. Celebration themes center on the EBP project impact and how the projects changed nursing practice. Leaders can see programmatic and project outcomes and celebrate successes.

PERSEVERING THROUGH CRISIS

The pandemic shifted the nursing shortage discussion front and center: leaders and staff faced unexpected intense demands created by hospitals at capacity with

Table 2. NYCHH's NRP Recruitment and Retention Outcomes

Hire Year	NYCHH Number Hired	NYCHH Retention Rate, %	NSI Retention Rate, %
2022	531	84.2 ^a	Data not available at time of publication
2021	405	75.3	67.2%
2020	325	80.9	72.3%
2019	195	82.1	75.9

^aYear to date as of September 2023.

patients who had overwhelming needs for inpatient care. Even as hospitals filled and staff shortages became critical, the CNO council and nurse leaders understood the value of the NRP as part of their regular work schedule. The SVP, CNE deliberately and intentionally decided to continue with monthly seminars and provided resources to transition the NRP to virtual mode; the NRP team had to adapt to the virtual meeting format, rapidly becoming expert navigators of the platform to providing coaching to nurse residents and facilitators.

NRP served as a refuge from the crisis for nurse residents, many of whom had never experienced emergency management. NRP seminars allowed nurse residents to share their crisis experiences and reinforced they were not alone in dealing with crises and their feelings were not unique. They found comfort in knowing that nurse residents from other hospitals had common experiences and similar nursing practice challenges.

IMPLICATIONS FOR NURSE LEADERS

By sharing NYCHH's journey of implementing a largescale NRP and preserving through a pandemic, there are many implications for nurse leaders. Ensuring a stable NRP infrastructure impacts nurse retention; by supporting facilitators, engaging leadership in successes, as well as disseminating and communicating outcomes metrics can yield successful results. NYCHH's NRP outcomes include expanding to additional facilities including ambulatory clinics, strengthening the recruitment pipeline globally and increasing retention by 30% resulting in approximately \$39 million in cost avoidance.

Creating a stable infrastructure in the acute-care hospitals allowed the program to expand to correctional health services, post-acute care, and ambulatory care (Gotham Health). Although the numbers of newly licensed nurses in these sites were much smaller compared to the 11 hospitals, the support of facilitators from these specific sites ensured the relevance of the nurse resident experience to the clinical sites; curricula were tailored and specific to those sites. EBP projects were customized to the specific patient population.

NYCHH has scaled up the NRP, meeting targeted recruitment goals—hiring over 1400 nurse residents in under 4 years (*Table 2*). As a result of the positive outcomes of the NRP, NYCHH now receives inquiries from nursing students from outside of NYC and across the United States seeking employment, thus expanding the pipeline. Additionally, word has spread globally, with NYCHH NRP leaders receiving inquiries of candidates from international locations. NYCHH NRP leaders meet with potential candidates, review resumes for fit, and then serve as the liaison between recruitment and NRP until the hiring process has commenced.

Prior to the NRP implementation, the retention rate was at 54% NYCHH systemwide. To date, 84% of all NRP participants from the program's inception have stayed with NYCHH, thus increasing retention by 30%. Further, program retention has consistently exceeded the national benchmark retention rates.⁵ Retention rates have remained stable (*Table 2*); however, like most organizations in the United States, NYCHH saw a decrease attributed to the COVID-19 pandemic. Cost avoidance is calculated by comparing the prior retention rate (54%) to the overall retention rate (84%) enrollment (n = 1456 nurses) translating to a difference of 420 RNs retained. When multiplied by the recruitment cost in the literature of \$88,000 per RN, this translates to a cost avoidance of approximately \$36.9 million dollars to date since the start of the NRP.⁹

CONCLUSION

In closing, the support of NYACH and the NYC government was an important component of NYCHH's success. As a public safety-net health care organization, the additional resources and investments provided by NYACH jump-started the NRP at NYCHH. New York City government, through NYACH, absorbed the cost of providing much-needed help for the NYCHH sites. Additionally, NYCNRP provided peer support from participating in a consortium with other hospitals across NYC.

Any nurse leader looking to enhance an NRP can learn from NYCHH's best practices by implementing

dedicated NRP staff, CNO coalition, committed facilitators, an advisory board, automated enrollment, outcomes dissemination, and leader engagement.

This information contained in this article was based in part on the Vizient/AACN Nurse Residency Program maintained by Vizient/AACN.

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