

NURSING POLICY PAPER

Nurse Residency Program in the Philippines: A Policy Brief

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Abstract

This policy brief stems from the call to increase recruitment and hiring in the Philippine nursing service. It is important to consider the experiences of novice nurses in transitioning to the professional workforce. Bridging this gap leads to a direction of reinforcement or strengthening of competencies through a support system. Thereby, it is timely and relevant given the current situation of the nursing profession that a Nurse Residency Program (NRP) be proposed. The policy brief aims to reinforce technical knowledge and skills, enhance leadership and management skills, increase confidence in achieving the expected competencies, develop critical thinking and problem-solving skills, and deepen knowledge in health-related research among novice nurses. All these shall equip the novice nurse for a new role in a complex environment. The result of the Nurse Residency Program is the achievement of quality of care, patient safety, and better health outcomes. Novice nurses who respond to the needs of the Filipino people with confidence and competence help maintain the health and well-being of the country towards sustainable development and growth.

Keywords: *Nurse Residency Program, novice nurse, training, Filipino nurses*

Introduction

A novice nurse is someone who enters the nursing workforce with no experience (Davis, 2016). According to the National Nursing Core Competencies Standards of 2012 (CMO 15, s. 2017, p. 3), fresh nursing graduates are expected to assume the role of a nurse generalist by rendering care through the utilization of the nursing process for clients (i.e., mothers, newborns, family, and community), applying basic leadership and management in nursing units, and engaging in nursing and health-related research in the improvement of client care.

The standards of the Philippine Qualifications Framework (PQF) laid down the specific level of knowledge skills, values, application, and degree of independence expected of graduates of the Bachelor of Science in Nursing (BSN) program (p.10). Accordingly, nurses are expected to possess broad and coherent knowledge and skills on basic clinical nursing practice and research, and apply it professionally with independence and minimal supervision.

Knowledge and skill preparation are significant in the clinical practice. With lack of preparation, novice nurses may be placed

in a period of distress called reality shock or transition shock (Kramer, 1974; Duchsher, 2008), where they are confronted by the complex reality of changes, such as enhanced levels of responsibility and accountability.

New graduate nurses voice out their difficulties as they transition from educational programs into practical settings. This has been highlighted during the pandemic. The threat of Covid-19 has limited the exposure of nursing students in community and hospital settings. Moreover, these are the students who were taught under the new BSN curriculum introduced by the Commission on Higher Education (CHED) in its Memorandum Number 15, series of 2017.

In a study conducted by Palese (2022) on fresh nursing graduates, the novice nurses perceived themselves as not ready at all or insufficiently ready to take on the responsibility of patients. They possess higher degrees of competence in the “helping” role than in the “therapeutic” role. It suggests that training focusing on teaching and learning approaches that are experiential and transformative (Basanta, 2022) is

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required. This is to facilitate the transition of nurses who graduated during the pandemic.

Pre-pandemic studies have shown that new nurses lack practical competence even though they are theoretically prepared (Smith & Crawford, 2002; Moeti, van Niekerk, & van Velden, 2004; Morolong & Chabeli, 2005). At the same time, basic leadership skills are underdeveloped as evidenced by the difficulty in the delegation, in collaboration with other disciplines, and in conflict resolution (Goode et al., 2018). Discrepancies from the classroom setting to actual practice also highlighted mismatched expectations of new nursing graduates (Labrague et al., 2018). It is suggested that a transition training is needed to gradually expose new graduate nurses to a complex environment, and to the new roles and responsibilities of a professional nurse.

Perrin et al. (2007) reported that only fewer than half of recent graduates were adequately trained for clinical practice in Philippine hospitals. In their recommendations, the WHO representatives for the Philippines, Dr. Tauhidul Islam and Dr. Socorro Escalante urged the national government and the private sectors to promote decent jobs and local opportunities for the career development for Filipino nurses. One of which is by investing in quality nursing training which promotes empowerment, productivity, and retention of nurses by providing career development (Chaghari et al., 2017). It also increases job satisfaction, reduces stress, decreases turnover of nurses, improves patient outcomes, and promotes quality and safety practices (Kramer et al., 2013). It is related to Patricia Benner's Stages of Nursing Expertise where knowledge, skills, clinical competence, and comprehension of patient care are developed through complete training and experiential learning. Kramer et al., (2013) posits that professional training can promote a smooth and structured transition from educational programs to the nursing workforce. This is supported by Goode et al., (2009) who said that additional competencies and knowledge that are beyond the educational program are highly needed to successfully transition novice nurses to professional roles.

Recently, the government announced an increase of recruitment and hiring in the Philippine nursing service (Philippine News Agency, 2021). Following this call, it is important to consider the experiences of novice nurses in transitioning to the professional workforce. There is no structured program or training to reinforce clinical competencies, specifically among novice nurses. There is also no structured program or training to help novice nurses prepare

for the transition from academic roles to professional roles in the complex environment. While private and government hospitals have their version of training or programs for nurses; there is no specific one for novice nurses.

The curriculum approach for novice nurses is different from experienced nurses. Bridging these gaps lead to a direction of strengthening competencies through a support system. It is, then, timely and relevant given the current situation of the nursing profession that a Nurse Residency Program (NRP) be proposed specifically for novice nurses. The policy brief aims to reinforce the nurse's technical knowledge and skills, enhance leadership and management skills, increase confidence in achieving the expected competencies, develop critical thinking and problem-solving skills, and deepen knowledge in health-related research. All these shall equip and prepare the novice nurse to transition to a new role in a complex environment.

Definition of the Nurse Residency Program

A Nurse Residency Program focuses on new entry-level nurses transitioning into practice (American Association of Colleges of Nursing). These are nurses hired into their first position post-licensure (Allen, 2019, p. 9). The Nurse Residency Program allows nurses to sharpen their skills in specific procedures, policies, and technologies (Vaughn, 2020). It also intends to assist novice nurses with the support from preceptors and mentors during the transition period. The Nurse Residency Program differs from the Physician Residency Program in which physicians become licensed after completion of a postgraduate residency year.

Hence, this policy brief defines Nurse Residency Program as a one-year program exclusively for novice nurses to reinforce their level of clinical competence and professional transition. The Nurse Residency Program is a data-driven program that allows to benchmark nurses' performance through the use of an evidence-based curriculum that incorporates leadership, patient outcomes, and professional development.

Significance of the Proposed Nurse Residency Program

The Nurse Residency Program is significant among novice nurses because it will strengthen their competencies in serving units and clients. This is through a prepared and structured program, the presence of a support system through mentors and preceptors, and feedback from performance evaluation (Wagner, 2020; Camp & Chappy, 2017). Considering that the Philippines produces a large number of

new nurses yearly, and with the percentage of nurses that comprise the healthcare workforce, well-trained novice nurses can become globally competitive and competent professionals.

Nurse retention following the implementation of a nurse residency-style orientation program has been reported to be as high as 100% (Holle & Smith, 2018, p. 4). This is significant for hospitals where a decrease in turnovers would mean a reduction in financial costs through advertisement, recruitment, and orientation. This is a return on investment because maintaining the nurse-patient ratio in the clinical area increases nurse productivity.

Further, nurses who undergo the residency program will become more responsive to the health needs of the Filipino people, including patient safety, quality care, and positive health outcomes. The citizens' maintained health and well-being contribute towards the sustained development of our nation.

Nurse Residency Program (NRP) in the United States

According to Kowalski & Cross (2010), the performance of graduate nurses in the United States have significantly improved after undergoing the Nurse Residency Program. It received good feedback from hospitals that implemented the program (Shinners & Africa, 2021; Kowalski & Cross, 2010; Hillman & Foster, 2011; Setter et al., 2011; Goode et al., 2011). These included the improvement of patient experiences, enhancement of clinical competencies, achievement of better outcomes, and attainment of low health care costs (Shinners & Africa, 2021). The program also increased confidence and critical thinking with the establishment of strong commitment among novice nurses (Kowalski & Cross, 2010). The program also helped increased the recruitment and retention of new graduate nurses in the workplace (Goode, Krek, Bednash, & Lynn, 2007; Goode, Krek, Bednash, & Lynn, 2009).

Bratt (2009) included three phases in their Nurse Residency Program. The first phase (approximately 8-12 weeks) involved each hospital's standard new graduate orientation guided by preceptors that primarily focused on the student to registered nurse (RN) role transition, skill acquisition, and achievement of organization and unit-specific objectives. The second phase (approximately 12 months in length) comprised of education and psychosocial support provided by coaches/mentors with an emphasis on nursing role integration, formation of nurse residents' (NRs) professional identity, and advancement of their developmental plan. In the terminal phase, the program

provided preceptor training, monthly educational sessions to supplement ongoing clinical learning, and the training of coaches/mentors.

Existing Training and Programs in the Philippine

It is important to determine the elements of the existing training and programs in the Philippines to recognize any conceptual relationships of the proposed Nurse Residency Program. The Department of Health (DOH) offers training programs such as the Nurse Certification Program (NCP) and the Nurse Deployment Program (NDP), formerly termed Ang NARS and RNHEALS.

Launched in 2013, the NCP was under the "Kalusugang Pangkalahatan" in response to the needs of providing Universal Health Care. This is a system of developing and certifying nurses based on a set of standard competencies in both basic and specialty areas. Nurses can be certified in the specializations of cardiovascular, renal, pulmonary, orthopedic and rehabilitation, trauma and emergency, operating room, anesthetic care, mental health, maternal and child, infectious disease, and leadership and management. The NCP is offered to specialized hospitals, such as the Philippine Heart Center, Philippine Orthopedic, National Kidney Center Institute, National Center for Mental Health, and National Children's Hospital.

For example, the Philippine Heart Center offers a critical care course for six weeks. This is to prepare nurses to be responsive to the complex needs of critically ill patients. If the nurse opts to advance training, a Cardiovascular Nurse Practitioner Program (CVNP) is offered for another six months. It develops competencies in decision-making necessary for a cardiovascular clinician. The training requires completion of the critical care course, completion of ICU skills development training, and a three-year ICU experience. Meanwhile, the National Kidney Center Institute also offers a training program called the Institute of Advanced Nursing and Allied Health Professionals (I.A.N.A.H.P). The program starts with a refresher course to enhance the basic skills for four months for new nursing graduates and non-practicing nurses. Afterwards, the nurse can proceed to a specialty course in dialysis for six months or a course in renal nursing for one year. This requires six months of bedside experience to be eligible for the program. The DOH NCP requires a fee for enrollment in these training programs.

The NDP, on the other hand, was launched in 2012. It seeks to augment, retain, and mobilize unemployed nurses in the rural

health units, birthing homes, and barangay health stations to enhance access to quality health services. The nurses who are deployed receive a salary of around P33, 000 per month (InfoNurses, 2021). The NDP is renewable after six months depending on the result of the performance evaluation (DOH).

Saint Luke's Medical Center offers an Onboarding Program for new nurse employees. This program is part of the recruitment and hiring process of the hospital (M. Rabanal, personal communication, April 22, 2022). With three phases (didactic, orientation, and off-orientation), the Onboarding Program aims to build necessary skills and core competencies in transitioning to the nursing practice. The didactic phase covers discussions of clinical scenarios, processes of care management, skills, and other fundamental competencies. After 15 days, the new nurse employee is introduced to the unit with a preceptor. This orientation phase lasts for three months wherein the new nurse employee is expected to accomplish basic skills with assistance. After meeting a good performance evaluation, the new nurse employee will then proceed to the off-orientation phase. This is the letting go phase and where preceptorship ends. It is when the nurse can independently perform nursing tasks and responsibilities. A follow-up is also made after the off-orientation phase for evaluation and re-enforcements of competencies. The hospital supplements independent in-house training to their nurse employees.

After examining the existing training and programs for nurses in the Philippines, the NCP offers the enhancement of skills to be competent in an area of nursing specialty. However, the program requires a registration fee to be able to accomplish it and is for a short period only. The NDP offers to mitigate the lack of nurses in poor communities and geographically isolated and disadvantaged areas in the Philippines. Nurses in the NDP have a monthly salary. However, their contract is renewable for every six months with no regularization. Private hospitals also have their version of training all entry-level nurses, whether new graduates, experienced, or inactive nurses as part of their employment process. Up to date, there is no standard and uniform program offered specifically among novice nurses in hospitals in the Philippines. Moreover, there is no published memorandum or document that can be retrieved about the Nurse Residency Program in the Philippines.

Position Statement

The Nurse Residency Program will better prepare novice nurses to transition to the new nursing role as it will ultimately

reinforce their competence in clinical practice. The Nurse Residency Program policy is attached to the DOH, the Association of Nursing Service Administrators of the Philippines (ANSAP), and the Professional Regulatory Commission – Board of Nursing (PRC-BON).

The Republic Act Number 9173, otherwise known as The Philippine Nursing Act of 2002, Article III Section 9, states that the BON must monitor and enforce quality standards of nursing practice in the country. It ensures that the nursing practice is efficient, ethical, technical, moral, and professional. The BON is also responsible for prescribing, adopting issues, and promulgating guidelines, regulations, measures, and decisions in improving the practice and advancing the profession. The ANSAP is in charge of initiating programs and policies that can increase the competencies of nurses in the nursing practice. The DOH enables and builds the capacity of nursing programs to operate, specifically in government institutions. The Philippine Nurses Association (PNA) is the advocate on the welfare of nurses to be competitive with their roles and responsibilities in the healthcare system. These are the regulatory bodies that can build and strengthen the Nurse Residency Program.

Moreover, other stakeholders have vital roles in the Nurse Residency Program. The CHED can identify the gap in nursing education and practice. Evidence-based learning also occurs when updates from the clinical practice are incorporated into didactic teaching. The Philippine Medical Association (PMA) and other sub-specialties are also recognized because the nurse undergoing the program is part of the team that delivers care. The Private Hospitals Association of the Philippines (PHAP) and government hospitals are the first hands in the Nurse Residency Program as they adopt it in the nursing service and education. These institutions hire and recruit novice nurses, implement the program, and monitor their performances. Henceforth, the collaboration of various stakeholders and agencies in this program can support novice nurses to be more confident in the competencies expected for the entry-level, and help achieve the vision of quality care and positive health outcomes.

Supporting Statements

Novice nurses entering the workforce are involved in complex health problems because of the inadequate number of experienced nurses. The Philippine Nurses Association (PNA) noted that the current situation in the government hospitals has a ratio of 1:60 (Cortez, 2020), which affects the delivery of quality of care. This is way beyond the ideal ratio of 1:12 set by

the DOH. In this case, they are more prone to committing errors at the bedside. The record says that more than 40% of the new graduates have indicated making errors (NCSBN, 2012). The errors commonly noted are medication administration errors, patient falls, delays in treatment, infection issues, and documentation errors (Saintsing et al., 2011). The errors incurred by novice nurses are correlated to a decrease in confidence to accomplish tasks. The Nurse Residency Program provides structured and formal training that can develop, enhance, and reinforce the core competencies of novice nurses. Through this, patient harm is lessened. Hospitals, therefore, can benefit because risk reduction positively affects patient outcomes, liability, and retention/satisfaction.

The national and international bodies recognize and give credentials to hospitals that meet the standard requirement of excellence in the delivery of nursing services. For example, the Magnet Recognition Program is administered by the American Nurses Credentialing Center which has the provisions of (a) higher nurse-to-patient ratios, (b) higher percentage of BSN prepared nurses, (c) investments in education and expertise of nurses, (d) decrease turnover rates for registered nurses (RN), and (e) adequate support services for nurses (Nursing Shift, 2009). Another example of international recognition is the Joint Commission International (JCI) seal. This is received by institutions that meet the standard measures for patient safety and quality of care. The Nurse Residency Program is a strategy to achieve these provisions. Therefore, hospitals can benefit from such recognition or accreditation because an excellent nursing service is an indicator of increased patient satisfaction.

Hospitals with Magnet status and JCI seal can attract more nurses as they have a lot of things to offer such as continuous skills enhancement and professional development, better work environments, higher rate of nursing satisfaction, and competitive salaries and benefits. At the same time, magnet hospitals and those with the JCI seal reflect more revenue than those that do not because clients choose to seek a competent and well-trained workforce where they expect to receive quality care and better outcomes. As a result, it increases the interest of stockholders to invest more in these institutions. Consequently, for those who are currently accredited as magnet hospitals and recognized with the JCI, it will motivate them to produce novice nurses who are globally competitive in their level of care.

There are reasons why high turnovers of nurses are experienced by hospitals. These include burnout, migration to

other countries due to low salary and benefits, and lack of support system. Hiring and recruitment are increased in the Nurse Residency Program as it attracts novice nurses to undergo the program as a means of employment with the added value of skills enhancement. This way, novice nurses and experienced nurses are distributed according to the patients' needs.

Turnovers due to the migration of Filipino nurses to other countries have been increasing throughout the years. According to Abad (2022) of Business Mirror, 17,000 nurses in 2019 left the Philippines to work abroad. Professional growth and enhancement were identified as reasons for leaving the Philippines (Palaganas, et al., 2017). Secondly, higher compensation and the benefit to get the whole family to motivate Filipino nurses to work overseas. Turnovers becomes the problem of many hospitals because of their losses that correspond to re-investing in the promotion, hiring and recruitment, and orientation process (Labrague et al., 2018). It costs a hospital \$3.6 million to \$6.5 million per year to fill vacancies and hire and train new staff (Plescia, 2021). On top of that, it may require time and resources for the Philippine government to address the issue of salary, but the Nurse Residency Program is one of the strategies that can be used to increase nurse retention (Wolford et al., 2019; Beecroft et al., 2008; Hillman & Foster, 2011; Setter et al., 2011; Goode et al., 2018). It has been said that way because the program targets the morale of novice nurses (Wolford et al., 2019, p. 47), their proficiency and confidence in carrying out complex tasks (Perron et al., 2019, p. 50), job satisfaction, and their performance commitment (Blevins, 2016, p. 367).

The lack of support systems such as preceptors and mentors among novice nurses adds to their challenge in performing tasks confidently. The adequacy of organizational support gives positive reinforcement as means of motivating, guiding, and learning responsibilities and accountabilities. Mentoring, preceptorship, follow-up, and feedback help novice nurses adapt to new situations (Kaihlainen et al., 2013), and enhance the competencies that facilitate successful transition (Sumagaysay et al., 2020). The mentor-mentee relationship affects the mentee's learning experiences (Levett-Jones et al., 2008; Moscato et al., 2007; Shen and Spouse, 2007) and the ability to embrace the new nurse role (Crawford et al., 2000; Saarikoski et al., 2005). It results in professional development, stress management, and nurse satisfaction (Williams et al., 2018).

Figure 1. NRP Program Curriculum of St. Lawrence Health

<p>Month 1 Foundations</p> <ul style="list-style-type: none"> • Transition from Student to Professional • Critical Thinking 	<ul style="list-style-type: none"> • Practice reflection to develop self-care and become a self-directed learner. • Demonstrate thinking patterns and critical thinking strategies to enhance the decision-making skills. 	<p>Month 4 Patient-Centered Care</p> <ul style="list-style-type: none"> • Patient Education • Culturally Responsive Care • Information Technology 	<ul style="list-style-type: none"> • Apply Teach-back method to assess the effectiveness of patient education. • Utilize cultural competency knowledge to provide culturally responsive patient care. • Apply techniques using information technology to increase patient engagement and empowerment to improve patients' outcomes.
<p>Month 2 Communication & Teamwork</p> <ul style="list-style-type: none"> • Communication with the Patient Care Provider • Communication with the Healthcare Team • Conflict Management 	<ul style="list-style-type: none"> • Use written, verbal, non-verbal, and technology-based strategies and techniques to communicate and collaborate effectively with patient care providers and interdisciplinary team members. • Respond to conflict situations utilizing conflict-resolution techniques. 	<p>Month 5 Delivering Safe Patient Care</p> <ul style="list-style-type: none"> • Safety • Ethics 	<ul style="list-style-type: none"> • Take action to prevent harm and improve safety in the healthcare organization. • Apply the principles of the Nursing Code of Ethics for professional judgement and practice decisions.
<p>Month 3 Managing Patient Care</p> <ul style="list-style-type: none"> • Time Management • Prioritization • Delegation 	<ul style="list-style-type: none"> • Prioritize what to do for the patient, to provide safe and high-quality care. • Use organizational tools to complete individual nursing responsibilities within an expected timeframe while tracking multiple responsibilities. • Employ the five rights of delegation to determine when to delegate to the right person, the right circumstances, the right task, the right directions, and the right supervision. 	<p>Month 6 Bringing Value to Healthcare</p> <ul style="list-style-type: none"> • Quality • Healthcare Finance 	<ul style="list-style-type: none"> • Demonstrate the models for improvement, the steps involved in the improvement process. • Analyze factors that influence patient outcomes and decrease costs of providing care to patients impacting quality of care and the value of health care service.
		<p>Month 7-12 Incorporating Evidence into Practice</p> <ul style="list-style-type: none"> • Evidence-Based Practice • Project 	<ul style="list-style-type: none"> • Apply the concepts and steps of evidence-based practice into his or her daily practice. • Design and disseminate a residency project. • Transition into professional practice as a fully functioning member of the healthcare team.

Policy Recommendations

1. A structured curriculum must be created that maps the Nurse Residency Program outcomes, learning outcomes, performance indicators, instructional design, and teaching-learning process (sample in figure 1).
2. There has to be a strict sanction for novice nurses who are bound by the contract of the Nurse Residency Program. A one-year standardized curriculum has been found in the literature as effective in achieving the objective of the Nurse Residency Program (Goode & Williams, 2004; Bratt, 2009)
3. Identify the key areas that the Nurse Residency Program can address in retaining nurses from migrating abroad.
4. A service commitment can be considered when in the Nurse Residency Program.
5. All regional medical centers whether public or privately-owned hospitals can implement the Nurse Residency Program.
6. A continuous follow-up of novice nurses after the Nurse Residency Program can help evaluate the program outcomes and learning outcomes. This is also to monitor and maintain the competencies fulfilled by the program.
7. The Nurse Residency Program can be part of the employment process of the novice nurse. Thus, compensation can be considered as they will be involved in bedside care. Although their compensation may vary from that of an experienced nurse.

Conclusion

An improved health care system is a common aspiration. This could begin by training registered nurses who can efficiently perform their roles and responsibilities in the clinical area. The Nurse Residency Program is a stepping stone to turn novice nurses into competent and competitive professionals. The collaboration of stakeholders and agencies in this policy brief can support novice nurses to be more confident in the competencies expected of them. The Nurse Residency Program is a strategy to achieve the vision of quality care and positive health outcomes in the country.

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Let us never consider
ourselves finished nurses....
we must be learning
all of our lives.

– Florence Nightingale

