The fast track back to registered nurses employment

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Summary
The registered nurse (RN) workforce continues to decline. One method to attract experienced RNs into the workforce is through RN refresher courses. To determine if our RN refresher program is successful in returning RNs to the workforce, we sought to measure the: characteristics of RNs who participate in our program; relationship among participants’ employment and demographics; effect of high fidelity human simulation (HFHS) on participants’ learning, and; program’s ability to meet participants’ preparation for employment. Seventy-three participants were surveyed to measure their demographics and employment; they ranked the HFHS experience and program experience on their learning and employment. Thirty-four (47%) surveys were returned. Thirty-three participants (97%) were female (mean age = 50.44 years, SD = 6.2). Their mean years of RN licensure was 24.93 years (SD = 8.8), and their mean time out of nursing practice was 13.30 years (SD = 8.0). Twenty-six (76.5%) were employed, with 20 (60.6%) employed as RNs at acute care facilities. Employed participants were licensed for less years than non-employed participants (p = 0.047). Employed participants ranked their HFHS experience highly (p = 0.04) and the program highly (p = 0.04) on benefiting their current employment. Our refresher program appears to be successful in helping RNs re-enter the nursing workforce.

Introduction
The gap between the supply and demand for registered nurses (RNs) nationwide is projected to
dramatically increase over the next 20 years, with a staggering 29% shortage projected by 2020 (US Department of Health and Human Services, 2002). The nursing shortage in Pennsylvania (PA) reflects national trends. In the year 2000, Pennsylvania had a nursing deficit of 5% (5400 RNs) (PA Department of Health, 2004). This deficit is expected to increase to 14% (17,000 RNs by 2010) and 20% (40,000 RNs) by 2020 (PA Department of Health, 2004).

As elsewhere in the United States, many licensed RN’s residing in PA or who reside in PA are unemployed, retired or working in other industries. In a workforce survey conducted among all RNs applying for PA license renewal, there were 11,352 RNs (7.7%) who were currently licensed but unemployed; nearly 3000 of these RNs indicated that they were seeking a job in health care (PA Department of Health, 2004). Therefore, efforts to recruit and retain these 3000 RNs into the nursing workforce would significantly impact the nursing deficit in PA.

**Background/literature**

One method for hospitals and schools of nursing to attract licensed RNs into the workforce is through refresher courses. These courses are offered with hospital-based clinical experiences and complemented with classroom learning (Davidhizar and Bartlett, 2006; Griffiths and Czekanski, 2003; Blakenship et al., 2003; Bouman and Kruthof, 2004); web-based learning (White et al., 2003); and high fidelity human simulation learning (HFHS) (Griffiths and Czekanski, 2003; Blakenship et al., 2003). HFHS provides a mechanism to simulate real-world events and provide feedback to actions, questions, and decisions in a controlled environment that does not compromise patient safety (Ali et al., 1998; Gordon, 2000; O’Donnell et al., 1998; Schwid et al., 1997; Schwid et al., 1999). HFHS training features life-size, computer-controlled human simulators that are programmed to mimic events encountered in clinical practice. This technology allows faculty to objectively measure mastery of many psychomotor skills, as well as subjectively measure professional traits such as communication, delegation, and interdisciplinary teamwork.

In 2004, an RN refresher program fast track back: re-entry into nursing practice program was initiated (Burns et al., 2006). This 105 h continuing education program is specifically designed for unemployed RNs without recent hospital-based nursing experience who are seeking an RN position in health care. The program consists of 25 h in lecture/discussion and on-line learning activities; a skills lab; and high fidelity human simulation learning experiences. The remaining 80 h culminate in a precepted clinical practicum on a medical/surgical hospital unit. The outcome of the program is to bring the RN to the level of competence needed to enter a formal hospital orientation program. Between 2004 and 2006, seven fast track back programs were offered successfully to a total of 73 RNs.

To determine if the fast track back: re-entry into nursing practice program is beneficial in helping RNs to return to the workforce, a descriptive, correlational study was conducted to answer the following questions: (1) what are the characteristics of registered nurses (RNs) who participate in the fast track back: re-entry into nursing practice program? (2) Is there a relationship among participants’ current employment and their selected demographic characteristics (e.g., age, years out of nursing practice)? (3) What is the effect of high fidelity human simulation technology experiences on participants’ learning? (4) Does the fast track back: re-entry into nursing practice program meet participants’ preparatory needs for employment upon program completion? By analyzing participants’ responses, the program can be better tailored to serve the needs of future participants and the PA nursing workforce.

**Methods**

Approval to conduct this study was obtained by the University of Pittsburgh Institutional Review Board. Upon IRB approval, each participant (n = 73) received an e-mail from the Principal Investigator informing them about the study and their option of participation. The e-mail instructed participants to e-mail the PI if they did not want to receive a packet and participate in the study. No e-mails refusing participation were received. Two weeks later, a packet was mailed to the participants that contained: a letter describing the study and inviting participation; a fast track back survey; and a self-addressed, stamped envelope. As an incentive, a school of nursing writing pen (valued at $3) was included in the mailing. All responses were anonymous, and no tracking system was in place to link respondents with their data.

Completed surveys were returned by postal mail to the PI. Data were entered into an SPSS database for analysis. The research questions were answered with basic and inferential statistical tests. To answer (research question 1), what are the characteristics of registered nurses (RNs) who participate in
the fast track back: re-entry into nursing practice program, measures of central tendency were used. For (research question 2), is there a relationship among participants’ current employment, program completion and their selected demographic characteristics (e.g., age, years out of nursing practice), the Student’s t-test was used. To determine the effect of human simulated technology experiences on participants’ learning (research question 3), and if the program met participants’ preparatory needs for employment upon program completion (research question 4), the Chi-square test was used. The level of significance was set at \( p < 0.05 \).

Data/results

What are the characteristics of registered nurses (RNs) who participate in the fast track back: re-entry into nursing practice program? A total of 34 (47%) surveys were returned. The characteristics of registered nurses (RNs) who participated in the fast track back: re-entry into nursing practice program revealed that 97% \((n = 33)\) were female. The average age of the respondents was 50.44 years \((SD = 6.2)\), with an age range of 37–63 years. The average years of RN licensure was 24.93 years \((SD = 8.8)\), with a range of 5–41 years. Their mean amount of time out of nursing practice was 13.30 years \((SD = 8.0)\).

At the time of their survey response, 26 (76.5%) were employed in a position as an RN. Of the 26 employed as an RN, 20 (60.6%) were staff nurses at acute care facilities. Twenty-five respondents reported their employers, and of these, 14 were employed in a hospital (56%), other settings \((n = 8, 32.3\%)\), physician’s office \((n = 2, 8\%)\) and clinic \((n = 1, 4\%)\). The majority reported being employed part-time \((n = 15, 55.6\%)\). Twenty-four respondents reported their length of employment which ranged from 0.26 months to 36 months \((mean = 7.87 months, SD = 9.14)\). When queried if their employment was related to their enrollment in the fast track back program, 27 responded, with 22 (81.5%) reporting in the affirmative. Of note is that two respondents had never been employed as registered nurses.

Is there a relationship among participants’ current employment and their selected demographic characteristics (e.g., age, years out of nursing practice)? The respondents \((N = 34)\) were divided into two groups: those who were employed as RNs \((n = 26)\) and those not employed \((n = 8)\). Using the Student’s t-test, there were no statistically significant differences in the ages and years out of professional nursing practice between the participants who were employed and not employed as RNs. The Student’s t-test did reveal, however, a statistically significant difference between these two groups in their mean years of licensure as an RN \((t = -2.062, df = 32, p = 0.047)\), with the participants employed as RNs having been licensed for less years \((mean = 23.29, SD = 8.793)\) compared to unemployed participants \((mean = 30.25, SD = 6.5)\).

What is the effect of high fidelity human simulation technology experiences on participants’ learning? Using a scale of 1–5, with 5 being ‘great benefit’, participants were asked to rank the benefit of their high fidelity human simulation experience on their: current employment as an RN; level of confidence as an RN; development of clinical skills; and development of critical-thinking skills. The Chi-square test demonstrated that those participants employed as RNs ranked their high fidelity human simulation experience higher on benefiting their current employment as an RN \((X^2 = 11.49, df = 5, p = 0.04)\). None of the remaining rankings reached statistical significance.

Does the fast track back: re-entry into nursing practice program meet participants’ preparatory needs for employment upon program completion? The participants used the same scale to rank the benefit of their experience with the fast track back program on their: preparatory needs for employment upon program completion; current employment as an RN; level of confidence as an RN; development of clinical skills; and development of critical-thinking skills. None of these rankings reached statistical significance. The Chi-square test demonstrated that those participants employed as RNs ranked the program higher on meeting their preparatory needs for employment upon program completion \((X^2 = 9.77, df = 4, p = 0.04)\). None of the remaining rankings reached statistical significance.

Discussion

The fast track back program appears to be successful in helping RNs re-enter the nursing workforce, as 76.5% are employed after completing the program. This proportion is similar to that obtained by Hawley and Foley (2004) who reported a 78% employment rate among nurses completing their RN refresher program. Blakenship et al. (2003) and Bouman and Kruithof (2004) reported higher proportions of returning RNs at 80% and 100%, respectively. These nurses returned to hospital based nursing; in the study reported here, 56% were employed in a hospital setting. The fast track back participants with less years of RN licensure were more likely to be employed. The years of
RN licensure prior to returning to the workforce was not reported in the literature. Perhaps it is easier to get back into the workforce with less time since graduation from nursing school.

Few refresher programs utilize high fidelity human simulation (Griffiths and Czekanski, 2003; Blakenship et al., 2003). While fast track back participants who obtained employment rated the benefit of high fidelity human simulation higher than those who were not employed, neither group reported benefits of this learning on their critical thinking or clinical skills. High fidelity human simulation is used to simulate real-life events and provide feedback to actions, questions and decisions in a controlled environment. Since there were only 5 h of simulation learning in the program, this amount of time may not have been enough to impact these aspects of nursing practice. Future research in the effects of high fidelity human simulation learning in nurses returning to the workforce needs to be considered.

This study had several limitations. While the 47% response rate is an acceptable return rate for data analysis (Asch et al., 1997), the responses were slanted towards those who were employed and those who found the program beneficial. It is not known if these responses differed from those participants who did not complete the survey. Also, the small sample size limits statistical interpretations, as well as the experience of one RN refresher program in one geographic location.

Conclusions

Among program participants who completed the survey, the majority obtained employment, most often in hospital settings. RNs who were employed had less years of RN licensure, and highly rated their simulation and program experiences.

These findings offer enlightenment to three groups of individuals: licensed RNs who are contemplating a return to the workforce; hospitals who would hire these RNs; and schools of nursing who would educate the returning RNs. RNs seeking to re-enter the nursing workforce can contact their state boards of nursing for RN refresher programs in their area. Hospitals and schools of nursing could collaborate to offer refresher programs to build the RN workforce. Hospitals have excellent clinical resources, while schools of nursing have faculty knowledgeable in didactic, simulation and skills-based learning. Nurturing the untapped resource of licensed RNs through RN refresher programs may contribute to the successful re-entry of experienced, capable nurses into the workforce.

References