A rotational programme for newly qualified surgical nurses

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It is important to support the learning needs of newly qualified nurses to ensure their skills, knowledge and experience are developed rapidly for a demanding clinical environment. This article evaluates an 18-month surgical rotation programme to maximise experience and enhance recruitment and retention of surgical nurses.

Recruiting into substantive static posts fails to show the hidden costs of staff turnover during training and in the early years of their careers. This has led to organisations assessing different ways to encourage recruitment and selection (Newman et al, 2002).

Research on rotational programmes has indicated that staff welcome the opportunity to gain a variety of clinical experience and it does not present a risk to job security (Charnley, 1999; Kelly, 1996).

Staff from the surgical division of Salford Royal Hospitals NHS Trust felt that by developing a rotation programme for newly qualified nurses recruited directly from university, they would be able to increase the supportive mechanisms in clinical areas. The first rotation began in October 2004 and was completed in April 2006, with subsequent programmes starting in May and September 2005.

Structure and implementation

Rotational programmes are often considered beneficial in retaining and supporting staff but the organisational procedures for development can be difficult.

A small working group was established to consider the possible implications and outcomes of the programme both on the nurses recruited and the quality of service provision. There was a need for discussion around funding, as the nurses were not initially employed against vacancies in any one clinical area and would be absorbed into the nursing establishment on completion of the programme.

The initial 18-month programme comprised:
- Six months spent on a general surgical gastrointestinal ward;
- Six months in a surgical specialty;
- Six months on a highly specialist/critical care unit.

Following feedback from rotation nurses and ward managers this was revised and amended. To support the new structure nurses have access to:
- A 12-month preceptorship programme;
- Supernumerary status on their first rotation;
- A period of clinical support for subsequent rotations dependent upon individual need;
- A practice development team that supports learning in the clinical environment;
- A united support system of the divisional managers, ward managers and all ward staff;
- Peer support from other programme participants;
- A competency framework document for each clinical rotation identifying local learning potential and mapping against the Knowledge and Skills Framework to produce a practice portfolio.

Aims and objectives

The objectives in developing the programme were to:
- Enhance recruitment and retention;
- Improve and expand nurses' knowledge and skills base in the first 18 months after qualifying;
- Build team networking across the division;
- Transfer skills and cross-cover working;
- Maintain momentum in personal development;
- Continue to improve the learning environments;
- Guide participants in future career decisions.

Recruitment

Nurses were recruited through nursing student events at the trust. These included presentations introducing the programme and placement areas, which were supported with visits to clinical areas. Our aim was to show the developmental opportunities and potential

BOX 1. PARTICIPANTS’ VIEWS

'I have increased my confidence due to the numerous skills that I have acquired during the rotational period'

'I have developed my critical thinking skills, and feel far more able to manage a clinical emergency'

'It has enabled me to develop a broad range of skills within the shortest period of time'

'I am pleased with what I have achieved'

'I feel as though I have been qualified for a long time when I look at the wide range of skills I have covered'
for achievement in 18 months. There was a lot of interest, which reinforced our belief in this method for recruiting newly qualified nurses.

Selection was via interview and in July 2005 we recruited eight newly qualified nurses onto our third programme. Seven were from our feeding universities and one was an external candidate. These recruits came from 35 completed applications and interviews.

Retention
The programme aims to meet the post-qualification needs of new staff nurses and retain them past the junior nurse period and well into the experienced band 5 stage. The goal is that 18 months after qualifying and on completion of the programme, our philosophy of care and high expectations of quality will be embedding into their practice.

From the start of their consolidation placement nurses are released one day a month for 12 months. This preceptorship programme is organised by the practice development teams and clinical experts. To date the division has retained all rotation nurses.

Evaluation

Organisation views
The general consensus is that the programme enhances the learning environment of all the clinical areas involved by introducing new personalities and ideas at regular intervals throughout the programme.

Our expectation is that on completion we have a cohort of nurses with wide experience, who will have developed good working relationships and familiarity with several clinical areas, enabling transfer of skills and cross-cover working.

The clearly defined structure of the programme enables ongoing professional development. There is a requirement for development review and gateway competencies are identified and facilitated. This is beneficial for both nurses and clinical areas.

Evidence suggests that many nurses’ initial expectations of the field to which they would be most suited have not proved to be the case in practice. We therefore envisage that the programme should help them to make appropriate career choices in future.

Nurses on the programme are encouraged to question practice as well as sharing their experiences of best practice. Early observations suggest that this is already happening as small changes have occurred following feedback from members of the rotation cohort. Senior nurses have reported that discussion is taking place around patient care in the spirit of clinical governance.

Individual feedback
All participants were given evaluation forms to seek their views about the rotation programme. Generally the feedback was extremely positive and enthusiastic (Box 1). Feedback was also sought from the ward managers of the clinical areas involved. 

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<th>BOX 2. WARD MANAGERS’ VIEWS</th>
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<td>‘The rotation is seen as positive, it allows those participants to be able to make more informed decisions as to where their true interests lie’</td>
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<tr>
<td>‘We are able to see the visible increase in participants’ confidence levels’</td>
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<tr>
<td>‘I feel that the rotational programme will give us nurses with good all-round skills who will be able to work across the directorate if needed without causing stress or anxiety’</td>
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Difficulties to overcome
Setting up a rotational programme is not free from problems. Despite newly qualified nurses being accustomed to moving from one placement to another throughout training, they do become anxious about these moves. This may be due to a fear that the new area will have higher expectations of their performance, knowledge and skills.

Nurses have commented that in the first few days of a placement as a nursing student it is easy to hide behind the student uniform while building confidence. On the rotation programme they arrive in a new area as a qualified nurse with varying levels of experience and are unsure of expectations. This supports findings that although diplomates/graduates exhibit high levels of knowledge, they lack confidence and ability in performing clinical skills during the early months of their first posts (Runciman et al, 2000).

Other difficulties arose with agreement in one area for study or annual leave having to be renegotiated at the next rotation placement. Also, careful planning of appraisal and follow-on review must be considered.

The future
Evaluation of the programme has been positive. Although it is too early to provide formal figures to demonstrate its overall effect on retention of band 5 nurses there is anecdotal evidence that our recruitment success has been enhanced.

In order to address the problem of nurses becoming anxious about a new placement after being settled for six months, we have changed the time allocations slightly in the early stages of the rotation and left the longer placements to the end of the programme. This will again require full evaluation.

We envisage that the rotational programme will offer a positive contribution to reducing transition stress and therefore benefit newly qualified nurses, patients they care for and the organisation.

REFERENCES

This article has been double-blind peer-reviewed.

For related articles on this subject and links to relevant websites see www.nursingtimes.net