Scholarly Project Abstract

**Problem:** Nurse residency programs (NRPs) have improved the current state of transition-to-practice for newly licensed nurses, increasing work satisfaction and competency, and reducing first year turnover rates from double to single digits. Despite the effectiveness of NRPs, only 21 hospital-sponsored programs in the United States demonstrate adherence to national residency standards through accreditation. None of the 34 hospital-sponsored NRPs in Maryland are accredited. NPR accreditation conveys to communities of interest that a program meets or exceeds national quality standards, establishes eligibility for post-graduate medical education funding, and prompts quality improvement initiatives that may not have otherwise occurred. For change initiatives such as accreditation to occur in a desired direction, a state of readiness must be present or created.

**Purpose:** The purpose of this quality improvement project was to assess the readiness of a healthcare organization to undergo national accreditation of its NRP. Insights gained will clarify if the organization has the necessary resources and conditions in place to support a successful accreditation.

**Methods:** The two-phase project was conducted in an 800+ bed urban, academic, medical center, with members of the organization’s education department, utilizing a mixed-methods approach. During phase one, nurse residency accreditation policies and procedures of the Commission on Collegiate Education in Nursing (CCNE) were conveyed to the 22-member education department during an hour long podium presentation. This was followed by a quantitative assessment of the member’s perceptions of organizational readiness for accreditation using the 7-point Likert Horst Organizational Readiness for Change Tool (HORCT) n = 11. During phase two, a five-member self-study team from the education department participated in a qualitative intervention to discuss the organization’s current resources and conditions (actual state), compared to the 45 CCNE residency accreditation criteria (desired state). An accreditation gap analysis was conducted post-intervention as a ratio of the actual state (number of criterion satisfied) to the desired state (45 CCNE accreditation criteria). The self-study team completed the HORCT post-intervention, and a Wilcoxon Signed Rank Test was performed to determine a change in perceived readiness following the intervention.

**Results:** Pre-intervention HORCT scores demonstrated agreement that the organization is in a positive state of readiness for change (Mdn = 5.5, IQR 1). The Wilcoxon-Signed Rank Test revealed a nearly significant change in the perception of organizational readiness following the intervention (z = -1.753, p < .08). The gap-analysis indicated complete capacity to satisfy 57.8% of the CCNE accreditation criteria, partial capacity to satisfy 37.8%, and no capacity to satisfy 4.4%.

**Conclusions:** The organization is in a favorable state of organizational readiness for change. Little, if any, additional interventions are needed to create a positive psychological state among organization members. Significant program resources and conditions are currently in place to satisfy the CCNE criteria for nurse residency accreditation. The findings regarding the capacity of the program to completely or partially satisfy the majority of criteria for accreditation substantiates the quality of the organization’s NRP, and serves to inform leadership of specific corrective action needed now to assure a successful accreditation initiative in the future.