

# Emily Britt, MSN, CCRN, CPHQ

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Emily is an education coordinator in the NICU at Children's Mercy Kansas City.



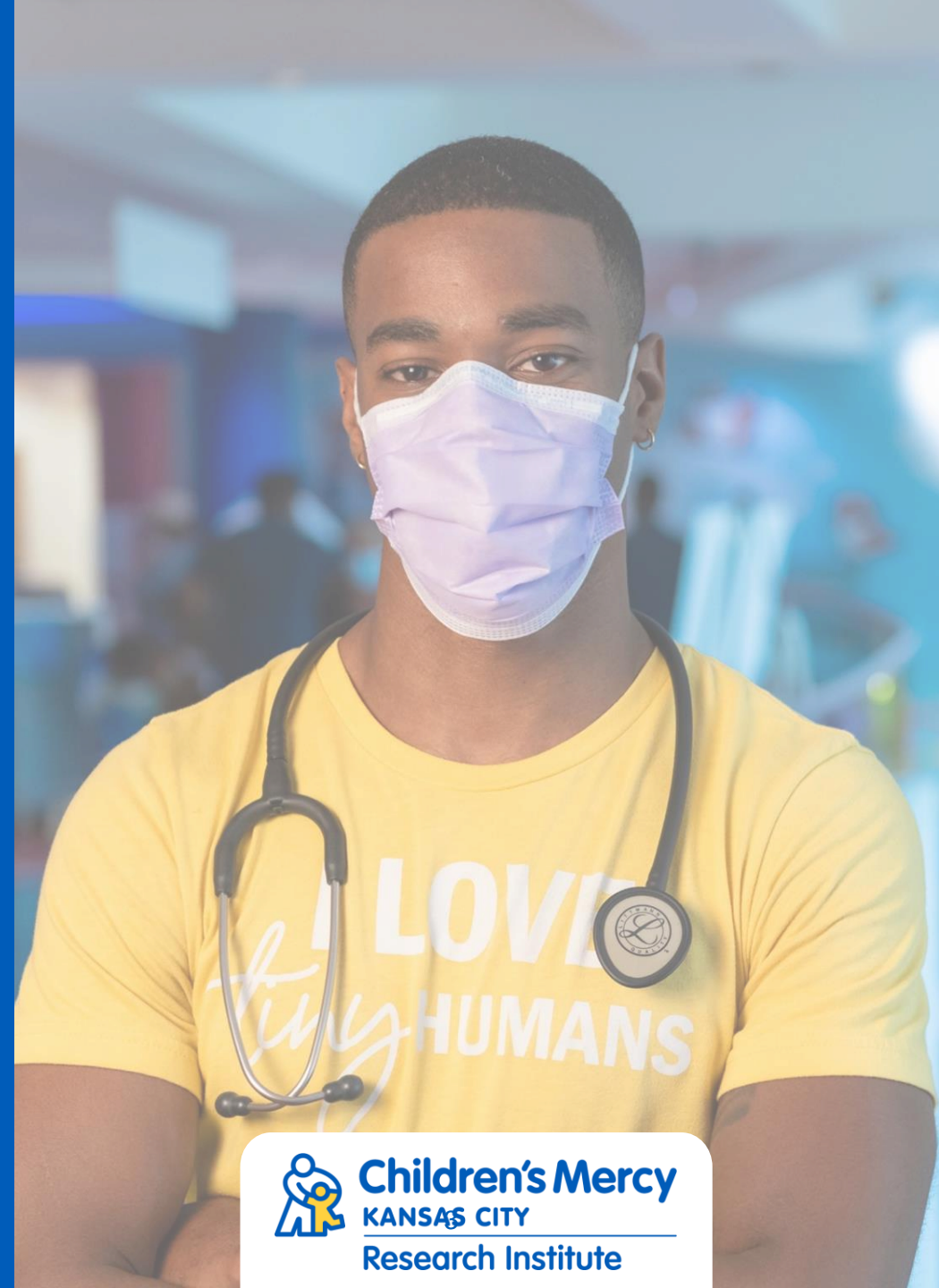
# Addressing Preceptor Burnout Through Implementation of a New Orientation Model

10<sup>th</sup> Annual Regional Neonatal Conference  
Thursday, April 18<sup>th</sup>, 2024



# Children's Mercy NICU

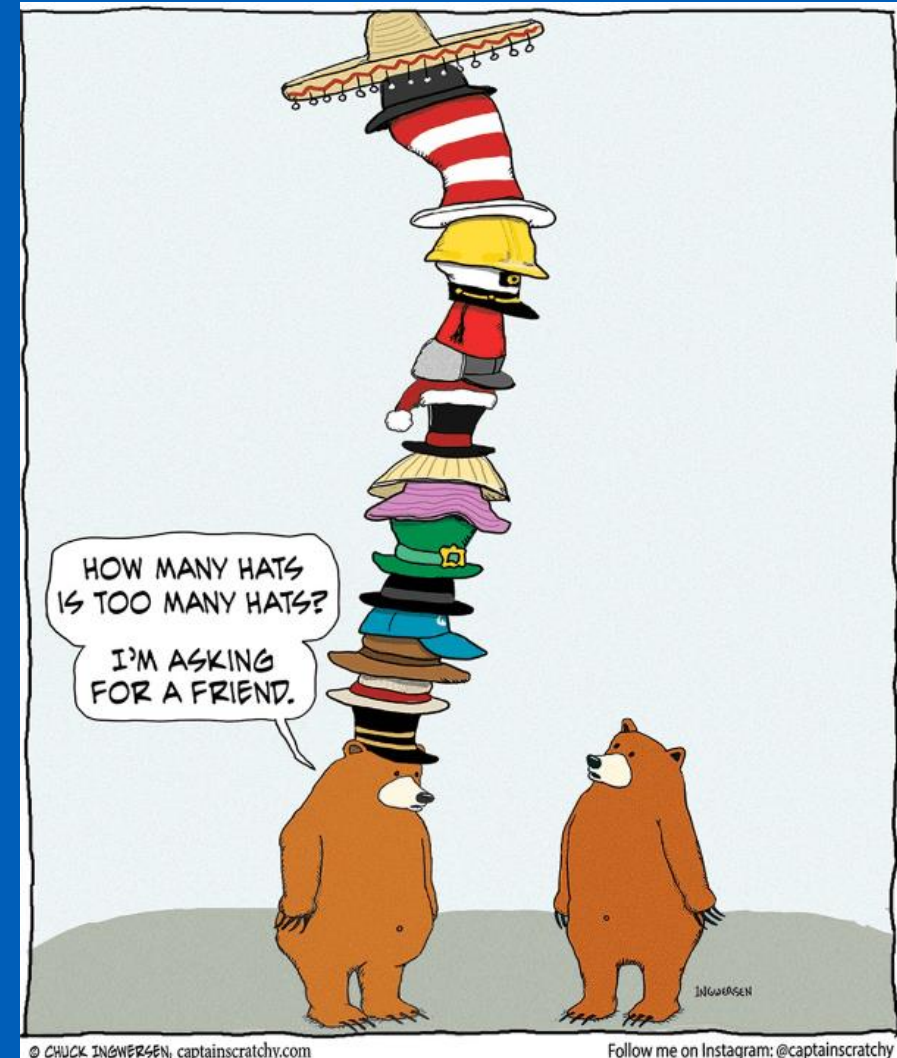
- 84-Bed Level IV NICU
- Typically hire new graduate nurses in 3 cohorts every year
  - February (20 new hires)
  - July (27 new hires)
  - November (12 new hires)



**Children's Mercy**  
KANSAS CITY  
Research Institute

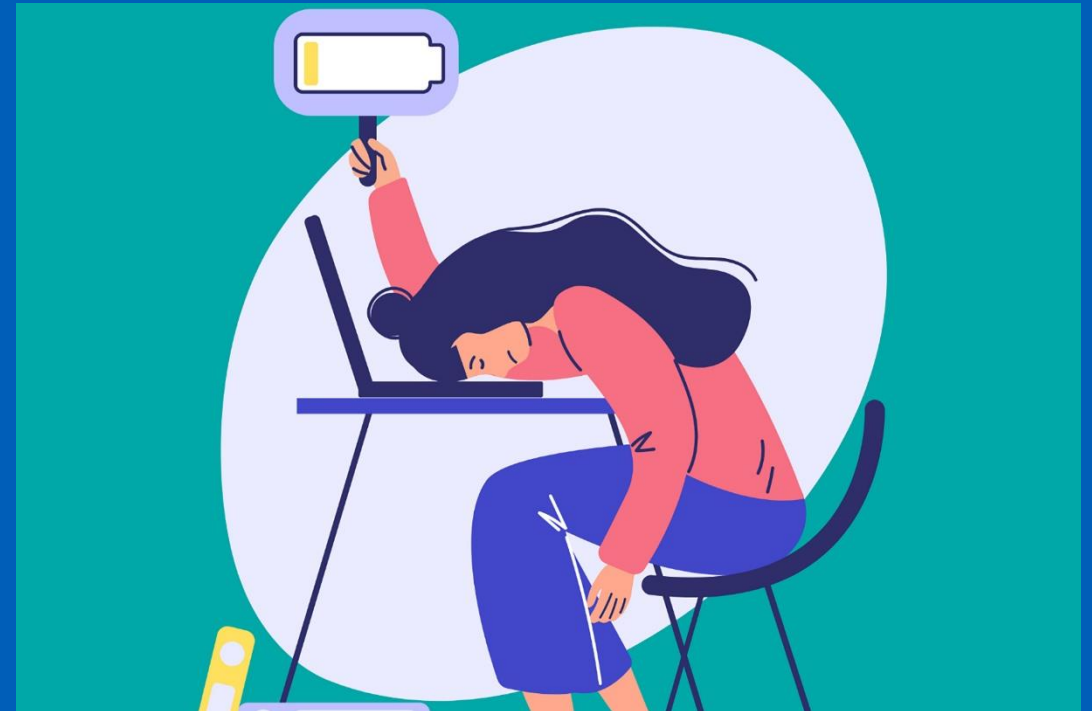
# Role of the Preceptor

- Role Model
- Teacher/coach
- Facilitator
- Protector
- Socializer
- Leader/influencer
- Evaluator



# Results of Burnout

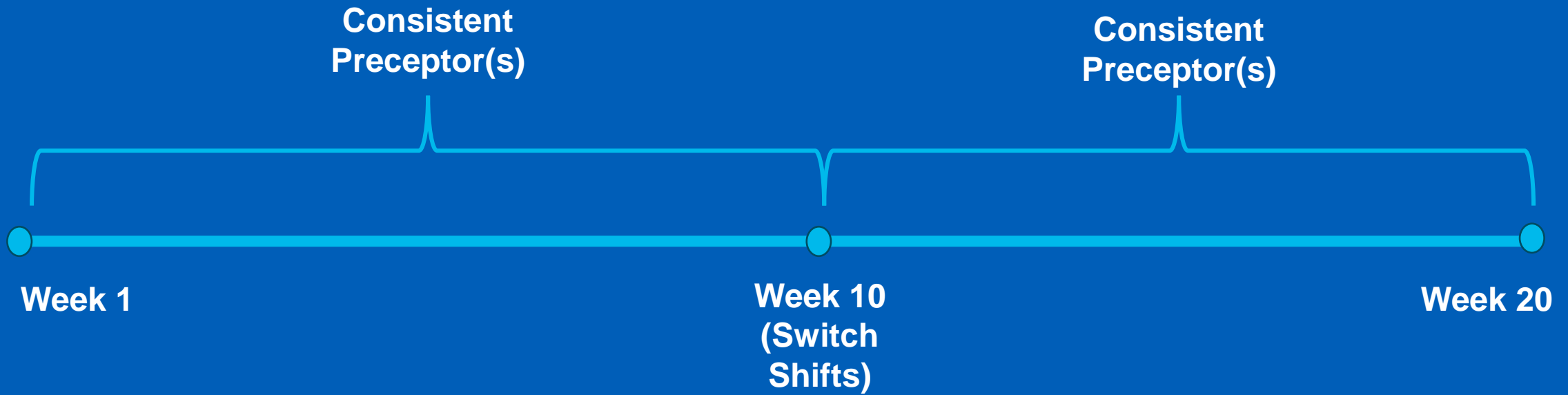
- Lower job satisfaction
- Lower employee engagement
- Decreased loyalty to the workplace
- Strained relationships



# Prior to November 2022

- Orientation was 20 weeks long – half of that time spent on day shift, half of that time spent on night shift
- Consistent preceptors were utilized for the entire 20 week orientation
  - Led to preceptor burn-out
  - Sometimes not possible due to increase in orientees being pulled, experienced nurses decreasing FTE or holding specialty roles, and experienced nurses not wanting to precept
- Minimal volunteer responses for preceptor needs

# Previous Orientation Model

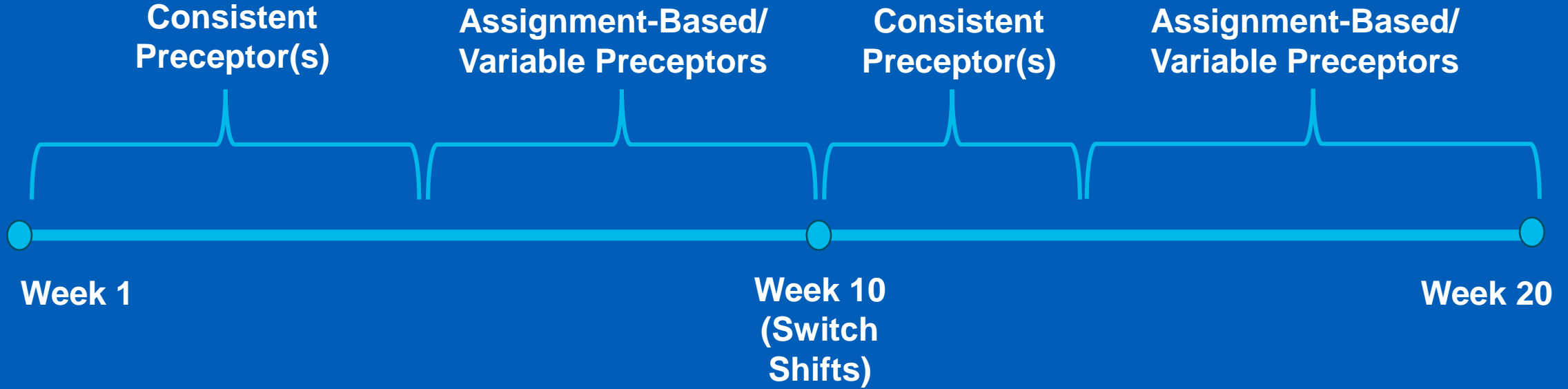


# Changes Made to Orientation Process

- Orientees are paired with consistent 1-2 preceptors at the following points in orientation
  - For the first five weeks of clinical orientation
  - For the first two weeks after they switch shifts
- For the remaining weeks, orientees will not have set preceptors
- Assignment-based orientation



# Proposed New Orientation Model (Ideal State)



# Anticipated Pros/Cons

## Pros

- Less burnout for preceptors
- Ability to take advantage of areas of expertise for precepting
- Orientees see many different nursing styles and meet more people on the unit
- Puts more ownership of their orientation experiences on the new hire, encourages them to advocate for themselves

## Cons

- May be harder to identify when orientees are struggling
- May be harder for the new hires to form close relationships



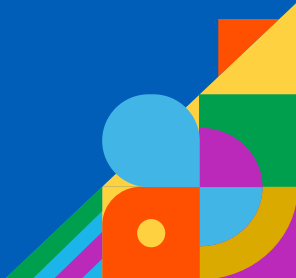
# Actual Pros/Cons

## Pros

- Less of a long-term commitment
- Meeting and getting to know many new hires
- Orientees get exposure to many ways of doing things/teaching styles
- Sharing the “wealth” of precepting

## Cons

- Preceptors not knowing they’re precepting prior to their shift
- Not knowing what the orientee knows
- Some people are precepting just as much as they were in the previous orientation model



# Feedback from Orientees (Themes)

- Enjoyed learning from several different preceptors
- Appreciated seeing multiple nursing styles
- Seeing and knowing familiar faces post-orientation was helpful



# Feedback from Orientees

- “While it was an adjustment getting used to switching preceptors, the benefits definitely outweighed the negative. I have been able to learn from many different preceptors which has made me a stronger nurse.”
- “I learned so much from having different preceptors. I was able to learn multiple ways of doing a task. When I had questions, I was able to ask multiple people to see how they would do it and then chose what would work best for me as a nurse. I also feel like this orientation style really taught me how to advocate for myself.”
- “It was cool to meet so many people! I know so many people around the unit and feel like they also know me. It’s been really helpful to know these faces and be comfortable asking for help. I also feel like I was able to see how a lot of different nurses complete tasks differently and how there are many correct ways to do something.”



# More Feedback from Orientees

- “I love having assignment-based shifts where we get a new preceptor each shift because I feel much more prepared than if I was stuck in a routine with the same preceptor.”
- “I think having more time with set preceptors would be beneficial. I enjoy being with different preceptors, however having a different preceptor each shift for half of orientation as a whole is a bit overwhelming.”
- “I think you should continue doing part of orientation with a set preceptor and part of orientation with variable preceptors. It helped me get to know more people on the unit and to have more familiar faces for when I am by myself.”



# Feedback from Preceptors (Themes)

- Frustration not knowing when they are precepting
- Confusion not knowing which level the orientee is at in orientation
- Frequency of precepting sometimes stayed the same or even increased



## 10. Do you feel like the new orientation model led to decreased preceptor burnout?

[More Details](#)

● Yes	8
● No	6
● I don't know	8

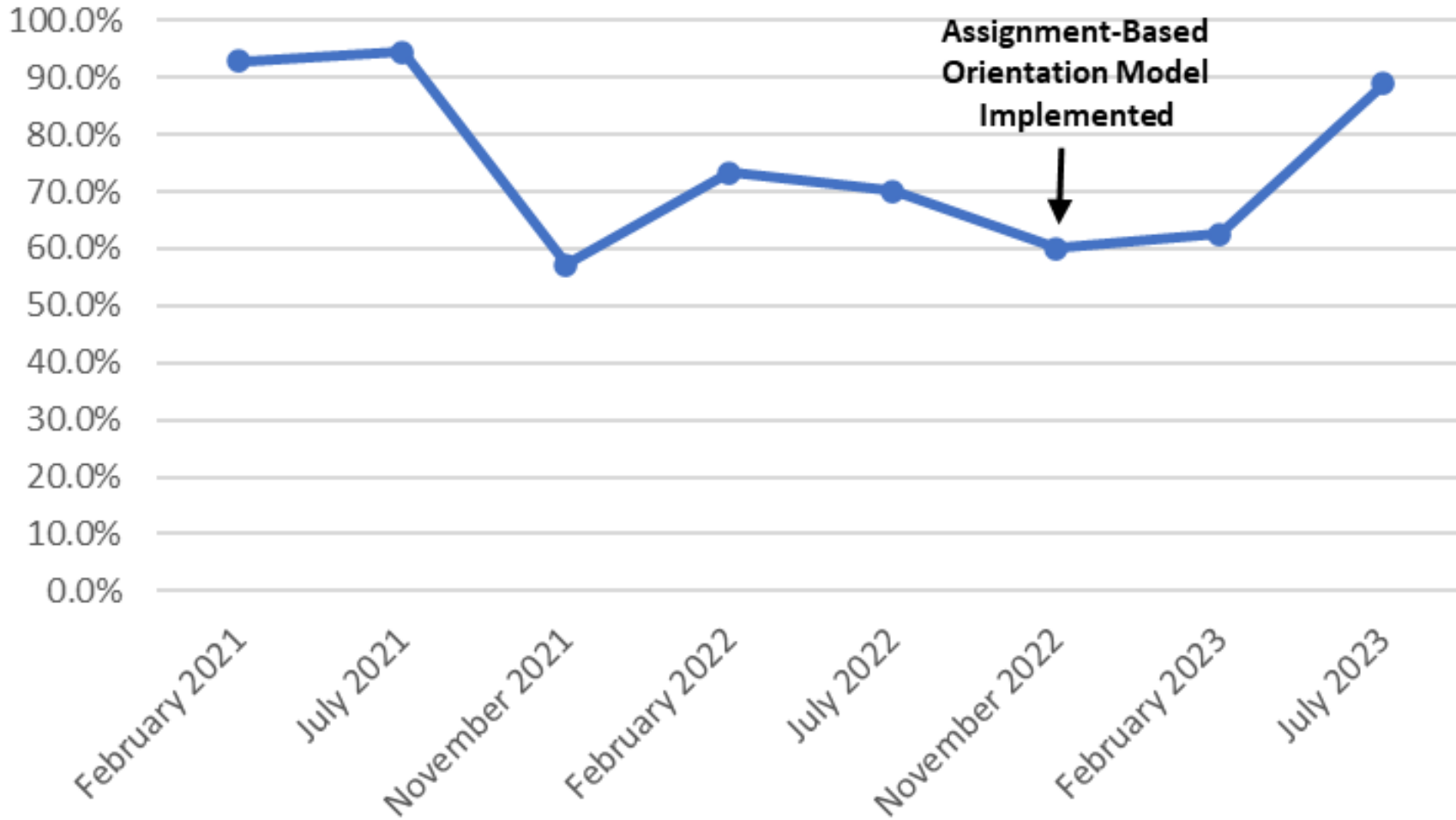




# Has the new orientation model affected retention of new graduate nurses?



## Newly Licensed Nursing One-Year Retention Rate



# Lessons Learned

- Highlighted the importance and qualities of a strong preceptor
- Importance of coaching conversations
- Developing relationships with orientees



# Future State/Brainstorming

- Preceptor “teams” for each orientee
- Revamp of a NICU-specific preceptor workshop
- Preceptor appreciation events



# References

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