

# Time for Realistic Job Previews in Nursing as a Recruitment and Retention Tool



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Realistic job previews are well-established, cost-effective, and evidence-based recruitment and retention tools that nurses in professional development have largely overlooked. A realistic job preview for experienced staff nurses pioneering the Clinical Nurse Leader® role is presented along with implications for nursing professional development practice.

**R**ealistic job previews (RJPs) are an evidence-based human resource management intervention used to support employee career transitions; promote person-job fit, job satisfaction, and organizational commitment; and, ultimately, reduce avoidable turnover of highly skilled employees (Earnest, Allen, & Landis, 2011; Hom, Griffeth, Palich, & Bracker, 1998; Phillips, 1998; Wanous, Poland, Premack, & Davis, 1992). An RJP is a recruiting approach used by an organization to communicate the important aspects of the job prior to the offer of a position. It provides a clear idea about a job to potential employees by presenting what previous workers have found to be the rewards and the challenges of the position. RJPs increase the likelihood that people who are hired for the position

understand and accept the job conditions and will stay with the position.

Although RJPs are well established in the human resource management field (Hom et al., 1998; Phillips, 1998; Wanous et al., 1992), healthcare organizations, in general, and nurses in professional development, in particular, have overlooked RJPs as an effective internal employee recruitment and retention tool (Crow, Hartman, McLendon, 2009; Groves, 2011; May, Bazzoli, & Gerland, 2006; Song, Robbins, Garman, & McAlearney, 2011; Sonmez & Yildirim, 2009). The purpose of this article is to promote the use of RJPs as part of the development of comprehensive evidence-based nurse retention programs. Drawing on career motivation theory (London, 1983; London & Mone, 2006) and work role transition theory (Nicholson, 1984; Schein, 1971), RJPs are an example of an organization-based strategy to recruit experienced staff nurses to assume new work roles and responsibilities and can be used to promote workforce development, succession planning, and clinical practice excellence. Because nurses in professional development are responsible for designing and implementing nursing orientation programs (National Nursing Staff Development Organization & American Nurses Association 2010), RJPs should be included as part of a comprehensive nurse recruitment and retention program (Galt, 2000; Hom et al., 1998; Mitchell, Holtom, Lee, & Gaske, 2001; Shanley, 2004).

The psychological contract between employer and employee is at the heart of the RJP (Rousseau, 1995; Shore & Tetrick, 1994). RJPs promote the exchange of information between the organization and the employee so that the employee enters into the employment contract aware of what the organization will provide and what will be expected. For example, if a staff nurse takes a job with an understanding that it is a day shift position and then is immediately scheduled for the night shift, this undermines the nurse's trust in the managers and the organization, and the psychological contract is breached. More broadly, better informed candidates who continue the application process are more likely to be a good fit with the position, and the candidates who choose not to continue with the application process save time pursuing a job or an organization that is not right for

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them. The hiring organization saves time by testing and interviewing only those candidates with a strong chance of success.

RJPs are part of a broader set of employee orientation programs that promote workforce development and career progression within an organization (Bauer, Boder, Erdogan, Truxillo, & Tucker, 2007; Rousseau, 1995; Wanous & Reichers, 2000). RJPs were first proposed in the late 1950s (Weitz, 1956) and became popular during the 1970s and 1980s (Wanous, 1989) to promote organizational commitment and reduce voluntary turnover among new employees. Empirical research suggests a fairly small effect size for properly designed RJPs ( $d = .12$ ), with estimates that they can improve job survival rates ranging from 3% to 10% (Premack & Wanous, 1985). For large organizations that experience high rates of new employee turnover, a 3%–10% difference can translate to significant monetary savings. Some experts (Roth & Roth, 1995) estimate that RJPs screen out between 15% and 36% of applicants.

RJPs share a number of similarities and differences with new employee orientation programs. First, RJPs and orientation programs are used to communicate important information about the organization to newcomers. Second, RJPs and orientation programs are used to convey a sense of organizational support to prospective and new employees. Finally, RJPs and orientation programs seek to reduce voluntary turnover rates among new employees (Bauer et al., 2007; Wanous & Reichers, 2000).

Yet, RJPs are different from other types of employee orientation and socialization programs in five important ways (Wanous & Reichers, 2000):

1. RJPs occur after a person has expressed interest in a particular job but before the person has been hired. New recruits as well as current employees interested in new work roles are ideal participants for RJPs.
2. RJPs encourage participants to think carefully about the fit of the job and organization for their career goals prior to applying for a particular job.
3. The RJPs are used to present information about job design and responsibilities including performance expectations. RJPs do not provide participants with performance-related information on how to succeed in the job and at the organization.
4. RJPs provide information on both the positive and negative aspects of a particular job with the goal of calibrating participants' expectations about working in a particular job. Presenting information about the negative aspects of a job may raise participants' stress levels. Conversely, orientation programs seek to reduce the stress associated with joining the organization or moving into a new job (Bauer et al., 2007). Information provided in an RJP is presented using brochures, presentations, or shadowing experiences and can be completed in a short timeframe.

5. RJPs are used to present information and answer participants' questions about a particular job; RJPs do not focus on skill development.

## PSYCHOLOGICAL PROCESSES ASSOCIATED WITH RJPs

RJPs work on two psychological levels to reduce the stress associated with career transitions. First, RJPs calibrate participants' expectations about the job with the realities of the job (Earnest et al., 2011; Hom et al., 1998; Phillips, 1998). Learning about the positive and negative aspects of a particular job at the beginning of the recruitment process works to either lower or heighten a person's expectations about what it would be like to work in the job. Discussing the scale and scope of job responsibilities, performance criteria, resources, and work unit dynamics with a job candidate promotes organizational commitment because the person is aware of the realities before accepting the position. Candidates have the opportunity to make an informed decision whether a particular job is right for them, which ultimately promotes job commitment. Knowing the positive and negative aspects of a particular job improves the person's ability to cope with the day-to-day realities of the job.

Second, RJP participants are able to assess the extent to which the organizational culture and routines align with their values, work style, and career goals. RJPs promote job satisfaction and organizational commitment by shaping participants' perceptions about the organization, the managers, and their long-term career opportunities in the organization (Hom et al., 1998; Kraimer, Seiber, Wayne, Liden, & Bravo, 2011; Phillips, 1998). When managers frankly discuss the realities of a particular position or work role, job candidates are more likely to think that the managers are honest and trustworthy (Earnest et al., 2011; Hom et al., 1998; Phillips, 1998). Trust between an immediate supervisor and employee is a key factor for achieving performance improvement, job engagement and satisfaction, and organizational commitment (Dirks & Ferrin, 2002; Earnest et al., 2011). In addition to building trust between employees and managers, RJPs shape employees' perceptions that the organization cares about and supports individuals' professional development and career progression. Individuals' perceptions of organizational support promote higher levels of employee performance and retention (Allen, Fiorini, & Dickey, 2010; Hom et al., 1998; Kraimer et al., 2011).

## BEST PRACTICES FOR DESIGNING AN RJP

Following a structured and planned approach for developing and implementing an RJP will improve the likelihood of success (Kotter, 1995). Wanous (1989) identified seven key program design elements for developing an effective RJP program for both new recruits to the organization

(e.g., internships for nursing students) and current employees for new positions in the organization (e.g., nurse manager shadowing program).

*Getting started:* The initial step in designing an RJP is to determine the strategic objectives for the program within the context of the organization's workforce development and retention needs. The greater the extent to which senior managers support a proactive approach for retaining and managing the progression of registered nurses to take on key leadership positions, the more successful the RJP program. To gain support of the senior management team, it is important to develop a business case for the RJP as an evidence-based and cost-effective workforce development program.

*Diagnosis:* The second phase of program design focuses on diagnosing the strengths and limitations of the position(s) that will be the subject for the RJP from the perspective of both employees currently in the job and the organization. The diagnostic phase includes an analysis of the job duties, work design, organizational culture, and the ways that the typical employee reacts to the job. In addition to the job design analysis, structured data are collected from current employees and managers so that the program planners have a strong understanding of employee perceptions about the positive and negative aspects of the job and the work environment (Daft, 2010; Edwards, 2008). These data are used to build the business case for senior managers to use RJP as an internal recruitment and retention tool. Wanous (1989) suggested gathering both survey and interview or focus-group data. It is important to balance the cost and usefulness of the information; interviews and focus groups are more cost effective than surveys because they can be done quickly with a small number of people.

*Program content:* One goal of an RJP is to calibrate employees' expectations about a particular job or work role with the realities of working in the job or role. Therefore, it is important to provide a balanced view of the positive and negative aspects of the job. In addition to providing information about salary, benefits, and performance expectations, RJP include information about the organization's financial and human resources, the decision-making structure, and direct supervisors' management style. This information is presented in an honest, yet balanced, manner. RJP focusing on clinical leadership positions should include information about the organization's strengths and weaknesses and senior managers' plans for improving organizational performance.

*Delivery method:* The most effective RJP include written materials for future reference, in person programs using classroom presentations, and on-the-job shadowing experiences. Wanous (1989) pointed out that the RJP serves as a "dress rehearsal" in which the organization identifies potential new recruits for a particular

position and the person being recruited has the opportunity to explore whether the position is a good fit. It is important that current employees understand that participating in an RJP does not constitute a job offer or guarantee employment in the previewed position. RJP program participants need to follow the organization's usual hiring process to secure employment in the previewed position.

*Program leaders:* In addition to the nursing professional development team responsible for the overall management of the RJP program, it is important to involve employees currently serving in the role that is the subject of the RJP. Program presenters can include managers and other informal leaders working in the unit where the prospective recruit may be placed. For RJP focused on recruiting employees into new roles or work areas, it is necessary to provide opportunities for networking (Day, 2000). This is particularly important in RJP targeting experienced staff nurses for clinical leadership positions who may have limited professional and personal networks outside of their immediate work area.

*Program timing:* The purpose of an RJP is to identify candidates who are well suited for and will be successful in a particular position. Participating in an RJP early in the recruiting process increases the likelihood of identifying the right person for a particular position. The length of an RJP will vary based on the complexity of the job or work role that is the subject of the preview.

*Sharing results:* Because RJP are a relatively under-used recruitment and retention tool in nursing and health care, it is important for nursing professional development practitioners to share their experiences and best practices through publications and presentations. To the extent possible, a structured evaluation and reflection on the strengths and weaknesses of the program design, content, implementation, and changes in participants' job attitudes and turnover behavior provide important data on the effectiveness and value of RJP in nursing workforce development. In addition, evaluation data support evidence-based practice and bolster the business case for reducing avoidable turnover among nurses.

## RJP PROGRAM: AN EXAMPLE

In this section, the authors describe an RJP for nurses employed at the James J. Peters Veterans Affairs Medical Center (JJPVAMC) who were selected to pioneer the Clinical Nurse Leader<sup>SM</sup> (CNL<sup>SM</sup>) role at the medical center. The RJP is an initiative of the Center for Learning and Organizational Development, the functional unit for nursing and professional development education at the JJPVAMC. The RJP is led by a master's-prepared, certified nurse educator who also has management responsibilities in the nursing education department.

## PARTICIPANT SELECTION

Staff nurses employed at the JJPVAMC interested in pursuing graduate education to become a CNL informed the nursing education team of their intentions. In turn, the nursing education department manager used annual performance reviews and nurse manager recommendations to assess the academic and leadership potential of these staff nurses. After completing the initial screening assessment, the interested staff nurses applied to the MSN-CNL program. Upon admissions to the master's program, the staff nurses employed at the medical center were enrolled into the RJP program.

The nursing staff at the JJPVAMC reflects the ethnic and racial diversity of the veterans served at the facility in an urban location. Of the 11 staff nurses (10 women and 1 man) participating in the RJP, all are of African American, Afro-Caribbean, African, or Hispanic descent, with English as a second language for three of the participants. The mean age for the program participants is 33 years (31–42 years), with an average of 15 years of work experience in nursing. Nine of the participants are employed in staff nurse roles in the medical surgical, intensive care unit, and home-based primary care services; one is a manager in the nursing quality improvement department; and one participant is a clinical manager with role characteristics similar to that of a CNL. All of the nurses participating in the RJP program work full time and are enrolled in the MSN program on a part-time basis, a typical pattern for graduate nursing students.

## PROGRAM DESIGN AND DELIVERY

The RJP program is designed as an intensive learning series using face-to-face presentations and shadowing experiences. A summary of the program content and design elements is presented in Table 1. As the RJP program leader, the nurse educator creates the program content; arranges speakers from among the facilities' nursing and quality improvement leaders, including the chief nurse officer; and recruits key leaders and assigns RJP participants to shadowing experiences. The RJP program exposes participants to organization-specific performance measurement systems and reporting requirements; clinical nursing priorities; and key leaders responsible for patient care quality, safety, and improvement throughout the medical center. During the RJP program, participants have the opportunity to network with key leaders, many of whom they had not met in their roles as staff nurses.

The authors drew on published studies and conference presentations, informal discussions with faculty at schools with established CNL programs, nurses working as CNLs, chief nurse officers and frontline nurse managers to understand the varying perspectives of the positive and negative aspects of the CNL role. Current evidence suggests that the positive aspects of the CNL role include working with colleagues to identify priority areas for clinical practice

change; shaping the role functions to meet both patient care needs and personal interests; and producing tangible changes in unit functioning, staff morale, and job satisfaction. Negative aspects associated with the role include educating colleagues about the benefits of the CNL role, justifying the need for a clinical position that is not part of the staffing count; accountability for specific cost and quality outcomes; and establishing a productive working relationship with the frontline nurse manager (Moore & Leahy, 2012; Poulin-Tabor et al., 2008; Sherman, 2008, 2010).

The RJP enables participants to learn about the performance expectations for CNLs in the VA system before they complete the graduate program. For example, Harris and Ott (2008) recommended that CNLs enter into annual performance contracts with specific clinical and cost reduction goals to build the business case and document the value of the role. Accountability for specific performance targets is a departure from conventional expectations for staff nurses. Moreover, because CNLs are accountable for improving unit performance, it was important to provide participants with information about the key clinical performance indicators on the units slated to adopt the CNL role. A data-driven approach was used to present the RJP participants with a balanced picture of the strengths and weaknesses of each unit to structure a discussion of the performance expectations and the challenges one might encounter on these units in the CNL role.

Because the RJP program was designed to support the individual's transition from the staff nurse role to the CNL role, it was determined that active learning experiences would be more productive than observational experiences that are typically included in RJP. The recommended CNL role development experiences were used (American Association of Colleges of Nursing, 2007a), and the RJP program participants were paired with key leaders responsible for various aspects of quality improvement (QI) and outcomes management at the medical center so that they had the opportunity to learn more about the nature of the job responsibilities associated with the various QI positions. In using this combined active learning-observational approach, the staff nurses were exposed to the day-to-day realities of leading clinical improvement work via the QI leaders' experiences for the RJP.

## PROGRAM EVALUATION

The lead nurse educator evaluated the effectiveness of the RJP program in terms of participants' understanding of the organization's requirements to perform effectively in the CNL role. Each program session was evaluated to improve the session design, content, and speaker effectiveness. Data about participants' understanding of the CNL role requirements were used to develop personal action plans to support the participating nurses' career transition into the CNL role. According to the end-of-program evaluation data, participants thought



**TABLE 1 Realistic Job Preview (RJP): Evidence-Based Practices and Program Design Elements**

Evidence-Based Program Design Element	James J. Peters VAMC RJP Program
	<b>Getting Started</b>
<ul style="list-style-type: none"> <li>• Determine strategic objectives of the RJP.</li> <li>• Determine position(s) to feature in an RJP program.</li> <li>• Collaborate with nursing administration team to build business case and obtain support for RJP program.</li> </ul>	<ul style="list-style-type: none"> <li>• The Veterans Administration nursing strategic plan calls for Clinical Nurse Leaders (CNLs) to be integrated into at least one patient care unit at each facility by 2016.</li> <li>• To meet this strategic goal at the local level, the CNL position was selected for the RJP program.</li> <li>• The goal of the RJP is to promote the career transitions of staff nurses into the CNL role. The CNL is a master's-prepared generalist at the point of care to lead quality and patient safety and manage patient outcomes.</li> <li>• Allocated nursing education department resources to the program (.25 FTE for program leader), program budget for materials and speakers, release time for RJP program participants.</li> </ul>
	<b>Diagnosis</b>
<ul style="list-style-type: none"> <li>• Diagnose the strengths and weaknesses of the position(s) featured in the RJP.</li> <li>• Assess job design, job duties, organizational culture, and a typical employee's response to the job.</li> <li>• Collect structured data from unit managers and those currently employed in the previewed position regarding its strengths and weaknesses.</li> <li>• Collect data on turnover rates and job satisfaction for the previewed position(s) to build business case for investment in an RJP program.</li> </ul>	<ul style="list-style-type: none"> <li>• Gathered data from the literature on the CNL role, chief nurse officers, and nurse managers who were early adopters of the role and CNL programs faculty with role implementation experience.</li> <li>• Assessed the strengths and weaknesses of the current clinical manager role, which had similar job design facets as the CNL role.</li> <li>• Strengths of the CNL role include identifying priorities for clinical practice change, shaping role functions to meet patient and individual needs, producing tangible results in unit performance, and improving staff morale and job satisfaction.</li> <li>• Negative aspects of the CNL role include educating colleagues about the benefits of the CNL role, justifying the need for a clinical position not in the staffing count, accountability for cost and quality outcomes, and building a productive working relationship with frontline nurse managers.</li> <li>• Examined unit performance on key nurse-sensitive outcomes under the CNL scope of responsibilities.</li> <li>• Built business case for the RJP based on expected cost savings associated with CNL-led improvements in clinical care.</li> </ul>
	<b>Program Content</b>
<ul style="list-style-type: none"> <li>• Present positive and negative aspects of the previewed position(s).</li> <li>• Develop content on salary, benefits, performance expectations; decision-making structure and direct supervisor's management style.</li> <li>• Develop materials on organizations' workforce development strategy and resources to support the strategy.</li> <li>• Develop written materials for participants' future reference.</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewed CNL literature and anecdotal evidence with RJP participants using presentations and a Q&amp;A format</li> <li>• Reviewed unit-level performance on the priority nurse-sensitive outcomes on the units slated to adopt the CNL role.</li> <li>• Presented written information on performance expectations for the CNL role, performance requirements within the context of the VA career ladder, interview, and application requirements.</li> <li>• Developed presentations on organizational, VA, and national resources to support CNL practice and role transition.</li> <li>• Chief Nurse Officer presented information on the nursing workforce development strategy and the role of CNL practice to meet these objectives.</li> </ul>

*Continued*

**TABLE 1** Continued

Evidence-Based Program Design Element	James J. Peters VAMC RJP Program
	<b>Delivery Method</b>
<ul style="list-style-type: none"> <li>• Develop in person presentations by managers and other key leaders about the expectations for the previewed position(s).</li> <li>• Develop on-the-job shadowing experiences.</li> <li>• Lead question and answer discussion sessions with RJP participants.</li> </ul>	<ul style="list-style-type: none"> <li>• Blended learning approach—discussions, quality indicator (QI) cases from the VA experience, observational experiences, coaching.</li> <li>• Face-to-face presentations about the VA and organization-specific quality improvement initiatives.</li> <li>• Sessions presented by key leaders on               <ul style="list-style-type: none"> <li>o system redesign program,</li> <li>o VA performance metrics,</li> <li>o clinical quality database content and monthly performance reports,</li> <li>o professional nursing practice standards,</li> <li>o priorities for practice change.</li> </ul> </li> <li>• RJP participants partnered with key QI leaders from nursing and general management to learn about day-to-day realities of leading improvement projects at the medical center.</li> <li>• Q&amp;A sessions with lead nurse educator about CNL role expectations and available resources.</li> </ul>
	<b>Program Leaders</b>
<ul style="list-style-type: none"> <li>• Nursing professional development educators.</li> <li>• Managers and other staff working on the unit where an RJP participant is likely to obtain a job.</li> <li>• Current employees working in the previewed position(s).</li> <li>• Senior nurse leaders involved in the organization's workforce development initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>• Program leaders: Lead Nurse Educator; Chief Nurse Officer; Director, Clinical Performance Improvement; Director, Clinical Informatics; Nurse Managers from targeted units; Medical Director; Staff Nurse Educators.</li> <li>• Question and answer sessions with clinical-managers with role responsibilities similar to the CNL role.</li> </ul>
	<b>Program Timing</b>
<ul style="list-style-type: none"> <li>• Determine timing of preview in the recruitment process.</li> <li>• Determine length of program based on the complexity of the previewed position(s). Can range from 30 minutes to multiple days.</li> </ul>	<ul style="list-style-type: none"> <li>• Participants expressed interest in pioneering the CNL role at the medical center; RJP program delivered after participants accepted into the MSN-CNL and before completing the master's program.</li> <li>• Intensive 2-week RJP program; sessions ranging from 1.5 to 3 hours.</li> <li>• RJP shadowing experiences complement the MSN program role immersion activities.</li> <li>• Participants released from clinical responsibilities to attend RJP program sessions.</li> </ul>
	<b>Sharing Results</b>
<ul style="list-style-type: none"> <li>• Evaluate the RJP program effectiveness.</li> <li>• Gather job attitude and turnover data for participants.</li> <li>• Share experiences and program results through presentations and publications.</li> </ul>	<ul style="list-style-type: none"> <li>• Surveys distributed to participants at end of each learning session and at the end of the program.</li> <li>• Evaluations used to improve session design, content, and speaker effectiveness</li> <li>• RJP effectiveness assessed by participant's understanding of the CNL role requirements and performance expectations.</li> <li>• Program presented at the national CNL Summit and the American Association of Colleges of Nursing Graduate Education Conference.</li> </ul>

that the RJP improved their understanding of the CNL role performance expectations at the medical center; clarified the application process to obtain a formal CNL position; and enhanced their ability to build productive working relationships with leaders across the medical center. In contrast, the data also show that participants thought that the information on the organization-specific performance data systems and the priority of unit-level performance targets could be enhanced.

For the next phase of the CNL role implementation, the Chief Nurse Officer has identified clinical units and funding to create four CNL positions. Hiring for these positions is currently under way in line with the VA workforce development plan. The newly prepared CNLs are aware that formal employment in the role is based on a competitive application process. Nonetheless, all of the nurses who participated in the RJP program are encouraged to use their new clinical and quality improvement skills within their staff nurse role.

As formal CNL role implementation efforts are underway, it will be important to track the RJP participants' attitudes about their job, including job satisfaction, job engagement, turnover intentions, and actual turnover rates over time. Another important outcome of the RJP program to assess over time is the extent to which the participants are able to apply the organization-specific knowledge in their practice as CNLs (DeSilets, 2009). Finally, cost effectiveness is another important outcome measure. Research on the clinical and organizational outcomes of CNL practice demonstrates reductions in the cost of care by reducing the number of unplanned readmissions, patient falls, and decubitus ulcers, among other nurse-sensitive outcomes (American Association of Colleges of Nursing, 2007b; Ott et al., 2009). Although outcome data for the CNL practice are not yet available, it is expected that the improvements in clinical quality and resource use associated with CNL practice will outweigh the costs of developing and running the RJP program.

## IMPLICATIONS FOR NURSING PROFESSIONAL DEVELOPMENT

RJPs are a well-established, cost-effective, evidence-based intervention supporting career progressions and reducing voluntary turnover (Earnest et al., 2011; Phillips, 1998), which have been largely overlooked by nurses in professional development. RJPs offer current employees and potential job candidates with the opportunity to learn more about a particular job before applying for and accepting a position. The process of learning about the positive and negative aspects of a particular job before accepting the position reduces work stress associated with the uncertainty of a new job, aligns expectations, promotes commitment to the job and the organization, and, ultimately, reduces voluntary

turnover during the first year of employment when individuals are most vulnerable (Sheridan, 1985; Vandenberghe, Panaccio, Bentein, Migonac, & Roussel, 2011).

RJPs are one of a number of evidence-based management practices using a systems approach to managing the healthcare workforce more effectively to promote clinical quality, patient safety, and practice excellence (Groves, 2011; Song et al., 2011; Jones, 2005). To this end, nurses in professional development are well positioned to identify individuals who are ready for new work challenges and to develop evidence-based workforce development programs in collaboration with nurse executives to improve patient care quality and safety.

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