

NEW GRADUATE NURSES TRAINING AND
THE EFFECTS OF MENTORING PROGRAM

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DEDICATION

- This scholarly project is dedicated to my mother, Elizabeth Yankey Ewoo, and my father Dr. Pastor Andrews Lawrence Ewoo, an international evangelist.
- They both challenged me to pursue a doctoral degree which had been their unspoken dream for me since childhood.
- I will always remember this quote he shared with me at a point when I almost gave up on this dream: “don’t look down at the hawks, keep flying high as an eagle.”

ACKNOWLEDGEMENTS

- I would like to thank several people for their help and support in my quest to achieve the Doctor of Nursing Practice (DNP) degree.
 - Mary Kerich
 - Nancy Santos
 - Dr. Erica Brinkley



ACKNOWLEDGEMENTS

- Dr. Clifford Mensah, thank you for the late-night calls, text messages, and email through which I received invaluable feedback. You availed yourself even when you were mourning the death of your father, thank you.

ACKNOWLEDGEMENTS

- Bradley Faculty:
 - Dr. Judith Walloch
 - Dr. Sarah Silvest Guerrero
 - All my direct faculty and advisors at Bradley University, you have been inspirational to me and I want to thank you for your commitment. I hope that your feedback, guidance and evaluations are demonstrated in this scholarly project.

INTRODUCTION

- The new graduate nurse's transition from nursing student to practicing nurse can be a challenging time during which the graduate nurse needs to learn how to function independently. (Missen, McKenna & Beauchamp, 2014).



Image retrieved on 4/1/20 from

<https://blog.bluepipes.com/information-for-new-grad-rns/>.

INTRODUCTION

- According to Kennedy (2018), there continues to be shortage of nurses, and although there are 2,000 new nurses each year in Colorado for example, there is a projection of 3,200 new nurses in need per year.

INTRODUCTION

- A study completed by Speitz, Harless, Herrera, and Mark (2013) using California hospitals concluded that adequate registered nurse (RN) staffing reduced patient length of stay, and RN staffing had some form of positive impact on adverse patient outcomes.



Image retrieved on 3/16/18 from [Hospital Patient](#)

INTRODUCTION

- Although hiring new graduate nurses would appear to be one solution to the nursing shortage, Speitz et al. (2013) found that with a little more than twenty new graduate nurses hired every three months, a retention rate within the 40%-80% range was realized for the new graduate nurses in most instances.

Image retrieved on 4/1/20 from

<https://www.vbiusa.com/opinion/columns/education/workforce-development-column/washington-state-is-facing-a-nursing-shortage/>



INTRODUCTION

- New graduate nurse **retention** is the ability of the nurse to remain in their position and thrive in a stressful environment (Moran, 2012).
- Registered nurse **turnover** is defined as the nurse leaving an organization involuntary and voluntary (Kovner, Brewer, Fatehi & Jun, 2014).

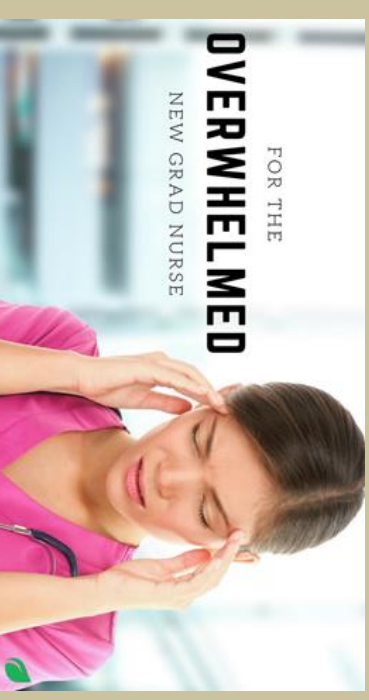
INTRODUCTION

- Transitioning from nursing student can be enhanced through training and mentorship to help the graduate nurse's independence in the rapidly changing, fast-paced healthcare environment (Missen, McKenna & Beauchamp, 2014).



Image retrieved on 4/1/20 from

<https://mollyfletcher.com/dont-ask-someone-to-mentor-you/>.



INTRODUCTION

- The implementation of mentoring opportunity for the new graduate nurses could produce 25% or higher retention rate compared to those without a mentor (Schroyer, Zellers, & Abraham, 2016).



Image retrieved on 3/16/18 from [Nursing Teams](#)

BACKGROUND AND SIGNIFICANCE

- Transition to practice program that trains the new graduate nurse to become a professional nurse, as well as a mentor that supports and role model them during the first year, have been reported to decrease turnover, improve retention and patient outcomes (Silvestre, 2017).

BACKGROUND AND SIGNIFICANCE

- Our local new graduate nurses need more than they get in the classroom, simulation lab and training on the unit. Successful transition of the graduate nurse requires orientation and a transition to practice program that provides the bases of support, and the development of clinical competence (Hussein, Everett, Ramjan, Hu, & Salamonson, 2017).

BACKGROUND AND SIGNIFICANCE

- A transition program for the new graduate should include a mentorship program beyond the preceptorship phase during orientation.
- “Mentorship program can be an effective recruitment and retention strategy but are also resource intensive. Measuring new graduates' perceptions of mentoring contribute to program relevance in addressing their personal, professional and clinical skill development needs” (Tiew, Koh, Creed, & Tam, 2017, p.77).

BACKGROUND AND SIGNIFICANCE

- The purpose of this project was to assess the improvement in the retention of new graduate nurses through the Nurse Residency Program (NRP) and mentorship.



Image retrieved on 4/1/20 from

<https://jobs.bswhealth.com/categories/2/page-links/6/graduate-nurse-residency>.

BACKGROUND AND SIGNIFICANCE

- A study was conducted by a group of nurse leaders to look at how mentorship affected the professional value of a clinical nurse leader graduate.
- Results
 - a “model C clinical nurse leader graduate participants experiencing formal mentoring may develop professional nursing values more than their colleagues” (Gazaway, Anderson, Schumacher, & Alichnie, 2018, p.1045).

BACKGROUND AND SIGNIFICANCE

- Mentoring has been seen in the past as an intense relationship between an expert and novice, however, mentorship can also offer benefits such as: teaching, socialization, providing opportunities, sponsoring, coaching, guiding, protecting, advising, counselling, inspiring, challenging, supporting and role modeling (Vatan, 2016).

NEEDS ASSESSMENT

- In 2013, this community hospital in Maryland adopted the Vizient Nurse Residency Training Program (NRP) through a statewide collaborative effort amongst hospitals that employed new graduate nurses.

NEEDS ASSESSMENT

- The NRP was to support the transition of the new graduate nurse to competent professional nurse. It offered:
 - Evidence-based curriculum
 - Access to content experts
 - Participation in evidence-based practice (EBP), and Quality Improvement (QI) projects.

NEEDS ASSESSMENT

- The hospital's NRP was structured with the following requirements:
 1. Participation by all new graduate nurses hired.
 2. Monthly class sessions for 12 months.
 3. Required participation in an EBP, or a QI project appropriate for their home unit.
 4. Academic partnership.

NEEDS ASSESSMENT

- The hospital spent an estimated \$60,320 on training one new graduate nurse on the medical surgical /telemetry through the 12-month long NRP however, retention continued to be an issue (Human Resources, 2019).
- Although there is a transition to practice program through the NRP, this effort could be enhanced through mentorship (Missen, McKenna & Beauchamp, 2014).

NEEDS ASSESSMENT

- Secondly, there was no mentorship program. Nurses who served as preceptors did not have the training to be mentors during orientation and beyond.
- Also, educators and NRP facilitators were engaged with the new graduate nurses during their NRP and served as resources to the entire cohorts rather than one-on-one support for the new graduate nurse at the unit level.

NEEDS ASSESSMENT

- In a study to determine the effectiveness of Nurse Residency Programs (NRPs) based on length of program, Chappell, Richards, and Barnett (2014) found that, new graduate nurses transition to practice programs that were more than 24 weeks, were 21 times more likely to remain employed in an organization than lesser timeframe.

NEEDS ASSESSMENT

- This supports the idea that a longer-term relationship and support with the new graduate nurses could improve retention.

Image retrieved on 4/1/20 from

<https://www.emergingrnleader.com/the-new-conundrum-nurse-engagement-and-retention/>.



PROBLEM STATEMENT

- Based on salary rate of the new graduate nurses at this hospital, the cost for training one new graduate nurse was estimated at \$60,320 per year.
- Hospital could spend \$60,320 to replace a new graduate nurse leaving his or her position within the first year.
- Mentoring support to new graduate nurses, coupling with the current NRP could increase new graduate nurse retention within the first year and beyond.

PROBLEM STATEMENT

- Shortage of nursing staff affects patient safety (Diya, Van de Heede, Sermeus, & Lesaffre, 2012; Needleman et al., 2011; & Walter, 2015).
- Nursing staffing and patient-to-nurse ratios highly impact patient outcomes such as mortality and satisfaction (Walter, 2015).

Image retrieved on 4/1/20 from

<https://columbuspark.com/2018/10/22/columbus-park-latest-patient-outcomes-update/>.



PROJECT AIM

- The goal of this project was to improve retention of new graduate nurses on the medical surgical / telemetry unit through a mentorship training program, to support them in conjunction with the existing NRP by the end of the project's implementation.

OBJECTIVES

- Survey preceptors of new graduate nurses to identify their professional learning gaps, confidence, and motivation to serve as mentors.
- Use the data from the preceptors' surveys, and literature reviews to develop a mentorship training program to train preceptors of new graduate nurses, to serve as mentors beyond the orientation period.

OBJECTIVES

- Continue to support new graduate nurses' transitions into practice through the NRP.
- Collect data on participating new graduate nurse's satisfactions with the unit support, mentor support, NRP support, and their intent to stay on the medical surgical / telemetry unit within 12 months.

CLINICAL QUESTION/ PICOT

- In new nurse graduates working in acute care hospital, does a new graduate nurse training program, coupled with mentoring training program for their mentors improve retention?

CONGRUENCE WITH ORGANIZATIONAL STRATEGIC PLAN

- The healthcare environment is becoming increasingly costly, reimbursement for services becoming increasingly tough, complicated, and linkage to nursing care (Moran, Gardner, Outlaw, and O'Grady, 2015).
- These can lead to stressful encounters for the new graduate nurse.

CONGRUENCE WITH ORGANIZATIONAL STRATEGIC PLAN

- The organization implemented the Nurse Residency Program (NRP) in 2013 however, it continued to struggle with retention.
- This project sought for ways to improve retention through mentoring as an augmentation to the existing NRP.

CONGRUENCE WITH ORGANIZATIONAL STRATEGIC PLAN

- Implementing NRP and evaluating their effectiveness is necessary for nursing leaders as an investment for the organization (Asber, 2019).
- This project and the proposed training aimed at supporting nurse leaders in improving retention of the new graduate nurses.

SYNTHESIS OF EVIDENCE

- The search process used to identify information related to the PICOT question were:
 - CINHAI, OVID, and online EBSCO host website via the Bradley University online research resources.
 - CINAHL was used for initial searches followed with OVID and EBSCO.

SYNTHESIS OF EVIDENCE

- Key words were used:
 - New graduate nurse
 - Retention
 - Training
 - Mentoring
 - Transition to practice
 - Nurse residency program (NRP)

SYNTHESIS OF EVIDENCE

- Initial CINAHL resulted in over 400 articles related to the topic and keys words.
- A careful literature review was conducted, and articles found appropriate with data that supported this project and practical goals were reviewed based on:
 - Dates (within last 7-10 years)
 - Hospital setting

SYNTHESIS OF EVIDENCE

- New graduate nurses are successful, more confident and feel supported through structured transitional training programs such as Nurse Residency Program (NRP). This increases self-confidence, competence, job satisfaction, reduces anxiety and improves retention (Edwards, Carrier & Hawker, 2019; Goode, Lynn, McElroy, Bednash & Murray, 2013; Hussein, Everett, Ramjan, Hu & Salamonson, 2017).

SYNTHESIS OF EVIDENCE

- Factors that increases the new nurses' self-confidence and willingness to work in a specific hospital is influenced by the availability of a transition-to-practice training programs (Halcomb, Salamonsen, Raymond; & Knox, 2012).

SYNTHESIS OF EVIDENCE

- Cost-benefit analysis of new graduate nurses transition to practice training programs include: decrease in turnover rates and cost reduction (Edwards, Carrier & Hawker, 2019; Pillai, Manister, Coppolo, Ducey & McManus-Penzero, 2018; & Trepanier, Early, Ulrich, & Cherry, 2012).

SYNTHESIS OF EVIDENCE

- A mentorship program impacts the new graduate nurse's job satisfaction and professional confidence, which positively influences the quality of care delivered (Mijares, Baxley, & Bond, 2013; Pfaff, Baxter, Ploeg, & Jack, 2014; Szalmasagi, 2018; & Williams, 2018).
- Mentoring engages and supports the new graduate nurse (Tiew, Koh, Creedy, & Tam, 2017).

SYNTHESIS OF EVIDENCE

- One way to help new graduate nurses gain more confidence satisfaction with their job may be by a mentoring program (Cottingham et al., 2011).
- The organization's support and inclusion of a mentoring program could also increase the new graduate nurse's job satisfaction, enhance confidence, and increase retention rates (Spiva, 2013).

SYNTHESIS OF EVIDENCE

- Mentoring leads to staff satisfaction, support, productivity and increased retention (Disch, 2018; Payton, Howe, Timmons & Richardson, 2013).
- Guerrero & Brenner (2016, p. 422) indicated that mentoring “helps mentees face difficult truths about the gap between their aspirations and their actual current capabilities.”

SYNTHESIS OF EVIDENCE

- The definition of mentoring by Weng et al. (2010) builds on this concept of relationship: “Mentoring function is defined as the sum of the career development function, psychosocial support function, and role modeling function as perceived by nurses in the mentoring program” (p. 2).

SYNTHESIS OF EVIDENCE

- Transition to practicing nurse can be stressful for the new graduate nurse (Powers, Herron, and Pagel (2019). Novice nurses have the professional responsibility to make clinical decisions during patient care which can be a stressor. This decision-making ability may be learned and improved through mentoring opportunities.

SYNTHESIS OF EVIDENCE

- “Mentoring may focus on the behavior, knowledge, skills, reasoning, and attitude of the master teacher or the person most experienced with problem solving” (Holmes, Warnes, O’Gara & Nishimura, 2018. p. 455).

THEORETICAL FOUNDATION OF FRAMEWORK

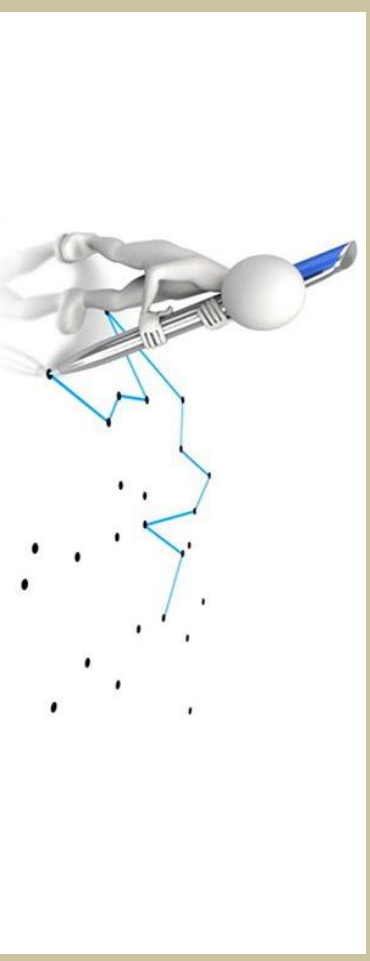
- This project presented the Clinical Decision-Making (CDM) framework as an opportunity to guide and help the new graduate nurse develop their clinical decision-making skills in a complex healthcare setting through mentoring.
- The CDM theory suggests that, with enough support and experience while working in the clinical setting, the new graduate nurse will move from being task oriented, to applying abstract thinking in clinical situations.

THEORETICAL FOUNDATION OF FRAMEWORK

- There are lapses in the novice nurse's ability to move from being clinically narrow minded, to having the ability to apply concrete experience while viewing clinical situations (Shelestak, Meyers, Jarzembak & Bradley 2015).

Image retrieved on 4/1/20 from

<https://www.governancecoach.com/2018/02/connecting-the-dots-how-strategic-foresight-informs-ends/>.



THEORETICAL FOUNDATION OF FRAMEWORK

- According to Kozlowski, Hutchinson, Hurley, Rowley and Sutherland (2017), Clinical Decision-Making (CDM) also focuses on community-based practice in supporting individual's learning, emotional competence and decision making.
- Lack of support for the new graduate nurse may lead to the new graduate nurse failing to seek help with difficult clinical situations, leading to making patient care errors.

PROJECT DESIGN

- This was a Quality Improvement (QI) project.
 - This project fits QI project criteria because, the goal is in alignment with the improvement of patient outcome through new graduate nurses training and mentoring.
 - QI is defined as the “combined and unceasing efforts of everyone, healthcare professionals, patients and their families, researchers, payers, planners and educators to make the changes that will lead to better patient outcomes” (Batalden and Davidoff, 2007, p. 2).

SETTING

- The project was conducted on two medical surgical/telemetry nursing units.
 - 25 inpatient beds
 - 21 inpatient beds
- According to the nurse manager, more than 60% of the patient discharges from the hospital were from these two units.

SETTING

- The unit had a total of 89 nursing staff:
 - 52 full time Registered Nurses (RNs).
 - 17(33%) new graduate new nurses
 - 35(67%) experienced nurses
 - Eight part time RNs.
 - 20 Patient Care Technicians (PCTs).
 - Five Unit clerks.
 - One Nurse Manager.
 - Two Patient Care Coordinators (PCCs).
 - One Nurse Educator.

DATA COLLECTION TOOLS

- Three tools were designed for the project:
 - **Mentor Self Confidence (MSC)**
 - **Mentor Training Program Evaluation (MTPE)**
 - **New Graduate Nurse Intent to Stay (NGNIS) within twelve months**

DATA COLLECTION TOOLS

- A newly designed **Mentor Self Confidence (MSC)** tool created by the DNP student was used.
- The MSC was made up of eight survey questions using a 3-point Likert scale (agree, neutral, disagree) to assess skills level of the anticipated mentors.

DATA COLLECTION TOOLS

- The eight questions were based on the following:
 1. Self-confidence
 2. Comfort level in communicating effectively with the mentee
 3. Understanding of effective communication in healthcare
 4. Understanding the roles and responsibilities as a mentor
 5. Whether they have had any formal mentorship training
 6. Understanding of mentoring timeframe
 7. Understanding of the delegation process
 8. Understanding the difference between a preceptor and a mentor

DATA COLLECTION TOOLS

- According to a study by Sheikh, A.S.F, Sheikh, Huynh, and Mohamed (2017), problems that mentees face include lack of time for mentorship, inadequate communication and poor understanding of the needs of the mentee by the mentor. Choi, Moon, Steinecke, and Prescott (2019) further support the need for adequate interpersonal communication in mentorship.
- Mentoring improves satisfaction and communication skills (Feyissa, Balabanova, & Woldie, 2019; Farah, Goldfarb, Tomczik, Karels, & Hordinsky, 2020).

DATA COLLECTION TOOLS

- The participant mentors in the mentor training were asked to complete a hard copy evaluation at the end of the training using the **Mentor Training Program Evaluation (MTPE)** tool, developed by the DNP student.

DATA COLLECTION TOOLS

- The MTPE was an 11-item questionnaire tool using a 3-point Likert Scale (agree, neutral, disagree). The questions were based on the program meeting stated objectives, appropriateness of teaching methodology in meeting participant's learning needs new mentors, program's concepts being applicable to practice and role as a mentor, willingness to attend future programs around mentoring, knowledge of the instructor, their organizational skills, and whether she was effective in providing the training.

DATA COLLECTION TOOLS

- To measure retention rates after the mentor training program, new graduate nurse participants were asked to complete a hard copy of the **New Graduate Nurse Intent to Stay (NGNIS)** within twelve months survey developed by the DNP student.
- Cochran (2017) made a point of view that considers the need for the new graduate nurses to be supported and be provided the opportunity to declare their intention to stay with the organization, which allows for assessment and effectiveness of the NRP.

PROJECT PLAN/INTERVENTION

- The project's implementation began with the use of the Mentor Self Confidence (MSC)
 - Jot form survey to identify learning gap of the potential mentors for the new graduate nurses.
 - Data collection was conducted over a one-month period, from May to June.
 - All nine mentor participants responded to the survey.

PROJECT PLAN/INTERVENTION

- The Mentor Self Confidence (MSC) results was used to design Mentor Training Program with the following objectives:

PROJECT PLAN/INTERVENTION



PROJECT PLAN/INTERVENTION

Mentor
Training
Outcomes



4. Participants will identify the roles of a mentor.



5. Participants will discuss the process of providing effective and constructive feedback to a mentee.



6. Participants will describe the roles of the mentor, mentee and organization in mentorship.

PROJECT PLAN/INTERVENTION

Mentor Training Outcomes



7. Participants will apply the principles of mentoring knowledge gained to mentor and empower new graduate nurses to gain self-confidence through support and guidance on the nursing unit.



8. Participants will apply mentoring skills in training new graduate nurses to acquire the professional skills needed to gain satisfaction in their unit and prevent them from leaving their jobs.



9. Participants will demonstrate their understanding of the Mentor Training Program by a passing score of 80-100% achievement on CE direct posttest.

PROJECT PLAN/INTERVENTION



Mentor Training Program

A mentorship program developed to train mentors of new graduate nurses and includes the following content: introduction to mentoring, effective communication skills, how to provide constructive feedback and effective mentoring process.

Date:	Time:	Location:
June 2, 2019	10AM-2PM	Training Center
June 11, 2019	11AM-3PM	Training Center
June 27, 2019	12PM-4PM	Training Center

Register in UMMS U.

For questions, please contact Hannah Aslem, RN, MSN with any questions or concerns at ext. 8336 or hasslem@umms.edu.

PROJECT PLAN/INTERVENTION



Mentor Training Program

A mentorship program developed to train mentors of new graduate nurses and includes the following content: introduction to mentoring, effective communication skills, how to provide constructive feedback and effective mentoring process.

Date: August 5, 2019 **Time:** 12PM-4PM **Location:** Training Center

Register in UMMS U.

For questions, please contact Hannah Aslem, RN, MSN with any questions or concerns at ext. 8336 or haslem@umms.edu.

PROJECT PLAN/INTERVENTION

- New graduate nurses continued to attend NRP cohorts monthly class sessions.
- New graduate nurses had access to trained mentor on the unit after the MTPs.

OUTCOMES THAT WERE MEASURED

Mentor Self Confidence Survey (MSC) Survey Responses

Question	Agree (%)	Neutral (%)	Disagree (%)
Confidence in mentoring	4(44)	1(11)	3 (33)
Constructive feedback skills	1(11)	1(11)	7(78)
Understanding of mentor roles	4(44)		5(55)
Formal mentor training	1(11)		8(89)
Communication skills	7(78)	1(11)	1(11)
Mentoring ends with orientation	6(67)	2(22)	1(11)
Delegation skills	8(89)	1(11)	
Preceptor versus mentor	4(44)	2(22)	3(33)

OUTCOMES THAT WERE MEASURED

Mentor Training Program Evaluation (MTPE) Frequencies Descriptive Data Analysis

Question	Agree (%)	Neutral(%)	Disagree (%)
Program objectives were met	8(89)	1(11)	
Content covered objectives	8(89)	1(11)	
Appropriateness of teaching method	8(89)	1(11)	
Program met learning needs as mentor	8(89)	1(11)	
Appropriateness of posttest	9(100)		
Program met expectation	9(100)		
Concept incorporation into practice	9(100)		
Similar program will be attended in future	9(100)		
Instructor was knowledgeable	8(89)	1(11)	
Instructor was organized	9(100)		
Instructor was effective	8(89)	1(11)	

Note: N=9 Blank sections indicate, there was no corresponding response to that item

OUTCOMES THAT WERE MEASURED

New Graduate Nurse Participants Inclusion Criteria

Criteria	<i>n</i>	Total %
Hired as a new graduate RN	17	100
12 months or less experience in a hospital	17	100
12 months or less on unit	17	100
Enrolled in NRP	17	100
Completion of NGNIS	15	88

Note: RN= Registered Nurse

OUTCOMES THAT WERE MEASURED

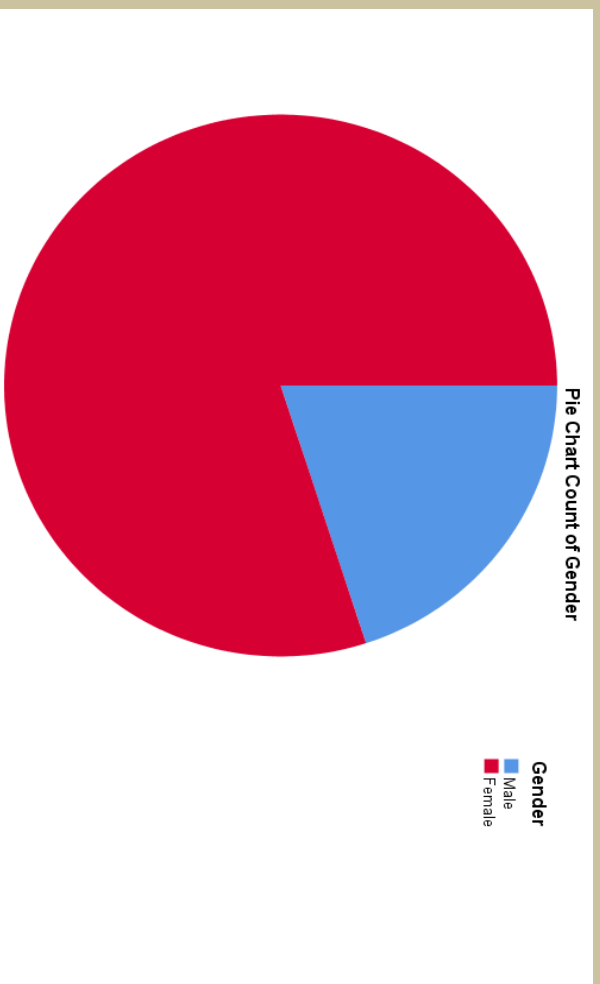


Figure 1 New Graduate Nurses Demographic Data on Gender

OUTCOMES THAT WERE MEASURED

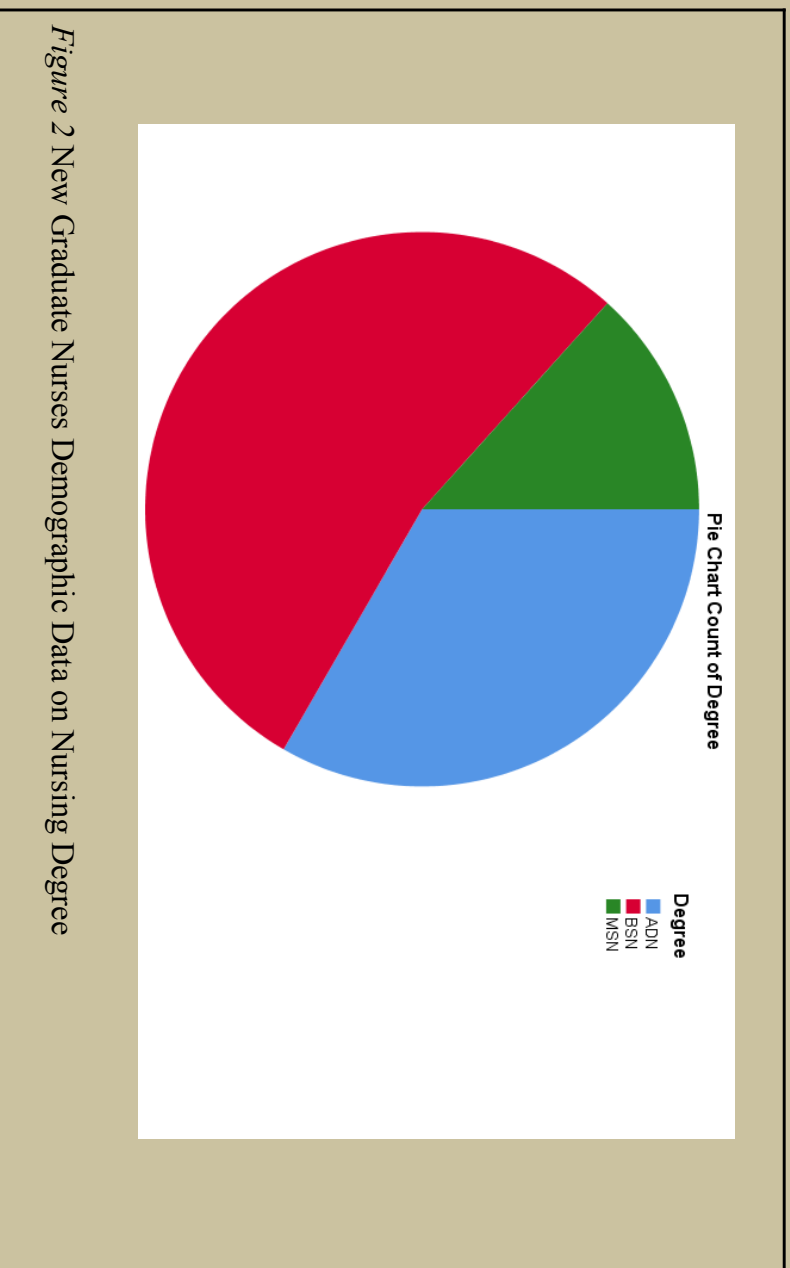


Figure 2 New Graduate Nurses Demographic Data on Nursing Degree

OUTCOMES THAT WERE MEASURED

New Graduate Nurses Demographic Data on Age

Demographic	Frequency	Total %
Age		
22-24	5	33
25-30	4	27
31-40	4	27
41-50	2	13

Note: $N = 15$; $M = 2.20$; $SD = 1.08$.

EVALUATION & SUSTAINABILITY

- The results of this quality improvement (QI) project may imply that, new graduate nurses can be supported through formalized transition to practice training programs such as: the Nurse Residency Programs (NRP) however, after the initial orientation period and beyond, a continued support from a mentor is critical.
 - Continue with NRP program.
 - Ongoing follow-up with mentors and new graduate nurses.

IRB AND ETHICAL ISSUES

- Committee on the Use of Human Subject in Research (CUHSR) at Bradley University
 - The initial intention was that this being a Quality Improvement (QI) project did not require an Institutional Review Board (IRB) of the hospital to approve.
- Hospital's IRB
 - Process was smooth
- Non-identifiable results of the surveys were reported.

ORGANIZATIONAL ASSESSMENT

- One anticipated barrier was the new graduate nurses being able to attend the monthly NRP cohort class sessions.
- There had been several occasions where the new graduate nurses from the two units and other units: Emergency Department (ED), Critical Care Unit (CCU) and Intermediate Medical Care Unit (IMCU) were absent for the NRP class sessions due to staffing challenges on the unit.

COST FACTORS

- The hospital spends an estimated \$60,320 in training one new graduate nurse on the medical surgical /telemetry unit over the period of one year.
- Achieving a retention rate of 80%-93% on the two medical surgical /telemetry units, yielded cost savings of at least \$723,840 in training 12 new graduate nurses to fill those positions had they terminated their employment with the organization.

COST FACTORS

- Another cost factor was the salaries of the nine mentors to attend the four-hour training. The cost for the nine mentors to attend a four-hour class was \$1,116.00.
- The mentorship training required printing of course materials and flyers.
- Total cost for the project amounted to \$23,061.99:
 - Salaries (new graduate nurses, NRP facilitators, mentors)
 - Supplies for mentor training

RESULTS

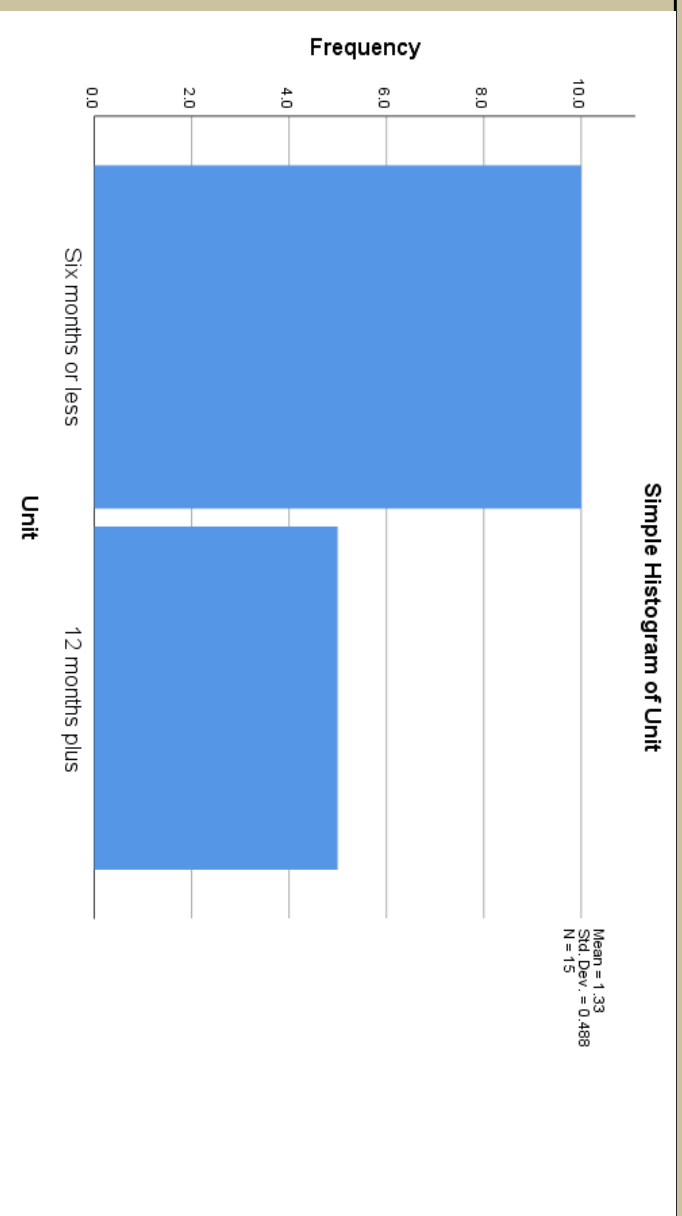


Figure 3 Descriptive Frequencies Data on Length on Unit

RESULTS

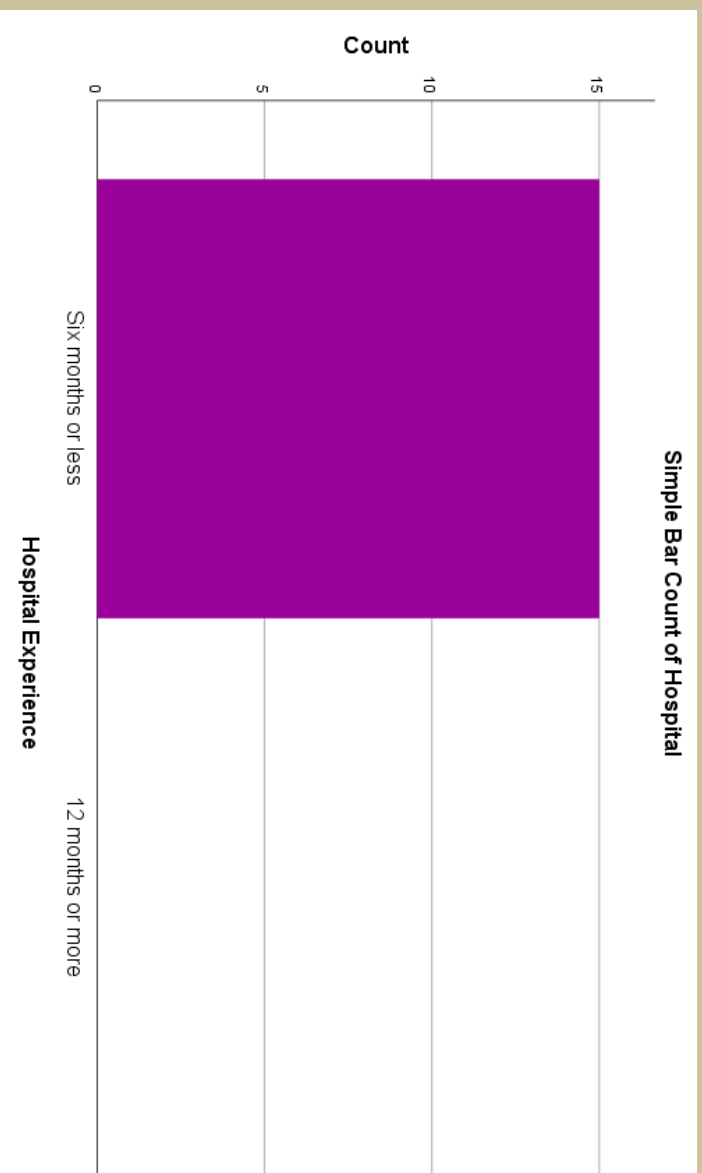


Figure 4 Descriptive Frequencies Data on Length in a Hospital

RESULTS

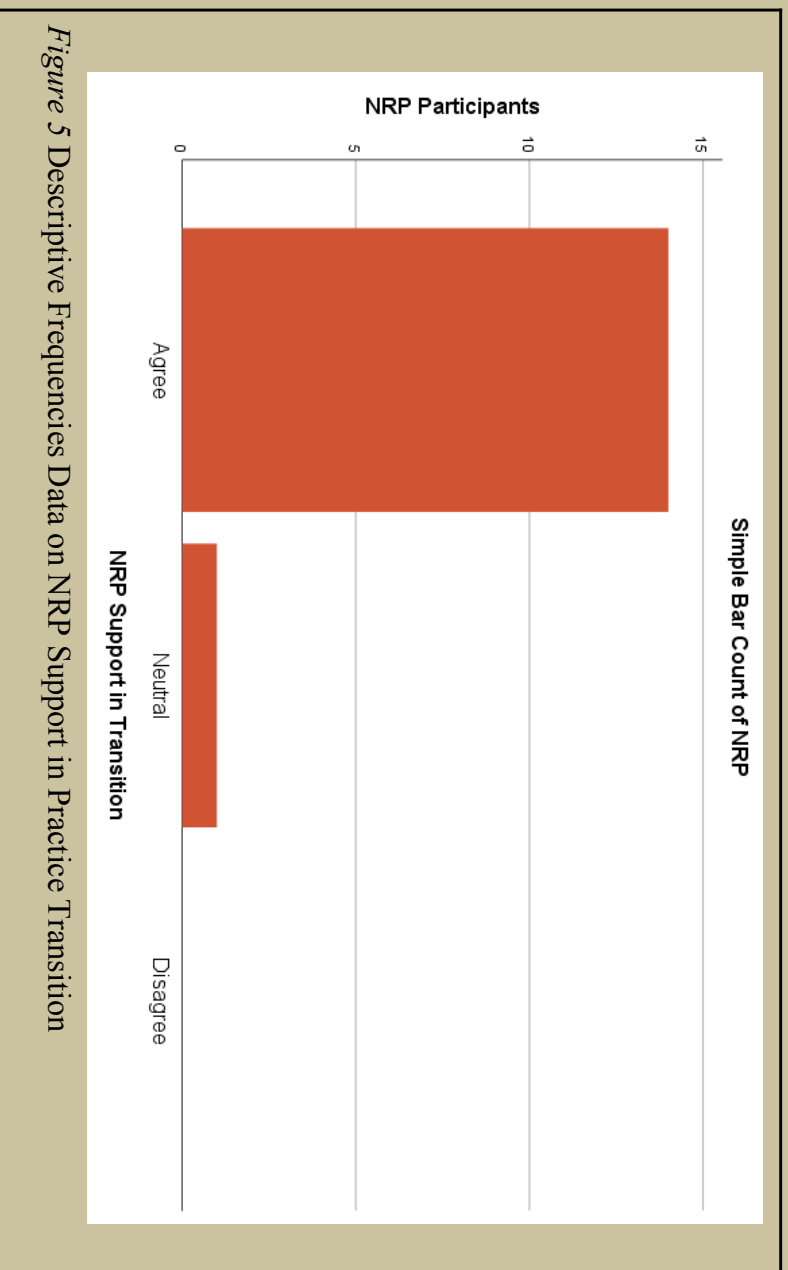


Figure 5 Descriptive Frequencies Data on NRP Support in Practice Transition

RESULTS

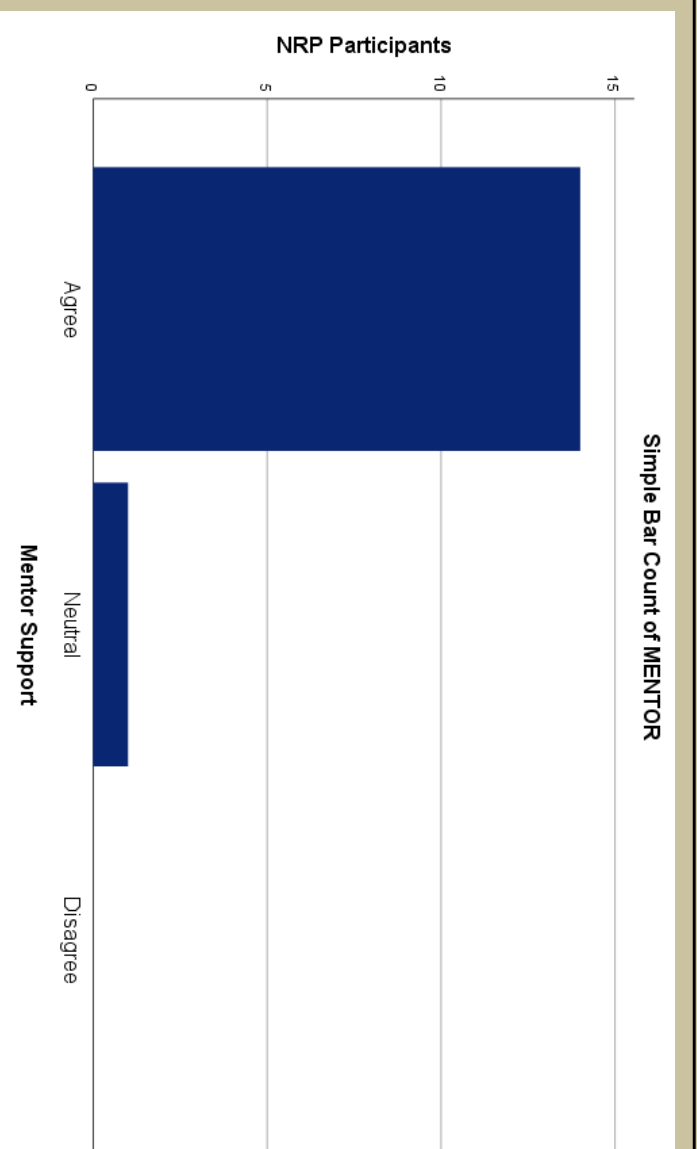


Figure 6 Descriptive Frequencies Data on Mentor Support on Unit

RESULTS

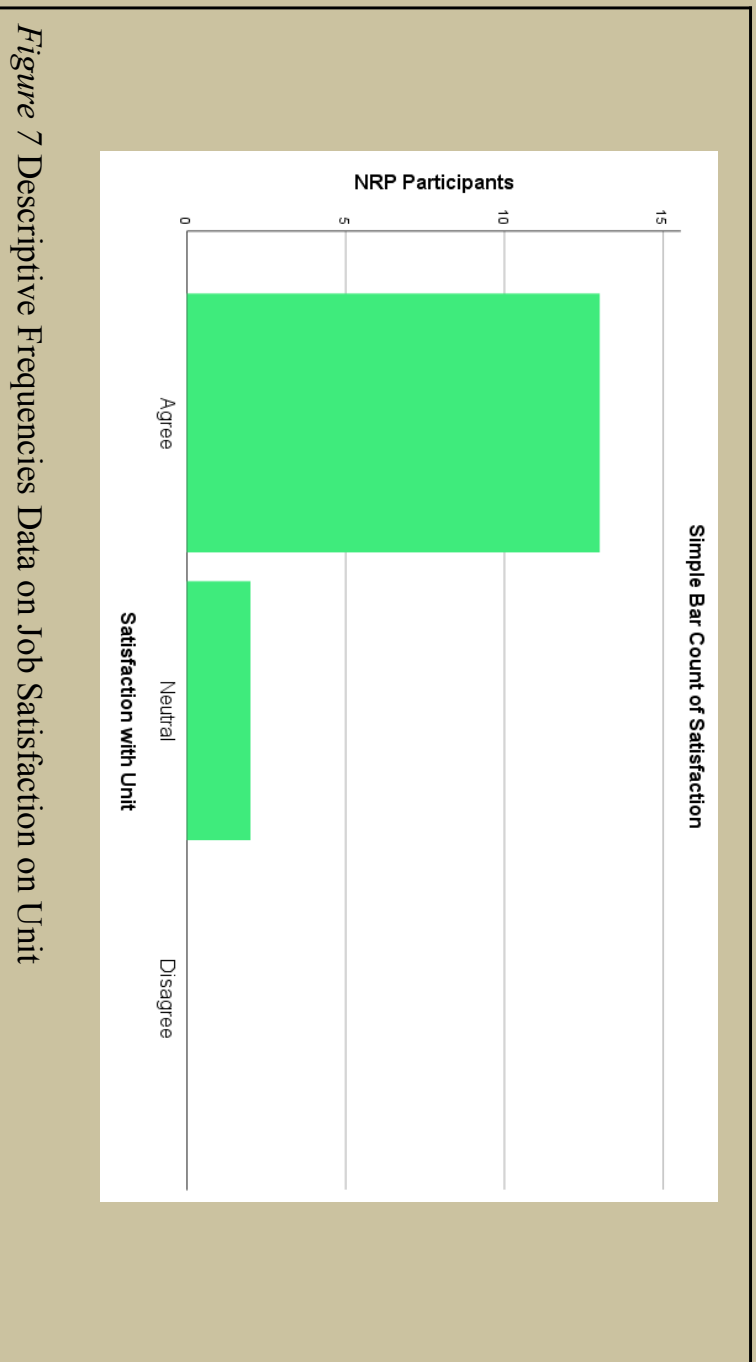


Figure 7 Descriptive Frequencies Data on Job Satisfaction on Unit

RESULTS

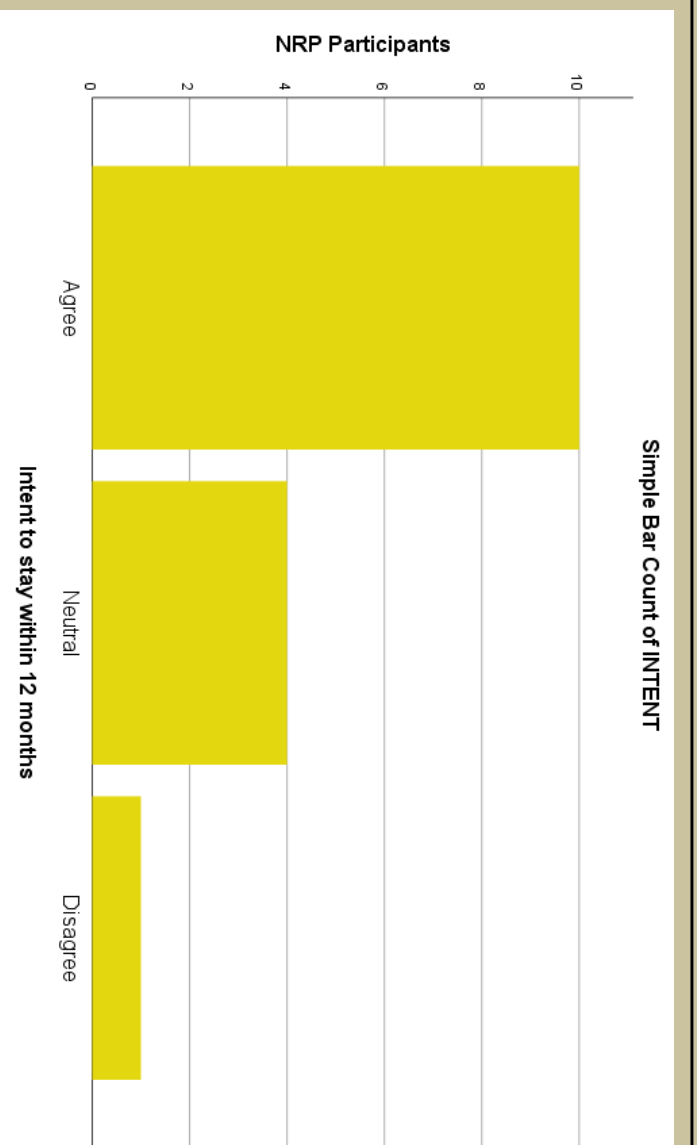


Figure 8 Descriptive Frequencies Data on Intent to Stay on Unit

RESULTS

	Intent to stay	Mentor support	
Intent to stay	Pearson Correlation	1	.262
	Sig. (2-tailed)		.345
Mentor support	N	15	15
	Pearson Correlation	.262	1
	Sig. (2-tailed)	.345	
	N	15	15

Figure 9 SPSS Mentor Support and Intent to Stay Correlation Data

As shown in Figure 9, there was non-significant positive relationship between mentor support for the new graduate nurse and intent to stay, $r(13) = 0.262$, $p = .345$.

RESULTS

	Intent to stay	NRP support
Intent to stay	Pearson Correlation 1	.262
	Sig. (2-tailed)	.345
	N	15
NRP support	Pearson Correlation .262	1
	Sig. (2-tailed)	.345
	N	15

Figure 10 SPSS NRP Support and Intent to Stay Correlation Data

As shown in Figure 10, there was a non-significant positive relationship between the NRP support and the new graduate nurses' intent to stay on unit within 12 months, $r(13) = 0.262, p = .345$.

RESULTS

	Intent to stay	Unit satisfaction
Intent to stay	Pearson Correlation 1	.385
	Sig. (2-tailed)	.156
	N	15
Unit satisfaction	Pearson Correlation .385	1
	Sig. (2-tailed)	.156
	N	15

Figure 11 SPSS Unit Satisfaction and Intent to Stay Correlation Data

As shown in Figure 11, there was a non-significant positive relationship between the new graduate nurses' intent to stay and unit satisfaction, $r(13) = 0.38$, $p = .156$.

RESULTS

	Mentor support	Unit satisfaction
Mentor support	1	.681**
	Pearson Correlation	
	Sig. (2-tailed)	.005
	N	15
Unit satisfaction	.681**	1
	Pearson Correlation	
	Sig. (2-tailed)	.005
	N	15

** . Correlation is significant at the 0.01 level (2-tailed).

Figure 12 Mentor Support and Unit Satisfaction Correlation Data

As shown in Figure 12, there was a significant positive relationship between the new graduate nurses' satisfaction on their unit and mentor support, $r(13) = 0.68$, $p < .01$.

FINDINGS LINKED TO OBJECTIVES

- Objective 1. Implement a mentor training program to augment the existing NRP in supporting the new graduate nurses on the nursing unit's transition from student to professional nurse.
 - The MTP was successful and well attended and received by the mentors with 100% completion by all nine selected participants (n = 9).
 - The mentors were trained and motivated to provide effective mentoring to the new graduate nurses through the successful completion.

FINDINGS LINKED TO OBJECTIVES

- Objective 2. Continue to support the new graduate nurses' transition into practice through the NRP.
- As shown in Figure 10, there was a positive relationship between the NRP support and the new graduate nurses' intent to stay on unit within 12 months.
- Additionally, as shown in Figure 11, there was a positive relationship between the new graduate nurses' intent to stay and unit satisfaction.

FINDINGS LINKED TO OBJECTIVES

- Objective 3. Improve retention on the two medical surgical/telemetry units from 50% to 80% or greater.
- As shown in Figure 9, there was positive non-significant relationship between mentor support for the new graduate nurse and intent to stay.
- The DNP student believes that a retention rate of 80% -93% was achieved based on the NGNIS responses to question number nine. 12- agree responses, 2-neutral responses, and 1-disagree response.

LIMITATIONS

- Small sample size of new graduate nurses (n = 15).
- There were three ways that data were collected using the NGNIS survey questionnaire:
 1. online survey via a Jot form.
 2. a hard copy tool during NRP graduation.
 3. telephone questionnaire by the DNP student.
- The inconsistency in the data collection could have affected the responses.

IMPLICATIONS FOR PRACTICE CHANGE: NURSING

- The recommendation from this project is that, the hospital should support new graduate nurses training through a mentoring program for all nursing units.
- This will reduce turnover, improve retention and offer financial cost savings. This project provides a background for other units in the hospital to implement an MTP for the preceptor to serve as mentors to the new graduate nurses.

IMPLICATIONS FOR PRACTICE CHANGE: NURSING

- Transferability and sustainability of the interventions recommended will require the identified challenges being addressed for all the nursing units.
 - Support for the new graduate nurse to attend all NRP cohorts’ class sessions.
 - Address scheduling challenges
- All preceptors that orient new graduate nurses should complete the mentor training program (MTP).

IMPLICATIONS FOR PRACTICE CHANGE: FUTURE RESEARCH

- ***A need for future studies to answer the question: “in new nurse graduates working in acute care hospital, does the NRP, coupled with mentoring improve retention within the first year and beyond?”***

IMPLICATIONS FOR PRACTICE CHANGE: FUTURE RESEARCH

- Implementation of a trained mentors that are available to new graduate nurses on all nursing units in the hospital should be considered for implementation in conjunction with the NRP.
 - One of the ways reported to help with the alleviation of anxiety and stress levels of new graduate nurses can be managed through the assigning of a mentor, one who had experience and the willingness to teach the new graduate nurse (Ihlenfeld, 2005).

IMPLICATIONS FOR PRACTICE CHANGE: HEALTH CARE POLICY

- Health Care Policy should be established that, new graduate nurse retention rate can be enhanced through a formalized mentorship program according to Cottingham et al., (2011).
- The professional relation that can be achieved through mentoring can improve competence, quality care and improved patient outcomes (Mason, 2015).

IMPLICATIONS FOR PRACTICE CHANGE: HEALTH CARE POLICY

- Mandate NRP for all hospitals.
- One of the objectives of the Healthy People 2020 is to reduce Healthcare-Associated Infections (HAIs) through the reduction of:
 - Central Line-Associated Blood Stream Infections (CLABSIs).
 - Catheter-Associated Urinary Tract Infections (CAUTIs).
 - Ventilator-Associated Pneumonia (VAP).

VALUE & IMPACT OF THE PROJECT ON HEALTHCARE & PRACTICE

- Improved new graduate nurse retention.
- Improved quality care.
- Improved patient outcomes.
- Decreased cost.

Image retrieved on 4/1/20 from

<https://www.thriftyfun.com/Nurse-Themed-Party-Ideas.html>.



CONCLUSION

- This project confirmed studies.
- Staffing affects patient outcomes and quality of care.
- Need for transition to practice programs coupled with mentorship.
- New graduate nurses benefit from their mentors.
- Benefits for other nursing units in the hospital to improve retention.

MARK YOU!

Questions

REFERENCES

- Asber, S. R. (2019). Retention Outcomes of new graduate nurse residency programs: An Integrative Review. *JONA: The Journal of Nursing Administration*, 49(9), 430-435.
- Batalden, P. B., & Davidoff, F. (2007). What is "quality improvement" and how can it transform healthcare? *Quality & safety in health care*, 16(1), 2-3.
<https://doi.org/10.1136/qshc.2006.0222046>.
- Chappell, K. B., Richards, K. C., Barnett, S. D. (2014). New graduate nurse transition programs and clinical leadership skills in novice RNs. *The Journal of Nursing Administration*, 44(12):659-668.

REFERENCES

- Choi, A., Moon, J., Steinecke, A., & Prescott, J. (2019). Developing a Culture of Mentorship to Strengthen Academic Medical Centers. *Academic Medicine, 94*(5), 630-633. doi:10.1097/ACM.0000000000002498.
- Cochran, C. (2017). Effectiveness and best practice of nurse residency programs: A literature review. *MedSurg Nursing, 26*(1), 53–57, 63.
- Cottingham, S., DiBartolo, M. C., Battistoni, S., & Brown, T. (2011). Partners in nursing: A mentoring initiative to enhance nurse retention. *Nursing Education Perspectives (National League for Nursing), 32*(4), 250-255. doi: [10.5480/1536-5026-32.4.250/](https://doi.org/10.5480/1536-5026-32.4.250/).
- Disch, J. (2018). Rethinking mentoring. *Critical Care Medicine, 46*(3), 437-441.

REFERENCES

- Diya, L., Van de Heede, K., Sermeus, W., & Lesaffre, E. (2012). The relationship between in-hospital mortality, readmission into the intensive care nursing unit and/or operating theatre and nurses staffing levels. *Journal of Advanced Nursing*, 68(5), 1073-1081.
- Edwards, D., Carrier, J., & Hawker, C. (2019). Effectiveness of strategies and interventions aiming to assist the transition from student to newly qualified nurse - an update systematic review protocol. *JBI Database of Systematic Reviews and Implementation Reports*, 17(2), 157-163.
- Farah, R.S., Goldfarb, N., Tomczik, J., Karels, S., & Hordinsky, M.K. (2020). Making the most of your mentorship: Viewpoints from a mentor and mentee. *International Journal of Women's Dermatology*, 6(1), 63-67. doi:10.1016/j.ijwd.2019.12.002.

REFERENCES

- Feyissa, G.T., Balabanova, D., & Woldie, M. (2019). How effective are mentoring programs for improving health worker competence and institutional performance in Africa? A Systematic Review of Quantitative Evidence. *Journal of Multidisciplinary Healthcare, 12*, 989-1005. doi:10.2147/JMDH.S228951.
- Gazaway, S. B., Anderson, L., Schumacher, A., & Alichnie, C. (2018). Effect of mentoring on professional values in model C clinical nurse leader graduates. *Journal of Nursing Management, 26*(8), 1044–1050. Retrieved from <https://doi-org.ezproxy.bradley.edu/10.1111/jonm.12633>.
- Goode, C. J., Lynn, M. R., McElroy, D., Bednash, G. D. & Murray B. (2013). Lessons learned from 10 years of research on a post-baccalaureate nurse residency program. *Journal of Nursing Administration, 43*(2), 73-79.

REFERENCES

- Guerrero, A.P. & Brenner, A.M. (2016). Mentorship: A Return to Basics. *Academic psychiatry: the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry*, 40(3), 422-3. doi:10.1007/s40596-016-0516-0
- Halcomb, E. J., Salamonsen, Y., Raymond, D., & Knox, N. (2012). Graduating nursing students' perceived preparedness for working in critical care areas. *Journal of Advanced Nursing*, 68(10), 2229–2236. Retrieved from <https://doi-org.ezproxy.bradley.edu/10.1111/j.1365-2648.2011.05911.x>
- Holmes, D., Warnes, C., O'Gara, P., & Nishimura, R. (2018). Effective attributes of mentoring in the current era. *Circulation*, 138(5), 455-457.

REFERENCES

- Hussein, R., Everett, B., Ramjan, L. M., Hu, W., & Salamonson, Y. (2017). New graduate nurses' experiences in a clinical specialty: a follow up study of newcomer perceptions of transitional support. *BMC Nursing, 16*(1). doi:10.1186/s12912-017-0236-0.
- Ihlenfeld, J. T. (2005). Hiring and Mentoring Graduate Nurses in the Intensive Care Unit. *Dimensions of Critical Care Nursing, 24*(4), 175-178. Retrieved from <https://ezproxy.bradley.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=17831204&site=ehost-live>.
- Kennedy, M. S. (2018). Nurses Wanted—Almost Everywhere. *American Journal of Nursing, 118*(6), 7. Retrieved from <https://oce-ovid-com.ezproxy.bradley.edu/article/00000446-201806000-00001/HTML>.

REFERENCES

- Kovner, C. T., Brewer, C. S., Fatehi, F., & Jun, J. (2014). What does nurse turnover rate mean and what is the rate? *Policy, Politics, & Nursing Practice*, 15(3-4), 64-71. Retrieved from <https://doi.org/10.1177/1527154414547953>.
- Kozlowski, D., Hutchinson, M., Hurley, J., Rowley, J., & Sutherland, J. (2017). The role of emotion in clinical decision making: An integrative literature review *BMC Medical Education*, 17(1). doi: 10.1186/s12909-017-1089-7.

REFERENCES

- Mason, D. J., Gardner, D. B., Outlaw, F. H., & O'Grady, E. T. (2015). Policy & politics in nursing and health care. (7th ed.). St. Louis, MO: Elsevier.
- Mijares, L., Baxley, S. M., & Bond, M. L. (2013). Mentoring: A concept analysis. *Journal of Theory Construction & Testing*, 17(1), 23–28. Retrieved from <https://ezproxy.bradley.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=87818907&site=ehost-live>.
- Missen, K., McKenna, L., & Beauchamp, A. (2014). Satisfaction of newly graduated nurses enrolled in transition-to-practice programmes in their first year of employment: A systematic review. *Journal of Advanced Nursing*, 70(11), 2419–2433. Retrieved from <https://doi.org.ezproxy.bradley.edu/10.1111/jan.12464>.

REFERENCES

- Moran, R. (2012). Retention of new graduate nurses - The literature informs staff educators *Journal for Nurses in Staff Development, 28*(6), 270-273.
- Needleman, J., Buerhaus, P., Pankratz, V., Leibson, C., Stevens, S., & Harris M. (2011). Nurse staffing and inpatient hospital mortality. *New England Journal of Medicine, 364*(11), 1037-1045.
- Payton, T., Howe, L. A., Timmons, S. M., & Richardson, E. M. (2013). African American nursing students' perceptions about mentoring. *Nursing Education Perspectives, 34*(3), 173-1.

REFERENCES

- Pfaff, K. A., Baxter, P. E., Ploeg, J., & Jack, S. M. (2014). A mixed methods exploration of the team and organizational factors that may predict new graduate nurse engagement in collaborative practice. *Journal of Interprofessional Care*, 28(2), 142–148. Retrieved from <https://doi-org.ezproxy.bradley.edu/10.3109/13561820.2013.851072>.
- Pillai, S., Manister, N., Coppolo, M. T., Ducey, M. S., & McManus-Penzero, J. (2018). Evaluation of a Nurse Residency Program *Journal for Nurses in Professional Development*, 34(6), E23-E28.
- Schroyer, C.C., Zellers, R. & Abraham, S. (2016). Increasing registered nurse retention using mentors in critical care services. *The health care manager*, 35(3), 251-265. doi: [10.1097/HCM.0000000000000118](https://doi.org/10.1097/HCM.0000000000000118).

REFERENCES

- Sheikh, A.S.F., Sheikh, S.A., Huynh, M., & Mohamed, M.A. (2017). Mentoring among Pakistani postgraduate resident doctors. *Postgraduate Medical Journal*, 93(1097), 115. doi:10.1136/postgradmedj-2016-134060
- Shelestak, D., Meyers, T., Jarzembak, J. & Bradley, E. (2015). A process to assess clinical decision making during human patient simulation; a pilot study *Nursing Education Perspectives*, 36(3), 185-187. doi: 10.5480/13-1107.1

REFERENCES

- Silvestre, J. H. (2017). A multisite study on a new graduate registered nurse transition to practice program: Return on investment. *Nursing Economics, 35*(3), 110–118. Retrieved from <https://ezproxy.bradley.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=123428992&site=ehost-live>.
- Spiva, L. (2013). Hearing the voices of newly licensed RNs: The transition to practice. *American Journal of Nursing, 113*(11), 24-32. Retrieved from <https://doi.org/10.1097/01.NAJ.0000437108.76232.20>.
- Szalmasagi, J. (2018). Efficacy of a mentoring program on nurse retention and transition into practice. *International Journal of Studies in Nursing, 3*(2), 31. doi:10.20849/ijsn.v3i2.378.

REFERENCES

- Tiew, L. H., Koh, C.S., Creed, D.K & Tam, W.S. (2017). Graduate nurses' evaluation of mentorship: development of a new tool. *Nurse education today*, 54, 77-82. doi:10.1016/j.nedt.2017.04.016.
- Trepanier, S., Early, S., Ulrich, B., & Cherry, B. (2012). New graduate nurse residency program: A cost-benefit analysis based on turnover and contract labor usage. *Nursing Economics*, 30(4), 207–214. Retrieved from <https://ezproxy.bradley.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=79279231&site=ehost-live>
- Vatan, F. (2016). A leadership development program through mentorship for clinical nurses in Turkey. *Nursing Economics*, 34(5), 242–250. Retrieved from <https://ezproxy.bradley.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=118640425&site=ehost-live>

REFERENCES

- Walter, S. (2015). Nurses' impact on quality of care: Lessons from RN4CAST. *Obzornik zdravstvene nege*, 49(4). Retrieved from <https://doi.org/10.14528/snr.2015.49.4.78>
- Weng, R. H., Huang, C. Y., Tsai, W. C., Chang, L. Y., Lin, S. E., & Lee, M. Y. (2010). Exploring the impact of mentoring functions on job satisfaction and organizational commitment of new staff nurses. *BMC health services research*, 10, 240. doi:10.1186/1472-6963-10-240