IMPACT OF MENTORSHIP FOR NEW GRADUATE NURSES ON INTENT TO STAY IN

THE ACUTE REHABILIATION HOSPITAL SETTING PAST ONE YEAR OF

EMPLOYMENT

A Scholarly Project

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree

Of Doctor of Nursing Practice

By

Nichole Lynn Cray

Liberty University

Lynchburg, VA

February, 2022

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Scholarly Project Chair Approval:

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ABSTRACT

Mentorship among new graduate registered nurses can greatly impact the first year of their nursing career. The first year of a new nurse's career can be an extremely challenging time. During this first year, the new nurse is often left questioning if this career in healthcare is the right choice for them. The past two years have been even more challenging for healthcare and staffing. Orientation and mentorship have been impacted and retention of new graduate nurses has also been influenced as they do not have the support they need for the transition from student to professional. Implementation of a formal mentorship to follow the internship program will ensure there is someone the new graduate nurse can turn to during the first year of their career. With this enhanced experience, the hope is new graduate nurses will be retained as employees in the rehabilitation hospital setting past one year of employment and experience a successful transition from student nurse to practicing professional. As the program develops, the mentorship will also transition from a formal pairing to an informal pairing of relationships to allow for the new graduate and their new colleagues to build solid working relationships.

Keywords: Mentor, Preceptor, Orientation, Registered Nurse, New Graduate, Internship, Retention, Turnover

Copyright Page

Dedication

I dedicate this scholarly project first and foremost to my daughter, Brinley. She may be too young yet to realize it but the time away and late nights I have spent working on school work is to be an example for her and create a better future for her. My family has not only supported me through this process but cheered me on along the way: my parents who have babysat my daughter so I could work on projects, papers, and attend class; and my grandparents who have supported me endlessly through all my educational ventures. Also, my wonderful boyfriend Jimmy who came into my life during a very rough time and has been nothing but a blessing in my and my daughter's life.

Acknowledgements

I would like to acknowledge and greatly thank my scholarly project Chair, Dr. Goodrich for her continued support throughout the DNP program and this scholarly project. She has not only worked diligently with me on this project but she has taken the time to pray with me over this project and over life, and I am thankful and forever grateful. I am so blessed to have had the opportunity to restart my educational journey at Liberty University. The change in plans just proves that God is in control and will never steer us in a wrong direction and every opportunity and individual I have had the opportunity to work with through Liberty University has been proof.

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List of Abbreviations

American Association of Colleges of Nursing (AACN)

American Psychology Association (APA)

Doctor of Nursing Practice (DNP)

Institutional Review Board (IRB)

SECTION ONE

The successful transition of new graduate nurses from orientation into a practicing nurse is imperative to grow and build a competent and confident workforce. There are many aspects of the transition period of a new graduate nurse, with a significant aspect being orientation. Many new nurses struggle immediately following orientation when they no longer have constant support and guidance from a preceptor. They may feel they do not have a resource to turn to for questions or guidance. This is where a mentorship program is beneficial. Pairing new graduate nurses with a mentor throughout the first year of their nursing career provides them with a resource, a confidant, or simply a friend to turn to when they are challenged or need to celebrate a success. This can help build their self-efficacy, confidence, and competence, as well as improve job satisfaction and increase retention past one year of employment.

Background

New graduate nurses are provided with many resources when they begin their new career in the acute rehabilitation hospital setting. There has been a recent restructure and motivation to improve the new graduate nurse orientation program. It is important to restructure programs when old programs are found to be unsuccessful, as these barriers can greatly impact the success, satisfaction, and retention of new graduate nurses (Linfors et al., 2018). This new structure will provide the new graduate registered nurse with a robust 13-week orientation program. The program consists of multiple facets. During the orientation phase, the new graduate nurse is paired with preceptors; however, there is a concern for after orientation regarding the support of the novice nurse as they transition into their new role.

There is a difference between a preceptor and a mentor (The Health Alliance of MidAmerica LLC, 2009). A preceptor is imperative as the new nurse orients to the hospital and

clinical setting. The preceptor trains the new graduate for a set time, in this case 13 weeks. The focus of the orientation is to allow the new nurse to become competent and confident with procedures, policies, and the facility. A mentor comes into play after orientation, and the mentoring relationship may be formal or informal. This person could be a previous preceptor or another nurse the new graduate sees as a person of support and encouragement. This person is a resource, coach, and confidant. These relationships and support between nurses can help to improve the new graduate nurse's confidence level and improve job satisfaction (Pham et al., 2019). The proposed mentorship program for new graduate nurses will help ease the new nurse's transition from orientation throughout the first year of their career. The focus will be on their self-efficacy, confidence, competence, and job retention, which may be gauged through intent to leave by surveying at different points throughout the first year.

Problem Statement

Over the last year, the acute rehabilitation hospital of focus made significant changes, which negatively impacted the orientation and growth of new graduate nurses. Due to the need to rapidly onboard and orient new nurses, the orientation period was decreased by two to three weeks. In addition, there was not a formal new graduate program, which resulted in a lack of motivation to onboard new graduate nurses. At the corporate level a nurse internship program was developed and implemented in, June 2021. This program provides a structured orientation for new graduate nurses during orientation; however, there is still a concern regarding the support of new nurses during their growth and transition after orientation during the first year of their career. Without having the consistent support of a preceptor, a new nurse may feel lost and alone. This could greatly influence a nurse to seek out alternative employment due to lack of self-efficacy, confidence, and job satisfaction.

Purpose of the Project

The purpose of this scholarly project is to implement a mentorship program for new graduate nurses. This mentorship program will help to continue to foster growth and build relationships as the new graduate continues in their professional nursing journey. Combining the nurse internship program and mentorship program, it is projected to impact self-efficacy, competency levels, job satisfaction, and retention.

Clinical Question

Does a mentorship program for new graduate nurses in the acute rehabilitation hospital setting improve self-efficacy, job satisfaction, and intent to stay past one year of employment?

SECTION TWO: LITERATURE REVIEW

Search Strategy

To define and limit the return of research, the search strategy was defined by utilizing certain filters and key terms. The search was limited to full text and peer reviewed articles and research. The timeframe was also limited to the last five years. Both Ebsco and CINAHL databases were utilized. A significant amount of research regarding new graduate nurse orientation and support revolved around internship type programs. However, there was a significant amount of information that can come from these articles regarding barriers new graduates face in their first year of nursing, which is what a mentor can focus on and areas they can assist. An attempt was made to utilize the ERIC database to specifically search more psychology based articles for self-efficacy, but the research return was minimal in relation to nursing and mentorship.

Critical Appraisal

When researching new graduate nursing programs, a significant amount of the research was focused on the orientation and precepting portion of the program. There is a strong emphasis on the orientation phase for new graduate nurses, but what happens when they are finished with orientation? Androus (2021) discussed at length the many barriers new nurses face within their transition from student nurse to professional nurse and what drives them away from the nursing profession completely. Mentorship can be a key aspect in carrying a new graduate nurse through their first year of their career and retaining them with a healthcare organization (Jacobs, 2018). A significant amount of the research utilized in the project focused on the impact of mentors on the transition of new graduate nurses in practice and retention of new graduate nurses. Additionally, there are resources and toolkits available for mentors and mentorship programs. Lastly, the influence and impact of leadership on mentors and new graduate nurses regarding workflow, self-efficacy, and retention were important to include in the research and literature review.

Synthesis

A literature review was completed reflecting on the clinical question, does a mentorship program for new graduate nurses in the acute rehabilitation hospital setting improve self-efficacy, job satisfaction, and job retention past one year of employment? Areas of focus in the review of the literature are mentorship programs, self-efficacy of new graduate nurses, and job satisfaction of new graduate nurses, as well as intent to leave and retention of new graduates.

Before orientation and mentorship programs, it is important to fully understand the barriers new graduate nurses face as they transition from student to practicing nurse. Understanding these barriers helps to facilitate the implementation of new processes and assist in the transition. First and foremost there is a theory to practice gap (Reebals, Wood, Markaki, 2021), which has been recognized by all different professions, not just healthcare. The biggest

barriers that influenced the transition for new graduate nurses according to the study conducted

by Kim and Shin (2020) was self-efficacy, job satisfaction, stress related to the profession, fear

related to the workload, and bullying. Murray, Sundin, and Cope (2018) stated new graduate

nurses bring new ideas into the workplace as well as the drive to utilize evidence-based practice.

However, their transition can be difficult. Attrition rates are high, and many new graduates are

leaving programs even prior to completing orientation. Murray, Sundin, and Cope (2018) noted

that using the thoughts of Benner and realizing the differences from academia and theoretical

knowledge of "knowing that" to practical knowledge of "knowing how" is important in the

development of a new graduate nurse.

The barriers to transition to practice are not the only factors plaguing new graduate nurses

and the retention of nurses in the profession. Not only are new graduate nurses leaving their first

position within the first year of their career, but they are leaving the profession entirely. Lateral

violence in the workplace, along with lack of support, a demanding workload, and other straining

factors drive new nurses away from the profession of nursing (Androus, 2021). According to

Sandler (2018), 18 to 30% of new graduate nurses will either leave their current position for

another organization or area, or leave nursing entirely within their first year of nursing. This

percentage increases to almost 60% during the second year of their career. These high turnover

rates impact other staff's job satisfaction, as it causes additional shortages as well as negatively

affecting patient outcomes. Sandler (2018) identified similar themes for new graduates leaving

due to violence between professional staff, workload and stress, emotional toll, and lack of

confidence.

Mentoring takes place in more areas than simply the professional realm. Mentoring often

begins, especially for nursing, as peer mentoring during undergraduate education. Peer

mentoring often consists of pairing a higher level nursing student with a lower level nursing

student who is in need of guidance and assistance. Not only is peer mentoring of great benefit to

the student being mentored, but the mentor often reaps the benefits, as it prepares them

professionally as they move forward in their career (Jacobs, 2018; Lavoie-Tremblay, 2019).

Academic institutions have seen mentorship programs improve student outcomes and retention,

as well as the culture of peer relationships (Kramer, Hillman, & Zavala 2018).

The model of mentorship in a healthcare or hospital setting can be implemented and

utilized to meet some of the same common goals used in the academic setting. A mentor in the

workforce is able to provide guidance and support to newer and less experienced nurses, such as

new graduate nurses, similar to peer mentors in the academic setting (Lavoie-Tremblay et al.,

2020). Lavoie-Tremblay et al. (2020) go on to say students and new nurses found mentors were

able to help them gain insight to practical real-life situations, troubleshoot difficult situations,

and bridge the academic to clinical gap. Mentorship programs are led differently in different

healthcare settings. Mijares and Radovich (2020), explored if a short term but structured

mentorship program with a clinical specialist would increase engagement. This type of

mentorship is more formal and is an extension of the preceptor/internship program, and does not

develop naturally. There is a heavy focus on nurse residency and internship programs as well.

When reviewing the literature, it was noticed that these programs often last a year; however, the

new graduate nurses are not in the orientation program for a year. Throughout the year they are

actively involved in education and paired with mentors to help support their transition and

acclimation to the nursing profession (Van Patten & Barton, 2019). This is slightly less formal

than the other approach, and may encourage opportunities for new graduates to find and bond

with their own mentors. Overall, the goal is to ensure the new graduate nurse has a successful

orientation and transition to practice with an adequate level of support. With these factors in

place the retention of new graduate nurses may be increased. Prior studies noted the turnover of a

new graduate nurse varied between as low as 8% to as high as 69% within the first year (Zhang

et al., 2019). In the study completed by Zhang et al. (2019), slightly over 33% of nurses in the

control group (i.e., those nurses without mentors) separated employment within the three years of

the study, while only slightly under 15% of nurses ended employment who were a part of the

experimental group (i.e.., those nurses with mentors). Despite this being a three-year study, this

provides solid data and examples of why mentorship is important.

The relationships that develop within a mentorship program are what will directly drive

outcomes for both the new graduate nurse and the healthcare organization. Pham et al. (2019)

showed a direct correlation in improvement of retention when there were nursing mentors with

new graduate nurses. Outcomes also improved in job satisfaction and engagement of the mentor.

Many mentors reflect and see these mentorship programs as an offering they wish they had had

when they were a student or new graduate nurse (Vandal et al., 2018).

An additional factor for consideration is the preceptors' and mentors' perceptions and

views on supporting new graduates throughout their transition process. Preceptors and mentors

are able to provide the hospital leadership with valuable information and feedback in the process,

and offer suggestions for modifications (Lindfors et al., 2017). Interviewing former preceptors

and mentors will be imperative in this process as data and outcomes are reviewed in order to gain

further insight regarding what worked well or did not work well in the process.

Conceptual Framework/Model

The Iowa Model is very applicable to the nursing profession, and with utilizing this

model it can also be an example to staff that evidence-based research is applicable to their

clinical practice. With any model utilized for a scholarly project there will be strengths and limitations. The strengths the Iowa Model brings to this scholarly project are encouraging the piloting of the program, encouraging engagement, and embracing education (Hanrahan, Fowler, & McCarthy, 2019). A possible limitation is that the model does not clearly state that one should align stakeholders or create clinical guidelines, which are both factors that must be incorporated.

The triggering issue identified is the lack of support for new graduate nurses upon completion of their clinical orientation. This lack of support can impact the competence, confidence, and self-efficacy of a new graduate nurse, but it can also impact patient care and retention of the nurse within the organization. Mentorship provides the opportunity to intervene and provide support to the new graduate nurse, even after orientation. A mentor can assist in difficult or challenging situations and be a guide to carry the new graduate through the challenging first year as a new nurse. The purpose of this scholarly project, is to provide a mentorship opportunity to the new graduate nurses within the acute rehabilitation setting who are a part of the new graduate internship program. The mentor will be a support to the new graduate nurse for the crucial first year of their career. This project is a priority in order to improve retention and satisfaction of new graduate registered nurse within the organization (Iowa Model Collaborative, 2017).

The Iowa Model supports this scholarly project in the following ways:

- Provide decision-making guide to support program implementation
- Support pilot program prior to full implementation
- Help to determine if evidence supports the project (is it consistent and sufficient)
- Has the program implemented made a significant change to be justified?
- Is the program feasible?

Theoretical Framework

Working with new graduate nurses, the best theoretical framework to evaluate the most significant outcomes is the social cognitive theory. This theory, developed by Albert Bandura, addresses human behaviors and how certain behaviors may be changed or modified (White, Dudley-Brown, & Terhaar, 2019). With the implementation of a mentorship program, there is an opportunity to modify or change some behaviors, as well as build and develop positive relationships. By providing a resource and mentor to new graduates, leaders and mentors can attempt to mold new graduate nurses' behaviors and hopefully have nurses practice in a safe and competent manner. This theory also addresses self-efficacy, which is one's belief in one's capacity and behaviors, as well as one's reflections on one's own confidence levels (APA, 2009). By providing new graduate nurses with the appropriate structured orientation and a solid mentorship, we are encouraging them to function to the highest of their ability. If they believe they can do well due to having a successful orientation experience, their level of self-efficacy will be higher. Poor orientation and no one to go to as a resource after orientation, such as a mentor, lack of follow through with hospital leadership, and poor coping will lead to lower self-efficacy and ultimately higher turnover (Fallatah, Laschinger, & Read, 2017). This selected theory would be effective when monitoring interventions and the effects interventions have on the individuals' behaviors and self-efficacy. There will be a significant amount of follow-up and follow through in order to ensure data are being collected and behaviors are being monitored.

Summary

The review of the literature enabled the researcher to locate many studies and key information that supported the key concepts of this scholarly project. The review also encourages key stakeholders to engage in the evidence-based research and acknowledge the importance of a

mentorship program within a new graduate nurse internship program. Despite the heavy influence of preceptor programs, many key aspects of mentorship were brought to light, as well as retention efforts.

SECTION THREE: METHODOLOGY

Design

This scholarly project is an evidence-based project utilizing a quasi-experimental approach to collect and analyze data. The Iowa Model specifically evaluates evidence-based practices initiatives through pilot studies, and in this project by using an experimental design. A mentorship program was implemented to improve the new graduate nurse internship experience. Ultimately, the Iowa Model is the most efficient model to utilize when working with nursing staff, as it assists in the guidance to apply research findings into practice (Iowa Model Collaborative, 2017). To evaluate and appraise the literature, Melnyk's Levels of Evidence was utilized, and the literature was sorted into a literature matrix (Appendix A).

The intervention was the implementation of a mentorship program put into place for new graduate nurses upon completion of the orientation program. The nurse internship orientation program is a new process for the acute rehabilitation hospitals across the division, and the mentorship program was a pilot experimental project specifically at this acute rehabilitation hospital in central Pennsylvania. Despite efforts to make this an informal pairing to engage a mentor and mentee to establish natural relationships, there were processes in place to build the program at the start. Each new graduate registered nurse was formally paired with a mentor when they approached the end of their orientation. The mentors guided them and worked with them through their first year of nursing, providing much needed support and confidence. Mentorships may be established formally and informally. It is natural for novice nurses to identify and seek

out nurses with more experience for advice and to confide in them during stressful times. Jacobs

(2018) views mentorship as a "professional obligation" and a foundational practice within

nursing. It is not something taught within nursing education; it must be learned within the

profession and shared with others as they learn and grow in their profession. For new graduate

nurses, the first year of their career can be extremely challenging as they transition from student

to practicing nurse and from novice to advanced beginner. New graduate nurses may not know

many other staff members other than their preceptor or may be fearful to reach out for assistance.

With this particular mentorship program at the acute rehabilitation hospital where the study took

place, mentors were identified by the leadership and paired with new graduates for at least the

first year of their career.

Measurable Outcomes

- Improved job satisfaction and workforce engagement

    - Measurement: yearly employee engagement survey

- Successful transitional period from student nurse, to novice nurse, to advanced beginner

    - Measurement: successfully completes orientation within 13 weeks and maintains
      full time employment

- Intent to stay past one year of employment

    - Measurement: utilize site specific intent to stay survey

Setting

The facility is an acute rehabilitation hospital located in a mid-Atlantic state consisting of

acute adult rehabilitation beds and a small population of acute pediatric rehabilitation beds.

Patients are admitted to this facility with an array of injuries and illnesses such as spinal cord

injuries, brain injuries, strokes, multiple traumas, and much more. These patients receive intense

therapy as well as 24 hour a day medical management. The average length of stay for the patients

is truly dependent on their level of injury or illness, and could range from two weeks to eight

weeks.

The acute rehabilitation hospital strives to serve the community and offer programs and

services that will benefit patient outcomes. They value the delivery of superior quality care,

treating others well, being results oriented, being team players, and being resourceful when

facing challenging scenarios (Organizational Data, 2021). The implementation of a mentorship

program aligns very well with the hospital's mission, vision, and values, as it contributes to the

aspects outlined.

The support of the CEO and Chief Nursing Officer was imperative as key stakeholders in

this project. The mentorship program did not cause a financial hardship to implement or accrue a

significant cost like the internship program; however, it did require the support of the leadership.

In addition to the CEO and Chief Nursing Officer, the partnership with Human Resources was

also very important for data monitoring and tracking for retention purposes.

Population

The new graduate nurse population is at risk for not successfully transitioning in the first

year of their career as a nurse. They face many barriers and challenges during the first year

despite the completion of orientation and displaying the ability to work independently. New

graduate nurses face the challenges of connecting what they have learned in the classroom with

the real-life scenarios they will be facing, which can bring additional negative experiences (Kim

& Shin, 2020). It is imperative that new graduate nurses have ample resources in order to be

successful.

The new graduate nurse internships have cohorts starting at specific increments throughout the year. The two summer cohorts started in June and August of 2021 and completed clinical orientation in September and November of 2021. The new graduates in both of these cohorts were utilized as the sample for the project, which made this a convenience sample. The only exclusion criteria were registered nurses in orientation who did not meet the new graduate nurse criteria.

Ethical Considerations

Prior to any project implementation the student researcher completed several requirements. CITI training was completed (Appendix B); IRB approval was obtained through Liberty University's IRB (Appendix C); a statement of support was obtained from the facility where the project was being implemented (Appendix D); and permissions to utilize the Iowa Model were obtained (Appendix E). These items were necessary to pursue implementation of the project and to collect and analyze data from new graduate nurses.

When pairing individuals to build a mentoring relationship, the primary concern or possible ethical consideration was personal and professional relationships. When creating the partnerships, the relationships between the new graduate and mentor needed to remain professional, while at the same time pairing the new graduate with someone to whom they could seek out in confidence.

Role conflict was another concern in regard to the transition from orientation to functioning independently as a professional nurse. The mentor does not function in a preceptor role, yet may feel the need to act as a preceptor if the new graduate nurse is still lacking confidence and competence. This can lead into setting effective boundaries as well.

Data Collection

Data collection will continue as the project grows; however, initial data were collected from four new graduate nurses. Data were collected retrospectively in regards to retention of new graduate nurses prior to the implementation of the mentorship program, and then continued to be gathered as the program was implemented and grew. However, retention data are not enough data alone to support the importance of the mentorship program.

Initially, the Casey-Fink Graduate Nurse Experience Survey (UCHealth, 2021) was considered to gather data related to the experience of the new graduate nurses throughout the internship and mentorship programs. However, after extensive review of the survey, the student researcher noted that a significant number of the questions did not relate to the acute rehabilitation hospital setting. This particular survey is geared towards an acute care setting or a hospital with various levels of care.

There was an opportunity to turn the 30-, 60-, and 180-day stay interview surveys into a source of data collection. The stay interview conducted at the rehabilitation hospital gathers data related to orientation experience, comparison of information provided during interview and comparing it to the experience in orientation, evaluation of preceptors, leadership, resources, and much more. The stay interview is conducted at 30 days, 60 days, and 180 days. If the stay interview would be modified to a Likert scale format, it would allow for more efficient data collection, yet there could still be opportunity for free text and open conversation to occur. Because of this reason, the student researcher felt it did not capture the much needed information for this particular research project.

As a result, the student researcher created an intent to stay survey for use with the new graduate nurses to gather data regarding orientation, mentorship, and intent to stay with the organization. This survey was administered to nurses at the completion of orientation, and

approximately one month into the mentorship. If the mentorship program continues, the survey will be administered in four-week increments. The data will then be transmitted from the written survey into an Excel spreadsheet in order to be able to analyze it more efficiently.

Tools

As mentioned in the data collection section, there were initially some basic tools utilized. Retention data from human resources was instrumental in the tracking and trending of new graduates. The stay interview was utilized to gain insight and feedback as the new graduates progressed through the first year, but was not the primary data collection tool. The primary data collection tool, an intent to stay survey, was developed and utilized to gauge the new graduate nurses' intent to stay with the hospital past one year of employment.

Intervention

Separate from preceptors, mentors were identified by the nursing leadership to be paired with the new graduate nurses. As mentioned previously, the goal was for this to be a naturally formed relationship; however it was important that the new graduate nurses did not have a difficult time finding a mentor in whom they could confide. Mentors did not receive any formal training, nor did they receive shift differential pay as the preceptors do. Mentors were provided with useful tips and key points on how to mentor others. For the initial cohort of new graduate nurses, the leadership strategically paired the mentor and new graduate based on experience, performance, and desire to help new nurses. Most mentors were registered nurses who had previously identified that they would like to precept in the near future. Mentoring provided them with an opportunity to be a part of the transition process without focusing on the new graduate's skills competency. The mentorship process may grow and change as the program expands.

In an attempt to have the mentor readily available and accessible to the new graduate nurse, the following steps were taken:

- Provide the new graduate nurse with a schedule that aligns with their mentor's schedule, so they are working side by side.

- Initiate workshops to build team work and relationships for all staff, but focus on relationship building between mentor pairs.

- Have the mentor participate in some (not all) of the stay interviews to gain feedback of where more assistance or guidance may be needed.

Timeline

In review of the goals for the scholarly project and practicum, a list of the goals and the completion or expected completion date for each goal. Some of these items are and will be ongoing even after the completion of the scholarly project, as the mentorship program is expected to continue as long as the new graduate nurse internship program remains in place. Please see Appendix G for timeline visual.

Feasibility Analysis

There were very minimal costs associated with the mentorship program. Most costs were accrued during the recruitment and onboarding of the new graduate nurses, as well as during the internship. The mentor did not receive additional compensation. The program was established and monitored within the daily duties of the nurse manager.

Data Analysis

The intent to stay survey created was done so in efforts to capture specific data related to the transition, self-efficacy, and retention of new graduate nurses past one year of employment.

Each area outlined is an area of focus within the survey questions, as well as within touch point topics with the new graduate nurses.

Improved Self-Efficacy of the New Graduate Nurse

- Multiple self-efficacy survey tools available to evaluate level of self-efficacy

- Administer survey pre-mentorship program and at one year of employment

- Utilize survey data to improve experience of new graduate nurse

- Provide tools and experiences to improve self-efficacy

Improved Job Satisfaction and Workforce Engagement

- Checkpoints throughout first year of employment

    - According to Fallatah, Laschinger, & Read (2017), leadership can directly influence a new graduate nurse's intent to leave an organization

- Be proactive in identification of any issues or concerns

Successful Transition from Student Nurse, to Novice nurse, to Advanced Beginner

- Successfully completes new graduate nurse orientation within designated timeframe (utilize Benner's Model; Murray, Sundin, & Cope, 2019

- Remains employed with organization past one year

- Grows within organization, becoming active participant in committees, etc.

- Survey preceptors and mentors to gain insightful information to improve program structures (Lindfors et al., 2017).

Retention of New Graduate Nurse Past One Year of Employment

- Implement efforts to retain new graduate nurses, such as internship and mentorship

- Be thoughtful and strategic with checkpoints and follow-through throughout the first year of employment

- Be aware of red flags and intervene if issues arise

SECTION FOUR: RESULTS

Descriptive Statistics

The intent to stay survey was utilized to gain feedback from new graduate nurse interns. This survey was administered twice, initially after orientation was completed, and then four weeks into mentorship. Most of the survey utilized a Likert scale. The responses of "1-5" with one equaling "least satisfied" and five equaling "most satisfied," were transmitted onto an Excel sheet for tracking and trending. The last three questions did not follow the Likert scale format; one being a yes or no question, and the final two questions a short answer response. This information will be used for general support and feedback.

The four new graduate nurses surveyed were hired between July and October 2021, and had completed their 13-week clinical orientation. All four are in their mid to late twenties. All but one of the new graduate nurses is BSN prepared, and the one who has her ASN has immediate plans to return for her BSN. All of the new graduates transitioned to night shift near the end of their orientation, except one RN who remained on day shift.

For the initial survey there was a 100% response rate. The new graduate registered nurses promptly completed and returned the surveys. With the re-survey at four weeks into the mentorship, there was a 50% response rate. The re-survey for the second cohort of new graduate nurses occurred during two holidays and many had pre-scheduled time off. Attempts were made to contact the nurses through alternative means, but were unsuccessful. See Appendix F for data tables related to the survey outcomes.

Measurable Outcome 1: Orientation Experience and Preceptor

The orientation for the new graduate nurse was 13 weeks in length. This encompassed one week of hospital classroom orientation, one week of observational experiences in clinical areas, and then 10 weeks of intensive clinical orientation. If the nurse transitioned to night shift, they transitioned during week 12 and completed their last week of orientation on night shift. One of the four new graduate nurses received two additional weeks of orientation. This was not due to concerns related to competency or successful transition. This nurse decided to take an option position within the pediatric pod, which is deemed a specialty area. She was offered the additional two weeks of orientation to be specific to that unit and those competencies.

Nearing the end of orientation, the new graduate nurses were paired with mentors in preparation for working independently. The goal was for the new graduate nurse to make the connection prior to the conclusion of orientation. For day shift, the new graduate nurses were paired with nurses who expressed interest in being future preceptors, but did not have the experience yet to function in the role. For night shift, many of the staff nurses are newer graduate nurses; therefore, the new graduate nurses were paired with the nursing supervisors for consistency and experience. One new graduate nurse did make an informal pairing with another newer nurse as a mentor, with whom she closely related her experiences and concerns.

Reviewing the initial surveys, the overall orientation experience and preceptor were rated on the Likert scale by all new graduate nurses above a four on a scale of one to five, with an average of 4.6. Translating this information from the survey, these findings indicate the four new graduate nurses who completed orientation between August and November 2021 were satisfied with their experience and with their preceptor. There was a slight decrease at four weeks to 4.5, validating continued satisfaction with orientation and preceptor experience.

Measurable Outcome 2: Mentorship Experience

The mentorship experience is an imperative part of the plan to ensure the success of the

new graduate nurse and the retention past one year of employment. The mentor is seen as the

consistent individual for the new graduate nurse to turn to for advice and confidence boosts.

Averaging the responses on the Likert scale for the initial survey responses, the score was 4.75.

This demonstrates a very meaningful, almost superior mentorship experience. There was a slight

decrease at four weeks to an average response of 4.5

Measurable Outcome 3: Pay Rate

Hourly pay rates have been a topic of discussion and not only for new graduate nurses.

Throughout 2021 there have been multiple market adjustments in attempts to keep the

organization fair and consistent with other organizations. The initial surveys revealed the new

graduate nurses were not as satisfied with the pay rate as they could be, with the average rating a

3.75. On the resurvey, this increased to an average of 4.

Pay rates continue to be discussed on recruitment calls with local and divisional

leadership. Due to some recent market changes and pay rate changes with a partnering hospital,

the leadership has decided to re-evaluate the hourly pay rate. There will be increases coming to

all nursing positions to ensure fair compensation that aligns with our local partners.

Measurable Outcome 4: Benefits

Satisfaction regarding benefits is a very challenging area to survey and evaluate, and

results in varied response for many reasons. For example, one does not know if the individual

has even elected to participate in company benefits. The biggest challenge of the benefits is that

they do not begin upon hire, but there is a 90-day waiting period. The acute rehabilitation

hospital's biggest local competitor offers first-day benefits and their benefit package is slightly

more affordable. The survey average for this question was 3.25 (satisfied) was not surprising,

considering these issues regarding benefits. There was a decrease to an average of 3 on the re-survey, which may be due to the individuals who did elect benefits finally receiving their first paychecks with benefit deductions.

Measurable Outcome 5: Accrual of Paid Time Off

Results for the question regarding accrual of paid time off seemed to produce the opposite effect than the benefits question. With paid time off, the accrual does not begin until after the 90-day probationary period. The average rating for this area was 3.25 initially and increased to 3.5 during the re-survey. At the time of the re-survey, the new graduate nurses would have been past the 90-day mark and been able to accrue and possibly utilize paid time off.

Measurable Outcome 6-Schedule

The hospital allows for staff to "self-schedule," to an extent. There are different units within the hospital, and the staff are expected to coordinate their schedules with those colleagues within their unit. The scheduling requirements within the self-schedule remain every other weekend, every other Monday and Friday, and a holiday rotation.

The initial survey response had a higher average rating of 3.75 versus the re-survey of 3.5. This is not a great difference, but there are some areas where there could be a reason for the slight decrease. For example, during orientation, new employees typically do not orient on any holidays. In addition, there is a greater amount of flexibility with the schedule while one is still on orientation.

Measurable Outcome 7: Staffing Ratios

Nurse to patient ratios are made fully transparent from the interview process through the orientation period. The normal nurse to patient ratio is one nurse to seven or eight patients. The nurse is typically paired with a nursing assistant who shares the same assignment. This ratio can

seem overwhelming to an experienced nurse. Usual medical surgical unit ratios are five to six patients per nurse; however, extra aides may be added to cover additional patients above the assignment. The orientation is structured in a way to gradually increase the number of patients the new graduate nurse is caring for to acclimate them to caring for seven to eight patients.

For the initial survey, the new graduate nurses all rated staffing ratios the same, with an average of 4. This was a surprising result, as it would be assumed the higher nursing to patient ratios would be overwhelming to new nurses newly off orientation. The re-survey four weeks after revealed very minimal change, with an average of 3.5. Recently, there has been a push to increase census, and the influx of patients and acuity has most definitely impacted the staff.

Measurable Outcome 8: Workflow

Workflow is another area that is challenging to gauge and evaluate. This area is based on the individual's ability to manage the workflow and tasks throughout the shift. Items that may assist in improving workflow are electronic documentation, easily accessible supplies, and a manageable patient assignment. The average response on the initial survey was a 3.6, meaning the new graduate nurses were only just satisfied with their workflow. Upon re-survey this average decreased to 3, which could be related to the staffing ratios, increase in census, and as a result, an increase in workflow and workload.

Measurable Outcome 9: Teamwork and Collaboration

Teamwork and collaboration scored a rather high average of 4.75 on the initial survey, meaning the new graduate nurses were very satisfied with what they experienced. This average decreased slightly to 4.5 on the re-survey. In meeting with the new graduate nurses, they all spoke very highly of the teamwork and collaboration, so the assumption is the loss of the

preceptor causes a sense of losing some collaboration and teamwork. When they no longer have the preceptor, they do not have someone consistently at their side.

Measurable Outcome 10: Leadership Presence and Support

The support of the nursing leadership team is imperative in the success of the new graduate nurses. As part of the 13-week orientation program, a weekly meeting with nursing leaders is incorporated in order to evaluate how the orientation is going. The more frequent meetings during orientation are probably why the initial survey response averaged a 4.25 versus the re-survey average of 3.5. In addition, over half of the new graduate nurses transitioned to off shifts where leaders are not as present.

Measurable Outcome 11: General Job Satisfaction

The job satisfaction average remained the same from the initial survey to the re-survey, with an average of 4, meaning the new graduates were satisfied with their job. Reviewing the individual surveys, the nurses who rated this area lower were ones that shared concerns related to staffing ratios and workflow.

Measurable Outcome 12: Intent to Stay

This was the main purpose of this survey and scholarly project, to gauge the individuals' intent to stay with the organization. With the ability to remain anonymous for the survey, it is hoped the individual was truthful in their response. The initial survey and re-survey averaged the same response of a 4, which indicates a good likelihood of staying. However, there were a few outliers that scored lower on the individual survey. Their responses to the open- ended questions provided additional insight into why they may consider leaving.

Measurable Outcome 13: Recognition

Recognition is extremely important. The organization values recognition based on its core values. Both the initial and the re-survey averaged a 4 in response, meaning the new graduate nurses were satisfied with the recognition they received. However, nursing leaders desired this average to be higher. This is an area where the leadership could perhaps target for improvement and going out of their way to recognize the progress and goals new graduate nurses are making through their orientation and first year.

Supporting Information: Items That Will Retain

This open-ended question allowed for the new graduate nurse to share responses of items they felt would retain them as an employee for one year or longer. By asking this question, it allows the leadership to examine areas that are doing well and can continue to be reinforced.

Some key areas noted were recognition, support, teamwork, pay, and scheduling, which happen to be questions scored in the survey. It solidifies why these areas are important. If employees do not feel recognized for a job well done, they will start to look elsewhere. When organizations lack teamwork and support, individuals will feel alone and begin seek out an organization that supports them in their growth as a healthcare professional. In the past, pay rate was a topic that was very private, but it is now openly discussed, and healthcare professionals are going where they will be fully compensated. Another factor is scheduling, which can be flexible to an extent, but also must be fair and consistent.

Supporting Information: Items That Will Not Retain

This open-ended question allowed for the new graduate nurse to share responses of items they felt may cause them to seek other employment opportunities. By asking this question, it allows the leadership to examine areas that may need to change and to reach out to the population of nurses to analyze further retention efforts.

The survey responses varied regarding this question. Some important items noted in the responses were patient ratios, unsafe staffing, and acuity. A nurse must be able to advocate for appropriate assignments and ratios, and it may be appropriate to consider seeking other employment if one is placing one's career at risk. Other items mentioned in the responses were pay rate and scheduling. These issues have already been brought to the attention of the leadership, who is looking to make market pay adjustments. As noted previously, scheduling can be a challenge to address.

SECTION FIVE: DISCUSSION

Implication for Practice

New graduate nurses are at a high risk for turnover. If they feel they are not supported in their role, even after a successful orientation, they will seek out opportunities that provide them with better support. Androus (2021) discussed new graduate nurses seeking not only other job opportunities, but leaving the profession entirely. Workload, workplace culture, and emotional strain were directly cited as reasons for seeking employment outside of the profession.

A mentorship can greatly combat those factors facing new graduates that may cause them to look elsewhere. Jacobs (2018) sees mentorship as a professional obligation of experienced nurses. A mentor allows for an experienced nurse to share their skills and confidence with a novice nurse. Jacobs also mentioned that mentorship provides support and companionship. If provided this support for the first year of the new graduate nurse's career, it can greatly impact moments where they may not feel very confident and are looking to gain support in the midst of difficult situations.

Mentorship can also be beneficial to other new hires as they transition to a new workplace. Just because they are not a new graduate nurse does not mean they do not have

moments where they feel they could use additional support. The main focus of this project was new graduate nurses; however, this program could be expanded to assist in overall retention and support. Additionally, improvement of self-efficacy is important. Assisting new graduate nurses in viewing their competency or capabilities differently can improve their view of their own self-efficacy and build confidence in themselves (APA, 2009)

Some mentorship relationships can have limitations and downfalls. Jacobs (2018) noted that some experienced nurses can create the over dominant or over controlling effect on new graduate nurses to whom they are attempting to mentor. This could lead to a sense of bullying. Additionally, if a mentor is paired with a new nurse with whom they clash due to different personalities, the relationship can deteriorate. Ultimately, the goal would be for the mentors and new graduate nurses to informally establish the relationships to find the best match for them both.

Sustainability

This program consists of two parts. The first part is the orientation the new graduate nurse receives. The nurse internship program is a mandatory 13-week internship set forth by the division. Despite it being conducted at the hospital level, there is a divisional influence, as well as programs in which the new graduate nurses are involved. This program will be sustained overall by the division, with the main variable occurring at the hospital level regarding how each hospital runs their program. At the acute rehabilitation hospital, the program adheres strictly to divisional guidelines with the addition of the mentorship program.

With the compliance to the internship program and the willingness to take the extra step to develop the mentorship program, the sustainability of the program is favorable. The nursing supervisors and experienced nurses are very excited to be able to share their knowledge and

experiences with new graduate nurses. Additionally, prior new graduate nurses who wish to be future preceptors have been able to function in the role of a mentor to help current new graduate nurses feel more comfortable during a time of transition.

The sustainability truly lies in the ability to retain the new graduate nurse. The approximate cost to onboard a new hire for the hospital is $650. These costs include pre-employment physicals, lab testing, drug screening, physical testing, fingerprinting, and clearances, which are costs that occur before an employee even starts hospital orientation. The hospital's starting hourly rate for a registered nurse with no experience is $34.50 an hour. The length of orientation is 13 weeks, where the new graduate is working a 40- hour work week the first two weeks of employment and then transitioning to 12-hour shifts and a 36-hour work week for the remainder of orientation, which is approximately 476 hours of orientation. At 476 hours this could roughly cost the hospital almost $17,000. This does not factor in any additional education courses or incremental overtime throughout orientation. For a new graduate nurse who does not have a successful orientation and decides to leave the organization, the hospital would be losing the investment and time spent going into onboarding and orienting that new graduate. This could greatly impact sustainability if it occurs frequently.

Dissemination Plan

The mentorship program is new to the nursing department of this organization. Mentorship has been conducted in other departments, so the key stakeholders were very supportive of the program from the start. The data and findings from the initial and re-surveys will be presented to the key stakeholders first and foremost, as well as the nursing leadership. Within the next year, human resources and the nursing leadership will continue to monitor the retention of new graduate nurses with the implementation of the mentorship program. After the

successful completion of one year of the program, the data and findings will then be presented to

the divisional leadership and key stakeholders for potential roll-out division wide.

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