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Elsie Anwah
*Jacksonville State University*, eanwah@stu.jsu.edu

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**Jacksonville State University**
**Graduate Studies**
700 Pelham Rd N., 320 Angle Hall, Jacksonville, AL 36265
Phone: (256) 782-5348
http://www.jsu.edu/graduate/index.html

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First Name: * Elsie  Last Name: * Anwah  Student ID: *

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| Student Signature | Electronically signed by Elsie Anwah on 07/03/2021 4:21:37 PM |
| Chair, DNP Manuscript Signature | Electronically signed by Martha Richey on 07/03/2021 4:23:48 PM |
| DNP Clinical Coordinator Signature | Electronically signed by Lori McGrath on 07/03/2021 4:31:39 PM |
| DNP Program Coordinator Signature | Electronically signed by Donna Dunn on 07/03/2021 5:00:21 PM |
| Director of Online & Graduate Nursing Programs Signature | Electronically signed by Kimberly Helms on 07/03/2021 6:09:57 PM |
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# Mentoring New Graduate Nurses to Promote Staff Retention

A DNP Project Submitted to the
Graduate Faculty
of Jacksonville State University
in partial fulfilment of the
Requirement for the Degree of
Doctor of Nursing Practice

By

ELSIE ANWAH

Jacksonville, Alabama

June 28, 2021

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Elsie Anwah June 28,2021



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ABSTRACT

Nursing mentoring programs promote professional socialization in new graduates to increase patient safety, enhance clinical competency, improve job satisfaction, and reduce turnover. A structured mentoring program helps the new graduate experience a more controlled and intentional learning experience. Implementing a well-designed experience helps to increase job satisfaction and decreased turnover. The mentorship program utilized Patricia Benner's theory 'From Novice to Expert model.' The project design was based on quality improvement which followed the focus, analyze, develop, execute, and evaluate (FADE) methodology. The goal of the project was to measure the intent to stay of new graduate nurses through Intent to Stay/Leave Job Diagnostic Survey. A series of two-proportion z-tests were performed to test changes in percentages of agreement before and after the training sessions. There were no significant differences detected for all 15 statements asked of both groups of nurses at the 0.05 level of significance.

*Keywords:* mentoring, stress management, job satisfaction, new graduate nurse, the transition to practice.



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TABLE OF CONTENTS

Abstract …… iv
Introduction…… 1
Background…… 2
Problem Statement ……..3
Organizational Description of ProjecSite……3
Review of the Literature ….....4
Evidence-Based Practice: Verification of Chosen Option…… 6
Theoretical Framework/Evidence-Based Practice Model……...7
Goals, Objectives & Expected Outcomes ……...8
Project Design ……8
Project Site and Population ……...10
Setting Facilitators and Barriers……11
Implementation Plan/Procedures……...11
Measurement Instrument(s)……...12
Data Collection Procedure……12
Data Analysis……12
Results……....13
Interpretation/Discussion……...13
Cost-Benefit Analysis/Budget……...18
Ethical Considerations/Protection of Human Subjects ……18
Conclusion ……19
References……..20
Appendix A ……...22
Appendix B……23
Appendix C ……...25
Appendix D ……...26



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Mentoring New Graduate Nurses to Promote Staff Retention

## Introduction

Most healthcare organizations in the United States (U.S.) are experiencing a nursing shortage central to the workforce globally; although interventions to increase the work force are in place, many nurses leave their role, particularly in the first year. The quick transitions from hire to orientation to resignation is creating a barrier to building the nursing workforce. There is a considerable body of evidence indicating that the shortage of nurses is a cause for concern. In a rush to fill vacancies, hospitals are increasing the number of new graduate nurses and are expecting the professional concept of nursing learned in school to be operational in the complex hospital work system. This expectation typically leads to failure because of reality shock due to discrepant role conceptions. Newly graduated nurses suffer from occupational stress during the transition from school to employment because of perceived inadequacies, interpersonal relationships, and an overwhelming workload. Mentoring programs have proved useful in facilitating the change. Mentoring is a nurturing means to promote personal development and is defined as a means in which a more skilled and experienced nurse acting as a role model teaches, encourages, counsels, and befriends a novice. Mentoring is a symbolic relationship aimed at professional advancement and career satisfaction for both mentor and mentee (Zhang, Qian, Wu, Wen, & Zhang, 2016).



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## Background

The recruitment and training of new nurses require a financial investment and a considerable amount of time to ensure that the new graduate nurses receive the training they need to provide quality care. The average turnover rate for hospital nurses is 15% per year; the turnover rate is highest in the first year of employment (Szalmasagi, 2018). The purpose of the Doctor of Nursing Practice (DNP) mentorship project was to develop an evidence-based mentor program for new graduate nurses transitioning into practice to promote job retention by decreasing turnover in the first year. Several studies indicate mentoring new graduate nurses transitioning into practice is one way to encourage a long-term professional nursing role. Benner's adaptation of the Dreyfus Skill Acquisition Model provides a scaffold upon which nurse educators, staff nurses, and nurse managers can build a sound transition experience through a mentorship program (Murray, Sundin & Cope, 2019). The need to assist new graduate nurses with the transition into long-term professional nursing roles leads to promoting evidence-based mentoring programs. Mentoring fosters new graduate nurses' professional socialization which creates a supportive environment to decrease stress, increase job satisfaction, reduce turnover, and improve patient outcomes (Williams, 2018). The utilization of an evidence-based mentoring program focusing on a supportive environment leads to decrease stress levels. Mentoring is essential in developing novice and experienced nurses in clinical practice, nursing education, administration, and research. Mentoring supports the novice's need to feel confident and outstanding while offering professional nurses an opportunity to contribute to the profession (Daniel, Ramnarine & Kathrada, 2017).



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**Problem Statement**

The purpose of the DNP mentorship project was to develop an evidence-based mentor program for new graduate nurses transitioning into practice to promote job retention by decreasing turnover in the first year. The PICOT question focuses on the population and intervention compared to current practice, outcome, and timeline.This project will examine the following question: what is the effect of an evidence-based mentoring program on the job turnover rate of new graduate nurses in a local hospital over six months?

The population was new graduate nurses on the orthopedic unit of a local hospital who are transitioning to practice; the z- test was used to compare the mentorship group and the non-mentorship group. The intervention was the implementation of the evidence-based mentoring program designed to decrease job turnover rate among new graduate nurses and foster a supportive environment that promotes clinical competencies, job satisfaction, patient outcome, and job retention. Program development included mentors, mentees, and educational materials, including PowerPoints, videos, and monthly meetings with motivational guest speakers. The comparison will be an evidence-based mentoring program compared with the current standard practice of transitioning programs such as unit orientation at the hospital. The desired outcome was to use the evidence-based mentoring program to decrease job turnover among new graduate nurses transitioning into their new roles. The timeline was from the end of the orientation to six months after exposure.



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## Organizational Description of Project Site

The project was conducted at a large urban hospital in the southeast United States. The southeast pediatric hospital provides comprehensive children's specialties and subspecialties to pediatric patients from ages 0-21 throughout the eastern and surrounding states. It features the only level 1 pediatric trauma center in Alabama and surrounding states. The hospital has outpatient centers and primary care centers throughout central Alabama.

## Review of the Literature

Newly graduated nurses suffer from occupational stress during the transition from school to employment due to inadequacy, interpersonal relationships, and the immense workload. The process of new graduate nurses transitioning into practice is a stressful and rigorous process that can affect new graduate nurses' overall retention (Ganapathy, Palsane, & Mathews 2020). Reducing stress through a mentorship program is imperative to nursing practice and improving the nursing workforce shortage. Mentoring is a process in which an expert assists in the learning and development of the less experienced individual. A mentor is a seasoned professional who acts as a model by providing expertise, a nurturing behavior, and guidance to the less qualified professional. Health care facilities must create a mentoring development program to recruit and retain high-quality nurses (Schroyer, Zellers & Abrabam, 2016).

According to Zhang et al. (2016), there are few systemic reviews or meta-analysis on mentoring programs, and there is a need for a systemic review to fill the gap in nurse mentorship programs. The study gives insight into the difference between preceptor and



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mentor, and the systemic review of nine studies regarding the implementation and effectiveness of mentoring programs for new graduate nurses. The findings of the study revealed a positive effect of mentoring programs through the availability of technological and emotional support. Mentoring programs have shown positive outcomes for mentors, mentees, and organizations (Zhang et al.,2016). The program's success is based on rigorous mentor selection and adequate training of mentors and mentees. The systemic review results provide evidence for nursing managers when designing, implementing, and revising the mentoring program.

Most healthcare organizations experience a nursing shortage, which is central to the workforce globally. Even though interventions to increase the force are in place, nurses leaving their role in the first year creates a barrier to building the nurse workforce. Brook, Aitken, Webb, and McLaren (2019) discussed the mentorship program as an established mechanism to support nurses entering into their new career, with mentor and mentee relationships being a key factor to success. In the study, a wide variety of interventions and components shows effectiveness in improving nurse retention. The key characteristics of effective interventions are mentorship and preceptorship, though the diversity of the mentoring and preceptorship components considered in the review makes for a problematic conclusion. The main characteristics of many programs, such as networking and socialization, together with a nurturing and developmental relationship, are consistently linked to a positive practice environment and increase retentiond. Future research will need to focus on standardizing the reporting of intervention and outcome measures used in evaluating the interventions. The shortage in nursing is not only related to new graduates leaving in the first year of the nursing profession but includes feelings



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of uncertainty from their new role and the resistance they experience in the form of more senior nurses 'eating their young.' As a new nurse trying to handle these negative behaviors, inner conflict is often present (Daniel, Ramnarine, & Kathiravan, 2017).

Daniel, Ramnarine and Kathiravan (2017) explained in one study that new graduate nurses who received formal mentorship were more satisfied with their jobs. This study gives insight into the existing mentoring program at the selected pediatric hospital and the program's effect on job satisfaction, development of clinical skills, and transitioning into practice. The study subjects were 60 new graduate nurses in the mentoring program within the past 18 months and currently employed in the general hospital. Fifty-three percent of the new graduates indicate that the mentorship program had helped them gain confidence, learn, and practice their clinical skills.These findings show that mentoring did help new graduates transition to practice. The study concludes the need for nursing research studies to explore mentorship in nursing to demonstrate a positive mentoring outcome.

Different studies show mentoring as instrumental in transitioning new graduate nurses into their new roles. Further studies are required to establish the duration of the program and the training needed to accomplish a successful program.

**Evidence-Based Practice: Verification of Chosen Option**

Evidence-based practice is a problem-solving approach to healthcare delivery that incorporates the best available evidence, clinician's expertise, and patient values and preferences (Melnyk & Fineout -Overholt, 2015). The hospital healthcare system is standardizing practice based on the best available evidence to reduce inconsistency in care and improve quality and patient safety while containing cost. Some studies show



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mentoring programs as vital in transitioning new graduates to their new roles. This project used an evidence-based mentoring program to evaluate the new graduate nurses' retention in the first year of practice.

## Theoretical Framework/Evidence-Based Practice Model

Patricia Benner's theory of Novice to Expert provides a framework in which experience nurses, nurse educators, and unit-based managers assess the needs of the new graduate nurses (Murray, Sundin & Cope, 2019). The need assessment creates the basis for mentoring and support during the transition process. Benner's model provides an established knowledge base for quality improvement to explore the effect of mentoring new graduate nurses and staff retention. Benner's theory involves a novice nurse new to the workplace who will eventually transition to the status of an expert nurse.

Benner's theory accentuates the transitioning of new graduate nurses, from novice to expert, and the crucial factors that impact the transitioning such as education, skill in practice, and experience mentoring. A mentor that provides feedback and assists new nurses with informative real-life experiences contributes to their success and self-fulfillment (Barton, Gowdy & Hawthorne, 2005).

The Skill Acquisition Theory is the framework of Benner's theory. The model gives insight into different learning stages. The first stage is the novice; the learner has limited ability and knowledge of the clinical task. In the second stage, the advanced beginners have the knowledge and the skills but not thorough comprehension. In the competent stage, nurses recognize patterns and nature of clinical situations more quickly and accurately than advanced beginners. In the proficient stage, learners begin to see



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situations as holistic instead of in parts. Proficient nurses learn from experience and can modify plans in response to different events. The final stage is the experts where the learner can recognize resources in different situations and attain their goal (Benner, 2005). Benner's adaptation of the Dreyfus Model of Skill Acquisition for nurses provides a scaffold upon which nurse educators, staff nurses, and nurse managers can build a sound transition experience through a mentorship program (Murray, Sundin & Cope 2019).

**Goals, Objectives, and Expected Outcomes**

This DNP project intended to achieve the following objectives:

1. Design, implement, and evaluate a mentorship program for the new graduate nurse transitioning into practice;
2. Determine if the mentorship program improves job retention; and
3. Educate mentors to improve the knowledge, skill, and attitudes regarding the mentoring process.

**Project Design**.

The mentor project utilized a quality improvement (QI) design for this DNP project.The QI design consists of the focus, analyze, develop, execute, and evaluate (FADE) methodology.

**Focus**

The DNP project's focus was to develop an evidence-based mentor program for new graduate nurses transitioning into practice. The goal was to promote job retention by decreasing turnover in the first year. Many newly graduated nurses transitioning to practice undergo challenging, stressful, complex, and intimidating situations despite



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ongoing attempts to address the problem. The mentor project provided support for the new graduate nurses to transition successfully to their new roles.

**Analyze**

The questionnaires provided information from nurses who had a positive transition and those who had a negative experience in the new nursing role during the first year of practice. Over the years, mentoring programs have focused on facilitating the successful transition of new graduate nurses into practice. However, the complex and challenging transition from nursing school to employment requires emotional support and mentoring. Unsuccessful transitioning caused increased turnover, feelings of inadequacy, lack of confidence, and poor patient outcomes. Hackman and Oldham Intent to Stay/ Leave Job Diagnostic Survey was used to analyze the interview results, problems identified, and the data collected.

**Develop**

The project director designed a mentor program where the new graduate nurses were paired with an experienced nurse who served as a mentor. The mentor served as a resource person and create an environment that promoted independence, confidence, and nurturing.

**Execute**

The mentor program was based on the current evidence and Benner's Novice to Expert nursing theory which guided the project throughout the implementation phase. This program was implemented on one of the inpatient units in a local hospital with the support of the staff, unit educator, and management team. The program lasted for six



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months which included meetings with stakeholders, unit educators, unit managers, mentors, mentees, data collection and data analysis team.

**Evaluation**

The program's effectiveness was evaluated with the Hackman and Oldham Intent to Stay/Leave Diagnostic Job Survey. The participants answered the survey, and the results were analyzed. It was expected that mentorship decreased turnover rate and improved retention rate. The mentor program started at the end of the required hospital and unit orientation with a preceptor and lasted for six months. The mentees could keep their preceptors as a mentor and the option to choose someone else. The mentor and mentee were encouraged to meet twice a week, and the mentor used a time log to keep a record of the meetings. Some educational materials such as videos and PowerPoints were available to facilitate a bi-weekly one-hour meeting with stakeholders, mentors, mentees, unit educators, and unit managers. The facilitator used guest speakers to address different topics in the bi-monthly meetings.

**Project Site and Population**

The project was conducted at a hospital in the southeast United States (U.S). The pediatric hospital provides primary services and has subspecialties that cater to patients from ages 0-21 throughout the surrounding states. It features the only level 1 pediatric trauma center in Alabama and surrounding states. In addition, the hospital has outpatient centers and primary care centers throughout central Alabama.

The population of the mentorship project was the mentors and mentees on the orthopedic patient floor. The mentors could provide constructive feedback, compassion, and problem-solving knowledge. The mentorship program required nurses with two years



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of experience or more to be mentors to have a meaningful program, and the mentees were new graduate nurses transitioning into practice after orientation. New hire nurses that transferred from different facility were not in the mentorship program.The mentorhip program was an optional program for both the mentors and mentees.

**Setting Facilitators and Barriers**

The mentor program used external and internal expert speakers to facilitate the bi-monthly meeting with stakeholders, unit managers, unit educators, mentees, and mentors. Some educational materials, such as videos and PowerPoints, were helpful tools for the program. The program challenges included the mentee and mentors' inability to meet due to a busy schedule, the mentor or mentee leaving the organization because of unforeseen circumstances, such as pregnancy, transfer of spousal job, and pursuit of a higher degree.

**Implementation Plan and Procedure**

The unit manager explained the expected roles to mentors and mentees, the importance of being committed to the program, and participating in the six-month mentor program as part of their job. The project director explained the entire mentorship program's goals, process, and expectations through a PowerPoint presentation. A guide and agreement form were given to participants. The implentation phase started immediately after the required orientation phase in the unit. The program director organized a meeting to familiarize the mentor, mentee, unit educator, and unit manager with tools that were used in the mentorship program.

All completed forms were submitted to the project director and locked in a sealed box for privacy and confidentiality. The documents will be obsolete after five years from



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the implementation of the mentorship program. The unit educator matched the mentors and mentees. The mentees had the option to choose whom they wanted as a mentor.

**Measurement Instrument**

The Hackman and Oldham Intent to Stay/Leave Job Diagnostic Survey was the tool of choice to measure the mentor program's competency. The initial survey started at the beginning of the mentor program and repeated at the end of the program.

**Data Collection Procedure**

The data collection for this project started before the mentorship program began and at the end of the program. The data collected were analyzed using the z- test. The population involved was measured with the Oldham & Hackman Intent to Stay/ Leave Diagnostic Job Survey to determine a significant difference.

The initial data, agreement form, demographic information, Intent to Stay /Leave Job Diagnostic questionnaire was collected at the first mentor meeting. The second Stay/Leave Job Diagnostic questionnaire was completed at the end of the mentorship program.

**Data Analysis**

Statistical analysis is vital in an evidenced-based project; it helps in the analysis of the numerical data. An understanding of research and the appropriate statistical method is vital in the effective utilization of different data. Evaluative data analysis explains the aims and outcomes of a study; it analyzes the program's impact on a specific social problem that the program is trying to solve. The project director used evaluative data to determine the mentor program's outcomes on new graduate nurses' retention rates. The project director used a z-test inferential statistic to determine if there was a



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significant difference between the means of the mentor group and the non-mentor group. The p value determines if the null hypothesis is rejected or accepted. A value of .05 is the standard for establishing the 'significance level' of a test; when the p-value is less than or equal to .05, the null hypothesis is rejected (Sylvia & Terhaar, 2014).

**Results**

A series of two-proportion z-tests were performed to test changes percentages of agreement before and after the training sessions. There were no significant differences detected for all 15 statements asked of both groups of nurses at the .05 level of significance.

**Interpretation /Discussion**

The study was conducted to determine if job retention could be increased for new graduate nurses through mentoring. To establish a baseline, 13 female nurses were given a survey to measure their attitude towards job satisfaction. The average age of the nurses selected was 27.5 years with an average number of years of experience of 4.56. Nine nurses were Caucasian (69.2%), three nurses were African American (23.1%), and one nurse was Hispanic (7.7%). All but one nurse had a a Bachelor of Science degree in nursing (BSN). Nine nurses were on the 7 a.m. – 7 p.m. shift (69.2%), and the remaining four nurses were on the 7 p.m. – 7 a.m. shift.

Only twelve of the nurses responded to the survey. The values reported in Table 1 represent the percentage of how both the mentors and new nurses responded. Higher scores indicate more agreement with the statement. The most significant percentage is listed in bold.



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Table 1

*Pre Survey*

| | Disagree Strongly (1 ) | Disagree (2) | Disagree slightly (3) | Neutral (4) | Agree Slightly (5) | Agree (6) | Agree Strongly (7) |
|---|---|---|---|---|---|---|---|
| 1. It's hard, on this job, for me to care very much about whether or not the work gets done right. | **91.7** | 8.3 | 0 | **0** | 0 | 0 | 0 |
| 2. My opinion of myself goes up when I do this job well. | 0 | 0 | 0 | 8.3 | 0 | **58.3** | 33.3 |
| 3. Generally speaking, I am very satisfied with this job | 0 | 0 | 8.3 | 25 | 0 | **58.3** | 8.3 |
| 4. Most of the things I have to do on this job seem useless or trivial. | 33 | **58.3** | 0 | 0 | 0 | 8.3 | 0 |
| 5. I usually know whether or not my work is satisfactory on this job | 0 | 0 | 0 | 8.3 | 16.7 | **58.3** | 16.7 |
| 6. I feel a great sense of personal satisfaction when I do this job well | 0 | 0 | 0 | 0 | 0 | **50** | **50** |
| 7. The work I do on this job is very meaningful to me. | 0 | 0 | 0 | 0 | 0 | 33.3 | **66.7** |
| 8. I feel a very high degree of personal responsibility for the work I do on this job | 0 | 0 | 0 | 0 | 0 | 33.3 | **66.7** |
| 9. I frequently think of leaving this job | 8.3 | **41.7** | 16.7 | 16.7 | 8.3 | 0 | 8.3 |
| 10. I feel bad and unhappy when I discover that I performed poorly on this job | 0 | 8.3 | 0 | 0 | 0 | 41.7 | **50** |
| 11. I often have trouble figuring out | 16.7 | **50** | 25 | 0 | 0 | 8.3 | 0 |



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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| whether I'm doing well or poorly on this job | | | | | | | |
| 12. I feel I should personally take credit or blame for the results of my work on this job | 0 | 0 | 0 | 8.3 | 25 | **50** | 16.7 |
| 13. I am generally satisfied with the kind of work I do in this job | 0 | 0 | 0 | 0 | 8.3 | **66.7** | 25 |
| 14. My own feelings generally are not affected much one way or the other by how well I do on this job. | 8.3 | **50** | 8.3 | 16.7 | 0 | 16.7 | 0 |
| 15. Whether or not this job gets done right is clearly my responsibility. | 0 | 0 | 0 | 8.3 | 16.7 | 33.3 | **41.7** |

The results of this survey seem to indicate that in general nurses disagree when asked if he or she struggles to care about job tasks, if he or she often considers leaving the job, or if he or she can determine poor job performance. On the other hand, nurses tend to agree with statements concerning positive job satisfaction, personal self-confidence and constructive feedback.

For comparison, eleven new nurses were matched with a volunteer mentor nurse. There was a total of nine mentors; two mentors were matched to multiple mentees. For all participants, there was one male and nineteen females in this study. Fifteen (75%) of the participants were Caucasian, four (20%) were African American, and one (5%) was Hispanic. Most participants had a Bachelor of Science in nursing (BSN) degree (85%) while the remainder held an Associates Degree in Nursing (ADN). There were 17 participants (85%) who worked the 7 a.m. to 7 p.m. shift. The average age of all



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participants was 28.2 years with an average years of experience of 3.98. When comparing age between mentors and mentees, the average age of mentors was 33.11and the average age of mentees was 24.09. Similarly, the average years of experience for mentors was 8.23, the average years of experience for the new nurses was 0.5 years. The new nurses were required to attend meetings at least once per week to address common reasons for low retention. These nurses were then asked to complete a questionnaire to assess her intention to stay on the job on a scale of 1 -7. Higher scores indicate more agreement with the statement. The values reported in the Table 2 below represent the percentage of how both the mentors and new nurses responded. The largest percentage is listed in bold.

Table 2

*Post Survey*

| | Disagree Strongly (1) | Disagree (2) | Disagree Slightly (3) | Neutral (4) | Agree Slightly (5) | Agree (6) | Agree Strongly (7) |
|---|---|---|---|---|---|---|---|
| 1. It's hard, on this job, for me to care very much about whether or not the work gets done right. | **95** | 0.05 | 0 0 | 0 0 | 00 | 00 | 00 |
| 2. My opinion of myself goes up when I do this job well. | 0 | 0 | 10 | 10 | 20 | **30** | **30** |
| 3. Generally speaking, I am very satisfied with this job | 0 | 0 | 5 | 25 | 20 | **35** | 15 |
| 4. Most of the things I have to do on this job seem useless or trivial. | **50** | 25 | 15 | 5 | 5 | 0 | 0 |
| 5. I usually know whether or not my | 10 | 10 | 0 | 5 | **30** | 20 | 25 |



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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| work is satisfactory on this job | | | | | | | |
| 6. I feel a great sense of personal satisfaction when I do this job well | 0 | 0 | 0 | 10 | 15 | 30 | **45** |
| 7. The work I do on this job is very meaningful to me. | 0 | 0 | 0 | 0 | 20 | 30 | **50** |
| 8. I feel a very high degree of personal responsibility for the work I do on this job | 0 | 0 | 0 | 5 | 5 | 40 | **50** |
| 9. I frequently think of leaving this job | 30 | **35** | 0 | 10 | 15 | 10 | 0 |
| 10. I feel bad and unhappy when I discover that I performed poorly on this job | 0 | 0 | 0 | 5 | 5 | **50** | 40 |
| 11. I often have trouble figuring out whether I'm doing well or poorly on this job | 30 | **35** | 15 | 10 | 5 | 5 | 0 |
| 12. I feel I should personally take credit or blame for the results of my work on this job | 5 | 0 | 10 | 10 | 15 | **45** | 15 |
| 13. I am generally satisfied with the kind of work I do in this job | 0 | 0 | 0 | 10 | 10 | **40** | **40** |
| 14. My own feelings generally are not affected much one way or the other by how well I do on this job. | 30 | **35** | 15 | 5 | 5 | 0 | 10 |
| 15. Whether or not this job gets done right is clearly my responsibility. | 0 | 0 | 0 | 5 | 25 | 25 | **45** |



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The result of this survey seems to indicate that nurses in this project disagree when asked if he or she struggles to care about job tasks, if he or she often considers leaving the job, or if he or she can determine poor job performance. On the other hand, nurses tend to agree with statements concerning positive job satisfaction, personal self-confidence, and constructive feedback.

**Cost-Benefit Analysis/Budget**

The costs incurred for this project was minimal and covered by the Project director. The organization did not incur any financial expenditure for this project. The meeting space and technology needed for each session was provided by the facility. The guest speakers did not receive monetary compensation, mentors and mentees did not get paid to attend the sessions.

## Ethical Consideration/ Protection of Human Subject

This DNP project was declared exempt by the Jacksonville State University Institutional Review Board (IRB). The IRB is a committee that applies research ethics by reviewing the research methods to ensure that they are ethical. IRB has dual goals; the first goal is to protect the right and welfare of human research subjects, and the second is to support and facilitate the conduct of valuable research (Morris & Morris 2016). All participants were protected by Health Insurance Portability and Accountability Act of 1996 (HIPPA), which, among other guarantees, protects the privacy of patients' health information. The mentor project did not include patient care and was classified exempt by the IRB review committee because there was no risk to human subjects. The project used a survey to gain feedback. The data collection and filing were appropriately secured; only



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the project director had access to the data. The mentor program director shared the program's result with the unit manager, unit educator, and charge nurse. Participants did not receive monetary compensation; instead, they received continuing education credit for attending the bi-monthly meeting. The mentorship program outcome did not affect the current employment status of the participants.

## Conclusion

The verbal and written comments from the mentorship program participants indicated they were able to build a stronger team, boost confidence level, create a lasting relationship, and improve the intent to stay. Finally, the mentees gained experience that helps to provide safe and quality care. A mentorship program is a great tool that allows new graduate nurses to transition to practice; it can enhance nursing satisfaction, improve retention, ensure optimal patient outcomes, and have positive organizational effects in developing leadership skills. Hopefully, the organization stakeholders will promote the program at the corporate level for sustainability.



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APPENDIX A

**Timeline**

| Date | Activity | Responsible Party |
|---|---|---|
| Week 1,2: January2020 | Mentor meeting, PowerPoint presentation (1hour) | Project director, mentors, mentees, Charge nurse, unit educators and unit managers |
| Week 3,4: January 2020 | Mentorship Meeting /orientation, power point presentation | Project director & mentors, mentees, charge nurse, unit educator and unit managers. |
| Week 1,2: February 2020 | The project director will meet with the mentors to discuss weekly log, discuss the importance of good communication, professional behavior, and barriers of meeting in a timely manner.<br>Weekly progress report meeting with the mentor and the mentee to discuss, review goals, progress, and areas of improvement. | Project director & mentors<br><br>Project director mentor and mentees |
| Week 3,4 February: 2020 | The project director with the unit educator, charge nurse to discuss the progress of the program and fellow through any action implemented from the previous meeting. | Project lead, unit educator and charge nurse. |
| Week 1,2,3,4 march through the first week of April. | Weekly progress report to discuss weekly log, progress, concerns, and fellow up with action plan. | Project director, mentors, and mentees. |



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APPENDIX B

**Intent to Stay/Job Diagnostic Survey.**

Intent to Stay/Job Diagnostic Survey
Hackman and Oldham (1974)

Each of the statement below is something that a person might say about his or her job. Please indicate your own personal feelings about your job by marking how much you agree with each of the statements below. Please place an X in the box that corresponds to your response for each statement. Your answers are all confidential.

| | Disagree Strongly (1) | Disagree (2) | Disagree Slightly (3) | Neutral (4) | Agree Slightly (5) | Agree (6) | Agree Strongly (7) |
|---|---|---|---|---|---|---|---|
| 1. It's hard, on this job, for me to care very much about whether or not the work gets done right. | | | | | | | |
| 2. My opinion of myself goes up when I do this job well. | | | | | | | |
| 3. Generally speaking, I am very satisfied with this job | | | | | | | |
| 4. Most of the things I have to do on this job seem useless or trivial. | | | | | | | |
| 5. I usually know whether or not my work is satisfactory on this job | | | | | | | |
| 6. I feel a great sense of personal satisfaction when I do this job well | | | | | | | |
| 7. The work I do on this job is very meaningful to me. | | | | | | | |
| 8. I feel a very high degree of personal responsibility for the work I do on this job | | | | | | | |
| 9. I frequently think of leaving this job | | | | | | | |
| 10. I feel bad and unhappy when I discover that I | | | | | | | |



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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| performed poorly on this job | | | | | | | |
| 11. I often have trouble figuring out whether I'm doing well or poorly on this job | | | | | | | |
| 12. I feel I should personally take credit or blame for the results of my work on this job | | | | | | | |
| 13. I am generally satisfied with the kind of work I do in this job | | | | | | | |
| 14. My own feelings generally are not affected much one way or the other by how well I do on this job. | | | | | | | |
| 15. Whether or not this job gets done right is clearly my responsibility. | | | | | | | |



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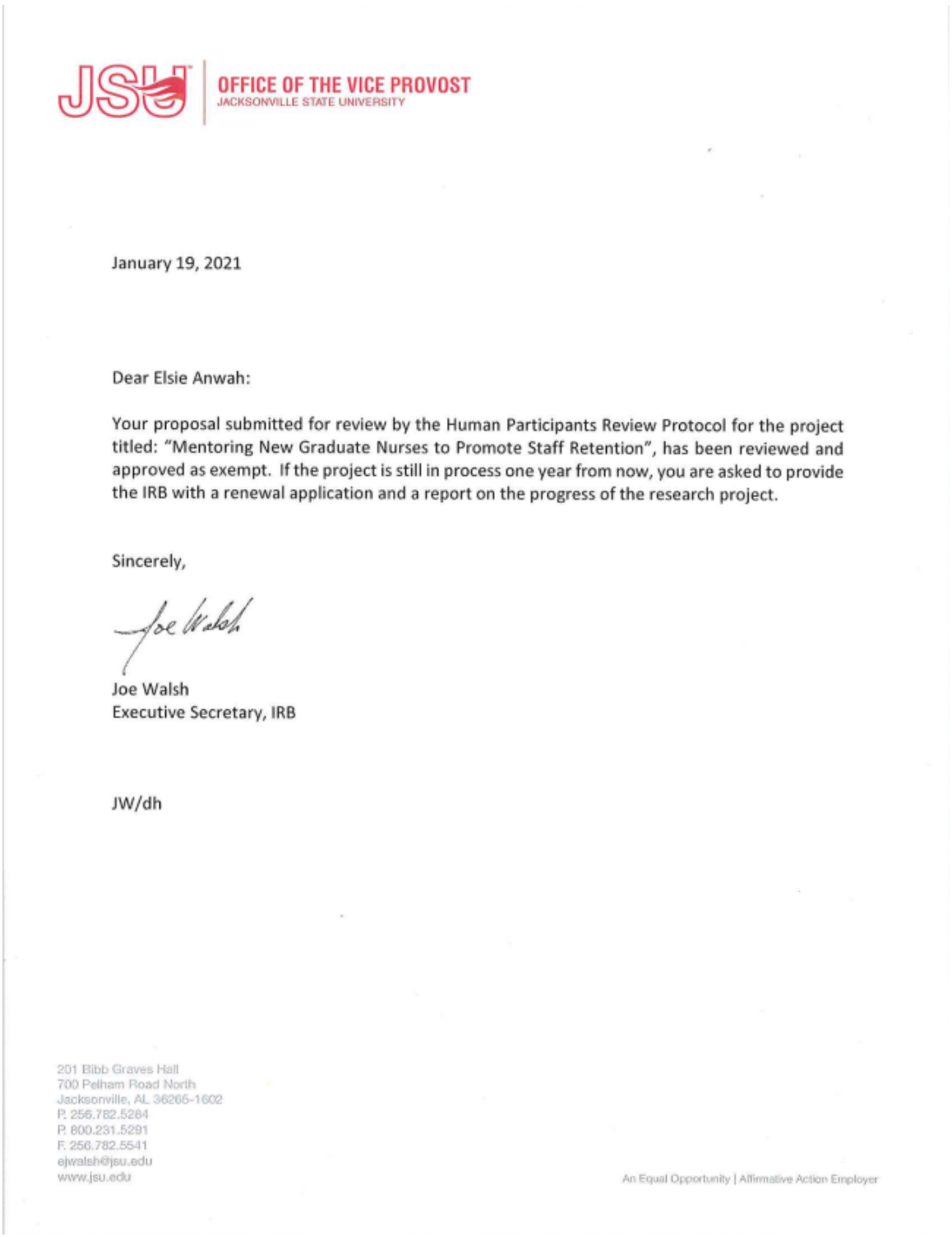
APPENDIX C



JSU | OFFICE OF THE VICE PROVOST
JACKSONVILLE STATE UNIVERSITY

January 19, 2021

Dear Elsie Anwah:

Your proposal submitted for review by the Human Participants Review Protocol for the project titled: "Mentoring New Graduate Nurses to Promote Staff Retention", has been reviewed and approved as exempt. If the project is still in process one year from now, you are asked to provide the IRB with a renewal application and a report on the progress of the research project.

Sincerely,

Joe Walsh
Executive Secretary, IRB

JW/dh

201 Bibb Graves Hall
700 Pelham Road North
Jacksonville, AL 36265-1602
P. 256.782.5284
P. 800.231.5291
F. 256.782.5541
ejwalsh@jsu.edu
www.jsu.edu

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APPENDIX D

**Figure 1**

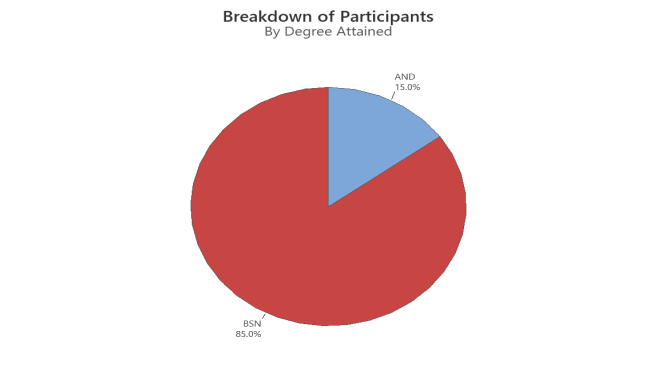



**Figure 2**

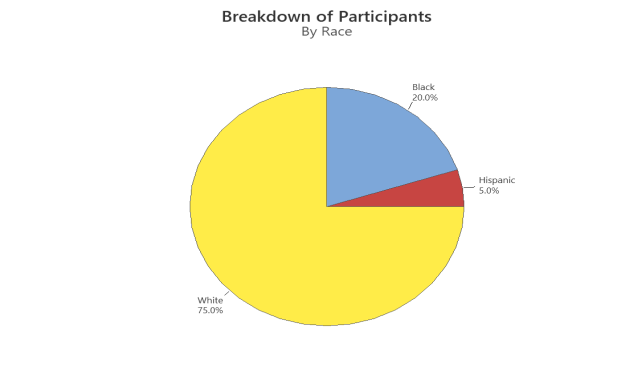



**Figure 3**

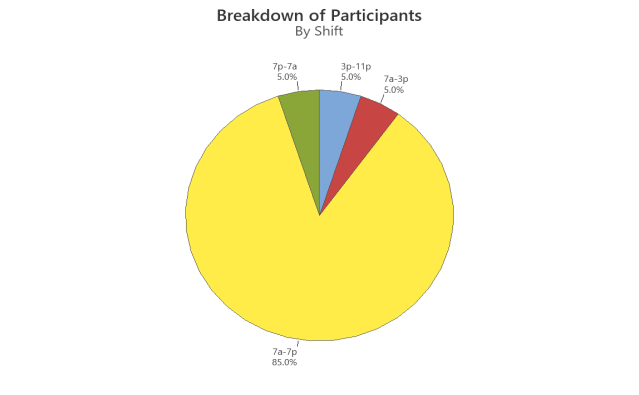



**Figure 4**

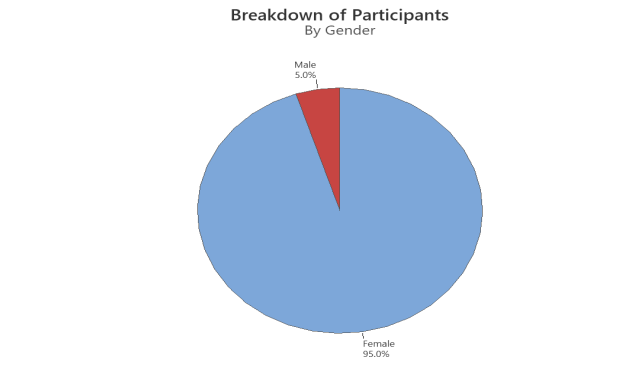
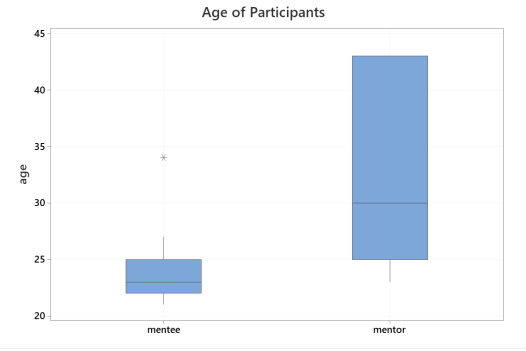



**Figure 5**



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