

Gardner-Webb University

Digital Commons @ Gardner-Webb University

Master of Science in Nursing Theses and
Projects

Hunt School of Nursing

Summer 2020

New Nurse Graduate Mentoring: An Early Implementation Program

Stacy Inman

Gardner-Webb University, sinman1@gardner-webb.edu

Follow this and additional works at: <https://digitalcommons.gardner-webb.edu/nursing-msn>



Part of the [Occupational and Environmental Health Nursing Commons](#)

Recommended Citation

Inman, Stacy, "New Nurse Graduate Mentoring: An Early Implementation Program" (2020). *Master of Science in Nursing Theses and Projects*. 5.

<https://digitalcommons.gardner-webb.edu/nursing-msn/5>

This Project is brought to you for free and open access by the Hunt School of Nursing at Digital Commons @ Gardner-Webb University. It has been accepted for inclusion in Master of Science in Nursing Theses and Projects by an authorized administrator of Digital Commons @ Gardner-Webb University. For more information, please see [Copyright and Publishing Info](#).

New Nurse Graduate Mentoring: An Early Implementation Program

Stacy Inman

A project submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the
Master of Science in Nursing Degree

Boiling Springs, North Carolina

2020

Submitted by:



Stacy Inman

July 20, 2020

Date

Approved by:



Dr. Sharon Creed-Hall DNP, RN
CHSE

July 20, 2020

Date

Abstract

Mentoring of new nurse graduates is an opportunity for our future nurses to grow and evolve. This concept is growing in popularity and has proven effective in retention of new nurses as well as improved staff satisfaction. Many mentoring programs for new nurse graduates begin at one year of employment, which leaves open the crucial turning point of transitioning from academia to professional practice. New nurse graduates are vulnerable at this stage of transition and an effective mentoring relationship can help the new graduate gain confidence in the profession of nursing.

Keywords: new nurse, nurse mentoring, and nurse turnover

Acknowledgements

I would like to acknowledge my family and friends for their guidance and support received during my MSN Project process. I would also like to thank Professor Cheryl Morris, RN MSN, CPN for her support and encouragement in both my practicum and project process. I would also thank Dr. Sharon Creed-Hall DNP, RN CHSE for all her many hours of proofreading, suggestions, and encouraging phone calls during my MSN Project process.

.

© Stacy Inman 2020

All Rights Reserved

Table of Contents

CHAPTER I: INTRODUCTION

Introduction.....	1
Problem Statement.....	1
Significance.....	1
Purpose.....	2
Theoretical/Conceptual Framework.....	2
Definition of Terms.....	4

CHAPTER II: LITERATURE REVIEW

Literature Review.....	5
Review of Literature.....	5
Transition to Practice Programs.....	5
Turnover of Newly Licensed Nurses.....	6
Mentoring.....	7

CHAPTER III: NEEDS ASSESSMENT

Needs Assessment.....	10
Target Setting.....	11
Stakeholders.....	11
SWOT Analysis: Internal Analysis.....	12
SWOT Analysis: External Analysis.....	12
Available Resources.....	13
Desired and Expected Outcomes.....	13
Team Members.....	14

Cost/Benefit Analysis	15
CHAPTER IV: PROJECT DESIGN	
Project Design.....	16
Goal & Objectives.....	16
Plan	17
Meeting #1	18
Meeting #2	18
Meeting #3	19
Meeting #4	19
Meeting #5	19
Meeting #6	20
Evaluation Method.....	20
CHAPTER V: DISSEMINATION	
Dissemination	21
Dissemination Activity	21
Limitations	21
Implications to Nursing.....	22
Recommendations.....	22
Conclusion	23
REFERENCES	23
APPENDICES	
A: Welcome Letter to Mentee.....	26
B: Mentor/Mentee Background Information Sheet	27

C: Monthly Meeting Agenda28

List of Tables

Table 1: SWOT Analysis Table.....	13
-----------------------------------	----

CHAPTER I

Introduction

As the current nursing workforce continues to progress towards retirement, the realization that new nurse graduates are not succeeding is becoming problematic. Upon completion of formal nursing education new graduates are being shoved into practice that is often times shocking and traumatic. It is an environment that is unfamiliar. The experienced nurses are uninterested in supporting new nursing graduates due to feelings of “they don’t count in my workload” or “its more work for me.” This toxic healthcare culture and lack of quality mentorship, within the first 12 months, are only adding to the vulnerability of the new nurse, which is causing many to leave the profession within the first year.

Problem Statement

New nurse graduates are in need of quality mentoring that positively impacts the socialization and development of professionalism during their first year. This is critical to the success and retention of the new nurse.

Significance

The 2020 NSI National Health Care Retention and RN Staffing Report have reported the cost of turnover of a bedside RN is \$33,300 to \$56,000 with an average of \$44,000 (NSI, Nursing Solutions, 2020). Turnover of new nurse graduates is estimated to be at 30% (Bong, 2019). It has been reported that nurses with less than 1 year of service account for 58.9% of a hospital’s total turnover (NSI, Nursing Solutions, 2020).

The Institute of Medicine’s (IOM), 2010 report on the Future of Nursing indicated that additional support was needed for new graduates and advocated for innovative,

structured mentorship programs for newly licensed nurses. The mentor's focus should be one that is welcoming and introduces the new graduate to workplace culture and suggest ways to engage in unit culture (Jakubik et al., 2016b). The workplace focus should be setting the stage for success, which includes socialization, collegiality, time management, and role descriptions. A mentoring program that coincides with the orientation period is needed to increase satisfaction and decrease turnover of the new graduate.

Purpose

The purpose of this project was to explore the evidence related to mentoring and to develop a mentoring program for new nurse graduates that occur within the first 6 weeks and last up to 12 months of transition to professional practice. New graduate mentoring should be every nurse's responsibility to support the next generation of nurses (Verret & Lin, 2016).

Theoretical/Conceptual Framework

Fundamental to human development is learning; it is a life long process. New nurse graduates are thrust into a world of unfamiliarity where learning may or may not be supported by experienced nurses. Dr. Louise Jakubik is a master mentor who believes that developing others is one of the most critical roles of a leader (NurseBuilders, 2020). Jakubik, a leading research scientist on mentoring in nursing, has spent many years exploring mentoring practices and benefits for nurses. The RN Career Path Mentoring Platform, founded by Jakubik, is an umbrella for information for the clinical nurse, nurse managers, nurse leaders, advanced practice nurses and nurse executives. Mentoring practices include welcoming, mapping the future, teaching the job, supporting the transition, providing protection, and preparing for leadership (Jakubik et al., 2016a).

In a 2007 study, Jakubik reported that a protégé's perception of quality was the single best predictor of mentoring benefit and while informal mentoring relationships occurred, the extent and impact of mentoring were unknown. The Mutual Benefits Model was first introduced in the business world by M. G. Zey and is the theoretical framework for Jakubik's model, which introduces a triad relationship of protégé, mentor, and the organization. Jakubik's Mentoring Benefit Questionnaire (MBQ) is a 36-item tool that uses a 5-point Likert scale to measure individual and organizational benefits of mentoring from the protégés perspective. The original tool was developed and validated (validity 5.96) with a panel of six expert judges that represented the nursing academic community, hospital nursing administration, and nursing practice (Jakubik, 2012). Mentoring benefits Jakubik (2012) used were: belonging, career optimism, competence, professional growth, security, and leadership readiness. The Jakubik MBQ provides a valid and reliable tool that can be used in nursing practice to evaluate formal and informal mentoring within healthcare organizations as well as further explore the benefits of mentoring in nursing (Jakubik, 2012).

Zey's triad approach of mentoring is consistent with a positive mentoring environment and reflects Magnet components of transformation leadership, structural empowerment, exemplary professional practice, new knowledge, innovations and improvements, and empirical quality outcomes (Jakubik et al., 2011). Results of the Jakubik et al. 2011 study did reflect a workforce where most nurses experienced mentoring at the bedside at a rate nearly two times than in a previous study by Jakubik in 2008. The implications of Jakubik's work suggest that high-quality mentoring relationships play a role in the nurses' longevity within a single organization (Jakubik et

al., 2011). Examination of predictors of mentoring quality should be the focus of future research as well as mechanisms of nontraditional mentoring activities.

Definition of Terms

For the purpose of this project, Mentor is defined as “a trusted counselor or guide.” Mentee is the person that is being mentored.

CHAPTER II

Literature Review

Nurse residency programs were developed to promote professional socialization of new graduates with the goals of increasing patient safety, promoting clinical competency, improving job satisfaction, and reducing turnover (Williams, 2018). Many of these programs are missing one key element, quality mentoring, which will aide in the success of the new graduate.

Review of Literature

Literature does suggest that mentoring is beneficial to the mentee, mentor, and the organization, yet this same literature identifies that mentoring should begin after 1 year. The transition from academia to workplace is stressful; therefore mentoring of new graduates should begin immediately. Sources used were Cumulative Index for Nursing and Allied Health Literature (CINAHL), ProQuest, and PubMed. Keywords used were new nurse, nurse mentoring, and nurse turnover.

Transition to Practice Programs

In 2004 the first nurse residency programs were started and led by the American Association of Colleges of Nursing (AACN) (Walsh, 2018). These programs have been successful in improving job satisfaction and retention of new graduates in healthcare organizations. Programs that generally last 10-15 months provide enough experiences for new graduates to progress through the integration stage (Cochran, 2017) and will focus on a specific population or clinical area that will aid the new graduate to achieve a full transition to independent practice (Walsh, 2018). While each residency program will vary, most programs are built on three elements: didactic-based, simulation-based, and

clinical preceptors. Another feature of these programs is the use of clinical preceptors who assist the new graduate on establishing adequate organizational and prioritization skills while caring for a specific population.

Cochran (2017) identified that new nurses do consistently report feelings of support and encouragement from preceptors, but that is not always the case. It is unfortunate that nurse-to-nurse incivility continues to exist, therefore it is imperative that mentors and preceptors be selected based on interpersonal skills, technical skills, and is trained as appropriate role models for these new nurses to succeed. Organizations and its leaders support a healthy work environment that provides support to qualified mentors, which will hopefully limit incivility.

Turnover of Newly Licensed Nurses

The healthcare future includes an increase demand for nursing care, which will worsen the current nursing shortage. Low retention of newly licensed RNs is of great concern. When a nurse leaves their job it can cost the institution up to 1.3 times their salary to replace them. A 2017 study, based on transition to practice literature, suggested the mean retention at 12 months after hire was 90.1%, the mean turnover rate was 10.6% (Blegen et al., 2017). This study indicated a retention rate of newly licensed RNs was 83%, with little variance between the hospitals surveyed. North Carolina reports a 76% retention rate of newly licensed RNs (Blegen et al., 2017). A high retention rate in Magnet hospitals is consistent with this concept, thus reporting attracting and keeping their RN workforce. It has been suggested that work environment played an integral part of newly licensed nurses leaving non-Magnet affiliated hospitals (Blegen et al., 2017).

Mentoring

According to Verret & Lin (2016) “mentoring is an investment in the future of nursing, successful socialization of new graduates, and is the responsibility of all nurses to mentor those who come after them.” Verret & Lin (2016) developed and implemented a mentoring program at Children’s Hospital of Los Angeles that included a triad relationship that consisted of a mentee, a peer mentor, and a veteran mentor. The goals of this program were to establish a collaborative relationship that aided support to the new nurses in professional, personal, and interpersonal growth (Verret & Lin, 2016). Evidence has shown a strong link between mentoring and stress reduction by providing guidance and support to the new graduate, which in turn will help new graduates to successfully transition to independent practice.

Williams (2018) investigated the power of one-to-one mentoring (single mentor assigned to mentee) and group mentoring (a single mentor assigned to a group of mentees). A cross-sectional research design was used to examine the existing database of 3,484 new graduate nurses who participated in a standardized nurse residency program developed by the Versant New Graduate Nurse Residency Program (Williams, 2018). Some study results indicated that there was no significant relationship between mentoring and turnover intention, yet most data indicate a positive transition into practice. Williams (2018) did conclude based on their survey that mentoring would be more beneficial after new nurses gain competence and proficiency, rather when the new graduate is focused on skill development.

Mentoring benefits were first recognized, applied, and tested in nursing using a business model (Jakubik et al., 2016a). Jakubik et al. (2016a) reported that mentoring

benefits include belonging, career optimism, competence, professional growth, and security and leadership readiness. Mentoring practices include welcoming, mapping the future, teaching the job, supporting the transition, providing protection, and preparing for leadership (Jakubik et al., 2016b). The business model that Jakubik used is based upon the mentor, protégé, and organization, the triad relationship, which Verret & Lin used for the development of the program at Children's Hospital of Los Angeles. Mentoring practices were identified and tested in studies which demonstrated mentoring practices were a significant predictor of mentoring benefits, and the first to quantify specific evidence-based mentoring practices and outlined "how to" for mentoring as well as predicted mentoring benefits (Jakubik et al., 2016a). Weese et al. (2015) hypothesized that mentoring practices predict benefits and it was determined that the study did support a strong relationship between mentoring practices and mentoring benefits.

Welcoming involves the mentor and the workplace serving as a host for the protégé in order for the protégé to learn about the workplace and to become incorporated into the workplace culture (Weese et al., 2015). The second mentoring practice and benefit, mapping the future and career optimism, includes leading by example and showing the protégé the way for the future. Teaching the job and competence are the third mentoring practice and benefit, which involves teaching the protégé skills and information related to the job, profession, career, and workplace (Weese et al., 2015). Benefit four incorporates the mentor supporting the protégé in the growth of confidence, communication skills, problem-solving, and decision-making skills and enhances the image of the profession. Providing protection and security is the fifth mentoring practice and benefit. The mentor must create a supportive practice environment that conveys

genuine interest in the protégé's success, thus the workplace delivers a supportive, nonjudgmental practice environment that nurtures open communication (Jakubik et al., 2016e). The last benefit is equipping for leadership. The mentor encourages opportunities to develop leadership abilities, thus the protégé demonstrates confidence in leadership skills and seeks out opportunities to lead others. Preparing for leadership reflects the mentor's efforts to provide intellectual, emotional, and political resources to prepare protégé to lead (Eliades et al., 2017). Every nurse is leader and should provide new graduates the support and confidence that is needed for them to succeed.

Literature does support development of mentoring programs, yet gaps do exist and no evidence has been identified to begin mentoring with the first 3 months of the new nurse graduates' transition from academia to professional practice.

Studies have suggested that high-quality mentoring relationships have valuable implications to the retention of new nurse graduates and overall greater job satisfaction. Hospitals are investing in nurse residency programs and should invest in nurse mentoring programs as well.

CHAPTER III

Needs Assessment

New graduate nurses often report intense stress and challenges as they transition from the academic setting to the workplace. This stress has led to high turnover of new graduates. These new graduates will be the chief source to supply nurses to meet patient needs. New graduates need support from coworkers, preceptors, and most importantly mentors that are with the new graduate from the beginning, not after they complete the orientation period.

New graduate nurses have the theoretical knowledge, yet the ability to apply the knowledge still needs to be established. Feelings of enthusiasm are soon replaced with uncertainty, self-doubt, anxiety, and fear. Instead of being welcomed, valued and respected as peers, new graduates are often at the mercy of the unit or the nurse who may or may not like them. The new nurse graduate often feels disconnected between expectation of their role and organizational expectations (Walsh, 2018). “Eating our young” has been known in nursing for many years and has often led to horizontal violence, yet why is this considered the norm and not the exception? New graduates are faced with the feeling of whom to trust and wanting to fit in evoking internal struggles. New graduates need mentors that are experienced and who will assist them in decision-making, critical thinking, evidence-based practice, and holistic nursing care. Mentoring has been acknowledged as a facilitating factor in the integration of the new nurse into the practice setting (Jakubik, 2008) and a significant component in the retention of new graduates.

Transition to practice models have been successful, yet mentoring programs typically start once the new graduate has completed the orientation process and are usually optional. Mentorship typically occurs between an experienced nurse and the new graduate. Informal mentorship has developed over time without formal commitment, but mentorship was identified as a critical element in the successful transition of new graduates. New graduates value preceptors, but suggested these are relatively short-term, in some case preceptors became their mentors while in other cases this was the outcome.

Target Setting

A formal mentoring program was started on a medical-surgical unit at a hospital in the Southeast. The program focused on the importance of mentoring and how to be a mentor. The facility educated new graduates by using the StaRN program, which was a paid nurse residency program that featured didactic and clinical training. The new nurse graduate was hired and completed the StaRN program on the unit they began. New graduates in this program must commit to working for the facility for 2 years. The program had two phases: training, which included simulations, classroom education, and self-directed learning and clinical preceptorship. This mentoring program was begun at about 3 months of employment.

Stakeholders

Stakeholders in the implementation of this project were owners of the hospital, new nurse graduates, other employees, and the community. Retention of new graduates is crucial in providing safe quality care of those in need. Vacancies are created when nurses leave, which potentially leads to increase staff stress, understaffing, and a decrease in quality patient outcomes.

SWOT Analysis: Internal Analysis

When implementing an evidence-based, quality improvement project, the strengths, weaknesses, opportunities, and threats or SWOT need to be identified. To begin a SWOT analysis the assessment of the strengths and weaknesses of the unit or service line must be identified. Personalities of staff members have been identified as both a threat and weakness. Preceptors may be excellent in teaching the skills needed to succeed; yet mentoring would be ineffective to the new graduate. Generally the staff to patient ratio is good for this unit. Typically nurses may have three to four patients, depending on shift. Collectively several of the nurses have greater than 30 years experience and for some, this unit is the only unit they have worked. Lack of motivation and seasoned nurses not wanting to support new graduates has been identified as weakness. Many nurses are not interested in supporting new graduates, which leads to dissatisfaction and turnover. It is unfortunate that incivility continues to undermine the nursing world, which can lead new graduates to leave the profession, thus increasing the shortage of nurses. Nurses are expected to do more; clients have more complex health conditions, which decrease staff satisfaction.

SWOT Analysis: External Analysis

The organization itself is facing criticism related to changing from a non-profit to for-profit. Nurses have left the facility at an alarming rate since the takeover and there is currently unrest amongst the nursing staff, which has lead to talk of a nurses union. The community perception has been negative, billing practices are in question, lack of support services to nurses, and high patient to nurse ratios are not favorable at this time. Strengths of the organization include a nurse residency program for new nurse graduates, a clinical

ladder program, and a student reimbursement program for full and part time employees as well as those staff members working on a as needed basis. The SWOT developed for implementation of new graduate nurse mentoring is presented in Table 1.

Table 1

SWOT Analysis Table

	Strengths	Weaknesses
Internal	- MERIT Values	- Lack of motivation
	- Top 15 Health Systems	- Incivility
	- Collective experience of staff.	- Personality
External	- Magnet Status application has been submitted	- Community perception
	- Nurse Residency program	- RN's leaving system
	- Student reimbursement	- Low staff satisfaction

Available Resources

Available resources included the education department, human resources, and quality improvement team. Patient satisfaction scores, obtained by Press Ganey was also used. Information regarding staff satisfaction of the mentoring program was also used.

Desired and Expected Outcomes

The desired outcome was to increase the retention, provide support, and encouragement to new nurse graduates. They are the future of nursing. New nurse graduates need support and the goal of mentoring will be to provide that support and keep

new graduates in nursing. Jakubik et al., (2016a) identified clear benefits of mentoring, yet a gap on “how-to” mentor existed. These benefits were measured using a 36-item valid and reliable Mentoring Benefits Inventory (Jakubik et al., 2016a). Jakubik’s mentoring model explores the mentoring practices that lead to the mentoring benefits, and will have positive outcomes related to staff satisfaction and improvement of turnover rates.

Team Members

The project coordinator was the mentor champion and identified the following team members to implement the program: nursing unit manager and/or nursing service line director, nurse educator, nursing unit supervisor, and a new nurse that had at least 1 year of experience.

Potential mentors needed to attend a training session, which identified the guidelines and requirements for the mentor, as well as the mentee. This session was no more than 4 hours in length, which avoided overtime compensation, but allowed the potential mentor to achieve 4 hours of regular pay (based on 36-hour work week). Mentor’s worked with the mentee to determine a schedule for meeting before, after, or during the shift and met at least monthly. This meeting could be accomplished via a phone conversation as well. If the meeting was before or after the shift, the meeting could not take more than 30 minutes to complete. It was also acceptable for the mentor and mentee to meet outside the facility, such as a restaurant, during non-working hours and the cost was out of pocket for both mentor and mentee. The facility offered a bonus of \$500 for both preceptor and preceptee that were still employed at the facility 1-year after hire of the new graduate. A designated mentor and mentee would receive \$1,000 if

both still employed by the facility at the 2-year anniversary. Being a designated mentor would qualify the mentor for clinical ladder points and depending of level obtained plus years of service, the mentor would receive a payment of \$250 to \$5,000 upon completion of clinical ladder. Mentor program information, requirements, benefits were posted on the internal web page of facility and the facility assumed the cost of printing appropriate informational materials.

Cost/Benefit Analysis

The average hospital will loose \$3.6 million to \$6.1 million with RN turnover. Any increase or decrease in percent of RN turnover will cost or save the facility an additional \$306,400/year (NSI Nursing Solutions, 2020). Turnover of new nurse graduates is estimated to be at 30% (Bong, 2019), multiplied by the average cost of turnover of \$44,000, could potentially cost the facility \$57,200/year. The mentee and mentor bonus would be \$3,000; the potential clinical ladder award for the mentee/mentor would vary from \$250 to \$5,000. Based upon the highest award the program would pay out an average \$8,000. If this amount retained those 30% of new graduates, it would save the facility an average of \$46,800/year.

If new graduates are set apart from the mainstream, failure will occur. Mentoring will increase the professional bond that will strengthen the nursing profession as well as improve revenue to the facility.

CHAPTER IV

Project Design

Jakubik et al. (2017) describes mentoring as an intentional, long-term career developmental relationship among an experienced nurse, a less experienced nurse, and their workplace. Mentoring has been shown to improve employee engagement and increases employee satisfaction, which creates an improved work environment.

Dr. Louise Jakubik is a master mentor who believes that developing others is one of the most critical roles of a leader (NurseBuilders, 2020). The Jakubik Mentoring Model is the model that was utilized in the implementation of a mentoring program.

Considerable evidence supports nurse turnover is costly. There are obvious consequences associated with turnover, such as cost of advertising, recruiting, subsequent retraining of new staff, and reliance of expensive agency and travel nurses. Also included are the hidden costs of lost productivity, and loss of organizational history from lack of staff continuity, which in turn comprises quality improvement processes and quality patient care. This mentoring program is a 12 month, structured, evidence-based framework that promotes the growth of knowledge, caring, and confidence of the mentee.

Goals & Objectives

As a result of implementing a 12-month new graduate nurse mentoring program, the healthcare organization will report a nurse mentoring program completion rate of 50%, a new nurse retention rate of 50% within the first year of hire, and 20% improvement in nursing satisfaction/employee engagement organizational survey as evidenced by surveys and data collected at the beginning and ending of this inaugural nursing program.

Plan

Matching the mentor with the mentee is very important. This fit occurs when mentors are genuine, caring, compassionate, and willing to reveal information about themselves and what they know. Of equal importance is the mentee's ability to accept feedback and willingness to learn more about themselves. Effective mentors should be confident enough in their skills and knowledge, and are committed to seeking situations that will benefit the mentees' development. Ideal mentor qualifications and characteristics include:

- Commitment to the mission and goals of the organization or unit
- Excellent leadership skills
- Willingness to assist in the mentee's growth
- Ability to help the mentee learn from mistakes
- Ability to embrace diversity
- Patience
- Personable and approachable
- 3 years experience in nursing

New nurse graduates were invited to participate in the program and a coordinating team matched the mentor and mentee, and a meeting was arranged for the initial introductions and program review. Preceding the first meeting, the mentor and mentee received a welcome letter (Appendix A), and a mentor/mentee background information form (Appendix B).

RNs interested in serving as mentors attended a workshop to review the role of the mentor. The Jakubik Mentoring Model was the instruction model that mentors used in

the mentor/mentee relationship. A mentor champion, for the unit to which a newly licensed nurse is hired, implemented the first step of the model, which is Welcoming & Belonging. This first stage aided the new nurse to be included in the norms of unit where they both felt valued and included. The mentor champion should be active in introducing the new nurse to peers, and the positive aspects of the unit. Three months after the new nurse began their career as a nurse, the mentor/mentee match was made.

The first meeting occurred within the first 2 weeks of making a match. Meetings occurred monthly and followed Jakubik's mentoring model.

Meeting #1

The purpose of this meeting was to get to know each other and to provide an environment of open communication, where any and all aspects of the mentee's transition to their new position may be discussed. The mentee was encouraged to share their thoughts, issues, and questions openly. Mentors used open-ended questions to develop further conversation. Sharing thoughts, concerns, and issues were the topic of discussion for every meeting between mentor/mentee.

Meeting #2

This meeting was focused on supporting the transition for the mentee and professional growth of the mentor. Topics included the development of communication skills, decision-making skills, problem-solving skills, and most important confidence (Jakubik et al., 2016d). The mentee will gain confidence in taking on new challenges that will increase the skills needed and will portray a positive perception of the career path. The mentor is building a strong interpersonal relationship with the mentee that will set the foundation of this mentoring step. Methods for the mentor included active listening;

provide empathy, and reframing work situations that will help with critical thinking skills. The mentee was encouraged to grow by exploring movement beyond his or her comfort zone that would master communication and problem-solving skills in different roles and contexts.

Meeting #3

This meeting was where the mentor aided in creating a favorable environment for the mentee by working on behalf of the mentee to provide a supportive practice environment and expressing that the mentor really cared about the success of the mentee. The mentee saw that someone worked on his/her behalf to provide a supportive practice environment and cared about their success.

Meeting #4

The focus of this meeting was, as Jakubik reports, “teaching the job” and included teaching skills and conveying knowledge. This enabled the mentee to know how, know what, and know the resources necessary to validate competence and confidence (Eliades et al., 2016). Encouragement and support by the mentor showed how the mentee could master skills and knowledge that would aide in professional advancement. When the mentee was given access to “real-life” duties, responsibilities, and preparation that was needed for a leadership role, the outcomes were competence in the knowledge and skills to perform a new role successfully (Eliades et al., 2016)

Meeting #5

Mapping the future was the focus of this meeting. This involved the mentor leading by example and showing the mentee the way for the future (Jakubik et al., 2016c). New nurses needed to be aware of what the future could hold. The mentor

offered encouragement and optimism about how the mentee could successfully advance as a nurse and within the organization. Activities included information about the structure of the hospital's shared governance council or committee, clinical ladder program, and the opportunities for growth within the organization.

Meeting # 6

Jakubik's final mentoring practice is equipping for leadership, but this was not the end to the formal mentoring relationship. The mentoring relationship would continue for up to 1 year and would be less formal. In this meeting the mentor would promote opportunities for the mentee to lead others for leadership development. Activities related to equipping for leadership could include behaviors that develop leadership skills and confidence in the mentee, where the mentor role model's communication skills, emotional intelligence, political savvy, and working within a team (Eliades et al., 2017). Leadership techniques that are demonstrated at the bedside is crucial; every nurse is a leader.

Evaluation Method

All participants completed a monthly meeting agenda evaluation of the mentorship program (Appendix C). The Jakubik's Mentoring Benefits Questionnaire, a 36-item tool, to measure the benefits to both individuals and organization from the perspective of the mentee was completed at the conclusion of the program.

It is important for new graduate nurses to know the opportunities that are available following the completion of a nursing program. New nurse graduates must be welcomed, valued, and respected by peers to promote the future of nursing.

CHAPTER V

Dissemination

An important aspect of Magnet designation has been mentoring and has gained popularity. Mentoring has proven to be a successful way to facilitate professional growth and development of the new graduate nurse. A successful formal mentorship program with an organization is a commitment to retaining new nurse graduates.

Dissemination Activity

The program would partner with Human Resources and Nursing Professional Development to be introduced as part of the nurse residency program. The program was also included in new hire orientation, for all levels of nursing, to promote the program and encourage experienced nurses to become mentors. Previous mentees and mentors were invited to the nurse residency orientation to promote and answer questions regarding the mentoring program. Program requirements, background questionnaires, and evaluation forms were distributed at this time. A facilitator within the Nursing Professional Development team provided information regarding deadlines for background information. Nurse managers may approach staff members that would make great mentors and suggest the program to the nurse. Informational sessions were offered at staff meetings and on the intranet of the facility.

Limitations

Limitations of the program were providing qualified mentors for the mentees. Nurses are often unwilling to support new nurses, which limits the number of mentors. Resentment, incivility, intimidation, and bullying can be devastating to the new nurse graduate.

Jakubik's Mentoring Benefits Questionnaire and Press-Ganey reports were reviewed to measure mentoring benefits. This was identified by the increase of patient satisfaction scores, increase staff satisfaction, and decrease the amount of RN turnover.

Implications to Nursing

Mentoring is a way to give back to the profession. It reinforces the nursing workforce, which in turn will improve quality care and patient outcomes. Mentoring also helps health care organizations to retain nurses that will improve nurse retention and nurse satisfaction.

Recommendations

Health care organizations need to implement early mentoring programs throughout the entire facility to aid new nurse graduates to succeed, improve the projected nurse shortage, and maintain quality patient care and outcomes.

Conclusion

The goal of this program was to decrease turnover of new nurses, successfully retain, and guide new nurses. Evidence from these types of programs has indicated an increase in staff and workplace satisfaction, which contributes to developing the next generation of nurses. New nurses are vital to the healthcare team; therefore interventions should be in place to empower the future generation.

References

- Blegen, M. A., Spector, N., Lynn, M. R., Barnsteiner, J., & Ulrich, B. (2017). Newly licensed RN retention: Hospital and nurse characteristics. *Journal of Nursing Administration* 47(10), 508-514, <https://doi.org/10.1097/nna.0000000000000523>
- Bong, H. E. (2019). Understanding moral distress: How to decrease turnover rates of new graduate pediatric nurses. *Pediatric Nursing*, 45(3), 109-114.
- Eliades, A. B., Jakubik, L. D., Weese, M. M., & Huth, J. J. (2016). Mentoring practice and mentoring benefit 3: Teaching the job and competence – an overview and application to practices using mentoring activities. *Pediatric Nursing* 42(4). 191-192.
- Eliades, A. B., Jakubik, L. D., Weese, M. M., & Huth, J. J. (2017). Mentoring practice and mentoring benefit 6: Equipping for leadership and leadership readiness – an overview an application to practice using mentoring activities. *Pediatric Nursing*, 43(1), 40.
- Cochran, C. (2017). Effectiveness and best practice of nurse residency programs: A literature review. *MedSurg Nursing* 26(1), 53-63.
- Jakubik, L. D. (2008). Mentoring beyond the first year: Predictors of mentoring benefits for pediatric staff nurse protégés. *Journal of Pediatric Nursing*, 23(4), 269-281.
- Jakubik, L. D., Eliades, A. B., Gavrilloff, C. L., & Weese, M. M. (2011) Nurse mentoring study demonstrates a magnetic work environment: Predictors of mentoring benefits among pediatric nurses. *Pediatric Nursing*, 26(2),156-164.
<https://doi.org/0.1016/j.pedn.2010.12.006>

- Jakubik, L. D. (2012). Development and testing of the Jakubik mentoring benefits questionnaire among pediatric nurses. *Journal of Nursing Measurement* 20(2),113-122. <https://doi.org/10.1891/1061-3749.20.2.113>
- Jakubik, L. D., Eliades, A. B., & Weese, M. M. (2016a). Part 1: An overview of mentoring practices and mentoring benefits. *Pediatric Nursing*, 42(1), 37-38.
- Jakubik, L. D., Eliades, A.B., Weese, M. M., & Huth, J. J. (2016b). Mentoring practice and mentoring benefit 1: Welcoming and belonging – an overview and application to practice using mentoring activities. *Pediatric Nursing*, 42(2), 84-85.
- Jakubik, L. D., Eliades, A.B., Weese, M. M., & Huth, J. J. (2016c). Mentoring practice and mentoring benefit 2: Mapping the future and career optimism – an overview. and application to practice using mentoring activities. *Pediatric Nursing*, 42(3), 145.
- Jakubik, L. D., Eliades, A.B., Weese, M. M., & Huth, J. J. (2016d). Mentoring practice and mentoring benefit 4: Supporting the transition and professional growth – an overview and application to practice using mentoring activities. *Pediatric Nursing*, 42(5), 252-253.
- Jakubik, L. D., Eliades, A. B., Weese, M. M., & Huth, J. J. (2016e). Mentoring practice and benefit 5: Providing protection and security – an overview and application to practice using mentoring activities. *Pediatric Nursing*, 42(6), 300-301.
- Jakubik, L. D., Weese, M. M., Eliades, A. B., & Huth, J. J. (2017). Mentoring in the career continuum of a nurse: Clarifying purpose and timing. *Pediatric Nursing* 43(3), 149-152.

- Institute of Medicine of the National Academies (IOM) (2010). The future of nursing: Leading change, advancing health. *The National Academies Press*, <https://doi.org/10.17226/12956>
- NSI Nursing Solutions. Retrieved June 12, 2020, from https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf
- Nurse Builders (2020). Retrieved March 14, 2020, from www.nursebuilders.net
- Walsh, A. L. (2018). Nurse residency programs and the benefits for the new graduate nurses. *Pediatric Nursing* 44(6), 275-279.
- Weese, M. M., Jakubik, L. D., Eliades, A. B., & Huth, J. J. (2015). Mentoring practices benefiting pediatric nurses. *Journal of Pediatric Nursing*, 30(2), 385-394. <https://doi.org/10.1016/j.pedn.2014.07.11>
- Williams, F. S. (2018). New nurse graduate residency mentoring: a retrospective cross-sectional research study. *Nursing Economic\$,* 36(3), 121-127.
- Verret, G., & Lin, V. (2016). Easing the transition: An innovative generational approach to peer mentoring for new graduate nurses. *Journal of Pediatric Nursing*, 31(6), 745-756. <https://doi.org/10.1016/j.pedn.2016.08.003>

Appendix A

Welcome Letter to Mentee

We are so happy that you are a member of our facility. In order to provide support, direction in your professional development and to be a resource for you work-life balance you have indicated an interest in participating the RN mentoring program. The mentor is not your preceptor who helps you with direct patient care or learning your job. Mentors are supportive, experienced nurses that will help you develop professionally, listen to your concerns and provide advice about how to handle situations that you may exposed to as a new nurse.

Please complete Mentor/Mentee Background information form. You will then matched with a mentor outside your practice area, who will also complete the background information form. Once a match is made, you will attend an information session and your mentor will be contact with you to facilitate your first meeting, which will be face-to-face.

Appendix B

Mentor/Mentee Background Information

Name: _____ Date of Birth: _____

Email: _____ Phone: _____

EDUCATION:

Date of Graduation: _____ Name of Institution(s): _____

Highest Nursing Degree: _____

Current Certification(s): _____

EXPERIENCE: Current work area and role: _____

Background: _____

What areas of nursing interest you the most? _____

PERSONAL:

Hobbies/Interests: _____

Favorite Food(s): _____

Favorite book/movies _____

How do you like to receive recognition? _____

How do you recharge? _____

Other interesting facts about you: _____

Best days and times to meet:

Appendix C

Monthly Meeting Agenda

Mentoring Meeting Agenda

Suggested topics for the first meeting using open-ended questions that will generate greater insight, clarity and/or new possibilities and learning.

1. What are your goals for professional development and lifelong learning?

2. How satisfied is the mentee with their role? Practice area? What strengths do they bring to their role?

3. What opportunities for self-care are you successful with? Where would you want to improve?

4. Tentative goals for the next meeting?
-

Next Meeting date and time _____