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New Graduate Nurses Experiences During Their Transition from Novice to Competent and How Mentorship Post Residency Affect Their Experiences

Kelsey N. Murphy
kels.murphy91@gmail.com

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New Graduate Nurses Experiences During Their Transition from Novice to Competent and How Mentorship Post Residency Affect Their Experiences

Kelsey Murphy
The University of Texas at Tyler School of Nursing
A Paper Submitted in Partial Fulfillment of the Requirements
For NURS 5382: Capstone
Kelsey Murphy
August 9, 2020
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Acknowledgements

I would like to take the time to thank each individual who has made this journey possible. Thank you to the entire faculty at The University of Texas at Tyler for mentoring me throughout the development of my project. I want you all to know that I appreciate your patience and flexibility during these turbulent times. I appreciate your willingness to be available at all times to answer questions and provide feedback. I would like to thank my parents for all of their support during my baccalaureate and graduate studies. Without your contributions, I am not sure this would have been possible. To my husband, thank you for being supportive and always willing to proofread my work. Lastly, thank you to the UT Health System for your willingness to grow and embrace evidence based change.
Executive Summary

Staffing competent nurses in specialized areas poses a unique challenge to hospitals across the country. Competent and experienced RNs are leaving the bedside for a multitude of reasons including dissatisfaction in workplace environment, retirement, and hospitals are facing a shortage of skilled nurses in acute care (Valdez, 2008). To address this growing concern and meet increasingly complex health care demands, hospitals are relying on nursing schools to produce competent graduate nurses (GNs) (Valdez, 2008). Hospitals recruit and hire GNs for highly specialized roles in acute care areas despite the stressors accompanied with these roles. Clinical educators have the opportunity to address feelings of inadequacy, ill support, and disillusionment experienced by GNs by implementing a post-residency mentorship program to support GNs during their transition from novice to competent.

The current practice at UT Health Tyler is to have new graduates complete a hybrid nursing residency program. This program includes an eight-week didactic course, hands on skills training, and a preceptorship program. Despite this education and orientation period, UT Health still experiences increased turnover rates among newly graduated nurses. While the residency program provided is a great place to start, there are certainly opportunities for improvement. Upon completion of the residency program, new nurses feel a sense of anxiety associated with the stress of independent practice. The addition of a mentoring component to nursing residency programs has shown to increase confidence and decrease turnover rates. This is why it is important to review, among nursing graduates who participate in residency programs how does the addition of post residency mentorship versus no post-residency mentorship affect their
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confidence and clinical competency in independent practice within three months of residency graduation.

1. Rationale for the Project

Retention of competent and satisfied nursing staff has been a growing concern nationwide. Retention is an even larger problem in specialty areas such as, the intensive care unit (ICU). The complex patient population in the ICU leads to an even higher turnover rate for example, up to 30% of staff at a tertiary hospital left their position within their first year of practice (Vergara, 2017). Data collected from exit interviews and employees files reveal that the complex patient population and advanced clinical skills required to excel in the ICU is one reason why nurses left their position (Vergara, 2017). The Institute of Medicine’s (2011) Future of Nursing: Leading Change, Advancing Health Report revealed that transition to practice programs for newly licensed nurses improved overall retention rates (Windey, 2016).

Additionally, hospital-based mentorship programs result in decreased turnover rates and increase in staff satisfaction (Vergara, 2017). It is clear that additional support is required to facilitate success and confidence in the newly licensed nurse during his or her transition to professional practice (Brook, et. al, 2019). The available literature reveals that mentorship is a successful intervention to address the growing retention problem. Mentorship is applicable for the newly licensed nurse and the experienced nurse transitioning to a specialized area. The additional support, trust, and guidance gleaned from the mentor/mentee relationships will produce stronger bedside nurses (Williams, Scott, Tyndall, & Swanson, 2018). Mentorship fosters trusting and lasting relationships among team members. This newly formed trust will result in a positive work environment. Nursing mentorship after residency graduation will be
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delivered through a group-mentoring format. In addition to group mentoring, one-on-one sessions may be provided to those who need additional support.

1.1 Project Goals

The goal of this Benchmark Study was to highlight an opportunity for improvement to UT Health Tyler’s current nursing residency program through the addition of a mentor component. The proposed change and supporting evidence will be brought to councils at the unit level and then to nursing leadership for approval. Based on data gleaned from a literature review, adding a mentor component to orientation is a reasonable goal. Findings or increased retention, confidence, and competence were regularly noted in the literature and are a metric upon which practical change may be implemented. The goal of this project is to illuminate the value nursing mentorship on new graduate’s transition to independent practice. The hope is that with the additional support mentorship provides UT Health Tyler will have a decreased turnover rate and increased staff satisfaction. Ideally, the impact of mentorship on new graduates will be evaluated on a weekly basis during the initial phase of implementation. In future cohorts, mentees and mentors will have regular meetings with their leaders discussing the impact of mentorship on the proposed metrics of change. An additional goal for this project is to elevate staff morale and relationships throughout the mentorship period.

2. Literature Discussion to Support Project

A comprehensive literature review was conducted regarding new nurses’ experiences during their transition from academia to practice. In reviewing the literature regarding comprehensive residency programs and mentorships, multiple studies were found to have benefits with regards to implementation. The search strategy utilized several key terms such as
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“new nurse”, “preceptor”, and “residency”, “mentorship”. Unfortunately, there is a limited amount of randomized controlled studies on new nurses’ transition from novice to competent. This lack of higher evidence leads the researcher to rely on the plethora of qualitative evidence and the majority of qualitative systematic reviews and limited quantitative systematic reviews available on the topic.

Nurse residency programs (NRPs) are created with the intention of decreasing stress, increasing socialization among new graduates, promoting patient safety, and increasing clinical competency/job satisfaction (Williams, Scott, Tyndall, & Swanson, 2018). However, there is a great variability in the structure, strategy, and intervention used in orientation programs in the United States (Williams, Scott, Tyndall, & Swanson, 2018). Preceptorship is a common theme among almost all NRPs but mentorship is seen in only 39.4% of U.S. residency programs (Williams, Scott, Tyndall, & Swanson, 2018). The focus of this retrospective cross-sectional study was to further examine one-to-one and group mentorship as an element of nurse residencies (Williams, Scott, Tyndall, & Swanson, 2018). One-to-one mentoring can be defined as a single mentor per new nurse whereas, group mentoring is a single mentor for a group of new nurses (Williams, Scott, Tyndall, & Swanson, 2018). In relation to NRPs, mentoring correlates with higher new graduate satisfaction rates, decrease turnover among new nurses, enhanced competencies, and promotes further career planning (Williams, Scott, Tyndall, & Swanson, 2018). Mentoring is shown to have positive results but is time intensive and mentees and mentors must work together to avoid scheduling problems (Williams, Scott, Tyndall, & Swanson, 2018). One-to-one mentoring was more helpful than group mentoring and was noted to help the new graduate transition to practice ($p<0.001$), assist with professional development ($p<0.001$), and help with stress management ($p<0.001$) (Williams, Scott, Tyndall, & Swanson, 2018). While
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one-to-one mentoring shows positive results, it is difficult to implement due to high costs and organizations favor group mentoring instead (Williams, Scott, Tyndall, & Swanson, 2018).

Specialized areas such as critical care, can often be more difficult for the new graduate during their transition from novice to competent (Innes & Calleja, 2018). Therefore, an integrative review was conducted to determine what transition programs best support new graduates while improving their clinical competencies and confidence (Innes & Calleja, 2018). Multifaceted programs that included a resource nurse, positive workplace environment, socialization of the new graduate, comprehensive knowledge acquisition through a variety of programs, a formal orientation, and clinical rotations yielded positive results such as increased retention and clinical competencies (Innes & Calleja, 2018). Knowledge acquisition can be accomplished through several pathways including simulation labs, competency learning packages, classroom and clinical learning, preceptorship, and mentorship (Innes & Calleja, 2018). If educators pursue mentorship it should be noted that the mentor-mentee relationship should be fostered for six to nine months to maximize transition (Innes & Calleja, 2018). Another transition strategy relies on a designated resource individual such as a mentor plus a preceptor (Innes & Calleja, 2018). The preceptor works with the GN clinically and the mentor is often a senior nurse who provides guidance and emotional support (Innes & Calleja, 2018). Of note, mentors tend to believe the GN showed significant improvement post residency while preceptors only perceived a slight improvement in the GN’s clinical skills (Innes & Calleja, 2018). Mentors helped GN’s navigate their difficult work environment, they gave realistic expectations regarding nursing, and shared their experience within the unit (Innes & Calleja, 2018). Becoming a mentor was synonymous as becoming a role model therefore despite the increased workload mentors were content in their role (Innes & Calleja, 2018).
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Variety in orientation programs, dissatisfaction in the workplace, and stressful experiences felt by GN’s during their orientation period is a common reason for exiting the profession (Pasila, Eto, & Kaariainen, 2017). This systematic review of qualitative studies uncovers the impact variation in orientation and preceptorship have on GN’s at the beginning of their career and how to improve their experience (Pasila, Eto, & Kaariainen, 2017). Orientation and preceptorship are two ways to support new graduates, increase self-assurance, competence, and satisfaction within the profession (Pasila, Eto, & Kaariainen, 2017). Preceptorship is regularly confused with mentorship, a preceptor is typically a term for a staff member who works as a role model for GN’s and helps facilitate the transition process (Pasila, Eto, & Kaariainen, 2017). A mentorship is often longer than preceptorship and the process of mentoring continues after the individual completes orientation (Pasila, Eto, & Kaariainen, 2017). GN’s suggestions for improvement to their orientation program include developing a mentorship program post residency (Pasila, Eto, & Kaariainen, 2017). GN’s envision fostering the relationship with their preceptor in the form of mentorship (Pasila, Eto, & Kaariainen, 2017). This systematic review highlights the benefits of mentoring programs to GN’s through decreasing turnover, cost effectiveness, increased job satisfaction, and nursing competence (Pasila, Eto, & Kaariainen, 2017).

Nursing shortages are not uncommon and have been noted to be a central issue in healthcare worldwide (Brook et. al, 2019). A systematic review was undertaken to determine the best retention strategies for GNs in their early careers. Evidence proves that NRPs are helpful, but the addition of a teaching mentor component seems to aid with retention (Brook et. al, 2019). To yield the best results educators should implement NRPs that are 27-52 weeks in length and then add a teaching or mentorship program (Brook et. al, 2019). In this instance a mentorship can
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be defined as a relationship between a mentor and mentee that is nurturing, enduring and will assist with the transition into the workplace (Brook et. al, 2019). Mentor model vary in structure and format, they can be individual, group, peer, or even online mentoring was used (Brook et. al, 2019). The various programs used in this study produced a decrease in turnover from 10-18% (Brook et. al, 2019). Characteristics of a successful transition program include mentorship plus preceptorship (Brook et. al, 2019), therefore organizations have a responsibility to GNs to provide them with the best opportunities.

Mentoring through quality preceptors is a theme seen throughout this qualitative literature review. Valdez (2008) displays the importance of the mentor-mentee relationship as a “defining factor in the development of self-confidence and clinical competence” (p. 438). Three factors were shown to improve GN assimilation in acute care and these were: maintaining the integrity of preceptor selection so that only willing and effective preceptors/mentors were chosen, pairing GNs with mentors who facilitated positive learning and social environments, and ensuring that GNs had adequate time with consistent preceptors to foster a worthwhile relationship (Valdez, 2008). The theme of social support expanded upon the mentoring theme and revealed several facilitators associated with the GNs’ ability to acclimate to acute care. Valdez identifies the importance of the preceptor/mentor and preceptee relationship and why GNs require intense support during their transition from novice to competent nurse (2008).

Hickey (2009) makes several recommendations for successful implementation in a hospital setting. First, clinical educators should develop a structured preceptor training program that addresses individual learning styles and appropriately provides feedback (Hickey, 2009). Second, educators and preceptors must facilitate learning by understanding their own style of
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learning and then accommodating the preceptee (Hickey, 2009). Hickey (2009) suggests constructing a “learning booklet” with resources and common diagnoses for preceptee and/or preceptors as another tool for success. Third, Hickey (2009) reminds us that is critical to “ensure administrative commitment and support” (p. 40). Finally, Hickey (2009) implores the reader to recall that “uneasy feeling” as a new staff member and encourages senior nurses’, educators, and preceptors to “nurture new members and help ease the transition” (p. 40).

Ya-Ting et. al (2017), makes use of a systematic review to uncover “effects of preceptorship on new nurses’ competence, professional socialization, job satisfaction, and retention” (p. 2296). The articles chosen for final analysis were one randomization control trial, one-quasi experimental study, and four observation studies (Ya-Ting et. al, 2017). Two independent appraisers reviewed each article utilizing standardized critical appraisal tools from the Joanna Briggs Institute (Ya-Ting et. al, 2017). The consistency among the reviewers was high and correlated between the articles reviewed as displayed with the Kappa value of 0.644 (p < .0001) (Ya-Ting et. al). Ya-Ting et. al, purports that “preceptorship significantly improved nursing competence, but had no effect on professional socialization, job satisfaction and retention rates among new nurses”. Increased competence after preceptorship was a consistent finding among the literature. Ya-Ting et. al, further encourages a mentorship model reflecting a one-on-one relationship between the preceptor and preceptee for three months. Therefore, this systematic review is clear that preceptorship is helpful for new nurses’ to fine-tune their competencies but a three-month mentorship model would be of most benefit to these young professional nurses.

To facilitate the transition from student to newly qualified nurse a systematic review method was used to uncover support strategies and interventions necessary for success. This
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systematic review (N=30) focused on newly graduated nurses in their first year of practice. Of interest were articles that included mentorship programs, preceptorship programs and hybrid programs that bridge the gap between clinical and didactic material (Edwards et. al, 2015). Edwards et. al, (2015) found in three out of sixteen studies that preceptorship programs ranging from three to six months in length were effective. In contrast, mentorship programs lasting six months were found to decrease the stress felt by new nurses (p<0.001) and mentors were seen as supportive individuals (p<0.001) (Edwards et. al, 2015). Mentorship was found to help reduce the reality shock that is often felt by new nurses during their transition into practice (Edwards et. al, 2015). Although formal transition models were found to be important, this systematic review “highlights that the type of support strategy is less important. It is the focus upon and investment in easing new graduate nurses’ transition by organizations that is important, rather than simply leaving them to acclimatize to their new role themselves” (Edwards et. al, 2015).

To encourage successful transition of GNs an effective mentorship program was studied via the systematic review process, subsequently, it was determined that mentors undergo rigorous selection and training (Zhang et. al, 2016). Characteristics mentors should employ include experience, faithfulness to the novice, responsibility as a role model, supportive nature, and open communicator (Zhang et. al, 2016). Mentor selection is crucial to the mentorship program’s success because mentors facilitate the GNs transition from novice to competent (Zhang et. al, 2016). Successful mentor programs included mentors who had at least three years of experience, were interested in mentoring, and strong clinical/communication skills (Zhang et. al, 2016). Selected mentors participated in a comprehensive training program which included mentorship roles, socialization, reality shock, stress management, conflict resolution, clinical nursing skills, and mentor development (Zhang et. al, 2016). Lastly, the mentor-mentee
relationship cannot be ignored. The key to a successful mentoring program is an appropriate match between two individuals (Zhang et. al, 2016). Regular meetings between mentors/mentees is important but more research is needed with regards to determine matching methods (Zhang et. al, 2016).

3. Identification of Key Stakeholders

Successful implementation of mentorship in nurse residency programs is dependent on a multidisciplinary collaboration. It is imperative to identify all key stakeholders to facilitate a sustained practice change. Key stakeholders that were identified as project participants at UT Health Tyler include experienced bedside nurses, nurses within their first year of practice, student nurses, nurse educators, nurse leaders, and physicians. After identification of stakeholders, a need for regular multidisciplinary meetings was noted. Gathering all stakeholders early in project development will aide in planning, implementation, evaluation, and identification of barriers. A well-rounded team has the opportunity to discuss strengths and barriers to implementation from multiple departments. Regular communication among project stakeholders is an important factor in relationship building. An additional stakeholder for this project is the hospital itself. UT Health Tyler has a stake in the project because staff retention and satisfaction has a large financial impact.

4. Proposed Implementation Plan

The critical care residency at UTHET is a hybrid program that offers classroom and clinical education for new graduate nurses with no critical care experience. GNs in UTHET’s residency complete didactic material concurrently with clinical experiences on assigned units. Clinical educators at UTHET pair GNs with preceptors based on personality commonalities and
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preceptor experience, if possible. Based on the data from the literature review the goals for implementation of a mentorship program to supplement NRPs are to ease the transition from novice to competent, increase retention among new graduates, and increase confidence/competencies (Valdez, 2008). The characteristics of the mentorship program include meticulous mentor selection, rigorous mentor training/education, mentor/mentee matching when possible, and frequent meetings between mentors/mentees (Zhang et al, 2016).

4.1 Goals for Implementation

Based on the data from the literature review the goals for implementation of a mentorship program to supplement NRPs are to ease the transition from novice to competent, increase retention among new graduates, and increase confidence/competencies (Williams, Scott, Tyndall, & Swanson, 2018). The characteristics of the mentorship program include meticulous mentor selection, rigorous mentor training/education, mentor/mentee matching when possible, and frequent meetings between mentors/mentees (Zhang et al, 2016).

4.2 Implementation Planning

To successfully implement a new nurse mentorship program post residency completion, there must be extensive planning beforehand (Innes & Calleja, 2018). This planning includes developing a multidisciplinary team to brainstorm if the initiative is warranted and would be successful in their respective organization. Team members should be included from the following disciplines: bedside nurses, physicians, preceptors, and clinical educators. A well-rounded team has the opportunity to discuss strengths and barriers to implementation from multiple departments.
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GNs at UT Health East Texas (UTHET) are enrolled in a six-month NRP, which includes didactic, clinical, and simulation material. This program is often sufficient but could be more comprehensive if a mentorship program was added post residency therefore, a change initiative will be proposed. The site for the proposed change initiative will be within the critical care department at UTHET. The current practice is rotational where GNs are placed in cohorts as they progress through their six-month residency program. To determine whether a mentorship program is warranted, a Likert type survey will likely yield the best results. Questions regarding GNs confidence/competency post-residency, and the addition of a mentor program will be asked. The results from the survey would be of importance to the potential stakeholders which include critical care managers/directors, unit-based educators, potential nursing mentors, and GNs, as they would benefit most from implementation of a mentorship program. Evidence-based practice is the cornerstone of change at UTHET, especially in critical care. To encourage a practice change, the results of the survey and the literature review should be professionally presented to the gatekeepers or nursing leadership in the organization. To successfully implement change, the proposal must first be presented to the nurse practice council. If our nurse practice council votes to implement a practice change then the next step is the evidence-based council, whose purpose is review innovative ideas and present them to the nursing leadership. Permission will be sought from nursing leadership such as clinical directors from critical care units. Once permission is obtained at the unit level, the change initiative will proceed to the chief nursing officer for approval.
5. Evaluation Design

Mentees will be evaluated monthly to determine the GNs progress and follow the outcomes of the change project. The evaluation will mimic the current process which is a hybrid evaluation form between the GN and preceptor, although this change will eliminate the preceptor and add a mentor. The GN performs a self-evaluation bi-weekly on their clinical, critical thinking, and time management progress. Then the mentor will also evaluate the mentee on the same topics. The pair will then sit down and go over opportunities for improvement and areas in which the mentee excels. To determine if the program was successful mentors will be asked if they believe the mentorship program was engaging, provided a space for continual professional growth and suggestions for improvement. To collect this data from mentees a survey will be developed via SurveyMonkey and then emailed to the mentee post-mentorship. This data will be used to determine if the change had a positive impact on the organization. A contingency plan could be modifying the current critical care residency program to include mentoring, adjusting preceptor education to include mentorship, and providing education on the topic house wide to increase awareness.

6. Timetable/Flowchart

To implement a critical care mentorship program post-residency at UTHET, first an interdisciplinary team would need to be established and individual roles and responsibilities set. The proposed outline will be based upon weekly meetings among stakeholders. This is a fluid outline and may be changed based upon survey data or feedback from participants.
<table>
<thead>
<tr>
<th>Week 1</th>
<th>A gap in the orientation process was identified. Subsequently, a survey will be conducted among GNs to determine the effectiveness of the current NRP via SurveyMonkey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 2</td>
<td>Initial staff survey sent out to bedside nurses, nurses within one year of practice, clinical educators, and physicians. Response rate will be tracked</td>
</tr>
<tr>
<td>Weeks 3-4</td>
<td>Data from surveys is extracted and presented to multidisciplinary team to determine if a change is warranted. If the proposed change is needed the team will proceed to develop a mentorship program following the ARCC model.</td>
</tr>
<tr>
<td>Weeks 5-6</td>
<td>Mentor selection is crucial to the mentorship program’s success because mentors facilitate the GNs transition from novice to competent (Zhang et. al, 2016). Successful mentor programs included mentors who had at least three years of experience, were interested in</td>
</tr>
</tbody>
</table>
mentoring, and strong clinical/communication skills (Zhang et. al, 2016).

<table>
<thead>
<tr>
<th>Weeks 7-8</th>
<th>Selected mentors participated in a comprehensive training program which included mentorship roles, socialization, reality shock, stress management, conflict resolution, clinical nursing skills, and mentor development.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>On-going Evaluations Through Weekly Meetings, if Possible</th>
<th>The key to a successful mentoring program is an appropriate match between two individuals (Zhang et. al, 2016) Mentor/mentee match would be based on personality commonalities and regular meetings to foster and nurture their relationship would be best, if feasible.</th>
</tr>
</thead>
</table>

7. Data Collection Methods

Data collection and methods of evaluation will be monitored throughout the project to determine if it is effective. One strategy to gauge effectiveness is to evaluate mentees monthly to determine their progress and outcome related to the mentorship program. The evaluation could be a face-to-face meeting with the mentee, mentor, and clinical educator. Prior to meeting, the GN should conduct bi-weekly self-evaluations including their progress on clinical, critical
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thinking, and time management skills. During the monthly meetings the pair can go over successes and opportunities for improvement.

To determine if the program was successful, mentors will be asked if they believe the mentorship program was engaging, provided a space for continual professional growth, and suggestions for improvement. To collect the data from mentees a survey will be developed via Survey Monkey and then emailed to the mentee post-mentorship. This data will be used to determine if the change had a positive impact on the organization.

8. Cost/Benefits

The implementation of mentorship in addition to nursing residency programs can be achieved in a resource efficient manner with minimal cost incurred by the organization. Barriers associated with this change initiative are minimal as this project would be an addition to the current critical care residency program. Some foreseen barriers would be resistance to change, limited educational budgets, and minimal staff participation. Innovative ideas to eliminate pushback include positive presentation of mentorship evidence at various unit-based council meetings, skills fairs, flyers posted in units, and incentive for participation. Resources needed to enact this change will be relatively minimal and include office supplies to develop advertising materials, supplemental education via NetLearning to inform staff of a practice change, and participation from willing senior nursing staff to become mentors. The associated cost with this practice change will be on-going as staff will be need to be compensated as mentors. The current preceptor pay is $1.00 per hour in addition to hourly pay. Training GNs unnecessarily due to burnout, dissatisfaction, increased stress, and ultimately increased turnover can cost an organization up to $120,000 per nurse, (Van Camp, Chappy, 2017) therefore, initiating a mentor
program will benefit the organization over time. To implement this change proposal a team of willing and innovative bedside nurses and educators will be needed.

9. Overall Discussion

Discussion surrounding the addition of a mentorship component to nursing residency programs is somewhat limited at this time due to the nature of a benchmark study. Despite this, there is a high level of intrigue and excitement surrounding the proposed change. Nursing leadership has been apprised of the project’s potential to reduce turnover and increase satisfaction among new graduate nurses. Feedback received from various stakeholders for the project including bedside nurses, new graduate nurses, and clinical educators has been positive. In addition to positive feedback from those at the frontline, the director of nursing education has expressed desires to implement the project. Implementing an evidence-based change is often a difficult and daunting task. However, based on early discussions with various stakeholders the goals of the project seem feasible. With collaboration among a multidisciplinary team, the addition of a mentorship component can be achieved.

Conclusion/Recommendation

The role of a nursing mentor was revealed to help facilitate the GNs transition from novice to competent (Zhang et. al, 2016), assist with professional development, and help with stress management (Williams, Scott, Tyndall, & Swanson, 2018). Mentorship has the opportunity to provide the GN with essential skills necessary for independent practice. A strong mentorship program has the potential to effect new nurses’ confidence, competence, clinical judgement, and critical thinking skills. Mentor selection and participation is a crucial factor to
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success in the project. Characteristics mentors should employ include experience, faithfulness to the novice, responsibility as a role model, supportive nature, and open communicator (Zhang et. al, 2016). Mentor selection is crucial to the mentorship program’s success because mentors facilitate the GNs transition from novice to competent (Zhang et. al, 2016). A mentorship program to supplement the current NRP will be recommended to gatekeepers at UTHET. To achieve optimal results, the mentorship component should be at least three months with the option to extend as necessary. With the constant flux of GNs in critical care at UTHET and the increasingly stressful environments they are working in, mentorship post-residency provides a stable and effective method for increasing retention and GN satisfaction.
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## Appendix

### Evaluation Table

<table>
<thead>
<tr>
<th>Citation: (i.e., author(s), date of publication, &amp; title)</th>
<th>Conceptual Framework</th>
<th>Design/Method</th>
<th>Sample/Setting</th>
<th>Major Variables Studied and Their Definitions</th>
<th>Measurement of Major Variables</th>
<th>Data Analysis</th>
<th>Study Findings</th>
<th>Strength of the Evidence (i.e., level of evidence + quality [study strengths and weaknesses])</th>
</tr>
</thead>
</table>
| Author, Year, Title                                     | Theoretical basis for study Qualitative Tradition | Number, Characteristics, Attrition rate & why? | Independent variables (e.g., IV1 = IV2 =) Dependent variables (e.g., DV =) | What scales were used to measure the outcome variables (e.g., name of scale, author, reliability info [e.g., Cronbach alphas]) | What stats were used to answer the clinical question (i.e., all stats do not need to be put into the table) | Statistical findings or qualitative findings (i.e., for every statistical test you have in the data analysis column, you should have a finding) | • Strengths and limitations of the study  
• Risk or harm if study intervention or findings implemented  
• Feasibility of use in your practice  
• Remember: level of evidence (See Melnyk & Finout-Overholt, pp. 32-33) + quality of evidence = strength of evidence & confidence to act  
• Use the USPSTF grading schema [http://www.ahrq.gov/clinic/3rduspstf/ratings.htm](http://www.ahrq.gov/clinic/3rduspstf/ratings.htm) |
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<table>
<thead>
<tr>
<th>None Stated</th>
<th>Systematic Review</th>
<th>N=6, (one randomized control study, one quasi-experimental study, and four observation studies)</th>
<th>IV= New Nurse</th>
<th>DV1= Effects of preceptorship on:</th>
<th>Competence: cronbach’s alpha</th>
<th>Cronbach’s Alpha: A statistical test that measures internal consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>None stated</td>
<td>Descriptive Study</td>
<td>N=62 Participants were all preceptors</td>
<td>Mean experience=11 years</td>
<td>DV2: Competence, job satisfaction, socialization, and retention</td>
<td>Satisfaction: cronbach’s alpha</td>
<td>Cronbach’s Alpha: A statistical test that measures internal consistency</td>
</tr>
<tr>
<td>None stated</td>
<td>Systematic Review</td>
<td>N=30 RCT: n=1</td>
<td>IV1= Newly Graduated Nurse (NGN)</td>
<td>DV= Preceptors’ perception of NGN’s strengths and weaknesses</td>
<td>Socialization: 5 point rating scale</td>
<td>Cronbach’s Alpha: A statistical test that measures internal consistency</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The Schwirian’s Six-Dimensional</td>
<td>Paired t-tests measured preceptors’ responses to the anonymous survey</td>
<td>T-Tests yielded statistically significant results of p &lt; .001</td>
<td>Cronbach’s Alpha: A statistical test that measures internal consistency</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Likehart scale: a type of scale that allow researchers to rate findings on a summation of scores</td>
<td>Likehart scale: a type of scale that allow researchers to rate</td>
</tr>
</tbody>
</table>

Strengths: articles were manually selected from five databases systematically to decrease bias

Limitations:
English and Chinese databases were used which could have limited search results
Assignments were not random and participants were not blinded which could have led to selection bias
Most of the results were from observational studies which limited the researcher’s ability to synthesize the data for meta-analysis

Strengths:
This study highlighted view from preceptors.
Data collection was anonymous
The results can be used by multiple disciplines to improve outcomes of NGN’s

Limitations:
Little research has been done prior to this study from the perspective of preceptors
The findings from this study are from one anonymous survey at one teaching hospital

Strengths: Reinforces strategies to support NGN’s in their transition from student to competent practicing nurse
### NEW GRADUATE NURSES EXPERIENCES


<table>
<thead>
<tr>
<th>Study Type</th>
<th>Number of Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quasi-experimental</td>
<td>n=2</td>
</tr>
<tr>
<td>Pre-posttest</td>
<td>n=1</td>
</tr>
<tr>
<td>Non-experimental descriptive correlation study</td>
<td>n=1</td>
</tr>
<tr>
<td>Comparative intervention study as part of an action research project</td>
<td>n=1</td>
</tr>
<tr>
<td>Descriptive comparative surveys</td>
<td>n=3</td>
</tr>
<tr>
<td>Cross-sectional descriptive studies</td>
<td>n=2</td>
</tr>
<tr>
<td>Longitudinal studies</td>
<td>n=8</td>
</tr>
<tr>
<td>Mixed methods</td>
<td>n=1</td>
</tr>
<tr>
<td>6-year evaluation study</td>
<td>n=1</td>
</tr>
<tr>
<td>Retrospective study</td>
<td>n=1</td>
</tr>
</tbody>
</table>

**Dependent Variables (DV):**
- Support strategies to assist NGN
- Mentorship/preceptorship
- Residency/Internship
- Skills lab
- Scale of Nursing Performance
- California Critical Thinking Skills Test
- Clinical Stress Questionnaire (Pagana)

**See Table 1** findings on a summation of scores

- Highlights that the type of support is less important, it is better to focus on the transition and ensure the process is smooth.
- Highlights that well-organized and structured programmes have better outcomes with regard to retention.

**Limitations:**
- Only English studies were included.
- Validity was limited due to the types of studies included.
## NEW GRADUATE NURSES EXPERIENCES

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Descriptive case studies: n=8</td>
</tr>
<tr>
<td>IV= Newly graduated nurses orientation experiences</td>
</tr>
<tr>
<td>DV1= experiences related to orientation arrangement</td>
</tr>
<tr>
<td>DV2= experiences related to preceptor</td>
</tr>
<tr>
<td>DV3= experiences related to role transition</td>
</tr>
<tr>
<td>DV4= suggestions for change</td>
</tr>
<tr>
<td>PRISMA 2009 Qualitative Assessment and Review Instrument (QARI)</td>
</tr>
<tr>
<td><strong>See Table 3</strong></td>
</tr>
<tr>
<td>Williams, Felecia S., Scott, Elaine S., Tyndall, Deborah E., &amp; Swanson, Melvin. (2018). New Nurse</td>
</tr>
<tr>
<td>None Stated</td>
</tr>
<tr>
<td>Systematic Review</td>
</tr>
<tr>
<td>N=13</td>
</tr>
<tr>
<td>N=6, from USA, N=3 from Australia, N=1 from Oman, N=1 from Japan, N=1 from Ireland, N=1 from Canada</td>
</tr>
<tr>
<td>All participants were newly graduated nurses</td>
</tr>
<tr>
<td>All participants had &lt;2 years</td>
</tr>
<tr>
<td>IV= Nursing residency programs</td>
</tr>
<tr>
<td>DV1= one-on-one</td>
</tr>
<tr>
<td>Versant Evaluation of the RN Residency</td>
</tr>
<tr>
<td>Mentoring Helped in Transition to Practice &lt;0.001</td>
</tr>
<tr>
<td>PRISMA= Preferred Reporting Items for Systematic Reviews and Meta-Analyses</td>
</tr>
<tr>
<td><strong>Strengths</strong>: This study highlights the view from new graduates regarding their orientation including negative perspective and suggestions for improvement.</td>
</tr>
<tr>
<td>Reinforces the role of the preceptor and solidifies the need for preceptor training.</td>
</tr>
<tr>
<td>This study is a systematic review.</td>
</tr>
<tr>
<td><strong>Limitations</strong>:</td>
</tr>
<tr>
<td>Research was conducted by two researchers and therefore bias could have been inferred.</td>
</tr>
<tr>
<td>An information specialist was used when searching the data to avoid language limitations and help in determining which studies should be eliminated.</td>
</tr>
<tr>
<td>Although the specialist was used, the researchers admit they may have missed some search terms during their search.</td>
</tr>
</tbody>
</table>

**Strengths**: This study highlights the benefits of mentors. 
- This study has a large sample size at 3,384 

**Limitations**: 
- None Stated

**Strengths**: This study highlights the benefits of mentors. 
- This study has a large sample size at 3,384

**Limitations**: 
- None Stated
# NEW GRADUATE NURSES EXPERIENCES

**Graduate Residency Mentoring: A Retrospective Cross-Sectional Research Study**

Nurse residency programs.

*Nursing Economics, 36(3), 121-127.*

**Zhang, Yuanyuan, Qian, Yan, Wu, Juejin, Wen, Fule, and Zhang, Yaqing.**


**Innes, and Calleja.** "Transition* None stated

**Systematic Review**

<table>
<thead>
<tr>
<th>IV: Mentoring program</th>
<th>DV: Effectiveness of mentoring programs</th>
<th>Two reviewers used criteria recommended in the Joanna Brigg’s Reviewer’s Manual</th>
<th>Most studies included are methodological quality level B</th>
<th>The methodological quality levels of the included studies were ranked as level B, which implies that limited high-quality randomized controlled trials exist.</th>
</tr>
</thead>
</table>

| N=9, (7 English, 2 Chinese) | | | | |
| All studies were published between 2001-2014 | | | | |
| Most studies were Quasi-experimental Plus, one RCT | | | | |

| N=25, GN’s w/in their mentoring programs | | | | |

| IV= Graduate Nurse | | | | |

**Comfortable to very uncomfortable was used**

**One-on-one mentorship can be costly to an organization**

- Group mentorship has benefits in stress reduction but more research is needed in the area of clinical competencies

**Strengths:**

- This is a systematic review
- This SR shows how effective mentoring programs can be

**Limitations:**

- Articles from only Asian and the United States were included potentially limiting findings
- Only quasi-experimental studies and one RCT were included
## NEW GRADUATE NURSES EXPERIENCES

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Valdez, A. (2008). Transitioning from Novice to Competent: What Can We Learn From the Literature About Graduate Nurses in the</td>
<td>Patricia Benner’s: From Novice to Expert</td>
</tr>
<tr>
<td>Integrative Review</td>
<td>Literature Review</td>
</tr>
<tr>
<td>-Literature review conducted between: March-June 2007 -Utilized the following databases: Medline, CINAHL, SCOPUS, ProQuest</td>
<td>-DV1= designated resource person (mentor) -DV2= positive workplace culture -DV3= socialization -DV4= Enabling knowledge and skill acquisition -DV5= Orientation</td>
</tr>
<tr>
<td>Independent Variables</td>
<td>No Cronbach alphas test noted</td>
</tr>
<tr>
<td>-Assimilation (facilitators of success) IV1=Mentoring IV2=Social support IV3=Orientation Process</td>
<td>No Cronbach alphas test noted</td>
</tr>
<tr>
<td>Pre-test and post-test design Self-assessment questionnaire (knowledge, competence, confidence)</td>
<td>No Cronbach alphas test noted</td>
</tr>
<tr>
<td>Knowledge and skill acquisition were achieved by various aspects including simulation, repetition of skills, preceptorship, mentorship, skill-based programs, and NRPs.</td>
<td>Noble and Hare’s meta-ethnographic comparative review</td>
</tr>
<tr>
<td>This method allows the reviewer to analyze &amp; make new interpretations (p. 437).</td>
<td>Noble and Hare’s meta-ethnographic comparative review</td>
</tr>
<tr>
<td>Strengths: This article provides a pathway for transition for GNs that includes multiple support strategies</td>
<td>Level of evidence: level VII Expert opinion</td>
</tr>
<tr>
<td>This article highlights the importance of a designated support person whether it be a mentor or a preceptor.</td>
<td>Strengths: Preceptors/mentors have profound impact on GN during transition, Must ensure adequate preparation/training/desire for preceptors, Importance of mentor-mentee relationship in GN experience, Importance of nurse manage role in addressing GN stressors, Return investment on nurse residency programs</td>
</tr>
<tr>
<td>Limitations: English articles were only included potentially limiting relevant information</td>
<td>Limitations: Improved collaboration within academic and hospital settings Joint partnerships</td>
</tr>
</tbody>
</table>

### Summary
- **Support for New Graduate and Novice Nurses in Critical Care Settings**
  - An integrative review of the literature.
  - Focuses on the experiences of new graduate nurses.
  - Importance of a designated support person (mentor).
  - Includes various aspects for skill acquisition.

### Methodology
- **Literature Review**: Conducted between March-June 2007.
- Databases: Medline, CINAHL, SCOPUS, ProQuest.
- **Variables**
  - Independent Variables: Assimilation (facilitators of success).
  - Dependent Variables: Mentoring, Social support, Orientation Process.

### Findings
- Knowledge and skill acquisition achieved through various aspects.
- Importance of preceptorship, mentorship, skill-based programs, and NRPs.
- Self-assessment questionnaire used for pre-test and post-test.

### Strengths
- Provides a pathway for transition for GNs.
- Highlights the importance of a mentor or preceptor.

### Limitations
- English articles only included, potentially limiting relevant information.

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**Note:**
- Table 1 is referenced and might contain further details.
- Patricia Benner and Nobles and Hare's methodological approaches are referenced.
NEW GRADUATE NURSES EXPERIENCES

| Dissertation Database | DV1=work environment DV2=stress and frustration DV3= inadequate preparation | between Universities & hospitals, Identify gaps between experience and preparation, Provide a forum to discuss education at pre and post licensure levels, Risks: none noted Feasibility of use: easy to implement, |

Legend: GN= Graduate nurse, NQN= Newly Qualified Nurses, ICU= Intensive Care Unit, CTMF= Christus Trinity Mother Frances, MI/SICU= Medical and Surgical Intensive Care Unit, EDFP= Emergency Department Fellowship Program, CKHS= Crozer Keystone Health System, EN= Emergency Nursing, ED= Emergency Department NGN’s= Newly Graduated Nurses, NRP= Nursing Residency Program