MSN Capstone Projects   School of Nursing

Fall 12-8-2021

Mentoring New Nurses to Increase Retention: A Benchmark Study

Maria J.V Hartnauer

mhartnauer@patriots.uttyler.edu

Mentoring New Nurses to Increase Retention: A Benchmark Study

A Paper Submitted in Partial Fulfillment of the Requirements

For NURS 5382: Capstone

In the School of Nursing

The University of Texas at Tyler

by

M.Hartnauer

Dr.Katherine Hensley

December 5, 2021

Contents

Acknowledgements

Executive Summary

Implementation and Benchmark Project

1. Rationale for the Project

2. Literature Synthesis

3. Project Stakeholders

4. Implementation Plan

5. Timetable/Flowchart

6. Data Collection Methods

7. Cost/Benefit Discussion

8. Discussion of Results

9. Conclusions/Recommendations

References

Appendices A-H

Acknowledgments

I would like to take this opportunity to thank all the people who, in one way or another, h provided encouragement, assistance, and moral support along my nursing journey. I want to thank Dr. Mona Gaw for her unconditional support, willingness to listen, dedication to excellence, and commitment to promoting safe practices. Dr. Katherine Hensley, thank you for making yourself available and providing positive feedback. I want to thank my husband for his unconditional love, support, kind words, constant prayers, positive attitude, and dedication to our family. To my children, Grace, Samuel, Nadia, Joshua, Isaac, and Aaron, this is for you. Thank you for your willingness to adjust to our crazy schedule and for enriching my life with your presence. I want to acknowledge my mother for her prayers, faith, and desire to see the positive side of life. Above all, I want to thank God for giving me the grace and strength to make it this far and always providing hope and mercy for the journey; this would not have been possible without Him.

Executive Summary

New nurse retention is a challenge that many healthcare organizations encounter daily. Across the United States, thousands of new graduate nurses join the workforce each year, corporations invest hundreds of thousands in onboarding programs to facilitate their transition to practice. Sadly, many newly hired nurses transfer to new positions or leave the organization within one year of the hiring date. The constant exodus of novice nurses disrupts team dynamics, patient care, workload, financial stability, and leadership morale.

A common misconception is that the solution to retention does not exist. However, many believe that multidisciplinary efforts and peer collaboration can mitigate the loss of new nurses. Peer intervention in the form of mentorship as a retention tool can foster an environment of community, develop a sense of belonging, create educational opportunities, enhance learning, increase work-related knowledge, solidify accountability, and promote staff engagement.

Currently, the established practice to onboard new nurses does not include the opportunity to be assigned to a mentor. It is common knowledge that the first year of nursing practice is one of the most challenging, stressful times in the life of a new nurse. New nurses need all the emotional, educational, professional, and organizational support available to succeed during their career's developmental stages. Jones (2017) recognizes the healthcare work environment as stressful and challenging and mentoring as an intervention to nurture nurses.

Horner (2017;2020) posits mentoring provides a positive environment connected to increased job satisfaction, associated with reduced turnover, and improved retention. Implementation of an effective mentorship program can positively impact new nurses. This supports the importance of implementing an effective mentorship program and its positive

impact on new nurses. In view of this, mentoring new nurses should be considered as an intervention to increase retention.

Mentoring New Nurses to Increase Retention: A Benchmark Study

According to the 2021 NSI National Health Care Retention & RN Staffing Report, the national hospital turnover rate is 19.5%, with the median and mode recorded at 18.8% and 17.5%, respectively. The NSI estimates the cost of turnover for organizations to be between $3.6 million per year and 6.5 million (NSI,2021). Nurse leaders need to seek creative interventions to increase new nurse retention rates to decrease the financial burden created by increased turnover rates. According to Howard (2020), new graduate nurses require more than just orientation; they need mentoring. New graduate nurses need peer support and expert advice to guide them as they begin their professional roles.

This benchmark study focuses on the use of mentorship as a retention intervention. The proposed intervention is to pilot one-on-one mentorship sessions in a medical-surgical unit to establish peer support, increase novice knowledge, promote patient safety, and embrace the organization's core values. One of the intervention goals is to allow new nurses dedicated time with a mentor to seek feedback, receive emotional support, promote education, and increase safety awareness.

According to Burr et al. (2011), a well-organized mentoring program effectively retains and attracts new nurses. The mentoring program in this study is tailored to the specific core values of the organization; however, due to its practicality, it has the potential for adaptation and transferability. Establishing a mentorship program in a medical-surgical can positively impact novice nurses as they transition into their new role. Peer support offers a pathway to foster an environment of team collaboration and staff engagement. Although the goals of the intervention

are to increase retention and decrease turnover, the benefits that can result from the organization's initiative to provide mentors to new nurses are yet to be determined.

Rationale for the Project

The rationale behind this benchmark study is to determine the impact of interventions such as peer mentoring on new nurses' transitioning into their new nurse role. New nurses will face an overwhelming amount of change during their first year of professional practice. Managers need to consider creative ways to assist new nurses with their transition.

The organizational interventions to alleviate their struggles can drastically impact their decision to stay as part of the team. Providing new nurses with access to proven interventions to assist in their transition can increase retention and reduce turnover rates. Peer mentoring interventions influence new nurses' decision-making and professional growth. According to Fleming (2017), the implementation of an effective mentoring program can impact decision-making regarding patient care, job satisfaction, and professional development.

The benefits of establishing an effective mentoring program can positively impact patients, nurses, and the organization. Patients benefit from having new nurses mentored by a more experienced peer in all areas related to patient care, safety awareness, and professional development.

New nurses benefit from having a mentor walk alongside them as they learn to navigate their new role. Interventions that help nurses identify stressors, learn coping techniques, develop a support network, and increase communication skills can facilitate their adaptability to the new environment.

The organization benefits financially from the cost-saving benefits of increasing retention rates and decreasing turnover. The promotion of staff engagement positively impacts the

organization's Magnet culture advocacy for best practices. Furthermore, the organization can benefit from increased job satisfaction, teams' collaboration, and improved patient outcomes.

Literature Synthesis.

The literature review of the evidence behind mentorship as a retention tool for new nurses includes twelve keeper studies. The studies include six systematic reviews, one randomized control trial, one comparative study, one cohort study, one integrative review, one longitudinal study, and one qualitative study. Among the areas to consider regarding new nurses' transition to practice, the review of the literature reveals the role of orientation, new residency programs, transition programs, preceptorship, support strategies, workforce environment, job satisfaction, interventions, mental health, and mentorship have on new nurses.

New nurses will encounter stressors during their transition to practice. The new nurses' attitudes towards the stressors will profoundly affect how they cope with the recent changes they encounter. Thus, an intervention to help manage stress will enhance their ability to cope and engage with their new environment. Their involvement in proactive stress management interventions impacts their professional practice (Edwards et al., 2015; Tong & Epeneter, 2018; Sampson et al., 2020).

New nurses' participation in residency programs, especially those with a mentor component or clinical supervision program, increased retention and reduced the turnover rate. Additionally, the presence of a formal transition program improved retention and competencies (Aparicio & Nicholson, 2020; Brook et al., 2019; Rush et al., 2013; Van Camp & Chappy, 2017). Moreover, programs that included a mentor component saw improved patient safety, quality of care, and a beneficial workforce environment (Chen & Lou, 2014; Gazaway et al., 2019; Goyet et al., 2020; Zhan et al.,2016).

The evidence shows a positive influence in turnover and retention rates programs that included a mentoring element as part of the intervention (Chen & Lou, 2014; Rush et al.,2013; Zhang et al., 2019; Zhang et al., 2016). Furthermore, the evidence shows positive outcomes, a supportive workforce environment, and quality of care improvement when mentorship is part of the new nurse transition programs (Goyet et al., 2020; Zhang et al., 2016). It is evident that new nurses will struggle with multiple stressors during their first year of practice and will need an intervention to help them cope with the demands of their new role. Mentorships can make a positive impact at the start of the new nurse's career. (See Appendix A).

Project Stakeholders

This benchmark study can reach mentors, mentees, and a wide range of stakeholders. The stakeholders identified as having a vested interest in the assessment, planning, development, implementation, and evaluation for this benchmark study include the chief nursing executive (CNO), three associate chief nursing officers (ACNOs), director of education, Magnet program director, clinical directors, director of human resources and director of talent acquisition. The stakeholders that would benefit from implementing the benchmark study recommendations include but are not limited to patients, new graduate nurses, experienced nurses, nurse educators, nurse leaders, and the organization. Additionally, mentoring can impact new nurses personally and professionally and benefit those who interact with the new nurse. A recent qualitative descriptive study by Coventry et al. (2021) describes the implications for practice that mentoring is necessary for promoting best practices in patient care and effective relationships among teams.

Implementation Plan

It is recommended this benchmark project be implemented by using a unit-based mentor program that will assist with the retention of new nurses. The primary goal is to facilitate an

environment conducive to learning, open to character building, and supportive of change. Nurses

who transition to new roles, which may occur multiple times during a nurse's career, need nurse-

to-nurse mentoring; because the most critical and challenging transition period for a nurse occurs

as a new graduate (Hale & Phillips, 2019).

The proposed intervention will target new graduate nurses hired to a medical-surgical

unit. The mentorship program will focus on promoting the core values of the organization and

the professional growth of the new nurse. The core values of dignity, integrity, excellence,

compassion, and stewardship will serve as the central theme of the intervention. The program

guide explains the expectations of responsibilities for the mentor and the mentee as follows:

Week	Mentee	Mentor
1	Introduction and self-assessment (Survey Monkey)	Facilitator
2	Feedback from week 1 out of orientation: • What is working? • What is not working? • Barriers? • Identify one win. • Identify one thing you are working on: • Review of core value #1 Dignity • Set a goal for week #3 to focus on implementing the principle of dignity in the daily routine.	As a facilitator, the mentor will: • Guide • Encourage • Educate • Recommend • Seek resources to meet the identified areas for improvement. • Provide feedback and give advice. • Keep a record of time • Define the core value #1 Dignity as it applies to nursing practice, personal growth, patient care, and professional development with the literature provided by the organization. • Evaluate progress
3	Feedback from week 2 out of orientation: • What is working? • What is not working? • Barriers? • Identify one win.	As a facilitator, the mentor will: • Guide • Encourage • Educate • Recommend

	• Identify one thing you are working on: • Review of core value #2 Integrity • Set a goal for week #4 to focus on implementing the principle of integrity in the daily routine.	• Seek resources to meet the identified areas for improvement. • Provide feedback and give advice. • Keep a record of time • Meet with the clinical director for feedback • Define the core value #2 Integrity as it applies to nursing practice, personal growth, patient care, and professional
4	Feedback from week 3 out of orientation: • What is working? • What is not working? • Barriers? • Identify one win. • Identify one thing you are working on: • Review of core value #3 Excellence. • Set a goal for week #5 to focus on implementing the principle of excellence in the daily routine.	As a facilitator, the mentor will: • Guide • Encourage • Educate • Recommend • Seek resources to meet the identified areas for improvement. • Provide feedback and give advice. • Keep a record of time • Define the core value #3 Excellence as it applies to nursing practice, personal growth, patient care, and professional
5	Feedback from week 4 out of orientation: • What is working? • What is not working? • Barriers? • Identify one win. • Identify one thing you are working on: • Review of core value # 4 Compassion. • Set a goal for week #6 to focus on implementing the principle of compassion in the daily routine.	As a facilitator, the mentor will: • Guide • Encourage • Educate • Recommend • Seek resources to meet the identified areas for improvement. • Provide feedback and give advice. • Keep a record of time • Define the core value #4 Compassion as it applies to nursing practice, personal growth, patient care, and professional
6	Feedback from week 5 out of orientation:	As a facilitator, the mentor will: • Guide

	• What is working? • What is not working? • Barriers? • Identify one win. • Identify one thing you are working on: • Review of core value # 5 Stewardship. • Set a goal for week #7 to focus on implementing the principle of stewardship on the daily routine	• Encourage • Educate • Recommend • Seek resources to meet the identified areas for improvement. • Provide feedback and give advice. • Keep a record of time • Define the core value #5 Stewardship as it applies to nursing practice, personal growth, patient care, and professional
7	Feedback from week 6 out of orientation: • What is working? • What is not working? • Barriers? • Identify one win. • Identify one thing you are working on: • Review of concepts learned and recommendations for improvements. • Work with the mentor on setting realistic goals for the next 3 and 6 months: 1 personal goal, one professional goal, and one educational goal.	As a facilitator, the mentor will: • Guide • Encourage • Educate • Recommend • Seek resources to meet the identified areas for improvement. • Provide feedback and give advice. • Keep a record of time • Review concepts learned and received feedback from the mentee. • Assist the mentee in setting realistic goals for personal, professional, and educational growth. • Identify the 3-month follow-up date • Identify the 6-month follow-up date
8	Feedback from week 7 out of orientation: • what is working? • What is not working? • Barriers? • Identify one win. • Identify one thing you are working on: • Review of concepts learned and recommendations for improvements. • Evaluation of program via post-self-assessment Survey Monkey. • Participate in peer recognition during Huddle.	As a facilitator, the mentor will: • Facilitate post-program evaluation via survey monkey. • Plan recognition to celebrate the completion of the program at Huddle time. • Report to Clinical Director and provide feedback.

The plan ensures that all team members have clear and specific roles before the program starts to promote effective and meaningful ownership of the project outcomes. Establishing the responsibilities of each team member ensures the protection of the role and the accountability of each team member.

CLINICAL DIRECTOR	CLINICAL EDUCATOR	MAGNET DIRECTOR	UNIT MENTOR
1. Collaborate with Human resources, educator, Magnet Director, and ACNO to select mentors.	1. Provide educational resources	1. Generate and collect data via survey monkey.	1. Commit to attend all meetings and make provisions if availability becomes an issue.
2. Allow for educational time every week to facilitate sessions.	2. Facilitate opportunities for identified gaps.	2. Follow up with educator and clinical director to evaluate effectiveness.	2. Maintain clear and open communication with the Clinical Director and the Mentee. Identify the 3-month follow-up date Identify the 6-month follow-up date
3. Work on schedules to allow at least one shift per week when Mentor and Mentee work together.	3. Encourage participation during new nurse orientation week.	3. Ensure that the magnet guidelines are in place.	3. Report in person or via zoom weekly to the clinical director post each session to provide feedback.
4. Allow for plan budget adjustments to compensate them for hours invested.	4. Integrate the concepts learned during mentorship sessions with the new nurse residency program.	4. Advise team regarding Magnet guidelines and processes.	4. Document sessions in provided templates. Provide feedback and give advice. Review concepts and receive feedback from the mentee.
5. Collect feedback from Mentor and Mentee for follow-up and improvement opportunities.	5. Work on facilitating resources for the development of the mentor's competencies.	5. Collaborate in recognizing the Mentor and Mentee with a certificate of completion.	5. Assess, guide, encourage, educate, teach, seek resources to meet the identified areas for improvement.

At this time, implementing the proposed intervention is not possible due to the financial limitations imposed on the organization by the recent pandemic. However, for future implementation consideration, the plan will follow the shared governance decision-making guidelines. The intervention will follow the shared governance process to promote change and seek approval for implementation based on the nursing council vote. Once approved, unit selection by the CNO and ACNO to pilot the intervention will follow.

Timetable/Flowchart

The timetable for the proposed intervention follows the Magnet program pathway for implementation. This pathway requires the approval of clinical nurses, as well as nursing leadership. For this timeline's purpose, nine potential steps in the implementation process are available. In this case, since the proposed intervention includes staffing, education, and financial factors, the time consists of presenting the data for review and assessment to the present ACNO, followed by introducing the data at a charge nurse meeting. The next step is to present at the Unit Based Council (UBC) of the home unit. Once approval from the UBC takes effect, a presentation at the Nursing Practice and Outcomes Council during Senate Day will follow. Once approved at Senate Day, the proposed change will move to the Nursing Leadership Council. Before selecting a pilot unit, the steps can take 1-3 months depending on availability and external influences such as illness, facility readiness, and possible surges in COVID-19 cases.

The selection of a pilot unit by the CNO and the ACNOs might take between 1-4 weeks. Once the pilot unit is official, the clinical director of that unit will select mentors collaborating with the clinical medical-surgical educator and this process may take 1-3 weeks. After the mentors are selected and notified, their schedules will be modified to incorporate the mentorship

sessions, taking 1-2 weeks. The first cohort will start at the designated unit. The program will

begin after the new nurse orientation. It will last eight weeks, with weekly 1:1 meeting lasting

30-60 minutes in length. The program will run parallel with the new nurse residency program,

and it will be unit specific. Since each unit typically onboards 1-2 new nurses every 6-8 weeks,

this will allow for the process to take place at a smaller, more manageable level. At the end of

the first cohort, the clinical director will meet with the ACNO to present data from the evaluation

surveys and seek approval for a second cohort. After the second cohort, the clinical director will

attend Senate Day and deliver the data from the evaluations, provide feedback, and seek

recommendations to continue implementing the interventions to other units. (See Appendix B)

Data Collection Methods

The identification of the data collection methods is essential to provide a comprehensive

data collection report. Data collection will be done via electronic surveys to gauge feedback from

stakeholders. Organizations that offer mentorships to provide support during the role transition

send a clear message to their employees about their commitment and support. The guided

support offered through mentorship enables graduates to ask questions or raise issues in a safe,

trusting relationship that contributes to their practice development (Tiew et al., 2017).

Multiple evaluations of both mentor and mentee will occur with a series of surveys via

Survey Monkey. The selection of mentors will be unit-specific and guided by the unit leader in

collaboration with the unit educator, Human Resources Business Partner, and the Magnet

program director. The mentor will be appointed via a formal invitation. Mentors will agree to

remain in their home unit for the duration of the program and will be encouraged to hold any

request to transfer to another department while mentoring. The clinical director will encourage

participation in the mentorship program. Both parties will receive up to 3 hours a week for

educational purposes during the duration of the program. The mentor must meet specific criteria

to join as part of the team. (See Appendix C).Once mentors are selected, data from the mentor

role qualifications questionnaire will become part of the data bank information for future

reference to assist the team in creating the mentor qualification profiles.

The mentee's evaluations at pre-and post-intervention will provide data to reflect their

confidence level in several areas related to patient care. To create a suitable database, the pre-and

post-survey questions for the mentee will be identical. Data collection will assist the team in

determining the success of the mentorship program. The survey will address the mentee's

confidence level with patient care that focuses on stewardship, compassion, dignity, and

professional practice. (See Appendix D). The mentee will also complete an additional post-

intervention survey to evaluate the program. (See Appendix E)

The post-survey will assess the program's effectiveness, nurse intent to stay, and the

mentee's overall experience. At the end of each session, the mentee will provide written

feedback utilizing the provided template; this will give the mentor insight into the areas of the

meeting that need improvement and those areas that are working. (See Appendix F).

Furthermore, at the end of the eight-week program, the mentor will complete an electronic

survey to provide feedback regarding their perception of the program's effectiveness and the

impact on staff engagement. (See Appendix G)

In cooperation with the education director and the clinical director, the Magnet program

director will evaluate the data after the first cohort and present it to the ACNO for consideration

and approval of the second cohort. Utilization of the same process for evaluation and data

collection pre-and post-intervention for the second cohort will be consistent. Dissemination of

knowledge obtained from the data collection of the first and second cohorts will then be

presented during the next Senate Day. The presentation will allow for peer evaluation, peer

feedback, and possible recommendations for further implementation.

Cost/Benefit Discussion

The 2021 NSI National Health Care Retention & RN Staffing Report provides insight

into the average turnover cost for a bedside nurse. The NSI reports turnover cost to be

approximately $40,038 and range from $28,400 to $51,700, resulting in the average hospital

losing between $3.6 million per year -$6.5 million per year. NSI estimates that each percent

change in RN turnover will cost/save the average hospital an additional $270,800 per year. (NSI,

2021). According to the U.S. Bureau of Labor Statistics, the May 2020 Occupational

Employment and Wage Statistics estimates the mean hourly rate for registered nurses to be

$38.47 and the percentile wage estimate for Register Nurses at 10% to be $25.68 (U.S. Bureau of

Labor Statistics, 2020).

Furthermore, the 2021 Trends in Nursing Staffing Study by Avant Healthcare

Professionals reports that 71% of healthcare facilities will consider new graduate nurses to fill

their RN openings. Avant points out that hiring new nurses is a popular strategy used by

healthcare facilities to fill vacancies. However, Avant's study also indicates that one in every

five new nurses will leave their first RN job within 12 months, costing hospitals up to $ 7 million

in losses annually (Avant Healthcare Professionals, 2021). Considering that the potential cost of

hiring, onboarding, and educating new nurses costs facilities hundreds of thousands per year, one

can estimate that the savings attached to increase retention of new nurses is directly proportional

to the expenses of decreased retention. For this benchmark study, on a smaller scale, an

estimated total cost of possible education and overtime pay for mentee and mentor in eight

weeks is $4,618.64 per cohort. (See Appendix H)

The budget for the project will be set for a minimum of $10,500 to factor in the cost of electronic use for Survey Monkey at $75/user/month, allowing for three users and three months to equal $675.00 and the rest to offset educational expenses. A cycle will be considered two cohorts in a sixteen-week plan for this benchmark study, including one new graduate nurse participating per cohort. The estimated cost per cycle will be $10,500; if the process runs three times per year, the estimated cost of mentoring six new nurses will be $ $31,500 per year. Should the intervention prove to be effective, and one of the six nurses stays with the facility longer than one year, the cost of mentoring will outweigh the turnover cost of one new nurse.

Discussion of Results

The true success of this intervention can only be measured if the intervention is fully implemented and evaluated. Once implemented, the data collection will provide the evidence needed to assess the success of mentorship as a retention tool for new nurses.
Due to the organizational impact of the COVID-19 pandemic, a benchmark project recommendation for implementation is feasible. The proposed facility is a Magnet designated organization, and as such, all nursing initiatives need to follow the Magnet decision-making process to promote change. (See Figure1).

Figure 1 Magnet pathway for approval of interventions

The expectation is to present this benchmark project to the immediate ACNO for review and feedback. Post feedback, a request to present at the next Nursing Practice and Outcomes Council meeting will be sent to the Magnet program director. This step will allow for the dissemination of current evidence among clinical nurses and the introduction of the possible

intervention. The expected learning outcomes for the project team will be to determine whether

mentorship is an effective tool for promoting core values and professional growth to increase

retention and decrease turnover rates. According to the American Nurses Association Standards

of Practice, Standard 6 Evaluation: "The nurse administrator uses evaluation to guide revisions

of the plan, outcome, and implementation strategies continuously" (ANA, 2016, p.43)

 To maintain the recommended intervention, current and reliable assessments,

modifications, and evaluations are needed to validate the outcomes. The recommendation is for

the team to utilize the Plan-Do-Study-Act problem-solving model to improve the process and

promote change; this process will allow team members to remain vigilant in the evaluation and

progression of the intervention.

Conclusions/Recommendations

 There are three significant recommendations gained from this benchmark study. First, for

the education department of the proposed facility to consider conducting evidence research to

determine if mentorship is a feasible intervention to reduce turnover rate and increase retention of

new nurses. Second, for the Magnet program director to continue encouraging and challenging

clinical nurses to promote change and seek proven interventions to assist their peers' professional

growth and retention. Lastly, the recommendation for nurse leaders to advocate for the

implementation of meaningful and proven interventions such as the mentorship of new nurses.

Advocacy to cultivate environments conducive to promoting safe practices, peer support, staff

engagement, and the strengthening of teams creates awareness of the need to follow the evidence.

Considering the numerous implications resulting from the human, financial and material hardships

created by the COVID-19 pandemic, the hope is that the organization considers the

implementation on a small scale to be piloted in a medical-surgical unit, perhaps as soon as next

year. Chen and Lou (2014) affirm that newly registered nurses need mentors to impart wisdom and values. At the end of this benchmark study, imparting knowledge and values to new nurses is the essence behind the promotion of change; yes, the mentorship of new nurses can positively impact a new nurse's intent to stay with their hiring unit and improve retention rates. Still, more than anything, mentorship can positively impact the emotional, educational, and professional life of new nurses.

References

Aparício, C., & Nicholson, J. (2020). Do preceptorship and clinical supervision programmes support the retention of nurses? *British Journal of Nursing*, *29*(20), 1192–1197.

Avant Healthcare Professionals. (2021). *2021 trends in Nurse Staffing Study*. 2021 Trends in Nurse Staffing Study. Retrieved November 27, 2021, from https://avanthealthcare.com/resources/studies/2021-trends-in-nurse-staffing-study.stml.

Brook, Judy, Aitken, Leanne, Webb, Rebecca, MacLaren, Julie, & Salmon, Debra. (2019). Characteristics of successful interventions to reduce turnover and increase retention of early-career nurses: A systematic review. *International Journal of Nursing Studies, 91*, 47-59.

Chen, C., & Lou, M. (2014). The effectiveness and application of mentorship programmes for recently registered nurses: A systematic review. *Journal of Nursing Management*, 22(4), 433-442.0

Coventry, T., & Hays, A. (2021). Nurse managers' perceptions of mentoring in the multigenerational workplace: A qualitative descriptive study. *Australian Journal of Advanced Nursing, 38*(2), 34-43.

Edwards, D., Hawker, C., Carrier, J., & Rees, C. (2015). A systematic review of the effectiveness of strategies and interventions to improve the transition from student to newly qualified nurse. *International Journal of Nursing Studies*, *52*(7), 1254–1268.

Fleming, K. (2017). Peer mentoring: A grassroots approach to high-quality care. *Nursing Management, 48*(1), 12-14.

Gazaway, S., Gibson, R., Schumacher, A., & Anderson, L. (2019). Impact of mentoring

relationships on nursing professional socialization. *Journal of Nursing Management*,

27(6), 1182-1189

Goyet, S., Rajbhandari, S., Alvarez, V., Bayou, A., Khanal, S., & Pokhrel, T. (2020). On-site

clinical mentoring as a maternal and newborn care quality improvement method:

Evidence from a nurse cohort study in Nepal. *BMC Nursing*, 19(1), 3.

Hale, Regina L, and Carolyn A Phillips. "Mentoring up: A grounded theory of nurse-to-nurse

mentoring." *Journal of Clinical Nursing* 28.1-2 (2019): 159-72. Web.

Horner, D. (2020). Mentoring: Positively Influencing Job Satisfaction and Retention of New

Hire Nurse Practitioners. *Plastic Surgical Nursing, 40*(3), 150-165. (Original work

published 2017)

Howard, E. (2020). Fostering Excellence in Professional Practice with Mentorship. *The Journal

of Perinatal & Neonatal Nursing, 34*(2), 104-105.

Jones, S. J. (2017). Establishing a Nurse Mentor Program to Improve Nurse Satisfaction and

Intent to Stay. *Journal for Nurses in Professional Development, 33* (2), 76-78. DOI:

10.1097/NND.0000000000000335.

Nursing Solutions Inc. (2021, March). *2021 NSI National Health Care Retention & RN Staffing

Report*. Nursing Solutions. Retrieved November 27, 2021, from

https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_R

etention_Report.pdf.

Rush, K., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2013). Best practices of formal new

graduate nurse transition programs: An integrative review. *International Journal of

Nursing Studies*, 50(3), 345-356.

Sampson, M., Melnyk, B., & Hoying, J. (2020). The MINDBODYSTRONG Intervention for

New Nurse Residents: 6-Month Effects on Mental Health Outcomes, Healthy Lifestyle

Behaviors, and Job Satisfaction. *Worldviews on Evidence-Based Nursing, 17*(1), 16-23.

Tiew, Lay Hwa, Catherine S.L Koh, Debra K Creedy, and W.S.W Tam. "Graduate nurses'

evaluation of mentorship: Development of a new tool." *Nurse Education Today* 54

(2017): 77-82. Web.

Tong, V., & Epeneter, B. (2018). A Comparative Study of Newly Licensed Registered Nurses'

Stressors: 2003 and 2015. *Journal of Continuing Education in Nursing, 49*(3), 132-140

United States Department of Labor. (2021, March 31). *Occupational Employment and Wage

Statistics 29-1141 registered nurses*. U.S. Bureau of Labor Statistics. Retrieved

November 28, 2021, from https://www.bls.gov/oes/current/oes291141.htm.

Van Camp, J., & Chappy, S. (2017). The Effectiveness of Nurse Residency Programs on

Retention: A Systematic Review. *AORN Journal, 106*(2), 128-144.

Zhang, Y., Huang, X., Xu, S., Xu, C., Feng, X., & Jin, J. (2019). Can a one-on-one mentorship

program reduce the turnover rate of new graduate nurses in China? A longitudinal study.

Nurse Education in Practice, 40, 102616

Zhang, Y., Qian, Y., Wu, J., Wen, F., & Zhang, Y. (2016). The effectiveness and implementation

of mentoring program for newly graduated nurses: A systematic review. *Nurse Education

Today*, 37, 136-144.
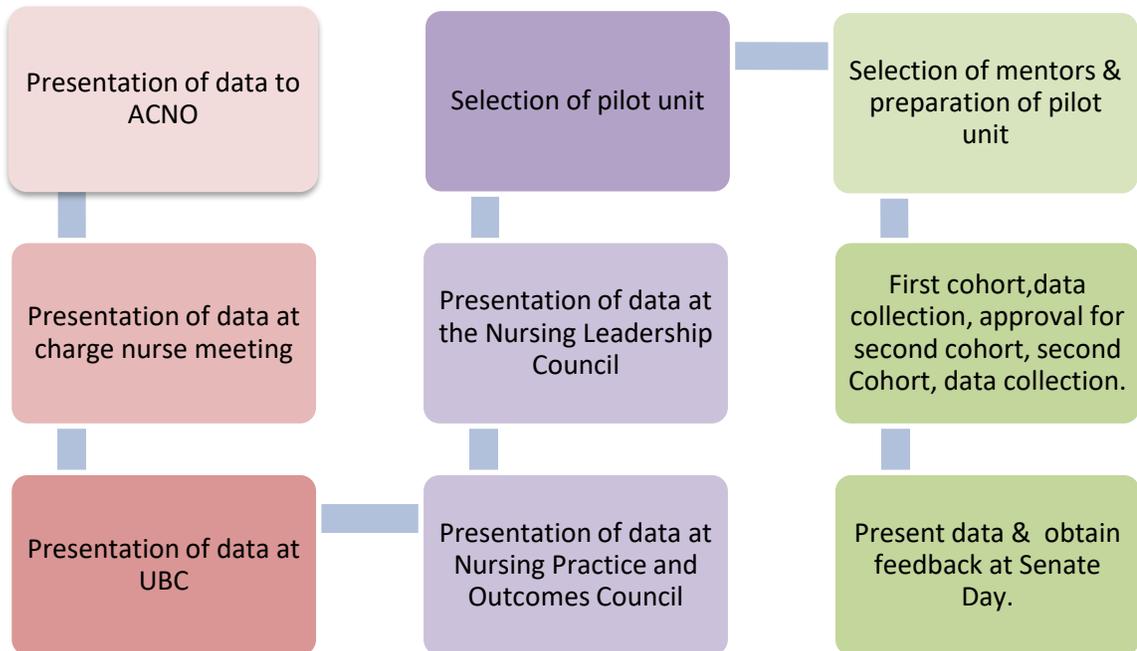
Appendix A

Synthesis Table

Studies	Design	Sample	Intervention	Outcome
A	Systematic Review	N=22	NRP	1. Increased retention rates for new graduates participating in residency programs. 2. Participants experienced greater satisfaction with their orientation than those who did not participate
B	Randomized Control Trial	N=89	CBSBP	The intervention group scored better on mental health outcomes, healthy lifestyle behaviors, and job satisfaction.
C	Comparative Study	N=43	FG	Fewer stressors in 2015 than in 2003 2015 = 3 major stressors 2003= 6 major stressors
D	Systematic Review	N=30	R/I TP PP MP	The review highlights that the type of SS is less critical. It is the focus upon and investment in easing NGNs transition by organizations that is important. Transition programs appear to be generally effective in IR and improving OE p1267.
E	Systematic Review	N=53	R/I O/T w T/M	Promising interventions appear to be either internship/residency programs or orientation/transition to practice programs, lasting between 27–52 weeks, with a teaching and preceptor and mentor component
F	Systematic Review	N=6	PP CSP	PPs and CSPs increased NQN's confidence, competence, and satisfaction. NQN's who showed satisfaction with the program tend to stay in their current clinical practice.
G	Systematic Review	N=5	AMP	1. MP significantly reduce the TR of RRNs 2.MP reduce ETC and MNR 3. MP improved NCC, JS, CS, and the development of IPR among RRNs. 4. Essential to retaining RRNs 5. Decrease Human Resource Cost

				6. Increase Patient Safety 7. Increase Quality of Nursing Care.
H	Qualitative	N=7	MM	1. MM (+) influence the socialization of the NMCCNLP Into the NP. 2. The NMCCNLP better-understood OP while improving their CPS and safely providing CNC to their patients during their first year.
I	Cohort Study	N=308	OSCM	1. OSCM of nurses coupled with HFMM can improve NCC and PMNBC. 2. Adds to the body of evidence on methods of Quality Care Improvement.
J	Integrative	N=47	TP	The presence of a formal NGTP resulted in improved retention, improved competencies, and cost benefits.
K	Longitudinal	N=438	CGBP EGM	A one-to-one MP is beneficial for the retention of NGN, particularly during their first year.
L	Systematic	N=9	EMP	1. Decrease TR 2. Enhance NC 3. Establish a supportive Workforce environment. 4. (+) Outcomes for mentors, mentees, and organizations.

Legend: Legend: A= VanCamp & Chappy;(2017), B= Sampson et al;(2020), C= Tong & Epeneter; (2018), D=Edwards et al;(2015), E= Brook et al;(2019), F= Aparicio & Nicholson ;(2020), G= Chen & Lou, 2014 , H = Gazaway et al., 2019, I = Govet et al., 2020, J = Rush et al., 2013 , K= Zhang et al., 2019, L = Zhang et al.,2016. AMP= application of mentorship programs, CBSBP=cognitive behaviroal skill-building program,CGBP= Control Group Basic Preceptorship, CNC= Competent nursing care, CPS= Clinical Practice Skills, CS= Communication Skills, CSP= Clinical Supervision Programs, EGM= Experimental Group Mentorship, EMP=Effectiveness of mentorship programs, ETC= Employee turnover cost, FG=FocusGroup, HFMM=Health Facility Management Mentoring, IPR=Interpersonal Relationships, , IR= Increasing Retention, I/R= Internship/Residency. JS=Job satisfaction, MM= Multiple Mentors, MNR= Medical Negligence Rate, MP=Mentorship Programs, NC=Nursing competencies, NCC= Nurses Clinical Competencies, NGN=New Graduate Nurses, NGTP=New Graduate Transition Programs, NMCCNLP= Novice Model C Clinical Nurse Leader Participants, NP= Nursing Profession,NRP=New residency Programs, OP= Organizational Policies, OSCM= On-site Clinical Mentoring, O/T with T/M=Orientation/Transition with Teaching/Mentor,PMNBC= Performance of Maternity and New-born Care,PP=Preceptorship Programs,R/I=Residency/Internship, RRNs=Recently Registered Nurses, TP=Transition Programs, TR=Turnover Rate.

Appendix B

Flowchart

Presentation of data to ACNO	Selection of pilot unit	Selection of mentors & preparation of pilot unit
Presentation of data at charge nurse meeting	Presentation of data at the Nursing Leadership Council	First cohort, data collection, approval for second cohort, second Cohort, data collection.
Presentation of data at UBC	Presentation of data at Nursing Practice and Outcomes Council	Present data & obtain feedback at Senate Day.

Appendix C

Mentor Qualifications

MENTOR ROLE QUALIFICATIONS	CIRCLE ONE	
1. In good standing with the organization.	YES	NO
2. In practice for longer than two years.	YES	NO
3. Employed at the unit for longer than one year.	YES	NO
4. Up to date with all the educational Health-Stream modules required by the organization.	YES	NO
5. Not to exceed 40 hours a week unless authorized by the clinical leader.	YES	NO
6. Have a clear understanding of the purpose of the objectives.	YES	NO
7. Have a good rapport with the unit staff.	YES	NO
8. Be willing to participate.	YES	NO

Appendix D

Program Evaluation

Please answer the following questions, on a scale of 0-10, with zero being not confident

to 10 being very confident:

Pre and Post Program Evaluation Questions	Numerical Rating
1. How confident do you feel as a new nurse to provide excellent nursing care to your patients?	
2. How confident are you to exercise responsible stewardship of resources with patient care?	
3. How confident are you in your ability to exercise compassion towards yourself, your peers, and your patients?	
4. How confident are you in integrating dignity as part of your daily practice inpatient care?	
5. How confident are you in the application of integrity as a guide to your professional practice?	

Appendix E

Mentee Program Evaluation

Mentorship Program Evaluation Assessment
1. Will you rate this experience as positive, negative, or neutral?
2. Will you recommend for all other new nurses to participate in a similar program: yes or no
3. Based on your experience, do you intent to stay with the organization for more than one year? Yes or no
4. Do you feel that this experience has impacted your personal, professional, and educational development? Yes or no
5. Do you feel that your relationship with your mentor has positively impacted your professional practice? yes or no
6. As a result of this mentorship program, do you feel more competent as a nurse? Yes or no

Appendix F

Weekly Meeting Evaluation

| Mentor: Mentee:	Date: Time: Location:
Feedback from week _____ out of orientation:	
what is working?	
What is not working?	
Identify Struggles:	
Identify one win.	
Identify one thing you are working on	
Review Core Concept_____	
Set a goal for next week	
How can I help you meet your goal?	

Appendix G

Mentor Feedback Evaluation

Mentorship Program Evaluation Assessment	(Mentor Feedback)
1. Will you rate this experience as positive, negative, or neutral?	
2. Will you recommend that all other new nurses participate in a similar program?	Yes or no
3. Based on your experience, do you intend to participate in future mentorship opportunities?	Yes or no
4. Do you feel that this experience has impacted your personal, professional, and educational development?	Yes or no
5. Do you feel that mentoring new nurses is an effective tool to engage them in promoting safe practices and organizational culture awareness?	Yes or no
6. Do you feel that mentorship positively motivates new nurses to stay with their hiring unit.	Yes or no
7. Do you feel participation in mentorship programs plays a positive role in the new nurse's intention to stay with the organization?	Yes or no

Appendix H

Estimated Cost Benefits

Estimated Cost Benefit			
Mean hourly wage of Registered nurses (Mentor bracket)	Cost per 3 hours of education a week	Cost of 3 hours of education a week for eight weeks	Possible overtime hourly rate for a mentor
$38.47	$ 115.41	$923.28	$57.70
Percentile Wage estimate for Registered Nurses at 10% (New nurse Bracket)	Cost per 3 hours of education a week	Cost of 3 hours of education a week for eight weeks	Possible overtime hourly rate for the mentee
$25.68	$77.04	$616.32	$38.52
Possible four hours of overtime rate for mentor per week	Possible overtime cost for a mentor in eight weeks.	Possible four hours of overtime rate for mentee per week	Possible overtime cost for the mentee in eight weeks.
$230.80	$1,846.40	$154.08	$1,232.64
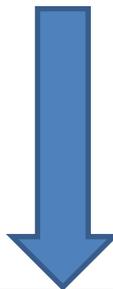
Estimated Raw Cost for Two Eight Weeks Cohorts	
The estimated cost of 3 hours of education a week for eight weeks for Mentors	($115.41)(8)= $923.28
The estimated cost of 3 hours of education a week for eight weeks for Mentees	($77.04)(8)= $616.32
The estimated total cost for overtime in eight weeks for a mentor.	($230.80)(8)= $1,846.40
The estimated total cost for overtime in eight weeks for the mentee.	(154.08)(8)=$1,232.64
The estimated total cost of possible education and overtime pay for mentee and mentor in eight weeks.	$923.28 + $616.32 + $1,846.40 +$1,232.64 = $4,618.64
The estimated total cost of possible education and overtime pay for mentee and mentor for two eight-week periods.	($4,618.64)(2)=$ 9,237.28