BENEFITS OF MENTORING FOR RETENTION OF NEW GRADUATE NURSES

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Chapter I

Introduction

Globally there is an increasing shortage of registered nurses (RNs). The problem is complicated by the increased average age of nurses, a large proportion of nurses planning to retire before age 65, and decreased available space in nursing programs, and shortage of faculty (Wilson, Squires, Widger, Cranley, & Tourangeau, 2008). Most recent projections anticipate the greatest shortage during the decades when the nation's largest generation, the Baby Boomers, will be at the height of health care consumption (Dols, Landrum, & Wieck, 2010). In addition, 20% of new graduates are likely to leave the profession within three years of graduation. The cost of nurse turnover to health agencies is significant, and the productivity of a new hire is less than that of an experienced nurse (Hayes & Scott, 2007). As a result, the work environment of RNs has received increasing attention and scrutiny as the nursing shortage continues, and hospitals are focusing on retaining the nurses they have (Dols et al., 2010). Retention of knowledgeable and experienced RNs, as well as retaining and promoting the continuing development of less experienced RNs, is necessary to stabilize the workforce and to ensure an adequate workforce of RNs over the upcoming years. New nurses often feel unprepared and overwhelmed for the challenges of the workplace during the first period of employment following graduation. More than 50% of new graduate nurses leave their first

professional nursing job in less than one year. The loss of these nurses is costly to the facility and demoralizing to novice nurses (North, Johnson, Knotts, & Whelan, 2006). Given this serious situation, effective strategies are required to promote and enhance nurse retention (Wilson et al., 2008).

Problem

With a forecasted national nursing shortage that will become more severe over the next decade, nursing leaders are looking for guidance on how to recruit and retain the newest generation of nurses. Nursing turnover has financial costs for health care organizations; more important it disrupts health care teams and ultimately has an impact on the health care team ability to deliver quality care. Nursing recruitment and retention is even more critical today as the availability of nurses diminishes. Experts believe that the aging Baby Boomer population will collide with the large population of registered nurses nearing retirement to increase demands for health care and nurses. Thus, in an era of decreasing resources, increasing patient needs, and cost escalation, nursing leaders are seriously evaluating and selectively choosing recruitment and retention strategies (Halfer, Graf, & Sullivan, 2008).

Purpose of the Study

Health care organizations benefit when they attract new nurses and prevent their turnover. The actual costs of replacing a single nurse, has been estimated at $44,000 per nurse. By lowering turnover rates, organizations avoid costs associated with recruitment, orientation and temporary labor coverage for vacant Registered Nurse positions. Retention is a crucial strategy for organizations during a prolonged national nursing labor shortage. Study findings indicate and validate that organizations implementing mentoring

programs can increase the job satisfaction and one year retention of new graduate nurses (Halfer & Graf, 2006; Halfer et al., 2008).

Research Questions

Research questions include:

1. Does the Critical Care RN Internship Program improve nurse perceptions of the work experience and job satisfaction?

2. Are preceptors confounded by birth generation or shift schedules?

3. Is the pattern of longitudinal job satisfaction consistent over time after the implementation of a Critical Care RN Internship Program?

4. What is the impact of the Critical Care RN Internship program on one year employment retention rates?

Theoretical Framework

The theoretical framework for this study is Benner's Novice to Expert (Benner, 1984). Benner introduced the concept that expert nurses develop skills and understanding of patient care over time and through a sound educational basis as well as a multitude of experiences. She proposed that one could gain knowledge and skills with knowing how without learning the theory of knowing that. Benner posits that the development of knowledge in applied disciplines, like nursing, is composed of the extension of practical knowledge through the understanding of knowing how of the clinical experience.

Benner describes five levels of nursing experience: novice, advanced beginner, competent, proficient, and expert. These levels reflect movement from reliance on past abstract principles to the use of past concrete experiences as paradigms and change in

perception of situation as a complete whole in which certain parts are relevant. Each step builds on the last one as abstract principles are refined and expanded by experience and the learner gains clinical expertise (Benner, 1984).

Definition of Terms

Mentorship. The conceptual definition is a wise and trusted counselor or teacher, who provides support during learning and implementing a new role. The operational definition for this study are expert nurses, who help to socialize and assimilate new graduate nurse into the role and profession during training in a RN Internship Program.

Advanced Beginner. The conceptual definition is a new graduate nurse with no independent clinical experience (Benner, 1984). The operational definition is a new graduate nurse, who is hired to work at a medical center.

Expert Nurse. The conceptual definition is a nurse, who has an intuitive grasp of each clinical situation and makes clinical judgments in a fluid, flexible, and proficient manner (Benner, 1984). The operational definition is an experienced intuitive nurse, who shares their clinical expertise as a mentor with an advance beginner nurse.

Limitations

Limitations include a relatively small sample size, both pre-implementation and post implementation. In addition, the study was conducted at only one facility described in the study as having culture that supports consensus decision making, collaborative physicians and Magnet designated. This is not reflective of the majority of conditions in organizations across the country.

Assumptions

1.   Nurses will be able to articulate complicated feelings in a survey.

2.   Surveys returned will be a representation of the nurses participating.

Summary

The socialization and assimilation of newly graduated RNs into the health care system is a critical event in a nurse's career. Researchers have found that newly graduated registered nurses suffer from low self-confidence. The reality shock that affects new graduate nurses includes a loss of self-confidence and esteem. The enhancement of nurses' self-esteem is cited as a key issue that needs to be examined to address the dilemma of declining graduate retention (Cowin & Hengstberger-Sims, 2005). More than 50% of new graduate nurses leave their first professional nursing job in less than one year. They will seek other employment within their first 12 months of work if they are unable to successfully assimilate during this time. This is demoralizing to novice nurses (North et al., 2006).

Chapter II

Review of Literature

Introduction

There are many stake holders in the issue of nurse retention. Patients, nurses, physicians, hospitals, clinics, health insurance companies, and tax payers all have a stake in nurses remaining at the bedside, and in the profession. The quality of care has been demonstrated to be affected by staffing levels. More RNs are associated with fewer complications and fewer hospital days, saving money and improving quality of life (Wishall, 2008). As nursing numbers decrease it is clear that management styles must be adapted toward a retention priority, rather than merely subsisting from day to day (Weick, Dals, & Landrum, 2010). Once graduates are employed it is imperative to understand why they leave, and which strategies will encourage them to stay beyond the first year (Hayes & Scott, 2007).

Theoretical Framework

Benner (1984) sees all nurses progressing through a career life cycle from the beginning new graduate to the expert clinician. Benner proposes that nurses go through a recognizable journey from being a novice nurse to that of an experienced one, through the stages of novice, advanced beginner, competent, proficient, and ultimately expert (Inlenfeld, 2005).

The novice has no experience and is task oriented. Rules are context free, independent of specific cases, and applied universally. Rule governed behavior is limited and inflexible, as in tell me what to do and I'll do it. The advanced beginner demonstrates acceptable performance, has limited but valuable previous experience, and is able to recognize recurring meaningful components. At this point, principles, based on experiences, begin to be formulated to guide actions. The competent nurse, typically, has two or three years of experience, and is more aware of long term goals. The competent nurse gains perspective from planning actions based on conscious, abstract, and analytical thinking and helps to achieve greater efficiency and organization. As the nurse moves toward proficiency, she perceives and understands situations as whole parts, is more holistic in understanding and has improved decision making skills. The proficient nurse learns from experiences what to expect in certain situations and is able to modify plans. The expert nurse no longer relies on principles, rules, or guidelines to connect situations and determine actions. This nurse has an intuitive grasp of clinical situations, and her performance is fluid, flexible, and highly proficient (Benner, 1984).

These levels reflect movement from reliance on past abstract principles to the use of past concrete experience as paradigms, and change in perception of situation as a complete whole in which certain parts are relevent. Each step builds on the previous one as abstract principles are refined and expanded by experience, and the learner gains clinical expertise (Benner, 1984).

New Graduate Nurses Perceptions of mentoring

The literature indicates that mentorship facilitates transition of new graduate nurses into the workplace and social culture of the organization. In addition, mentoring

increases staff retention by decreasing stress and promoting positive self esteem and confidence. The aim of the study by Beecroft, Santner, Lacy, Kunsman and Dory (2006), is to determine whether mentoring is successful, and if new graduates: (a) were satisfactorily matched with a mentor; (b) received guidance and support; (c) attained socialization into the nursing profession; (d) benefited from having a role model for acquisition of professional behaviors; (e) maintained contact with mentors throughout the program; and (f) were satisfied with the mentorship.

Data was generated from participant responses to survey items about mentoring from 1999 to 2005. Item responses were summarized with descriptive statistics, and then logistic regression was performed to see whether demographic variables predicted successful program outcomes. In addition content analysis was performed on respondents comment on survey items (Beecroft et al., 2006).

This evaluation was undertaken as part of a larger evaluation of the RN residency program at one healthcare facility in the USA, and was designed according to the educational decision model described by Borich and Jemelka (1982). The items were designed to obtain feedback about various aspects of the residency. A design team of nurses who were actively involved in developing the RN residency and mentor training agreed on the survey items, which were intended to provide quantitative and qualitative data about the mentoring experience (Beecroft et al., 2006).

All data entries were double checked for accuracy. The automated data entry was subjected to both manual and computerized entry for accuracy validation and reliability checks. Data were generated from participant responses to survey items about the mentoring experience. Responses to each item were summarized with descriptive

statistics using SPSS. Survey responses were cross tabulated with demographic variables to determine possible impact on the mentoring expereience. Logistic regression analysis was performed on demographics to see if these variables predicted successful program outcomes (Beecroft et al., 2006).

The themes derived from the content analysis were not always associated with a single survey item. For example, the satisfaction theme was found in most items. In general, 58% of all comments were positively coded, with 44% of the positive comments coded as satisfaction, 31% as support, 14% as program logistics, and 11% as socialization. Of the negatively coded comments, 72% were related to program logistics, 19% to satisfaction, seven percent to support, and one percent to socialization (Beecroft et al., 2006).

Timing of mentorship in relationship to new nurses starting their first job, and feeling overloaded must be taken into account to prevent overwork. Recruitment of mentors who volunteer and are committed to accommodating mentees into their busy schedules is needed. Their dedication and commitment to spending the time needed must be established prior to recruitment. Adequate training of mentors and mentees is important. The mentor requires specific details on what mentoring is and must be provided with tools to assist the new graduate (Beecroft et al., 2006).

Mentor Program Boosts New Nurses' Satisfaction and Lowers Turnover Rate

Retention is a key issue in nurse satisfaction and patient safety, that is why recruitment and retention of new nurses is a major concern for all health care organizations. This need for retention will remain so as the population ages and continues to demand the best and most advanced health care (Fox, 2010).

In 2004, Saint Francis' Hospital's turnover rate had ballooned to over 31% of first year registered nurses. Leadership formed a committee to come up with solutions. The literature indicated that a mentor program was a successful way to retain nurses. They designed a program to pair new nurses with experienced nurses (Fox, 2010).

Managers selected mentors using a criteria list for selection. Mentors needed to be trustworthy and non-threatening, with excellent communication skills, to name a few qualities. The mentor and protégé attended training sessions together to ensure compatibility and break down barriers. They were encouraged to meet together outside of work also (Fox, 2010).

The mentor program at Saint Francis Hospital was an overwhelming success, with 100% retention after one year. The program extended to respiratory, pharmacology, radiology, and physical and occupational therapy. The program's success gave Saint Francis a competitive advantage over area hospitals by providing quality registered nurses who showed higher job satisfaction after completing the mentoring program (Fox, 2010).

Evaluate the Clinical Practice Facilitator Role

New nurses require support in developing confidence and professional competence. Mentorship is well and good, but innovative and flexible models of development are also required to meet demands (Kelly, Simpson, & Brown, 2002).

In this study by Kelly et al. (2002), clinical practice facilitators (CPF) were assigned to new nurses, to not only enhance their competence and clinical skills, but also encourage awareness of other professional issues such as evidence based practice, being a

positve influence, and staff morale. Action research is considered appropriate as it is both educative and problem focused (Kelly et al., 2002).

The Ward Organizational Features Scale was used to develop assessment questionnaires for the CPFs, and included an open question allowing CPFs to identify factors that they felt could assist in the development of practice initiatives. These questionnaires revealed that 45% of the RNs felt that new nurses were "thrown into the deep end". Many other issues were identified and confronted. During the action phase a framework was developed that the CPFs felt could make their role effective (Kelly et al., 2002).

Evaluation of the project began after eight months, when nursing staff completed a survey. The response was 80%. Ninety-five percent of respondents stated that they were satisfied or highly satisfied with the CPF role as it pertained to clinical skills and teaching, and career and practice related advice. the evaluation data revealed an overwhelmingly positive response to the CPF role in assing new nurses in acclimating to their roles (Kelly et al., 2002).

New Graduate Nurse Self Concept and Retention

In this study by Cowin and Hengstberger-Sims (2005), the enhancement of nurses' self-concept was cited as a key issue that needs to be examined in order to address the dilemma of declining graduate retention, according to the authors. Self-concept is a psychological construct and is defined as the actual perception people hold of themselves that affects thoughts, emotions, and behaviors. A high self-concept can help a person perform at a superior level, and utilize their learning experiences in an optimal manner. In addition, despite the potential importance of self-concept research as a critical

element in the recruitment/retention dilemma, few nursing researchers have undertaken studies on this important characteristic of registered nurses. The aim of this study is to explore the development of graduate nurse self-concept and develop an understanding of any link between self-concept and graduate nurse retention plans (Cowin & Hengstberger-Sims, 2005).

This study utilized a descriptive correlation design with a longitudinal element. A survey method was used to elicit responses initially from graduating nursing students at three points in time throughout their graduate nursing year. This study began with participants who had just completed their undergraduate bachelor of nursing degree. One hundred eighty seven students agreed to complete the self-concept and retention survey at T1. Eighty three graduates agreed to participate in the second phase of the study. The NSCQ and the nurse retention index (NRI) were utilized to gather attitudinal data on graduate nurse self-concept. Theoretical and construct validity was established for both measures. All completed surveys were allocated a code number and data was entered into data analysis programs, SPSS 11.0. The correlation coefficient utilized throughout this project is that of the product moment correlation coefficient (Pearson's r). The NSCQ and the NRI demonstrate invariant factor structures in confirmatory factor analysis models over time (Cowin & HengstBerger-Sims, 2006).

The results revealed that graduate nurses remain flexible throughout their first year as to whether they will stay in nursing or not. This highlights how difficult it was for some graduates to adjust to workplace environments. Major determinants of professional socialization include autonomy, experience, boundary construction and bonding, along

with provision and standardization of mentors and preceptors (Cowin & Hengstberger-Sims, 2006).

Impact of a New Graduate Mentoring Program

With a forecasted national nursing shortage that will become more severe over the next decade, nursing leaders are looking for guidance on how to recruit and retain the newest generation of nurses. Nursing turnover has financial costs for health care organizations; most importantly, it disrupts health care teams and ultimately impacts the health care team's delivery of quality care. Nursing recruitment and retention is even more critical today as the availability of nurses diminishes. In an era of decreasing resources, increasing patient need, and continual cost escalation, nursing leaders are seriously evaluating and selectively choosing recruitment and retention strategies (Halfer et al., 2008).

One strategy reported in the literature is to implement longitudinal mentoring programs for new graduate nurses. In this study by Halfer et al. (2008), a close look was taken to provide additional learning opportunities and clinical mentoring. These structured new graduate nurse programs have been associated with a positive effect on retention.

The study was approved by the institution review board for investigataion at a 270 bed, Midwestern, urban, Magnet designated pediatric medical center. The sample consisited of 84 new graduate nurses in the pre implementation group, hired between September 2001 and August 2002, and 212 in the post implementation group, hired between September 2003 and August 2005. The new graduate nurses worked in medical and surgical units, neonatal and pediatric intensive care units, and emergency care. The

job satisfaction tool was developed by the investigators and comprised demographic fill in blanks, a Likert type scale seeking degree of agreement for 21 statements, and four open ended questions. The statements describing the organizational work environment were rated on a four step scale from "strongly agree" (four) to "strongly disagree" (one). Tool validity and test re-test reliability measures were determined. A factor analysis using a Varimax rotation was completed on the 21 items using four, five, six, and seven factors. The researchers found the seven factor analysis to be the most easily interpreted: competence, professional development, practice support, work schedule, becoming part of a team, resource access, and professional respect. The survey was mailed at 3, 6, 12, and 18 months corresponding with the nurse's time on the job (Halfer et al., 2008).

Treating the Likert scale as a continuous variable, adjusted means were calculated using a repeated measures mixed linear model, adjusting for time points, intervention years, birth generation, and shift as fixed effects. A first order auto regressive co-variance structure was specified. Treating the Likert scale as an ordinal scale, significance was determined using a repeated measures cumulative logit model, adjusting for intervention years, birth year generation, and shift as fixed effects. Unit effect was not adjusted for in the cumulative logit model due to the limitation of the software for this type of modeling. Significance was obtained using robust standard errors. The cumulative logit model did not converge for some questions (Halfer et al., 2008).

Agreement with job satisfaction was significantly higher in the post internship nurses as compared the pre internship nurses (p=0.046). No significance was found related to birth year generation. By 18 months, the adjusted mean averages for all questions ranged between 3.11 and 3.79. For two questions agreement did not change

significantly over time: fair staffing decisions and work schedules. One limitation of the study findings is that the number of respondents was the smallest at 18 months. Voluntary turnover was calculated for each internship class and averaged 12% compared to the pre internship group where turnover was 20% (Halfer et al., 2008).

Mentoring as a Teaching-Learning Strategy in Nursing

The purpose of this descriptive study using student centered learning theory by Riley and Fearing (2009), was to examine the effectiveness of using a nurse educator graduate student in an undergraduate nursing student mentoring program. A convenience sample of 18 nurse educator graduate students was obtained from a university school of nursing. The 18 nurse educator graduate students chose an undergraduate nursing student with academic problems to mentor for one semester. The graduate student administered the Learning Style Assessment using the VARK Survey (visual, aural, read/write and kinesthetic). Identified academic and study skills, strengths and weaknesses, and the student VARK survey results related to learning preference, provided the basis for the graduate student to develop an academic plan with individualized outcomes for the assigned undergraduate student. The graduate student submitted progress reports and a summary evaluation of student performance to the course faculty at designated intervals during the semester. At the end of the semester, the undergraduate students completed a 12 item Likert scale evaluation about the effectiveness of the mentoring. The tool assessed communication, level of assistance, accessibility, feedback and response time, support and attitude (Riley & Fearing, 2009).

End of semester evaluation results showed sixteen of the 18 undergraduate students completed the evaluation tool; 89% of the scored items were in the strongly

agree or agree categories. One item on each of two evaluations was scored as disagree for not enough information to answer. The rest of the items on these evaluations were scored in the strongly agree or agree categories. Several undergraduate students who had been in danger of failing the course stated they passed in part because of the extra help from their mentors. Specific areas of assistance mentioned by the undergraduate students were critical thinking case studies, and multiple choice questions developed by the mentor, learning their study strengths and weaknesses, time management and organization skills, individualized support, and encouragement. No negative comments were received. The graduate students reported progress on the goals of the academic plan and also indicated a belief that study skills, critical thinking skills, understanding of content, clinical time management skills, confidence levels, and overall clinical performance improved as a result of the mentoring project. A number of graduate students stated the experience with one on one mentoring increased their self confidence in the ability to apply the nurse educator content in the practicum setting (Riley & Fearing, 2009).

Effective faculty precepting and mentoring

The experiences and lessons learned in the design implementation and initial evaluation of a demonstration faculty to faculty mentoring program, during a time of major institutional reorganization are described in this study by Benson, Morahan, Sachdeva and Richman (2002). The question addressed was: can a voluntary mentoring program be established with minimal resources, and be effective in the context of major organizational change? Key design elements included two-tiered programs, voluntary participation, and selection of senior faculty members by the junior faculty members. A total of 20% of junior faculty, and 30% of senior faculty participated. Faculty indicated

the program was worth the time invested, had a positive impact on their professional life and increased productivity. There was high satisfaction with the mentoring relationship, the psychosocial mentoring functions, and a trend toward increased retention of minority faculty. Prior studies of the impact of mentoring on organizations have shown that benefits include employee motivation, job performance and retentions rates, providing a structured system for strengthening and assuring the continuity of organizational culture that provides members with a common value base, and with an implicit knowledge of what is expected of them and what they in turn can expect from the organization (Benson et al., 2002).

All participants engaged on a completely voluntary basis. The model for evaluation followed Kirkpatrick's and Phillip's levels for evaluation of education effectiveness including: participant assessment, knowledge and skill, behavior change, outcomes and return on investment. Database tracking was established for summative evaluation of outcomes in terms of promotion and retention rates. The specific within group evaluation methods included:

- Pre-program questionaire
- Faculty participation
- Thematic goal analysis
- Mid-year preceptoring program evaluation
- Focus groups
- Final preceptoring program and interim mentoring program evaluation

The final one year preceptoring program and interim mentoring program data were analyzed using chi-square overall, and within subgroups, to examine associations

between having a preceptor and remaining in your job. To compare preceptees and mentees on psychosocial and career function ratings of their preceptors or mentors a repeated measures two way ANOVA was performed. To confirm and follow up the results the Mann Whitney U and Wilcoxon non parametric tests were used because the data were not normally distributed (Benson et al., 2002).

The retention data showed a trend towards greater retention of participating junior faculty. The faculty participants in this program perceived they were more productive, had initiated more projects, and were more focused on their work. These results are consistent with numerous studies which have shown that mentees receive more promotions, have higher salaries, exert greater influence, have more opportunities, and are more satisfied with their jobs and careers than non-mentees (Benson et al., 2002).

Mentoring Beyond the First Year

This descriptive correlational study of 214 pediatric staff nurse protégés explores mentoring benefits among experienced pediatric staff nurse protégés through application of a business mentoring model, the Mutual Benefits Model to nursing. The researchers application of this model maintained that three characteristics of the mentoring relationship (mentoring quality, mentoring quantity, and mentoring type) would contribute to four specific protégé mentoring benefits (knowledge, personal growth, protection and career advancement) which were presumed to achieve a total mentoring benefits score for the protégé using the Jakubik Mentoring Benefits Questionnaire (Jakubik MBQ). The hypothesis that the linear combination or quantity, quality and type of mentoring relationship would predict mentoring benefits better than any one factor alone was rejected. The hypothesis was tested by stepwise multiple regression analysis

which revealed an over R=.55 with quality of mentoring as the only predictor variable

which entered the MR equation (p < .001) (Jakubik, 2008).

Both quantity and type of mentoring, however, were also positively correlated to

mentoring benefits and reached significance (p < .001), but were excluded from the MR

equation due to multicollinearity. Additional analyses of demographic variables failed to

yield any significant correlations with mentoring benefits. Lastly, multiple regression of

the sample subset of nurses who were mentored a year or more, yielded similar findings

to the overall study, reinforcing the finding that among the predictor variables tested,

mentoring quality is the single best predictor of mentoring benefits. The major

implication of this study is that nursing leaders and organizations can make lasting

impacts through high quality mentoring relationships even when they are time and

resource limited (Jakubik, 2008).

Using a Mentorsip Model to Prepare Newly Graduated Nurses for Competency

This research was conducted to study the level of nursing competency of newly

graduated nurses after using a mentorship model. Nineteen newly graduated nurses

worked with a trained mentor. Before the experiment newly graduated nurses were

evaluated regarding their nursing competency by head nurses two times, with a 1 month

interval between evaluations. Select experienced nurses were prepared in mentoring

roles. The mentors and the newly graduated nurses worked together for one month. After

that, newly graduated nurses were evaluated for nursing competency by head nurses

again. All data analyzed by median, quartile deviation, and Wilcoxon signed ranks test.

The level of nursing competency of newly graduated nurses was higher using the mentor

model. This finding showed that the mentor program increased the nursing competency of newly graduated nurses (Komaratat, 2009).

Confirming Mentorship

According to Ronsten, Andersson, and Gustafsson (2005), mentorship is related to nurses success in nursing practice, linked to professionalism, nursing quality improvement and self-confidence. The aim of this study was to elucidate mentorship of recently registered nurses' view of themselves with regard to their development of nursing competencies by means of the Sympathy-Acceptance-Understanding-Competence (SAUC) model for confirming mentorship.

Questionnaires, personal interviews, and focus group interviews were used for evaluation two years after the completion of a year of mentorship. Eight nurses were involved in this study. The study showed that novice nurses evaluated their mentors as confirming, which is understood as a key factor for novice nurses' positively reinforced self-relation (perception of themselves), and self-knowledge linked to improve competencies in nursing practice such as more secure and motivated to nurse, increased capacity to verbalize nursing situations and to reflect upon and evaluate patient situations based on patients unique identities as individuals, and improved abilities to support patients' own resources as individuals from a more holistic view and to establish collaboration with other professionals (Ronsten et al., 2005).

Perceptions Within a Mentorship Program

This study by Wolak, McCann, & Madigan (2009), suggests that mentees and mentors undergo similar experiences and perceptions in a mentorship program despite

different roles. The purpose of the study was to examine the experiences of mentees and mentors in a structured mentorship program.

By using a qualitative approach, with focus group methodology, in a nonrandom purposive sample, the study was conducted at a level I university affiliated hospital within a nine bed cardiothoracic intensive care unit. Mentors were identified as Clinical Nurse IIIs within the institutions clinical ladder. Mentees were identified as Clinical Nurse Is who had no previous critical care nursing experience. To meet inclusion criteria, mentors and mentees had to be paired for at least 10 months before the study. All mentors participated in the study (n=6), and all but one mentee participated (n=5) (Wolak et al., 2009).

Results of this study revealed the following shared perceptions from the mentees and mentors:

1. Availability

2. Sense of community

3. Support and knowledge

Mentorship programs create a unique environment that facilitates the educational opportunities for both the novice and expert clinician (Wolak et al., 2009).

Preparation of Nurses Who Precept Baccalaureate Nursing Students

In this study Rogan (2009), expresses that preceptorship/mentorship is employed by baccalaureate nursing education programs as a capstone experience and a means of initiating the professional socialization of senior level students who will shortly be new graduates. This quantitative, descriptive study explored the perceptions about preceptor preparation among nurses who precept baccalaureate nursing students. Mercer's Role

Attainment Theory was the theoretical framework for this study, in which 75 participants from two hospitals in the Midwest completed a survey. Two key findings emerged from the data: All preceptors of senior level nursing students want to know what their responsibilities are with regard to the student and the preceptorship/mentorship experience, and nurses in critical care areas identified learning how to teach critical thinking to senior level students as more essential than did nurses in other areas.

Summary

The mentor role is complex and comprehensive, and it requires more than mere supervision. The decision to mentor is not simply a reaction to a managerial mandate, but an unconditional volition in the mindset of a responsive steward. Mentoring is greater than the sum of its parts. Role responsibilities encompass both the psychosocial functions of modeling and networking, and the instrumental, or career development functions of coaching, sponsoring, and teaching. Mentors use all these operational modes to prepare their protégés, and prime their forward progression (Kopp & Hinkle, 2006).

To implement a successful mentoring program, first identify a specific program and its goals. Specific goals may include reducing stress during the transition from student to professional, increasing job satisfaction, or increasing new nurse retention during the first year of practice. Mentorship programs with fuzzy goals tend to be short-lived. The purpose of a mentoring program can include providing support and guidance to new nurse, facilitate new nurses success from novice to competent, help new nurses to perform effectively and with confidence. Important for the success of a mentoring program is organizational commitment. Identify a champion, who will support and provide resources for the programs development and implementation. Then select a task

force who will be responsible for the design, implementation, and evaluation of the mentor program (Krozek, 2011).

Dancer (2003) described a mentor as one who shares power, not exerts power; emphasizes the process, not the content; is a facilitator or enabler, not a diagnostician; enables information gathering, not gathers and analyzes information; one who manages the process, not one who outlines options; one who sees the relationship as key, not one to whom the relationship is important; and one who doesn't know best, versus one who knows better or best.

<center>**Chapter III**</center>

<center>**Methodology**</center>

Introduction

New nurses often feel unprepared and overwhelmed for the challenges of the

workplace during the first period of employment following graduation. More than 50% of

new graduate nurses leave their first professional nursing job in less than one year. The

loss of these nurses is costly to the facility and demoralizing to novice nurses (North et

al., 2006).

Problem

With a forecasted national nursing shortage that will become more severe over the

next decade, nursing leaders are looking for guidance on how to recruit and retain the

newest generation of nurses. Nursing turnover has financial cost for health care

organizations; more importantly it disrupts health care teams and ultimately impacts the

health care teams ability to deliver quality care. Nursing recruitment and retention is even

more critical today as the availability of nurses diminishes. Experts believe that the aging

Baby Boomer population will collide with the large population of registered nurses

nearing retirement to increase demands for health care and nurses. Thus, in an era of

decreasing resources, increasing patient needs, and cost escalation, nursing leaders are

seriously evaluating and selectively choosing recruitment and retention strategies (Halfer

et al., 2008).

Purpose

Health care organizations benefit when they attract new nurses and prevent their turnover. The actual costs of replacing a single nurse is estimated at $44,000 per nurse. By lowering turn-over rates, organizations avoid costs associated with recruitment, orientation and temporary labor coverage for vacant registered nurse positions. Retention is a crucial strategy for organizations during a prolonged national nursing labor shortage. Study findings indicate, and validate, that organizations implementing mentoring programs can increase the job satisfaction and one year retention of new graduate nurses (Halfer et al., 2008).

Research Questions

Research questions include:

1. Does the Critical Care RN Internship Program improve nurse perceptions of the work experience and job satisfaction?

2. Are preceptors confounded by birth generation or shift schedules?

3. Is the pattern of longitudinal job satisfaction consistent over time, after the implementation of a Critical Care RN Internship Program?

4. What is the impact of the Critical Care RN Internship Program on one year employment retention rates?

Setting and Population

This study will be submitted for approval to the Institution Review Board and conducted at a 853 bed, Midwestern, inner city, Magnet Designated, Trauma Level I medical center. There are more than 2300 practicing RNs, and 110 Advance Practice Nurses. These nurses practice in an environment that supports professional practice with

nurses actively participating in a clinical governance model that incorporates staff nurses on hospital boards, administrative, multidisciplinary, and nursing committees.

Sample

Group 1 will consist of 20 new graduate nurses in the pre-implementation group, who will be hired between January 1, 2012 and June 30, 2012. Group 1will be given the opportunity to rate their job satisfaction at 3, 6, and 12 months, Group 2 will be 20 new graduate nurses in the post-implementation of the mentoring program hired between July 2012 and December 31, 2012, who will complete the job satisfaction survey at 3, 6, and 12 months post-hire.

Protection of Subjects

The study will be presented to the facility's Institutional Review Board. Potential participants will be given information about the study in a letter when they are hired. Participation in the study is voluntary. Responses will be confidential in that all responses to the survey will be coded as to participant identity with data reported at the aggregate level. Completed surveys will be stored in a locked file cabinet in a locked office with only the principle investigator having access.

Procedures and Instruments

The job satisfaction tool was developed by Halfer and Graf (2008) and comprised demographic fill in blanks, a Likert-type scale seeking degree of agreement for 21 statements, and four open ended questions. Demographic data will be collected on year of birth, length of employment, and scheduled working shifts. The statements describing the organizational work environment will be rated on a four-step scale from strongly agree (four), to strongly disagree (one). Tool validity and test-retest reliability measures are to

be determined. A factor analysis using a Varimax rotation will be completed on the 21

items using four, five, six, and seven factors. The researcher expects the seven factor

analysis will be the most easily interpreted based upon the Halfer and Graf (2008)

findings. The seven factors are: competence, professional development, practice support,

work schedule, becoming part of a team. resource access, and professional respect.

The survey will be mailed at 3, 6, and 12 months corresponding with nurse's time

on the job including an addressed reply envelope. A second mailing, and reminder, will

be sent to non-respondents three weeks later, to increase the survey return rate.

Data Analysis

Treating the Likert scale as a continuous variable, adjusted means will be

calculated using a repeated measures minced linear model, adjusting for time points,

intervention years, birth generation, and shift as fixed effects. A first-order, auto-

aggressive co variance structure will be specified. Treating the Likert scale as an ordinal

scale, significance will be determined using a repeated measures cumulative logit model,

adjusting for intervention years, birth year generation, and shift as fixed effects. Unit

effect will not be adjusted for in the cumulative logit model due to the limitations of the

software for this type of modeling. Significance will be obtained using robust standard

errors. The cumulative logit model will not converge for some questions. For these

questions, significance will be determined using the linear mixed model. All models will

be adjusted for the correlation between repeated measures for the same subjects. Analysis

will be performed using SAS 9.1 with only the principle investigator having access to the

statistical program with entered data.

Summary

In this study, overall job satisfaction is expected to be significantly higher in Group 2, who received the benefit of the mentorship program to that of the pre-implementation Group 1. Improved job satisfaction is expected to also reflect a lower turnover rate.

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