

Can Mentoring Make a Difference for New Nurse Graduates?

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INTRODUCTION

Topic

- Hospitals are hiring new graduates at alarming rates (Santucci, 2004).
- Turnover of bedside nurses is 18% (Peng & Rewers, 2021).
- 17% of graduates leave the profession within 1 year ("Engage New Nurses with Caring" 2018).
- Mentoring can assist nurses in acclimating to the workforce (Krofft & Stuart, 2021).

Problem

- New nurses are leaving bedside nursing which results in staffing challenges.
- Formal mentoring may:
 - Improve the patient experience of care due to consistency of care.
 - Reduce the per capita costs of health care due to lower turnover of nurses.
- Nursing retention at Vanderbilt University Adult Hospital VUAH is at an all time low: 62.7% FY 2022 through May (Tableau, retrieved 7/11/2022).
- New Nurse residents leave the profession within the first year ("Engage New Nurses with Caring", 2018).

Team Members

- Nurse Managers of general medicine and medicine step down units Vanderbilt Medical Center Adult Hospital (VUAH)
- Nurse educators of Medicine units-VUAH
- Director of Nurse Residency program-VUAH
- Executive Sponsor: Associate Nursing Officer of Medicine In-Patient Units-VUAH

Aim

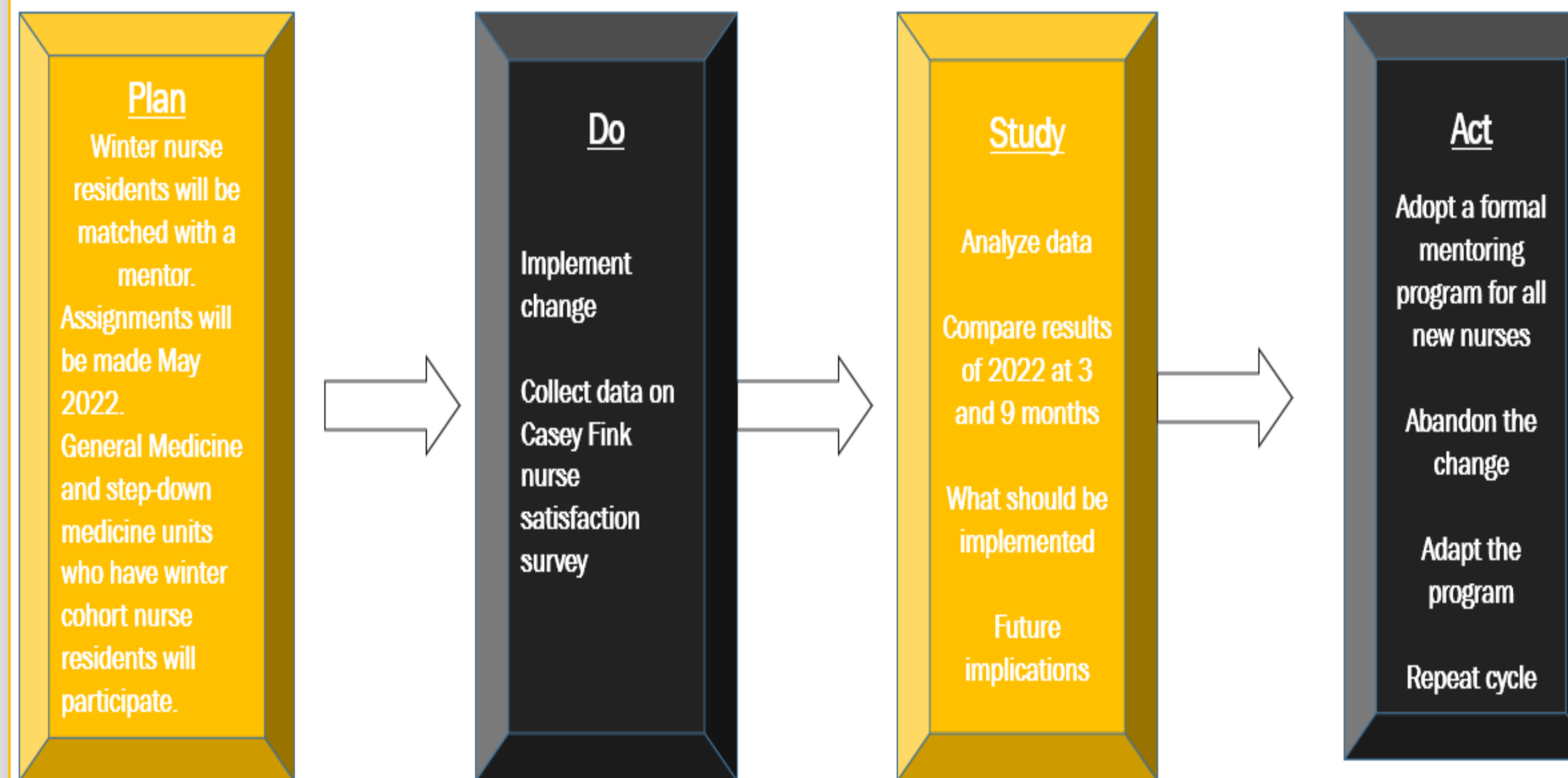
To improve the ratings of nurse satisfaction as measured by the Casey Fink nurse satisfaction survey taken by winter nurse residents in 2022 at three (3) and nine (9) months after starting the program with implementation of a mentoring program after 3 months.

Objectives

- Inform nurse residents of project and goals. Communicate that this is an opt-out project.
- Choose mentors based on recommendation from managers and staff willingness to participate in this project.
- Prepare packets on mentoring resources and tools as well as documentation for mentors.
- Gather group of mentors and present with mentoring information and goals of project.
- Schedule monthly meetings with group members to assess need for any assistance.
- Gather survey results.

METHODS

PSDA Cycle



The tables below do not reflect improvement in any category. More work should be performed in order to obtain increased participation prior to abandoning project.

	#1	
	Pre	Post
1	3.8	3.8
2		3.2
3	2.9	
4	4.0	3.9
5		3.8
6		2.0
7		3.3
8		3.7
Mean	1.3	3.0
SD	0.7	0.5

Support (α=.90): Average of nine (9) questions from survey

	#2	
	Pre	Post
1	3.5	3.7
2		3.0
3	2.7	
4	3.8	3.0
5		3.7
6		3.0
7		2.8
8		3.0
Mean	1.3	2.8
SD	0.6	0.4

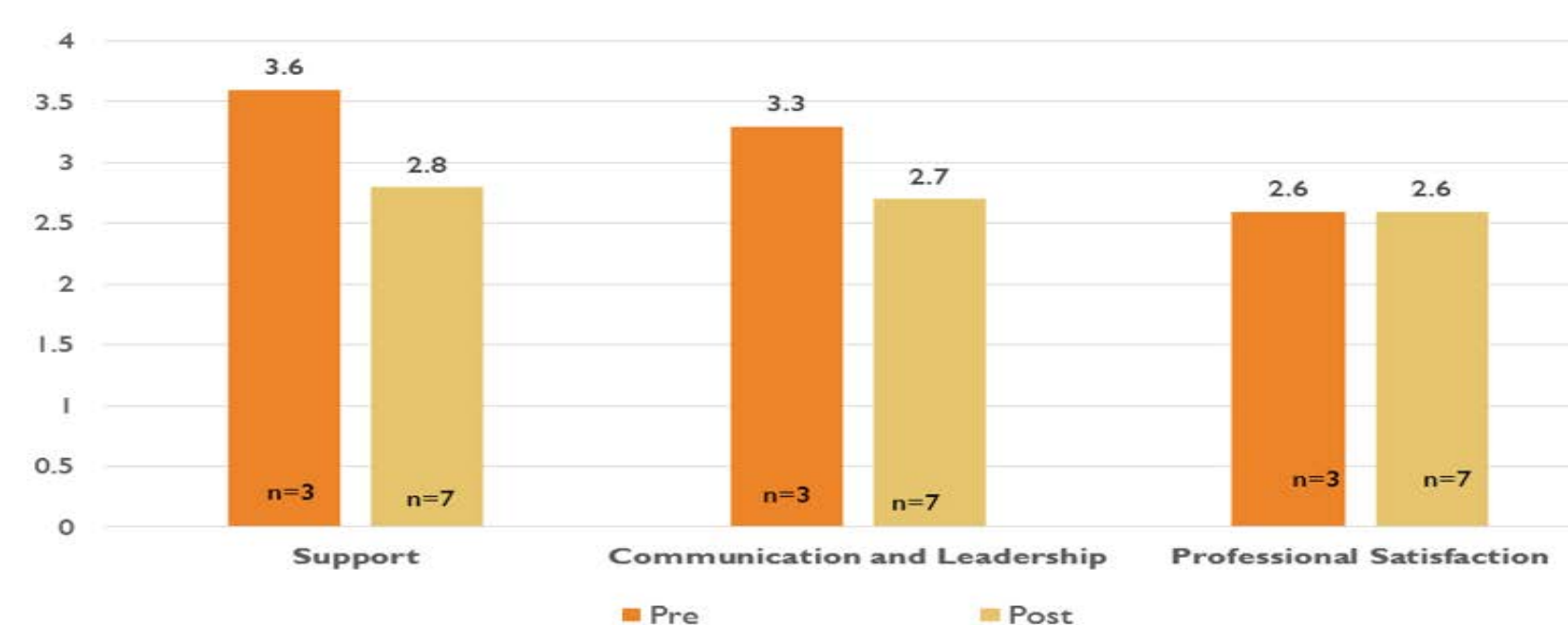
Communication/Leadership (α=.83): Average of six (6) questions from survey

	#3	
	Pre	Post
1	2.3	3.7
2		2.3
3	3.0	0.0
4	4.0	4.0
5		3.0
6		2.3
7		3.3
8		2.7
Mean	1.2	2.7
SD	0.6	0.4

Professional Satisfaction (α=.83): Average of three (3) questions

Casey Fink nurse survey results

Pre and Post mentoring implementation scores. Vertical axis reflects average score of questions in each category.



Pre: Mean=3.17, Median=3.30, SD=0.15
 Post: Mean=2.7, Median=2.7, SD=0.1
 Key: Strongly Disagree=1, Disagree=2, Agree=3, Strongly Agree=4

RESULTS

The aim of this project is to measure if a formal mentoring program for new graduate nurses makes a difference in their experience. The Casey-Fink Graduate Nurse Experience Survey was utilized to measure experience in support (nine questions), communication/leadership (six questions), and professional satisfaction (three questions). Reliability factors ranged from .71 to .90 (Smith, 2022). The data presented does not show a statistical difference between pre and post implementation of a mentoring program. The table below represents comments from the mentees and mentors, which reflect positive responses.

Mentee	The mentor was a good match for me. We had a lot in common. We were on different shifts and that made it hard. I liked having an experienced nurse to go to that was once in my shoes.
Mentor	It was nice to catch up with the mentee and get to know the new nurses. Due to this work, I got to know the new nurses. The trust was built, and the nurse confided in me to talk topics out. I felt I was helping her.
Mentor	Love the idea. It was hard to meet due to different shifts. I felt like I was helping her but would have liked to meet more.
Mentor	I checked in with my mentee often and liked being able to be there if he needed anything. I think it helped him getting used to the unit.

IMPLICATIONS FOR PRACTICE

- Future work would include:
 - Mentees choosing their own mentors
 - Mentors and mentees being on the same shift and schedule.
- There could be a newer nurse with a more experienced nurse on a different schedule overseeing the group/pair.
- Build a structured pairing system if mentees and mentors are paired by the organization.
- Follow up with those that aren't participating in the survey as the data is essential to future work.

REFERENCES

Engage new nurses with caring. (2018). *Nursing Management*, 49(7), 1-1. <https://doi.org/10.1097/01.numa.0000542291.60376.e0>

Krofft, K., & Stuart, W. (2021). Implementing a mentorship program for new nurses during a pandemic. *Nursing Administration Quarterly*, 45(2), 152-158. <https://doi.org/10.1097/naq.0000000000000455>

Peng, J., & Rewers, L. (2021, October 6). *Why so many nurses are quitting (and what to do about it)*. https://www.advisory.com/daily-briefing/2021/10/06/nurse-turnover?utm_source=member_db&utm_medium=email&utm_campaign=2021oct06&utm_content=member_headline_final_ecpost_x_x_x&elq_cid=2238552&

(2022, June 3). Tableau. Retrieved July 11, 2022, from <https://tableau.app.vumc.org/#/site/HR/views/TURNOVERRETENTION/PCCAncillaryRetention>

Santucci, J. (2004). Facilitating the transition into nursing practice. *Journal for Nurses in Staff Development (JNSD)*, 20(6), 274-284. <https://doi.org/10.1097/00124645-200411000-00007>