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Mentoring, Retention and Transition of the New Graduate Nurse to Practice

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Abstract

Nearly half of the nurses that are hired in acute care hospital settings are newly licensed nurses. Many of these nurses come with progressive ideas, noble hopes and great dreams that are often crushed when the reality of the high pace, heavy workload and a less than ideal support systems are experienced. A lot of these nurses are leaving their jobs within the first year, searching for less stressful environments in healthcare. This is detrimental for everyone involved; including most often the nurse. One attempt to prevent this turnover involves supporting new nurses through mentoring programs that help them transition from novice to a more competent nurse. Such programs assist in: increasing their knowledge base, orienting them to the job and the facility, helping them understand the expectations placed on them and boosting their confidence, all helping to build productive, better adjusted employees. This paper reviews and evaluates some programs that are currently being utilized in different facilities. It will focus on support mentoring, precepting and retention of the new graduate nurse.

Mentoring, Retention and Transition of the New Graduate Nurse to Practice

Significance and Background

The nursing shortage is a challenge that does not have an easy answer. Shortages in nursing can be seen throughout history trending higher during times of war. Current shortages mimic conditions seen over fifty years ago. As put forth by Roberta Spohn (Assistant Executive Secretary of the American Nurses Association in 1954) although many professional fields have shortages; nursing seems to continually suffer from the condition (Fox & Abrahamson, 2009). This observation reflects the dilemma that still exists today. There have been many policies, procedures and practices put in place in the subsequent years to stem this chronic crisis. One solution that is receiving positive, sometimes incredible results starts with a new nurse and through an established procedure transitions them to practice. These unit specific programs have proven successful in the retention of new nurse graduates.

At one time nursing was a career predominately comprised of females. Women had few choices when it came to jobs. They could be a secretary, a teacher, a nurse or perhaps one of a very small handful of other options, many chose nursing. The economic downturn in 2007 and 2008 saw the return of the aforementioned retired nurses to the workforce. The staffing crisis was lulled by a false sense of fulfillment. This resulted in many administrators relaxing their efforts to recruit and retain nurses (Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010). The overabundance of seasoned nurses as well as the demands of higher acuity patients drove them to rely heavily on the experienced nurse.

There is one theme that is prominent throughout the many studies involving nursing shortages, the focus on the baby boomer group. This is an aggregate population born 1946 to 1964 in the aftermath of the World War II era. Comprising the largest majority of the nursing workforce, this

group nears retirement age while at the same time increasing the patient population workload. It is estimated that 400,000 (Zangaro, Soeken, 2007) nurses will be needed to assist with this population alone to keep up with this specific demand. According to The Bureau of Labor Statistics from a report done in 2005 there will be an influx of 703,000 jobs for registered nurses between 2004 and 2014 (Zangaro, Soeken, 2007). A way to keep up with the dwindling supply of nurses is to hire new graduates. It is estimated that 42% of the nurses hired in acute care hospitals are new graduate nurses (Goode, Lynn, Krsek, & Bednash, 2009). The problem is not solved once they are hired, the challenge is keeping them engaged and retaining their service.

Specific Problem

Currently there are more schools than ever that produce entry level Registered Nurses. One study indicates 36% of these new nurses leave their first job within the first year of employment and 56% leave within the second year (Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010). This poses numerous problems for hospitals. A new nurse can cost these facilities anywhere from 50 to 150 percent of their salary in related expenses. The study estimated the cost to hospitals translates into $300,000 per percentage point of turnover in staff nurses (PriceWaterhouseCoopers, 2008). Turnover also creates other problems such as low morale, resulting from staffing issues which often plague an already overworked unit.

Among the dilemmas listed by new graduate nurses faced on a daily basis are: lack of support mechanisms, communication issues with other staff and physicians, unrealistic workloads and inability to transition from a student to a nurse (Pellico, Brewer & Kovner, 2009). The transition process to professional practice has been studied extensively by Dr. Marlene Kramer in her nursing research appropriately titled, *Reality Shock*. This study notes the difference between values conceptualized in

nursing school and those experienced in the 'real' world of healthcare (Duchscher, 2008). New nurses are precious resources (Spence, Grau, Finegan & Wilk, 2010) who must be supported and developed through positive work environments and a well thought out orientation program. This program should provide the education and guidance they need to be successful. Mentoring programs have been shown to reduce staff turnover from 31% to as little as 0% in a one year pilot program (Fox, 2010).

Role of the Nursing Leader

The responsibility of a nursing leader is to train new nurses through transformational leadership. This type of leader identified by the Scopes and Standards of Practice, promotes open communication, enthusiasm, vision, shared governance, quality practice and a genuine caring and support for nurses (American Nurses Association, 2009). The leader must be able to provide a climate of learning in an environment that is psychologically safe and in such a way that it fosters a climate of trust and mutual respect (Billings & Halstead, 2009). In contrast, an ineffective leader can be the root cause of staff turnover, organizational issues and medical errors by not engaging with the unit or meeting the needs of its staff (Rouse, 2009).

Research has shown that when leaders are involved with the staff through mentoring opportunities, they allow staff members to learn from their experiences. This involvement increases morale, competency and quality of work in the staff member (Rouse, 2009). A new nurse is full of promise and sees themselves as empowered and holding a position of prestige (Pellico, Brewer & Kovner, 2009). The leader builds on this type of thinking to assist in creating a confident nurse who is able to tackle daily issues that involve use of expertly honed critical thinking skills. All of this helps assure the bottom line which is delivery of quality patient care.

Mentors and Preceptors

Leaders should identify mentors using a criteria list. The mentor must be: current on the standards of practice, considered as an expert in the unit and be an exceptional communicator. Whenever possible, mentors should be paired with protégés that have compatible personality traits such as those identified by tests such as Myers-Briggs. They should be considered trust-worthy and non-threatening. Mentors need to have high scores on their most recent performance review which is usually indicative of their level of engagement within the facility. (Fox, 2010) The table below lists important criteria for the mentor and the protégé.

MENTOR-PROTÉGÉ SELECTION CHARACTERISTICS

GENERAL CRITERIA FOR SELECTION-MENTOR	GENERAL CRITERIA FOR SELECTION PROTÉGÉ
• Keeps current on practice standards • Is considered an expert on the unit • Is a good listener • Is able to provide advice appropriately and in a timely manner • Is able to teach new nurses • Is able and willing to share knowledge and experiences • Promotes a positive environment and is optimistic • Promotes learning and professional advancement • Serves as an advocate to promote the nursing profession • Encourages ideas • Is nurturing, kind, considerate, and trustworthy • Is not threatened by others • Works with the hospital's mission and values • Is committed • Works well under stress • Demonstrates all of these characteristics by example "Mentors will be expected to motivate, support, teach, counsel, promote, and protect." (Lacey, 2008, p. 24)	• Seeks challenges or new responsibilities • Looks for feedback • Accepts responsibility for professional development and growth • Seeks to improve • Reflects interest in investment for the future • Is committed to the program and the mentor • Is willing to look at issues from different viewpoints • Tries new approaches • Views mistakes as a learning process • Communicates needs • Is excited about nursing • Is coachable "The primary consideration for selection of mentees should be that they are motivated to develop different or greater competencies through an intensive relationship with their mentor." (Lacey, 2008, p.31)

(Fox, 2010 p. 313)

Mentors and preceptors are resources and teachers and although their titles are often interchanged, there is a difference. A mentor establishes a relationship with mentee and helps the novice nurse develop as a professional. At the same time they assist with social culture offerings and constructive feedback. A preceptor orients the new nurse to responsibilities, rules and practice goals and offers opportunities for hands on learning experiences. A new nurse can have many preceptors although it is often difficult to have more than one mentor (Persaud, 2008).

Informal Mentoring

A mentee can have informal mentoring instruction. The quality of this form of mentorship relies heavily on the past experience of the mentor and how they were taught as a new nurse. A drawback may be that the mentor, even as a high performer, may not have the teaching skills needed to understand what the student's learning needs are. Informal mentoring is based on mutual identification and is often unstructured, and usually takes longer than formal programs. One study noted that informal mentoring took approximately 3 to 6 years while a formal program was 6 months to 1 year. Informal mentoring has its basis more in psychological support rather than educational.

Advantages to this type of mentoring are that the mentor and protégé can mutually decide how their relationship will be. Mentors can observe and give feedback informally. Through informal learning the protégé can have the advantage of many mentors. The disadvantages to informal mentoring programs are that protégés may be perceived by fellow coworkers as being the favorite that may elicit feelings of conflict in the unit (Tourigny & Pulich, 2005).

Evidence to Support Nurse Transition Programs

Environments that used to be open exclusively to seasoned nurses such as Emergency Departments, Intensive Care Units and Operating Rooms are now utilizing new nurses immediately

upon successful completion of their board examination. Nursing shortages in all of these specialized areas have created the opportunity for new nurses to go into these areas, which was once very rare. As one author stated, hiring new graduates is now the rule, not the exception (Persaud, 2008).

A critical time of employment for a new nurse is the first 12-24 months. This is the time frame when the nurse experiences the most challenge and will be more likely to leave (Fox, 2010). One of the ways that organizations can support the transition of the novice nurse is through mentoring programs (Berezuik, 2010).

There is a great need for new nurse transition programs to build competent nurses who are prepared to practice in specialized, acute care areas and who will also stay in nursing as long as their predecessors (Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010). Although nursing schools are preparing students for the basic foundation in nursing, the expectation that they can transition into an acute care hospital setting upon graduation needs to be reevaluated. It has been noted by University HealthCare Consortium (UHC) and American Association of Colleges of Nursing (AACN) that 1 year residencies are successful for new graduates. Students tend to start out confidently and 3 months (for med-surg and 6 months for ICU) into their residency they are taking patient assignments. During this period it is noted that the residents' confidence in their skills and their abilities plummet. It is toward the end of the year that they regain confidence and autonomy and are better able to provide safe, competent care to the patient (Goode, Krsek, Bednash, & Jannetti, 2009).

Implementation Plan

The first step in implementation is to evaluate the different transition programs that can be utilized for the novice nurse and then decide on the one that closely matches the unit, changing where appropriate to ensure relevance. A few examples of programs available are: The St. Francis Hospital

and Health Centers (SSFHS) program that is geared towards Inpatient, Pediatric, NICU, Orthopedics, ED and Transplant Units. The Association of periOperative Registered Nurses (AORN) program, Peri-Op 101 targeted toward circulating nurses in the operating room and in labor and delivery units. The UHC and AACN have nursing residency programs that specialize in medical-surgical and critical care units. The Versant RN Residency program has residency curriculum in medical-surgical, labor and delivery, ED, NICU, OR and pediatrics (Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010).

Once the program is decided upon, financial costs and benefit analysis must be calculated in order to "sell" the program to the institution. The UHC/ANCC program was estimated to be $2,023.91 per student. This figure included many factors such as faculty fees, materials, refreshments, and RN replacement costs for residents who attended educational sessions (Goode, Krsek, Bednash, & Jannetti, 2009). The start-up costs of AORN's Peri-Op 101 program are estimated to be a little over $5,000.00 through HealthStream. The fee includes 2 System Administrators, 4 Preceptors and 12 Student allocations. These fees, while high, can be considered cost effective when comparing them to the cost of nurse turnover.

Mentors and preceptors need to be identified for the individual programs and the time needs factored in to meet unit staffing requirements. A breakdown of the structured events needs to be included in the formal procedures observed at each facility. Programs such as Peri-Op 101 have suggested schedules and times it usually takes to complete the task. (See brief example on next page)

MONDAY			
	0700	Distribute Binders	
	0715	Orientation Expectations	
	0745	√ Introduction to the Periop 101 Learning Environment	
	0800	Break	
	0815	Introduction to Periop Nursing	
	0845	√ Video: This is Periop Nursing (15 min)	1700
	0900	√ Module: Introduction to Perioperative Nursing (1 hr)	PCC 8

The last step in implementation is to identify your students. Although the program's basic outline needs to be consistent it can be adjusted to meet the individual student's learning needs. A contract needs to be put into place to demonstrate that both the mentor and mentee have ownership and commitment to the program.

Plan for Evaluation

Evaluation is needed throughout the process to review how effective the program is to the individual student, the students as a group and the facility. The UHC/ANCC residency program that was tested at 12 sites utilized four different instruments for measuring outcomes. They are listed as follows: Casey-Fink Graduate Nurse Experience Survey, Gerber Control over Nursing Practice Scale, McCloskey Mueller RN Job Satisfaction Scale and Program Evaluation Scale (Goode, Krsek, Bednash, & Jannetti, 2009). The evaluation used in the Peri-Op 101 uses a qualitative survey and asks such questions such as "Do you feel you were able to communicate effectively and establish a positive beneficial relationship? If not, why?" (Persaud, 2008). Following is the format utilized by the SSFHS program in their evaluation:

1. There is good coordination and communication of effort in my work group.
2. My work group works together when a problem needs to be solved.
3. Departments work well together to get the job done.
4. Our unit personnel treat one another with respect and dignity.
5. Employees are treated with respect by the physicians.
6. Employees go out of their way to help and support patients.
7. I am encouraged to come up with better ways to meet customers' needs.
8. The values of the organization are evident in our everyday practices.
9. I would recommend this organization to a friend as a good place to work.
10. My work makes good use of my skills and abilities.
11. Overall, I feel confident that my job will be satisfying 1 year from now

(Fox, 2010, Pre & Post Evaluation Survey)

Conclusion

The only way to meet the future staffing needs within the nursing profession is through the use of new nursing graduates. The studies discussed have shown that having a transitional program in place for these new nurses will have a positive impact on the turnover rate experienced in the industry. Mentoring and a structured learning process with goals and objectives have proven successful as a way to help the novice nurse gain practical experience in a positive way. Surveys have shown that a graduate nurse who has been through a transition program feels supported and is therefore more likely to demonstrate self-confidence and perform the required tasks in a more competent manner.

It is hoped there will come a time when transition programs are accepted as standard practice and the related costs of these programs seen as money well spent. The idea is to give the new nurse the tools needed to develop the confidence and understanding required to provide quality, safe care for the patients in a challenging environment. (Goode, Lynn, Krsek, & Bednash, 2009). This benefits all parties involved by making the nurses transition less painful and more rewarding, reducing the turnover rate which cost the facility in the many ways discussed.

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