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## Reach Them to Keep Them: The Effects of Mentorship on New Graduate Nurse Retention

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Reach Them to Keep Them: The Effects of Mentorship on New Graduate Nurse Retention

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### **Abstract**

The nursing shortage has become a national healthcare problem. Hospitals have employed several strategies to mitigate the effects of this shortage. One is the implementation of mentorship programs, which may be especially effective with new graduate nurses (NGNs). NGN attrition rates within the first year of practice are high. In 2022, the national turnover rate for nurses within their first year of practice was 31% (Nursing Solutions Inc., 2022). These nurses are valuable as they provide a pipeline of replacements for experienced nurses leaving the profession. According to the 2020 National Nursing Workforce Survey, 20% of RNs are planning to retire in the next five years (Smiley et al., 2020). NGNs are the future of nursing, and their retention within the profession must become a priority. The evidence supports that through mentorship, NGNs receive the support necessary to move through the transition to practice, which positively affects their intent to stay scores and overall retention (Brook et al., 2021; Jones, 2017; Mills et al., 2016; Schroyer et al., 2020; Szalmasagi, 2018).

This DNP project aimed to measure the effect mentorship has on NGN retention. A pilot study was conducted which introduced formal mentorship to NGNs. A quantitative intent to stay tool was given pre and post-intervention.

The scores for NGNs with mentors and without mentors increased over 16 weeks. However, the NGN with mentors increase was significant indicating the positive effect mentorship has on NGN retention. Therefore, the results support the use of formal mentorship.

*Keywords:* new graduate nurse, mentor, mentorship, retention, transition to practice, intent to stay

**Reach Them to Keep Them: The Effects of Mentorship on New Graduate Nurse Retention**

Approximately 1.7 million new graduate nurses (NGNs) join the workforce annually (World Health Organization, 2020). In 2022, nurses had a 31% turnover rate within their first year of practice (Nursing Solutions Inc., 2022). Strategic interventions must be taken to address this issue. Organizational attention to new graduate nurse (NGN) retention may be a strategy to mitigate the exponential extension of the nursing shortage and the resulting decline in the healthcare system (Auerbach et al., 2022).

Mentorship can be used to increase NGN retention (Jones, 2017; Kroft et al., 2021; Gularte-Rinaldo et al., 2023; Rush et al., 2013; Schroyer et al., 2020; Szalmasagi, 2018; Ward-Smith et al., 2022). A literature review reveals that mentors positively impact the development and retention of new graduate nurses (Jones, 2017; Gularte-Rinaldo et al., 2023; Rush et al., 2013; Schroyer et al., 2016; Szalmasagi, 2018; Ward-Smith et al., 2022). This impact may occur when mentor relationships are initiated within the first 12 months of the NGN's role transition (Zhang et al., 2016). Transitioning into a professional nurse from a nursing student has an element of shock for the NGN (Brook et al.; Duchscher, 2008; Schroyer et al., 2016; Zhang et al., 2019).). The term "transition shock," coined by Duchscher (2008), is a phase characterized by the NGN feeling rejected, fatigued, and emotionally withdrawn, causing the NGN to view their transition as dysfunctional (Wakefield, 2018). Without intervention, this transition phase can result in dissatisfaction and attrition of the NGN (Szalmasagi, 2018). An evidence-based mentorship program, implemented within the first year of the NGN's transition to practice, can offer support during the "transition shock" period, mitigate the negative impacts of this phase, and increase retention (Duchscher, 2012; Zhang et al., 2019).

## **Background**

Nurses are retiring faster than new nurses are entering the profession (American Nurses Association [ANA], 2020). The Bureau of Labor Statistics forecasted the nursing shortage for 2022 to be at 1.1 million nurses needed (Bureau of Labor Statistics, 2021). These facts, in context with the aging population, the shortage of registered nursing staff, and the retirement of experienced nurses, may impact the future of healthcare. According to ANA, the state of nursing is a national crisis affecting the quality of care and patient health outcomes (2021). Retaining NGNs may be critical in maintaining safe staffing levels and strengthening the nurse force (Auerbach et al., 2022).

NGN retention also impacts an organization's financial sustainability. According to a 2022 systematic review, nurse turnover costs \$21,514 to \$88,000 per Registered Nurse (RN) (Bae, 2022). Mentorship as a strategy to increase nurse satisfaction, decrease nurse burnout, and support NGN transition may assist NGN retention and decrease costs (Dirks, 2021; Mills et al., 2016; Silvestre et al., 2017; Szalmasgi, 2018; Zhang et al., 2019).

The Doctor of Nursing Practice (DNP) project investigates the implementation of mentorship within a structured nurse residency program and its effect on intent to stay. The purpose is to introduce a formal, evidence-based mentorship program to NGNs, collect data on intent to stay through a validated tool, and analyze the results to determine if mentorship will increase intent to stay. The objectives for the project include a) measuring new graduate intent to stay pre-implementation and at the end of the mentorship program, b) identifying key themes related to intent to stay, and c) identifying aspects of a mentorship program that affect intent to stay.

**Clinical Practice Question**

Does the implementation of a mentoring program (I) increase intent to stay (O) among new graduate nurses in the residency program (P) compared to no mentorship program (C)?

**Literature Review**

A comprehensive literature review used the key terms mentor(ship), new graduate nurse, intent to stay, transition to practice, and retention. The databases searched were CINAHL and PUBMED. Filters used in advanced searches of these databases were peer-reviewed academic journal articles written between 2016 and 2022. The total number of articles was 379. Duplicates were then removed, and 136 articles remained. Of these articles, 36 were relevant to this literature review. Two articles that were published prior to 2016 were chosen as primary sources. Additional articles used were for statistical and demographic information, validation of the Intent to Stay tool, and literature related to the theoretical framework used.

**Transition to Practice Programs**

Transition to practice, or nurse residency programs, are a supportive strategy in educating, orienting, and retaining NGNs. Nurse residency programs (NRPs) are purposed to facilitate the NGN's passage from student to professional working nurse. (Rush et al., 2019). NRPs were developed due to the need to strengthen the quality and safe practice of NGNs (Jakubik et al., 2017). Recommendations that hospitals have NRPs to support NGNs are supported by the American Association of Colleges of Nursing (AACN), the Commission on Collegiate Nursing Education (CCNE), and the National Council of State Boards of Nursing (NCSBN) (Ward-Smith et al., 2022). These programs can have various components, including preceptorship, formal and informal education sessions, and mentoring (Rush et al., 2019). NRPs also vary in length but usually support the NGN during their first year. As a component of these



programs, mentorship is a consistent theme as a strategy to support NGNs through their transition (Brook et al., 2019; Rush et al., 2019; Van Patten & Bartone, 2019). According to Brook et al. (2019), NGNs in orientation have a 17% increase in retention when they engage in a mentoring relationship (2019).

Mentorship is a reciprocal and collaborative learning relationship between two, or more, individuals with mutual goals and shared accountability for the outcomes and success of the relationship. The process involves a more experienced person assisting in the learning and development of a less experienced individual (Academy of Medical-Surgical Nursing, 2012, p.3).

Mentorship positively affects the success of the transition to practice for NGNs (Van Patten & Bartone, 2019). NGNs experience stress and anxiety at high levels as students and subsequently bring that stress into their first job as nurses (Kachaturoff et al., 2020). Stress reduction results from having a supportive mentor and the process of debriefing. (Van Patten & Bartone, 2019). Socialization to the workplace may also decrease stress and anxiety felt by the NGN. The mentorship relationship facilitates engagement and fosters socialization. By facilitating socialization in the workplace, fostering positive relationships, and creating a healthy work environment, the NGNs have increased intentions of staying employed (Krofft & Stuart, 2021).

### **Mentorship and Retention**

Mentorship of the NGN is a collaborative relationship where a nurse with experience shares knowledge (Dirks, 2021). The goals of the NGN are the relationship's focus, and the mentor offers support in several areas. These areas include clinical practice, professional development, and navigating life as a new nurse (Duchscher, 2012). This knowledge-sharing and

goal-setting with an experienced nurse provides the support needed to ease the shock of their new professional transition. Mentorship facilitates the NGN's transition to practice, increases job satisfaction, improves communication skills, and elevates self-confidence, which may encourage intent to stay (Gularte-Rinaldo et al., 2023; Saletnik, 2018). Therefore, the strategy of mentorship has a positive effect on NGN retention (Mills et al., 2016; Szalmasagi, 2018; Zhang et al., 2019).

Furthermore, mentorship of NGNs helps their transition to practice by increasing job satisfaction. Having a mentor during transition shock is supportive and can mitigate the negative impacts of transition shock and decrease dissatisfaction (Duchscher, 2012). Mentorship is guidance that may support NGNs through the transition from student nurse to novice nurse.

A mentor offers guidance in the clinical setting and, often, outside the clinical setting. Factors that impact NGN retention include clinical support and professional development support. Mentoring programs facilitate the NGN's transition to practice by guiding clinical skill acquisition and reflection. This guidance supports the development of confidence in the NGN (Jangland et al., 2021). Many nurses recognize that the most impactful mentoring relationships occurred when they were novices (Hale & Phillips, 2018).

The mentor can also serve to bridge the theory-practice gap NGNs encounter. This gap is a discrepancy between didactic learning and clinical practice (Kerthu & Nuuyoma, 2019). Facilitating the connection between what the NGN learned as a student and their new experiences in clinical practice is a function of the mentor and can effectively decrease transition shock.

Critical factors for NGNs leaving a workplace or the profession included staffing and scheduling (Buffington et al., 2012). NGNs are usually placed on overnight shifts at the

beginning of their career, which may not be physically or socially palatable for them. During night shifts, staffing may be lower, and the patient load may be higher. This presents a problem for NGNs learning to navigate a manageable patient assignment. Stakeholder awareness of these factors is vital to the successful retention of NGNs. A mentor can share their experience as a new nurse and offer empathy and advise.

### **Conceptual Framework**

A conceptual framework with an evidence-based foundation that promotes a supportive environment for newly transitioning NGNs is Duchscher's Transition Theory. Duchscher's work represented decade-long research that analyzed the NGN and their transition into practice (Duchscher, 2008). This conceptual framework is the theoretical structure for this DNP project, which investigates mentorship's impact on intent to stay.

This theory is an extension of Kramer's Reality Shock theory (1974), which identifies four stages of transition for the NGN. These phases are honeymoon, shock, recovery, and finality. The explanation of these phases describes the NGN's emotional, social, intellectual, and kinesthetic experiences (Kramer, 1974). The common theme in both theories is the definition of stages that can be identified when an NGN enters the workforce. In each stage, the NGN expresses social, emotional, educational, and psychological needs that can become barriers to retention (Kramer, 1974; Duchscher, 2008; Graf et al., 2019). The intervention of active mentorship can help the NGN successfully move through these stages. Duchscher (2008) identifies the first four to six months as a "transition shock" period for the NGN. This period includes a realization that their experience as a nurse does not mirror what they thought it would when they were students. They are shocked by the reality of nursing and may feel unprepared

for practice, socially inept, and lack satisfaction (Duchscher, 2008). A mentor can provide a space for open, honest dialogue about feelings of incompetence, isolation, and dissatisfaction.

The stages of transition that emerged from Duchscher's research are *Doing*, *Being*, and *Knowing* (Duchscher, 2008). These stages are identified over the first 12 months of an NGN's transition into practice (see Appendix A).

The first stage of *Doing* is a behavioral and psychological phenomenon that occurs in the first three to four months. This stage is characterized by the discovery of the reality of nursing rather than the idealistic concept NGNs have upon graduation. Much of the NGN's time and attention is focused on completing tasks, developing a routine, and getting the job done (Duchscher, 2008). The NGN's arbitrary thinking leads to difficulty in employing critical decision-making when faced with complex patient problems. The NGNs in Duchscher's research "felt minimally qualified and completely responsible" (Duchscher, 2008, p.445).

The *Doing* stage is a critical time in the NGN's transition, where mentorship may be necessary to support satisfaction and retention (Duchscher, 2008). This is the stage where the phenomenon of "transition shock" occurs. Transition shock combines Kramer's "reality shock" theory and the feelings associated with a new professional role (Wakefield, 2018). Reality shock refers to transitioning from a student studying to entering the profession and discovering a different reality (Kramer, 1974). According to Duchscher (2008), transition shock encompasses the reality of professional expectations and the associated emotions and stress. Emotions and stress responses associated with this stage include withdrawal, rejection, uncertainty, inadequacy, and physical illness (Duchscher, 2008). The act of mentorship is supportive and empathetic, which can lessen the shock for the NGN and facilitate an easier transition into the role of a professional nurse. Dirks (2021) found that mentors increased resiliency, self-confidence, and

psychological and social support for the NGN. Szalmasagi's (2018) research supports the addition of mentorship into the orientation of an NGN, especially during this transition shock period. Engagement in a trusting relationship with a colleague who serves as a collaborator, educator, confidant, and guide induces a sense of connection for the NGN. They understand there is a supportive colleague who will stand with them through the stress and help facilitate growth and assimilation into their new role.

The second stage of *Being* occurs in the next four to five months after orientation. It is characterized by the NGN's awareness of their practice, role, and responsibilities (Duchscher, 2008). The NGN is becoming more familiar with nursing tasks. In this stage, NGNs begin employing some critical thinking about their professional work and search and examine the structure of health care (Duchscher, 2008). The NGN is developing sound questions related to their professional practice, which makes this a crucial period for mentor-mentee interaction. The DNP project participant recruitment focused on NGNs in this stage of transition.

The last stage, which encompasses six months to a year, is *Knowing*. At this stage, NGNs are comfortable completing nursing tasks and can continue transitioning into their professional role with moderate stress (Duchscher, 2008). They see a new cohort of NGNs entering the professional environment and recognize the shock they displayed in their first months. They realize the patient care environment has not changed, but their reaction to situations has. In gaining a sense of who they are as a nurse, they re-establish their social connections outside of professional practice (Duchscher, 2008). They can view nursing from a macro perspective and identify socioeconomic and hierarchal structures in health care (Duchscher, 2008).

A mentor, as defined by Duchscher (2008), is a colleague who is accessible and whom the NGN can trust. There is a distinction between a mentor and a preceptor. The NGN's

preceptor prepares the NGN clinically to achieve competency before assuming sole responsibility for a patient assignment. Throughout the NGNs' stages of transition, a collaborative relationship with a nurse who is not their formal preceptor may provide a safe space where open communication can occur. The NGN may feel uncomfortable speaking with their preceptor, especially if the topic concerns dissatisfaction with their preceptor or lack of clinical support. The mentor-mentee relationship can also be a space where NGNs can discuss work-life balance. They can explore ways their more experienced mentor navigated the transition into the nursing profession. This relationship may also occur outside the clinical environment, allowing for a detached debrief and honest performance analysis. According to Duchscher (personal communication, October 28, 2022), using the theory by asking the mentee questions during each phase can assist mentors in identifying problematic issues involving the NGN's roles, relationships, responsibilities, or knowledge. These questions can enhance the mentor-mentee relationship by providing topics to address that have been brought forth by research on the NGN transition to practice (Duchscher, 2012).

The mentor can also bridge the clinical leadership and the NGN. While maintaining confidentiality, the mentor can liaise when reporting safety, incivility, or other hazardous conditions. NGN hesitancy to voice concerns can lead to physical stress, irritability, poor focus, and unsafe patient care, including medication errors (Halpin et al., 2017). A relationship that allows the NGN to debrief and offload internal conflicts or stressors increases feelings of support and adequacy in the first stages of transition (Duchscher, 2012). The empowerment inspired by a positive relationship with a mentor may increase the NGN's satisfaction. When nurses report a high level of satisfaction, they have a higher retention rate (Hu et al., 2022).

The DNP Essentials are a guiding framework for the outcomes of a doctorate of nursing practice program (American Association of Colleges of Nursing [AACN], 2006). DNP Essential I addresses the “scientific underpinnings for practice” (AACN, 2006, p.8). This Essential states that the DNP-prepared nurse will utilize nursing theories and concepts to develop and evaluate practice approaches (AACN, 2006). Integrating Duchscher’s Transition Theory into the DNP project regarding mentorship and NGN retention demonstrates the application of DNP Essential I. The research and findings outlined by Duchscher are based on a decade-long study of undergraduate nursing students. The methods and rigor used to interpret results and conceptualize stages of transition are valid and reliable. This project is best described by the DNP Essential I statement that supports continued sensitivity for practice approaches that promote the evolution of nursing (AACN, 2006).

Another scientific underpinning illustrated by this theory is the attention to developmental stages. Duchscher’s description of each stage follows a chronological and developmental timeline for the NGN. Integrating a patient’s developmental stage is part of the care plan in nursing. When training NGNs, mentors need to address the developmental stage of the NGN and support the NGN, as suggested by Duchscher’s Transition Theory. Using this theory assists in implementing a sound scientific practice that has been assessed and proven effective (Academy of Medical-Surgical Nurses, 2012; Krofft & Stuart, 2021; Schroyer et al., 2016; Szalmasagi, 2018). Mentorship in nursing has been studied and supported as a trusted, evidence-based way to increase NGN retention.

Duchsher’s conceptual framework of transition shock guided the mentorship project's structure. The concepts that follow the stages of *Doing*, *Being*, and *Knowing* were integrated into prompts for discussion between mentor and mentee.

## **Project Design**

### **Setting**

The setting for the DNP project is an acute care, academic hospital system in Georgia. There are 11 hospitals within the system. The hospitals are located within the city of Atlanta and 45 surrounding counties. After IRB approval and approval from the site research council, the project was approved to recruit NGNs from 5 hospitals. Currently, the system has over 3000 practicing physicians and employs over 7000 nurses. It on-boards approximately 600 NGNs each year. The NGNs enter a 12-month nurse residency upon employment.

### **Participants**

Project participants were NGNs in their sixth month of a 12-month residency program. The participants were graduates from a baccalaureate or associate degree nursing program who entered the residency within the previous six months. Recruitment took place during nurse residency sessions and participation was voluntary. The sample was small since this pilot project had limited available trained mentors. The number of mentees started at 11. Two mentees left the organization prior to the end of the project for personal reasons. One mentee did not complete the post Intent to Stay survey. The comparison group was made up of NGNs who anonymously completed intent to stay surveys and did not participate in mentorship. There was a total of 13 participants in the control group.

### **Intervention**

The design for the project was a pilot study using quantitative methodology. A pre-and post-survey was given to NGNs who volunteered for the DNP project on mentorship and NGNs with no mentor. The survey is the validated Intent to Stay Tool used by the Academy of Medical-



Surgical Nurses Mentorship program (2012). The survey will be given at the start and the end of the DNP project.

The structure of the project site's current mentorship program mirrors the Academy of Medical-Surgical Nurses Mentorship program (2012). It includes trained mentors and a toolkit for mentors, mentees, and facilitators that supports a successful mentor-mentee relationship. This toolkit includes topics for discussion, such as creating SMART goals, interpersonal skills, self-management, and organizational skills. SMART goals are specific, measurable, attainable, realistic, and time oriented. The mentorship program was unavailable for newly graduated nurses in the residency program at the project site. This DNP project expanded the program to the NGN population.

Mentors and mentees filled out demographic applications, including work location, specialty and professional goals. The DNP student used these applications to pair mentor and mentee to allow for pairs with similar goals, work location, and demographics . Once paired, the mentor and mentee attended a virtual educational session on mentorship. Mentees were provided with the Intent to Stay tool at the beginning of the program before any meetings with their mentor to obtain pre-data. NGNs who do not volunteer to participate in the mentorship program are in the comparison group. They were offered an intent to stay survey at the project's beginning and end.

The DNP student functioned as a facilitator for the NGN mentee-mentor relationships. The suggested meeting schedule between mentor and mentee will be an initial meeting for introductions and goal setting followed by meetings either in person or virtual. The suggested meeting frequency is once to twice monthly. These meetings are vital in addressing the stage of transition shock between *Being* and *Knowing*. According to Duchscher (2012), this is the time (6-8 months) of self-doubt and questioning for the NGN. Role-modeling suggestions and discussion

topics that support the NGN are provided in the toolkit. Suggestions for coaching, counseling, motivating, and providing resources and feedback are meant to guide and assist the mentor when meeting with the NGN. Meetings should address the mentee's transition and integration into their nursing role, along with working toward a goal for the relationship and a SMART goal. The project implementation date was September 5, 2023. The completion of the DNP project was December 31, 2023.

### **Instrument/Tool**

The use of surveys in nursing research dates to the advent of the scientific underpinning identified in nursing practice sometime in the 1960s (O'Connor, 2022). Surveys are a tool for collecting primary data from study participants to get information on the research question (O'Connor, 2022). The Intent to Stay survey was used for this DNP project on mentorship and its effect on new graduate nurse retention (Appendix B). The Intent to Stay tool is Part Three of the Job Diagnostic Survey developed by Hackman and Oldham (1974). It is a 15-statement survey and the participants score a level of agreement on a seven-point Likert scale (1-disagree strongly to 7-agree strongly). The statements reflect feelings related to the participant's job performance. (Appendix B). The tool has reported internal consistency ( $\alpha = .77$ ) (Grindel & Hagerstrom, 2009). The Cronbach alpha for a recent 2022 study was .94 (Bowers, 2022). The tool has been validated and found reliable throughout nursing research (Bowers, 2022; Grindel & Hagerstrom, 2009; Killian, 2010; Lin, 1996; Tonges et al., 1998).). This tool is part of the Academy of Medical-Surgical Nurses mentorship program (2012).

The survey measured intent to stay for NGNs in the mentorship program compared to those who were not. The initial surveys were completed on paper. No incentives were offered for completing the survey or entering the mentorship program. The succeeding surveys were

completed electronically via Microsoft Forms and on paper. The DNP student collected and analyzed the data with the assistance of a statistician.

### **Ethical Considerations**

The project site's Corporate Director of Professional and Nursing Practice, Dr. Carrie McDermott, granted permission to access NGNs within the residency program on January 19, 2023. On June 1, the project site's research council approved recruiting NGNs and implementing the project at five hospitals. The site's Internal Review Board (IRB) approved the project on July 22, 2023. Georgia State University's IRB approved this project on June 27, 2023. Informed consent was received before participants completed the Intent to Stay survey (Appendix C). The demographic applications used for pairing were kept in the locked office of the corporate director of the peer mentoring program and the Intent to Stay surveys, which had no identifying information on them, were kept by the DNP student in a secure office cabinet. No additional ethical considerations were identified.

### **Data Collection and Analysis**

#### **Demographic Data**

The demographic data for the mentees was collected via the information provided when volunteering for the mentorship program. This data is reported in **Table 1**.

**Table 1**  
*Demographic Characteristics (n=11)*

Characteristic	<i>n</i>	%
<b>Sex</b>		
Female	10	91
Male	1	9
Non-Binary	0	0
<b>RN education</b>		
Associate Degree	1	9
Baccalaureate Degree	8	73
Master's Degree	2	18
<b>Clinical Area</b>		
Critical Care	3	27
Emergency Room	1	9
Mother/Baby	2	18
Neonatal Intensive Care	1	9
Oncology	1	9
Operating Room	2	18
Psych	1	9
<b>Age</b>		
21-31	5	45
32-42	5	45
43-53	1	9

Statistical analysis was performed using IBM SPSS 28 statistical software. Dr. Halley Riley, a member of the Georgia State Library department and data analyst, was consulted for assistance with statistical analysis. Secondary to the small sample size of the project population and the high probability of conducting an underpowered study, recommendations were made to utilize a paired T-test to analyze the results. Underpowered pilot studies are acceptable as a methodology due to their feasibility exploration (Darling, 2022).

## Results

### *Univariate Descriptive Statistics*

Descriptive results are displayed in **Table 2**. Eleven pre-surveys were collected from NGNs with mentors, and 13 were collected from NGNs who did not volunteer for the project.

Another survey was introduced at the end of the project (16 weeks) to evaluate the initial impact of mentorship on the intent to stay score. It was used to compare intent to stay scores from NGNs in the mentorship program to scores of NGNs without formal mentorship.

The mean scores of each participant's total Intent to Survey were calculated. Questions one, four, nine, and fourteen were re-coded to create consistency with a high intent to stay for all questions answered with a level of "strongly agree" (7). The NGNs had a mean intent to stay score of 80.18 before engaging in formal mentorship. The range for scoring is 15-105. The higher the score, the higher the nurse's intention to stay in their job. NGNs who volunteered for the project had an initial higher intent to stay score. NGNs who engaged for the 16-week project increased their intent to stay score to 82.87. In comparison, NGNs without mentors had an initial intent to stay score of 72.61. When re-surveyed, their intent to stay score increased to 75.53.

**Table 2**

*Descriptive Statistics (n=24 pre, n=21 post)*

Variable	<i>N</i>	<i>Min</i>	<i>Max</i>	<i>Mean</i>	<i>SD</i>
Pre-Intent to Stay (T)	11	69	93	80.18	7.58
Pre-Intent to Stay (C)	13	36	93	72.61	16.41
Post-Intent to Stay (T)	8	69	89	82.87	6.95
Post-Intent to Stay (C)	13	39	88	75.53	13.47

*Note:* Range 15-105

C=NGNs without a mentor

T=NGNs with a mentor

The Intent to Stay tool developed by Hackman and Oldham (1974) was validated, copyrighted, and publicly distributed for use by the Academy of Medical-Surgical Nurses. The

total score of the items, after statistical re-coding of items #1, #4, #9, #11, and #14, indicates a mean intent to stay score. There are specific items within the survey that can be divided into subscales. Descriptive statistics for the answers to the items given by NGNs with mentors are provided in **Table 3**. Subscales include meaningfulness of work (#4 and #7), responsibility for work (#1, #8, #12, and #15), and knowledge of results (#5 and #11). The overall scores for meaningfulness of work increased on both items #5 and #11. There was a decrease in the scores for items #8, #12, and #15, reflecting feelings of lower responsibility for work. This can be due to having more experience with collaboration as the NGN engages in collaborative, interdisciplinary practice. The subscale for knowledge of results improved, indicating increased critical evaluation on a personal practice level or recognition from peers and leadership. Further study into these subscales was not performed in this DNP project.

**Table 3***Intent to Stay in the Job Survey Responses for NGNs with mentors*

Item	<i>Pre-Test (n=11)</i>		<i>Post-Test (n=8)</i>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
It's hard for me to care very much about whether or not the work gets done right.*	1.82	1.17	1.38	.51
My opinion of myself goes up when I do this job well.	6.09	.94	6.25	.71
Generally speaking, I am very satisfied with this job.	5.73	1.10	5.00	1.19
Most of the things I have to do on this job seem useless or trivial.*	1.91	1.45	1.88	1.13
I usually know whether or not my work is satisfactory on this job.	5.45	1.13	5.63	.91
I feel a great sense of personal satisfaction when I do this job well.	6.27	.91	6.13	.84
The work I do on this job is very meaningful to me.	6.00	1.34	6.13	.84
I feel a very high degree of personal responsibility for the work I do on this job.	6.36	.67	6.25	.71
I frequently think of leaving this job.*	2.36	1.57	3.88	2.17
I feel bad and unhappy when I discover that I performed poorly on this job.	5.45	1.37	6.00	.76
I often have trouble figuring out whether I'm doing well or poorly on this job.*	3.45	1.81	2.87	1.89
I feel I should personally take credit or blame for the results of my work on this job.	4.55	1.44	4.25	1.49
I am generally satisfied with the kind of work I do on this job.	6.36	.51	5.88	.64
My own feelings generally are not affected much one way or the other by how well I do on this job.*	4.36	1.63	3.63	1.60
Whether or not this job gets done right is clearly my responsibility.	5.36	1.12	4.75	1.67

*Note:* Items are scored on a Likert scale from 1-7 (strongly disagree-strongly agree). \* items re-coded for scoring consistency.

Specific attention was paid to item #9: "I frequently think of leaving this job." This question conversely asks about the NGN’s intent to stay. Before starting the mentoring program, the mean score was 2.36, which falls into the disagree to slightly disagree range on the Likert scale. After 16 weeks, the mean score increased to 3.88, which still falls under the disagree category; however, the level is now slightly disagree to neutral. NGNs who did not have a mentor had a mean score of 3.87 and 3.86, respectively. The results are promising because the NGNs’ intention to leave is low in both groups. The trends of this score over time are of interest to tracking retention of the NGN.

The analysis specific to the clinical question is presented in **Table 4**. The NGNs with mentors began with a mean intent to stay score higher than the comparison group. Both groups’ intent to stay scores increased after 16 weeks. The NGNs without mentors increased from 72.61 to 75.53 (range 15-105). The NGNs with mentors' mean scores increased from 80.18 to 82.87). However, there was no statistical difference between the groups ( $p=0.26$ ). The DNP student hypothesizes this may be due to random variation and the data that indicates an overall increase for the NGNs with no mentors. The assumption for this finding and implication for further study is that multiple factors affect intent to stay.

**Table 4**

*Results of Independent T-test*

Characteristic	Pre-Survey		Post-Survey		<i>p-value</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
NGNs w/o Mentors N=13	72.61	13.47	75.53	7.58	
NGNs w/Mentors N=8	80.18	7.58	82.87	6.95	0.26

*Note: p-value significance level = <0.05*



An additional paired T-test was performed for the remaining NGNs with mentors (N=8) to assess if the increase in the intent to stay score was statistically significant. The mean intent to stay score increased from 80.18 to 82.87. This was a statistically significant finding ( $p=0.031$ ).

**Table 5**

*NGNs with Mentors Results of Paired T-test (n=8)*

Variable	Pre-Survey		Post-Survey		<i>p-value</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
NGNs w/Mentors	80.18	7.58	82.87	6.95	0.031

*Note: p-value significance level = <0.05*

**Discussion**

NGNs are often overwhelmed as they enter into the nursing profession. Many factors affect NGN's intent to stay in the profession and at an organization. These factors include burnout, stress, unhealthy work environments, and staff and resource shortages (Voss et al., 2022). The evidence of mentorship being a facilitator to nurse satisfaction, organizational enculturation, socialization, and professional development is extensively cited in the literature (Baldwin et al., 2021; Buffington, 2012; Coyne et al., 2019; Fox, 2010; Gularte-Rinaldo et al., 2023; Hale & Phillips, 2018; Jakubik et al., 2016; Jones, 2017; Krofft & Stuart, 2021; Lavoie-Tremblay et al., 2018; Nelson et al., 2021; Schub & Heering, 2018; Schroyer et al., 2016; Szalmasagi, 2018; Tieleman & Cable, 2021). The current nursing literature supports increased intent to stay through the mentorship process (Jones, 2017; Mills et al., 2016; Schroyer et al., 2016; Szalmasagi, 2018; Zhang et al., 2019).

This project increased the average intent to stay scores for NGNs over a 16-week formal mentorship program. Feedback collected via informal discourse from the mentees was very

positive. When asked if they thought the mentoring relationship assisted their transition to practice, they all answered affirmatively.

### **Limitations**

There were several limitations during the planning and implementation stages of the project. Recruitment of NGNs was difficult for several reasons. Feedback collected by open-ended questions at the end of a survey given to NGNs who did not participate in the project included limited time, not perceiving a need for a mentor, and perceiving benefit to mentor only, not mentee. Out of 60 possible participants, 12 volunteered, giving a response rate of 20%. Inherent limitations secondary to small sample size affect the power of statistical data, generalizability, and assumption of correlation.

The project site consists of eleven hospitals. After presenting it to the site's systems research council, it was decided that only five hospitals would be approved to implement the DNP project. This resulted in a decrease in the number of NGNs available for recruitment. One NGN left the hospital for personal reasons a few weeks after the project was implemented. This NGN's pre-intent to stay survey score was 70, the lowest of all surveyed participants. This finding supports the tool's validity.

Organizational limitations included the number of mentors available to pair with NGNs. Mentors recruited within the existing peer mentoring committee were limited to 15 for the project. This limit was due to the demand for experienced nurses requesting mentors. There were also barriers to recruiting nurses outside of the mentoring committee. Nurses' barriers to becoming mentors included time limitations outside of work, perception of extra work, and unit preceptor responsibilities.

Schedule conflicts in coordinating meetings between NGN mentees and mentors were also identified as barriers to engagement. Mentors were not necessarily paired with a mentee who worked at the same hospital. Feedback from several NGNs made clear that having a mentor at the same hospital may have facilitated ability to meet more often. The recommendation for future implementation is to pair mentor and mentee according to location, specialty, and interests.

### **Practice Implications**

Current gaps in the literature regarding mentorship programs for NGNs include best practices in the length of a mentorship program, time of implementation of mentorship for NGNs, and the ability to maintain engagement between mentor and mentee (Dirks, 2021; Jangland et al., 2021; Kachaturoff et al., 2019). Literature suggests that after a period of orientation or after the first year it is best for the introduction of mentorship (Jakubik et al., 2017, Ward-Smith et al., 2022).

Inter-generational communication was one key topic presented during the monthly educational sessions. Communication is vital to any relationship. It is one of the critical elements to the success of mentorship. Mentors must have the emotional intelligence and social awareness to understand that a younger mentee may have a different favored way of communication. For example, during the implementation process, the DNP student recognized the ineffectiveness of e-mail when attempting to recruit and communicate with participants. This information informed a current inquiry into effective forms of communication when seeking to mentor NGNs who are part of Generation Z and younger. There is a need for innovation in this space. A future project plan will investigate ways of leveraging technology to facilitate communication among inter-generational mentoring pairs.

Lastly, the hypothesis that there is an increase in intent to stay when formal mentorship is introduced to NGNs in a residency program was nulled by the results of the project. This may be due to other factors that affect intent to stay. Implications for future practice may include addressing other variables to augment the positive effects of mentorship.

### **Conclusion**

The nursing shortage has become a significant factor in the state of healthcare. Retention is one of the main strategies to mitigate further extension of the nursing shortage. NGNs are the highest percentage of nurses who are leaving the profession. These nurses are the next generation who will fill the gap left by nurses retiring or growing out of the profession. Actions must be taken to support the NGN transition to practice and maintain the flow of nurses who enter and stay in the profession. One of the most effective actions is mentorship. Utilizing a conceptual framework will guide the successful implementation of a mentorship project and assist in evaluating mentorship's effect on NGN's intent to stay. As discussed, several factors can influence an NGN's intent to stay with an organization or within the profession. The science of nursing professional development continues to study these factors and identify evidence-based ways to facilitate NGNs' transition to practice. The aim achieved by this project was to support the use of mentorship as a strategy to address NGN retention. This project is an additional piece of knowledge that supports formal mentorship and adds inquiry into future practice.

### References

- Academy of Medical-Surgical Nurses. (2012). Mentoring Program. <https://www.njccn.org/wp-content/uploads/2020/10/amsn-mentoring-program-9-24-20.pdf>
- American Association of Colleges of Nursing. (2006). The essentials of doctoral education for advanced nursing practice.
- American Hospital Association. (2021). Fact sheet: Strengthening the health care workforce. <https://www.aha.org/fact-sheets/2021-05-26-fact-sheet-strengthening-health-care-workforce>
- American Nurses Association. (2020). Nurses in the workforce. <https://www.nursingworld.org/practice-policy/workforce/>
- American Nurses Association. (2021). *ANA urges US Department of Health and Human Services to declare nurse staffing shortage a national crisis*. <https://www.nursingworld.org/news/news-releases/2021/ana-urges-us-department-of-health-and-human-services-to-declare-nurse-staffing-shortage-a-national-crisis/>
- Auerbach, D., Buerhaus, P., Donelan, K., & Staiger, D. (2022). A worrisome drop in the number of young nurses. *Health Affairs*. <https://doi.org/10.1377/forefront.20220412.311784>
- Bae, S.H. (2022). Noneconomic and economic impacts of nurse turnover in hospitals: A systematic review. *International Nursing Review*, 69(3), 392-404. <https://doi.org/10.1111/inr.12769>
- Baldwin, K.M., Sleutel, M., Urban, R.W., Wells, J.N., Behan, D., Walsh, J. & Newcomb, P. (2021). An exploration of new graduate nurses' transition to specialty practice. *Journal for Nurses in Professional Development*, 37(2), 93-100. <https://doi.org/10.1097/NND.0000000000000695>

- Bowers, T. (2022). Establishing a new graduate nurse peer mentoring program [Doctoral dissertation, University of South Carolina]. Scholar Commons.  
[https://scholarcommons.sc.edu/dnp\\_projects/7](https://scholarcommons.sc.edu/dnp_projects/7)
- Brook, J., Aitken, L., Webb, R., MacLaren, J., & Salmon, D. (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.  
<https://doi.org/10.1016/j.ijnurstu.2018.11.003>
- Brook, J., Aitken, L. M., MacLaren, J. A., & Salmon, D. (2021). An intervention to decrease burnout and increase retention of early career nurses: a mixed methods study of acceptability and feasibility. *BMC Nursing*, 20(1), 19. <https://doi.org/10.1186/s12912-020-00524-9>
- Buffington, A., Zwink, J., Fink, R., Devine, D., & Sanders, C. (2012). Factors affecting nurse retention at an academic Magnet(R) hospital. *Journal of Nursing Administration*, 42(5), 273-281. <https://doi.org/10.1097/NNA.0b013e3182433812>
- Cook, C. (2016). A toolkit for clinical educators to foster learners' clinical reasoning and skills acquisition. *Nursing Praxis in New Zealand*, 32(1), 28-38
- Coyne, D., Tuer, A. & McCulloh-Nair, J. (2019). Novice nurse support group: A pilot study. *Journal for Nurses in Professional Development*, 36(1), 12-32.  
<https://doi.org/10.1097/NND.0000000000000601>
- Dirks, J. (2021). Alternative approaches to mentoring. *Critical Care Nurse*, 41(1), e9-e16
- Duchscher, J. (2008). A process of becoming: The stages of new nursing graduate professional role transition. *The Journal of Continuing Education in Nursing*, 39(10), 441-450

- Duchscher, J. (2012). *From surviving to thriving: Navigating the first year of professional nursing practice*. Nursing the Future.
- Fox, K.(2010). Mentor program boosts new nurses' satisfaction and lowers turnover rate. *Journal of Continuing Education in Nursing, 41*(7), 311-316
- Graf, A. C., Jacob, E., Twigg, D., & Nattabi, B. (2020). Contemporary nursing graduates' transition to practice: A critical review of transition models. *J Clin Nurs, 29*(15-16), 3097-3107. <https://doi.org/10.1111/jocn.15234>
- Gularte-Rinaldo, J., Baumgardner, R., Tilton, T., & Brailoff, V. (2023). Mentorship ReSPecT study: A nurse mentorship program's impact on transition to practice and decision to remain in nursing for newly graduated nurses. April 2023.  
[https://www.nurseleader.com/article/S1541-4612\(22\)00171-9/pdf](https://www.nurseleader.com/article/S1541-4612(22)00171-9/pdf)
- Grindel, C.G. & Hagerstrom, G. (2009). Nurses nurturing nurses: Outcomes and lessons learned. *Medsurg Nursing, 18*(3), 183-194
- Hackman, J.R. & Oldham, G.R. (1974). *The job diagnostic survey: An instrument for the diagnosis of jobs and the evaluation of job redesign projects*. Department of Administrative Sciences, Yale University. <https://files.eric.ed.gov/fulltext/ED099580.pdf>
- Hale, R.L. & Phillips, C.A. (2019). Mentoring up: A grounded theory of nurse-to-nurse mentoring. *Journal of Clinical Nursing, 28*, 159-172. <https://doi.org/10.1111/jocn.14636>
- Halpin, Y., Terry, L.M., & Curzio, J. (2017). A longitudinal, mixed methods investigation of newly qualified nurses' workplace stressors and stress experiences during transition. *Journal of Advance Nursing, 73*(11), p. 2577-2586. <https://doi.org/10.1111/jan.13344>

- Hu, H., Wang, C., & Lan, Y. (2022). Nurses' turnover intention, hope and career identity: The mediating role of job satisfaction. *BMC Nursing, 21*(43). <https://doi.org/10.1186/s12912-022-00821-5>
- Jakubik, L.D., Weese, M.M., Elidas, A.B., & Huth, J.J. (2017). Mentoring in the career continuum of a nurse: Clarifying purpose and timing. *Pediatric Nursing, 43*(3), 149-152
- Jakubik, L.D., Weese, M.M., Elidas, A.B., & Huth, J.J. (2017). Mentoring practice and mentoring benefit 4: Supporting the transition and professional growth - An overview and application to practice using mentoring activities. *Pediatric Nursing, 43*(5), 252
- Jangland, E., Gunningberg, L., & Nyholm, L. (2021). A mentoring programme to meet newly graduated nurses' needs and give senior nurses a new career opportunity: A multiple-case study. *Nurse Education in Practice, 57*. <https://doi.org/10.1016/j.nepr.2021.103233>
- 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.  
<https://doi.org/10.1097/NND.0000000000000335>
- Kachaturoff, M., Caboral-Stevens, M., Gee, M., & Lan, V. M. (2020). Effects of peer-mentoring on stress and anxiety levels of undergraduate nursing students: An integrative review. *Journal of Professional Nursing, 36*(4), 223-228.  
<https://doi.org/10.1016/j.prof Nurs.2019.12.007>
- Kerthu, H. & Nuuyoma, V. (2019). Theory-Practice gap: Challenges experienced by nursing students at the satellite campus of a higher education institution in Namibia. *International Journal of Higher Education, 8*(5), 21-28. <https://doi.org/10.5430/ijhe.v8n5p21>



- Killian, S.M. (2010). *Examining mentoring relationships for nurses*[Unpublished doctoral dissertation]. Medical College of Georgia
- Kramer, M. (1974). *Reality Shock: Why nurses leave nursing*. C.V. Mosby
- 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>
- 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.  
<https://doi.org/10.1097/NND.0000000000000335>
- Lavoie-Tremblay, M., Sanzone, L., Primeau, G. & Lavigne, G.L.(2018). Group mentorship programme for graduating nursing students to facilitate their transition: A pilot study. *Journal of Nursing Management*, 27, 66-74. <https://doi.org/10.1111/jonm.12649>
- Lin, V.K. (1996). Job insecurity and its outcome: Moderating effects of work-based and non-work based social support. *Human Relations*, 49, 95-118
- Mills, J., Chamberlain-Salaun, J., Harrison, H., Yates, K., & O'Shea, A. (2016). Retaining early career registered nurses: a case study. *BMC Nursing*, 15, 57.  
<https://doi.org/10.1186/s12912-016-0177-z>
- Nelson, Y., Mohan, A. & Chahir, Y. (2021). The mentoring experience: Perceptions of African-African nurse leaders and student mentees. *Journal of Nursing Education*, 60(1), 25-28.  
<https://doi.org/10.3928/01484834-20201217-06>
- Nursing Solutions Inc. (2022). 2022 NSI national health care retention and RN staffing report.  
[https://www.nsinursingsolutions.com/Documents/Library/NSI\\_National\\_Health\\_Care\\_Retention\\_Report.pdf](https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf)

- Rush, K. L., Janke, R., Duchscher, J. E., Phillips, R., & Kaur, S. (2019). Best practices of formal new graduate transition programs: An integrative review. *International Journal of Nursing Studies*, *94*, 139-158. <https://doi.org/10.1016/j.ijnurstu.2019.02.010>
- Saletnik, L. (2018). The importance of mentoring. *AORN Journal*, *108*(4), 354-356. <https://doi.org/10.1002/aorn.12386>
- Schroyer, C. C., Zellers, R., & Abraham, S. (2020). Increasing Registered Nurse Retention Using Mentors in Critical Care Services. *Health Care Manager (Frederick)*, *39*(2), 85-99. <https://doi.org/10.1097/HCM.0000000000000293>
- Schub, T. & Heering, H. (2018). *Mentorship* [Evidence-Based Care Sheet]. CINAHL Nursing Guide EBSCO Publishing.
- Smiley, R.A., Ruttinger, C., Oliveira, C.M., Hudson, L. R., Allgeyer, R., Reneau, K.A., Silvestre, J.H., & Alexander, M. (2020). The 2020 National Nursing Workforce Survey. *Journal of Nursing Regulation Supplement*, *12*(1)
- Szalmasagi, J. (2018). Efficacy of a mentoring program on nurse retention and transition inot practice. *International Journal of Studies in Nursing*, *3*(2), 31-39. <https://doi.org/10.20849/ijsn.v3i2.378>
- Tieleman, T. & Cable, S. (2021). Using Duchscher's theory of transition shock to inform the experience of newly graduated nurses in Qatar: A qualitative case study. *MedEdPublish*. <https://doi.org/10.15694/mep.2021.000156.1>
- Tonges, M.C., Rothstein, H., & Carter, H.K. (1998). Sources of satisfaction in hospital nursing practice: A single guide to effective job design. *Journal of Nursing Administration*, *28*(5), 47-61.

U.S. Bureau of Labor Statistics. (2022). Occupational Outlook Handbook: Register Nurses.

<https://www.bls.gov/ooh/healthcare/registered-nurses.htm#tab-1>

Van Patten, R. R., & Bartone, A. S. (2019). The impact of mentorship, preceptors, and debriefing on the quality of program experiences. *Nurse Education in Practice*, 35, 63-68.

<https://doi.org/10.1016/j.nepr.2019.01.007>

Voss, J.G., Alfes, C.M, Clark, A., Lilly, K.D. & Moore, S. (2022). Why mentoring matters for new graduates transitioning to practice: Implications for nurse leaders. *Nurse Leader*.

20(4), 399-403. <https://doi.org/10.1016/j.mnl.2022.01.003>

Ward-Smith, P., Peacock, A., Pilbeam, S, & Porter, V. (2022). Retention outcomes when a structured mentoring program is provided as part of new graduate orientation. *Journal for Nurses in Professional Development*, 39(4), E75-E80.

<https://doi.org/10.1097/NND.0000000000000849>

Wakefield, E. (2018). Is your graduate nurse suffering from transition shock? *Journal of Perioperative Nursing*, 31(1), 47-50.

World Health Organization. (2020). State of world's nursing 2020.

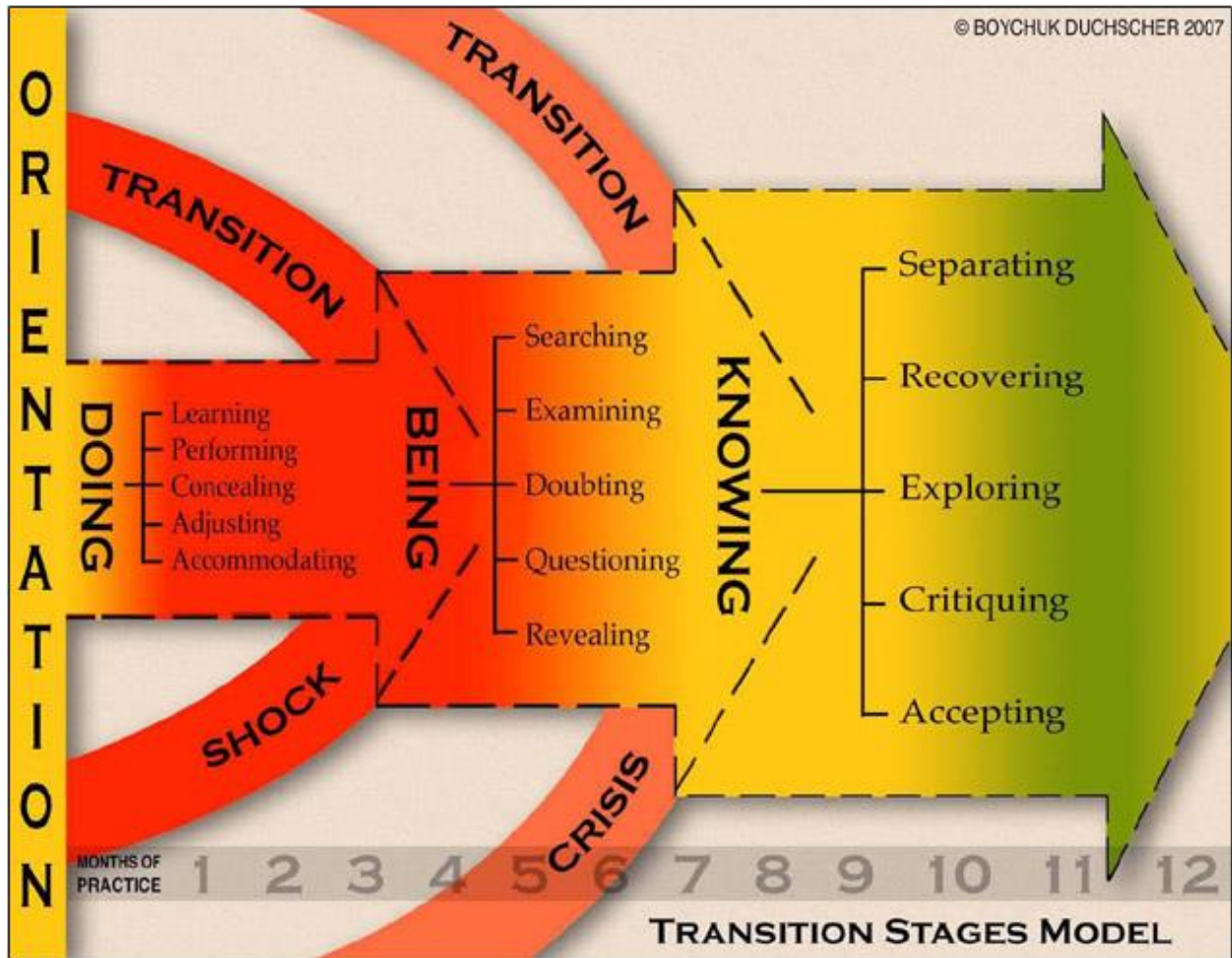
<https://www.who.int/publications/i/item/9789240003279>

Zhang, Y. P., Huang, X., Xu, S. Y., Xu, C. J., Feng, X. Q., & Jin, J. F. (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.

<https://doi.org/10.1016/j.nepr.2019.08.010>

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. <https://doi.org/10.1016/j.nedt.2015.11.027>

Appendix A



Adapted from "A Process of Becoming: The Stages of New Nursing Graduate Professional Role Transition," by Judy Boychuk Duchscher, 2008, *The Journal of Continuing Education in Nursing*, 39(10), p. 443. Copyright 2007 by Judy Boychuk Duchscher.

**Appendix B**

Mentee Initials: \_\_\_\_\_ 11 Mentor Initials: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

**Intent to Stay in the Job Survey**

**Completed by the Mentee**

Each of the statements below is something that a person might say about his or her job. Indicate your own personal feelings about your job by circling your degree of agreement with each statement according to the scale of 1-7.

Statement								
1.	It's hard for me to care very much about whether or not the work gets done right.	1	2	3	4	5	6	7
2.	My opinion of myself goes up when I do this job well.	1	2	3	4	5	6	7
3.	Generally speaking, I am very satisfied with this job.	1	2	3	4	5	6	7
4.	Most of the things I have to do on this job seem useless or trivial.	1	2	3	4	5	6	7
5.	I usually know whether or not my work is satisfactory on this job.	1	2	3	4	5	6	7
6.	I feel a great sense of personal satisfaction when I do this job well.	1	2	3	4	5	6	7
7.	The work I do on this job is very meaningful to me.	1	2	3	4	5	6	7
8.	I feel a very high degree of personal responsibility for the work I do on this job.	1	2	3	4	5	6	7
9.	I frequently think of leaving this job.	1	2	3	4	5	6	7

10.	I feel bad and unhappy when I discover that I performed poorly on this job.	1	2	3	4	5	6	7
11.	I often have trouble figuring out whether I'm doing well or poorly on this job.	1	2	3	4	5	6	7
12.	I feel I should personally take credit or blame for the results of my work on this job.	1	2	3	4	5	6	7
13.	I am generally satisfied with the kind of work I do on this job.	1	2	3	4	5	6	7
14.	My own feelings generally are not affected much one way or the other by how well I do on this job.	1	2	3	4	5	6	7
15.	Whether or not this job gets done right is clearly my responsibility.	1	2	3	4	5	6	7

Academy of Medical-Surgical Nurses

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Mentee Tool 12

Mentee Initials: \_\_\_\_\_

Mentor Initials: \_\_\_\_\_ Date (dd/mm/yyyy):

\_\_\_\_\_

**Appendix C**

**Carrie McDermott, PhD, APRN, ACNS-BC**  
Corporate Director Nursing Professional Practice  
Emory Healthcare  
[Carrie.mcdermott@emoryhealthcare.org](mailto:Carrie.mcdermott@emoryhealthcare.org)

550 Peachtree St NE  
WW Orr Building 4<sup>th</sup> floor  
Atlanta, GA 30308  
404-686-2432

January 19, 2023

Please accept this letter as confirmation that Jaime Young MSN, RN, CNE, CPAN, CCRN has my approval to complete her DNP project with the Emory Healthcare Nurse Residency Program. The EHC NRP supported 549 newly licensed registered nurses entering practice at one of our 11 hospitals and over 230 ambulatory centers in 2022.

Jaime will have the opportunity to invite the resident nurses in our program to participate in her DNP project once she obtains the EHC Evidence-Based Practice and Research Council DNP Project Approval. Jaime is encouraged to start the project approval process as early as possible as it may take several months to obtain signatures from all the required approvers.

Respectfully,

Carrie McDermott, PhD, APRN, ACNS-BC  
Corporate Director Professional Nursing Practice  
Emory Healthcare  
Assistant Professor, Co-Director InEmory MN Program  
Nell Hodgson Woodruff School of Nursing  
Emory University

Cc: Jaime Young, Wendy Hathaway

**Appendix D**

## INSTITUTIONAL REVIEW BOARD

Mail: P.O. Box 3999 In Person: 3rd Floor  
Atlanta, Georgia 30302-3999 58 Edgewood  
Phone: 404/413-3500 FWA: 00000129

June 28, 2023

Principal Investigator: Teresa Bates

Key Personnel: Bates, Teresa; Stephens, Melia A; Young, Jaime L

Study Department: Georgia State University, B.F. Lewis School of Nursing

Study Title: Reach Them to Keep Them: The Effects of Mentorship on New Graduate

Nurse Retention

Review Type: Exempt Amendment

IRB Number: H23538

Reference Number: 375468

Approval Date: 04/27/2023

Status Check Due By: 04/26/2026

Amendment Effective Date: 06/27/2023

The Georgia State University Institutional Review Board reviewed and **approved** the amendment to your above-referenced Study.

This amendment is approved for the following modification(s):

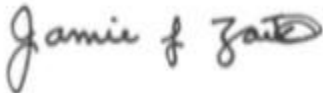


I am not making changes to the application. I am only uploading the IRB determination form from the project site's IRB.

The amendment does not alter the approval period which is listed above and a status update must be submitted at least 30 days before the due date if research is to continue beyond that time frame. Any unanticipated problems resulting from participation in this study must be reported to the IRB through the Unanticipated Problem form.

For more information, visit our website at [www.gsu.edu/irb](http://www.gsu.edu/irb).

Sincerely,

A handwritten signature in cursive script that reads "Jamie f Zaikov".

Jamie Zaikov, IRB Member

## **Appendix E**

Georgia State University

Informed Consent

Title: Reach Them to Keep Them: The Effects of Mentorship on New Graduate Nurse Retention

Principal Investigator: Dr. Teresa Bates

Student Principal Investigator: Jaime Young

### **Introduction and Key Information**

We invite you to take part in a research study. You will decide if you would like to take part in the study.

The purpose of this study is to evaluate the effect of mentorship on new graduate nurse retention.

Your role in the study will last 16 weeks, Sept-December

We will ask you to do the following:

- Attend a 2.5-hour mentor-mentee training session.
- Fill out mentor-mentee questionnaire for appropriate pairing.
- Attend monthly educational session on mentorship and goals of program.
- Meet with mentor at least once a month.
- Complete intent to stay survey at the beginning and end of the project.

If you are part of this study, you will not have any more risks than you would have in a typical day. This study is designed to benefit you. We hope to gain new knowledge regarding mentorship of new graduate nurses.

If you do not wish to take part in this study, you do not have to participate.

### **Purpose**

The purpose of the study is to evaluate the effect mentorship has on new graduate nurse retention. We invite you to take part in this research study because you are a registered nurse who has received their license within the last

3-6 months and are in a nurse residency program. We will invite a total of 15 people to be in this study.

### **Procedures**

If you decide to take part in this study, you will be asked to:

- Attend 2.5-hour mentor-mentee training.
- Be interviewed by student investigator at beginning of program for no more than 15 minutes
- Fill out mentor-mentee questionnaire for appropriate pairing.
- Attend monthly educational session on mentorship and goals of program.
- Meet with mentor at least once a month at a location of your choice, virtually or via phone.
- Complete intent to stay survey at the beginning and at 16 weeks.

These surveys will be given to you during one of your residency intensive classes and will take at most 5 minutes to complete. Any interviews or educational sessions will take place virtually, at residency sessions or at your place of employment.

### **Future Research**

We may use your information for future research. We will remove information that may identify you. We will not ask for consent from you if we do this.

### **Risks**

You will not have any more risks than you would in a normal day of life. We do not expect injury from being in this study. If you have been harmed, contact the research team as soon as possible. Georgia State University and the research team have not set aside funds to pay for any injury.

### **Benefits**

This study is designed to benefit you personally. You may gain understanding of how mentorship can affect new nurses. We hope to gain information-Smith about mentorship and its effect on new graduate nurse retention.

**Alternatives**

The alternative to taking part in this study is to not take part in the study.

**Voluntary Participation and Withdrawal**

You do not have to be in this study. If you decide to be in the study and change your mind, you can drop out at any time. You can skip questions. This study will not affect how you are treated in the workplace.

If you do not take part or if you leave the study early, you will not lose any benefits that you are otherwise entitled to.

**Confidentiality**

We will keep your records private to the extent required by law. The following people and groups will have access to the information you provide:

- Jaime Young
- GSU Institutional Review Board
- Office for Human Research Protection (OHRP)

There will be no identifiable information on study records. We will store the information you provide on password and firewall protected computers. If data is sent over the internet, it will be secure with encrypted messaging software.

**Contact Information**

You can contact Jaime Young at 404-398-4119 or [jyoung119@student.gsu.edu](mailto:jyoung119@student.gsu.edu)

- If you have questions about the study or your part in it
- If you have questions, concerns, or complaints about the study.

The IRB at Georgia State University reviews all research that involves human participants. You can contact the IRB if you would like to speak to someone who is not involved directly with the study. You can contact the IRB for questions, concerns, problems, information, input, or questions about your rights as a research participant. Contact the IRB at 404-413-3500 or [irb@gsu.edu](mailto:irb@gsu.edu).

**Consent**

We will give you a copy of this Informed Consent Form to keep.

If you are willing to be in this research study, please sign below.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Investigator or Researcher Obtaining Consent

\_\_\_\_\_  
Date