

CLOSING THE REVOLVING DOOR: ENHANCED ORIENTATION
AND MENTORING OF NEW NURSES TO DECREASE
TURNOVER IN LONG TERM CARE

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Dedication and Acknowledgment

Thank you to my husband James Nwizu for all your encouragements and the life lessons you have taught me, it gave me the strength to get this far. To my lovely children James jr. Jessica and Promise Nwizu, thank you for all your love, motivation, and support. I could not have done this without your prayers and support. To my father, Late Raymond Ekekwe thank you for encouraging me to embark on this journey, may your soul continue to rest in peace amen.

I acknowledge and recognize Dr. Eric Gill, for all his support, patience, kindness, and tolerance. I have never worked with such a kind soul; very understanding and professional. Thank you for all your help.

I also recognize Professor Amita Mittal for all her help with statistics.

Abstract

Background: New nurse turnover is a global issue and in the United States the cost to onboard a bedside registered nurse averages \$40,038. This money is lost if the nurse decides to leave the job. Losses attributed to nurse turnover can cost a hospital \$3.6 million to \$6.5 million annually, and the problem is getting worse. Many studies have found that mentorship is effective in new nurse retention. **Objectives:** To implement mentorship and preceptorship at a long-term care facility to see if it will improve the high turnover of new nurses there. **Methods:** The project is a quality improvement (QI) project, pre- and post-survey design, that followed the “Plan-Do-Study-Act” (PDSA) framework. The Intention to stay or leave survey measured the intention to stay or leave their position at the beginning and end of the mentorship program. The intervention was a 3-month designed preceptorship/mentorship program. **Result:** Positive results were noted, showing that close mentoring, support, and guidance helped retain new nurses. For the question on intent to stay for 12 months there were 2 agree or strongly agree pre-intervention and 4 agree or strongly agree post-intervention showing improvement in the primary concern, similar positive results were found in the other 6 questions as well. **Conclusion:** Structured preceptorship/mentorship for at least three months is beneficial to retaining new nurses. It is imperative for healthcare facilities to push the idea of providing the support and guidance needed for new nurses to feel valued, appreciated, and confident in their skills.

Keywords: New nurses, High nurses’ turnover, Mentorship, Nurses, Baby boomers, Millennials, Nurses retention.

Background and Significance

According to Shaffer and Curtin (2020) nationally 43% of new nurses leave their job within three years, 33.5% resign after two years, and 17.5% work for only a year. Each percentage change in nursing turnover will cost or save the hospital an average of \$328,400. The nurses' turnover rate has grown to 17.2%, with the average cost to hospitals being about \$4.4 million to \$6.9 million each year. Per Shaffer et al. (2016) healthcare was ranked as one of the three top professionals with high turnover rate (Shaffer et al., 2016).

Krofft & Stuart (2021) report that the COVID pandemic has made things worse and increased this ugly gap in nurse's turnover. The newer population of nurses comprised of millennials have a different understanding and different ways of doing things. For this gap to be closed, healthcare organizations must reason to their knowledge and accommodate their views. The pandemic has implanted fear, helplessness, and uncertainty in new nurse's minds, making retention of new nurses difficult. (Krofft & Stuart, 2021). While the global fight to retain nurses has been ongoing for decades many studies have found that this problem is getting worse, and the current COVID pandemic has only worsened the retention problem. Autonomy, respect, guidance, mentorship are the few listed ways to help in retention of new nurses (Rush et al., 2019).

According to Rush et al. (2019), continued mentorship and supports for new nurses past six months is important, as the new nurse's experience shock and doubts at the early stage of their career. They also found that in their initial survey that about 85% of new nurses voiced the intent to quit at three months compared to only about 23% of the new nurses who have the same view at one year. This highlights the importance of early support of new nurses.

The new nurses, the millennials.

An integrative review study by Kieth et al. (2021) found that baby boomer is retiring and leaving a big gap for our millennials to fill. They found that there is a big problem is how to reach these millennials, understand them, and retain them. They investigated what drives them and what their expectations and goals were. They found that Millennials are a globally minded and humanitarian set of people. They like innovation. They want to grow and value recognition. They appreciate a strong leader, support, good communication, a balanced work-life, and cutting-edge technology (Kieth et al., 2021).

Millennials value recognitions

Anselmo-Witzil, Orshan, Heitner & Bachand (2017) completed a study of generation Y and found that what generation Y values most is the feeling of fulfillment. They seek feedback and an evaluation of how they are doing. They are very open-minded and want to learn and improve in their work lives. The Y generation wants to make a difference, connect to people, feel valued, and have choices (Anselmo-Witzil et al., 2017).

Suggested solutions to improve nurse's turnover rate

Brooks et al. (2019) report that the following interventions: internship, mentoring, residency, orientation, and transition; all proved to be successful in increasing nurses' retention and decreasing turnover. Although these interventions are successful, the study found that they need a longer duration and continued education and support to sustain. The author also noted that new nurses are coming into practice very scared and unsure of themselves and with unrealistic expectations. They feel embarrassed to ask questions. Furthermore, confidence is not something you can teach an individual; instead, it will be acquired and developed over time. Brooks et al.

(2019) report that as these interventions are essential, it is up to the facility to see which works best for the new nurses as they transit into their new role.

The many solutions to help reduce this high turnover rate have not been successful. There remains a high rate of new nurses leaving their job within a year of employment. The continued implementation of the nurse mentorship/internship and improvements in its performance will play an essential role in improving the turnover rate and patient outcome.

Purpose

- To implement a new nurse mentorship and preceptorship for precepting program at the implementation facility.
- To determine if the new mentorship and preceptorship improves new nurses' intent to leave the organization.

Review of Current Evidence

CINAHL, EBSCOhost, PubMed, and Scopus databases were searched with mentorship, high turnover rate of new nurses, millennium nurses, nurses' internship and retention, nurse preceptorship/retention, baby boomer and retention, retention rate and improvement of new nurses, and reasons why new nurses leave. This initially returned 101 studies. Only studies that were in the English language, published in the last 5 years, and came from a peer-reviewed journals were included. This left a total of 23 studies.

The high nurse's turnover rate is not improving regardless of the many interventions, and the COVID pandemic is complicating the issue. According to Shaffer et al. (2020) last year nurses' turnover rate increased by 2.8% and is at a 17.7% rate nationally. Also impacting the institution is the cost of retention. Per Shaffer et al. (2020), in the United States, the cost to onboard a bedside registered nurse averages \$40,038, ranging from \$ 28,400 to \$51,00, which is money lost if the nurse decides to leave the job. Losses attributed to nurse turnover can cost a

hospital \$3.6 million to \$6.5 million annually. Every year, hospitals are not meeting their set goals to close the retention gap; instead, it widens (Shaffer et al. 2020).

The current state of high nurses' turnover is increasing and more concerning. Nurses' turnover rate is a global problem and needs attention. The pandemic has exacerbated the situation, causing more baby boomers to retire, and leaving facilities struggling to retain and maintain nursing staff. (Keith et al., 2021)

According to Brook et al. (2019), the nursing shortage is a global issue, and regardless of interventions already implemented to improve this, it is still increasing. New nurses tend to leave their first job within a year after some experience. Implementing nurses' internship, mentoring, preceptor, and orientation programs are positive step towards new nurse retention. It gives new nurses autonomy with self-confidence and the support needed in the clinical setting.

The nurse staffing challenges continue to revolve as hospitals and facilities struggle for nurses. These affect nurses as well, causing undue stress. Mandating extra working shifts to accommodate patient care and outcomes might seem like the right thing to do, but the stress weighs heavily on the nurses. The physical and emotional stress leads to nurses quitting and hindering the retention of new nurses (Hagans, 2021). There are many things that continue to affect nursing turnover, such as the generational shift in the nursing workforce from retiring baby boomers to millennials.

The New Nurses: The Millennials.

An integrative review study by Kieth et al. (2021) found that baby boomers are retiring and leaving a big gap for the millennial generation to fill. However, they found that there is a big problem of understanding how to reach them, understand them, and retain them. Studies have been done on what drives them and what their expectations and goals were. They found that

Millennials are a globally minded and humanitarian set of people, like innovation, want to grow, and value recognition and a sense of fulfillment (Anselmo-Witzil, Orshan, Heitner & Bachand, 2017). They seek feedback and evaluation of how they are doing, are very open-minded, and want to learn and improve in their work lives. They want to make a difference, connect to people, feel valued, and have choices (Anselmo-Witzil et al., 2017). They appreciate a strong leader, support, good communication, a balanced work-life, and cutting-edge technology (Kieth et al., 2021). It is important to understand and tailor the workplace to the new generation of nurses and develop programs that will allow them to be heard and make a difference in society while balancing these changes with the needs and wants of older nurses (Stimpfel et al., 2020; Stuart et al., 2021; Lichtenstein, 2021).

Suggested Solutions To Improve Nurse's Turnover Rate

It remains uncertain what the main issues are that are responsible for the high turnover rate of new nurses. While it is easy to blame the COVID-19 pandemic, it started long before the pandemic. The one thing that has been found is there is a lack of support in precepting, mentoring, and internship needed to transition to new nurses to their new role. Brooks et al. (2019) report that the following interventions: internship, mentoring, residency, orientation, and transition; all proved to be successful in increasing nurses' retention and decreasing turnover. Although these interventions are successful, the study found that they need a longer duration and continued education and support to sustain. The author also noted that new nurses are coming into practice very scared and unsure of themselves and with unrealistic expectations and feel embarrassed to ask questions. Furthermore, confidence is not something you can teach an individual; instead, it will be acquired and developed over time.

Internship, mentorship, preceptorship, orientation.

Several studies have examined how nurse internships can improve nurse retention and decrease burnout. Roush et al. (2021) noted in their double-blind peer-reviewed study that new nurses have an 82% rate of retention with internship programs. Many of these studies provided detailed information on how to apply the education for retention in today's nurses appropriately. The studies also emphasize the importance of a continued support program, giving the new graduates caution and support to fall back to if needed. These programs give new nurses the satisfaction and confidence needed to transition independently to professional practice (Brook et al., 2019; Roush et al., 2021; Cochran, 2017; Hernandez et al., 2020; Chant et al., 2019; Eckerson, 2018; Stephenson et al., 2018).

Four studies investigated how preceptors and mentoring will help sustain and solidify the retention of new nurses after their internship. Ke, Ya-Ting, et al. (2017) conducted a systematic study and found that a significant amount emphasis is placed on preceptors as a retention tool for nurse retention. The found that precepting, when done right and in a suitable duration, is very helpful in retaining new nurses. The new nurses gain trust and develop a professional relationship and socialization with a preceptor, thereby fostering longevity (Ke, Ya-Ting, et al., 2017).

Mentoring is another vital tool used for retention. According to Aresi et al. (2021) mentoring is proven to retain nurses and build long and close relationships successfully when provided in the right way and reasonable time frame. Continue education has always been the cornerstone of nursing in educating nurses and in continuing education. A mentor provides and builds a rapport with the onboarding nurse for more effective communication and continued learning; it provides continued support in education, practice, and professional relationships. (Aldosari et al., 2021; Aresi, et al., 2021; Ke, Ya et al., 2017; Rush et al., 2019).

Conceptual Framework/Theoretical Model

The application of theories gives more understanding to the issue of the high turnover rate of new nurses. Benner's Novice to Expert model can shed light on the high turnover rate of new nurses and possibly provide more comprehensive ways to improve the high new nurses' turnover rate.

Benner's theory from Novice to Expert is significant and guides as the stages advance. According to Ozdemir (2019) the novice to Expert model is a model of skill acquisition and knowledge. It details how individuals gain new skills and gradually improve to experts, improving their clinical expertise.

The model novice to expert guides new nurses to expertise. At the novice stage, the new nurses with little or no experience in practice depend on the theoretical training. This stage is crucial because most new nurses have trouble adjusting and establishing their patterns. The new nurse needs an educator/preceptor to guide the transition to practice at this stage; this will help to reduce the high turnover rate.

The second stage is advanced beginner. The new nurse is beginning to grasp some clinical skills; they focus on a routine task and get some confidence in her job and accomplishing it. Continue support and guidance in precepting, internship, and mentorship is very important at this stage as the nurse continues to gain confidence in her skill (Ozdemir, 2019).

In the competent stage, the nurse has worked for about a year plus and has the confidence and ability to cope with a wide range of nursing issues. The nurse has a better organization of her skill and how to manage it. At this stage, they begin to conduct evidence-based research and present their result with their peer or at conferences. Mentors and nurse's educator will continue to provide support, clinical education, and annual competency and encouragement.

In the proficient stage, the individual becomes a mentor and coaches' novice and advanced beginners. They can assume leadership roles and make alterations in healthcare. At this level, they continue to provide support and encouragement to help promote longevity.

Nurses who have reached the expert stage have a broad vision and can see and understand the patient. They make critical clinical decisions and have initiative abilities. They are very involved, love what they do, and are least likely to leave their job. Providing support and encouragement is very important in the process of retention of new nurses.

Methods

Design

This project was a quality improvement (QI) project. The data design was quantitative with pre and post survey. The sample design was convenience sampling.

Translational Framework

The translational framework utilized for this project was the Plan-Do-Study-Act (PDSA) framework. The PDSA framework is a problem-solving model that adopts a process of implementing new ways of doing things. It works in order, planning the change, trying it, observing it, and following the results. PDSA was adopted for this project in the plan phase by gathering information on new hires from human resources: the year they graduated nursing school, age, first nursing job, and any experience, and then using this information and findings from the review of the literature to plan the implementation. The doing part consisted of initiating interventions that will help retain the new nurses: Precepting, mentorship, and internship. We then studied all that has been implemented to see if it worked, any challenges, and possible improvements. We can then either modified the change according to what we

learned or accepted the change and plan for the next phase (Institute for Health Improvement, 2021).

Population

The population consisted of skilled nursing facility nurses over the age of 18 years old. The inclusion criteria are new nurses 0 to 1 year experience, licensed practical nurse or registered nurse, adult 18 years old or older, and employment at the implementation site. Exclusion are nurses with greater than one years of experience. Those who meet criteria were recruited at the implementation facility. Potential participants who met criteria were recruited in person by the PI face-to-face at the facility using a verbal script (Appendix A), and an information sheet was provided (see Appendix B) with consent by participation.

Setting

The setting was a small skilled nursing facility in Southern east of North Carolina. It is a 115-facility bed with long-term care and skilled care. The facility houses patient for rehabilitation for stroke, knee replacement, and other chronic health issues as well as serve as home for long-term patients. Approximately 80% of the patients are Caucasian, 15% are African American, and 5% are Hispanic. Facility management is about 90% Caucasian and 10% African American. The nursing staff is about 50% African American, 45% Caucasian, and 5% Hispanic/Asian. Nursing staff age from early 20's to early 60's. The facility has two units, 100 hall and 200 halls. The 100 hall has two nurses and one unit nurse manager and houses the long-term patients. Unit 200 has 3 nurses and one unit manager and houses the skilled patients that are there for rehabilitation and therapy.

The 100-unit side historically has retained more staff than the 200-hall unit, likely because the 200 hall is more fast paced, and the patients are more alert and asks more questions

about their medications, with health, and others; they are simply more acute, and their care is more involved. Finally, older nurses prefer 100 hall unit likely because of the slower pace and the average age and years' experience of the nursing staff is higher. The 200 hall tends to have younger nurses with fewer years' experience and a faster, more demanding pace, which is theorized to lead to a sense of being overwhelmed and under-prepared, resulting in higher turnover.

Project Implementation

Every participant was paired with a mentor/support person. The mentor has at least 5 years of nursing and good teaching/mentoring skills. The mentor provided orientation, guidance, and mentorship to the participants. The project has a total of three mentors to begin with and one more was added. Each nurse who meets inclusion criteria and agrees to participate was assigned to a mentor. Mentors have at least 5 years' experience and a willingness to mentor new nurses as well as felt to be qualified to teach and mentor. Each mentor provided an orientation to their mentee and reviewed the mentorship process. The first 4 weeks of mentoring consisted of guidance and the mentee asking question and getting familiar with procedures and routines. This was followed by 2 weeks of the new nurses taking 50% of required patient load. At this point the mentoring and guidance continued and, subsequently, another 2 weeks of the new nurse taking 100% of needed patient load. At any point any new nurse that voiced the need for more help was accommodated. The mentors provided guidance and assisted the new nurse through these stages, working on time management, communication, teamwork, confidence, and conflict resolution. Also, education on burnout and conflict resolution was provided (Appendix C & D).

The mentors continued to provide guidance and mentorship to the mentee over the time of implementation, for a total of approximately 3 months. The mentor and mentee meeting

schedules includes daily Monday to Friday face to face meeting for the first 4 weeks, weekly for the next 2 weeks, bi-weekly for the following 2 weeks, and then monthly. The mentor was available for phone calls when needed with phone numbers and emails made available to the participants. At the end of 3 months, the mentors could continue the program through to a 6-month period if they chose to.

Instrument/Measurement

An intention to stay or leave questionnaire, using the Likert scale, was the instrument used to measure data. Each participant generated a unique code that they used to label their pre- and post-surveys to allow for pairing of surveys/data. The surveys were completed at the beginning and end of the study. This instrument was intended to help understand the participant who had the intention to stay but something down the line caused them to want to leave as well as the participant who has no intention to stay from the beginning. Comparison of results of pre- and post-intervention could also measure any change in nurses' intention to stay or leave after the project implementation.

The Likert survey that was created had a goal of getting a better understanding of if the person intends to stay or leave, understand what will help them stay, and what kind of support is needed. The questionnaire was 7 questions with a response scale ranging from 1-5, with one being less likely to stay and five being most likely to stay. There were no free response questions. (See Appendix E)

Timeline and Critical Milestones

See Appendix F for GANNT Chart with project timeline.

IRB Approval

The project was submitted to the institutional review board at the University of North Carolina at Greensboro and was approved as “not human subjects research” (NHSR). Several steps were taken to reduce risk to participants. The Intention to stay or leave questionnaire is a quantitative, Likert scale with 7 questions. The questions will measure intention to stay or leave their position at the beginning and end of the mentorship program.

To help protect confidentiality, each survey was labeled with a participant-generated unique code to allow for pre- and post-survey data matching and comparison without use of identifying information; the survey was given by either the project manager or principal investigator without identifying information. To further protect confidentiality, the completed surveys were stored in a locked cabinet in the medical records that only the project manager had access to. Additionally, survey data transcribed into digital form for data analysis was entered into a password-protected excel sheet on a password-protected computer and uploaded into UNCG Box for 1-click secure digital storage. None of the digital data had participant-identifying information. Data will be stored for 5 years before being destroyed, per the UNCG policy.

Data Collection

Data was collected with a pre- and post-intervention survey. The pre-implementation survey was administered upon enrollment, and post survey was given 3 months after the intervention. The Intention to stay or leave questionnaire is a quantitative, Likert-scale survey with 7 questions. The questions measured intention to stay or leave their position at the beginning and end of the mentorship program (See Appendix E). Each survey was labeled by the participant with the participant-generated unique code to allow for pre- and post-survey data matching and comparison.

The survey was given by the principal investigator and the project manager, placed in a yellow envelope, and placed in the conference room. After the surveys were completed and in the envelope, the project manager then picked them up. The surveys were store in a locked cabinet in the medical record that only the project manager and principal investigator had access to. Data will be stored for 5 years before been destroyed according to facility protocol.

Data Analysis

Data was collected with a pre- and post-intervention survey. The Intention to stay or leave questionnaire is a quantitative, Likert scale survey with 7 questions. The questions measured the intent to stay or leave their current position at the beginning and end of the mentorship program. The data was entered into excel spread sheet, entering the Likert scale of strongly agree, agree, neutral, disagree to strongly disagree to analyze their intents. The data was organized pre- and post- with the number of Strongly agree response on the pre- and the post- respectively. Descriptive statistic was run on the pre- and post- data to show the participant intent to stay or leave the organization. After sorting out the numbers and percentage of the response, a bar chart was created to show the pre- and post- data.

Results

Evaluate Outcomes

Overall, 8 participants agreed to take the survey and participate in the study, six participants started at the beginning and two joined a week after. After 2 months one participant left but came back within a week. The results were further broken down by questions one to seven, which will clearly show the difference in the pre and post survey. The result from question 2 and 7 pre and post, were not much different from pre- to post-intervention because they were administrative questions. The result showed that close mentoring, support and

guidance to new nurses help in nurses' retention. Although a large sample size could have yielded more positive result. Results for each question.

Table 1

Responses to question 1: "I am likely to stay at this organization for the next 12 months"

	Pre-	Post-
<i>Strongly disagree</i>	<i>1</i>	<i>1</i>
<i>Disagree</i>	<i>1</i>	<i>1</i>
<i>Neutral</i>	<i>4</i>	<i>2</i>
<i>Agree</i>	<i>1</i>	<i>3</i>
<i>Strongly agree</i>	<i>1</i>	<i>1</i>

Figure 1

Bar chart of answers for question 1: “I am likely to stay at this organization for the next 12 months”

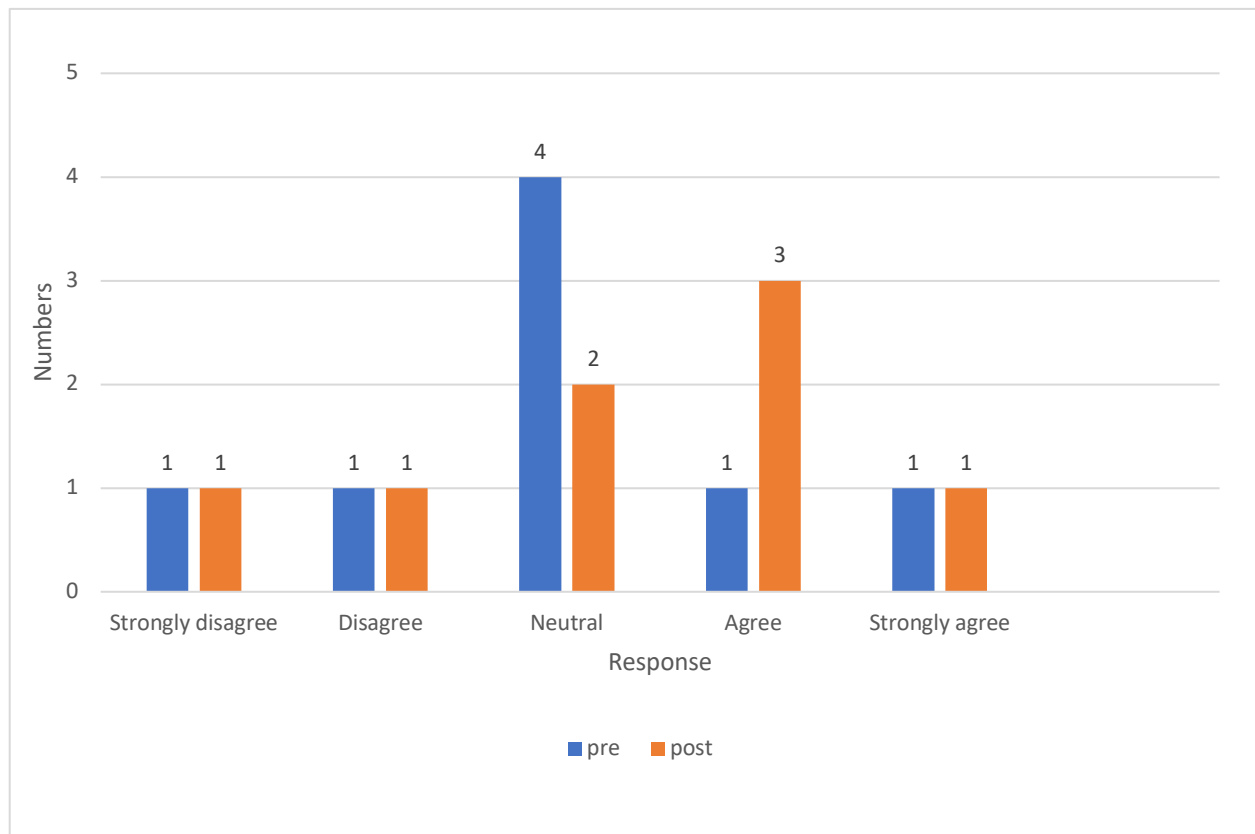


Table 2

Responses to question 2: “I feel valued for the work that I do”

	<i>Pre-</i>	<i>Post-</i>
<i>Strongly disagree</i>	<i>1</i>	<i>0</i>
<i>Disagree</i>	<i>3</i>	<i>3</i>
<i>Neutral</i>	<i>3</i>	<i>5</i>
<i>Agree</i>	<i>0</i>	<i>0</i>
<i>Strongly agree</i>	<i>1</i>	<i>0</i>

Figure 2

Bar chart of answers for question 2: “I feel valued for the work that I do”

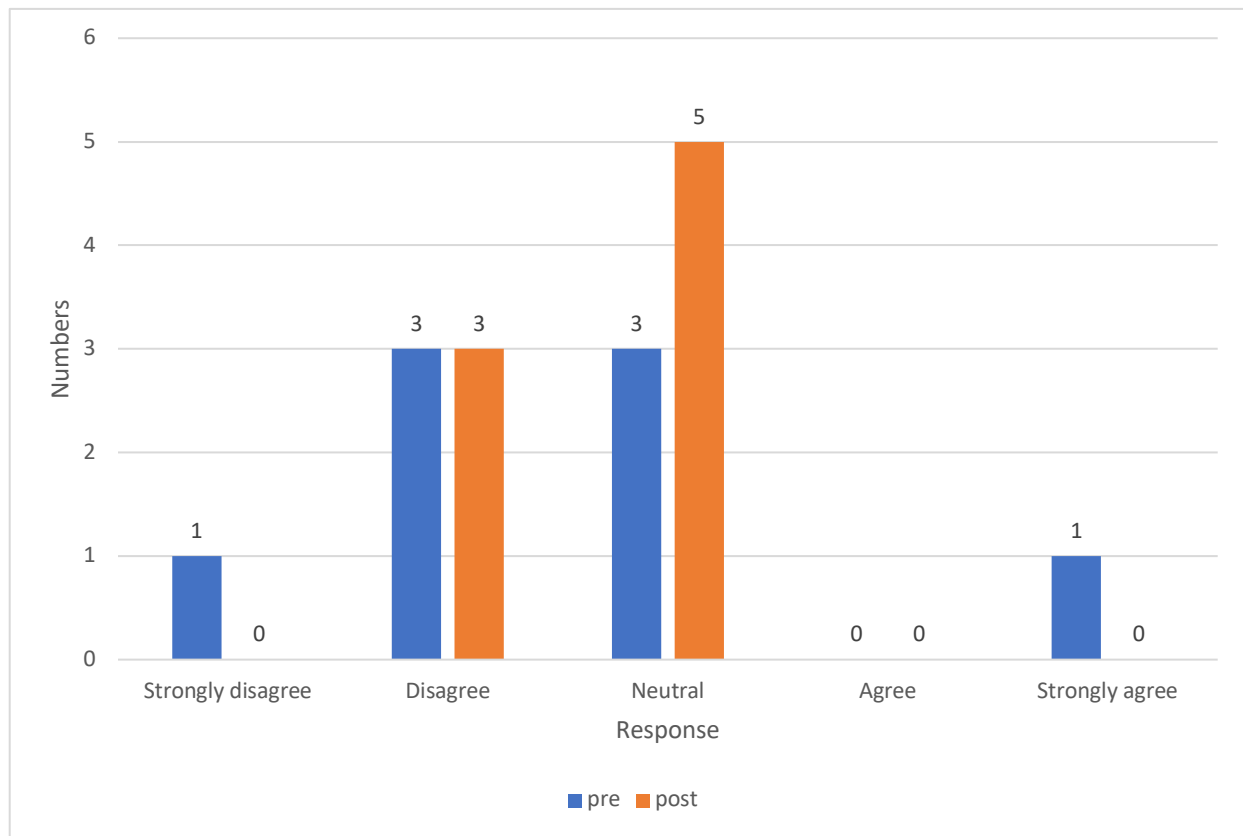


Figure 6 Illustrate bar chart of the pre and post result of question 2

Table 3

Responses to question 3: “I received the training I need to do my job well”

	Pre-	Post-
<i>Strongly disagree</i>	<i>3</i>	<i>1</i>
<i>Disagree</i>	<i>4</i>	<i>6</i>
<i>Neutral</i>	<i>1</i>	<i>1</i>
<i>Agree</i>	<i>0</i>	<i>0</i>
<i>Strongly agree</i>	<i>0</i>	<i>0</i>

Figure 3

Bar chart of answers for question 3: “I received the training I need to do my job well”

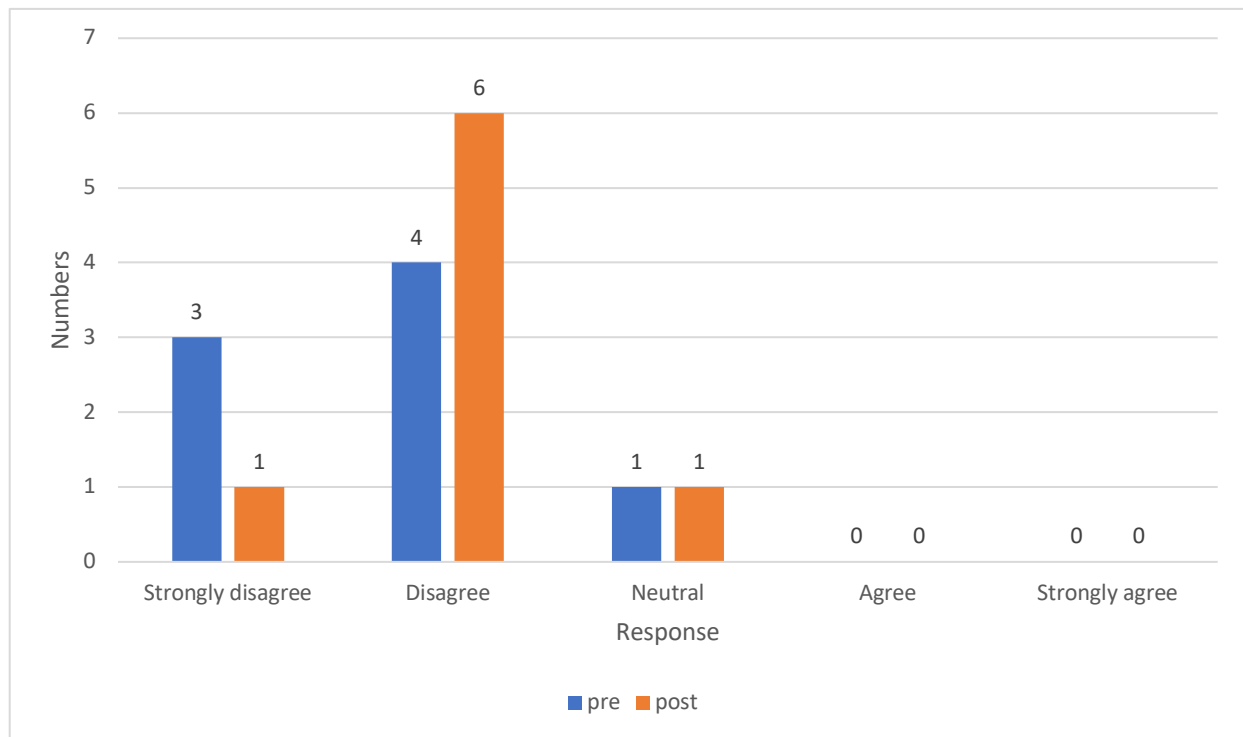


Table 4

Responses to question 4: “I intend to stay with this organization longer than 12 months”

	Pre-	Post-
<i>Strongly disagree</i>	<i>0</i>	<i>0</i>
<i>Disagree</i>	<i>2</i>	<i>0</i>
<i>Neutral</i>	<i>4</i>	<i>4</i>
<i>Agree</i>	<i>1</i>	<i>3</i>
<i>Strongly agree</i>	<i>1</i>	<i>1</i>

Figure 4

Bar chart of answers for question 4: “I intend to stay with this organization longer than 12 months”

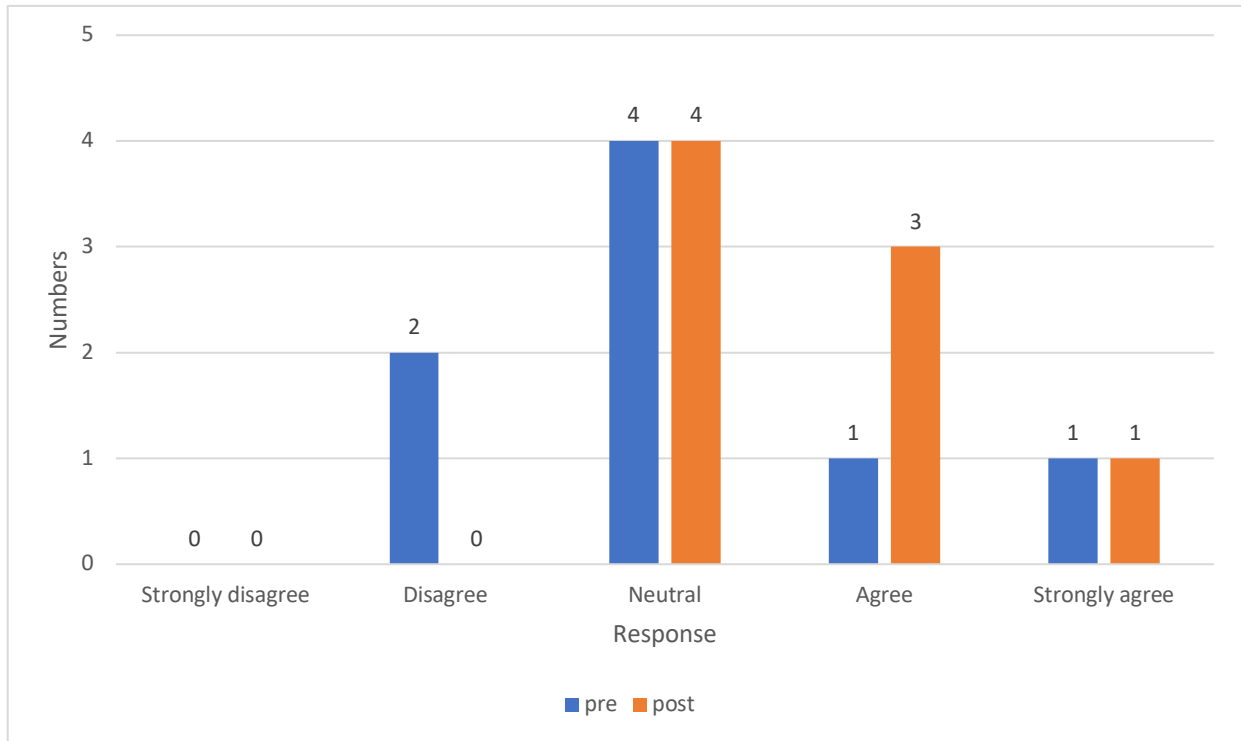


Table 5

Responses to question 5: “If I received a job offer from another organization today, I would consider accepting the offer”

	Pre-	Post-
<i>Strongly disagree</i>	<i>1</i>	<i>0</i>
<i>Disagree</i>	<i>0</i>	<i>1</i>
<i>Neutral</i>	<i>1</i>	<i>7</i>
<i>Agree</i>	<i>4</i>	<i>0</i>
<i>Strongly agree</i>	<i>2</i>	<i>0</i>

Table 5

Responses to question 5: “If I received a job offer from another organization today, I would consider accepting the offer”

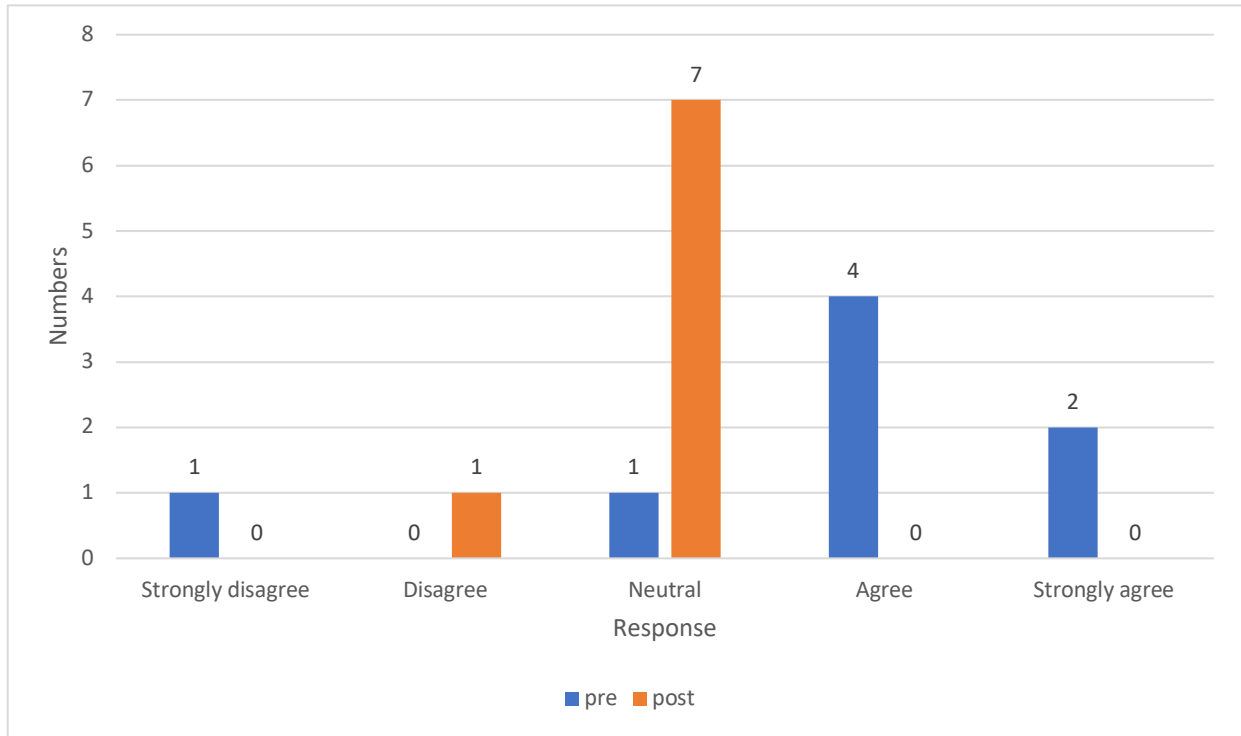


Table 6

Responses to question 6: “I would likely refer someone to this organization”

	Pre-	Post-
<i>Strongly disagree</i>	<i>1</i>	<i>0</i>
<i>Disagree</i>	<i>1</i>	<i>0</i>
<i>Neutral</i>	<i>4</i>	<i>6</i>
<i>Agree</i>	<i>1</i>	<i>2</i>
<i>Strongly agree</i>	<i>1</i>	<i>0</i>

Figure 6

Responses to question 6: "I would likely refer someone to this organization"

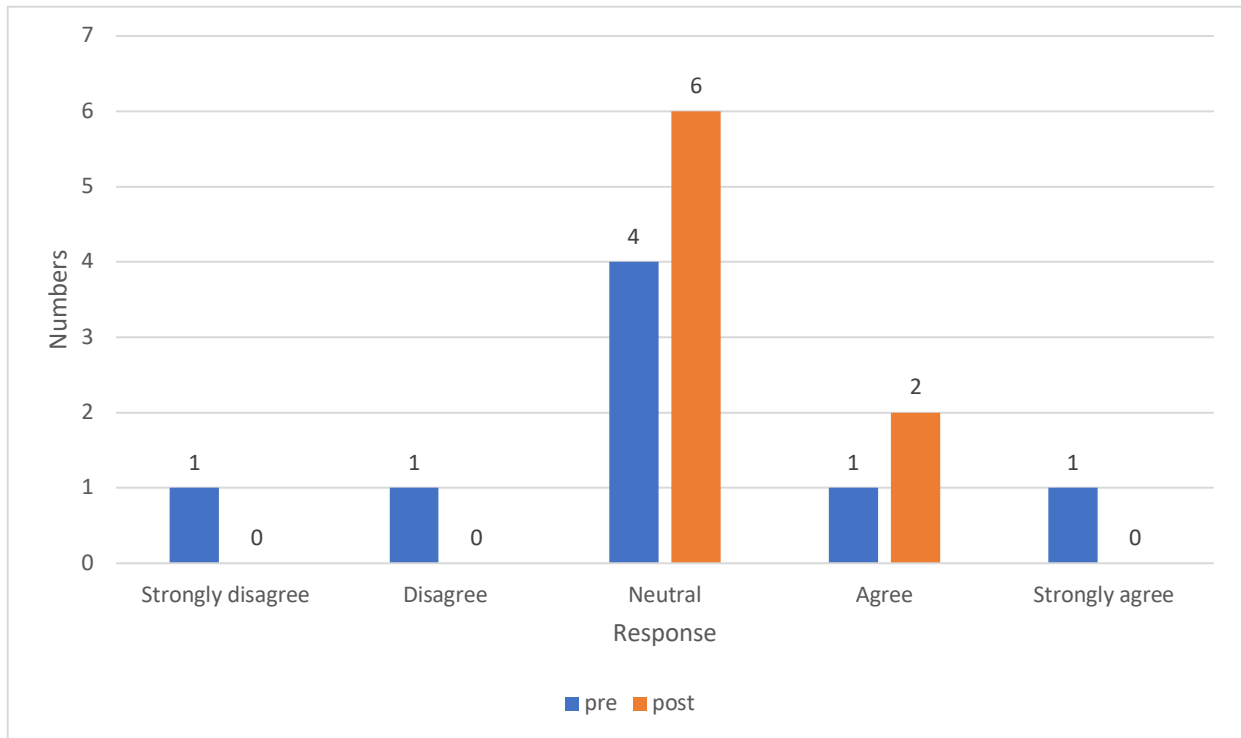


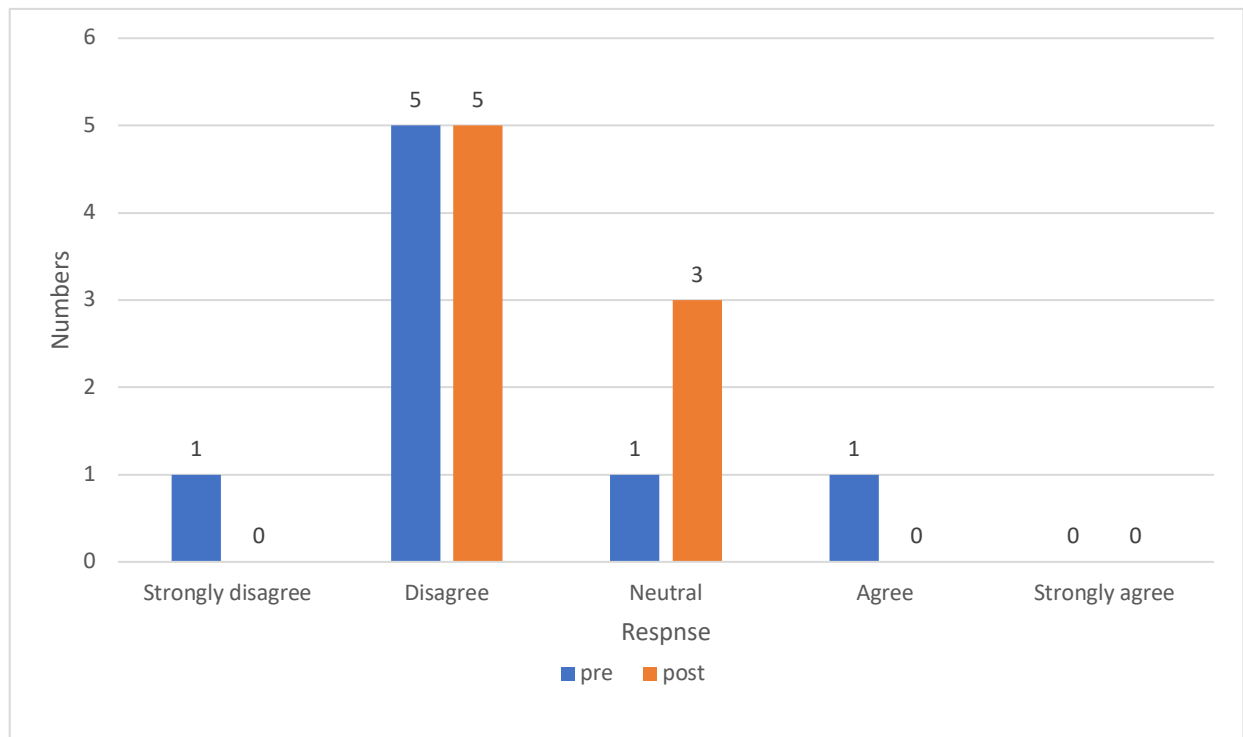
Table 7

Responses to question 7: "I agree with the mission of this organization"

	Pre-	Post-
<i>Strongly disagree</i>	<i>1</i>	<i>0</i>
<i>Disagree</i>	<i>5</i>	<i>5</i>
<i>Neutral</i>	<i>1</i>	<i>3</i>
<i>Agree</i>	<i>1</i>	<i>0</i>
<i>Strongly agree</i>	<i>0</i>	<i>0</i>

Figure 7

Responses to question 7: "I agree with the mission of this organization"



Identify barriers to success.

The barriers encountered include the small number of participants, unexpected exit of participants, and return of some participants. The negative morale of some staff due to events occurring at the facility may have adversely affected their moods and participation. There needs to be more trust toward the employer, faith in the facility's mission statement, and understanding that it will not be business as usual as soon as the project is over. It took weeks of encouragement for full support and participation from some participants.

More expenses on food were required, as more meetings were held for encouragement and support. Food and drink were needed for the meetings, adding to more expenses than the initial budget.

Discussion

Mentorship is an essential key in any organization, regardless of career. It is a guide to help an individual navigate an organization's culture. Nursing mentorship and continued education remain some of the most effective retention and improvement efforts for nurses, no matter how little. One constant thing in career growth is continued education, as new knowledge is acquired daily.

Introducing mentorship at this facility improved the new nurse's reliance, confidence, and performance. The nurses were very receptive to the mentorship and looked forward to growing with the organization. Guidance is something they need to become more familiar with and anecdotally they were happy to have somebody to reach out to when needed. The daily support and guidance were appreciated. It improved their morale and encouraged collaboration with co-workers and mentors. Previous studies on an organization's vital support and continued education have proved mentorship, preceptorship, and internship essential in retaining nurses. It has improved the nurse's intent to stay at this facility. The facility needs to continue to use these implementations to improve retention rate, as many nurses expressed worry that it will only last for a short period.

The pre-survey revealed findings at the facility that a large percent of the new nurses need more training to do their job effectively. Lack of proper training could be part of the reason for the high turnover rate at the facility. Shaffer et al. (2020) reports that in the United States, the cost to onboard a bedside registered nurse averages \$40,038, which is money lost if the nurse decides to leave the job. If done right, mentorship will improve nurses' retention and keep the culture ongoing as part of the organization. Every facility must ensure that every nurse

onboarded receives the training and education, as well as ongoing follow up to ensure the new nurses adjust well.

Benner's Novice to Expert model is a skill acquisition and knowledge model, where new skills are introduced weekly to help augment the nurse's skills and understanding. Each nurse was treated as a novice guiding, supporting, and providing information on stress reduction to help them prioritize their job for the day (See Appendices C). The nurse's growth and knowledge acquisition were evident. Most of the nurses were more independent and confident in their skills by the end of the project.

Conclusion

The continuous rise in the turnover of nurses has become a global issue. Hospitals, facilities, and clinics continue to fight these crises with no little to no effect. Most facilities have run toward contract nurses and travel nurses, but that is making the issue worse as permanent nurses sometimes quit their position for the contract position due to the higher pay. Retention of nurses, especially new nurses, is crucial; the country will continue to work on adding new nurses as older nurses retire.

Retention of new nurses requires continued education, support, encouragement, and skills acquisition to work effectively. It empowers new nurses to be proficient in their daily duties. Mentorship gives nurses the help they need; they are not alone and always have someone to consult when needed. Nurses are crucial to the success of medical facilities in throughout the U.S, and without them the U.S. healthcare system would crumble. Nurses' retention must become a top priority for all medical facilities, and if the healthcare industry continues in this fashion of low retention rates, there will be disastrous consequences.

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Appendix A**Verbal Script**

My name is Dorothy Nwizu. MSN, APRN FNP-C. I am a DNP student at UNC Greensboro. Am doing a quality improvement project to address new nurse's turnover rate at the Laurel of Forest Glen, Garner NC. I will be implementing and expanding mentorship program.

I will like to invite you to participate in the study, which will last 3 months. You will be asked to take a brief survey at the beginning and the end of the study to measure the objectives of study, which will take a couple of minutes for each survey. It is completely voluntary and there are no implications for choosing to participate or to not participate.

I will not collect any Identifying information about you to keep your survey answers anonymous.

If you are interested, I will give you a paper explaining the study in more detail.

APPENDIX B

IRB Information Sheet Template

Project Title: Mentoring and Supported Orientation to Improve High Turnover of New Nurses at a Long-Term Care and Rehabilitation Facility

Principal Investigator: Dorothy Nwizu, MSN, APRN, FNP

Faculty Advisor: Dr. Eric Gill, DNP, AGNP-C

What is this all about?

I am asking you to participate in this research study because it will help improve the high-rate turnover of new nurses. This research project will only take about three months and will involve you to take survey and educations on retention. Your participation in this project is voluntary.

How will this negatively affect me?

No, other than the time you spend on this project there are no know or foreseeable risks involved with this study.

What do I get out of this research project?

You and/or society will or might benefit from the research as it may lead to changes in nursing support and orientation that could possibly improve nurse retention at the facility.

Will I get paid for participating?

You will be paid: No compensation for this study.

What about my confidentiality?

We will do everything possible to make sure that your information is kept confidential. All information obtained in this study is strictly confidential unless disclosure is required by law. We will not ask for any identifying information, and coding will be used to promote anonymity of any survey data.

What if I do not want to be in this research study?

You do not have to be part of this project. This project is voluntary and it is up to you to decide to participate in this research project. If you agree to participate at any time in this project, you may stop participating without penalty.

What if I have questions?

You can ask PI name and number Dorothy Nwizu. 919-389-9071 and faculty advisor information, Dr. Eric Gil at eagill@uncg.edu for anything about the study. If you have concerns about how you have been treated in this study call the Office of Research Integrity Director at 1-855-251-2351.

Appendix C

Stress Reduction/Burnout Template

Feeling burned out at work? Find out what you can do when your job affects your health.

[By Mayo Clinic Staff](#)

Job burnout is a special type of work-related stress — a state of physical or emotional exhaustion that also involves a sense of reduced accomplishment and loss of personal identity.

"Burnout" isn't a medical diagnosis. Some experts think that other conditions, such as depression, are behind burnout. Researchers point out that individual factors, such as personality traits and family life, influence who experiences job burnout.

Whatever the cause, job burnout can affect your physical and mental health. Consider how to know if you've got job burnout and what you can do about it.

Ask yourself:

- Have you become cynical or critical at work?
- Do you drag yourself to work and have trouble getting started?
- Have you become irritable or impatient with co-workers, customers or clients?
- Do you lack the energy to be consistently productive?
- Do you find it hard to concentrate?
- Do you lack satisfaction from your achievements?
- Do you feel disillusioned about your job?
- Are you using food, drugs or alcohol to feel better or to simply not feel?
- Have your sleep habits changed?
- Are you troubled by unexplained headaches, stomach or bowel problems, or other physical complaints?

If you answered yes to any of these questions, you might be experiencing job burnout. Consider talking to a doctor or a mental health provider because these symptoms can also be related to health conditions, such as depression.

Job burnout can result from various factors, including:

- **Lack of control.** An inability to influence decisions that affect your job — such as your schedule, assignments or workload — could lead to job burnout. So could a lack of the resources you need to do your work.
- **Unclear job expectations.** If you're unclear about the degree of authority you have or what your supervisor or others expect from you, you're not likely to feel comfortable at work.
- **Dysfunctional workplace dynamics.** Perhaps you work with an office bully, or you feel undermined by colleagues or your boss micromanages your work. This can contribute to job stress.
- **Extremes of activity.** When a job is monotonous or chaotic, you need constant energy to remain focused — which can lead to fatigue and job burnout.
- **Lack of social support.** If you feel isolated at work and in your personal life, you might feel more stressed.
- **Work-life imbalance.** If your work takes up so much of your time and effort that you don't have the energy to spend time with your family and friends, you might burn out quickly.

The following factors may contribute to job burnout:

- You have a heavy workload and work long hours
- You struggle with work-life balance
- You work in a helping profession, such as health care
- You feel you have little or no control over your work

Ignored or unaddressed job burnout can have significant consequences, including:

- Excessive stress
- Fatigue
- Insomnia
- Sadness, anger or irritability
- Alcohol or substance misuse
- Heart disease
- High blood pressure
- Type 2 diabetes
- Vulnerability to illnesses

Try to take action. To get started:

- **Evaluate your options.** Discuss specific concerns with your supervisor. Maybe you can work together to change expectations or reach compromises or solutions. Try to set goals for what must get done and what can wait.

- **Seek support.** Whether you reach out to co-workers, friends or loved ones, support and collaboration might help you cope. If you have access to an employee assistance program, take advantage of relevant services.
- **Try a relaxing activity.** Explore programs that can help with stress such as yoga, meditation or tai chi.
- **Get some exercise.** Regular physical activity can help you to better deal with stress. It can also take your mind off work.
- **Get some sleep.** Sleep restores well-being and helps protect your health.
- **Mindfulness.** Mindfulness is the act of focusing on your breath flow and being intensely aware of what you're sensing and feeling at every moment, without interpretation or judgment. In a job setting, this practice involves facing situations with openness and patience, and without judgment.

Keep an open mind as you consider the options. Try not to let a demanding or unrewarding job undermine your health.

Appendix D

Conflict Resolution Template

Conflict 101

- A conflict is more than just a disagreement. It is a situation in which one or both parties perceive a threat (whether or not the threat is real).
- Conflicts continue to fester when ignored. Because conflicts involve perceived threats to our wellbeing and survival, they stay with us until we face and resolve them.
 - We respond to conflicts based on our perceptions of the situation, not necessarily to an objective review of the facts. Our perceptions are influenced by our life experiences, culture, values, and beliefs.
- Conflicts trigger strong emotions. If you aren't comfortable with your emotions or able to manage them in times of stress, you won't be able to resolve conflict successfully.
- Conflicts are an opportunity for growth. When you're able to resolve conflict in a relationship, it builds trust. You can feel secure knowing your relationship can survive challenges and disagreements.

Healthy and Unhealthy ways of managing and Resolving Conflict

Unhealthy responses to conflict: Healthy responses to conflict

An inability to recognize and respond to the things that matter to the other person.

The capacity to recognize and respond to the things that matter to the other person.

Explosive, angry, hurtful, and resentful reactions.

Calm, non-defensive, and respectful reactions.

The withdrawal of love, resulting in rejection, isolation, shaming, and fear of abandonment

A readiness to forgive and forget, and to move past the conflict without holding resentments or anger.

An inability to compromise or see the other person's side. The ability to seek compromise and avoid punishment.

The fear and avoidance of conflict; the expectation of bad outcomes

A belief that facing conflict head on is the best thing for both sides

The ability to successfully resolve conflict depends on your ability to:

- Manage stress quickly while remaining alert and calm. By staying calm, you can accurately read and interpret verbal and nonverbal communication.

- Control your emotions and behavior. When you're in control of your emotions, you can communicate your needs without threatening, frightening, or punishing others.
- Pay attention to the feelings being expressed as well as the spoken words of others. Validate the feelings, not the person.
- Be aware of and respectful of differences. By avoiding disrespectful words and actions, you can almost always resolve a problem faster.

Psychologist Connie Lillas uses a driving analogy to describe the three most common ways people respond when they're overwhelmed by stress:

- Foot on the gas. An angry or agitated stress response. You're heated, keyed up, overly emotional, and unable to sit still.
- Foot on the brake. A withdrawn or depressed stress response. You shut down, space out, and show very little energy or emotion.
- Foot on both gas and brake. A tense and frozen stress response. You "freeze" under pressure and can't do anything. You look paralyzed, but under the surface you're extremely agitated.

Stress interferes with the ability to resolve conflict by limiting your ability to:

- Accurately read another person's nonverbal communication.
 - Hear what someone is really saying.
 - Be aware of your own feelings.
- Be in touch with your deep-rooted needs.
 - Communicate your needs clearly.

Why emotional awareness is a key factor in resolving conflict.

Emotional awareness—the consciousness of your moment-to-moment emotional experience—and the ability to manage all of your feelings appropriately is the basis of a communication process that can resolve conflict.

Emotional awareness helps you:

- Understand what is really troubling other people.
- Understand yourself, including what is really troubling you.
 - Stay motivated until the conflict is resolved.
 - Communicate clearly and effectively.
 - Attract and influence others.

Tips for managing and resolving conflict.

Managing and resolving conflict requires the ability to quickly reduce stress and bring your emotions into balance. You can ensure that the process is as positive as possible by sticking to the following guidelines:

- Listen for what is felt as well as said. When we listen, we connect more deeply to our own needs and emotions, and to those of other people. Listening also strengthens us, informs us, and makes it easier for others to hear us when it's our turn to speak.

- Make conflict resolution the priority rather than winning or "being right." Maintaining and strengthening the relationship, rather than "winning" the argument, should always be your priority.

Be respectful of the other person and his or her viewpoint.

- Focus on the present. If you're holding on to grudges based on past resentments, your ability to see the reality of the current situation will be impaired. Rather than looking to the past and assigning blame, focus on what you can do in the here-and-now to solve the problem.

- Pick your battles. Conflicts can be draining, so it's important to consider whether the issue is worthy of your time and energy.

- Be willing to forgive. Release the urge to punish which only adds to our injury.

- Know when to let something go. If you can't come to an agreement, agree to disagree. It takes two people to keep an argument going. If a conflict is going nowhere, you can choose to disengage and move on.

Appendix E

Intent to Stay/Leave Questionnaire For New Nurses

	1 – Strongly Disagree	2 – Disagree	3 – Neutral	4- Agree	5- Strongly Agree
1. I am likely to stay at this organization for the next 12 months					
2. I feel valued for the work that I do					
3. I received the training I need to do my job well					
4. I intend to stay with this organization longer than 12 months					
5. If I received a job offer from another organization today, I would you consider accepting the offer					
6. I would likely refer someone to this organization					
7. I agree with the mission of this organization					

