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BACKGROUND

- Shortage of registered nurses (RN) is a nationwide problem
 - Not enough RNs to provide safe care
 - Economic cost of vacant nursing positions
- Focusing on the retention of RNs (in the profession and in the workforce)
 - Identified to combat the nursing shortage
 - Associated with decreased healthcare costs
 - Decreased patient care errors
 - Increased staff and patient satisfaction
 - Improved patient outcomes
- Over a decade ago, nurse residency programs (NRP) were developed in an effort to:
 - Improve the transition to practice for new nurses
 - Decrease the overwhelming turnover rates of new graduate nurses (NGN)
- Majority of focus on NGNs and the first year of practice
- Limited research on retention efforts beyond the first year of practice
- Mentoring has positive impact on NGN retention
- Mentoring may benefit both the mentor and mentee

CLINICAL SITE



VANDERBILT UNIVERSITY
MEDICAL CENTER

Monroe Carell Jr.
Children's Hospital
at Vanderbilt

Vanderbilt University Medical Center is a Magnet designated, regional medical center in Middle Tennessee that is comprised of four free-standing hospitals, over 70 outpatient clinics, and medical and nursing schools. The Neonatal Intensive Care Unit (NICU) at the Monroe Carell Jr. Children's Hospital at Vanderbilt consists of 96 beds, offering Level IV care to critically ill infants.

Vanderbilt created an extensive NRP with retention rates average 98-99% for the first year. The challenge in the NICU is beyond that first year with nursing turnover rates as high as 62% at 18 months. This nursing turnover has an estimated impact of up to \$81,000 per nurse, yet does not include the cost to the rest of the team when a nurse leaves, such as preceptor fatigue, diminished morale, and decreased levels of experience to care for critical infants.

PICOT QUESTION

In NICU nurses at Vanderbilt NICU, how does implementation of a peer to peer mentoring program, compared to current practice, affect intent to stay and job satisfaction in nurses with one years' experience, and mentor competence and self-efficacy over 6 months?

THEORETICAL FRAMEWORKS

Jean Watson's Theory of Human Caring

Albert Bandura's Theory of Self-Efficacy



AIM

To determine the degree to which implementation of a peer to peer mentoring program affected job satisfaction, intent to stay, mentor competence, and mentor self-efficacy



METHODOLOGY

- Mixed methods study
 - quasi-experimental mixed method of data collection and analysis
 - quantitative and qualitative data
- Inclusion criteria
 - Mentor criteria
 - At least 2 years Vanderbilt NICU experience
 - Positive recommendation from direct supervisor
 - Mentee criteria
 - 1 year Vanderbilt NICU experience
- Sample
 - Convenience
 - 12 mentor / mentee dyads



EVALUATION METHODS

- Demographics
- McCloskey/Mueller Satisfaction Scale
- Intent to Stay Questionnaire
- Mentor Competency Assessment
- Mentor Efficacy Scale
- Focus Group Questions



PROGRAM COMPONENTS

- Mentor/mentee pairings
- Mentees provided educational packet
- Mentors completed initial training workshop
 - Keys to a Successful Mentoring Relationship and Getting Started: First Meeting Guide and Setting Goals
- Mentors attended 6 monthly focus group sessions
 - Topics: Current Role, Understanding Self and Others, Communication, Problem Solving, Leadership, Career Development
- Mentors met with mentees throughout program
 - face-to-face, text, email, phone

DISCUSSION

- 10 intact mentor / mentee dyads completed program
- **Job satisfaction increased for mentees** in all subscales, the difference was statistically significant for co-workers ($p=.024$), social interaction opportunities ($p=.003$), professional opportunities ($p=.005$), and praise and recognition ($p=.004$)
- Impact on **intent to stay reported by mentees** (60%)
- **Mentor competence increased** in all subscales, the difference was statistically significant except for developing a trusting relationship ($p=.168$) and helping establish a work/life balance ($p=.052$)
- **Self-efficacy increased for mentors** throughout the program ($p<.001$)
- Focus group questions yielded 33 responses coded into 22 distinct themes

PROGRAM GOALS / OUTCOMES

	Goal	Outcome
Participation in monthly mentorship meetings	75%	53%
Self-efficacy level increase at 3 months	25%	6%
Increase in mentor competence	25%	19%
Increase in NICU nurses job satisfaction	25%	11%
Increase in NICU nurses intent to stay	25%	60%
Increase in NICU nurses self-efficacy at 6 months	50%	10%

PARTICIPANT FEEDBACK

"The unit felt so big before I was assigned a mentor."

"I am really glad we can use facetime to meet since I live two hours away. It's much better than just chatting on the phone."

"I knew I was busy between work and home, but I had no idea it would be this hard to find a time to meet. Juggling my kids' activities, my work schedule, and my mentee has been harder than I realized"

"I wish my mentee was on the same the shift as me. We have met for lunch but it was really hard to schedule since she works nights and sleeps during the day."

"I liked that there were more people at this meeting. I learn a lot hearing about the other mentors and their relationships."

RECOMMENDATIONS

- Peer to Peer Mentor Program increases job satisfaction and intent to stay
- Development of Mentor Coordinator position
- NICU onboarding process changes to include mentoring
- Mentoring as part of clinical ladder advancement
- Mentored more likely to mentor in the future
- Cost effective strategy
- Applicable to all areas of VUMC and other professions

CONTACT INFORMATION

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