MENTORSHIP: SUPPORTING NEW GRADUATE NURSES IN PROFESSIONAL DEVELOPMENT AND INTEGRATION INTO NURSING CULTURE

by

Jennifer Jo Pula

A scholarly project submitted in partial fulfillment
of the requirements for the degree

of

Master of Nursing

in

Clinical Nurse Leader Program

MONTANA STATE UNIVERSITY
Bozeman, Montana

May 9, 2025

Abstract

New graduate nurses (NGN) are vital to the safety of healthcare yet in the first year of work as a registered nurse, 25% will leave their positions. By the second year of employment only 50% of new graduate nurses remain in the field (Lyu et al., 2024; Bae, 2021). The exodus of nurses in an industry that is already facing significant staffing shortages compromises patient safety, the economic stability of the healthcare organization, and the wellness of the NGN. Through a well-developed evidence-based intervention, such as the mentorship program proposed in this quality improvement (QI) project, healthcare organizations can facilitate retention of NGNs and subsequently improve patient safety and financial stability.

Mentorship programs play a key role in supporting and enhancing the practice readiness of NGNs. Practice readiness is the NGNs' ability to provide safe patient care and includes many aspects of professionalism. The shift toward a more relaxed culture is redefining professionalism and raising questions about which aspects are essential for supporting NGNs in their transition from students to practice ready professionals. Nurses that embody elements of professionalism provide high quality care and feel more job satisfaction. The mentorship program provides NGNs with support through their transition into practice and professional development. Providing support to new graduate nurses is paramount to maintain the backbone of the healthcare system, the nurses.

Keywords:

Keywords included for the literature review included "practice readiness," "graduate nurse," "new graduate nurse," "nurse practice readiness," "clinical," "professionalism," "nurse," "communication," "economic," "turnover," "impact," "finance," "patient safety," "quality care," "indicators of safety," and "practice readiness scales."

Mentorship: Supporting New Graduate Nurses in Professional Development and Integration into Nursing Culture

New graduate nurse readiness is a decades old question that has been considered for at least 45 years (Masso et al., 2022). However, as patient acuity increases and staffing concerns are at an all-time high, new graduate nurse readiness becomes paramount to patient safety not just a matter of convenience for healthcare organizations (Almekkawi & El Khalil, 2020). The practice readiness of NGNs not only compromise patient safety but increases the likelihood of NGNs succumbing to moral distress which leads to turnover and further potentiates inadequate staffing (Harrison et al., 2020b). For this scholarly project, new graduate nurse readiness is analyzed, to learn what skills new graduate nurses are deficient in and subsequently, to propose an intervention to propel the new graduate nurses forward in their careers. Evidence-based improvements to the new graduate nurses' orientation to the healthcare organization can optimize patient safety, increase job satisfaction, develop professionalism, and decrease turnover associated with new graduate nurses (Tomagova et al., 2023; Cao et al., 2023).

Background on Microsystem

This scholarly project will focus on NGN readiness from the associate of nursing (ASN) program from school X in healthcare organization A, a critical access hospital (CAH) in rural Montana. The associate nursing program is a small program accepting 20 students annually. The ASN program was accredited in 1992 and has had a 74.4% National Council Licensure Exam (NCLEX) first time pass rate and an ultimate pass rate of 94.4% in the last three years (Montana State University Northern, n.d.). Less than a year ago, healthcare organization A became a 25-bed inpatient CAH, which is a designation by Centers for Medicare and Medicaid Services (CMS) for small, rural hospitals. A CAH must be 35 miles from another hospital, allow no more

than 25 inpatient beds at a time, maintain an average length of acute stay of 96 hours or less, and provide emergency services 24 hours a day, seven days a week (CMS, n.d.).

Purpose

Healthcare organization A proclaims their mission is to "deliver high-quality, comprehensive health care services to the Hi-Line communities" regardless of ability to pay while embodying the core values of caring, quality, and service (Northern Montana Hospital, n.d.). Healthcare organization A also strives to be the employer of choice in the immediate area. The purpose of unit D is to care for patients from rural areas that do not require care in the emergency department, intensive care unit, and labor-delivery-recovery-postpartum (LDRP). Patients in critical condition are transferred to larger hospitals, generally in Montana.

Patients

Unit D patients include medical, surgical, swing beds, pediatrics, and mental health crisis stabilization. Pediatrics comprise one to two patients each week and typically require monitoring and treatment for appendicitis or upper respiratory ailments. Mental health crisis stabilization accounts for a small number of patients on unit D. Most of these patients are awaiting inpatient placement while others are stabilized and discharged (S. Spangler, personal communication, September 19, 2024). Swing bed patients account for nearly half of the census and include patients over 65 years of age who are not physically ready to return home after their acute stay. Swing beds have increased the average census on unit D which provides a more consistent population to base staffing. Over 90% of the patients admitted to unit D are discharged home. Inpatient primary diagnoses are, in order of occurrence, pneumonia, diabetes, sepsis, total joint replacements, and alcohol and overdoses (L. Thornton, personal communication, September 19, 2024). Patients in the hospital for observation carry diagnoses for mental health conditions,

alcohol and drug use, cardiac monitoring, overdose, and syncope. New graduate nurses are required to work a minimum of six months on unit D, which has an average census of 16 patients. The variety of medical and psychological conditions in this diverse patient population allow the NGNs to obtain experience working with a variety of patients, but the caveat is NGNs must be able to care for a wide range of patients.

Fifty percent of the patients have Medicare as the primary pay source and 80% of the population served is over 50 years of age. Medicaid is the second highest pay source at 30%. Ninety eight percent of admissions come through the emergency department. Ethnically, the population is 70% Caucasian and 25% American Indian. Twenty-five percent of the patients fall below the Montana and national socioeconomic averages (Hill County Health Consortium, 2024).

Professionals

Of the 23 registered nurses who currently work on unit D, six of the nurses have more than four years of experience. Staff in this unit work 12-hour shifts and the new nurses typically work three weeks of day shifts alternating with three weeks of night shifts. Eighteen registered nurses work full time, and 5 registered nurses work casual status. CNAs round out the nursing care with 11 full time CNAs and 15 casual CNAs. No LPNs work on this unit and very few travelers work on unit D. The census varies on unit D which makes staffing challenging. On the day shift, schedulers strive for a staffing ratio of 4:1 and on night shift, 6:1 for registered nurses. Healthcare organization A employs 38 providers, of which 12 have a regular presence on unit D and provide coverage by a complex, self-determined schedule. The chief medical officer acts as the medical director and is elected by their peers (S. Spangler, personal communication, September 19, 2024).

Most of the NGNs graduate from the local ASN program at school X. Potential nursing students come primarily from Montana, but also the western United States (D. Winegar, personal communication, September 24, 2024). Consistently, 50% of each cohort is from the immediate area. The average age of students is 28 years, which classifies them as non-traditional undergraduates. Most of the cohort is Caucasian, with a few Native American students typically enrolled. Other ethnicities are represented occasionally. The application process is uncomplicated compared to some as no essay or interview are required for entry into the program (D. Winegar, personal communication, September 24, 2024).

Patterns

The healthcare organization works industriously to provide safe and competent care. With its recent transition to a critical access hospital, the bulk of the quality assurance work has been related to that transition. The healthcare organization uses one program to report all unusual occurrences and incidents. Department managers receive automated emails to inform them of reports in their units (S. Spangler, personal communication, September 19, 2024). The usual indicators of quality are tracked including CAUTIs, falls, safety events, and medication errors. New items are added to tracking such as violence against healthcare workers, as required or indicated. Healthcare organization A strives for a culture of safety by tracking near misses and focusing on system problems. Meetings are regularly scheduled to review incidents including near misses. Unit managers attend but direct care workers do not regularly attend committee meetings. Data is analyzed throughout the organization and is not separated into departments.

Processes

Several years ago, the organization leaders were inspired to start a new graduate program after losing NGNs to other facilities that had residency or mentorship programs. The new

graduate program includes 12 weeks of orientation in every department in the organization, including emergency, ICU, LDRP, clinics, long-term care, and unit D. All NGNs are required to participate in the new graduate program. Upon completion, the new nurses must work in unit D for a minimum of six months and then are eligible to apply to a different department.

As the need for traveling staff increased and new nurses were hired that were not new graduates, the need to provide additional training for all newly hired nurses became apparent. A new nurse orientation was developed. The new nurse orientation directly follows the new employee hiring process and consists of two days of presentations, videos, skills checkoffs, quizzes and meetings with department supervisors. Topics on the agenda include use of IV pumps, restraints, hourly rounding, dialysis, bladder scanning, perioperative practice, chest tubes, wound vacs, incident reporting, obtaining informed consents, hospice, abuse prevention, quality measures, central line protocols, codes, and trauma procedures.

After the new graduate nurse accepts a position in unit D, they are provided with an additional eight weeks of orientation. The new graduate nurses' benefit from the new nurse orientation and the new grad program especially in skill development and knowledge of policies and procedures. The orientation process has a facilitator who is a nursing leader but not a consistent presence in each direct care area. New graduate nurses are precepted by different nurses on each unit. Department managers provide the education during orientation. The facilitator of the orientation has found NGNs are eager to begin work and gain some experience and are less eager for further classroom learning (S. Spangler, personal communication, September 19, 2024).

Problem Identification

The problem identified is that although new graduate nurses demonstrate adequate technical skills and knowledge, they lack skills in professionalism (S. Spangler, personal communication, September 19, 2024). Also, the new graduate nurse orientation program would benefit from additional support integrated into the current new grad program and new nurse orientation. Finally, there are a limited number of experienced nurses to orient new graduates on unit D.

Significance of New Graduate Nurses' Practice Readiness

New graduate nurses have not had the opportunity and experience to be professional nurses (Dictionary.com) and nearly 75% of the registered nurses on unit D have recently graduated (S. Spangler, personal communication, September 19, 2024). Some NGNs do not recognize certified nursing assistants as valuable team members, often downplaying their contributions. Self-regulation and communication skills are important parts of professionalism (Cao et al., 2023). Another crucial element of professionalism is understanding the role of the nurse and NGNs have not had the time to fully understand their new role as supervisor and team player (Cao et al., 2023). New nurses lack elements of nursing professionalism, and they make up most of the nurses within the microsystem, therefore, professionalism must intentionally be developed, as opportunities for role modeling are limited.

New graduate nurses do not have expertise in critical thinking (Harrison, 2020b). Instead, NGNs are task oriented and do not question the rationale behind the tasks. One professional within the microsystem stated, a new nurse "needs to question everything to be safe nurse" (L. Thornton, personal communication, September 19, 2024). When critical thinking is limited, tasks may be completed without considering the safety and appropriateness of the tasks, thus compromising patient safety. With the microsystem being rural and diverse, and the healthcare

patient populations becoming more complex with multiple comorbidities, the requirement of new graduate nurses to be fully practice ready is further emphasized (Harrison et al., 2020b; Chang et al., 2019). When new nurses are not ready, the healthcare organizations, the nurses, and the patients suffer (Jarden et al., 2021; Gotter, 2022; Almekkawi & El Khalil 2020; Kim & Yeo, 2020; Harrison et al., 2020b; Martin & LaVigne, 2022; Bae, 2021; Li & Jones, 2012; Lyu et al., 2024; Eun-Young & Yeo, 2020). New nurses need time and support in a positive work environment to feel comfortable asking questions, understanding the role of a registered nurse, and improving critical thinking skills.

New graduate nurses tend to feel isolated, fearful, anxious and have low confidence which contributes to feelings of stress and increases attrition (Almekkawi & El Khalil 2020; Jarden et al., 2021; Harrison et al., 2020b; Kim & Shin, 2022). Even well-prepared new graduate nurses experience stress during the transition from student to nurse and it negatively impacts their mental health and well-being (Jarden et al., 2021; Eun-Young & Yeo, 2020). Along with the impact on mental health, new graduate nurses sustain financial hardships (Jarden et al., 2021; Gotter, 2022). The average debt incurred to obtain an associate's degree is nearly $20,000 and it takes a minimum of two years to earn thus contributing to the NGN's stress (Gotter, 2022). When NGNs feel supported during the transition from student to nurse, their feelings of isolation and low confidence are reduced as well as their intent to leave the healthcare organization.

Patients rely on the well-being of the nurses for quality care, and when nurses are not at their best, their ability to provide optimal care is compromised (Jarden et al., 2021; Almekkawi & El Khalil 2020; Kim & Yeo, 2020; Harrison et al., 2020b; Martin & LaVigne, 2023; Jarden et al., 2021). Aside from staffing ratios, the competence of nurses is the primary factor regarding patient safety (Harrison et al., 2020b). A 2006 literature review found there were five fewer

patient deaths in acute care associated with each additional year of experience nurses have (Tourangeau et al., 2006). The World Health Organization (2020) asserts millions of deaths can be prevented with the provision of high-quality care. When NGNs feel confident and supported, they can provide safe, competent, and high-quality care.

Healthcare organizations suffer along with the NGNs and patients when new nurses are not ready for practice. New nurses are not capable of providing the same quality of care as experienced nurses. When the patients are not satisfied with their care, healthcare organizations sustain financial losses and loss of faith in the organization (Bae, 2021; Li & Jones, 2012; Lyu et al., 2024; Eun-Young & Yeo, 2020). The expectation that NGNs should provide the same quality of care as their more experienced colleagues leads NGNs to feel an immense amount of pressure and stress which contributes to attrition from nursing (Swan et al., 2024). Turnover is a worldwide problem that costs healthcare organizations 0.3-1.3 times the salary of each nurse that leaves the organization (Bae, 2021; Li & Jones, 2013; Lyu et al., 2024; Eun-Young & Yeo, 2020). Turnover of new nurses increases when they are not ready to practice, which creates more workload on the remaining staff (Almekkawi & El Khalil 2020; Martin & LaVigne, 2023). Increased workload and inadequate staffing lead to decreased job satisfaction, increased stress, and more turnover thus creating the vicious cycle of insufficient staffing currently in healthcare (Bae, 2021). Additionally, staffing and financial concerns pressure new nurses to fill the gaps in staffing quickly which can limit orientation and further contribute to attrition (Charette et al., 2020). Organizations are dependent on nurses to maintain staffing ratios and staffing ratios are intricately linked to quality of care (Jarden et al., 2021).

Aim of Professional Project

The purpose of this scholarly project is to design and implement a mentorship program to facilitate the NGNs' transition from student to nurse by offering additional support and facilitating the development of professionalism. Elevating the new graduate nurse's professional development will decrease their stress and increase their job satisfaction thereby decreasing turnover. This results in an increase in staffing and improved patient safety and satisfaction with care. Success of the program will be evident by a 25% increase in NGN scores on the modified Casey-Fink Graduate Nurse Experience Survey.

Chapter 2-Literature Review

Chapter 2 of this scholarly project contains a review of relevant literature on new graduate nurse practice readiness with a specific focus on how healthcare organizations can facilitate improvement through evidence-based strategies. Dr. Benner's novice to expert theory was used as the theoretical framework and an explanation ensues. Sections included in the literature review are search strategy, theoretical framework, search results, synthesis of the literature, and a summary of findings.

Search Strategy

The research for this scholarly project was conducted through Montana State University's online library database. Web of Science was searched initially with the assistance of one of the university's research librarians, Keywords included "practice readiness," "graduate nurse," "new graduate nurse," "nurse practice readiness," "clinical," "mentorship," while excluding "COVID," "pandemic," "coronavirus," "residency," and "preceptor." Additional exclusions included data published before 2019, focuses other than nursing, critical care, long-term care, home care, and articles not written in the English language.

Additional searches proceeded in Web of Science, CINAHL, and PubMed databases via Montana State University's online library and included the terms "professionalism," "nurse," "communication," "economic," "turnover," "impact," "finance," "patient safety," "quality care," "indicators of safety," "mentorship," and "practice readiness scales." Articles were excluded if they were not written in English. Research was excluded if the focus was on student nurses, BSN programs, critical care, long-term care, home care and if they were published prior to 2019.

These search results yielded 58 articles which were reduced to 29 after review of the abstracts and results sections. After careful review of the 29 articles, 15 remained for the

literature review. A scale from one to five was used to assess the strength of evidence with level one as the highest level. Four of the articles were level I, six were level II, one was found to be level III, three articles were level IV, and the remaining article was level V strength of evidence. Additionally, one article was included from 2011 as it provided essential information about readiness scales for new graduate nurses. Kim Eun-Young is the standout researcher regarding transition to practice in the last 10 years and published seven articles in that time. Mohamad AlMekkawi is the researcher who uses the specific term practice readiness most frequently and has three articles published on the topic.

Theoretical Framework

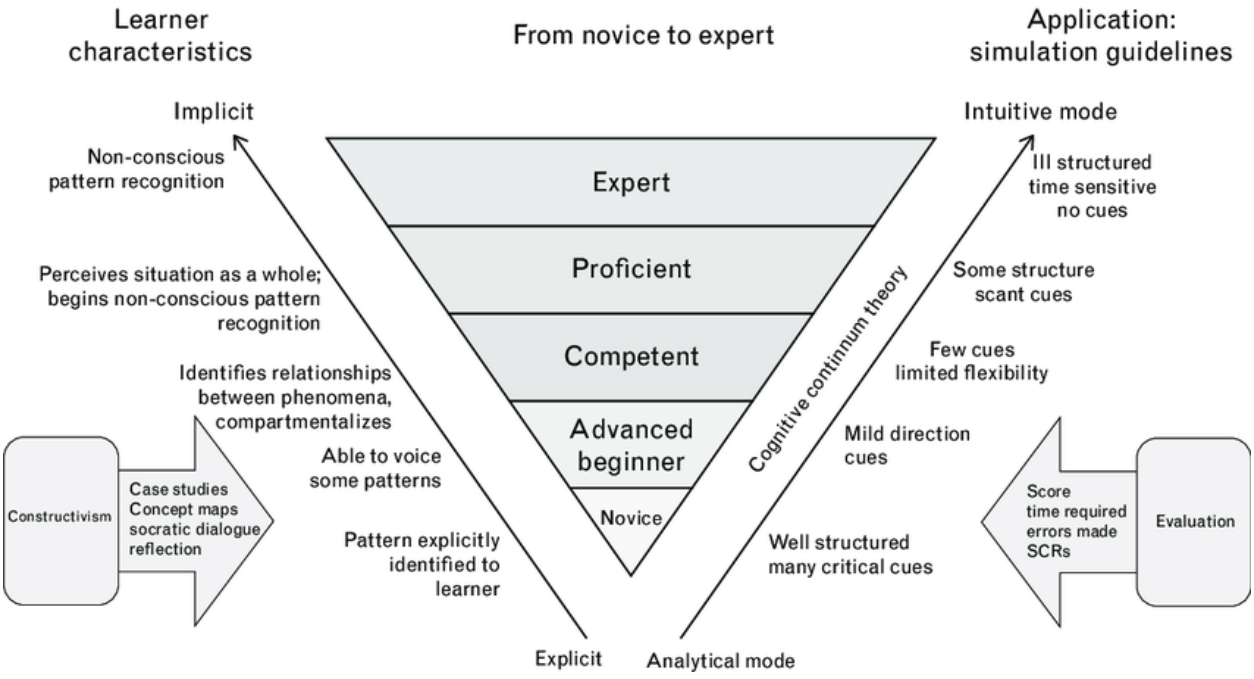
Dr. Patricia Benner developed a shared, experiential theory that outlines the stages of professional growth (Eustace, 2020). Her theory is based on the Dreyfus model of skill acquisition and suggests nurses become experts through the hours of practice. This framework aligns with the current project, as NGNs gain proficiency through hands-on experience and begin their careers at the novice level.

Novice nurses, by Dr. Benner's definition, have no previous experience, have difficulty prioritizing, are task oriented, and new to their field of work (Eustace, 2020). Additionally, novice nurses have little ability to predict from the information that is known (Nursing Theory, n.d.). Most researchers define new graduate nurses as having worked less than a year and are new to nursing. Advanced beginner is the following stage in Dr. Benner's theory. Nurses in the advanced beginner stage know how to do things but do not have in-depth experience (Nursing Theory, n.d.). Advanced beginners can recognize patterns and therefore are better able to support patients (Eustace, 2020).

Lack of speed and proficiency define stage 3, that of being competent. Competent nurses identify patterns more quickly and accurately than advanced beginners but not as quickly as proficient or expert nurses (Nursing Theory, n.d.). Competent nurses may be tasked with providing education to colleagues (Eustace, 2020). Proficiency marks the fourth stage of knowledge progression in the theory. Nurses at this level of practice see a situation as a compilation of its parts and not the individual pieces (Nursing Theory, n.d.). Finally, expert nurses know what needs to be done and notice subtle changes in the status of patients. Expert nurses display analytic abilities and are comfortable sharing skills and knowledge with other experts (Eustace, 2020).

Figure 1

Dr. Benner's Novice to Expert Theory



Note: This depiction of Dr. Benner's novice to expert theory exemplifies visually the relationship between the theory and the transition to practice readiness for new graduate nurses. From

ResearchGate by Rostam Jalali. https://www.researchgate.net/figure/A-schematic-representation-of-Benner-theory_fig1_318289727

Dr. Benner's novice to expert theory is on a continuum like the progression of a new graduate nurse (Eustace, 2020; Swan et al., 2024; Harrison, 2020a). As nurses learn new information they may temporarily backtrack in their level of expertise while they learn new content but are quick to assimilate the data and move back up on the continuum further advancing their overall knowledge.

Dr. Benner's conceptualization of novice nurse establishes the novice has less than one year of experience (Eustace, 2020). Literature consistently defines a new graduate nurse as a nurse that has graduated from a nursing program, passed the competency exam, and has worked less than a year (Charette et al., 2020; Masso et al., 2022; Hawkins et al., 2019; Harrison et al., 2020a; Lyu et al., 2024). Novice nurses in Dr. Benner's theory nor new nurses feel competent in all the skills (Eustace, 2020; Sterner, 2023). According to Dr. Benner's theory and literature, it takes most nurses two to three years to develop competency in their profession (Eustace, 2020; Charette et al., 2020).

Dr. Benner's theory not only addresses skill improvement in new nurses but identifies the importance in developing professionalism (Masso et al., 2022). One way to demonstrate professionalism is by communicating effectively (Kim & Sim, 2020; Harrison, 2020b). New graduate nurses are substandard in their ability to communicate (Martin & Lavigne, 2023; Masso et al., 2020). In the novice to expert theory, communication improves as the nurse progresses from novice to expert. Although the new graduate or novice nurse is focused on tasks, the competent nurse has progressed to provide education which is largely communication while

expert nurses have full confidence in communicating with experts in the field (Eustace, 2020; Kim & Sim, 2020).

Expert nurses' critical thinking skills are so well developed, they are an unconscious effort (Eustace, 2020) while the new and novice nurses lack expertise and confidence in critical thinking (Hallaran et al., 2023; Harrison et al., 2020a; Masso et al., 2022). Critical thinking and practice readiness involve more than knowledge of skills and disease processes which are characteristic of new graduate nurses (Harrison et al., 2020a). Anticipating patient needs and outcomes from the assessment data are an important part of critical thinking and are evident in the proficient nurse in the novice to expert theory (Eustace, 2020). This experiential theory mirrors the NGNs in the microsystem as they are task oriented and only beginning to identify cues pertinent to the condition of patients.

Search Results

The terms new graduate nurse and practice readiness lack specificity in the literature even though they are commonly used. The new graduate refers to a nurse only recently employed in the field while practice readiness refers to the NGN's ability to provide safe and competent care to patients (Almekkawi & El Khalil, 2020). Practice readiness is inhibited by some factors while enhanced by others and assessment of practice readiness is inconsistent. Mentorship programs are an important intervention in the healthcare industry to support NGNs and professionalism improves the quality of patient care. Additionally, gaps in existing literature were identified through the literature review.

New Graduate Nurse

The term NGN is a commonly used phrase when referring to nurses with limited experience in the profession. Researchers disagree on when a new nurse is no longer considered

a new graduate, however the consensus is that all nurses in their first year of employment are new graduate nurses (Charette et al., 2020; Masso et al., 2022; Hawkins et al., 2019; Harrison et al., 2020b; Lyu et al., 2024). The term NGN can be compared to Dr. Benner's conceptualization of novice nurse. Dr. Benner refers to novice nurses as having one year of work experience or less, with no previous clinical experience regarding patient management and unfamiliarity with hospital policies and procedures (Nursing Theory, n.d.; Lyu et al., 2024). Some literature extends the definition of an NGN beyond one year and as long as four years (Charette et al., 2020; Masso et al., 2022; Hawkins et al., 2019; Harrison et al., 2020b; Lyu et al., 2024).

Practice Readiness

Stakeholders question the NGNs' practice readiness (Almekkawi & El Khalil, 2020). Transition shock, reality shock, and the theory to practice gap, are all terms used in assessing practice readiness and the process by which NGNs become practice ready. Numerous terms contribute to the difficulty in finding an agreed upon definition (Charette et al., 2020).

Swan et al. (2024) reports definitions of practice readiness are not clear among accrediting agencies or state boards of nursing let alone with other stakeholders. Generally, academic institutions perceive NGN practice readiness at a higher level than healthcare organizations (Hawkins et al., 2019; Martin & LaVigne, 2023; Swan et al., 2024). Hawkins et al. (2019) found that NGNs vary in their feelings of practice readiness. At times, NGNs feel stressed and overwhelmed, yet on the other days, they experience a sense of accomplishment and recognize the impact they are making (Jarden et al., 2021). Practice readiness is generally found to be adequate or good, although the expectation is that NGNs should be even better prepared (Charette et al., 2020; Almekkawi & El Khalil, 2020). According to literature, NGNs are

expected to be able to communicate, provide safe care, think critically, and practice independently (Charette et al., 2020).

Assessment of Practice Readiness

Assessment of practice readiness includes the new graduate nurses' technical and leadership skills, knowledge of disease processes and care planning, professionalism, ethics, communication, and more. Overall, assessment of practice readiness is unreliable and fragmented due to the variability in who makes the assessment and what skills are being assessed. Nurse leaders, experienced nurses, or NGNs may assess practice readiness by a standardized tool, one developed for the specific situation, or no assessment tool at all (Masso et al., 2022; Charette et al., 2020). When self-assessing their readiness to practice, NGNs focused primarily on their ability to perform technical skills, manage the workload, and handle job stress, highlighting their task-oriented perspective (Lyu et al., 2024; Masso et al., 2020). Experienced nurses focused on the NGNs shortcomings in organization and time management skills (Masso et al., 2022; Charette et al., 2020). Aligning the definition of practice readiness between stakeholders facilitates a common ground on which to evaluate it.

Several scales are utilized to provide quantitative assessment of this highly individualized transition from new graduate to expert nurse. Such scales, although their reliability is disputed by some professionals, are a means to objectively and purposefully assess NGN practice readiness (Caballero, 2011; Jarden et al., 2021; Kim & Yeo, 2020). The Work Readiness Scale (WRS), Graduate Skills Assessment (GSA), and the Casey-Fink Graduate Nurse Experience Survey assess similar characteristics including communication, interpersonal connections, teamwork, and problem solving (Caballero, 2011; C-F Survey, 2023). The WRS and Casey-Fink survey assess NGNs for resilience, professionalism, and critical thinking. The Casey-Fink survey is the

only scale to specifically assess confidence which was found to be lacking in NGN in much of the literature (Almekkawi & El Khalil 2020; Jarden et al., 2021; Harrison et al., 2020b; Kim & Shin, 2022; Hallaran et al., 2023; Harrison et al., 2020a; Masso et al., 2022). The term professionalism is referred to little in association with practice readiness nevertheless the attributes of professionalism are captured in the practice readiness scales, especially the Casey-Fink survey (Caballero, 2011; C-F Survey, 2023).

Factors that Impact New Graduate Nurses' Practice Readiness

Practice readiness is a worldwide problem that is a highly individualized process due to many factors (Jarden et al., 2021; Kim & Yeo, 2020; Masso et al., 2022). An effective transition period for the NGN to become a fully functioning independent nurse improves patient outcomes and satisfaction (Jarden et al., 2021; Bae, 2021; Kim & Yeo, 2020).

Authors agree the amount of support NGNs receive is paramount to their success (Masso et al., 2020; Swan et al., 2024; Lyu et al., 2024; Kim & Yeo, 2020; Almekkawi & El Khalil, 2020; Harrison et al., 2020b). Strong leadership is one way to provide necessary support for NGNs (Kim & Yeo, 2020; Lyu et al., 2024; Masso et al., 2020). The support of the NGNs' colleagues is influential as well. Developing relationships in a positive work environment helps new nurses to feel safe and supported as they learn their role in the healthcare team (Almekkawi & El Khalil, 2020; Jarden et al., 2021; Harrison et al., 2020b; Kim & Yeo, 2020; Swan et al., 2024; Hawkins et al., 2019). New graduate nurses markedly improve their skills and confidence when provided time and opportunity to practice (Masso et al., 2022; Charette et al., 2020; Eustace, 2020; Jarden et al., 2021).

Literature supports that appropriate preparation in nursing school improves practice readiness of new nurses (Almekkawi & El Khalil, 2020; Swan et al., 2024; Masso et al., 2022;

Kim & Yeo, 2020; Harrison et al., 2020b; Jarden et al., 2021). The transition from highly supervised and supported student to a supervisory position as a nurse requires a change in the nurses' thought processes. A robust orientation program assists healthcare organizations to develop the NGN's practice readiness (Martin & LaVigne, 2023; Swan et al., 2024; Almekkawi & El Khalil, 2020; Masso et al., 2022; Kim & Yeo, 2020; Harrison et al., 2020b). Martin & LaVigne (2023) alleges healthcare organizations should not rely on orientations with lengthy skills checklists and extensive computer learning activities. Instead, orientation programs should focus on how the NGN should manage patient assignments and other areas where they have not already displayed competence.

On the contrary, staffing shortages may inhibit appropriate time frames for orientation (Martin & LaVigne, 2023). A heavy workload inhibits the NGN confidence and practice readiness (Masso et al., 2022; Lyu et al., 2024). Martin & LaVigne (2023) explain it is not practical to expect NGNs to apply their knowledge flawlessly and to be able to manage a full patient load upon graduation from a nursing program. Younger nurses, especially those that have not worked in healthcare, have more difficulty during the first year of employment (Jarden et al., 2021; Lyu et al., 2024). Incivility and bullying hinder the practice readiness of new graduate nurses, create a negative work environment, and reduce the support they perceive (Jarden et al., 2021; Lyu et al., 2024), Personality characteristics that impact practice readiness include the NGN's confidence, perseverance, optimism, and resilience (Jarden et al., 2021).

Mentorship programs

Mentor, preceptor, and residency programs all aim to support NGNs is their transition from student to nurse. Preceptorship programs are generally short duration, and the focus is on the day-to-day skills required of the position (Weathers, 2019). Residency programs focus most

on the intellectual needs of the NGNs and include educational objectives. The priority of mentorship programs is providing NGNs with psychological support and integration into the workplace culture (Gularte-Rinaldo, 2022). The boundaries dividing mentor, preceptor, and residency programs are not as straightforward as presented and the programs overlap frequently. In literature, mentorship programs consistently rely on providing NGNS support and are notably adaptable to the workplace environment, thus, are preferred for this intervention.

Baharum et al. (2023) found nurse mentorship programs to be among the most effective ways to integrate NGNs into the culture of the workplace and transition them to the role of nurse. Mentorship is defined as an experienced nurse supporting the professional development of a new nurse (Perumal & Singh, 2022). Although differences in mentorship programs exist in length and objectives, providing psychological support to NGNs is as essential element of an effective program. Mentorship programs should be individualized to meet the needs of the mentees and the healthcare organization and may vary in length from 27-52 weeks (Davidson, n.d.; Gill-Bonanca, 2024). During a mentor partnership, both individuals are accountable to the relationship and mutually defined goals that are determined by the pair at the beginning of the program (Gill-Bonanca, 2024). Despite the reciprocal relationship of a mentor-mentee pair, mentor training is a key factor in the success of a mentorship program.

Implementation of mentorship programs facilitate improvements for the mentees, mentors, and healthcare organizations. Benefits of the mentees or NGNs include improved confidence, increased job satisfaction, and integration into the workplace culture (Perumal & Singh, 2022; Gill-Bonanaca, 2024). Stress and anxiety related to the transition from NGN to professional nurse are reduced in NGNs that participate in mentorship programs (Hookmani et al., 2021). Mentors improve their leadership skills, confidence, and job satisfaction when

participating in the partnership (Perumal & Singh, 2022; Gill-Bonanaca, 2024). Healthcare organizations benefit from mentoring programs by improving retention of both the mentor and mentee, increasing staff productivity, and improving teamwork (Gill-Bonanca, 2024). Nursing mentorship programs ingrain compassion into the entire organization and lead to the provision of higher quality person-centered care (Hookmani et al., 2021). When healthcare organizations take care of NGNs, new nurses take better care of the patients.

Nursing Professionalism

Professionalism is fundamental to nursing. Tomagova et al. (2023) define nursing professionalism as "providing high quality care while upholding the values of integrity, accountability, and respect" (Abstract). Professionalism is multidimensional, complex, varies amongst cultures and changes over time (Tomagova et al., 2023; Cao et al., 2023). Considering the complexity of professionalism, it is no wonder why Cao et al. (2023) alleges a clear conceptualization of professionalism is not evident in literature. Professional behaviors improve the nurse-patient relationship, patient outcomes, and patient satisfaction while low levels of professionalism lead to turnover and decrease productivity (Tomagova et al., 2023; Cao et al., 2023).

Gaps in Literature

Gaps in literature include there is not a universally accepted definition of practice readiness, new graduate nurses, or professionalism. Without widely accepted definitions of these terms, it is difficult to analyze practice readiness or professionalism in new graduate nurses or the effectiveness of mentorship programs. Support is advocated as an essential element in developing the NGNs' practice readiness; however, support is not clearly delineated.

Summary

Despite the varying terms, definitions, and assessments for practice readiness, most of the researchers agree that NGNs lack some element or elements of practice readiness. The question is what can be done to elevate the NGNs' practice readiness to increase patient safety and satisfaction while decreasing turnover. The process for a student nurse to transition to a nurse who is safe, competent, and can care for a full patient load is highly individualized, takes time, and has many factors impacting the transition. Time builds the NGNs' confidence and competence. The concept of professionalism embodies much of what nursing is and encompasses many aspects capable of elevating the NGNs' practice readiness. Dr. Benner's novice to expert theory provides a sound foundation for this work.

Using insights from the microsystem assessment and existing literature, we are tasked with deciphering a way to enhance the professionalism of the NGN while supporting their transition from novice to expert practitioners, despite a limited number of experienced nurses for guidance. The project will lead to improved mental well-being and competency among NGNs, reduced turnover rates, enhanced patient safety and satisfaction, and lower organizational costs.

Chapter 3-Project Design and Implementation

Overview

The purpose of the project is to identify and propose a mentorship program to ease the NGN transition to practice in unit D at healthcare organization A by improving the professionalism and support of NGNs. The mentorship program is primarily based on offering support but includes brief education topics focused on professionalism. Nurses that display more professionalism provide better care to patients thus aligning healthcare organization A's goal to provide high quality services to the community (Almekkawi & El Khalil, 2020). Patient safety and outcomes improve when NGNs effectively transition from student to nurse (Tomagova et al., 2023). Mentorship programs facilitate the NGN's transition from new graduate or novice to an expert professional nurse (Bae, 2021; Hookmani et al., 2021).

Design of the Quality Improvement Project

Project Design

This educational QI project is the design and implementation of a mentorship program to support NGNs and to educate new nurses about professionalism. The proposed project will be an 18-month Plan-Do-Study-Act (PDSA) cycle (Deming Institute, 2024) with electronic surveys provided to the new graduate registered nurses through Qualtrics. The surveys evaluate the NGNs' practice readiness and are based on the Casey-Fink Graduate Nurse Experience Survey. Patricia Benner's novice to expert theory will guide the development of the project. This theory explains how nurses become experts through experience of working (Eustace, 2020). Healthcare organization A provides NGNs with time and orientation directed toward developing their skills thus a system to support NGNs in skill development is already in place. The new graduate program takes NGNs to different departments throughout the organization with multiple nurses

providing guidance and oversight. Integrating one supportive and experienced nurse as a mentor would provide additional support and continuity. Thus, a mentorship program to provide support, not skill development, is the mainstay of the mentorship program. New graduate nurses have not had the opportunity and experience to be professional nurses (Dictionary.com). As they launch their new careers, in healthcare organization A, professional development skills provided through the mentorship program are essential to help them transition from NGN to professional nurses.

Setting

The QI project will be conducted in a small critical access hospital (CAH) in rural Montana just south of the Canadian border in healthcare organization A. New graduate nurses work on unit D which includes medical, surgical, pediatric, swing bed, and mental health patients. The CAH has 1,380 hospital admissions annually (Northern Montana Health Care, n.d.). The community of 16,309 residents is of a lower socioeconomic status and located in Hill County between the Rocky Boy and Fort Belknap Indian Reservations (Hill County Health Consortium, 2024). Healthcare organization A is the largest healthcare employer and only hospital within 60 miles. The microsystem assessment in chapter 1 discusses the setting and patient population in depth.

Target Population

The target population are NGNs who are starting the new graduate nurse program at healthcare organization A. The NGNs are primarily from the small, local ASN program where many of the students are first generation college students. All new graduate nurses will be included in the target population unless they have not graduated within the last year, or are not hired on unit D.

Stakeholders

The stakeholders include healthcare organization A, ASN program X, NGNs, and patients. Upon implementing the mentorship program, healthcare organization A is likely to benefit financially from reduced turnover of staff and improved reputation of the organization with the provision of higher quality care (Bae, 2021). Healthcare organization A depends on NGNs from the ASN program as future employees and the ASN program depends on the healthcare organization as a clinical site. New graduate nurses who lack support may experience poor mental health, a diminished return on their investment in the ASN program, and reduced employment opportunities if they do not transition successfully from student to nurse. Arguably, the patients are the most important stakeholders. Patients receive better care from nurses who are competent, experienced, professional, and mentally healthy (Almekkawi & El Khalil, 2020).

Planning the Project Intervention

Upon speaking with nursing leadership, making observations, and completing a microsystem assessment to understand the needs of the NGN and healthcare organization A, the intervention proposed is an informal mentorship program to provide NGNs with increased support during the NGNs' transition from student to nurse along with the development of professional skills.

Framework Guidance

The novice to expert theory guided the development of the proposed intervention. This theory alleges NGNs require time to work as new nurses to enhance their skills and use their assessment data to mitigate problems and prevent complications in their patients. The transition of an NGN to a proficient professional nurse is stressful. Utilizing a mentorship program to mitigate some of the stress will allow NGNs to have adequate time to improve their confidence

and competence. New graduate nurses in the microsystem largely have the skills required to work as nurses. Integrating those skills into practice and learning to organize their time while supported in a mentorship program will improve their confidence and competence. Professionalism is expected of nurses yet requires time to develop. The novice to expert theory stresses time allows the development of skills. Integrating brief education into unit meetings and infographics will help overcome the limited leadership and role modeling of professionalism on unit D.

Challenges

Challenges to the implementation of the NGN program include workplace culture, inconsistent staffing secondary to varied census, small healthcare organization, limited experience in unit D, and factors specific to the NGNs. Workplace culture determines the acceptance of NGNs into the team of healthcare providers and the success of the mentorship program is determined by the support it receives throughout the organization (Lyu et al., 2024; Hookmani et al., 2021). The mentorship program commands a change in the amount of support NGNs receive while transitioning from NGN to expert. Cheraghi et al. identified in a 2023 integrative review that change increases feelings of insecurity, leading to resistance of change.

The varied census makes staffing challenging and potentially presents a barrier to mentors and mentees having time to meet. Meetings are the foundation for the mentorship program (Gill-Bonanca, 2024). The frontier designated geographic area and small sample size make it difficult to adapt mentorship programs already in use in other organizations to healthcare organization A and makes it difficult to generalize this program to other healthcare facilities. To overcome the limited number of experienced nurses on unit D, mentors can be recruited from other units within the organization.

Finally, NGNs have completed two years of rigorous education to complete the ASN program and are likely experiencing learning fatigue (Zhao et al., 2022). Considering the potential for NGNs to have learning fatigue and that they are adult learners, education within the mentorship program will be limited to specific, meaningful, and applicable information on developing professional skills (Park University, 2025). Survey response rates are typically low and may be a barrier to success in monitoring the mentorship program. It is essential to address anticipated barriers early in the implementation of the program by including potential mentors in the development of the program.

Proposed Implementation Procedures

The mission of healthcare organization A is to "deliver high quality, comprehensive health care services to the Hi-Line communities" (Northern Montana Hospital, n.d.). To meet the mission. healthcare organization A needs NGNs that are competent and provide high quality care. The proposed intervention includes regularly scheduled, but informal meetings between an NGN and their mentor, who is an experienced nurse in healthcare organization A, but does not necessarily work in unit D. The 18-month long QI project incorporates all the steps from receiving approval for the project to the decision to continue or terminate the project after reviewing the results of the NGN's surveys and mentor interviews. To initiate the implementation process, the investigator proposes the healthcare organization staff reference the novice to expert theory developed by Dr. Patricia Benner and the program template (See Appendix B).

Project Planning

The QI project begins with the planning phase. Six months prior to the arrival and orientation of the NGNs, the project details must be finalized (See Appendix H). One of the first

steps is to designate a mentorship program leader. This person will have multiple roles throughout the program and must be allotted adequate time to fulfill the roles. The mentorship program leader will introduce the program to stakeholders, collaborate with unit leaders to assess its impact on workflow, address any questions, and oversee its progress. Stakeholders, including supervisors of the units, risk management, human resources, and the legal advisors will review and propose changes to the program. The program leader is responsible for making appropriate, suggested changes.

The second portion of the planning process begins three months prior to the arrival and orientation of the NGNs. The mentorship program leader should educate the staff about the goals and processes of the mentorship program (See Appendix B). Orientation of the staff to the mentorship program can be accomplished through huddles and unit meetings. The goals of the mentorship program are to provide support to and develop the professionalism of the NGN. To reach these goals, mentors must be trained in the specifics of their roles (Liao et al., 2019). The mentorship program leader and nursing leaders will identify potential mentors by approaching nurses who exhibit professionalism and excellence in their positions. The primary objective of the mentor is to make a conscious effort to check in with the NGN on a regular schedule and secondarily to offer advice, provide positive feedback, and facilitate education as needed. The focus of the mentorship should be that of developing a relationship with the NGN and facilitating the NGN's integration into the workplace culture (Glassman, 2020; Rutgers, 2021). The program leader should set up the survey on Qualtrics and print the partnership agreements and mentee self-assessments. The mentorship program leader will discuss the expectations of education with the unit manager. Brief, specific, and applicable topics related to professionalism should be

incorporated into unit meetings and posted in staff areas of the clinical environment each month (See Appendix E).

Project Execution

Execution of the QI project commences with the arrival NGNs. All NGNs are expected to participate in the mentorship program. During the orientation, the mentorship program leader should provide education to the NGNs about the program as discussed previously and include the responsibilities of the mentees (See Appendix B). Mentees are expected to complete the self-assessment questionnaire to identify their strengths and weaknesses, goals, and the reason they became a nurse (See Appendix C). The self-assessment will be shared with the mentor to help the mentor understand the needs of the NGN. Mentees are responsible for seeking the expertise of the mentor by asking for feedback and advice, taking responsibility for their actions, and developing their nursing skills (Rutgers, 2021). Mentors and mentees should be paired prior to orientation so they can sign the mentor-mentee partnership agreement at that time. The agreement outlines the importance of committing to meetings, developing the relationship, maintaining confidentiality, and communicating respectfully. Additionally, the mutually developed goals are included in the agreement to guide the experience (See Appendix D). The final activity of project execution is the unit leader will discuss professionalism with the NGNs, explaining how professionalism improves patient care and how it can benefit the NGNs' nursing career.

Project Monitoring

Mentors and mentees should meet every week for the first four weeks and then should develop a schedule to meet based on the needs and preferences of the mentorship pair (Glassman, 2020). The mentorship program leader monitors compliance with the meetings and

identifies any necessary program modifications or education to facilitate compliance with the meetings. The program leader also prompts NGNs to complete the modified Casey-Fink Graduate Nurse Experience Surveys with two email notifications and two text notifications. The new graduate nurses will be asked to complete surveys during the new nurse orientation, at the completion of the unit orientation (approximately 14 weeks after orientation), and six months after orientation (See Appendix F). The mentorship program leader will prompt the unit leader to post an educational infographic each month in staff clinical areas and incorporate professionalism education into unit meetings. Educational infographics can be created and tailored to specific needs of the NGNs or adapted through other sources (See Appendix E). After the execution of the program and through month 11, staff should direct questions, comments and concerns to the mentorship program leader. However, any immediate safety concerns should be directed to the appropriate unit manager.

Project Closure

In April, the 18th month, the mentorship program leader compares the results of the practice readiness surveys. Additionally, the program leader will complete informal post mentorship program interviews with the mentors. Based on the results of the practice readiness surveys and the interviews with mentors, the program leader and nursing leadership will decide to continue or dissolve the program.

Project Cost

The project must be fiscally responsible to meet the needs of healthcare organization A. Paper and copies are a minimal investment at $26.50. The cost of the meetings between mentors and mentees is difficult to estimate as the number of meetings will vary. For budgeting, the investigator has calculated the cost of meetings to be just under $4,000 each year. Each meeting

is calculated at 30 minutes and held every other week after the initial four weekly meetings. Gift cards valued at $10 each shall be given to the NGNs or mentees after the completion of each survey. There are three surveys for them to complete, bringing this total to $120 for the year. The hourly stipend provided to the mentors is estimated at $8,320 each year for each mentor. The total cost of the mentorship program for four pairs of mentors and mentees meeting approximately every other week is $37,353 (See Appendix G).

The annual wage of a nurse at healthcare organization A is estimated to be $78,540 and the cost of turnover is $23,565-$101,860. The mentorship program would pay for itself upon retaining one nurse (Bae, 2021). Although difficult to quantify, the cost to a healthcare organization providing poor quality care has a long impact in loss of confidence in the organization (Liu et al., 2021).

Evaluation Tool and Outcome Measures

Outcome measure data will utilize the modified Casey-Fink Graduate Nurse Experience Survey which includes an assessment of support, interpersonal connections, professionalism, skill competency, confidence, and communication (C-F Surveys, 2023) (See Appendix F). The Casey-Fink Graduate Nurse Experience Survey is used throughout the industry to determine strengths and weaknesses of NGNs and the effectiveness of mentorship programs (Caballero, 2011). For this QI project, the survey was modified for brevity and to tailor it to healthcare organization A. Pre and post survey results and analysis of the quantitative data obtained allows evaluation of the effectiveness of the PDSA cycle. An improvement will be evident by observing a 25% increase in the scores of the survey after implementation of the mentorship program. After comparison of the data, it should be distributed to the nursing leadership for review and distribution of results. Outcome measures should be evaluated annually to ensure sustainability

of the program. Adaptations to the program should be considered for changes in staffing, the needs of NGNs, and the culture of the healthcare organization.

Summary

Chapter three reviewed the findings of the microsystem assessment and discussed the application of the novice to expert theory in relation to the proposed mentorship program. Dr. Benner's novice to expert theory guides the program intervention while taking into consideration the specific microsystem. The mentorship program is a low-cost intervention and improves the NGNs' professionalism and support. The cost of turnover of NGNs is high for all the stakeholders. The evaluation of the effectiveness of the mentorship program should be assessed by comparing pre and post modified Casey-Fink Graduate Nurse Experience Survey results. Chapter four summarizes the anticipated finding and impact of the QI project.

Chapter 4-Implications

The purpose of this project was to design and implement a mentorship program to support NGNs during their transition from student to nurse while simultaneously developing the professionalism of the NGNs. Chapter four discusses the overall project including the findings, a review of the theoretical framework, impact on the stakeholders, and implementation and evaluation challenges. The role of the Clinical Nurse Leader (CNL) in the development of the project will be summarized and the correlation between the project and CNL competencies will be discussed.

QI Project Summary

The microsystem assessment conducted at healthcare organization A explored the NGN practice readiness through personal observations and discussion with nursing leaders. Although healthcare organization A considered NGNs to be ready to practice overall, nursing leadership revealed the desire to improve NGNs' professionalism. The microsystem assessment revealed NGNs would benefit from additional support incorporated into the new graduate nurse program. In response to the microsystem assessment, a mentorship program was proposed to provide support for NGNs during their transition from student to nurse while concomitantly developing the NGNs' professionalism skills.

A review of the literature identified that NGNs who work in a supportive environment transition into their new role of registered nurse more quickly and maintain higher job satisfaction throughout the process (Masso et al., 2020; Swan et al., 2024. Almekkawi & El Khalil, 2020). Mentorship programs lead the interventions to support NGNs and rely on a partnership between NGNs and experienced nurses to accomplish goals that are mutually defined while integrating the NGN into the culture of the organization (Almekkawi & El Khalil, 2020;

Gill-Bonanca, 2024). During the same time, the unit leader integrated education about professionalism into unit meetings and posted infographics on topics related to professionalism in staff areas each month.

The implementation of the mentorship program increased the NGNs' confidence and competence by helping the NGNs establish connections, develop professionalism, support skill development, and integrate knowledge into practice (Gill-Bonanaca, 2024). According to the novice to expert theory, when NGNs receive support in addition to time during their transition into practice, they progress in their professional growth and advance beyond the novice stage more easily.

Discussion

The microsystem assessment identified that NGNs would benefit from additional support and professional development during their transition into the field of nursing via the implementation of a mentorship program. The literature review identified multiple studies highlighting the importance of guiding NGNs through their transition from student to nurse, which improves patient outcomes and satisfaction (Jarden et al., 2021; Bae, 2021; Kim & Yeo, 2020). Similarly, a mentorship program in conjunction with the new graduate program in healthcare organization A will provide NGNs with connections, confidence, professionalism, and knowledge to succeed.

The investigator anticipates the mentorship program would provide adequate support for NGNs despite the mentees and mentors working in different units. As some NGNs desire to work in other units after the six-month obligation on the lower acuity unit D, the mentorship program provides NGNs with a gateway to other areas within the organization by pairing mentors and mentees that have similar career interests. The mentorship program developed for

this QI project was a cost-effective way to support the NGNs and remained viable, even though most nurses on unit D have minimal experience in the field. After implementation of the program, patients received higher quality care.

Implementation Benefits and Challenges

Improving the NGNs job satisfaction led to better retention of NGNs and improved the quality of care provided to patients (Jarden et al., 2021). The professionalism of NGNs also correlated with providing high quality care to patients and furthermore included many factors that contributed to job satisfaction as well including autonomy, self-awareness, skill competency, and proficient communication (Tomagova et al., 2023). New graduate nurses chose the field of nursing, and a mentorship program integrates the NGNs into the field of nursing within the healthcare organization. Multiple study findings reveal support of NGNs is a major factor in their success (Masso et al., 2020; Swan et al., 2024; Kim & Yeo, 2020; Almekkawi & El Khalil, 2020; Harrison et al., 2020b). An unanticipated finding was recognized as well. Mentors benefited from partnership and expressed improved confidence, leadership skills and job satisfaction (Perumal & Singh, 2022; Gill-Bonanaca, 2024).

Chapter three addressed the anticipated barriers which include workplace culture, inconsistent staffing magnified by an unpredictable census, and learning fatigue. The inclusion of stakeholders for the development of the program will improve commitment to the success of the mentorship program. Education will be brief and targeted toward specific applicable topics related to professionalism and completed in unit meetings and postings in staff areas. This QI project showcases the implementation of a cost-effective mentorship program in a small rural healthcare organization, leveraging experienced staff from other departments to support the transition of new graduate nurses.

Although the investigator hypothesizes the mentorship program would provide adequate support to NGNs, a successful program is contingent on participation of the mentor and mentee and a workplace culture that supports and values the mentorship of NGNs (Gill-Bonanca, 2024). Negative workplace culture nullifies the power of the mentorship program (Jarden et al., 2021; Lyu et al., 2024). Additionally, success of the project depends on the expertise of the mentors and the willingness of the mentors and mentees to develop a relationship. To this end, mentors must be sufficiently trained to maximize the effectiveness of a mentorship program (Gill-Bonanca, 2024).

Some NGNs leave healthcare organization A for reasons other than those addressed by this QI project. According to nursing leadership NGNs leave nursing to work on farms or ranches, raise families, and to work different hours or schedules that are more conducive to their lifestyle. The mentorship program is unlikely to retain NGNs that leave for these reasons. However, the mentorship program provides all NGNs with the ability to provide higher quality care to patients.

Survey response rates, although improving over the last 20 years, remain dismal (Holtom et al., 2022). The sample size in this study is small and poor response rates to the surveys could be a barrier to the success of the mentorship program. The results are necessary to determine the mentorship program's effectiveness. The NGNs will be awarded gift cards after the completion of each survey to encourage participation. The costs associated with printing the paperwork for the program and education leaflets are minimal while the cost of providing a stipend for the mentor to encourage nurses to invest in the NGNs is more significant. Although the cost of the mentorship program is not inconsequential, it is less than the cost of turnover as discussed in chapter 3. Finally, mentorship programs vary widely in implementation, length of programs, and

differences in goals leading to difficulty in comparing one program to another (Perumal & Singh, 2022).

Although there are limitations in this QI project, it offers a path to integrate NGNs into the culture of the organization, provide support, and develop the NGNs' professionalism. Literature establishes a strong connection between the provision of high quality of care with NGNs who could develop their skills in a supportive workplace environment. New graduate nurses who develop their skills and improve their confidence and are more likely to continue working in the field of nursing. Nurse retention leads to better staffing, higher quality of care, greater consumer confidence in the healthcare organization, and reduced costs.

Novice to Expert Theory Framework Alignment

Benner's novice to expert theory was chosen as the framework for the project as it addresses the transition from a novice or new graduate nurse to an expert nurse. The theory explains that new nurses develop technical nursing skills by working as nurses. Healthcare organization A provides a new nurse orientation and a new graduate program to facilitate skill development. Thus, the emphasis for the mentorship program is providing support to NGNs. The theory and multiple studies proclaim that when NGNs are supported, the transition from student to nurse is less tumultuous which results in increased job satisfaction of the NGN. Improved job satisfaction and professionalism improved the quality of care provided to patients and improved confidence in the healthcare organization (Liu et al., 2021; Perumal & Singh, 2022). The novice to expert theory also highlights the continuous acquisition of knowledge the NGNs' experience, which led to limit education about professionalism to short and targeted infographics in staff areas and in unit meetings.

Implications & Recommendations

The QI project should impact practice by increasing NGN practice readiness thereby increasing staffing and improving patient satisfaction and outcomes. The literature affirms mentorship programs improved the NGNs' confidence and the quality of care they provide (Kakyo et al., 2021; Almekkiawi & El Khalil, 2020). Supporting and retaining NGNs in the field increased the nursing workforce, enhanced the quality of care and reduced costs for healthcare organizations (Bae, 2021).

Future research should focus on tailoring the mentorship program to align with the NGNs' specific needs, as identified through the practice readiness survey results. Additionally, a qualitative study eliciting the areas NGNs perceive important may provide deeper insight into what the mentorship program should include. To improve the perception of NGNs' practice readiness, stakeholders should align their definitions of practice readiness. When stakeholders hold similar definitions of practice readiness, the perception of the NGNs' practice readiness is improved (Swan et al., 2024).

Gaps

Gaps in the project include the varied findings on whether mentorship programs improve retention of NGNs (Gill-Bonanca, 2024). Professionalism was found to improve retention and the quality of care provided; however, professionalism is a broad topic and there is little literature on what aspects of professionalism are most impactful. Mentorship programs, although started in the 1970s, continue to be challenging to implement as they must be tailored to the healthcare organization (Gill-Bonanca, 2024), lack models for implementation (Hookmani et al., 2021), and are varying lengths with different goals (Perumal & Singh, 2022).

CNL Role

According to the American Association of Colleges of Nursing (2013), the CNL focuses on patient outcomes. This QI project aims to improve patient outcomes by providing support and professional development of NGNs through a mentorship program. The nine entry level competencies of the CNL outlined by the American Association of Colleges of Nursing (2013) prepare the CNL for quality improvement in all areas of nursing (AACN, 2013). For this project, the role of the CNL includes utilization of many CNL competencies including completing a microsystem assessment, assuming a leadership role, contributing to the budget in a microsystem, communicating and collaborating with other healthcare professionals, implementing quality improvement strategies based on current evidence, disseminating information, analytics and risk anticipation.

Conclusion

This quality improvement (QI) project addressed relevant issues in healthcare including the practice readiness and retention of new graduate nurses, staffing, and the provision of high-quality care to patients. As discussed throughout this project, NGN practice readiness impacts the NGN, healthcare organizations, and ultimately the patients. Patient satisfaction is directly related to the quality of care provided. Mentorship programs help NGNs provide higher quality care to patients. Although research is mixed on the impact mentorship programs have on retaining NGNs, it stands to reason that more confident and competent NGNs will have improved job satisfaction and be less likely to leave their nursing careers. This QI project provided a substantive change in how NGNs are oriented and supported. The program provides NGNs with support and is a cost-effective means to improve NGN retention, competency, patient satisfaction and outcomes and the finances of the healthcare organization. The mentorship program provides support and opportunities to improve skills and develop

relationships within the healthcare organization while ultimately providing higher quality of care to patients.

References

Almekkawi, M., & El Khalil, R. (2020). New graduate nurses' readiness to practice: a narrative literature review. *Health Professions Education*, 6. https://doi.org/10.1016/j.hpe.2020.05.008

American Association of Colleges of Nursing. (2023, October). Employment of new nurse graduates and employer preferences for baccalaureate-prepared nurses. aacnnursing.org

Bae, S. (2021). Noneconomic and economic impacts of nurse turnover in hospitals: a systematic review. *International Nursing Review*, 69, 392-404. https://doi:10.1111/inr.12769

Baharum, H., Ismail, A., McKenna, L., Mohamed, Z., Ibrahim, R., Hassan, N. H. (2023). Success factors in adaptation of newly graduated nurses: a scoping review. BMC Nursing, 22(125). https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-023-01300-

Caballero, C. L., Walker, A., Fuller-Tyszkiewicz, M. (2011). The work readiness scale (WRS): developing a measure to assess work readiness in college graduates. *Journal of Teaching and Learning for Graduate Employability,* 2(2), 41-54. https:files.eric.ed.gov.fulltext/EJ1236283.pdf

Cao, H., Song, Y., Wu, Y., Du, Y., He, X., Chen, Y., Wang, Q., Yang, H. (2023). What is nursing professionalism? A concept analysis. *BMC Nursing,* 22(34). https://doi.org/10.1186/s12912-01161-0

Casey-Fink Surveys. (2023). *Graduate Nurse Experience Survey.* https://www.caseyfinksurveys.com/graduate-nurse-experience-survey-2023

Centers for Medicare and Medicaid Services. (n.d.). *Critical access hospitals*. https://www.cms.gov/medicare/health-safety-standards/certification-compliance/critical-access-hospitals

Chang, L Y., Yu, H. H., & Chao, Y. F. C. (2019). The relationship between nursing workload, quality of care, and nursing payment in intensive care units. *Journal of Nursing Research*, 27(1). https://doi:10.1097/jnr.0000000000000265

Charette, M., McKenna, L. G., Deschênes, M., Ha, L., Merisier, S., Lavoie, P. (2020). New graduate nurses' clinical competence: a mixed methods systematic review. *Journal of Advanced Nursing,* 76, 2819-2829. https://doi:10.1111/jan.14487

Cheraghi, R., Ebrahimi, H., Kheibar, N., Sahebihagh, M. H. (2023). Reasons for resistance to change in nursing: an integrative review. *BMC Nurs,* 22(310). https://doi:10.1186/s12912-0230-01460-0

Davidson, A. (n.d.). How to set up a nurse mentorship program. IntelyCare. https://www.intelycare.com/facilities/resources/how-to-set-up-a-nurse-mentorship-program/

DeWitty, V. P. (2017). Mentorship: a student success strategy mentoring program toolkit, 3rd edition. https://campaignforaction.org/wp-content/uploads/2020/04/Mentoring-Toolkit-2017.pdf

Dictionary.com. (n.d.). Professional. In *dictionary.com*. Retrieved February 2, 2025, from https://apastyle.apa.org/style-grammar-guidelines/references/examples/dictionary-entry-references

Eun-Young, K., Jung, H. Y. (2019). Effects of pre-graduation characteristics and working environments on transition shock of newly graduated nurses: a longitudinal study. *Nurse Education Today*, 78, 32-36. https://doi.org/10.1016/j/nedt.2019.04.--2

Eustace, R. (2020). From novice to expert. *Nursology*. https://nursology.net/nurse-theories/from-novice-to-expert/

Gill-Bonanca, K. (2024). Mentorship: A strategy for nursing retention. American Nurse. https://www.myamericannurse.com/mentorship-strategy/

Glassman, E. (2020, February 11). Developing a mentor program to improve support and retention. *American Nurse*. https://www.myamericannurse.com/developing-a-mentor-program-to-improve-support-and-retention/

Gotter, A. (2022, September 28). [Blog]. How much student loan debt is normal for nurses? Nursa. https://nursa.com/blog/how-much-student-loan-debt-is-normal-for-nurses

Gulalrte-Rinaldo, J., Baumgardner, R., Tilton, T., Brailoff, V. (2022). Mentorship respect study: a nurse mentorship program's impact on transition to practice and decision to remain in nursing for newly graduated nurses. *Nurse Lead*, 21(2), 262-267. https://doi:10.1016/j.mnl.2022.07.003

Hallaran, A. J., Edge, D. S., Almost, J., Tregunno, D. (2023). New nurses' perceptions on transition to practice: a thematic analysis. *Canadian Journal of Nursing,* 55(1), 126-136. https://doi:10.1177/08445621221074872

Harrison, H., Birks, M., Franklin, R. C., & Mills, J. (2020a). An assessment continuum: how healthcare professionals define and determine practice readiness of newly graduated registered nurses. *Collegian,* 27, 198-206. https://doi.org/10.1016/j.colegn.2019.07.003

Harrison, H., Birks, M., Franklin, R. C., & Mills, J. (2020b). Fostering graduate nurse practice readiness in context. *Collegian*, 27(1), 115-124. https://doi.org/10.1016/j.colegn.2019.07.006

Hawkins, N., Jeong, S., Smith, T. (2019). Coming ready or not! An integrative review examining new graduate nurses' transition in acute care. *Int J Nurs Pract,* 25, e12714. https://doi.org/10.1111/ijn.12714

Hill County Health Consortium. (2024). *Northern Montana hospital community health needs assessment & community health improvement plan*. https://nmhcare.org/wp-content/uploads/2021/01/2020-2023-CHNA-CHIP.pdf

Holtom, B., Baruch, Y., Gallinger, G. A., Herman A. (2022). Survey response rates: trends and a validity assessment framework. *Sage Journals.* https://doi.org/10.1177/00187267211070769

Hookmani, A. A., Lalani, N., Sultan, N., Zubain, A., Hussain, A., Hasan, B. S., Rasheed, M. A. (2021). Development of an on-job mentorship programme to improve nursing experience for enhanced patient experience of compassionate care. *BMC Nursing*, 20(175). 5 https://doi.org/10.1186/s12912-021-00682-4

Jarden, R. J., Jarden, A., Weiland, T. J., Taylor, G., Bujalka, H., Brockenshire, N., Gerdtz, M. F. (2021). New graduate nurse wellbeing, work wellbeing and mental health: a quantitative systematic review. *International Journal of Nursing*, 121, 103997. https://doi.org/10.1016/j.ijnurstu.2021.103997

Kakyo, T. A., Xiao, L. D., Chamberlain, D. (2021). Benefits and challenges for hospital nurses engaged in formal mentoring programs: a systemic integrated review. International Nursing Review, 69(2), 229-238. https://doi.org/10.1111/inr.12730

Kim, A. Y., Sim, I. O. (2020). Communication skills, problem-solving ability, understanding of pateints' conditions, and nurse's perception of professionalism among clinical nurses: a structural equation model analysis. *International Journal of Environmental Research and Public Health,* 17, 4896. https://doi:10.3390/ijerph17134896

Kim, J., & Shin, S. (2022). Development of the nursing practice readiness scale for new graduate nurses: a methodological study. *Nurse Education in Practice*, 59, 103298. https://doi.org/10.1016/j.nepr.2022.103298

Kim, E. & Yeo, J. H. (2020). Transition shock and job satisfaction changes among newly graduated nurses in their first year of work: a prospective longitudinal study. *Journal of Nursing Management*, 29, 451-458. https://doi:10.1111/jonm.13164

Li, Y., & Jones, C. B. (2012). A literature review of nursing turnover costs. *Journal of Nursing Management*, 21(3), 405-418. https://doi.org/10.1111/j.1365-2834.2012.01411.x

Liao, H., Yang, Y., Li, T., Cheng, J., Huang, L. (2019). The effectiveness of a clinical reasoning teaching workshop on clinical teaching ability in nurse preceptors. *Journal of Nursing Management*, 27(5), 1047-1054. https://doi.org/10.1111/jonm.12773

Liu, S., Li, G., Liu, N., Hongwei, W. (2021). The impact of patient satisfaction on patient loyalty with the mediating effect of patient trust. The Journal of Healthc Care Organization Provision, and Financing, 58. https://doi.org/10.1177/00469580211001221

Lyu, X., Huang, S., Ye, X., Zhang, L., Zhang, P., Wang, Y. (2024). What influences newly graduated registered nurses' intention to leave the nursing profession? An integrative review. *BMC Nursing*, 23(57). https://doi.org/10.1186/s12912-023-01685-z

Martin, B., & LaVigne, R. (2023). Readiness to practice indicators: accelerating new graduate nurses toward independent practice. *Nurse Leader*, 21(4), 455-462. https://doi.org/10.1016/j.mnl.2023.02.014

Masso, M., Sim, J., Halcomb, E., & Thompson, C. (2022). Practice readiness of new graduate nurses and factors influencing practice readiness: A scoping review of reviews. *International Journal of Nursing Studies*, 129, 104208. https://doi.org/10.1016/j.ijnurstu.2022.104208

Montana State University Norther. (n.d.). *Nursing.* https://www.msun.edu/academics/chs/nursing/index.aspx

Northern Montana Hospital. (n.d.). *Home page*. https://nmhcare.org/

Northern Montana Hospital. (n.d.). *Mission statement*. https://nmhcare.org/about-us/mission-statement/

Nursing Theory. (n.d.). From novice to expert. https://nursology.net/nurse-theories/from-novice-to-expert/

Park University. (2025, January 23). 7 adult learning strategies for professional development. https://www.park.edu/blog/adult-learning-strategies-for-professional-development/

Perumal, R. V., Singh, M. D. (2022). Mentorship in nursing in Canada-a scoping review. *Nurse Education in Practice*, 65. https://doi.org/10.1016/j.nepr.2022.103461

Rutgers School of Nursing. (2021). Mentorship Program Tool Kit. https://nursing.rutgers.edu/wp-content/uploads/2021/08/Mentorship-Program-Toolkit.pdf

Sterner, A., Eklund, A., Nilsson, M. S. (2023). Prepared to learn but unprepared for work: a cross sectional survey study exploring the preparedness, challenges, and needs of newly

graduated nurses entering a hospital-based transition program. *Nurse Education in Practice,* 72. https://doi.org/10.1016/j.nepr.2023.103782

Swan, B. A., Jones, K. D., Hayes, R., Kaligotla, L., McDermott, C., Rodriguez, J., McCauley, L. (2024). Reject the "practice readiness myth": ask if systems are ready for nursing gradutes instead. *Nursing Outlook*, 72, 102181. https://doi.org/10.1016/j.outlook.2024.102181

The Deming Institute. (n.d.). Enriching society through the Deming philosophy. https://deming.org/explore/pdsa/

Tomagová, M., Kohanová, D., Žiaková, K., Čáp, J. (2023). Nurses' perception of professionalism in practice: a review of qualitative studies. *Nursing Science Quarterly,* 36(4), 387-398. https://doi:10.1177/08943184231187866

Torangeau, A. E., Cranley, L. A., Jeffs, L. (2006). Impact of nursing on hospital patient mortality: a focused review and related policy implications. *BMJ Quality & Safety*, 15(1), 4-8. https://doi:10.1136/qshc.2005.014514

Weathers, N. (2019, November 5). [Blog]. Preceptors, mentors, clinical coaches, oh my! Iowa College of Nursing. https://nursing.uiowa.edu/ionrp/blog/preceptors

World Health Organization. (2020, July 20). *Quality health services*. https://www.who.int/news-room/fact-sheets/detail/quality-health-services

Zhao, L., Li, M., He, Z., Ye, S., Qin, H., Zhu, X., Dai, Z. (2022). Data-driven learning fatigue detection system: a multimodal fusion approach of ECG (electrocardiogram) and video signals. *Measurement,* 201. https://doi.org/10.1016/j.measurement.2022.111648

Appendix

Evidence Tables

Legend
CE-Clinical Experience
Comp-Competent
CTS-Critical thinking skills
Dif-different
Environ-Environment
HC-healthcare
NGN-New Graduate Nurse
Org-organization
Qual-qualitative study
Quant-quantitative study
MM-mixed methods study
RTP-Readiness to Practice
Sig-significant
Stand-standardization
T-P-Theory to Practice Transition
UGN-Undergraduate Nurse
UGN-Undergraduate Nurse
WP-workplace

Full Citation	**Conceptual Framework**	**Design/ Method**	**Sample/ Setting**	**Major Variables Studied & Their Definitions**	**Measurement of Major Variables**	**Data Analysis**	**Study Findings**	**Strength of Evidence Level of evidence, study quality, strengths, weakness**
Almekkawi, M., & El Khalil, R. (2020). New Graduate Nurses' Readiness to Practise: A Narrative Literature Review. *Health Professions Education*, *6*.	NA	Narrative Lit Review of Qual & Quan	N=12 2000-2019 5 Qual 4 MM	NGN UGN RTP		Prob based & Reflect	Factors that impact readiness to practice, NGN defintion	Strength - 4 Focus on research question

https://doi.org/10.1016/j.hpe.2020.05.008			3 Quant PRISMA			ion =CTS Supervision CE= T-P		Limitations Narrative Lit review, qual studies Feasibility Addressed problem
Bae, S-H. (2021). Noneconomic and economic impactss of nurse turnover in hospitals: A systematic review. International Nursing Review, 69(3). https://doi.org/10.1111/inr.12769	NA	Systemic Review	n-16 7 nurse turnover outcomes 9 cost PRISMA	Turnover, nurse, outcomes	Data extraction Work up processes RN turnover: concurrent increase in job demand. Job satisfaction	P<0.05 β =−0.183, p < 0.01 β =−0.004, p < 0.001 b = 13.30, [SE] = 3.23, p < 0.001), β =−14.212, p < 0.05	Turnover Sig cost, not only money	Strength-5 High strength of research Limitations Not NGN focus Feasibility Sig of problem
Cao, H., Song, Y., Wu, Y., Du, Y., He, X., Chen, Y., Wang, Q., Yang, H. (2023). What is nursing professionalism? A concept analysis. BMC Nursing, 22(1).	Walker & Avants Method Strategy	Concept Analysis	N=138 quan & qual, MM, studies, English,	Prof Attributes of nurs prof-multidimensional,	NA	NA	Nurs prof importantmultidimensional, caring, altruism	Strength-5 Concept of prof limitations Low level evidence,

https://doi.org/101186/s12912-022-01161-0			1965-2021	dynamic, culture orient. Based on caring altruism				lack of research on prof may overestimate the impact, perception, bias-2 researchers Feasibility Definition & factors prof
Charette, M., McKenna, L. G., Deschenes, M. F., Ha, L., Merisier, S., Lavoie, P. (2020). New graduate nurses' clinical competence: a mixed methods systematic review. *Journal of Advanced Nursing*, 76(11), 2810-2829. https://doi.org/10.1111/jan.14487	Question, Eligibility, Source, Identification, Selection, Appraisal, Extraction, Synthesis (QESISAES)	Systematic Review, Mixed Methods	N=42 2010-2019, French & English 31 quant 7 qual 4 MM	Clinical competence, NGN	Approaches to assess NGN RTP Are NGN competent Quality of studies Comp sig positively correlated with empowerment Ethical climate Practice Environ	MMAT rs = 0.482 r = 0.307 r = 0.241	NGN RTP is good or adequate	Strengths-5 MMAT, High level of evidence Limitations Feasibility Addresses problem in current reearch

Harrison, H., Birks, M., Franklin, R. C., & Mills, J. (2020). Fostering graduate nurse practice readiness in context. *Collegian*, *27*(1), 115-124. https://doi.org/10.1016/j.colegn.2019.07.006		Case Studies	N=67 Purposive Snowballing 4 org, dif local, Australia	Factors support NGN PR		Grounded theory	hc system, wp environ quality of wp interactions increase PR. NGN develop PR on continuum. PR factors present in edu & wp	Strengths-2 Limitations Qual data Feasibility Fits research topic
Hawkins, N., Jeong, S., Smith, T. (2019). Coming ready or not! An integrative review examining new graduate nurses' transition in acute care. International Journal of Nursing Practice, 25(3), e12714. https://doi.org/10.1111/ijn.12714	Whittemore & Krafl	Integrative Review	N=26 19 qual 5 quant 2 MM PRISMA	NGN RTP		MMAT PR is complex, "it takes a village" Theme analysis	TP-complex, multifaceted, stressful, unsupportive workplace is problem	Strength-4 Fairly strong level Limitation No min score MMAT Feasibility Focus on research question
Jarden, R. J., Jarden, A., Weiland, T. J. Taylor, G., Bujalka, H., Brodkenshire, N., et al. (2021). New graduate nurse wellbeing, work wellbeing and mental health: a quantitative systematic review. International Journal of Nursing Studies, 121, 103997. https://doi.org/10.1016/j.ijnurstu.2021.103997	Joanna Briggs Institute Systematic Review Methodology	Systemic Review	34 28 quant, 16 crosssectional, 12 longitudinal, 4 MM, English 2009-2019 PRISMA	NGN workload, stress		Covidence systematic review software PROSPERO	ID prevalence, predictor, NGN attrition	Strength-5 High level evidence Limitations 25% of studies met criteria 9 measures Feasibility NGN

								mental health
Kim, A. Y., Sim, I. O. Communication skills, problem-solving ability, understanding of pateints' conditions, and nurse's perception of professionalism among clinical nurses: a structural equation model analysis. *International Journal of Environmental Research and Public Health,* 17, 4896. https://doi:10.3390/ijerph17134896	NA	Qual	N=225 Attrition 25 Questionairre, 5pt likert scale	Ascertain how communication, prob solv link to prof	communication prob solving communication link to understanding pt conditions communication & prof	sig levels = 0.05 stand factor 0.85, CR value was 7.37 stand factor 0.61, CR value 6.35 stand factor 0.54, CR value 2.02	Communication linked to prof, pt condition, prof	Strength-3 In acute care Limitations Relatively small sample Feasibility Id factors prof
Kim, J., & Shin, S. (2022). Development of the Nursing Practice Readiness Scale for new graduate nurses: A methodological study. *Nurse Education in Practice*, *59*, 103298. https://doi.org/https://doi.org/10.1016/j.nepr.2022.103298	NA	Methodological	N=430 NGN in South Korea	likelihood exploratory factor analysis with promax factor rotation, confirmatory factor analysis	CFA, EFA		Nurse Practice Readiness Scale is valid	Strength-2 Limitations Limited to South Korea Feasibility evaluation PR

				using maximum likelihood estimation, Pearson correlation, analysis of variance and Cronbach's α greater than 0.80.				
Kim, E. & Yeo, J. H. (2020). Transition shock and job satisfaction changes among newly graduated nurses in their first year of work: a prospective longitudinal study. *Journal of Nursing* Management, 29, 451-458. https://doi:10.1111/jonm.13164	NA	Prospective longitudinal	312 @ 4 mo, 195 @ 8 m, 120 @ 12 mo Convenience sample, South Korea university who worked in hospitals	covariance structure was autoregressive.	18 items scored on a 4-point Likert scale The Cronbach's alpha of the original scale was 0.89 and our study's was 0.91.	SPSS 26.0 for Windows	T-P and job satisfaction decrease with time, T-P shock lower, job satisfaction higher in positive wp	Strength-2 Limitations Longitudinal, South Korea Feasibility Job satisfaction
Lyu, Xiao-Chen . . . (2024). What influences newly graduated registered nurses' intention to leave the nursing profession? An integrative review.BMC Nursing, 23(57).	Whittemore and Knafl	Integrative Review	21 English 2011-2022 Peer reviewer 2 quant	NGN factors lead to attrition	NA	NA	Intent to leave Job Factors influence NGN RTP-support, age, culture of workplace,	Strength-4 Strong research Limitations Primarily qualitative

			19 qual				cognitive, affective response to work	CASP & CEBM English, Feasibility Turnover problem=impacts NGN leave job, orientation
Martin, B., & LaVigne, R. (2023). Readiness to Practice Indicators: Accelerating New Graduate Nurses Toward Independent Practice. *Nurse Leader*, *21*(4), 455-462. https://doi.org/https://doi.org/10.1016/j.mnl.2023.02.014	NA	Opinion	NA				Partnership between nurs programs and wp important to eval PR, redesign onboarding	Strength-1 Incorporates QSEN, accrediting agency, and other competencies Limitations Limited research Feasibility Link to core competencies, onboarding
Masso, M., Sim, J., Halcomb, E., & Thompson, C. (2022). Practice readiness of new graduate nurses and factors influencing practice readiness: A scoping review of	Arksey and O'Malley	Scoping Review	45 19 NGN experience	Focus NGN, excluded for support,	NVivo 12	NA	Competence, confidence improve with experience	Strength-4 Moderate level of evidence

reviews. *International Journal of Nursing Studies*, *129*, 104208. https://doi.org/https://doi.org/10.1016/j.ijnurstu.2022.104208			18 support to NGN 8 factors RTP PRISMA	turnover, retention				NGN focus Limitations small sample size Feasibility NGN PR
Swan, B. A., Jones, K. D., Hayes, R., Kaligotla, L., McDermott, C., Rodriguez, J., et al. (2024). Reject the "Practice readiness myth": ask if systems are ready for nursing graduates instead. Nursing Outlook, 72(5), 102181. https://doi.org/10.1016/j.outlook.2024.102181	NA	Narrative Review	NA	NA	NA	NA	NGN are RTP, Edu and wp changes necessary for benefit NGN	Strength-4 Different point of view Limitations limited research Feasibility Topic relevant
Tomagová, M., Kohanová, D., Žiaková, K., Čáp, J. (2023). Nurses' perception of professionalism in practice: a review of qualitative studies. Nursing Science Quarterly, 36(4), 387-398. https://doi:10.1177/08943184231187866	NA	Review of qualitative studies. PRISMA	N=24 Reviewed by 3 reviewers	NA	NA	CASP	Professionalism fundamental to nursing, 6 themes, behaviors	Strength-4 Identifies components of prof Limitations Qual Feasibility Components of prof

Appendix B

The Mentorship Program

Adaptability, flexibility and developing relationships are the key to success of a mentorship program (Davidson, n.d.). The proposed mentorship program is informal and focused on providing support to NGN. Through the mentorship program the NGN will gain confidence in their skills and effectiveness as a nurse. Ultimately, the NGN will provide higher quality care and experience improved job satisfaction which will decrease turnover. Mentors and mentees will meet every week for the first four weeks and then develop an individualized schedule for meetings depending on the needs of the mentee and mentor.

Goals of the Mentorship Program:

1. Provide support for NGNs
2. Develop the professionalism of NGNs
3. Offer NGNs a resource to improve and refine skills
4. Improve quality of care provided to patients (Almekkawi & Khalil, 2020)
5. Increase retention via improved NGN job satisfaction (Glassman, 2020)

Responsibilities of the mentors:

1. Provide support, advice, and assistance to NGN in a non-judgmental manner while maintaining confidentiality and professionalism (Glassman, 2020; Rutgers, 2021).
2. Check in weekly with NGN/mentee for four weeks, then on an individualized schedule (Glassman, 2020).
3. Develop relationships, treat the mentee/mentor relationship as a friendship and create relationships with others in the organization (Glassman, 2020; Rutgers, 2021).
4. Role model professionalism and positivity while providing positive feedback o NGNs (Rutgers, 2021).
5. Assist with skill development or pair NGN with a nurse proficient in desired skill set.

6. Discuss formal topics related to nursing, personal challenges, work related challenges, and general chit chat.

Mentee Responsibilities:

1. Complete self-assessment to facilitate achievement of professional goals (Rutgers, 2021).
2. Ask for feedback, advice, support as needed (Rutgers, 2021).
3. Take responsibility for actions (Rutgers, 2021).
4. Develop skills and knowledge of organizations policies and procedures (Davidson, n.d.).

Matching Mentors and mentees:

1. Consider matching the mentee and mentor with similar career goals (Davidson, n.d.; DeWitty, 2017).
2. Mentors and mentees with similar interests or backgrounds may make more suitable pairs.
3. Primarily, the desire to be a mentor and make a positive impact on a new graduate nurse should be considered.

Appendix C

New Graduate Nurse Self-Assessment

The intent of this self-assessment is to identify your goals and potential areas for improvement to better utilize your mentorship experience to attain your goals.

What do you excel at? What are your strengths?

_____

_____

_____

_____

What are the areas you wish to improve?

_____

_____

_____

_____

Where do you see yourself in 5 years?

_____

_____

Why did you become a nurse?

_____

_____

_____

Adapted from Mentorship: A Student Success Strategy Mentoring Program Toolkit.

Appendix D

Mentor-Mentee Partnership Agreement

The mentor and mentee agree to:

1. Prioritize meetings: one meeting each week for four weeks and then develop an individualized schedule for meetings as deemed appropriate by mentor and mentee.
2. Commit to the relationship: discuss personal and professional development and when nothing specific requires attention, chit chat.
3. Maintain confidentiality: confidentiality is important to develop trust in the relationship.
4. Respect: respect and honesty nurture the relationship.

Preliminary goals as developed by the mentee and mentor:

1. _____

2. _____

3. _____

Signature of Mentor: _____

Signature of Mentee: _____

Adapted from Rutgers School of Nursing Mentorship Tool Kit.

Appendix E

Education Component of Mentorship Program

Education should be short, specific, applicable, and pertinent to unit D. Infographics posted in staff areas of the clinical environment and integration of applicable topics related to professionalism should be integrated into unit meetings to allow all staff on unit D to benefit from education and to prevent overwhelming NGNs who are learning every day.

Figure 1

How to improve professionalism at work

https://www.pinterest.com/spjb01/professionalism-in-the-workplace/

Figure 2

Professionalism: 10 qualities of professional people

https://www.sketchbubble.com/en/presentation-professionalism.html

Figure 3

The 7 C's of effective communication

https://www.pinterest.com/pin/the-7-cs-of-communication--10977592835394499/

Figure 4

Tips for better communication

https://www.pinterest.com/pin/832954893574905356/

Appendix F

New Graduate Nurse Survey Questions Adapted from Casey-Fink Graduate Nurse Experience Survey (2023). Please complete the survey as honestly as possible to improve the NGN experience.

1. Do you have previous healthcare experience (e.g. medical assistant, nursing assistant, EMT, medical billing, admitting, etc.)?
    a. Yes
    b. No
2. Do you have a mentor?
    a. Yes
    b. No
3. What time are you taking this survey?
    a. During orientation to the healthcare organization
    b. At completion of orientation to unit D
    c. After six months of employment as a new graduate nurse
    d. Other: _____
4. What is your scheduled work pattern?
    a. Straight days
    b. Straight nights
    c. Rotating days & nights
    d. Other: _____

Number	Question	Strongly Disagree	Disagree	Agree	Strongly Agree
1	I am confident prioritizing patient care needs.				
2	I feel confident delegating tasks to others.				
3	I am comfortable making suggestions to the physician/provider about implementing changes to the plan of care.				
4	I feel confident communicating with physicians and other providers.				
5	I feel confident communicating a plan of care with patients, families, and caregivers.				
6	I have confidence in my clinical decision-making skills.				
7	I can accurately recognize changes in my patient's condition.				
8	I feel confident managing my patient workload.				
9	I can prioritize tasks during my shift.				
10	I feel comfortable asking for help from other nurses on my team.				
11	Co-workers help me during new situations or procedures.				

12	I feel supported by the nurses in my clinical practice area.				
13	I feel safe asking my co-workers questions.				
14	I have resources at my work to help me manage stress.				
15	I am satisfied with my current role in nursing.				
16	I feel that I am a valued member of the health care team.				
17	I feel included in my clinical practice area.				
18	I would recommend nursing as a career to a friend.				
19	I consistently feel overwhelmed by my workload.				
20	I consistently feel high levels of stress while at work.				
21	I feel exhausted at the end of my shift.				
22	I feel overwhelmed by the patient acuity in my clinical practice area.				
23	I feel comfortable if I need to handle bullying/incivility from others if/when it occurs.				
24	I tend to bounce back quickly after difficult clinical situations.				
25	When faced with difficult tasks, I am certain that I will accomplish them.				
26	Even when things are tough, I believe that I can perform my role quite well.				
27	I feel a strong commitment to stay at this organization.				
28	This organization’s values align with my professional values.				

Thank you for completing this survey!

Adapted from Casey-Fink Graduate Nurse Experience Survey.

Appendix G

Budget

Table 1

Cost of wages for meetings

Nurse Mentors & Mentees	Average wage	Approximate Number of Meetings	Length of meeting in hours	Cost of Wages for meetings
8	$ 37.76	26	0.5	$ 3,927.04

Note: Table indicates the cost of wages for the mentor/mentee meetings.

Table 2

Cost of printing

Item	Cost per Unit	# Pages	Cost of Printing
Paper and copies			
Black and white	$ 0.25	34	$ 8.50
Color	$ 0.50	36	$ 18.00

Note: Table indicates the cost of paper and printing for copies related to the mentorship program.

Table 3

Cost of hourly stipend for mentors

Number of nurse Mentors	Additional mentor wage	Number hours paid 1 year	Cost of hourly stipend for 1 mentor	Cost of hourly stipend for 4 mentors
4	$ 4.00	2080	$ 8,320.00	$33,280.00

Note: Table indicates the cost of wages for mentors compensated $4.00 an hour for one year of mentoring.

Table 4

Cost of gift cards for mentees' completion of surveys

Gift cards	Number of surveys	Number of mentees	Total cost
$10	3	4	$120

Note: Table indicates the cost of gift cards for completing the surveys.

Table 5

Total cost of mentorship program for mentor/mentee pairs

Cost of wages for meetings	$ 3,927.04
Cost of printing	$ 26.50

Cost of gift cards	$ 120.00
Cost of hourly stipend for mentors	$ 33,280.00
Total	$ 37,353.54

Note: Table indicates total cost of mentorship program for four mentor/mentee pairs.

Appendix H

Project Implementation Timeline