

Safe and Sound: A proposed longitudinal study of the effects of a Sigma Theta Tau International membership-based mentoring program on job satisfaction and intention-to-stay in new BSN-prepared nurses

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Introduction

At an estimated cost of about \$85,000 to train a new nurse, turnover within the first year of nursing practice remains a significant issue (Jones, 2008). Up to half of all newly-graduated Registered Nurses have considered leaving nursing in their first year (Cowan & Hengstberger-Sims, 2006). Actual turnover depends on the interaction of individual new nurse characteristics, their work environment, and organizational factors (Beecroft, Dorey & Wenten, 2007).

Aspects which contribute to job satisfaction, and correlate to intention-to-stay at one's place of employment, are numerous and complex. Socialization of new nurses, adequacy of orientation periods, stress and fatigue are some of these aspects. It is posited that ongoing, frequent support of a seasoned nurse - albeit external to the workplace - may temper the challenging aspects of transition to practice.

While most residency programs offer training and socialization within the workplace, a sense of perpetual evaluation exists between the mentor and protégé (mentee). It is proposed that a mentoring program of longer duration, and in association with the local STTI chapter activities and opportunities to network, may be of benefit to new graduate nurses' job satisfaction and intention to stay in their current employ.

Study Purpose

Mentoring programs extending past two years are uncommon, and yet the stressors of nursing still result in significant turnover during this period of time. The impact of membership in the nursing society Sigma Theta Tau International (STTI) has not been studied regarding new graduate nurses' transition to practice.

This study proposes analysis of the impact of a two-year mentorship, with the additional supports available through STTI membership, and the opportunity of quarterly socialization with participant peers.

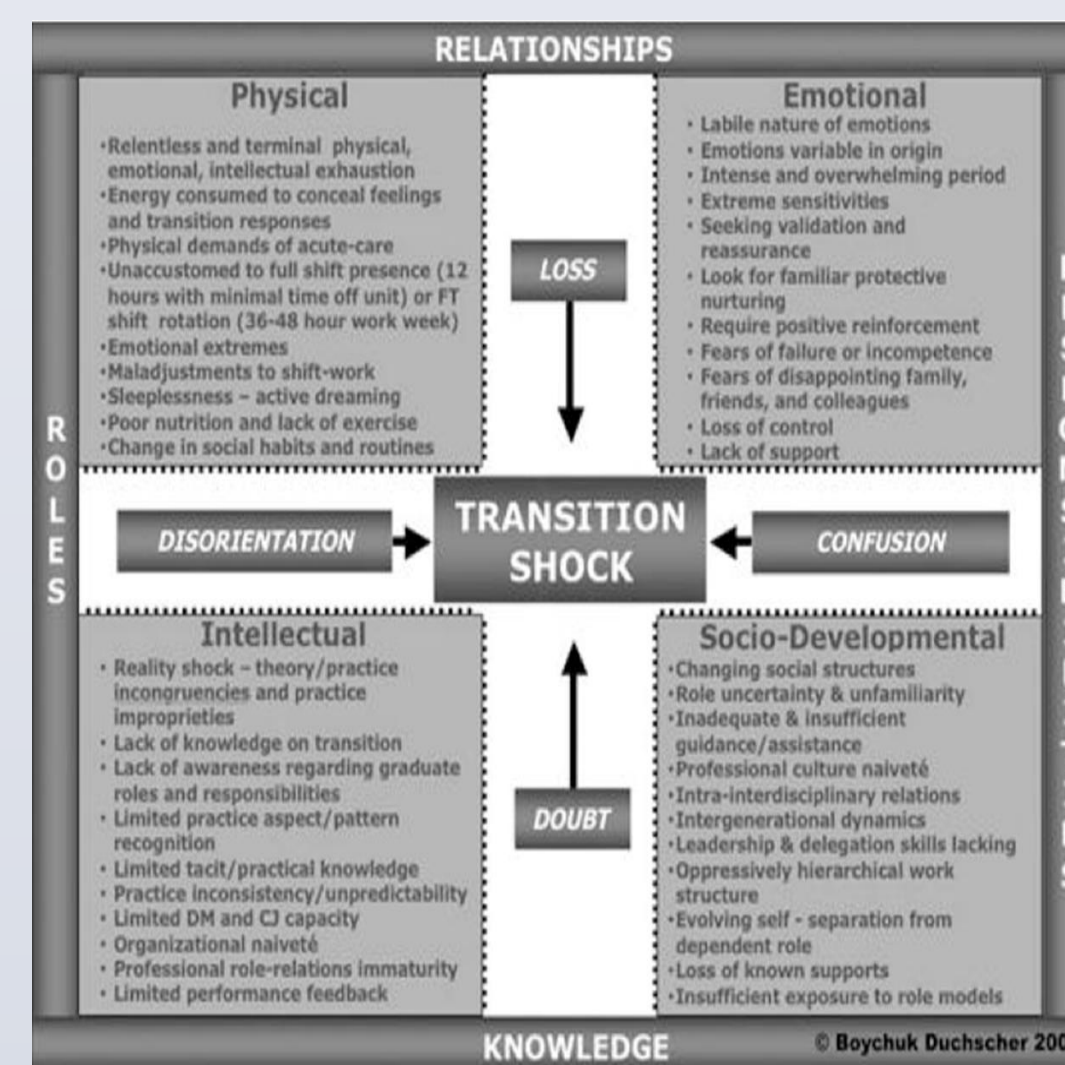


Methods

Proposed is a nonprobability sample, mixed-method, longitudinal pilot research study, which aims to evaluate protégé job satisfaction and intention-to-stay at their current employment throughout the first two years of professional nursing practice.

These protégés will be offered a voluntary commitment to a 24-month-long partnership with experienced nurses. All 12 dyads will be subject to a training and introduction day regarding expectations of the **Safe and Sound** Mentoring Program, and will be required to attend a minimum of 6 of the 8 quarterly education, socialization, and interview days over the course of the mentorship program.

The program uses the **Academy of Medical-Surgical Nurses' [AMSN] Mentoring Program** format, which helps to establish mentorship goals for the dyad, assists in monitoring progress, and gauges job satisfaction of the new graduate. The **Safe and Sound** program will also use **Duchscher's Transition Shock Framework** to add perspective to the reality new graduates are experiencing:



A reality shock awaits many NLRNs as they end their work orientation and begin working largely independently: they may doubt their actual knowledge and skill competence, their self-confidence plummets, and they must grapple with a new reality of their chosen profession (Isopahkala-Bouret, & Salantera, 2013; Duchscher, 2009; Flinkman & Ware, 2008; Cowin, 2001). The intention-to-stay despite obstacles and the resultant turnover of nurses is partly a factor of personal resiliency.

Whether nurses are able to build self-protective mechanisms through establishing professional relationships, achieving a healthy life balance, becoming insightful with their emotions in relation to work, and being able to reflect on difficult circumstances, becomes their strength or ability to rebound when dealing with stress and workplace adversity (Garcia-Dia, DiNapoli, Garcia-Ona, Jakubowski, & O'Flaherty, 2013; Jackson, Firtko, & Edenborough, 2007).

Study Participants

The two study populations will consist of newly-licensed Registered Nurses and their mentors. The newly-licensed Registered Nurses (NLRNs) (in Australia, Bachelor's of Nursing) must have successfully completed the (U.S.) National Council Licensure Examination (NCLEX) within the past six months, and within the past three months have been inducted into the STTI nursing society, by virtue of their higher academic grade point average in their Bachelor's of Nursing program. They must also have a hiring date within one month of the study start date. This is recommended so that the new graduate is receiving the support of workplace orientation, and so that quarterly education workshop topics are readily applied to workplace issues.

The mentors will be active STTI members and operationalized as seasoned nurses with at least eight years' experience. This group is also required to have a minimum educational preparation of a BSN, and practice as a nurse leader in healthcare or academia.

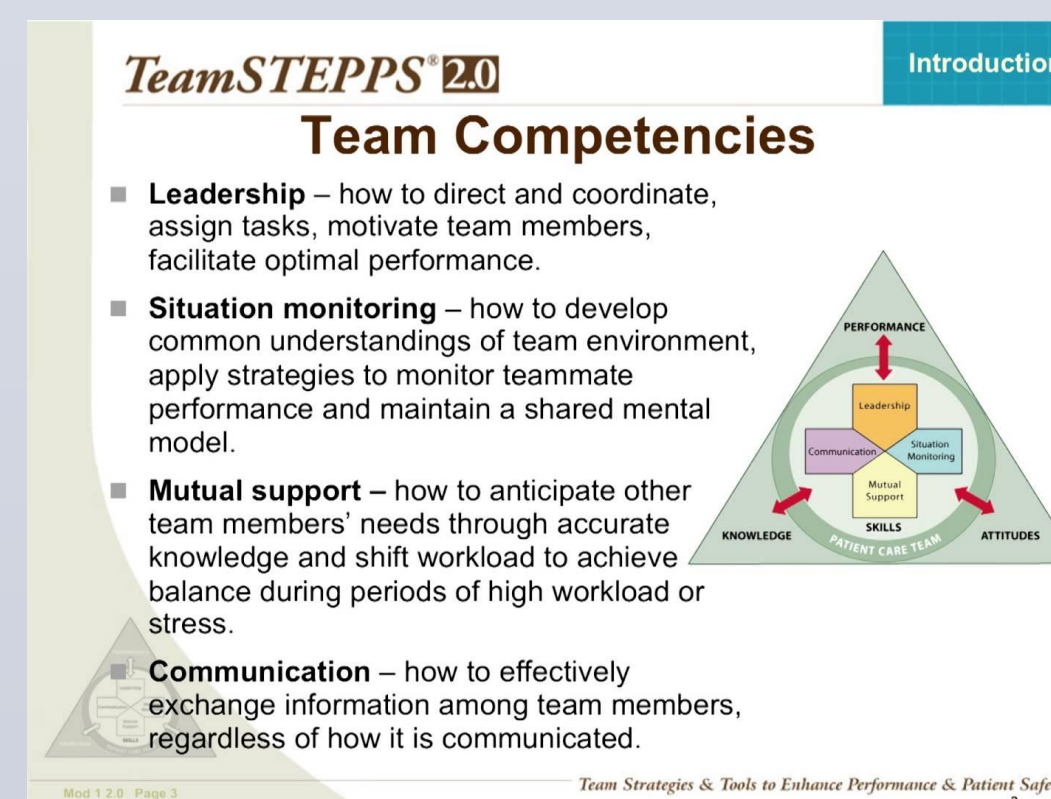
As members of STTI nursing society, the local chapters will offer socialization and educational opportunities to augment the mentorship. This socialization, occurring on a quarterly basis, will serve as a covariate of the independent variable.

Intervention

Quarterly Education Days:

Workshop and education topics anecdotally identified by recent nursing graduates, educators, unit managers and directors in approximate order of importance include: teamwork and communication; decision-making; problem-solving; conflict resolution; self-care; working with management; and professional development. These education days are open to the STTI chapter's members: this may facilitate networking and socialization of new nurses with their chapter colleagues.

The foundations of TeamSTEPS and communication in conflict resolution (an excellent option is the copyrighted 2-day *Crucial Conversations* course) are the first two education topics that will be offered to the dyads at the 4-hour-long quarterly Saturday education workshops.



Intervention (continued):

The essence of the TeamSTEPS initiative is that each healthcare provider functions efficiently, using their knowledge, attitude, and performance optimally in the workplace. The mentor and protégé will, after this training, be prepared to discuss a new nurse's: perception of demonstrated leadership, awareness of unit activities and functionality, his or her ability to assist others, and his or her fluency in communication skills.

Dyad Communication Plan:

It is strongly recommended that the dyad communicate in some manner (face-to-face, by telephone, by video chat) at least twice monthly, in order that the relationship have adequate opportunity to develop and progress without process loss. This frequency ensures an adequate dose of intervention, and helps the protégé feel as though he or she is a priority (Eller, 2014).

Topics for discussion in conflict resolution communication include efficient listening, keeping the mutual end-goal in mind, and dissipating negative emotion during dialogue.

Data Collection

Proteges and the control group will participate in group interviewing on the quarterly education days separately. Semi-structured interviews, incorporating components of Duchscher's *Transition Shock Framework*, will be audiotaped, transcribed, and coded for themes. All participants will also respond to quantitative surveys distributed electronically every quarter. Survey instruments include items from the *AMSN Mentoring Program* and:

Laschinger's *Conditions of Work Effectiveness Questionnaire - II (CWEQ-II)*. The CWEQ-II includes measurement perceptions of access to opportunity, resources, information, support, and enhancement of this access through formal and informal power.

Meyer and Allen's *Three Component Model of Organizational Commitment (TCM)*. The TCM includes measurement of three forms of employee commitment to an organization: desire-based, obligation-based, and cost-based, as an indicator of turnover intention and performance.

Cowin's *Nurse Self-Concept Questionnaire (NSCQ)*. Nurses' general self-concept is a strong predictor of graduate nurse retention. Cowin's *Nurse Retention Index (NRI)*. The NRI measures a nurse's intention of staying in their current nursing job.

TeamSTEPS' *Teamwork Perception Questionnaire (T-TPQ)*. The T-TPQ is a survey to measure hierarchical teamwork relationships, as well as teamwork skills and behaviors.

Data Analysis

Data analysis will use multivariate analysis of covariance (MANCOVA): testing will use the means of the multiple dyads to test for the difference in the two dependent variables, job satisfaction and intention-to-stay.

Qualitative data: Coding for recurrent themes will inform regarding job satisfaction and intention to stay or depart from a job, and the events and thought processes which occur throughout the course of the protégé's first two years of practice.

Data Dissemination

The study results, discussion, conclusion and recommendations will be written and distributed to relevant stakeholders such as local universities, high schools, and hospitals in the catchment area. Recommendations for any changes in practice vis a vis new nurse transition to practice will also be shared via a written paper, journals, and presentations at local education events.

References & Acknowledgement

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- TeamSTEPS. <http://teamstepps.ahrq.gov/> U.S. Dept. of Health & Health Services. Agency for Healthcare Research and Quality.

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