

# Developing an Evidence-Based Mentorship Program for New Graduate Nurse Practitioners

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## INTRODUCTION

Excessive job turnover in the novice nurse practitioner (NP) population is

- a stressful phenomenon for providers
- adversely affects institutional financial performance
- Potentially leads to poorer health outcomes for patients
- Lack of mentorship for novice NPs exacerbates stress & turnover

Purpose: The purpose of this investigation was to assess the need for the establishment of a structured mentorship program for new graduate nurse practitioners. As an aspect of an institutional quality improvement project, the overall goal is to reduce new graduate NP employment turnover.

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## METHODS

A literature search was conducted in order to appraise and synthesize available knowledge regarding employment turnover and mentorship programs for the new graduate NP population.

- There was substantial evidence to support the value of mentorship programs for new graduate NPs, as well as cost savings and return on investment.
- Meetings with facility leaders and stakeholders were conducted to better understand the institutional phenomena regarding employment turnover in the NP population.
- Institution specific employment turnover data were obtained to form a basis for comparison to national trends.

## MEASURES

- Utilizing this data, a formal needs assessment was prepared for presentation to nursing and hospital leadership.
- Financial projections were made based on an established formula adapted from a nurse mentorship program.

## RESULTS

- Institutional experience mirrors national data regarding turnover of new graduate nurse practitioners
- Institutional facilitators and barriers to establishing a formal mentorship program were identified
- The financial estimates for such a program are modest when compared to replacement costs
- Nursing leadership receptive to needs assessment
- A pilot project was approved to start in the fall of 2019.

• CY 2016			
– APRN	27		10.1%
• ≤5years	14		51.8%
– PA	10		8.3%
• ≤5 years	7		70%
– Total	37		9.5%
• CY 2017			
– APRN	27		9.3%
• ≤5years	14		51.8%
– PA	14		10.8%
• ≤5years	9		64.3%
– Total	43		9.7%

Figure 1. Institutional Turnover Rates of PA and NP Staff

Cost	Units	Hours	Rate	Total
Mentor hours	5	20	\$50	\$5000
Protégé hours	5	25	\$41	\$5125
Professional development costs	8	4	\$50	\$1600
Direct costs				\$11,725
Admin cost 10%				\$1,172
Total				\$12,897

Figure 2. Cost Projection for 18 month NP mentoring program per mentor/protégé pair

## DISCUSSION

- Leadership openness to consider financial benefits
- Proceeding with a pilot project has the potential to further investigate the practical and theoretical aspects of mentoring

## LIMITATIONS

- Better data on direct and indirect replacement costs could better quantify the return on investment (ROI)
- Data regarding the impact on mentoring and the five-year turnover rate could not be identified
- Late approval for pilot project limits the time for program design

## CONCLUSIONS

The results of this needs assessment provided valuable data to nursing leadership in planning a mentorship component for a proposed NP residency program in critical care. Further research is needed to better understand programs that foster effective NP mentorship.

## REFERENCES

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