Formalized Mentorship Program for Newly Licensed Registered Nurses

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Formalized Mentorship Program for Newly Licensed Registered Nurses

Mindy Gaw

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Abstract

The nursing profession is currently experiencing a shortage. Despite the need for nurses, there is a high percentage of new nurses who leave their first place of employment before reaching the first year of hire. Mentorship is a tool that has been highly written about, but not widely utilized. Mentorship was found to be helpful in four key areas: retention rates, job satisfaction, lateral violence, and job competency. This project’s purpose was to inform on the development of a formalized nurse mentorship program. Data collected from two open-ended questionnaires and a survey found that a large community medical center could benefit from a standardized mentorship program. Based on this assessment data, recommendations for implementation and evaluation were created for this facility’s needs.

Keywords: Mentorship, Newly Licensed Registered Nurses, New Graduate Nurses
Formalized Mentorship Program for Newly Licensed Registered Nurses

Statement of the Problem

According to the American Association of Colleges of Nursing (AACN), the United States is currently in a nursing shortage as the Baby Boomers age and patient acuity increases (2017). Despite the need for nurses, it is estimated that 17.5% of new nurses leave their first place of employment within 1 year of starting (Kovner, Brewer, Fatehi, & Jun, 2014). Factors such as inadequate orientation, lack of support, and job dissatisfaction can contribute to new nurses leaving their first job (Cho, Lee, Mark, & Yun, 2012).

In 2010, the Institute of Medicine (IOM) released the landmark report The Future of Nursing. The IOM called for supporting nurse residency, or new grad, programs for new nurses. As the transition from nursing school to the workforce can be jarring, the IOM recommended the implementation of residency programs. Similarly, the American Nurses Association (ANA) recognized “that well designed mentoring programs support the growth and development of novice nurses” (American Nurses Association, 2011). A literature review by Theisen and Sandau (2013) found that new graduate nurses lack competence in six areas: organization, leadership, communication, specific situations, critical thinking, and stress management. Mentorship, alongside the new graduate program, may help novice nurses to not only gain competence in these areas but may help to reduce nurse turnover rates.

Similarly, mentorship can be used to address other factors such as lateral violence and job satisfaction, which may contribute to turnover rates. It is estimated that more than 80% of nurses experience lateral violence, or bullying, at some point in their careers (Frederick, 2014). Lateral violence may not only cause new nurses to leave their unit, but the nursing profession. It may lead to job dissatisfaction and inhibit the growth of the new nurse. A poor workplace
environment, coupled with dissatisfaction, may cause the nurse to leave and ultimately contribute to the turnover rate.

This project was comprised of seven MSN/CNL team members. Despite the existence of nurse mentorship, not all facilities utilize this tool. The purpose of this project was to develop a formalized and standardized evidence-based mentorship program for newly licensed registered nurses (NLRNs) at a large community hospital. By doing so, it would promote professional development and engagement, foster and promote nursing competence, address lateral violence, increase retention rates, and increase job satisfaction.

**Literature Review**

A literature review was conducted using CINAHL and PubMed search engine databases. Boolean search engine and keywords was used to begin the search. In CINAHL, Boolean phrase “nurse AND mentorship AND new graduate” yielded 483 results. To narrow the search, the search was limited to peer reviewed and publication dates between 2012 to 2017. The new search yielded 116 results. In PubMed’s advanced search, the keywords “nurse mentorship AND new graduate“ within a five year period yielded 50 results.

A meta-analysis conducted by Hodgson and Scanlan (2013) examined the current use of mentoring. Drawing from PubMed, CINAHL, Scopus, and the Cochrane Institute, the authors included 70 articles in their literature review. Ultimately, Hodgson and Scanlan found that mentorship was an irreplaceable tool that is associated with increased job satisfaction and retention. Mentoring is critical in that it empowers the mentee and mentor. It is an invaluable tool that may enhance the nursing profession and professional development.

Putting theory into practice, Sharp Mary Burch Hospital for Women & Newborns developed a mentorship program for their new graduate nurses. Within a year, the hospital’s
turnover rate decreased from 20% to seven percent (Burr, Stichler, & Poeltler, 2011). In the same first year, it was estimated the hospital saved more than $300,000. This implementation also saw a benefit for the experienced nurses, as mentoring was an opportunity to give back to the profession or career booster. This facility maintained a decrease in turnover rate and an increase in financial savings, improved work environment, and culture of support.

Villaneuva (2015) designed a mentorship program to be implemented at a norther state correctional facility. A literature review conducted by the author consisted of peer reviewed articles that helped to inform the program. The project’s goals were to improve retention rate, increase job satisfaction, and improve recruitment. Ultimately, the author found nurse mentorship was an effective strategy in reducing turnover and improving job satisfaction in academic and hospital settings.

A quasi-experimental study conducted by Schroyer, Zellers, & Abraham (2016) in a community hospital found that nursing mentorship lead to an increase in retention rates, as well as fosters teamwork and confidence. It was a qualitative research design that included a six-month pre-implementation period and six-month evaluation period. This study found that the retention rate for nurses with mentors was 91%, an increase from 66% for the non-mentored group.

A literature review conducted by Rush, Adamack, Gordon, Lilly, and Janke (2012) found that mentorship is a commonly available resource, but was not widely utilized. In their 47-article review, the authors concluded that new graduate RNs benefit from mentorship. Mentors of an older age provide guidance, support, and are likely to be stress reducers.

A literature review conducted by Chen and Lou (2014) found that mentorship reduced turnover rate and employee turnover cost. Drawing from PubMed, CINAHL, Ovid, and the
Cochrane Institute, the authors included five articles in their review. In regards to nursing practice, a strong theme of nursing competence, job satisfaction, and communication skills emerged as benefits to mentorship.

What our MSN/CNL team found was that mentorship could help with retention rates, job satisfaction, job competency, and lateral violence. Mentorship has been in literature, but not widely utilized. The hospitals that implemented a mentorship program saw a decrease in turnover and an increase in cost savings. NLRNs would greatly benefit from having a mentor.

**Theoretical Frameworks**

Two theoretical frameworks were used to guide the development of the program. The MSN/CNL group took into account the multitude of personalities within the facility and the varying levels of expertise.

**Everett Rogers.** Rogers’ “Diffusion of Innovation Theory” suggests that there is already an existing opportunity to enact change because nurses are receptive and aware of the need for innovation. This theory can be used to explain the facilitation and adaptation of change transformation. At very left, are the innovators. These are the visionaries; the imaginative innovators that develop new ideas. Next, are the early adopters. Just as the innovators are vital to this theory, so are the early adopters. These are the ones who are excited about the innovation and want to participate. Next, are the early majority. They are the early pragmatists, who will follow the mainstream but not be the first to do things. Following the early majority is the late majority, as the bell begins to curve down. These are the conservative pragmatists who do not like risk and are uncomfortable with new ideas. The late majority will eventually adopt, but not as quickly as the others. Finally, there are the laggards, who will never adopt the innovation (Rogers, 1995).
Patricia Benner. Patricia Benner’s “From Novice to Expert” nursing theory helped to guide the MSN/CNL students on understanding at which step mentors should ideally be at. Her theory postulates that there are five steps in clinical expertise, and each step builds upon the previous step. Starting at the bottom is the novice. The novice is in their first year of clinical education and has little to no professional experience. Following is the beginner. The beginner are the new graduates, who have knowledge but not experience. Next on the ladder is the competent nurse. The competent nurse is someone who has practiced for about 1 year. Although they have some mastery and skills, they lack the speed and proficiency of more experienced nurses. Following the competent, comes the proficient. The proficient nurse is someone with over 2 years of experience. They are safe, accurate, and are reasonably expedient in their work. Finally, comes the expert. The expert nurse is confident, safe, accurate, and expedient. They can achieve their intended outcomes, no longer depend on a mentor or a guide, and are intuitive (Benner, 1984).

Methodology

Facility Assessment

As this mentorship program is to be implemented throughout the whole facility, there was no formal microsystem assessment. This project was conducted at a large community hospital in a metropolitan area. The facility currently houses over 380 beds and employs over 750 nursing staff and over 1,9000 associates.

Purpose. The purpose of this project was to develop a formalized and standardized evidence-based mentorship program for newly licensed registered nurses. By doing so, it would promote professional development and engagement, foster and promote nursing competence, address lateral violence, increase retention rates, and increase job satisfaction.
**Patient Population.** Per this project, the patients in this case were the NLRNs and the nurses at this facility. The project was focused on the development of a mentorship for newly licensed registered nurses with experienced registered nurses. As such, these groups became the patient population.

**Professionals.** This project was spearheaded at the request of the Chief Nursing Officer of the facility. Further guidance and support was found within the Director of Nursing Education, as well as from multiple unit directors. The facility has over 750 nursing staff employed, ranging from diploma to advanced practice nurses.

**Processes and Patterns.** Initial contact with the Director of Nursing Education occurred mainly through e-mail. Repeated contact later on was also conducted in the same manner and with phone calls and in-person meetings. Multiple team members contacted multiple unit directors via e-mail to request interviews. When there was no e-mail response, voicemails were left to their number. If there was no e-mail or phone response, team members went to the facility to speak directly to the unit managers. The team learned that the best way to approach the nursing staff was to attend 0630 and 1830 huddles before staff went on the floor.

**Needs Assessment**

The MSN/CNL students concluded that three important groups needed to be assessed. This was done to assess the organizational needs of the facility in regards to mentorship. Rogers’ theory informed us that there will be small percentage of people who are innovators and early adopters. One goal of the assessments was to determine if there were nurses who could be early adopters. The Director of Nursing informed our team that not all staff had access to their work e-mail accounts. Thus, all the surveys and questionnaires were printed onto paper and distributed.
The questionnaire and survey found in Appendix A through B have been modified to exclude the name of the facility.

**Key Informant Interviews.** The key informant interviews was specific to nursing leadership, including unit managers. As the mentorship program was to be standardized and implemented throughout the entire facility, information about each unit was vital. See Appendix A for the questionnaire used.

**General Survey.** According to the facility, there are over 700 nursing staff employed. The general survey was targeted towards registered nurses outside of the current and most recent NLRN graduates. See Appendix B for the survey. To standardize the program throughout the whole facility, the team needed as much information from on-floor nurses about their units.

**Focus Group.** The focus group was specific to NLRNs of the recent or previous two cohorts. Under the guidance of the Director of Nursing Education, two focus group breakfasts were held over two consecutive days. Refer to Appendix C for the questionnaire used for the focus group participants.

**Timeline**

Approval for the project was secured before the MSN/CNL students began at the facility. The original timeline created can be found in Appendix D. Initial discussions with the Chief Nursing Officer and Director of Nursing Education began in September and continued throughout the project months. The literature review was conducted in September and October of 2017. The original timeline aimed from data collection to span for two months. Actual data collection was performed in a span of under two weeks. Less than three weeks after data collection and analysis, a final presentation of the results and analysis was presented to the facility’s nursing leadership and the Director of Nursing Education.
Results

All the results gathered from the three needs assessments were collected on paper surveys or questionnaires. The MSN/CNL team used Qualtrics, a survey development tool, to input, assess, and evaluate the data. Qualtrics was provided for free by the University of San Francisco. Qualitative questions were tagged with key phrases then organized and grouped the phrases by frequency.

Key Informant Interviews

In total, nine key informants interviews were conducted over a span of a week. The interviews were conducted in pairs. Each informant was read a script that outlined the project and its objectives. At the end of the script, the informant was asked if it was okay to record and transcribe the interview for our data collection. Not recording the interview did not impact the interview or results. See Figure 1 for the major themes gathered. The top three responses collected found that nursing leadership had expectations and goals of the program, thought mentorship could induce a culture change, and can help with relationships and unit cohesiveness.

General Survey

General survey collection was conducted over a period of 10 days. In total, 141 general surveys were collected from six floors. See Figure 2 for the breakdown of results from these surveys. The results shed interesting details. Of the results, a majority of the nurses were between the ages of 40 – 49 years old. Over 70% of survey participants had over five years of experience as a registered nurse. Almost 70% of participants were BSN prepared nurses. In regards to mentorship, over 90% found mentorship to be important or very important. When asked how many years of experience should a mentor have, over 56% of participants wanted mentors to have over four years of nursing experience. According to Benner’s novice to expert theory, this
would mean that mentors should be at the least, proficient. A majority of participants stated that mentorship could help with increasing retention rates, job competence, job satisfaction and decrease lateral violence.

**Focus Group**

The focus group was targeted specifically to recent NLRNs that had just graduated or previously graduated from the facility’s new graduate program. A focus group breakfast was held over the span of two days. In total, there were three participants. Refer to Figure 3 for the major themes from the focus group. The top three themes gathered were: that the program have clear expectations and goals, a mentor with a desire to do so, and psychosocial support and communication from mentors to mentees.

**Implementation**

The MSN/CNL team recommends implementing the mentorship program through the process of introduce, integrate, and incentivize. First, introduce the culture of mentorship. It is recommended to have a Mentorship Champion Committee and a Mentorship Program Coordinator. Ideally, the program coordinator would be the same person who directs the new graduate program or would work in tandem with this director. Second, integrate the program into the facility and within the clinical ladder. It is our recommendation that the mentorship program be combined with and should immediately begin after the facility’s NLRN program. Third, is to incentivize the program for participation. To do this, we recommend social and networking gatherings to inspire a stronger sense of community within the facility. Another way to incentivize is to create a recognition program that acknowledges exceptional mentors.
Based on the data we collected, it is this team’s recommendation that the formalized mentorship program for this community hospital to:

- Start in conjunction with the NLRN program
- Be at least 6 months in duration
- Require at least 4 years of nursing experience to qualify as a mentor
- Offer formal training to set guidelines and expectations of mentors
- Set guidelines regarding frequency of mentor-mentee meetings
- Offer opportunities outside of the facility, such as social activities and networking

**Cost Analysis**

Hospitals lose more than just an employee when a staff member quits. Staff turnover can be costly to a facility. Turnover costs have been reported to potentially cost hospitals a financial loss of more than $120,000 per one new nurse who leaves after completing orientation (Van Camp & Chappy, 2017). According to the facility’s human resources department, so far in 2017, 83 NLRNs were hired and 14 left before completing their first year of employment (see Figure 4). Using the estimate of Van Camp and Chappy (2017), this would mean that the facility has already suffered a $1,680,000 loss for 2017. Compare this estimate to 2016, 30 NLRNs were hired, in which only three left before reaching their first year of employment. In 2016, it can be estimated it was an $360,000 loss for that year. The turnover rate for 2017 is currently at 16.87%, compared to the 10% for 2016.

**Evaluation**

To evaluate the effectiveness of the program, the MSN/CNL would recommend using three surveys at the end of the mentorship program except for one of the surveys. The Casey-Fink Graduate Nurse Experience Survey © is a pre- and post-test for the NLRNs to take during
the second week and the end of the mentorship program. This survey is to evaluate the skills and procedure performance, comfort and confidence, job satisfaction, transition, and demographic data of the NLRNs. The Casey-Fink Nurse Retention Survey © is to be administered at the end of the mentorship program. It is also only for NLRNs to take. Permission was granted to use the Casey-Fink © surveys. A Mentorship Program Satisfaction Survey is to be administered at the end of the program to assess the satisfaction with the program and identify areas that require improvement. The satisfaction survey will be administered to both mentors and mentees.

Discussion

It is interesting to note that there were multiple common major themes found throughout all three needs assessment results. All three groups stated that the mentorship program should have clear expectations and goals and inspire relationships and cohesiveness. The key informants noted that there may be compensation and incentives needed to entice participants. One of the top phrases tagged by Qualtrics from the general survey’s open-ended questions was compensation and incentives would be motivation for nurses to become mentors. Nursing management anticipated that their nurses would not mentor unless there was some form of incentive.

A common theme found among the qualitative results of the general survey was that the nurses confused or perhaps interchanged mentorship with preceptorship. Going forward, the program should explicitly detail the difference between a preceptorship and mentorship.

Overall, this team found that our results showed a positive attitude towards mentorship for this facility. Over 65% of general survey participants thought that mentorship is very important. This, coupled with the resounding yes to mentorship from nursing leadership is promising.
There were few difficulties throughout the project. It took two months before our team obtained the employee turnover numbers from the facility’s human resources department. While this did not prove to be a major setback, it held back our cost analysis. A few unit directors were harder to get ahold of compared to others. It took multiple attempts to reach several unit directors for the key informant interviews. Data collection could have gone on for a longer period, but due to time constraints, our team had less than two weeks. However, our team achieved our goal percentage of general surveys.

**Nursing Relevance**

Mentorship is an invaluable tool that can be used to help the nursing profession. It can help the NLRN to promote professional development and engagement. Mentorship can help foster and promote nursing competence. Having a mentor can help build the NLRN’s confidence in becoming a competent nurse in terms of interprofessional communication and skills development. Mentorship can address lateral violence by creating a more healthy work environment. By doing so, it can also help with retention rates and lower nursing turnover. A healthier work environment is a more positive work environment. Mentorship could help to increase job satisfaction, as the NLRN would be surrounded within a positive work environment and have the support of the mentor.

**CNL Relevance**

If a CNL was at this facility, they could perform a microsystem assessment and evaluate the impact mentorship has on retention, job satisfaction, job competence, and lateral violence on an individual floor. The CNL could identify issues that could impact quality of care and patient outcomes. Issues such as lateral violence can be a worrisome distraction to the novice nurse.
Indirectly, it could affect quality of care and patient outcomes. A CNL could bring about a culture change with mentorship and ultimately improve the workplace environment.

**Future Directions**

The next steps this MSN/CNL group advocates for can be divided between the facility and the next project team. For the facility, Mentorship Champions need to be identified to form the Committee. Second, a Mentorship Program Coordinator needs to be appointed. Third, a timeline for implementation needs to be established. Fourth, is to integrate formal mentorship into the clinical ladder progression. These next steps for the facility should the contributions of the committee, program coordinator, Director of Nursing Education, and Chief Nursing Officer.

Should this project be picked up by the next cohort of MSN/CNL students, their next steps should be to first evaluate this team’s process and results before going to the facility. Following this, the team should assess where the facility is in terms of implementing or evaluating the program. It cannot be said at this time at what stage the program will be at. It is up to the facility to determine the need of a new team.

If the program has been implemented by the time of the next cohort, it is recommended that the team evaluate the progress of the program. The team should assess and evaluate the effective of the program. As the mentorship program has three evaluation surveys, there should be data to analyze. The team may help the committee in identifying gaps and areas of improvement.

**Conclusion**

The stress of nursing can be difficult to handle. For recent nursing graduates, the joy of their first nursing job can be tainted with lateral violence, job dissatisfaction, lack of confidence, and lack of support. Mentorship can be a great resource to provide to new nurses as they make the transition from school to the workplace. It can provide them with the support, guidance, and
confidence needed to succeed in nursing. With support and enthusiasm, mentorship can be implemented into this facility’s culture and clinical ladder. As healthcare continues to change, with growing patient acuity and loss of nursing staff, mentorship is a vital tool that will help push the profession to new heights.
References


Appendix A

**Unit Director/ Manager Key Informant Interview Questions**

Name: ______________________________________________

Interviewed by: ______________________________ Recorder: ____________________

<table>
<thead>
<tr>
<th>Questions</th>
<th>Open Ended</th>
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<tbody>
<tr>
<td>Which unit do you manage?</td>
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<tr>
<td>How long have you been managing this unit?</td>
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<tr>
<td>How many Newly Licensed Registered Nurses (NLRN) does your unit currently have?</td>
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<tr>
<td>In the last year, how many Newly Licensed Registered Nurses (NLRN) have left your unit?</td>
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<tr>
<td>Does your unit currently have a formal or informal mentorship program?</td>
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<tr>
<td>If so, can you please elaborate on the structure or program currently in place?</td>
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</table>
*Do you think having a mentor assigned to a Newly Licensed Registered Nurse (NLRN) can increase retention rates, job satisfaction, competency, and decrease lateral violence?

*Would you be in support of a formalized mentorship program for Newly Licensed Registered Nurses (NLRN)?

*When establishing a mentorship program, what components do you think are critical to include in the program that are specific to your unit?
*What barriers do you think will exist in implementing a mentorship program?

*Additional information… (Recommendations for Mentorship Champions?)
# Appendix B

## Mentorship Program Survey for all Registered Nurses

*Please use a pen for filling in your answers. Your answers provided will be anonymous and confidential.*

### 1. General Questions

| 1.1 Which of the following describes your age? | □ 18 to 29 years old □ 50 to 59 years old |
|                                             | □ 30 to 39 years old □ 60 to 69 years old |
|                                             | □ 40 to 49 years old □ Over 70 years old |

| 1.2 What is your gender? | □ Female □ Nonbinary |
|                          | □ Male □ Prefer not to answer |

| 1.3 How many years do you have practicing as a Registered Nurse? | □ Less than 1 year □ 3 to 5 years |
|                                                                | □ 1 to 2 years □ Over 5 years |

| 1.4 What is your highest level of education attained in nursing? | □ Diploma Nurse |
|                                                                | □ Associate Degree in Nursing |
|                                                                | □ Bachelor of Science in Nursing |
|                                                                | □ Master of Science in Nursing |
|                                                                | □ Advanced Practice / Doctorate / PhD |

| 1.5 How many years have you worked at this Medical Center? | □ Less than 1 year □ 3 to 5 years |
|                                                          | □ 1 to 2 years □ Over 5 years |

| 1.6 What is your primary unit at this Medical Center? | |

| 1.7 Are you currently in a nursing leadership role, such as Nursing Director, Manager, Charge Nurse? | □ Yes □ No |

### 2. Core Questions

| 2.1 How important is mentorship in your nursing practice? | □ Very important □ Important |
|                                                          | □ Neutral □ Least important |
|                                                          | □ Not important |

| 2.2 Would you be willing to mentor a new nurse in your unit? | □ Yes □ Not Sure |
|                                                           | □ Possibly □ No |
Appendix B Continued

2.3 Do you think a formal mentorship program for new nurses at this Medical Center will...

...increase retention rates of new nurses? □ Yes □ Not Sure □ Possibly □ No

...increase job satisfaction? □ Yes □ Not Sure □ Possibly □ No

...increase nursing competence? □ Yes □ Not Sure □ Possibly □ No

...decrease lateral violence (bullying)? □ Yes □ Not Sure □ Possibly □ No

2.4 In your opinion, how many years of nursing experience should a mentor have?

□ Less than 1 year □ At least 1 year □ 2 years □ 3 years □ 4 years or more

2.5 How long should a formal mentorship program be?

□ 3 months □ 1 years □ 6 months □ 1.5 years □ 9 months □ 2+ years

2.6 What would motivate you to participate as mentor?


2.7 What suggestions do you have on what would make a formal mentorship program successful at this Medical Center?


Thank you for your time!
### Previous New Grad Program Participant Focus Group Questions

<table>
<thead>
<tr>
<th>Questions</th>
<th>Open Ended</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was your experience like under the New Grad program?</td>
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<tr>
<td>What would you consider as an ideal mentorship?</td>
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<tr>
<td>What are the gaps that you saw in the preceptorship program?</td>
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<tr>
<td>How can mentorship fill in those gaps?</td>
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<tr>
<td>Think back to when you just finished precepting and were on your own for the first time, what if you had a mentor to guide and support you? What could they support you with?</td>
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<tr>
<td>Are you in support of having a mentorship program after the New Grad program ends?</td>
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</tr>
<tr>
<td>Is there anything else you would like to say or add to this topic?</td>
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</tbody>
</table>
**Figure 1.** Breakdown of the Major Themes gathered from the Key Informant Interviews. The top was tagged as the highest response, progressing downwards to the least tagged response. The horizontal axis represents number of occurrences.
Figure 2. Breakdown of the General Survey Results from the Needs Assessment, separated by question.
**Figure 3.** Major Themes from the qualitative responses of the NLRN Focus Group breakfast session. The top was tagged as the highest response, progressing downwards to the least tagged response. The horizontal axis represents number of occurrences.
Turnover of NLRNs for 2015 - 2017

**Figure 4.** A physical representation of the turnover of NLRNs at this facility from 2015 to 2017. The vertical axis represents percentages. The horizontal axis represents years.