Prospectus for Decreasing the Turnover Rate of Newly Graduated Registered Nurses

Kelli Javed
ksjaved@usfca.edu

Follow this and additional works at: https://repository.usfca.edu/capstone

Part of the Maternal, Child Health and Neonatal Nursing Commons

Recommended Citation
https://repository.usfca.edu/capstone/930
Prospectus for Decreasing the Turnover Rate of Newly Graduated Registered Nurses

Kelli Javed, BSN, RNC-NIC, CNL. MSN Graduate Student

University of San Francisco
Abstract
The increased turnover rate of newly graduated registered nurses (NGRNs) is costly and impacts the morale of permanent staff. Efforts must be made to decrease the turnover of the new generation of nurses being hired. The one-year turnover rate of NGRNs in the NICU at Local Hospital is 30%. The estimated cost of losing one NGRN is $18,100 which adds up to $108,600 a year. Through the implementation of gratitude journaling and mentoring, the one-year turnover rate can potentially decrease to 10% resulting in a cost-savings of $72,400. Gratitude journaling helps with self-regulation, reflection, & increases positivity (Vess & Russell, 2018). The most common reasons NGRNs are leaving their place of employment are due to feelings of being overwhelmed and unsupported (Schroyer, Zellers, & Abraham, 2016). Gratitude journaling can assist with being overwhelmed while a mentor can help the NGRN feel supported. The project will be implemented in September. One-year after the completion of orientation, the employment status of the NGRNs in the NICU will be assessed to determine project effectiveness.
Prospectus for Decreasing the Turnover Rate of Newly Graduated Registered Nurses

Introduction

Problem Description

The turnover rates within nursing have always been an issue, but recently the turnover rates for newly graduated registered nurses (NGRN) have risen significantly. Up to 50% of NGRNs nationwide will change jobs or exit the profession completely within the first 3 years of practice (Brown, Johnson, McMillan, & Brandon, 2018). Approximately 30% of the NGRNs in the Neonatal Intensive Care Unit (NICU) at the local not-for-profit community hospital in Fresno will leave in their first year.

The most cited reasons NGRNs are leaving their place of employment include feelings of being overwhelmed and unsupported when transitioning into their new role (Schroyer, Zellers, & Abraham, 2016). The implementation of gratitude journaling can shift the new nurse’s focus to the positive aspects of daily nursing practice rather than the negative and overwhelming aspects (Vess & Russell, 2018). Mentorship programs are also critical for nurse retention as they provide an additional avenue to support the new nurse (Schroyer, Zellers, & Abraham, 2016).

The estimated cost of losing one NGRN in the NICU is $18,100. The unit is currently losing six NGRN’s a year which adds up to $108,600. Purchasing gratitude journals and enlisting mentors for one year would cost only $808. Through the implementation of gratitude journaling and mentoring, the one-year turnover rate of NGRNs could potentially decrease from 30% to 10% meaning only two nurses leave each year instead of six. This equates to a cost-savings of $72,400.
New approaches are needed in order to increase the retention of NGRNs. Healthcare organizations and nursing leaders cannot continue to endure this cycle of training new nurses only to have them leave shortly after they are hired. It is costly and impacts the morale as well as the workload of permanent staff. NGRNs reflect the future of nursing so we must invest in them and employ efforts to decrease their turnover.

**Available Knowledge**

A literature review was conducted using the PICO research question, “In newly graduated registered nurses (P), how does gratitude journaling and mentoring (I) compared to a traditional preceptor (C) affect the one-year turnover and retention rate (O)?” The PICO statement and search strategy in addition to a Boolean search was utilized on CINAHL, PubMed, and Scopus. Different variations for the population of newly graduated registered nurses had to be used such as new grad and new nurse. For the outcome, multiple searches were done using either turnover or retention in order to gain access to different articles with the same goal. Through the various database and phrase searches, over 30 articles were discovered. Of those, ten were relevant to the proposed project and five will be discussed. The articles discussed in this literature review discuss the most cited reasons NGRNs are leaving jobs, the current turnover rates, the generational issues of the new workforce being hired, and ideas to decrease the turnover of NGRNs. Please see Appendix A for an evaluation of each article as well as its grading according to the Johns Hopkins Evidence Appraisal Tool.

Brown, Johnson, McMillan, and Brandon (2018) sought to create collaboration between hospital administrators and academia in order to identify the root causes of nurse
turnover and develop solutions. The authors conducted a descriptive study including surveys distributed to nurses. Their article calls attention to the rise in new nurse turnover after estimating 30-50% of NGRNs change jobs or exit the profession completely within the first three years of practice. In 2014 that number was 17.2% indicating the doubling of turnover rates of NGRNs between 2014 and 2017. The following were indicated as being important for staff morale thereby affecting their intent to leave: effective leadership, staffing/resource adequacy, professional practice development, meaningful recognition, and communication/collaboration. Efforts must be made in each of these categories to improve morale and decrease turnover.

Lavoie-Tremblay, Paquet, Marchionni, and Drevniok (2011) brought special attention to the generational perspective in regards to the turnover intention among new nurses in their correlational descriptive design study. They noted the turnover rate of seasoned nurses to be 8.4% compared to new nurses within their first year of practice being 35-61%. To further understand the drastic difference in turnover rates, the authors pursued the generational issues of the new nurses. The new generation of nurses being hired are Generation Y, also known as Millennials. This new generation is influenced by consumerism with a desire for instant gratification and immediate positivity. To promote retention of new grads, emphasis must be placed on professional development opportunities, empowerment of new nurses, and promoting a sense of belonging.

Schroyer, Zellers, and Abraham (2016) recognize the rise of new nurse turnover and the cost associated with it. A quasi-experimental, descriptive, quantitative research method was utilized. A literature review was conducted by the authors revealing majority of new nurses felt unsupported and overwhelmed in their new role as a bedside nurse. Their solution to increasing
the retention of new nurses is through the use of mentors. The authors conducted a study in a 325-bed not-for-profit community hospital in northern Indiana. In their study, they implemented a mentor program into the critical care services area. At completion of the study, the nurses with a mentor had a 25% higher retention rate than those without a mentor. The higher retention rate translates to improved staff morale, better patient outcomes, and a reduction in hospital costs. Mentorship programs are critical for nurse retention as they provide an additional avenue to support the new nurse.

Vess and Russell (2018) also recognize the generational issues of new nurses in their descriptive study. They discuss how difficult it is to retain the Millennial generation due to their lack of effective coping mechanisms, their perception the “grass is greener” elsewhere, and the fact that they are younger with less workforce experience. The authors propose their creation of the CARING Model to assist new nurses with transitioning from classroom to practice. The CARING model consists of five elements: self-compassion, acting and reflecting, intentionality, navigation, and self-regulation. All of the components are interconnected and meant to act together rather than in a step-by-step process. The CARING model was designed to increase retention and includes gratitude journaling. Gratitude journals have been shown to help with self-regulation by enhancing the level of gratitude and promoting feelings of well-being and positivity. The authors suggest integration of the model with new nurse orientation.

Hayes et al. (2012) conducted a thorough systematic literature review of 68 studies evaluating nurse turnover. Some of the nurse turnover determinants discovered were organizational factors, workload, stress, burnout, management style, empowerment, role perceptions, career advancement, pay/benefits, and individual factors. The consequences
of nurse turnover included the economic impact, nursing care outcomes and patient outcomes. Multiple studies discovered that lack of challenge influences new nurses to leave as well as an imbalance between work and life. One of the studies examined did baseline and six-month follow-up surveys of NGRNs. The six-month follow-up survey showed that lack of job readiness led to increased intentions to leave their place of employment. Many studies discussed the inverse relationship between age and turnover intention. The authors point to recent generational insight regarding turnover suggesting new methods take into consideration the generational factor.

**Rationale**

The Diffusion of Innovation Theory, popularized by Everett Rogers will be used to implement change in the NICU at Local Hospital. This theory refers to the process people go through as they adopt a new practice, change, idea, etc. The premise is that an initial few are open to the innovation and choose to adopt its use. Those few begin to spread the word of change. The innovation, over time, diffuses through the population until a saturation point is achieved (Kaminski, 2011).

There are five diffusion of innovation adopter categories distinguished by Rogers: innovators (2.5%), early adopters (13.5%), early majority (34%), late majority (34%), and laggards (16%) (Kaminski, 2011). First, the innovators performed a microsystem assessment to evaluate the needs of the NICU at Local Hospital. The innovators took the results of the microsystem assessment and brainstormed ideas to tackle the most alarming issue: the increase in nurse turnover. A literature review was conducted and project intervention composed. The innovators began spreading word of the change to be implemented gaining support of the early adopters. The early adopters ultimately are the
ones who want the change to occur, some of which have volunteered to be mentors for the NGRNs. Through word of mouth, the innovators and early adopters have begun to attract the early majority who agree change needs to occur and are intrigued about the project intervention.

The late majority and the laggards have yet to be recruited. The late majority are skeptical of the change and easily influenced by laggards (Kaminski, 2011). Fortunately, the late majority respond to peer pressure. The innovators, early adopters, and early majority will continue to speak of the research behind the project interventions and the benefits during this time leading up to as well as during project implementation. The late majority will come around to the change after successful implementation and continued peer influence. At this time there is not a specific strategy in place to adopt the laggards as they are the hardest group to bring on board. Those on board with the change plan to continue positive talk about the project.

Specific Project Aim

The specific project aim is to reduce the one-year turnover rate of newly graduated registered nurses by 20%. The current one-year turnover of new nurses in the NICU at Local Hospital is 30%. The goal is to decrease that rate to 10% one year after project implementation.

Methods

Context

A microsystem assessment was conducted in the NICU at Local Hospital in January and February of this year. Please see Appendix B, the Gantt Chart, for a visual representation of the project timeline beginning with the needs assessment and ending
with project implementation. The microsystem assessment revealed the alarming increase in turnover among NGRNs. The current one-year turnover rate of NGRNs for the unit is 30%. Brainstorming was conducted to determine the various reasons behind the rise in NGRN turnover for the unit. A fishbone diagram was created, please see Appendix C. A literature review was done, as described above, to discover evidence-based interventions for decreasing the turnover rate of NGRNs.

Currently at Local Hospital, a group of 5-10 NGRNs are hired two times a year and undergo one week of special NICU education classes (NICU University) prior to starting on the floor. Once these classes are finished, the nurses are paired with their preceptor and sent on their way for bedside orientation. For this project, gratitude journaling and a mentorship program will be implemented for the next round of NGRNs hired in September. In the morning on the first day of NICU University, the gratitude journals will be distributed to the new nurses. At that time an explanation of the benefits and expectations regarding gratitude journaling will be discussed. Next, the details of the mentorship program will be laid out. At some point during their one week of NICU University orientation, their mentors will come in to meet each mentee face to face.

For project implementation, there is no initial upfront cost that will cause for a variation between the first year and all subsequent years of program implementation. The NICU already has the assigned space and time for the NICU University classes. Only a small portion, approximately 30 minutes, during the five days of class will be utilized to discuss gratitude journaling and the mentorship program. The day shift staff members assigned as mentors will be making their appearance during one of the five days of classes when they are already scheduled. The mentor and mentee are encouraged to meet and communicate during personal hours or on
breaks at work. It is anticipated there may be some resistance by the mentors about not being paid for the time they spend communicating with their mentee. When enrolling mentors, there will be complete transparency informing them of not being paid to communicate with their mentee and reminding them that enrollment is completely voluntary.

Please see Appendix D: Cost Benefit Analysis of Gratitude Journaling and Mentoring for a Two-Year Period for details on the cost-benefit analysis (CBA) and proposed budget discussed below. Only a few alterations will need to be made to the current unit budget for project implementation. The first expense for the project is to purchase the gratitude journals. Each NICU University session has a maximum of ten nurses and is done at most twice a year. For one year that would equate to 20 NGRNs in need of a gratitude journal. The project budget would need $368 to purchase 20 gratitude journals for the first year. The second year would require the same $368 for gratitude journals assuming it has another 20 NGRNs. The budget should also account for the time a night shift nurse mentor will need to stay over after work in order to have the initial meet and greet with their new mentee. The initial meet and greet will last no more than 30 minutes but the mentor will receive double time pay due to staying after their twelve-hour shift. Based on a Clinical Nurse 3 pay of $44/hour and assuming five of the ten mentors are on night shift time the two groups each year, an extra $440 would need to be added to the project budget for the first year as well as the second year. The total project budget for one year is $808. The second year of the project would need the same budgeted amount assuming the number of NGRNs hired remains the same. There are no start-up costs associated with this project that would cause a deviation between the first year and the second year.

The added yearly cost of the gratitude journals and night shift mentor time to stay over and meet their mentee should remain relatively consistent each year although there is a
possibility for a slight decrease as the unit does not hire more than ten NGRNs per NICU University session and the estimates are based on ten. There can also be variation based on the night shift mentors chosen as the hourly wage is an average estimate.

The current one-year turnover rate for NGRNs for the unit is 30%. This equates to approximately three out of ten NGRNs per NICU University session. Two sessions are held each year bringing the total estimate to six NGRNs leaving each year. In the United States, the estimated cost of turnover for one newly graduated nurse is $20,561 (Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014). For this particular unit, the estimated cost of turnover for one NGRN is $18,100. The cost is based on wages associated with NICU University, ten orientation weeks in the unit, benefits, and the required NRP certification. If the unit loses six NGRN in one year, this equates to a unit loss of $108,600. The goal of the proposed project is to decrease the one-year turnover rate of NGRNs to 10% which equates to one NGRN per session or two NGRNs per year. Decreasing the turnover rate would decrease the unit cost from $108,600 to $36,200 resulting in a cost savings of $72,400. The one-year cost of the proposed project is $808. Implementation of the project can result in a cost-savings/benefit of $72,400 bringing the net benefit of the proposed project to $71,592.

**Intervention**

The goal of this project is to decrease the one-year turnover rate of NGRNs from 30% to 10% through the implementation of gratitude journaling and a mentorship program. Gratitude journals, specifically the Five-Minute Journal (please see Appendix E: The Five-Minute Journal) will be provided to each NGRN. This journal was chosen because it is a prompted journal which can help to improve compliance and prevent
writers block. Each day begins with an inspiring quote then has the writer put down three things they are grateful for, three ways the day could be great plus a daily affirmation. Before bed, they will be prompted to write down three amazing things that happened during their day and how they could have made the day even better.

During NICU University, the nurses will be provided with education on the benefits of gratitude journaling as well as having a mentor. There will be one mentor assigned to each nurse. The mentors will be brought in during some point of NICU University to meet the new nurse they are assigned to. The mentors and mentees will be encouraged to meet face to face at least once a month while the rest of their communication and check-ins can be through text, phone calls, or e-mail. The mentor/mentee relationship is to continue for one year. Periodic check-ins with the mentor and mentee will occur to ensure the needs of the mentee are being met and to reassign them if they are not. At the one-year mark from when the NGRNs completed orientation, the turnover rate will be reassessed to determine the impact of the project implementation.

The strengths of the proposed project include competent staff members and NICU University education already in place. NICU University will be used to provide the education. The proposed project offers many opportunities upon successful implementation. These opportunities include decreased NGRN turnover, cost-savings for the unit, improved morale of permanent staff, and increased patient safety because of staff continuity. Weaknesses to the project are management opposition to change as well as not wanting to increase department cost for a potential cost-savings. Please see Appendix F: SWOT Analysis for a visual representation of the strengths and weaknesses.
Measures

The measure chosen to assess for project effectiveness will be turnover rate. One-year after orientation completion, an assessment will be conducted of how many NGRNs from the project implementation group are still working in the unit and determine how many have left. Even if a NGRN stayed employed within the hospital, it is considered turnover if they are not working in the NICU. The specific aim of the project is to decrease the turnover rate of NGRNs in the NICU by 20%, therefore turnover rate is our most reliable indicator of project effectiveness.

Ethical Considerations

This is an evidence-based change project and has been reviewed by faculty. An institutional review board (IRB) approval is not needed. Please see Appendix G: Evidence-Based Practice Checklist. The goal of the project is to decrease the turnover rate of NGRNs.

The project does not involve any patients which removes ethical concerns such as privacy, autonomy, non-maleficence, and beneficence. All NGRNs in September will receive a gratitude journal and a mentor. By including all NGRNs, the ethical dilemma of seeing positive results in one group versus the other will be avoided.

The only ethical aspect to examine for the project is the idea of a vulnerable population. The new nurses are considered a vulnerable population as they will be starting together as a group, in a cohort, almost as if they were students. This can create the mentality that they must comply with all demands of NICU University, including the project implementation of gratitude journaling and mentoring, without consent. To address this ethical concern, it will be made clear at NICU University that it is highly
encouraged to participate in project implementation due to the research which will be shared with them; however, it is optional and not required to be taken off of orientation.

**Expected Results**

The project will not be implemented until September due to NICU University occurring twice a year. Key stakeholder approval was received in May for the implementation of gratitude journaling. A meeting was conducted in the middle of July with the site preceptor and NICU Clinical Educator to discuss the gratitude journaling details. At the conclusion of the meeting, the decision was reached to order The Five-Minute Journal for each NGRN and present the journal as well as the education to them in the morning on their first day of NICU University.

A major problem and set-back for project implementation have been lack of key stakeholder buy in for the mentorship program. The unit is currently undergoing major changes as they are involved in a multi-site research project. This research project is moving into phase two which requires the enlistment of many nurses to become nurse champions for the unit. There is concern that if a nurse signs up to be a unit champion then they will not want to be a nurse mentor and vice versa. Due to the timing, priority is given to the multi-site research project. The goal is to implement nurse mentors in the next group of NGRNs going through NICU University in the Spring of 2020.

**Discussion**

**Summary**

There are currently no key findings as project implementation will not occur until September. However, one major lesson learned is the importance of key stakeholder buy-in as well as the early adopters. Without key stakeholder support, there wouldn’t be the
financial backing for the purchase of gratitude journals or the ability to implement change during the pre-scheduled NICU University classes. The early adopters have spread the project information and potential benefits among nurses in the unit. Through their peer influence, more unit support has been gained.

Another key lesson learned is timing. No matter how great an idea may be, sometimes the timing of implementation is not right. The mentorship program will not be implemented this year due to clashing with a major research project the unit is taking part in. If the unit was not in the research project, there would be more buy in from the key stakeholders to enlist nurse mentors. Although the proposed change has not occurred yet, continued support of management, educators and staff nurses will surely lead to successful project implementation and change.

The future project implementation has been discussed throughout the unit which has resulted in some positive findings prior to implementation. Staff nurses have expressed their interest in the project as they have recognized the need to decrease turnover rate and improve unit morale. The results of the microsystem assessment have been shared which has increased awareness among team members regarding the issue of staff turnover. Positive feedback has been received from staff nurses as they feel gratitude journals will help the new nurses focus on the positive parts of their day.

Conclusions

Turnover rates within nursing have been on the rise nationwide, most significantly for NGRNs. Multiple research articles discuss the generational issues facing the new workforce of nurses being hired today. The project being implemented takes a generation specific approach to tackle the turnover rate of NGRNs in the NICU at Local Hospital.
The implementation of gratitude journaling is a sustainable intervention that can continue on to each new group of NICU University. The mentorship program is also sustainable so long as there continues to be key stakeholder buy in and enough nurses willing to be nurse mentors.

One year after the completion of orientation, the turnover rates of the NGRNs will be evaluated. Implementation in the NICU is cycle one of the plan-do-study-act (PDSA) model, please see Appendix H. If the anticipated reduction in turnover is seen, then this project can be implemented in another unit. If that unit also shows success, then the project has the potential to be implemented hospital-wide ultimately becoming part of new employee orientation. NGRNs reflect the future of nursing so we must invest in them and employ efforts to decrease their turnover.
References

Brown, L.G., Johnson, T.L., McMillan, L.R., & Brandon, A. (2018). Two heads are better than one: Partnering to improve a critical care work environment. *Nursing Management, 22*-29. doi: 10.1097/01.NUMA.0000538913.15041.3d


Appendix A

Evaluation Table

<table>
<thead>
<tr>
<th>Study</th>
<th>Design/Method</th>
<th>Sample/Setting</th>
<th>Outcome</th>
<th>Evidence Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, L.G., Johnson, T.L., McMillan, L.R., &amp; Brandon, A. (2018).</td>
<td>Descriptive study including surveys</td>
<td>ICU leadership team collaborated with three nursing professors at a state</td>
<td>30-50% of new grad nurses change jobs or exit profession completely within first three years of practice. Survey respondents indicated the following to be important for staff morale: effective leadership, staffing/resource adequacy, professional practice development, meaningful recognition, and communication/collaboration.</td>
<td>L IIIB</td>
</tr>
<tr>
<td>Two heads are better than one: Partnering to improve a critical</td>
<td>distributed to nurses.</td>
<td>university. Together a survey was created and sent to staff nurses to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>care work environment.</td>
<td></td>
<td>discover intent to leave reasoning.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Management, 22-29. doi: 10.1097/01.NUMA.0000538913.15041.3d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hayes, L.J, O’Brien-Pallas, L., Duffield, C., Shamian, J.,</td>
<td>Systematic literature review</td>
<td>68 studies reviewed</td>
<td>Lack of challenge influences new nurses to leave as well as an imbalance between work and life. Generational factors that need to be taken into consideration. Consequences of nurse turnover: cost, nursing care outcomes, patient outcomes.</td>
<td>L IIIA</td>
</tr>
<tr>
<td>Nurse turnover: A literature review – an update.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Journal of Nursing Studies, 49. doi: 10.1016/j.ijnurstu.2011.10.001</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Correlational descriptive design study</td>
<td>Health care system in Canada. Literature review conducted and 145 participants studied.</td>
<td>Generation Y (Millenials) now being hired. New generation influenced by consumerism with desire for instant gratification and immediate positivity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quasi-experimental, descriptive, quantitative research method.</td>
<td>Implementation of mentorship program in not-for-profit hospital. Sample size of 70 newly hired nurses split into two equal groups: mentored and not mentored.</td>
<td>Literature review: new nurses felt unsupported and overwhelmed in new role.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Descriptive study</td>
<td>Literature review and CARING model development.</td>
<td>Retention rate of nurses with a mentor: 91%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Retention rate of nurses not mentored: 66%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gratitude journals can help with self-regulation, promote feelings of well-being and positivity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hard to retain Millenials due to lack of effective coping mechanisms, younger with less workforce experience, and perception the “grass is greener” elsewhere.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CARING model to increase retention, includes gratitude journaling.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**L IIIB**

**L IIB**

**L VB**
Appendix B

Gantt Chart

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan '19</th>
<th>Feb '19</th>
<th>Mar '19</th>
<th>Apr '19</th>
<th>May '19</th>
<th>Jun '19</th>
<th>Jul '19</th>
<th>Aug '19</th>
<th>Sep '19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Action Item</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microsystem assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brainstorming</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Literature review</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting key stakeholders on board</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchasing gratitude journals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enlisting mentors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide education &amp; journals at NICU University</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix C

Fishbone Diagram

**Organizational Culture**
- Lack of proper education
- Lack of leadership presence
- Unsupportive management

**Job Characteristics**
- Emotionally demanding
- Mentally demanding
- Lack of physical rewards
- High stress

**Employee Satisfaction**
- Job and/or career dissatisfaction
- Lack of job readiness
- Feeling unsupported
- Overwhelmed

**Health**
- Personal burnout
- General health problems

**Millenial Generation**
- Instant gratification
- Immediate positivity
- Lack of imagination
- Ineffective coping

**Personal Reasons**
- Family situation
- Work-life balance

Increased turnover of NGRNs
Appendix D

Cost Benefit Analysis of Gratitude Journaling and Mentoring for a Two-Year Period

<table>
<thead>
<tr>
<th>Cost Description</th>
<th>2019</th>
<th>2020</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost of Proposed Gratitude Journaling and Mentoring</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gratitude Journals (10 NGRN/session 2 sessions/year $18.40/journal)</td>
<td>$368</td>
<td>$368</td>
<td>$736</td>
</tr>
<tr>
<td>Day Shift Mentors meeting their mentees</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Night Shift Mentors meeting their mentees (5 RNs/session 2 sessions/year)</td>
<td>$440</td>
<td>$440</td>
<td>$880</td>
</tr>
<tr>
<td>NGRN Education (incorporated in NICU University)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Benefits (cost-savings)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits based on reducing one-year turnover rate from 30% to 10% ($18,100/NGRN, turnover of 2 NGRN/yr instead of 6 NGRN/yr)</td>
<td>$72,400</td>
<td>$72,400</td>
<td>$144,800</td>
</tr>
<tr>
<td><strong>NET BENEFITS</strong></td>
<td>$71,592</td>
<td>$71,592</td>
<td>$143,184</td>
</tr>
</tbody>
</table>
Appendix E

The Five-Minute Journal
SWOT Analysis

**Strengths**
- Competent staff
- NICU University education

**Opportunities**
- Decreased NGRN turnover
- Cost-savings for unit
- Improved morale of permanent staff
- Patient safety because of staff continuity

**Weaknesses**
- Management opposition to change
- Not wanting to increase cost for potential benefits

**Threats**
- External motivators for new grads to leave
- Moving
- Personal injury
- Competition from other organizations
Appendix G

Evidence-Based Practice Checklist

STUDENT NAME: Kelli Javed


SUPERVISING FACULTY: Jeremy Yves Vergara.

Instructions: Answer YES or NO to each of the following statements:

<table>
<thead>
<tr>
<th>Project Title</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>The aim of the project is to improve the process or delivery of care with established/accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The specific aim is to improve performance on a specific service or program and is a part of usual care. ALL participants will receive standard of care.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The project is NOT designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control. The project does NOT follow a protocol that overrides clinical decision-making.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does NOT develop paradigms or untested methods or new untested standards.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does NOT seek to test an intervention that is beyond current science and experience.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The project has NO funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., not a personal research project that is dependent upon the voluntary participation of colleagues, students and/or patients.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: “This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board.”</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

ANSWER KEY: If the answer to ALL of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. IRB review is not required. Keep a copy of this checklist in your files. If the answer to ANY of these questions is NO, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.
Appendix H

PDSA Cycle

- Literature Review
- Key stakeholder buy-in
- Gratitude journals purchased

Turnover rate to be assessed one year after completion of orientation

Gratitude journals September 2019
Mentors Spring 2020