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The Effects of a Mentor Program on Burnout, Resilience, Work Engagement, and Turnover Intentions of New Nurse Managers

Jennifer Thomas
University of Kentucky, jennifer.thomas@nortonhealthcare.org

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The Effects of a Mentor Program on Burnout, Resilience, Work Engagement, and Turnover

Intentions of New Nurse Managers

Jennifer Thomas

University of Kentucky

College of Nursing

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Debra Hampton, PhD, MSN, RN, FACHE, NEA-BC, CENP - Committee Chair

Kim Tharp-Barrie, DNP, RN, SANE, FNAP - Committee Member

Pamela Missi, DNP, RN, NE-BC - Committee Member/Clinical Mentor

Dedication

I would like to dedicate this project and DNP work to my husband, who has always supported and encouraged me. You have been patient throughout this process and have been by my side every step of the way. This is for my two young children who have been understanding of my school work and have hopefully learned that anything is possible with perseverance and hard work. This is also for my mother who has been there to step in and help my family in any way she can; she is the example for putting family first. Finally, this is for my three colleagues who have been on this journey with me; I am thankful for your support and friendship.

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NURSE MANAGER MENTOR PROGRAM

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Abstract

BACKGROUND: The nurse manager position is an instrumental, critical role in healthcare organizations. However, nurse managers often enter the role lacking necessary leadership skills. Mentoring may add additional support and guidance in navigating the nurse manager role.

PURPOSE: The purpose of this study was to evaluate the effect of a nurse manager mentor program including focused, developmental classes on nurse manager burnout, resilience, work engagement, and turnover intention.

METHODS: A quasi-experimental study, utilizing a pre-test/post-test design was completed to evaluate the impact of a mentor program on new nurse manager burnout, resilience, work engagement, and turnover intention.

RESULTS: Nurse manager burnout, resilience, work engagement (dedication) and turnover intention improved following completion of the mentor program; however, the results were not statistically significant. This study also demonstrated a decrease in work engagement for vigor & absorption, but the results were not statistically significant. The true value of the mentor program was demonstrated in the qualitative data derived from nurse manager participants.

CONCLUSION: This study demonstrated that mentoring can have a positive impact on burnout, resilience, and turnover intentions of new nurse managers. All participants found the mentor program to be valuable, having gained "a mentor and friend", being "more confident in my position", and feeling they are "not alone".

The Effects of a Mentor Program on Burnout, Resilience, Work Engagement, and Turnover

Intentions of New Nurse Managers

Introduction

Nurse managers play a pivotal role in healthcare organizations, providing a crucial link between point-of-care staff and the patients they serve. Nurse managers have the ability to influence critical healthcare metrics such as nurse job satisfaction, nurse retention, and patient quality and safety outcomes. However, many nurse managers enter the role lacking the necessary leadership skills (Fennimore & Wolf, 2011). In addition, the nurse manager role is challenging and constantly evolving as changes in healthcare delivery are experienced. The retention of nurse managers is critical to healthcare organizations. Retention has been identified across the nation as a "key strategic imperative" for acute care hospitals (NSI, 2016). There is great concern over the aging workforce of existing nurse managers, making retention measures crucial (Hodes Healthcare Division, 2006). Healthcare organizations need to invest in the continuing development and retention of nurse managers, as this role is vital to the organization's success.

Anticipated nurse manager vacancy rates threaten the healthcare industry. In a study of 356 nurse managers, nearly 70% planned to leave the role within five years (Warshawsky, Wiggins, & Rayens, 2016). Warshawsky & Havens (2014), found that 62% of 291 nurse managers intended to leave their leadership positions within five years, and burnout was reported to be the top reason for intent to leave the nurse manager role.

Predictions of nurse manager turnover are further complicated by the growing concern of the current aging workforce (Zastocki, 2010). The 2006 Aging Workforce Survey found that of 978 nursing leaders, 55% expected to retire by 2020 (Hodes Healthcare Division, 2006). These findings demonstrate the necessity of retaining nurse managers and developing comprehensive succession plans.

Turnover of nurse managers may negatively impact the turnover of point-of-care nurses. NSI (2016) reported immediate managers as being one of the top ten influencers of bedside RN turnover. Additionally, bedside nurse turnover is costly for healthcare organizations. The financial impact of bedside nurse turnover is estimated to be $37,700 to $58,400, potentially costing hospitals $5.2 to $8.1 million dollars (NSI, 2016). NSI (2016) calculated an additional $373,200 is lost for every percentage of point-of-care nurse turnover.

In addition to the impact on point-of-care nurses, turnover of nurse managers may impact the succession planning of the aging nurse executive leader workforce. Most research has been concentrated on retaining point-of-care nurses and much less on the retention and succession planning of nurse managers (Zwink et al., 2013). Furthermore, point-of-care nurse are less likely to pursue management positions if they visualize stress and burnout in their nurse leader (Spence Laschinger & Finegan, 2008).

Background

Burnout, resilience, and engagement are potential components of nurse manager turnover intention (Warshawsky, Wiggins, & Rayens, 2016; Hudgins, 2016; & Mackoff & Triolo, 2008). Burnout is characterized by emotion exhaustion, cynicism, and a negative self-perception of job performance that often occurs in roles that deal with humanistic work (Maslach & Jackson, 1981). Burnout has been identified as a significant variable impacting a nurse manager's intent to stay in a leadership position (Warshawsky, Wiggins, & Rayens, 2016). In a study conducted by Warshawsky, Wiggins, & Rayens (2016), 356 nurse managers were surveyed and reported burnout as being the top reason for leaving their nurse manager position in the following three years. According to Dunham-Taylor (2013), burnout occurs frequently in nurse managers, as this role is often "caught in the middle" between hospital leadership, point-of-care staff, and patients.

Resilience is also a potential factor in nurse leader turnover. According to Connor & Davidson (2003), resilience "embodies the personal qualities that enable one to thrive in the face of adversity" (p. 76). Resilience is described as a protective mechanism that allows leaders to persevere when confronted with challenges and hardship (Hudgins, 2016). Hudgins (2016) reported a relationship between resilience and a nurse manager's intent to stay in a leadership role. Nurse leader resiliency may be a component in preventing burnout. While resilience is a trait inherent to some leaders, resilience can be developed and mentored over time (Hudgins, 2016). Connor & Davidson (2003) determined that resilience is quantifiable and modifiable. Developing strategies focused on increasing nurse leader resilience could be key in preventing leader burnout and ultimately, turnover.

Finally, work engagement can play a significant role in nurse manager turnover. Schaufeli, Salanova, Gonzalez-Roma, & Bakker (2002) defined engagement as a "positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption"

(p. 74). Employees that are engaged in their work possess dedication and have a "connection with their work activities" (Schaufeli, Salanova, Gonzalez-Roma, & Bakker, 2002, p. 73). Mackoff & Triolo (2008) reported that nurse manager engagement was related to a decrease in nurse manager turnover and point-of-care nurse turnover. Mackoff & Triolo (2008) also relate nurse manager engagement to increased patient satisfaction and higher-quality of care. Nurse managers are the crucial link in building healthy work environments that promote nurse engagement and positively influence nurse and patient experience and outcomes (Dempsey & Assi, 2018).

Mentoring is a potential avenue for positively influencing burnout, resilience, engagement, and turnover intention. A mentor, as described by Merraim-Webster dictionary, is a "trusted counselor or guide". Mentors share experiences, allow for reflection, serve as role models, and offer support (Thompson, Wolfe, & Sabatine, 2012). As described by Thompson, Wolfe, & Sabatine (2012), mentors do not just verbalize how things should be done; they should show the way. There is value in role-modeling the way, by your own personal example, and helping to prevent others from making similar mistakes (Thompson, Wolfe, & Sabatine, 2012).

Often times nurse managers learn their role "trial by fire" and desire formal mentorship to grow and develop in their role (Moore, Sublett, & Leahy, 2016). Mentoring may add additional support and guidance in navigating the nurse manager role. Moore, Sublett, & Leahy (2016) found that nearly 70% of study participants, both new and experienced nurse managers, desired mentoring as part of their professional growth. Additionally, a supportive relationship has been shown to aid in increased resilience of nurse managers (Wescott, 2016).

Mentoring in the capacity of peer socialization and networking can also provide benefit to new nurse managers (Moore, Sublett, & Leahy, 2016). Mentoring can assist healthcare organizations in the retention efforts and succession planning of nurse managers (Dunham-Taylor, 2013). Findings demonstrate that informal mentoring can positively influence new nurse manager job satisfaction and may have the potential to impact point-of-care nurse and hospital metrics.

In addition to mentoring, professional development through coaching and collaboration with leaders may provide benefit to new nurse managers. Coaching differs from mentoring in that coaching helps to take the advice and guidance given from mentors and put it into action (Thompson, Wolf, & Sabatine, 2012). In a study completed by Wescott (2016), nurse managers

experienced professional and personal benefits from coaching, specifically coaching from a leader outside of their reporting structure and facility. In a study conducted by Zwink et al. (2013) nurse managers identified collaboration among peer groups and mentoring from their leaders as reasons for staying in the nurse manager role. Finally, formal coaching and mentoring of nurse managers can aid in succession planning and leadership development for nurse executive roles (Thompson, Wolf, & Sabatine, 2012). These findings demonstrate an opportunity to support and develop nurse managers through coaching of experienced leaders. Organizations should "work to provide opportunities for managers to meet, socialize, and develop mentoring and coaching networks that will continue well beyond the first year in the role" (Moore, Sublett, & Leahy, 2016, p. 102).

Purpose

The purpose of this study was to evaluate the effect of a nurse manager mentor program including focused, developmental classes on nurse manager burnout, resilience, work engagement, and turnover intention. Specifically, the objectives of this study included:

1.) To implement a mentor program, including developmental classes, for new nurse managers in two acute-care hospitals

2.) To determine the effect of a mentor program on burnout of nurse managers

3.) To determine the effect of a mentor program on resiliency of nurse managers

4.) To determine the effect of a mentor program on work engagement of nurse managers

5.) To determine the effect of a mentor program on nurse manager intent-to-leave

Methods

Design

This was a quasi-experimental study, utilizing a pre-test/post-test design. Study participants were surveyed on burnout, resilience, work engagement, and intent to leave prior to starting the nurse manager mentor program. The mentor program lasted for a total of six months, at which time, research participants were re-surveyed on burnout, resilience, work engagement, and intent to leave.

Setting

The nurse manager mentor program was conducted within two acute-care hospitals, which are part of a large, not-for-profit healthcare system comprised of five large hospitals, 13 Immediate Care Centers, 190 provider locations, employing over 14,000 employees and 850

medical providers. The two acute-care hospitals were targeted for this study due to the high number of new nurse managers in each facility, with each facility having four new nurse managers. Both hospitals included in this study have unique characteristics. One hospital has over 370 beds, with specialization in care for women and children. The second hospital is a teaching facility, offering the state's only free-standing pediatric hospital. The mission of this healthcare system is to provide quality health care to all those we serve, in a manner that responds to the needs of our communities and honors our faith heritage.

Sample

The inclusion criteria for this study included all new nurse managers currently employed at one of the two acute-care hospitals included in this study, with less than two years of experience as a nurse manager. This project excluded nurse managers with two years or greater experience as a nurse manager, nurse managers from the other three hospitals in the healthcare system, and all other non-nursing manager positions. The sample size for the nurse manager mentor program was eight new nurse managers.

Procedures

After receiving institutional review board approval for the study, nurse managers meeting the inclusion criteria were approached by the primary investigator to determine if they were willing to participate in the study. Informed consent was obtained by all participants that met criteria. Following informed consent, participants were sent a link to complete a REDCap survey that measured burnout, resilience, engagement, and turnover intention. REDCap (Research Electronic Data Capture) is a secure, web-based application designed to support data capture for research studies, providing: 1) an intuitive interface for validated data entry; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4) procedures for importing data from external sources (Harris, Taylor, Thielke, Payne, Gonzalez, & Conde, 2009).

New nurse managers participating in this study were paired with a mentor that was recommended by senior nursing leadership of the healthcare system. Mentors included nurse managers with greater than three years of experience in a leadership capacity. Mentors were approached and asked to devote a minimum of six months in the role of a mentor and to provide every-other-week contact with the mentee, in the form of meetings, phone calls, or facetime, to provide guidance and support. Mentors were provided with a list of general roles and "ice-

breaker" questions (Table 1) to use during the first meeting between the mentor and new nurse manager participant. These questions were focused on gathering information about the new nurse manager and target support need areas of the new nurse manager.

Coaching from experienced leaders was incorporated into the mentor program. In addition to an assigned mentor, classes were provided and taught by leader experts of the healthcare system. The system leaders represented the following areas of expertise: patient safety, risk management, employee engagement, and employee relations. These areas were included in this study because they align with the goals of the healthcare system. The classes were structured, but also allowed for discussion of case studies, open dialogue, sharing of best practices, and networking. A highly valuable component of these classes was the opportunity for coaching that allowed for further development of the nurse managers.

Data Collection

Data was collected through REDCap surveys, prior to implementation of mentoring and participant education and after the mentor and education program was completed, and consisted of valid and reliable tools for the measurement of burnout, resilience, work engagement and turnover intention.

Burnout was measured by the Maslach Burnout Inventory. This validated tool assesses three components of burnout: emotional exhaustion (EE), depersonalization (D), and reduced personal accomplishment (PA). The tool is comprised of twenty-two questions, utilizing a Likert scale as follows: (0) never, (1) a few times a year or less, (2) one time a month or less, (3) a few times a month, (4) once a week, (5) a few times a week, and (6) every day. Examples of questions utilized for the Maslach Burnout Inventory include: (1) I feel emotionally drained from my work, (2) I feel burnout from my work, and (3) I feel I am positively influencing other people's lives through my work. The average reliability reported for EE is .89, D is .77, and PA is .74 (Maslach & Jackson, 1981).

Resilience was measured by the Connor-Davidson Resilience Scale. This validated tool assesses resilience with twenty-five questions, utilizing a Likert scale as follows: (0) not true at all, (1) rarely true, (2) sometimes true, (3) often true, and (4) true nearly all the time. Examples of questions from the Connor-Davidson Resilience Scale include: (1) I tend to bounce back after illness, injury, and other hardships, (2) I give my best effort no matter what the outcome may be,

and (3) I believe I can achieve my goals, even if there are obstacles. The reported reliability for this scale is .89 (Connor & Davidson, 2003).

Engagement was measured by the Utrecht Work Engagement Scale (UWES). The UWES scale focuses on three categories: (1) vigor, (2) dedication, and (3) absorption. This validated tool assesses engagement with seventeen questions, utilizing a Likert scale as follows: (0) never, (1) almost never, (2) rarely, (3) sometimes, (4) often, (5) very often, and (6) always. Examples of questions from the Utrecht Work Engagement Scale include: (1) I find the work that I do full of meaning and purpose, (2) I am enthusiastic about my job, and (3) At my work I always persevere, even when things do not go well. UWES-17 has demonstrated reliability of .82 for vigor, .89 for dedication, and .93 for absorption (Shaufeli & Bakker, 2004).

Turnover intention was measured by the Intent to Leave Scale by J. Houser. This validated tool assesses turnover intention with three questions, utilizing a Likert scale as follows: (1) agree, (2) neutral, and (3) disagree. Questions for this scale include: (1) I have been thinking of leaving my job, (2) I have been actively looking for a new job, and (3) I intend to leave my job in the next year. The reported reliability of this scale is .86 (McGuire, Houser, Thafer, Moy, & Wall, 2003; Warshawsky, Wiggins, & Rayens, 2016).

In addition, the pre-study survey obtained demographic data and included age (range), total years of experience as a nurse, total years of experience as a nurse manager, and total years of experience with the healthcare system. The post-study survey included open-ended questions focused on the experience of the new nurse managers including: (1) On a scale of one to three, with three representing very valuable, please indicate the value of the mentor program, (2) what have you gained from participating in the mentor program, and (3) how has the mentor program helped you in your role as a nurse manager.

Data Analysis

Descriptive statistics, including means and standard deviation or frequency distributions, were used to summarize demographic characteristics of the study sample. The two-sample t-test was used to compare baseline burnout, resilience, engagement, and intent to leave scores between new nurse managers who completed the program and the new nurse managers who left the organization. Paired t-test was utilized to compare pre- and post- burnout, resilience, engagement, and intent to leave scores of new nurse manager participants. All data analysis was conducted using SPSS version 24, with an alpha level of 0.05.

Results

Demographics

Demographics of the sample are depicted in Table 2. The age of nurse manager participants was as follows: 31-40 years, n=4 (50%), 41-50 years, n=2 (25%), and 51-60 years, n=2 (25%). The mean years of service with the organization was 9.5 years (SD=10.39). The mean years of experience as a registered nurse was 19.75 years (SD=8.61), and years of experience as a nurse manager was 1.56 years (SD= 0.82).

Burnout

Nurse managers that completed the mentor program demonstrated lower burnout scores for emotional exhaustion (EE) as depicted in Table 3; however, the results were not statistically significant (p=.49). The mean EE score for nurse managers pre-and post-mentor program were 15.17 (SD=10.76) and 13.33 (SD=5.96). Nurse manager burnout scores for EE ranged from 6-21, with a potential score range of 0-54. Burnout scores for depersonalization (DP) were the same pre-and post-mentor program and ranged from 1-5 (mean=1.33), with potential score range of 0-30. Burnout scores for personal accomplishment (PA) decreased slightly from 42.33 to 42.17 post-mentor program (p=.91). Nurse manager PA scores ranged from 35-48, with a potential score range of 0-48.

Resilience

Nurse managers that completed the mentor program demonstrated an increase in resiliency scores [pre-mentor program 91.17 (SD=7.76) and post-mentor program 92.33 (SD=5.20)] as depicted in Table 3, although the results were not statistically significant (p=.55). Nurse manager resilience scores post-mentor program ranged from 83-97, with a possible range of 0-100; pre-mentor program scores ranged from 76-98.

Work Engagement

Work engagement scores for nurse manager participants overall decreased slightly after the implementation of the mentor program [pre-mentor program median scores 86.83 (SD=8.68) and post-mentor median scores 85.33 (SD=8.68)], as demonstrated in Table 3. The decrease in scores were noted in vigor 31.67 to 31.33, p=.73 and absorption 27.67 to 25.67, p=.39. However, dedication mean scores increased from 27.50 to 28.33, p=.09. Nurse manager vigor scores post-mentor program ranged from 29-35, with a possible range of 0-36. Dedication scores

ranged from 24-30, from a possible range of 0-30. Absorption scores ranged from 17-36, from a possible range of 0-36.

Intent to Leave

Nurse managers in this study demonstrated lower intent to leave scores post-mentor program (p=.36), as demonstrated in Table 3. The intent to leave mean score for nurse managers pre-mentor program was 3.5 (SD=1.23) and 3.33 (SD=0.82) post-mentor program. Intent to leave scores post-mentor program ranged from 3-5, from a range of 3-9. Scores of 3 indicate "disagree", 6 indicate "neutral", and 9 indicate "agree" in relation to intent to leave current position.

Turnover Comparison

Of the eight nurse managers that completed the initial survey, six completed the mentor program, and two participants left the organization prior to beginning the mentor program. The two nurse managers that left the organization exhibited significantly higher burnout (p=0.007), lower resilience (p=0.01), and higher intent to leave (p=0.04). The two participants that left the organization also demonstrated lower engagement scores; however, this was not statistically significant (p=0.056).

Qualitative Data

Although the results indicate no statistical significance, nurse managers reported high value in participating in the mentor program. Of the six participants, seven reported the mentor program was "very valuable" (88%) and one reported "somewhat valuable" (12%). In addition, when participants were asked what they gained from the mentor programs, nurse managers stated: (1) "great mentor and friend", (2) feeling they are "not alone", (3) feelings of being supported, (4) building relationships, and (5) having someone to go to outside their hospital for advice. When asked how the mentor program has helped them in their role, nurse managers conveyed: (1) networking, (2) sharing experiences, and (3) being able to apply things learned from the program. One nurse manager expressed how her mentor "has been there for all of my questions; she has also been very supportive and helped me learn how to work through decisions". Another nurse manager described how the mentor program has "made me more confident in my position". In addition, one nurse manager expressed that the mentor program was "started too late", desiring a mentor earlier on in the role.

Discussion

This study aimed to evaluate the role of a mentor program, including focused, developmental classes on the burnout, resilience, work engagement, and turnover intention of new nurse managers. A decrease in burnout for emotional exhaustion, an increase in resiliency, an increase in engagement (dedication), and a decrease in turnover intention for nurse managers that completed the mentor program was noted. In addition, this study showed a decrease in work engagement (vigor and absorption), a decrease in burnout (personal accomplishment), and no change in burnout (depersonalization). However, the true value of the mentor program is demonstrated in the qualitative data derived from nurse manager participants.

Burnout

The mean scores of nurse managers in this study represent low burnout scores for emotional exhaustion, depersonalization, and personal achievement when compared to the national average. Nurse managers in this study experienced lower burnout scores for emotional exhaustion post-mentor program. Emotional exhaustion is characterized by fatigue, depletion, and wearing out (Leiter & Maslach, 2016). Maslach & Jackson (1981) illustrated how the three phases of burnout are interrelated; emotional exhaustion (loss of energy and depletion) leads to depersonalization (withdrawing and cynicism), and finally decreased personal accomplishment or inefficacy (feelings of failure). Based on the findings from Maslach & Jackson (1981), addressing emotional exhaustion may prevent increasing levels of depersonalization and decrease feelings of failure.

Resilience

Resiliency has been linked to increased job satisfaction and decreased turnover of nurse leaders (Hudgins, 2016). High resiliency may mitigate burnout in nurse managers. Resiliency scores improved for the nurse managers that participated in this study. Median resiliency scores for the general population have been reported as 82, with the first, second, third, and fourth quartile representing scores from 0-73, 74-82, 83-90, and 91-100 respectively (Davidson, 2018). In addition, Hudgins (2016) surveyed 89 nurse managers and found mean resiliency score of 84.60 (SD, 11.13). Nurse managers in the current study demonstrated resiliency scores in the fourth quartile, higher than 75% of the general population. One consideration for this finding is that the organization is selecting the right individuals or those that are the best "fit" for

leadership positions. In addition, this organization may be setting the standard for providing mechanisms to support nurse managers.

Work Engagement

Nurse managers in this study experienced high levels of vigor and average levels of dedication and absorption when compared to the national average. According to Schaufeli, Bakker, & Salanova (2006) vigor is characterized by "high levels of energy" and "persistence". Dedication refers to being "strongly involved in one's work and experiencing a sense of significance, enthusiasm, inspiration, pride, and challenge" (Schaufeli, Bakker, & Salanova, 2006). Finally, absorption refers to "being fully concentrated and happily engrossed in one's work, where by time passes quickly and one has difficulties with detaching oneself from work" (Schaufeli, Bakker, & Salanova, 2006). There is value in understanding where the new nurse managers in this study stand in terms of engagement, as this provides opportunities for targeted interventions to increase engagement within the organization.

Intent to Leave

Nurse managers in this study experienced a decrease in intent to leave the organization. While the findings were not statistically significant, preventing the turnover of just one nurse manager can be financially impactful to an organization. Nurse manager turnover can prove costly for healthcare organizations, with estimates of 75-125% of a nurse manager's annual salary (Pine & Tart, 2007). In addition, turnover of nurse managers has been linked to turnover of point-of-care nurses (NSI, 2016). These findings demonstrate the importance of developing strategies to decrease turnover of nurse managers.

Overall Findings

The nurse managers in this study demonstrated high resiliency and low burnout, both of which improved post-mentor program. In terms of work engagement, it is surprising to see that nurse managers in this study demonstrated slightly lower scores for work engagement vigor and absorption post-mentor program. One might question whether longer involvement in the mentor program, which revealed decreasing levels of emotion exhaustion, may have improved work engagement scores for vigor and absorption.

Nurse manager participants also demonstrated improved scores for turnover intention post-mentor program. This study established a relationship between high levels of burnout and high turnover intention and low levels of resilience and high turnover intention scores, as

demonstrated by the two nurse managers that left the organization prior to beginning the mentor program. This is significant for healthcare organizations, as nurse manager retention is critical.

Limitations

There are limitations to this study. The first limitation is the small sample size (n=6) and number of hospitals (n=2) involved in the study. In addition, all nurse manager participants had been in the nurse manager role for at least one year, mean 1.56 years (SD= 0.82). Ideally, a mentor program would be introduced as soon as a new nurse manager enters the role. Whereas, nurse managers in this study may have had the opportunity to establish a network of support prior to the mentor program. Additionally, two nurse managers that consented to the study and completed the pre-survey left the organization prior to being assigned a mentor. There is no way to know if the mentor program could have made an impact on the turnover of the two nurse managers. Finally, other changes or initiatives within the healthcare organization could have affected the responses of the nurse managers participating in this study.

Recommendations for future studies

Recommendations for future studies include focusing on the implementation and impact of a mentor program as soon as a new nurse manager enters a leadership role. A larger sample size and longer duration of study could provide valuable data on the significance of mentorship in the nurse manager role. In addition, the mentor program essentially contained two parts-mentoring and coaching; there could be value in understanding which had the greater effect on participants, as the difference is not distinguishable from the data. Further studies could evaluate the downstream effects of a new nurse manager participating in a mentor program on point-of-care nursing staff satisfaction, engagement, burnout, and work engagement. Furthermore, the impact of a mentor program on those providing mentorship would be interesting to capture, to see if this relationship also benefits the mentor. In addition, future studies could evaluate the relationship between nurse manager burnout, resilience, and work engagement on hospital metrics such as patient experience scores, infection rates, and employee turnover.

Conclusion

The nurse manager position is an instrumental, critical role in healthcare organizations. The nurse manager span of influence has been shown to be far-reaching, impacting many key metrics for acute care hospitals. Anticipating nurse manager vacancy rates and a growing concern over the current aging workforce, highlights the need for a greater focus on retention of

nurse managers. Burnout, resilience, and work engagement have been determined to impact nurse manager turnover. The purpose of the current study was to determine the impact of a mentor program on the burnout, resilience, work engagement, and turnover intention of new nurse managers. This study has demonstrated that mentoring can have a positive impact on burnout, resilience, and turnover intentions of new nurse managers.

As the healthcare landscape continues to change and challenge leaders, there is great importance in preparing and developing nurse leaders with direct influence on patients and front-line staff. This study utilized existing talent and aligned with the overall goals of the healthcare organization. While the sample size was too small to determine statistical significance, the qualitative data derived from this study demonstrates the value this program provided to new nurse managers. The value and significance are captured in the words of nurse managers in this study, having gained "a mentor and friend", being "more confident in my position", and feeling they are "not alone".

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Table 1. Roles & Ice Breaker Questions

Roles of the Expert Nurse Manager Mentor

Be a resource to help guide new nurse manager
development
Provide ideas, thoughts, examples, constructive feedback
Be an active listener, provide a non-judgmental
environment
Provide support and offer advice

Ice Breaker Questions for First Meeting

How long have you worked for Norton Healthcare?
How did you get into leadership? What has your path
looked like?
What unit/departments do you manage? How many people?
What do you like to do outside of work?
What are you most proud of?
What do you hope to gain from a mentor?

Table 2. Demographic Characteristics of Nurse Managers

Demographics	Mean (SD); n (%)

Age (years)
    31-40
    41-50
    51-60
	
	4 (50%)
	2 (25%)
	2 (25%)

Years of Service with Healthcare Organization	9.5 (10.39)
Years of Service as Registered Nurse	19.75 (8.61)
Years of Service as Nurse Manager	1.56 (0.82)

Table 3. Burnout, Resilience, Work Engagement & Intent to Leave

	Pre-mentor program Mean (SD) [Score Range]	Post-mentor program Mean (SD) [Score Range]	t (p)
Burnout (Emotional Exhaustion)	15.17 (10.76) [4-33]	13.33 (5.96) [6-21]	0.71 (0.51)
Burnout (Depersonalization)	1.33 (1.37) [0-3]	1.33 (1.87) [0-5]	0.00 (1.00)
Burnout (Personal Accomplishment)	42.33 (2.66) [39-45]	42.17 (4.75) [35-48]	0.12 (0.90)
Resilience	91.17 (7.76) [76-98]	92.33 (5.20) [83-97]	0.64 (0.55)
Work Engagement (Overall)	86.83 (8.68) [74-100]	85.33 (8.68) [76-100]	0.62 (0.56)
Work Engagement (Vigor)	31.67 (2.94) [28-34]	31.33 (2.50) [29-35]	0.36 (0.73)
Work Engagement (Dedication)	27.50 (2.88) [22-30]	28.33 (2.25) [24-30]	2.08 (0.09)
Work Engagement (Absorption)	27.67 (4.27) [24-36]	25.67 (6.50) [17-36]	0.94 (0.39)
Intent to Leave	3.50 (1.23) [3-6]	3.33 (0.82) [3-5]	1.00 (0.36)