Implementing a Peer and Mentor Transition Support Program for New Graduate PMHNPs

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INTRODUCTION

New graduate Psychiatric Mental Health Nurse Practitioners experience **challenges during transition to practice that can cause emotional distress & loss of productivity.**

There are > 355,000 NPs licensed in the US with a 36% growth rate expected by 2026.

An estimated 16,685 of these >355,000 NPs are certified PMHNPs.[1]

By 2030, the total supply of psychiatrists is projected to decline by 20%, while the demand for psychiatrists is projected to increase by 3%. PMHNPs can meet this need.[2]

Support is needed for new PMHNPs who will likely fill the gap left by psychiatrists.

To ease the transition to practice, a **New Graduate Psychiatric Nurse Practitioner Transition Program provides necessary mentorship, peer support, and education.**

OBJECTIVES

This DNP project developed and implemented a new graduate psychiatric NP transition support program to provide the support and guidance needed by new graduate PMHNPs during their first year of practice.

The project had the following aims:

1. To develop a virtual peer and mentor transition support program for new graduate PMHNPs in their first year of practice.

2. To implement and evaluate the support program.

3. To make recommendations for the scaling and sustainability of the program in relevant settings.

METHODS

This DNP project developed and implemented a new graduate psychiatric NP transition support program to provide the support and guidance needed by new graduate psychiatric NPs during their first year of practice.

Aim 1. Develop transition support program for new graduate PMHNPs
- 10 PMHNP mentors with a <u>minimum 2</u> years' experience identified using Hale's (2018) mentor characteristics. Mentor/mentee agenda created to guide mentor meetings.
- Curriculum created with 6 topical areas: PMHNP Role, Regulatory Issues, Professional Development, Organizational Issues, Practice Management, and Mentoring. Content was reviewed by an expert panel.

Aim 2. To implement and evaluate the program
Implementation
- New graduate PMHNPs recruited from a private Facebook group hosting 9,600 PMHNPs and PMHNP students across the US.
- **Online Module:** 30-minute online module delivered the curriculum.
- **Mentor/Mentee meetings:** Two 30-minute mentorship sessions held via Zoom.
- **Peer Support Sessions:** Two 30-minute peer support group sessions held via Zoom.
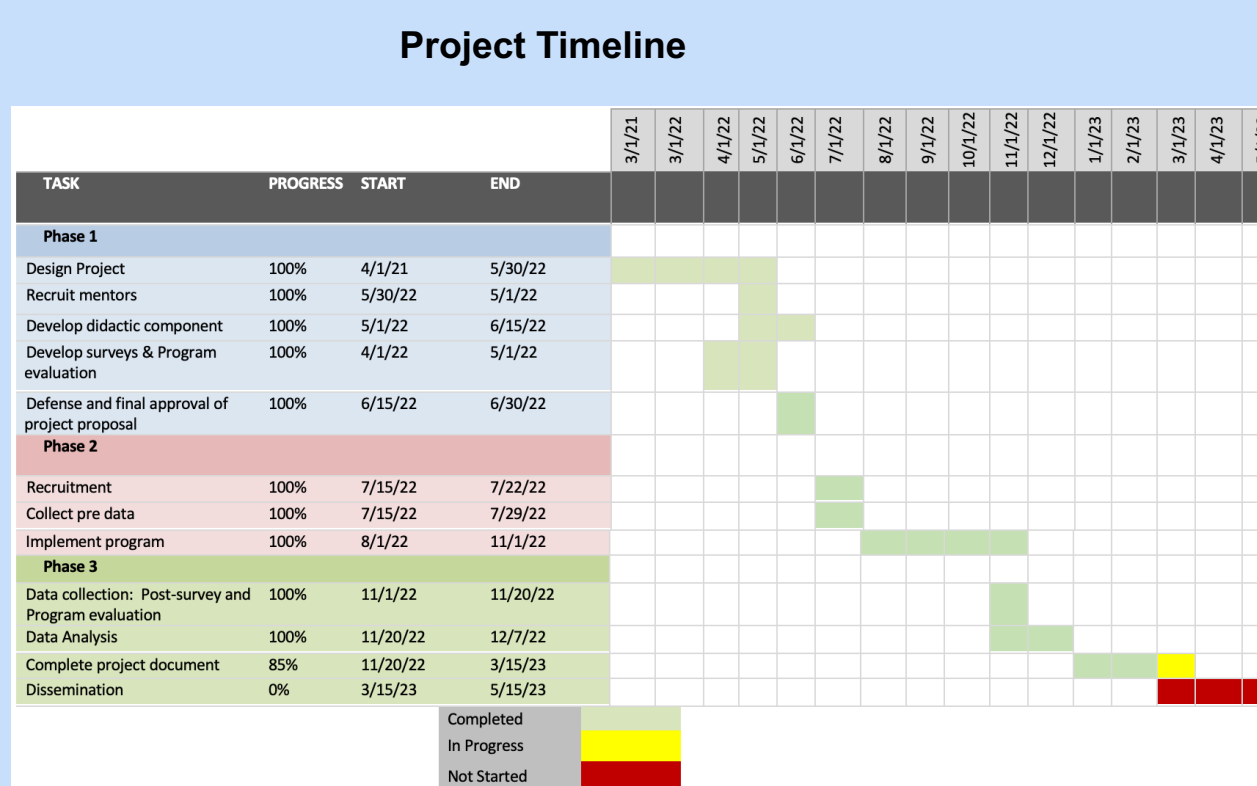Evaluation
- Descriptive and bivariate statistics used to evaluate outcomes:
- Pre and post implementation self-efficacy surveys, based on Bandura's (2006) framework, were compared using a paired T test. Brief program evaluation questionnaire also used.

Aim 3. To make recommendations for scaling and sustainability of the program
Sustainability
- Sustainability effected through collaboration with professional nursing organizations in NYS including APNA and NPA. The Project lead will offer to run program in NYS annually for new graduate PMHNPs & to work with others to run program in their respective states.
Scaling
- Initiative can be scaled nationally using existing format through APNA, NPA, AANP, ISPN (International Society of PMH Nurses), & healthcare systems. Also scaled for other NP specialty areas using current format as a model.

Project Timeline

Mentor Meeting Agenda

Agenda	Conversations

Introduction (for the first meeting)	• Introductions and brief professional background for mentee/mentor is shared (1st meeting)
	• Establish goals for the two brief meetings (1st meeting)
	  • Goals for discussion:
	    • Personal and professional growth/change
	    • Sense of self confidence and professional competence
	    • Workplace/professional socialization and functioning

Getting to Know You	• Clarify what you as the mentee would like to accomplish/focus on in each mentoring meeting based on above goals. • Describe to your mentor where you see yourself headed in your career • Discuss your experience of the transition to PMHNP thus far • Refer to above goals and address each
End Each Meeting	• Discuss expectations regarding open and honest feedback with one another and allow that feedback at the end of every meeting • Ask mentor what advice she might give the mentee for the future and with respect to stated goals of meetings.

RESULTS

20 PMHNPs started the program and 17 finished it.
Results are based on (n=17)

<u>Self Efficacy Findings</u>
Pre and post self-efficacy tests were compared using a Paired Samples T test
- **The mean value of Total Score in the post-test (88.29) was significantly higher than the pre-test (63.12) T = -5.509, p =0.000.**
*Therefore, it can be concluded that the program was effective in increasing participants' confidence in their ability to perform activities pertinent to the role of the PMHNP.*

<u>Findings on the brief mentorship component of this program.</u>
- **Post- program, participant understanding and appreciation of engagement in a mentoring relationship improved substantially.**
- **Feedback on the mentor component of this program was overwhelmingly positive with participants suggesting they would have liked to engage in the program for a longer period & to have started immediately after graduation.**

This type of mentor relationship is often unfamiliar to nurses, who often engage in preceptor-style relationships with other nurses. *Qualities of the mentors in this program were selected using Hale's* [3] *criteria:* excelling in job performance, having qualities mentee seeks to emulate, being a competent nurse, a positive role model, effective communicator and teacher. Hale [3] found these behaviors most predictive of positive mentoring outcomes including teaching, supporting, & coaching.

Conclusion: The findings of this program align with and support the findings of the literature review. The results highlight new graduate PMHNPs self-reported feelings of low confidence in common practice scenarios. However, with participation in a new graduate support program, they *experience a significant increase in overall confidence* in these scenarios. The findings also *support the value of new graduate PMHNPs engaging in brief-mentorship* with an experienced PMHNP fitting Hale's criteria.

Pre Intervention Confidence Level (n=20)

Post Intervention Confidence Level (n=17)
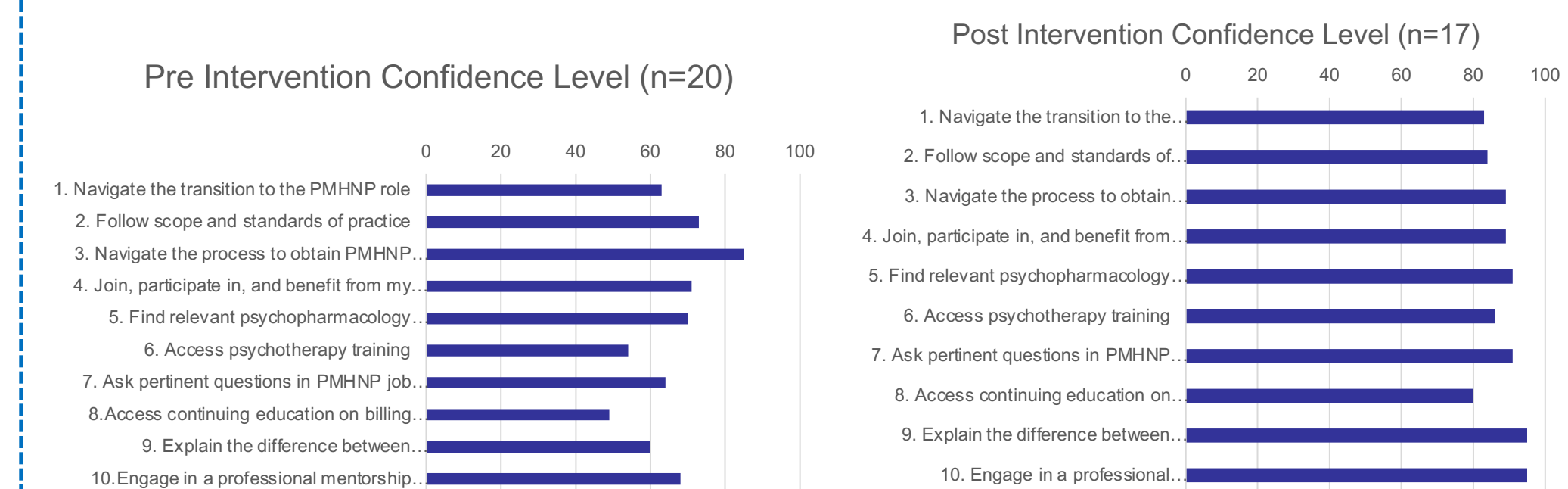
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[1] American Association of Nurse Practitioners. (2022, April). *NP fact sheet.* https://www.aanp.org/about/all-about-nps/np-fact-sheet
[2] Health Resources and Services Administration. (2018). *Behavioral health workforce Projections, 2017-2030.* HRSA Health Workforce. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/bh-workforce-projections-fact-sheet.pdf
[3] Hale, R. (2018). Conceptualizing the mentoring relationship: An appraisal of evidence. *Nursing Forum, 53*(3), 333–338. https://doi.org/10.1111/nuf.12259

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