

## Do We Nurture Our Young?

### *Qualitative Conceptual Analysis of Worst and Best Mentorship Experiences Among Neonatal Advanced Practice Providers*

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#### ABSTRACT

**Background:** There is increasing demand for neonatal advanced practice providers (APPs) and a shortage of neonatal nurse practitioners (NNPs). In many neonatal intensive care units, neonatal physician assistants are trained and hired, as well as new graduate NNPs. Neonatal APPs are utilized as mentors in a regional neonatology program in the Pacific Northwest. As part of a long-term goal to develop an educational program for neonatal APP mentors, an initial survey was administered.

**Purpose:** The purpose of this survey was to raise personal insight and identify themes about 51 neonatal APP mentors' recollections of one's own worst and best mentorship experiences.

**Methods:** The design used in this content analysis of survey responses included a phenomenological, qualitative approach. The participants received an online survey consisting of 2 questions asking them to describe their worst and best mentorship experiences. The blinded results were analyzed via content analysis by 2 coinvestigators.

**Results:** Consistent themes about worst experiences include "Eat our young," "I am better than you," "Thrown under bus," and "Unwanted." Consistent themes about best experiences include "Validation," "Empowerment," "Positivity," and "Inclusion."

**Implications for Practice:** Recommendations for successful neonatal APP mentorship based upon the recurrent themes include use of consistent, engaged, trained, and supported mentors, provision of on-time constructive feedback, avoidance of public criticism, private and public praise, focus on the learner, preparation for tasks, and semiautonomy, with adequate support.

**Implications for Research:** Absenteeism, recruitment, retention, and satisfaction data may be measured to determine whether structured mentorship programs are beneficial.

**Key Words:** infant, mentor, neonatal advanced practice, newborn, nurse practitioner, physician assistant

It has been established that there is a higher demand for neonatal advanced practice providers (APPs).<sup>1,2</sup> Fewer required pediatric residency hours in the neonatal intensive care unit (NICU) by the Accreditation Council for Graduate Medical Education (ACGME), certification requirement for neonatal nurse practitioners (NNPs), broader scope of practice for NNPs, and retirement contribute to the demand.<sup>1,2</sup> Other cited reasons for an increased demand are the de-regionalization of intensive neonatal care with the development of many community hospital level III NICUs from level III NICUs, with increased use of neonatal APPs.<sup>3,4</sup>

Despite increasing demand, there has been a shortage of NNPs.<sup>5</sup> During the period from 2012 to 2016, there was an average of 252 new graduate NNPs per year, compared with 284 new graduate NNPs per year from 2008 to 2011.<sup>5</sup> Although there were 321 new graduate NNPs in 2017, possibly due

to more enrollment in distance-learning NNP programs, this is not enough to meet the need.<sup>5</sup>

Internal and external educational barriers to meeting the need for NNPs have been identified as challenges, such as lack of faculty, lack of interstate preceptor sites, and cost or time of the 3-year doctorate in nursing practice program.<sup>2</sup> It has been estimated that there are 400 open jobs for neonatal APPs.<sup>5</sup> Seventy-three percent of hospital administrators feel that they do not have enough NNPs to cover their needs.<sup>5</sup>

So who has been filling the gap? In a survey of hospital executives, respondents identified that neonatal care was provided by neonatologists, other advanced practice registered nurses, hospitalists, intensivists, other healthcare providers, or not at all.<sup>6</sup> Many of those who have filled the gap to provide neonatal care may have spent only 2 months working in the NICU or less. The respondents in the survey performed by Freed et al<sup>6</sup> listed physician assistants (PAs) as filling the gap 20% of the time. Twenty-five percent of these respondents planned to increase the use of neonatal PAs in the future.<sup>6</sup> The use of both NNPs and PAs as neonatal APPs has been supported by members of the American Academy of Pediatrics.<sup>7</sup>

The use of neonatal PAs is not new but training in these early programs was not formalized.<sup>8,9</sup> In 2005, a postgraduate training program was established at the University of Kentucky, Lexington, to provide

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comprehensive training, which includes approximately 3000 hours of didactic teaching, bedside teaching, simulation exercises, and patient care.<sup>10,11</sup> As part of the Kentucky Neonatal PA Residency Program, the Neonatal PA residents “are assigned for 2 months to an APP Team”<sup>10(p748)</sup> work for a portion of their time with the neonatal APPs and given procedural priority but mentorship is not, specifically, described.

There are fewer than 10 neonatal PA training programs in the United States and none west of New Mexico. In 2016, a neonatal PA fellowship program was started at Seattle Children’s Hospital. It was developed and is managed by neonatal APPs, with support from physicians.

Neonatal APPs have been identified as the mentors in the Seattle Children’s Hospital neonatal PA fellowship 12-month program. There are weekly didactic educational classes for 9 months in addition to clinical mentorship for the entire 12 months. After initial clinical training with registered nurses to learn nursing care and with pediatric hospitalists to learn well baby care, the neonatal PA fellows are assigned to a neonatal APP (NNP or PA) mentor each shift for the remaining 10 months.

Neonatal APPs also serve as mentors for new graduate NNPs in a 6-month structured new graduate NNP orientation program. There are monthly didactic educational meetings including support, review of topics, and subspecialist teaching outside of clinical mentorship.

Scheduling is dynamic since neonatologists and neonatal APPs in this regional program provide neonatal care at 8 sites including a level IV NICU. Because of rapid growth in the region with demand for more neonatal APPs, mentors are used at every site almost on a daily basis.

There are many types of learners at each site including students, neonatal PA fellows, and novice APPs. Mentors receive a small stipend for each shift during which they mentor and for each lecture that they give during didactic teaching. The need for more educational support of neonatal APP mentors has been identified in this institution. As part of a future goal to develop a structured educational program for neonatal APP mentors, an initial survey was developed to promote individual insight.

## REVIEW OF LITERATURE

The focus of the review of literature is on evidence related to the concept of mentorship for neonatal APPs (NNPs and neonatal PAs) to identify attributes to benefit mentor and learner. The long-term goal is to develop an educational program for mentors based upon best evidence. The following databases were searched: CINAHL Complete (via EBSCOhost), Cochrane Library, MEDLINE (via EBSCOhost), and PubMed. Search terms used were nurse or neonatal APP or

neonatal NNP or neonatal PA or mentor or mentorship or orientation or novice or imposter phenomenon or bullying (as subject terms). Only articles from peer-reviewed journals were reviewed, limited to the English language and published since 2000, except for classic content. The concept will be defined and described. Attributes and goals of mentorship, for the group of focus, will be presented. Pertinent articles about programs and studies of mentorship of new graduate neonatal APPs will be reviewed. Gaps in knowledge will be identified.

### Concept of Mentorship

The word “mentor” originates in Greek mythology and is defined as a guide, tutor, or coach.<sup>12</sup> Mentorship was used, historically, in apprenticeship, professional training, education, medicine, and business.<sup>13-15</sup> Mentorship has been applied to nursing during the past 40 years.<sup>13,16</sup>

Mentorship has been suggested, applauded, and evaluated for the training or preceptorship of student nurses,<sup>17-19</sup> new graduate registered nurses,<sup>17,18,20</sup> NNP students,<sup>13,21,22</sup> and new graduate NNPs.<sup>13,14,23,24</sup> Key concepts of peer mentorship in nursing include the goal of helping, challenging, coaching, sponsoring, guiding, and supporting the individual to grow and learn personally and professionally.<sup>13,17,23</sup>

Mentorship involves a collaborative, reciprocal, and complex relationship between 2 people with 1 person having more experience than the other.<sup>17,20,21</sup> Attributes of mentorship have been identified as trust, compassion, stability, hope, and encouragement.<sup>20,21</sup> Goals of successful mentorship have included self-confidence, self-efficacy, resilience, optimism, adaptability, perseverance, stability, role development, higher earning potential, optimum health, and job retention.<sup>13,21</sup> Conceptual frameworks underlying mentorship programs and concept analyses have included social cognitive theory, social learning theory, self-efficacy theory, humanistic adult learning theory, social constructionism, and novice to expert theory.<sup>17,21,25</sup>

### Mentorship Programs for APPs

At Vanderbilt University Medical Center, a formalized mentorship program was developed to meet the professional development needs of their APPs.<sup>25</sup> This program focused on competencies of direct patient care, education, research, leadership, and support of systems. The program was thorough and the goal was development of projects by APPs, including nurse practitioners and PAs. The group of focus was the entire group of general APPs and the area of focus was on higher-level professional development skills.

Speight et al<sup>24</sup> performed a review of literature of interventions and strategies to promote the successful professional transition of new graduate nurse practitioners. Interventions included fellowships, webinars, mentorship, experiential training, interprofessional

training, and professional socialization. The paucity of studies of postgraduate support programs was emphasized and the need for more evidence about how to support new graduate nurse practitioners as the transition into practice was suggested.

In a descriptive, correlational pilot study, Jnah et al<sup>21</sup> administered a survey and other measurement tools to 58 NNP students to describe characteristics of relationships between student NNPs and their mentors. The NNP students, who self-selected mentors and who were matched with those who had volunteered, reported higher self-efficacy scores. The mentoring scores were higher with greater continuity of assignment. When asked about how the mentor built self-confidence, the most frequent response was through provision of constructive feedback.<sup>21</sup>

Mentorship has been suggested as key to the success of new graduate NNPs as they gain confidence during role transition.<sup>14,23</sup> In a review of studies of mentoring of neonatal nurses and nurse practitioners, benefits of mentoring for the mentee have included new skills, self-efficacy, job satisfaction, job retainment, and role socialization.<sup>14</sup> Benefits for the mentor included improved leadership skills, professional development, and personal satisfaction.<sup>14</sup>

Although mentorship of APPs, including PAs, was studied by Baumgartner and Williams,<sup>25</sup> their programmatic goals were mostly leadership competencies. In their study, the group of focus included general APPs. The review of literature by Speight et al<sup>24</sup> about available interventions and strategies to promote successful transition of new graduate NPs was thorough but did not focus on NNPs or neonatal PAs. Attributes, benefits, and challenges of successful role transition of student<sup>21</sup> and new graduate NNPs have been studied,<sup>14,23</sup> and these studies have included mentorship but they did not include mentorship of neonatal PAs. There are no published studies of a blended group of neonatal APPs (NNPs and neonatal PAs) about worst and best mentorship experiences to develop insight and recommendations for education and practice.

### Problem Statement

The need for more educational support of mentors has been identified in a busy neonatal regional program with many new neonatal APPs, including neonatal PA fellows. It was decided that the initial focus would be promotion of personal insight about one's own previous experiences with mentorship.

## PURPOSE

The purpose of this survey was to raise personal insight and identify themes about neonatal APP mentors' recollections of one's own worst and best mentorship experiences.

### What This Study Adds

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## METHODS

### Design

The design used in this content analysis of survey responses included a phenomenological, qualitative approach as described by Graneheim et al.<sup>26,27</sup>

### Setting

The setting was a regional neonatology program at an institution in the Pacific Northwest of the United States. The neonatal APPs in this regional neonatology program provide neonatal and well newborn care at 8 sites including a level 4 NICU in a regional children's hospital.

### Population/Sample

A group of 54 neonatal APPs (PAs and NNPs) from the same neonatology program were asked to participate. Of those, 51 neonatal APPs completed the survey.

### Demographics

The neonatal APP group that was surveyed included 12 neonatal PAs and 39 NNPs. The sample included those who worked in either a full-time or part-time capacity. Although the minimum educational requirement in this institution for the neonatal APPs is a master's degree, at the time of the survey, 7 members of the team had their doctoral degrees and 2 were in school to attain their doctoral degrees. The years of clinical experience in advanced practice ranged from less than 1 year to 35 years.

### Sampling Strategy

All neonatal APPs in the neonatology program at this institution were asked to participate in this convenience sample. The participants received an online survey (Survey Monkey, San Mateo, California) consisting of a brief introduction and 2 questions. The instructions included emphasis on the participants' recollections of worst and best mentorship experiences from any part of their career and not just at the institution where the qualitative survey was administered.

### Survey Contents

The survey included a brief introduction with instructions. The participants were informed that the 2 questions were open-ended and instructed not

to include any identifiers of persons or institutions. The first question was stated as: “Please describe a situation in your own experience as a learner, at any point in your professional career, when your mentor made you feel negatively about your developing skills.” The second question was stated as: “Please describe a situation in your own experience as a learner, at any point in your professional career, when your mentor made you feel positively about your developing skills.”

### Analysis

The results were analyzed via content analysis according to the method described by Graneheim et al.<sup>26,27</sup> The blinded survey results were reviewed by the 2 coinvestigators. Meaning units, codes, categories, and themes were identified through an iterative process. Each coinvestigator analyzed the survey responses separately and then identified recurrent themes together. The coinvestigators met again to review the recurrent categories and themes and negotiate terms until consensus was reached. Techniques to enhance trustworthiness included separate analyses by coinvestigators and repeated meetings over time, with negotiation until both are satisfied about expression of the phenomenon of interest.

### Ethics

The proposal was reviewed and approved by the Seattle Children’s Hospital Institutional Review Board. Participants were asked to complete the survey but participation in the analysis was voluntary and their response was removed if they did not wish to participate. All identifiers were removed from survey responses.

## RESULTS

Of 54 neonatal APPs, 51 completed the survey and agreed to include their responses in the analysis. Examples of representative meaning units (quotes) about “worst” mentorship experiences are presented in Table 1. Consistent themes about worst experiences include “eat our young,” “I am better than you,” “thrown under bus,” and “unwanted.”

The theme of “eat our young” was apparent in the responses in which the learners felt that the mentors did not fully prepare them for rounds, skills, procedures, or questions from neonatologists. In some situations, the learner or the novice felt that the mentor was expressing that “I am better than you” when the mentor “performed” instead of “taught.” When the participants described being in situations in which they felt “thrown under the bus,” they expressed that some support or helpful knowledge had been withheld and then their plans or skills were corrected by others. Some participants expressed situations in which they felt excluded

from the neonatal APP team, unwanted, or a burden. In the worst situations, the mentors did not provide feedback in private but corrected or criticized in public and the learners or novices felt “publicly humiliated.” The participants wished for more feedback about how they could improve.

Examples of representative meaning units (quotes) about “best” mentorship experiences are presented in Table 2. Consistent themes about best experiences include “validation,” “empowerment,” “positivity,” and “inclusion.”

The participants’ “best” recollections included experiences when they were given the needed support and information but allowed some autonomy, which built their self-confidence and role development. Examples of “best” examples of mentorship included feedback from mentors that validated the learner’s or novice’s critical thinking or procedural skills. They felt empowered when they were given the proper information and guidance but allowed to perform with support. Participants expressed that both private and public praise created a positive environment in which to learn and grow. Simple actions such as smiling or being included in conversations and social events made the learners or novices feel included in their new peer group and authentic in their new role. The participants expressed that they wanted regular feedback.

## DISCUSSION

Members of the American Academy of Pediatrics Committee on Fetus and Newborn have identified that neonatologists will increasingly need to collaborate with a variety of professionals, including APRNs and PAs, to meet the needs of the NICU population.<sup>7,28</sup> Also, they recognized the training model for NNPs as well developed and how it may serve as a model for other NICU care providers.<sup>7,28</sup> Although there are recommendations to train and utilize neonatal PAs along with NNPs as mid-level providers, most of the training programs have been developed in the Eastern United States.<sup>10</sup>

Because of the rapidly growing need for neonatal mid-level providers in the Pacific Northwest, coupled with the recent closure of the only NNP academic training program in the region, there has been a dramatic need for mentorship in the neonatology program at which this study was performed. Two neonatal PAs were hired initially, after having been trained in programs in the East. Both neonatology PA fellowship and new graduate NNP orientation programs were developed and implemented in a 5-year period.<sup>29</sup>

At the time of this study, 10 neonatal PAs, and 11 new graduate NNPs had been trained and hired, along with experienced AAPs, with more since that time.<sup>29</sup> Since the implementation of both programs, there has been a 95% retention rate. One neonatal



TABLE 1. Excerpted Representative Quotes of Worst Mentor Experiences

Theme	Quote/Meaning Unit
Eat our young	<p>“Asking questions over and over (trying to get me to say the correct answer even though I don’t know) in front of a group of people or families. Made me feel quite stupid.”</p> <p>“Being quizzed in public about something I could’ve done better.”</p> <p>“I had an experience where the mentor did not know my level of training. He expected me to be able to do something that I was yet to be trained for. He had a reaction that was very stern and almost belittling.”</p> <p>“One time in my career that I felt negatively was when I was training under a mentor and asked a question which the mentor dismissed as ‘ridiculous.’”</p>
I am better than you	<p>“When I came up with a reasonable plan which was not the same plan my mentor was thinking of, so my plan was overridden. When this happened frequently, it felt like I was doing the busy work for my mentor and the mentor would make the big decisions, not allowing me to learn.”</p> <p>“When my preceptor didn’t call me when my baby was decompensating and needed intubating. I was sitting in the office, with a phone, doing notes. My mentor didn’t have a logical explanation about it. I felt completely incompetent and wondered why for a long time.”</p> <p>“As a new member to the team, I have received multiple comments to my face regarding the perceived ineptitude of physician assistants. I have been told things such as ‘I just don’t think PAs are qualified to be in the NICU, no offense.’”</p>
Thrown under the bus	<p>“When they throw my plan under the bus during rounds when it doesn’t align with the neonatologist’s goals when it was acceptable to them before rounds.”</p> <p>“Being thrown into a situation that is new before I have been able to see it first. Expected to do something when I’m not even sure what it is I am doing—if feels like you are being set up to fail. Example would be presenting on rounds if you have never sat in on rounds.”</p> <p>“I had admitted a sick infant and was at the point to write (yes, hand-written) the note. I needed guidance as I was brand new and mymentor actually left work and told me to figure it out. I was there 2 hours more and nearly in tears. So I believe that it is imperative that we support our learners in the way they need the support.”</p> <p>“I felt negatively about my developing skills when I made a plan that a preceptor didn’t agree with, but preceptor did not offer guidance about why the plan was poor or offer resources to further learn about the topic.”</p>
Unwanted	<p>“A mentor was putting on makeup in the mirror while simultaneously trying to explain how to calculate a feed increase. The topic was basic, but as a brand new learner, it was new. I couldn’t understand why I wasn’t getting it. Looking back, I wasn’t getting it because the mentor was only partially attentive. I felt a bit like a nuisance to the mentor.”</p> <p>“Body language can be a big deterrent, making me feel that I’m taking too long.”</p> <p>“It is easy to feel like an unwelcome burden as a learner ... I felt negatively about my developing skills when I made a plan that a preceptor didn’t agree with, but preceptor did not offer guidance about why the plan was poor or offer resources to further learn about the topic.”</p> <p>“What about heavy sighing and rolling of eyes? Does that count?”</p> <p>“When a mentor was anxious at a delivery and snapped. It seemed that they were uncomfortable with their own skills, and it was too much to have a student with them. They also did not like questions.”</p>

PA left because her husband’s job was moved across country. This rapid growth of the neonatal APP team, including neonatal PAs, represented a paradigm shift among the group that previously consisted of only NNPs and presented an additional mentorship challenge to this group.

During this busy period where training takes place at 8 sites, there was no opportunity to allow

for voluntary mentorship or a commitment to continuity of mentors with learners. This was acknowledged as not ideal. Scheduling of mentors with learners was challenging because of the commitment to honor schedule preferences among all providers, as well as the need for mentors to have more than 1 year of experience. The neonatal APP team had been, chronically, understaffed during a time

TABLE 2. Excerpted Representative Quotes of Best Mentor Experiences

Themes	Quotes/Meaning Units
Validation	<p>"Any time we debrief and my actions were validated."</p> <p>"While being unsure of my clinical decision making while practicing as a new provider, it was encouraging to have the support and validation from my mentor to build confidence."</p> <p>"I had a mentor provide positive reinforcement by explaining some of the mistakes they made as a newer person and explaining that I am not an imposter, I am exactly where I should be based on my time as a provider."</p> <p>"Have always loved instant feedback, a simple high-5 will do for me. I appreciate when mentors have recognized my developing skill and allowed me to take on more responsibility or a more complex case."</p> <p>"I felt the best about my developing skills during evaluations when my supervisor would provide me feedback from my preceptors. In-time feedback, either positive or negative, made me feel positive about my developing skills."</p> <p>"If I failed an attempt at a procedure, I got a lot of feedback on how to plan for success with the next attempt."</p> <p>"They emphasized that there was more than 1 way to approach a problem."</p>
Empowerment	<p>"I felt the most empowered as a learner when my mentor gave me more autonomy and sense of responsibility for my patients. This way I learned by doing, not by watching others do. This takes a lot of trust from the mentor's perspective that the learner will come to them with any issues and questions."</p> <p>"Supported a plan I had established, even when it was different than the team plan because I had done research on the rationales."</p> <p>"One time I felt very positive about my developing skills were when my mentor and I worked through a difficult procedure together, the mentor was able to walk me through it so I was able to get the hands on experience and it was an incredibly positive procedure."</p>
Positivity	<p>"When I was praised in public for a procedure I completed well."</p> <p>"When a mentor said "I like that you are asking questions that make me think."</p> <p>"I think as a learner I always felt the most validated when my preceptor gave me accolades/credit for a job well done in front of the RNs/team/attending."</p> <p>"After a failed intubation attempt following Rapid Sequence Intubation, my mentor told me that I did a good job. She offered tips on how to hold cricoid pressure and reminded me that paralyzed airways are floppier. She said I used good mechanics and handled the situation well, and that everyone wasn't successful with every intubation. She said, "don't worry, you'll get it next time! You know how to intubate! You just need to practice more until it becomes second nature."</p> <p>"I missed an intubation and my preceptor, whom I think very highly of, coached me with insights that were not degrading and were matter of fact. Inwardly, I felt flustered and disappointed but she calmed me and made me feel capable. It probably seemed like a small occurrence but to me it was so important. Sometimes it is small interactions and comments that can make a huge impact."</p> <p>"I remember working with a preceptor who remained continually patient and positive. We were working with a fragile 24 week infant. Each step, she had ME do the work. She never once tried to take over, even though I was so new. She patiently allowed me to speak, truly listened. Instead of telling me what she would do, she'd ask questions which would make me think further. The day was about me, not about her."</p>
Inclusivity	<p>"I felt positive when I was included in the group and given acknowledgment as a NNP."</p> <p>"Providing me with smiles, encouragement feels supportive. Discussing different cases with me and asking for my opinion."</p> <p>"Joining a new NNP team that was interested in teaching and not treating me as stupid."</p>

of national increased need for neonatal APPs, as well as regional population growth, so all of the neonatal APP mentors stepped up to the challenge, with success.

The survey was administered as an initial effort of inquiry and support. The plan was to obtain data to facilitate the development of the future structured educational mentorship program, as well as to

stimulate some personal insight into what it felt like to be a new learner. The themes that were identified from participant responses were repetitive and patterns were recognized, in terms of both “worst” and “best” experiences.

The recurrent themes expressed in recollections of the “worst” experiences were similar to those described as “eating our young” and “horizontal bullying” in the nursing profession.<sup>30,31</sup> The behaviors expressed by the neonatal APPs in the survey as being ignored, excluded, as having professional opinion ignored, information relevant to work withheld, being humiliated, and ridiculed were identified as “bullying” behaviors in the study by Granstra.<sup>30</sup> The causes of “eating our young” or “horizontal bullying” in the nursing profession were suggested to include oppressed group behavior, the hierarchical system in healthcare, a system of seniority without institutional power, and insecurity of mentors.<sup>30,31</sup> Ganstra<sup>30</sup> described the potential negative effects of “horizontal bullying” as absenteeism, decreased performance, and poor retention. Methods have been suggested to prevent or counteract these negative behaviors including education, role play, problem-solving about actual events, reflection, and discussion.<sup>30,31</sup> Other preventative strategies include change of culture throughout the institution starting from top administrators with changes in policy, institutional goals, and mission statements.<sup>30</sup>

The themes identified from the neonatal APPs’ responses about “best” mentorship experiences included the desire and need for information, support, autonomy, constructive feedback, and praise to build self-confidence. These themes were consistent with those identified by Yeager,<sup>32</sup> about how to de-traumatize nurse practitioner orientation and to prevent an “imposter phenomenon.”

The “impostor phenomenon” is a term used to designate an internal experience of intellectual “phoniness” despite outstanding academic and professional accomplishments, a pattern of behavior wherein people doubt their abilities and have a persistent fear of being exposed as a fraud.<sup>33(p241)</sup> The term was used to describe professional women but has been applied to broad groups of learners or novice professionals, including nurse practitioners<sup>32</sup> and PA.<sup>34</sup>

Yeager<sup>32</sup> described how the imposter phenomenon affects new nurse practitioners because intense scrutiny from others, coupled with the uncomfortable novice phase,<sup>35</sup> increases the likelihood of self-doubt and feelings of inadequacy. In a thorough description of an orientation program for adult nurse practitioners, she described open discussions and normalizations of feelings of anxiety, self-doubt, depression, and frustration.<sup>32</sup> She suggested role play and mentorship as methods to build

confidence.<sup>32</sup> Sturges<sup>34</sup> suggested activities to counteract the “imposter phenomenon” among minority groups during PA training, including inclusivity, provision of support services, mentoring, provision of clear feedback, and cultural awareness sensitivity.

Some of the activities supported in the literature as ways to avoid bullying and the “imposter phenomenon” and to promote self-confidence and role development include meeting to discuss and acknowledge feelings, role play, and mentoring. These activities were already present in the neonatal PA fellowship and new graduate NNP orientation programs at the study setting. However, more published evidence and results from this survey provided the basis of recommendations for neonatal APP mentorship (Table 3).

Finally, it should be acknowledged that the questions for survey participants were referring to their mentorship experiences at any time during their careers. The negative responses were not, necessarily, descriptive of their experiences at the study site. The tremendous success of the current mentorship activities, during a time of rapid growth, is evident in the large hiring numbers and high retention rate. The primary goal of this work was for the Neo APPs to remember what it was like when they were new and transitioning into a new role, and to apply it to future work as a mentor, as well as to create a culture and educational program for future mentors.

### Limitations and Strengths

All neonatal APPs were asked to complete the survey. Although 51 participants may represent a moderate sample for qualitative analysis, there may be variable responses among participants with different professional backgrounds or levels of experience. The strength of the results is represented in the easily identifiable patterns and themes by the investigators and the rapidity with which they achieved saturation and agreement.

### Application to Practice

Based upon the responses and recurrent themes from the study results, as well as recommendations in the literature, recommendations to support mentorship of new neonatal APPs were developed (Table 3). Some of these recommendations are, already, part of the training programs for new neonatal APPs at the study setting, such as opportunity for discussion and teaching about ideal mentor behaviors. Since this study was conducted, a formalized, obligatory training session, developed by administrators as Neonatal Mission Work, was implemented to promote positive team support and confirm a policy of no tolerance of bullying behaviors. The recommendations

TABLE 3. Recommendations for Neonatal APP Mentorship Support

Consistent and supported mentors <sup>24,30</sup>	<ul style="list-style-type: none"> <li>• Provide consistent mentors when possible.</li> <li>• Consider mentorship a special role for which one must apply.</li> <li>• Consider mentorship a temporary privilege, so that, over time, much of staff have the opportunity and the team culture will change.</li> <li>• Mentors complete a structured training course, including lectures, experiential cases, role play, and ongoing support.</li> <li>• Consider some financial stipend for mentors.</li> </ul>
Supported learners <sup>21,30,32</sup>	<ul style="list-style-type: none"> <li>• Neonatal APPs complete structured training (PA residents/fellows) or orientation (new graduate NNP) with ongoing opportunity to reflect and discuss their experiences with support.</li> <li>• Mentor is expected to identify any learning or emotional needs and to provide ongoing support and resources.</li> </ul>
On time feedback <sup>21,30,32</sup>	<ul style="list-style-type: none"> <li>• Mentors are expected to provide brief (5-10 min) of constructive feedback in private at the end of each shift.</li> </ul>
Avoidance of public criticism <sup>17,22,34</sup>	<ul style="list-style-type: none"> <li>• Mentors should meet, in private, with learner 10 min before rounds to review plans of care and provide feedback, so that they can support plans during rounds.</li> <li>• Talk to the learner, in person, about any concerns, before any formal evaluation.</li> <li>• Keep written examples of behaviors to improve for evaluation and offer opportunities for improvement.</li> <li>• Offer hope for successful role development.</li> </ul>
Mentor to praise learner <sup>17,22,32,34</sup>	<ul style="list-style-type: none"> <li>• Mentor to, deliberately, find examples of behaviors to praise. Even a highly performing learner needs to hear about good performance to avoid self-doubt.</li> <li>• Praise both privately and in public.</li> <li>• Keep a written list of examples of strong performances of behaviors and skills for evaluation.</li> </ul>
Focus on the learner <sup>17,22,32,33</sup>	<ul style="list-style-type: none"> <li>• Continual structured approach to the learners' needs.</li> <li>• Reassess learners' needs as they progress and adjust approach, eg, give more autonomy.</li> </ul>
Prepare learner for tasks <sup>24,32</sup>	<ul style="list-style-type: none"> <li>• Mentor to apply structured approach to required tasks and behaviors.</li> <li>• Discuss behavioral and task expectations, skills, and procedures before they occur.</li> <li>• Use didactic resources to prepare learner.</li> <li>• Allow learner to perform tasks, skills, and procedures with as much autonomy as possible, with appropriate support.</li> </ul>
Promote autonomy of learner <sup>24,32</sup>	<ul style="list-style-type: none"> <li>• Mentor should provide continual appraisal of learners' needs for preparation and support of tasks.</li> <li>• Over time, mentor should allow more autonomy, as appropriate.</li> <li>• Before training time ends, there should be some time period (approximately 1 mo) when it is expected that the learner performs all tasks and the mentor is available for "backup."</li> </ul>
Learner also takes responsibility for training needs. <sup>21,32</sup>	<ul style="list-style-type: none"> <li>• Learner is expected to help mentors understand training needs as they evolve.</li> </ul>

Abbreviations: APPs, advanced practice providers; PA, physician assistant.

can be applied to any neonatal APP program involving mentorship.

### Future Work

At the study setting, there is a plan for use of dedicated, consistent neonatal APP mentors, including the hiring of a program faculty clinical mentor.

There are plans for the development of a structured educational program for all mentors, including lectures, experiential cases, role play, and ongoing support. Outcome measures may include absenteeism rates, performance measures, such as evaluation scores, and professional contributions, retention, and satisfaction.



## Summary of Recommendations for Practice and Research

<b>What we know:</b>	<ul style="list-style-type: none"> <li>• There is an increasing demand for neonatal APPs and a shortage of NNPs.<sup>1,2</sup></li> <li>• In many NICUs, neonatal PAs are trained and hired, as well as new graduate NNPs.<sup>3-6</sup></li> <li>• The use of both NNPs and PAs as neonatal APPs has been supported by members of the American Academy of Pediatrics.<sup>7</sup></li> <li>• Neonatal APPs can be mentors for their peers in training or for novice care providers.<sup>21,22,25,32,34</sup></li> </ul>
<b>What needs to be studied:</b>	<p>Outcome measures of neonatal APP mentorship programs may include:</p> <ul style="list-style-type: none"> <li>• Absenteeism rates<sup>30,32</sup></li> <li>• Evaluation scores<sup>30,32</sup></li> <li>• Professional contributions<sup>30,32</sup></li> <li>• Retention<sup>30</sup></li> <li>• Satisfaction<sup>30,32</sup></li> </ul>
<b>What we can do today:</b>	<p>To promote best mentorship, training or orientation programs may include:</p> <ul style="list-style-type: none"> <li>• Consistent and supported mentors<sup>24,30</sup></li> <li>• Supported learners<sup>21,30,32</sup></li> <li>• Acknowledgment of self-doubt<sup>32</sup></li> <li>• On time feedback<sup>21,30,32</sup></li> <li>• Avoidance of public criticism<sup>17,22,34</sup></li> <li>• Mentor to praise learner<sup>17,22,32,34</sup></li> <li>• Focusing on the learner<sup>17,22,32,33</sup></li> <li>• Preparing learner for tasks<sup>24,32</sup></li> <li>• Promoting autonomy of learner<sup>24,32</sup></li> <li>• Learner also takes responsibility for training needs<sup>21,32</sup></li> <li>• Cultural and institutional support<sup>30,34</sup></li> </ul>

## CONCLUSION

As part of an effort to support neonatal APP mentorship, a survey was administered to neonatal APP mentors to determine their recollections of one's own worst and best mentorship experiences during their careers. Consistent themes were identified through qualitative methods. Themes about worst experiences include "Eat our young," "I am better than you," "Thrown under bus," and "Unwanted." Consistent themes about best experiences include "Validation," "Empowerment," "Positivity," and "Inclusion."

Recommendations for successful mentorship based upon the recurrent themes include use of consistent, engaged, trained, and supported mentors, provision of on time constructive feedback, avoidance of public criticism, private and public praise, focus on the learner, preparation for tasks, and semiautonomy, with adequate support. Future studies may indicate whether supportive neonatal APP mentorship, through the recommended activities, may result in less absenteeism, with better recruitment, retention, and satisfaction. The ultimate goal is to, successfully, nurture our new neonatal APPs during their time of role development. They are our future.

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