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Abstract

Novice nurses in a 160-bed inpatient rehabilitation hospital had a turnover rate of 32% in 2017 and 2018, despite participation in a novice nurse residency program. This quality improvement project was a 3-month process evaluation of a 1-year mentor program designed for novice nurses. The purpose of the process evaluation was to explore whether the organization had (a) successfully implemented the program as identified, (b) successfully recruited and retained participants to date, (c) maintained projected timelines, and (d) provided all participants the opportunity to provide feedback at the 3-month mark of the program. The process evaluation provided an opportunity for revisions and additions to the program prior to the start of the second cohort as well as changes for the remaining year of the first cohort (Sufian et al., 2015). The practice questions explored the results of this 3-month process evaluation and the recommendations made to the mentor coordinators. The project questions focused on the results of the process evaluation at the 3-month mark of the year-long mentorship program for the first cohort. The findings were the basis for recommendations to the mentor coordinators for continuous quality improvement. This quality improvement project followed the PDSA (plan-do-study-act) methodology. The evaluation included semi-structured interviews with 5 mentors and 5 mentees and a review of the mentor program meeting minutes. Results from the program evaluation supported the need for ongoing support of novice nurses as they transition into the practice environment. Also noted in the findings is the opportunity to engage experienced nurses and support them as they recommit to the beliefs that first brought them to the nursing profession. This project supports positive social change by promoting increased job satisfaction and commitment to the nursing profession for both new nursing graduates and experienced nurse professionals.

Introduction

Due to the retirement of over 500,000 seasoned nurses, by the year 2022, the American Nurses Association (ANA) predicted that there will be a need for 100,000 nurses annually (ANA, 2018). A recent Press Ganey study to track career changes amongst new nurses over a 10-year period showed that more than 17% of newly licensed RNs leave their first nursing job within the first year, 33% within 2 years, and 60% within 8 years (Press Ganey, 2018). (In addition, members of the Baby Boomer Generation began turning 65 in 2011 and will continue to do so at the rate of more than 8,000 per day for the next 20 years. By 2040, the U.S. population aged 85 years and older is predicted to reach 14.6 million, an increase from 6.3 million in 2015 (Johnson & Parnall, 2016). This increase will result in an increased need for healthcare services.

The organization had a focused effort around the retention of new employees. In the 2018 employee engagement survey, there was a marked decrease in the engagement scores of newly hired employees (particularly in nursing) as compared to previous years. Human resources conducted focus groups with newly hired nursing staff after the survey results were reviewed to better understand the issues and challenges. Newly hired nurses reported challenges around the onboarding process after the formal orientation was completed. This is the time when the newly hired nurse no longer has a preceptor and is expected to function independently. Nurses reported reluctance to ask questions of colleagues since the expectation was that they were "already trained." The premise of the mentor program was to formally identify the individual that the nurse can view as his or her "go to" person, begin the meetings during the formal orientation period where posing question is considered safe, allow that relationship to begin forming, and then sustain it over the course of one year.

Literature Review

The literature provided strong evidence on the topic of mentoring. The most successful mentoring programs have formal training and periodic reviews for the mentors themselves (Martin & Sifers, 2012). Organizations such as Big Brothers Big Sisters America offer formal volunteer mentorship programs because of the demonstrated success for youth in the areas of academics and social and economic prospects (The Mentoring Effect, 2015). Mentorship processes have been present in the medical profession in the form of internships and residencies for decades (Dobson et al., 2017). The American Nurses Credentialing Center supports the need for mentorship at all levels of the nursing profession to support nurses' acclimation to the profession. ANCC provides an accreditation program called Practice Transition(American Nurses Credentialing Center, 2019). The standards are based on Benner's (2001) *from novice to expert* conceptual framework. The goal is creation of programs that are designed to successfully transition nurses at all levels of the organization. In order to achieve this accreditation, organizations must demonstrate that they provide mentoring opportunities at all levels of nursing (American Nurses Credentialing Center, 2019).

Nursing experts consider training essential for effective mentorship. Not every experienced nurse is suitable for a mentoring role (Bryant, 2017) Development of mentorship skills and behaviors is critical to successful mentoring. Clinical mentoring has been shown to support professional growth and development, increase job satisfaction, and maximize learning in nursing students (Shellenbarger & Robb, 2016). Mentors are known to stimulate reflection and help ease the theory-to-practice gap (Huybrecht et al., 2011). In order for the mentor to be successful, assignment of dedicated time is important. The expectation that this valuable support and information exchange between mentor and mentee will occur in the regular routine of

nursing business is both short-sighted and a set-up for failure (Omansky, 2010). Mentoring

requires a commitment from both the mentor and the mentee. These relationships should be

flexible with give and take that goes in both directions (Runyan, Austen, & Gildenblatt, 2017). In

order to ensure a successful transition to practice for the novice healthcare workforce, continued

support is essential. The mentor focus differs from the acquisition of skill sets in the preceptor

relationship; the focus is on helping mentees develop psychosocial skills and cultural knowledge

to successfully acclimate to their environment (Crow et al., 2011,).

Porter and Tolson (2014) discussed how mentors must have the ability to ensure that the

mentee feels understood and confident in his or her abilities. Skills and competencies build on

one another to develop the sense of knowing in the new practitioner (Porter & Tolson, 2014). In

the area of neonatal nurse practitioners, Jnah and Robinson (2015) described how preceptors

sometimes evolve into mentor relationships. These relationships are described as beneficial to

both mentor and mentee and contributing positively to improved role transition for new

practitioners (Jnah & Robinson, 2015). Through role modeling and encouraging reinforcement,

the mentee can adopt a more reinforced sense of his or her role, resulting in higher self-

confidence and better job satisfaction.

Mentors are known to benefit from the relationships as well. According to Jeffers and

Mariani (2017), mentors describe the relationships as meaningful and significant, growing into

collegial alignments that will span future life transitions and professional successes and failures,

with potential for role reversals. Mentors' sense of self-efficacy can be enhanced by the

mentoring relationship. There is a direct link between training, support, and confidence and the

satisfaction of the mentors themselves. Mentors who feel more confident in their mentoring

abilities derive greater satisfaction from their relationship with their mentee (Martin & Sifers, 2012).

Continuous Quality Improvement Model

This evaluation of the mentorship program followed the Plan-Do-Study-Act (PDSA) method developed by Deming in the early 1980s (Deming, 2000). Deming designed the method to guide the development of skills in identifying, gathering, and analyzing significant data (Dees, 1995). This widely used quality improvement model has four repetitive steps. The hospital had completed Steps 1 through 3. For this project, I evaluated the processes from Step 3 and made recommendations in Step 4 (Table 1).

Table 1

Alignment of PDSA Cycle to Project

Steps in PDSA Cycle	PDSA activities	Alignment to project
Step 1: Plan	Plan ahead for the change.	Project team formed, reviewed literature on Shared Governance, and develop mentor program.
Step 2: Do	Execute the plan.	Select mentors and mentees and implement program
Step 3: Study	Check, study the result of Step 2.	Collect minutes and transcripts from semi structured interviews.
Step 4: Act	Act to improve or standardize the process.	Present results of the process evaluation and recommendations for improvements/changes to project coordinators.

Evaluation Process

This DNP project was a process evaluation of the mentor program. The purpose of the process evaluation was to explore whether the organization had (a) successfully implemented the program as identified, (b) successfully recruited and retained participants to date, (c) maintained projected timelines, and (d) provided all participants the opportunity to provide feedback at the 3-month mark of the program. The process evaluation provided an opportunity for revisions and

additions to the program prior to the start of the second cohort as well as changes for the

remaining year of the first cohort (Sufian et al., 2015). The process evaluation questions were:

- What were the results of the process evaluation at the 3-month mark of the year-long

  mentorship program for the first cohort?

- What recommendations were made to the mentor coordinators for continuous quality

  improvement?

Participants

Participants for this quality improvement project included five mentors and five mentees

in the first cohort of the nurse mentor program.

Process

The pilot was being administered by the lead nursing supervisor with shared

collaboration with the novice nurse residency coordinator. Mentors were required to attend

mentor training, which included components of mindfulness and reflective practice. They were

required to meet with mentees, more frequently at first, then monthly for 1 year. Mentors

submitted documentation of the discussions with mentees to the mentor program coordinator to

obtain reimbursement for their time spent. Monthly status meetings between the mentor program

coordinator and mentors occurred to assess for challenges or barriers to success.

As noted in Table 1, the facility had completed steps 1 and 2 of the PDSA process. Steps 3 and 4

were completed for the process evaluation. Table 2 d describes the evaluation methods, data

collection details and the short and long-term implications for the mentorship program. The

focus of the process evaluation was on performance method and monitoring.

Table 2

Evaluation Plan for Mentorship Program

Method	Evidence collected	Means of data collection	Short-term impact	Long-term impact
Performance measurement	Semi structured interview results from mentors and mentees.	Interviews were conducted by the mentor program coordinator.	Interviews were administered at 3-months post cohort launch.	Interviews to be administered at completion of cohort launch.
Monitoring	Monthly monitor to assess if the mentor mentee meetings are happening at agreed time frames.	Information in tracking logs summarized to ensure meeting schedule compliance.	Reviewed monthly report of meeting schedule compliance between mentors and mentees	Summary at the end of each cohort to determine compliance percentage for each group.
Process evaluation	Individual interviews were documented by the interviewer.	Pilot results of interviews were entered into an Excel spreadsheet.	Identified major themes from the interview results/implemented program modifications as indicated.	Measure reduction in turnover in nurse residency groups at 1-year and 2-year post program.

Ethical Considerations

Approval to complete this quality improvement project as a DNP project was obtained from Walden University's Institutional Review Board (IRB#09-04-19-0117772). The site approval form for quality improvement evaluation doctoral project was signed by the facility.

Results

Results were derived from the data collection centered around the mentorship interviews. Twenty-five semi structured interviews (de-identified) from five mentor/mentee partnerships were analyzed for themes. The monthly minutes of the meetings attended by the mentor program

coordinator, residency coordinator, and nurse educator over the 3-month pilot period from April 2019 through July 2019 were reviewed and analyzed for themes. The overarching themes for the mentor and mentee revolved around increased self-awareness and enhancement of professional behaviors for both groups. Validation of feelings related to shared experiences through the reflective practice techniques helped to build trust and establish relationships of mutual respect and trust for both groups. For mentees, sharing of experiences reinforced their skills sets and abilities. For mentors, these shared experiences enhanced their self-confidence to function as subject matter experts who can capably contribute to the practice environment and to the profession.

Challenges were identified in the areas of relationship building. The brief length of the pilot made it difficult to assess the relationship development that could occur over the course of the 1-year agreement. As a function of this pilot program, mentors and mentees were paired by the mentor program coordinator. However, mutual selection between mentor and mentee has been identified as a better practice (Huybrecht et al., 2011). Another challenge was that, due to the nature of shift work, some mentor/mentee teams worked different shifts, making it difficult for the two to connect. Another challenge was around the completion of the paperwork. Mentors were required to complete meetings notes and submit them in order to receive the mentor stipend. There was feedback during the interviews that there was a lack of comfort to disclose what could be considered sensitive information on the meeting notes to be reviewed by others; the mentors questioned whether this could be considered a confidentiality breach. The process completing a form during the mentorship interview process was also seen as a barrier to healthy discussion in certain instances. These discussions could be filled with emotional exchange

between mentor and mentee, making documentation seem awkward. The major themes identified

are listed in Tables 3 and 4.

Table 3

Themes From Mentor and Mentee Interviews

Theme source	Care for Self	Care for Others	Practice Environment	Challenges
Mentee	- resilience skill enhancement - development of trust & mutual respect - sharing of one feeling with others - professional growth and development enhances self-confidence - time for self and self-care making self-care a priority - stress management, specifically jogging, yoga, aroma therapy, visual imagery	- conversion of EBP to workflow eliminates workarounds - increased conflict resolution skills - chatting enhanced human connections - increased confidence in dealing with providers, declining patients - management of patient behavior (specific to opioid dependent patient) - increased team skills to deal with death and dying	- increased job satisfaction leads to improved work environment for all	None identified
Mentor	- positive experience - increase in confidence related to the value they bring to the profession - validation of leadership abilities and contributions leading to a re-commitment to purpose	- opportunity to guide others leads to improved teamwork - sharpened listening skills to improve therapeutic communication	- increased ability to be approachable	- when goals were unmet- could lead to frustration - challenges making connection with mentee due to schedule conflicts - paperwork could be time consuming

Table 4

Themes From Meeting Minutes

Theme source	Meeting Logistics	Professional Behaviors	Practice Environment	Challenges
Meeting minutes	-manageable in the pilot, may need other methods if group expands	- money is not a driver for the mentors	- validation of the need for support in the environment	- Coordination of connection between mentor/mentee
			- contribution to the profession is the main driver	- "documentation of sensitive discussion points"
				- when to elevate versus confidentiality
				- personality challenges

Discussion

The process evaluation at the 3-month mark supported the need for ongoing support of novice nurses as they transition into the practice environment. The residency program provided the content and helped set expectations for future practice. The work of the mentor program added to the residency program by evaluating outcomes of practice experiences and building confidence in the new nurse's skills. Another finding revolved around the opportunity to engage experienced nurses and support them as they recommit to the beliefs that first brought them to the nursing profession. The validation noted by the mentors reinforced the value they bring to the profession of nursing. The mentors noted that money was not a driver for them. Although mentors were excited to know their expertise was valued enough for them to be paid, they did not see that as the reason to be a mentor.

Implications

Development of mentoring skills and behaviors holds value for nurses in all roles at all levels of an organization. The ability to function as a role model for other practitioners provides continued growth and development opportunities for the mentor and establishes the need for that

continued growth as a norm in the practice environment. According to Huybrecht et al. (2011), those who are mentored are likely to become mentors. This ongoing transfer of energy, validation, and love for the profession of nursing could help mitigate some of the out migration of this profession.

The development of mindfulness and reflective practice hold value to the nursing profession at large and are contributors to positive social change. Mindfulness trains nurses to be present even in difficult and challenging situations and to be intentional about examining how these situations are affecting them in the moment to better cope and accept them, without judgment (Bernstein, 2019). Mindfulness and reflective practice support a more positive practice environment, which can impact quality of care delivered to patients, according to Bernstein (2019). Reflective practice in nursing is defined as a process where nurses review and analyze both what they know and what they experience to learn from both (Parissopoulos, 2019). In their review of the literature. Choperena, et.al. (2018) found that reflecting on and discussing experiences contributed to the development of both competence and wisdom.

Recommendations

Recommendations from the evaluation of the mentor program pilot were to:

- Continue the program for all nurse residency attendees.

- Merge the mentor program with the orientation, preceptor and nurse residency programs to ensure efficiency and prevent redundancy.

- Expand this program to include all new nurses who enter the organization.

- Develop a method to promote mutual selection opportunity for mentor/mentee partnerships.

- Develop strategies/processes to reduce the challenges around communication by the creation of an app that users can access within the organization to select their program partner and facilitate easier meeting connections.

- Consider creation of a nursing lounge to provide a physical environment that promotes the time for reflection and self-care.

- Consider the development of nursing salons. A nursing salon is a gathering of nurses to have a conversation about nursing and the experiences they share for the purpose of connection and fellowship (Belcik, 2017).

- Consider a formal mentor program for nursing leaders.

Strengths and Limitations of the Process Evaluation

Strengths of this program includes the low start-up costs. Utilization of existing staff to serve as mentors facilitates the relationship building between mentor and mentee. The mentor program aligns and supports initiatives that the organization holds as priority. Some examples are Magnet designation, the novice nurse residency program and the Simulation Lab. These existing resources demonstrate the organization's commitment to the health of its nursing team and to the value of staff development. The mentor program informs opportunity to enhance and grow founding principles like the organization's Mission, Vision and Values. Use of experienced staff, validates their contribution and value to the organization

Limitations for the mentor program include the short length of the pilot and small sample size. This made it difficult to validate findings. There was no mutual selection between the mentor and the mentee which could have been a barrier to relationship development. For many of the mentors, this was their first exposure to reflective practice and mindfulness. This could have caused some degree of stress for the mentors. The long-term measure will be the turnover

rate of the novice nurses. There may be some qualitative measures to be considered such as the re-engagement of the experienced staff.

Future Applications

Moving forward, the continuous development of the practice environment is part of the organizational climate. There is a new simulation lab that is opening at the project site for the purpose of developing nursing skills and expertise. The nursing division subscribes to Jean Watson's 2009 caring theory as a pillar of the nursing professional practice model. As a part of the incorporation of this theory into practice, thoughts and behaviors are seen as a part of a greater whole. Caring theory focuses on the need for self-care as a part of the ongoing evolution of the caring environment (Caruso, Cisar, & Pipe, 2008).

The environment cultivated by the nurse mentor program will continue to be part of this continuous development of our caring practice environment. The mentor program supports the Institute for Healthcare's recommendations to include a 4th Aim in the Triple Aim of providing high-quality, patient centered care at a low cost. The 4th Aim is described as focusing on caregiver wellness and resilience (Johnson, 2019)

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