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Mentorship and the Transition From Registered Nurse to Advanced Nurse Practitioner

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This is to certify that the doctoral study by

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Arcelia Kiss

MSN, University of Phoenix, 2019

BSN, California State University Dominguez Hills, 2007

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

The transition from registered nurse to nurse practitioner (NP) can be challenging and stressful. This problem is particularly true for the novice NP who must adapt to a new scope of practice coupled with increased demands. Recognizing that mentorship can contribute to competency development, employee satisfaction, higher retention rates, and improved patient care outcomes, the goal of this project was to develop a staff education program and manual on mentorship. Knowles' adult learning theory; Benner's novice-to-expert framework; and the analysis, design, development, implementation, and evaluation model guided development of the staff education program and mentorship manual. Practice-focused questions guiding the project focused on identifying evidence-based strategies for mentorship and whether a staff education program could increase the knowledge of staff physicians and senior NPs on strategies for mentoring novice NPs. Major themes generated from the evidence on mentoring novice NPs included (a) creating a positive learning environment, (b) role modeling, (c) positive program outcomes, and (d) advocating for mentorship (Moss, 2020). Fourteen staff participants attended the staff education program, and pretest and posttest exams were administered before and after the program. A paired t-test showed a significant improvement from a pretest mean score of 77.14 to a posttest mean score of 97.85. Potential implications for positive social change that could result from this project include raising awareness of the mentoring needs of novice NPs which can lead to decreased employee turnover rates and improved patient healthcare outcomes.

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Dedication

I want to dedicate this project to my husband, Kyle, who has been my greatest supporter and shoulder to lean on. Thank you for all always believing in me, encouraging me, and never letting me give up. To my children, Aiden, Makayla, Kasen, and Kylie, who motivate me to continue my education and have shaped me into the person I am today. It has been a very bumpy and long road toward my goal, but I wish that one day they will follow. Also, to my parents Jose and Olga, who have sacrificed so much and worked so hard to give me a better educational opportunity and future. Lastly, and most importantly, to God because without his blessings and guidance, I would not be where I am today.

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I want to acknowledge Dr. Edna Hull, my mentor through this whole process. Thank you for guiding me and supporting. You have been the prime example of a great mentor. Thank you for all the time you have invested in my education, for always being available, and for taking me under your wing. Without you support and guidance, this process would have been extremely difficult. I also want to thank Dr. Sue Bell and Dr. David Sharp for taking the time to help me through this educational process. I admire the passion and commitment you have provided to me through this project.

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Section 1: Nature of the Project

Introduction

Mentorship provides an opportunity for a novice or experienced nurse to become socialized while transitioning to a new role or practice setting. In this doctorate of nursing practice (DNP) project, I focused on the lack of a mentorship program for experienced registered nurses (RNs) transitioning to the role of nurse practitioner (NP) at a local primary clinic. During the transitional phase, the RN, an expert in the field, enters a new role as a novice NP. Nurse scholars have described this transition as challenging and stressful due to the RN adapting to a new scope of practice and increased demands associated with the new role (Barnes, 2015). In a 2015 study on factors influencing the RN to NP role transition, Barnes reported that lack of mentorship can alter professional identity, lead to loss of confidence, and impair role development of the NP. Mentorship allows novice nurse practitioners to collaborate with physicians and senior NPs in developing skills and knowledge of the new role (Edmunds, 2015). Although mentorship programs have been reported to ease the transition from RN to NP and positively increase job satisfaction and retention, mentorship programs have not been mandated or standardized for novice NPs (Barnes, 2015).

Mentorship programs assist novice NPs in linking acquired educational knowledge with actual practice and patient outcomes (Berg, 2015). The connection between academic knowledge and real-life experience provides novice NPs with improved comprehension and valuable experience to improve clinical competencies and optimal patient care outcomes (Peter et al., 2014). Recognizing that mentorship programs

positively influence novice nurse practitioners—such as with increased retention, job satisfaction, and strengthening of confidence—makes it essential to raise awareness of the value in developing a mentorship program (Pop, 2017).

The lack of mentorship available for experienced RNs transitioning to novice NPs led me to conduct this research to answer two questions: (a) what are current evidence-based strategies for mentoring registered nurses transitioning to the NP role and (b) will an organized staff development program focusing on mentorship improve seasoned NPs and physicians' knowledge of mentoring the novice NP? Overall, the primary goal of this DNP project was to develop a staff education program to enhance staff physicians' and experienced NPs' understanding and support of novice nurse practitioners' mentoring needs. A secondary goal was to develop a staff education manual to enhance sustainability of the mentorship program. This capstone project correlates with DNP Essentials I, III, and VI, which focus on the scientific underpinning for practice and clinical scholarship, analytic methods for evidence-based practice, and interprofessional collaboration for improving patient and population health outcomes (American Association of College of Nursing, 2006).

Problem Statement

The problem occurring at the practice site was the lack of support for NPs hired to work at a local primary care clinic. As reported by a human resources representative, "There is a high turnover rate of newly hired NPs" (personal communication, October 15, 2020). Additionally, as reported by a human resources representative: "Four new NPs were hired in the previous year, and in less than 3 months, two of the newly hired NPs

resigned" (personal communication, October 15, 2020). The lack of mentorship for novice NPs may contribute to dissatisfaction in the practice role and increase reasons for leaving the profession and poor patient outcomes (Moss, 2021).

During the transition period from experienced RN to novice NP, there is anxiety and self-doubt in the novice NP. This transition is challenging because of the increased demands of the new role and scope of practice (Barnes, 2015). Barnes reported that the novice NP is entering a new role guided by the educational process's theoretical knowledge and minimal clinical experience gained from the academic nurse practitioner program. Literature supports establishing a formal mentorship program for new graduate NPs to address the challenges related to role transition and improving job satisfaction (Moss, 2021). According to Horner (2020), mentoring can provide a positive environment leading to job satisfaction. Higher job satisfaction can result in a positive work environment associated with reduced employee turnover rates and improved patient outcomes.

Historically, the NP role was created in response to a primary care shortage of physicians (Ralston et al., 2015). According to a report from the Association of American Medical Colleges, the United States will face a shortage of 54,100 to 139,000 physicians by 2033 (2020). Currently, the shortage of physicians and an aging population requires knowledge and experience in the management of chronic medical conditions. Although NPs are well trained and equipped to treat patients in primary care, the work can be overwhelming to the novice NP. Mentorship programs can alleviate some of the

challenges while helping the NP to develop competencies and capabilities as a confident NP (Harrington, 2011).

Novice NPs require guidance and support from experienced colleagues to promote confidence and independence to function in the new role. There is no substitution for mentoring as recommended by many NP professional organizations. For example, the American Association of Nurse Practitioners supports the need for mentorship programs to ease the transition from RN to novice NP (2019). Additionally, the American Nurses Association (2015) Code of Ethics provisions support the need for nurses of all realms to advance the profession through mentorship roles. Mentorship develops professional growth, satisfying an ethical responsibility to support the NP role (Berg, 2015).

Purpose Statement

The gap between education and clinical practice has always been a challenge for novice NPs (Shoghi et al., 2019). Particularly, novice NPs report experiencing stress and anxiety during the transition period from RN to NP (Factor et al., 2017). This gap between education and practice can cause serious consequences leading to job dissatisfaction, affecting the ability to practice appropriately, high employee turnover rates, and NPs leaving the profession (Massey et al., 2017). According to Hill and Sawatsky (2011), nurse practitioner programs excel in providing didactic information and exposure necessary for beginning-level practitioners. However, additional support and guidance are essential, such as mentorship programs, to bridge academic and clinical

practice. Although mentorship programs have successfully bridged this gap, this fundamental issue in the novice NP role needs further research (Factor et al., 2017).

The challenges novice NPs face during the transition from RN to NP and the need for mentorship programs to guide and support new graduates in the new role have been recognized. Thus, the goal of this DNP project was to develop a staff education program to enhance mentoring of novice NPs hired to work in the primary care setting. A secondary aim was to develop a manual to enhance sustainability of the mentorship program. More specifically, the project was designed to answer two questions:

1. What are current evidenced-based strategies for mentoring registered nurses transitioning to the role of NP?

2. Will an organized staff development program focusing on mentorship improve the knowledge of seasoned NPs and staff physicians on mentoring the novice NP?

According to Hill and Sawatsky (2011), NPs may have a sense of inadequacy and lack of confidence during the transitional phase. The organizational expectation of being clinically competent, which meets a complex healthcare system's demand, can be overwhelming. Although most NP programs excel in preparing entry-level practitioners, additional guidance and support are needed for novice NPs to evolve into expert clinicians. Understanding the mentoring needs and creating awareness of the benefits of mentorship programs are essential for successful transition into the NP role. The gap between didactic information and clinical exposure can be closed by incorporating effective mentorship relationships that lead to transitional ease of the novice NP (Shoghi et al., 2019). Similarly, mentorship programs promote retention and role satisfaction,

resulting in confidence and competence, improved organizational safety, and improved healthcare outcomes (McBride et al., 2017).

Nature of the Doctoral Project

Sources of evidence to meet the purpose of this project were generated through a review of the literature on best practice strategies for mentoring. Major databases were searched for this project, including Medline, PubMed, CINAHL, and Google Scholar. Primary and secondary sources were included in the review. Primary sources are broadly defined as information received directly from the author (Al-Jundi & Sakka, 2017). Examples of primary sources include scholarly articles, research studies, clinical reports, dissertations, and case studies. Similarly, secondary sources include information gathered from sources other than the author. Examples of secondary sources include articles, expert opinions, biographies, books, and literature reviews (Majewski, 2009). A staff education program and mentorship manual were created based on current evidence-based sources on best practice strategies for mentoring novice NPs.

In the literature review for this project, I focused on answering the guiding questions of the current evidence-based strategies for mentoring RNs transitioning to the role of NP. Content from this review was used to develop a staff education program for staff physicians and experienced NPs who will mentor newly hired NPs for the primary care clinic. More precisely, the literature review was performed to locate and critically appraise relevant sources published in the last 10 years. In consultation with the university library liaison, specific procedural steps for carrying out the review included refinement of the practice-focused questions where needed, identification of the scope of

the evaluation, definition of explicit inclusion and exclusion criteria for selecting sources, and performance of a comprehensive search of the literature to locate relevant studies using electronic search engines. Additionally, my review included analyzing, synthesizing, and reporting findings to answer the practice-focused questions.

Significance

This DNP project was designed to benefit several stakeholders, including RNs transitioning to novice NPs, physicians, senior NPs, patients, the primary care clinic, and the nursing profession. The most significant stakeholder is the novice NP. According to Jackson (2020), NPs struggle with role transition from RN to novice NP due to lack of confidence and insecurities, leading the NP to abandon the role and possibly leave the nursing profession. This DNP project was conducted to address the challenges that novice NPs face when transitioning into their new role and to identify what is needed for them to feel supported and guided in their new scope of practice.

The role of the NP was initiated to fill the gap between provider supply and demand, which validates the benefit of this DNP project to physicians and senior NPs (Woo et al., 2017). According to the Institute of Medicine (IOM, 2010), there are greater demands for primary care providers with the increased aging population. As a result, nurses are encouraged to further their careers to close the provider gap (IOM, 2010). Successful transitions from RN to NP would allow more access to healthcare for patients waiting to see their primary care provider. Hence, meaningful successful mentorship programs will benefit primary care providers by improving provider-to-patient ratios as

well as benefiting the organization by improving job satisfaction and decreasing NP turnover rates.

As previously reported, mentorship programs help boost confidence and competence, leading to increased organizational safety and improved health care outcomes (McBride et al., 2017). Thus, patients benefit by having access in a reasonable time and by the safety associated with improved competence. The primary care clinic benefits by decreasing safety-related issues, decreasing spending on employee turnover rates, and improving healthcare outcomes to reduce expenditures (Woo et al., 2017).

The contribution of this DNP project to the nursing profession is the identification of a process to ease the transition from expert RN to novice NP. This transition would lead to increased advanced practice nurses who are satisfied with their role specialization while also helping the community by increasing access to healthcare for patients and family members. Nurses are encouraged by professional organizations such as the American Nurses Association (2011) to elevate the profession by pursuing advanced practice degrees. Additionally, the IOM (2010) suggests that advance NPs can solve the primary care provider shortage. Mentorship programs positively affect the profession, the individual, patients, and the healthcare organization.

The development of this DNP project has potential implications for positive social change by advocating for and supporting mentorship programs. Through the results of this study, physicians and senior NPs will better be able to understand the challenges and needs of the novice NP, a topic seldom discussed in the literature; this could lead to increased job retention and job satisfaction (Pop, 2017). Mentorship positively affects the

novice NP, senior colleagues, patients, and the organization. Lastly, developing a staff educational program and a mentorship manual for staff physicians and senior NPs supports interprofessional collaboration between advanced practice nursing and medicine.

Summary

Although NP programs excel in providing didactic information, newly graduated NPs are exposed only to beginner-level practitioner skills (Hill & Sawatsky, 2020). According to McHugh and Lake (2010), novice NPs need support and guidance to develop expertise, confidence, and competence in their new role. Literature addresses the need for novice NPs to be supported by mentorship programs that allow recent graduates to evolve into their new role (Kostrey, 2020). Mentorship programs have a positive effect. However, mentoring programs are not standardized or mandated (Barnes, 2015). Additionally, there are not enough formal mentorship programs to ease the transition from RN to novice NP. Nevertheless, the overwhelmingly positive outcomes of having mentorship programs and the exhausting adverse effects related to the lack of mentorship should encourage organizations to address the issue. This DNP project addresses the high turnover rate of newly hired novice NPs for a primary care clinic. Using a staff education program as an intervention, this project was designed to address the high turnover rate for novice NPs hired by the clinic. Additionally, a mentorship manual was developed to sustain the mentorship program. In Section 2 of this project, I address additional information about the background and context relevant to the lack of mentorship programs for novice NPs. More precisely, I address the models used to guide the project,

relevance of the project to nursing practice, and the role of the DNP student carrying out

the project.

Section 2: Background and Context

Introduction

Experienced RNs transitioning to novice NP roles face many challenges, including those related to inexperience and the lack of guided mentorship in the new role. The lack of support and guidance makes it difficult for NPs to feel comfortable in their new role and confident in their new scope of practice. I designed this DNP project to develop and implement a staff education program for physicians and senior NPs on best current strategies for mentoring novice NPs. A secondary aim was to create a mentorship manual to be used by clinic staff to support mentoring of newly hired NPs. In Section 2, I introduce Knowles' theory on adult learning and the analysis, design, development, implementation, and evaluation (ADDIE) model used to build an effective educational platform. I also discuss Benner's novice-to-expert model, as it was applied to development of a mentorship program for newly graduated NPs. Furthermore, I discuss the background and local context of the practice site. Lastly, I discuss the role of the DNP student leading the project along with the project's relevance to nursing practice.

Concepts, Models, and Theories

Theories and models guiding this DNP project include Knowles' adult learning theory, the ADDIE model, and Benner's model on novice-to-expert stages of development. Recognizing the problem of the primary care clinic that was the practice site, I selected these models because each supports mentorship as an intervention to support the practice situation.

Adult Learning Theory

Malcolm Knowles' theory of adult learning supports this project due to its focus on adult learning and training (Houde, 2006). According to Knowles, adults and children learn in distinctive ways. Knowles was credited with the term *andragogy*, which refers to adult learning compared to *pedagogy* referenced to the education of children. According to Houde (2006), Knowles' theory of adult learning is focused on the six principles of andragogy: (a) need to know, (b) self-concept, (c) experience, (d) readiness, (e) problem oriented, and (f) intrinsic motivation.

Figure 1 illustrates the principles adult learners use to approach learning based on the six guiding principles of andragogy. Adults need to know why they need to learn something new or something different before undertaking it. Adults need to understand the value of new learning and the benefits or consequences of not learning (Houde, 2006). Adults have a self-concept, which asserts the need to be self-directed and often engage in education seen as unfulfilled (Houde, 2006). According to Houde (2006), adult learners relate learning to previous experiences. If that experience is ignored or devalued, adults perceive this as rejection. Adult readiness to learn is attributed to the things they need to know and problem orientation, as adults are task-centered learners (Houde, 2006). Last, intrinsic motivation in adults is led by active learning and assuming ownership for the progress of the educational goal (Houde, 2006).

Figure 1

Malcolm Knowles' Adult Learning Theory
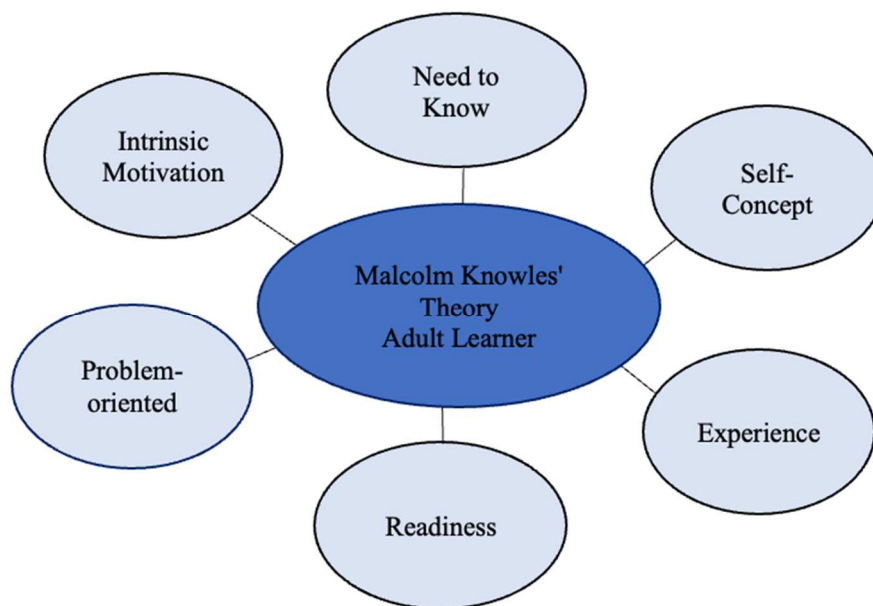
Note. Adapted from Houde (2006).

The ADDIE Model

The ADDIE Model (Lu et al., 2016), an educational instructional design to build effective education and training, was used to support development of the staff education program and mentorship manual. The ADDIE model consists of five stages: (a) analysis, (b) design, (c) development, (d) implementation, and (e) evaluation. These stages served as a guide for development and implementation of the mentorship training program (Lu et al., 2016). The ADDIE model represents a flexible guideline for building practical training for physicians and senior NPs on the need for mentoring novice NPs (Lu et al., 2016). With the ADDIE model, each phase has an outcome that leads to a subsequent step. Figure 2 delineates and illustrates each stage of the ADDIE model.

Figure 2

The ADDIE Model
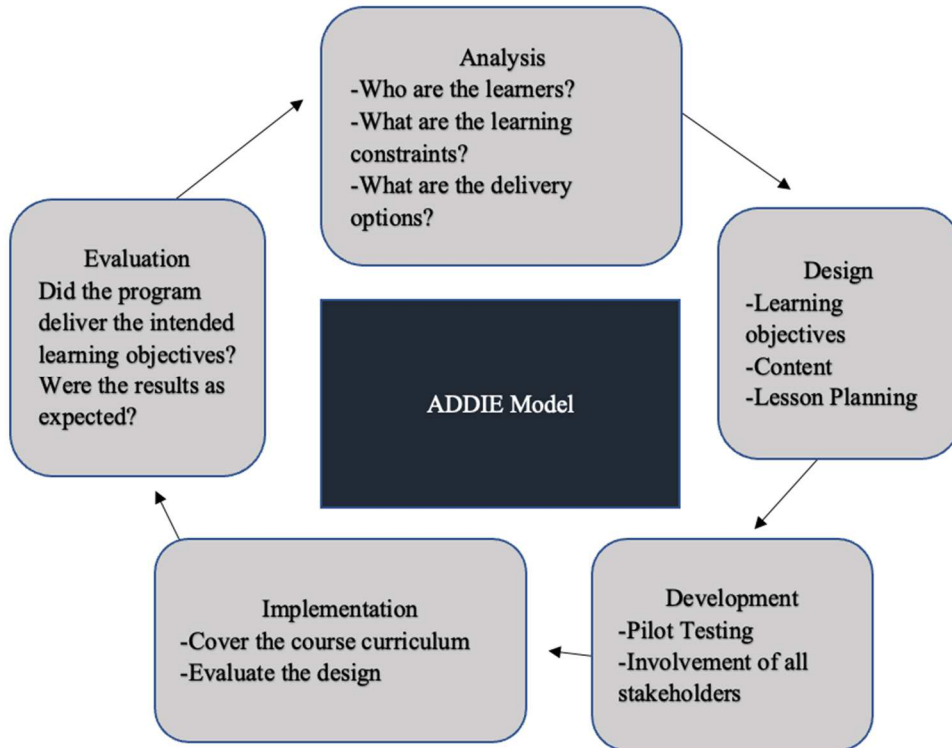
Note. Adapted from Peterson (2003).

The analysis phase of the ADDIE model consists of understanding the educational or instructional program and developing learning objectives for the staff education program. Based on the learning objectives, the next stage of the model, which is design, begins by outlining a proposal or concept of how the educational program will look, feel, and be delivered to the learners (Peterson, 2003). According to Peterson (2003), the developmental phase is created and assembled by the assets discussed during the design phase. During the developmental stage, all stakeholders are encouraged to contribute to the instructional design. This step then leads to the implementation phase in which the educational program is ready to be delivered, followed by evaluating the program to

assess if the program delivers what was intended and if the results were expected (Peterson, 2003).

Benner's Novice-to-Expert Model

An additional model used as a guide in development of the DNP project was Benner's novice-to-expert model. Benner's novice-to-expert model is focused on how nurses gain new skills, clinical competence, comprehension, and knowledge from novice to expert stages through training and experiential learning (Ozdemir, 2019). Benner's model suggests that nurses can advance from the five stages of development: (a) novice, (b) advanced beginner, (c) competent, (d) proficient, and (e) expert. Although Benner's novice-to-expert model is geared toward nurses with no clinical expertise, this model can be used to guide novice NPs as they enter a new scope of practice and a role they have no experience in. Mentors can guide novice NPs with instructional simulators and design a curriculum that would expand their practical knowledge and skills through actual experiences (Ozdemir, 2019). According to Benner's model, mentors can help novice NPs progress through the stages of novice to expert by simulators such as written formats, simulated patients, and role playing. Moving through the different stages, nurse practitioners improve their self-confidence and recognize they can rely on their skills. Table 1 outlines Benner's stages from novice to expert.

Table 1

Benner's Model From Novice to Expert

Level of proficiency	Nursing experience	Application to the NP role
Level 1: Novice	No experience; expected to perform the task.	Experts in their RN role, the novice NP is a novice in their new role and scope of practice; needs constant guidance from a mentor.
Level 2: Advanced beginner	Marginally acceptable performance; needs guidance from mentors.	The novice NP needs guidance to assess, diagnose, and treat; needs mentorship due to the lack of knowledge and skill.
Level 3: Competent	Competence evident by the fact that the nurse is aware of the actions in terms of long-range goals or plans; continues to need support and reinforcement from senior colleagues.	The novice NP at this level is more comfortable working independently but continues to seek the help of mentors in certain situations.
Level 4: Proficient	Able to expect specific events in typical situations; needs continuous guidance from experienced mentors with case studies and simulations.	The novice NP is comfortable with common situations but needs guidance from the mentor for complicated situations.
Level 5: Expert	Does not rely on mentors or preceptors to understand a situation or to take appropriate action.	The novice NP works independently and provides appropriate diagnosis and treatment for situations presented.

Note. Adapted from Ozdemir (2019).

In the novice stage, nurses have no practical experience and rely only on theoretical or textbook knowledge (Ozdemir, 2019). According to Benner, although nurse practitioners have nursing experience, they enter a new role and scope of practice, which places them in the novice stage. The novice stage requires prompting, support, and guidance from mentors. The advanced beginner nurse still needs the assistance of experienced colleagues because the focus is mainly on completing tasks and procedures. In the competent stage, nurses develop new clinical knowledge for managing patient care, although they still require collaboration with experienced mentors. At the proficient

stage, nurses demonstrate the ability to adapt to changing situations of patient care. Finally, the expert nurse possesses critical thinking skills to plan and manage patient care based on a patient's condition (Ozdemir, 2019). Benner believes that skills can be taught and will lead to advancement through these stages (Ozdemir, 2019). Mentors providing immediate feedback about the accuracy of clinical judgment are imperative to meeting the learning needs of new graduate NPs (Murray et al., 2019). Novice NPs can demonstrate basic skills due to prior exposure but require guidance and support from mentors to move from novice to expert. NPs' ability to move through these stages allows for increased self-confidence and job satisfaction and decreases turnover rates (Ozdemir, 2019).

Relevance to Nursing Practice

This DNP project was designed to answer two practice-focused questions:

1. What are current evidenced-based strategies for mentoring RNs transitioning to the role of NP?

2. Will an organized staff development program focusing on mentorship improve the knowledge of seasoned NPs and physicians on mentoring novice NPs?
More precisely, I designed this project to develop a staff education program and manual to be used for mentoring novice NPs in this primary care clinic setting. Recognizing the need to provide newly graduated NPs with guidance through mentorship, I conducted a search of the literature to examine existing scholarly literature on mentoring novice NPs. Searching multiple databases, including CINAHL, Medline with full text, PubMed, and Google Scholar, current literature sources were attained to provide the basis for

understanding the history of the practice problem along with current recommendations and strategies to address mentorship of NPs.

A review of the literature indicated that, historically, the NP movement began in the United States in the 1960s, out of the need to increase patient healthcare access (Berg, 2020). Current and future physician shortage is expected to trend in the United States from 2017-2030. With the aging population, increasing population growth, and a greater insured population, healthcare demands are growing (Zhang et al., 2020). According to Cabbage (2016), to improve quality care and increase healthcare access, there must be an adequate number of available healthcare providers. The physician shortage is expected to grow at an unprecedented rate throughout 2030, leaving many without accessible healthcare (Zhang, 2020). NPs are expected to fill the physician shortage gap to meet the demands of the aging population. Supporting and guiding nurse practitioners in their new role is essential to improve healthcare outcomes and health accessibility.

In existing scholarship, researchers addressed the mentoring needs of the novice NP and the lack of standardized mentorship programs (Moss, 2021). A gap exists in the literature in terms of mentorship programs for novice NPs (Harrington, 2011). Harrington stated that although most novice NPs are highly trained in their field and can treat patients, the workload in the primary care setting can be overwhelming. Therefore, mentorship programs are recommended to allow novice NPs to develop competencies and capabilities as providers (Harrington, 2011). Mentorship programs positively influence productivity, job satisfaction, and longevity in the primary care setting (Harrington, 2011).

Over the past decade, there has been an increasing amount of attention on mentoring. Literature findings suggest two thirds of employees have participated in some mentoring relationship (Egan, 2008). According to Egan (2008), engagement in mentorship relationships has a variety of benefits for participants and the organization. Individuals who have had mentorship relationships report career success, job satisfaction, organizational commitment, competence, and autonomy (Egan, 2008). Overall, the organization benefits from employee commitment to the facility and the retention of staff (Egan, 2008). In addition, the study results suggest that formal mentoring programs can positively affect employees' work-related attitudes and behaviors, as well as gains made by formal mentoring programs (Egan, 2008).

This DNP project may bring awareness to the gap in the literature regarding mentoring novice NPs. Although NPs are trained in health promotion and disease prevention, the work of novice NPs can be challenging due to a lack of self-confidence and increased demands associated with the new role (Harrington, 2011). Research suggests that mentorship programs can positively influence individuals by increasing confidence, job satisfaction, and productivity (Moss, 2021). Adverse outcomes due to a lack of mentorship can lead to increased job dissatisfaction and increased employee turnover rates, affecting overall health outcomes and organizational safety (Jackson, 2020). There is a need to support the nursing profession by raising awareness of the challenges faced by novice NPs and to help support and guide newly graduated NPs to be successful in the profession.

Local Background and Context

According to the IOM's (2010, as cited in Keeling, 2015) report the *Future of Nursing*, nurses are encouraged to work to the full extent of their practice to address the primary healthcare needs of the citizens of the United States. According to the American Association of Nurse Practitioners (2020), the NP role has demonstrated excellent healthcare outcomes and high-quality care. Furthermore, NPs provide safe, effective, patient-centered, and evidence-based care and are comparable in quality to their physician colleagues (Association of Nurse Practitioners, 2020). NPs bridge the gap in addressing the primary care shortage, but many NPs are dissatisfied with their job, and many leave the profession (Weese et al., 2015). According to Jackson (2020), the most common cause of job dissatisfaction is the lack of mentorship, support, and guidance during the transition period from RN to NP. NPs who receive formal mentorship have greater job satisfaction, increased self-confidence, and are more successful in the profession (Pop, 2017). With the increasing primary physician shortage in the United States, novice NPs must be mentored in their new role to close the provider gap and address the needs of an aging population.

This DNP project took place at a family practice outpatient clinic caring for underserved Hispanic and African American communities. The mission of the clinic is to provide the underserved with accessible healthcare, which is why the clinic employs many newly graduated NPs. The clinical setting has experienced a high employee turnover rate of NP graduates for the past 5 years. Despite the clinic's efforts to retain newly hired NPs, there is a continuous increase in novice NPs leaving the organization.

Organizational data indicate that the turnover rate has not improved for the past 5 years

and has worsened over time. Data suggest that in 2015, 6 out of 15 newly graduate NPs

left the organization; compared to 2020, 14 out of 20 newly hired NPs left within the first

year of employment (human resources, personal communication, May 2021). The aim of

this project was to develop a staff education program and manual that was focused on the

topic of mentorship for novice NPs, with the intent of increasing job satisfaction,

decreasing employee turnover, and increasing healthcare access to the community. The

ability to retain newly hired NPs will help bridge the provider gap due to increase in an

aging population.

Observations of the clinical setting and conversations with human resources

helped to identify common causes of newly hired NPs resigning from their position.

Human resources collected exit interview data and gathered information that suggested

the most common cause of resignation was a lack of support and guidance from senior

colleagues and staff physicians (personal communication, July 2020). Additionally,

senior colleagues and clinic physicians were asked to address their understanding of the

high employee turnover rates. Their understanding of the cause was high caseloads and

severity of patient cases. Notably, there is a disparity between the newly hired NPs'

responses and the responses form senior staff and physicians. Therefore, there is a need to

educate the staff and physicians of the challenges presented by novice NPs along with the

support and guidance needed to assist them through the transitional phase. Implementing

a staff educational program on mentoring the novice NP through effective evidence-

based practice can help improve job satisfaction, decrease employee turnover, and

provide a better understanding of the needs of the newly hired NP in this clinical practice setting.

Role of the DNP Student

For this project I served as a manager and leader of the DNP project. In this capacity, I was responsible for conducting the literature review, developing, implementing and evaluating the staff education program and mentorship manual. Working in collaboration with the library liaison, I searched the literature to identify the best evidence strategies to promote a mentorship program in the primary care setting. Additional responsibilities included providing oversite for achieving ethical approval of the program. Finally, as project coordinator, my responsibility was to submit the institutional review boards (IRB) application and collect the resources and materials needed to implement a staff education program for mentoring novice NPs.

As a lead nurse practitioner in the primary care setting, whose role is to mentor newly hired NPs. I have a direct stake in supporting and guiding newly graduate NPs during the transitional phase. The lack of mentorship has been a source of concern that compromises the nursing profession, the novice NPs self-confidence, and patient safety. This DNP project can improve competence and autonomy for novice NPs leading them to practice to their full capacity. Moreover, it also increases health accessibility increasing positive healthcare outcomes while also reducing organizational costs.

Summary

The challenges presented by novice NPs have led to negative outcomes not only for the novice NP but for the nursing profession, the patients, and the organization. This

project took place in an outpatient primary care setting, which was tailored specifically to teaching senior NPs and physicians about the mentoring needs of novice NPs. Malcolm Knowles' theory of adult education correlates with educating senior colleagues and physicians about the mentoring needs of the new graduate NPs. Incorporating the ADDIE model was used in designing and implementing a staff education program and mentorship manual that the staff can use to mentor future novice NPs. Benner's model identifies the stages from novice to expert and how novice nurses move from one stage to another. Benner's model benefits senior staff and physicians in understanding the novice to expert stages and providing newly graduate NPs with the support and guidance needed. Implementing a mentorship program in the primary care setting can positively affect social change by encouraging NPs to practice to their full extent and improve patient health outcomes and healthcare accessibility. Section 3 will include information regarding the sources of evidence and the collection and analysis of evidence that will be used to answer the practice-focused questions guiding this project.

Section 3: Collection and Analysis of Evidence

Introduction

The transition from RN to advanced NP can be a challenging time due to role changes and new scope of practice. During this transitional time, novice NPs have reported feeling overwhelmed and anxious and a lack of competence (Pop, 2017). The high demands of the new role and the lack of self-confidence to practice independently deem the need for NPs to have mentorship assistance to provide support and guidance in the role (Jackson, 2020). Not having a formalized mentorship program for newly graduate NPs may lead to job dissatisfaction, higher employee turnover rates, and NPs leaving the nursing profession altogether. Lack of mentorship also has a negative effect on the nursing profession, the patients, and the organization (Woo, 2017). Recognizing these factors, the purpose of this DNP project was to develop and implement a staff education program and to create a mentorship manual for physicians and senior NPs to address the needs of novice NPs and decrease employee turnover rates of newly hired NPs in the primary care setting.

Section 3 of the DNP project includes the practice-focused questions and an overview of the sources of evidence used to answer the questions. This section will also include details on the collection and analysis of evidence. I present information related to participants, procedures, and measures to address ethical issues. To conclude this section, I discuss the plans used to generate evidence for the project.

Practice-Focused Questions

I designed this DNP project to answer two practice-focused questions:

1. What are current evidenced-based strategies for mentoring RNs transitioning to the role of NP?

2. Will an organized staff development program focusing on mentorship improve the knowledge of seasoned NPs and physicians on mentoring the novice NPs?

Mentoring of novice NPs is seen as a valuable means of supporting personal and professional growth, particularly when NPs are in the transitional phase of becoming competent and capable members of the healthcare team (Raftery, 2015). As Horner (2020) indicated, current literature reveals no formal mentorship requirements for new NPs entering practice. Horner (2020) conducted a study on novice NPs and the availability of mentorship. In conclusion to the study 54% of newly hired NPs reported not having a mentor upon hire and stated they would have preferred to have a mentor during the transitional phase (Horner, 2020). Overall, mentoring is a process designed to bridge the gap between the educational process and real-world experience, which can positively influence job satisfaction.

Despite the knowledge that mentorship programs have a positive influence on the profession and all stakeholders, there is a gap between available evidence and what occurs in clinical practice. Currently there are no standardized mentorship programs in the host organization to help support and guide novice NPs; the host organization also has a high employee turnover rate. There have been no measures to understand the needs of the newly graduated NPs to promote job satisfaction and increase employee retention. While the human resource department of this primary care clinic has released numbers of NP terminations, there have been no reported results of exit interviews conducted. This

lack of communication has resulted in unanswered questions as to why novice NPs are resigning their positions shortly after being hired. Therefore, the purpose of this project was to develop and implement a staff education program to help close the gap in awareness of why the employee turnover rate is so high and to address the need for mentoring newly hired NPs through evidence-based practice.

The practice problem is the lack of mentorship for novice NPs transitioning from their RN role. The transitional phase into a different role and scope of practice could present challenges, stress, and anxiety for newly hired NPs (Torrens et al., 2020). Mentorship in this transitional phase is essential to increase productivity, self-confidence, and job satisfaction and to improve patient safety (Xue & Tuttle, 2017). In this project, I designed and created a staff educational program to inform physicians and senior NPs of the challenges and needs of novice NPs. This educational program can lead to an increased understanding of the importance of a standardized mentorship program for future newly hired NPs. I created a mentorship manual to be used as a resource to transition future RNs into their new role as NPs.

The host organization acknowledges the need for mentorship for newly hired NPs and the high employee turnover rates. However, physician and senior NPs had not previously been educated on mentoring newly hired NPs, and they were unaware of the reasons novice NPs stated for leaving the organization. Thus, once this educational information was provided to physicians and senior NPs, I expect that a standardized mentorship program would continue to evolve with the help of all team members.

Sources of Evidence

Multiple databases were searched to answer the practice-focused questions for this project. Practice-Focused Question 1 was: What are current evidenced-based strategies for mentoring RNs transitioning to the role of NP. To answer this question, I conducted a literature review with sources of evidence selected from several databases, including Cochrane Database of Systemic Reviews, CINAHL, PubMed, MEDLINE, and ProQuest Nursing and Allied Health Sources Plus. Additionally, I performed a search of Google Scholar to locate primary and secondary literature sources. Practice-Focused Question 2 was: Will an organized staff development program focusing on mentorship improve the knowledge of seasoned NPs and physicians on mentoring novice NPs? To answer this question, evidence included the collection and analysis of several sources. The educational program was guided by the ADDIE model and was focused on the educational needs of the adult learner. Thus, sources of evidence to develop the staff education program were selected from websites, organizations, and institutions using the ADDIE model. The five stages of the ADDIE model include (a) analysis, (b) design, (c) development, (e) implementation, and (f) evaluation; these stages facilitated the design of the educational program. Specific steps for designing the staff education program included (a) identification of the target audience and program goal, (b) development of program objectives, (c) creation of learning resources, and (d) design of exams to test participant knowledge.

The collection and analysis of evidence for this DNP project provided strategies to answer the practice-focused questions. I designed this project to develop a staff

education program on mentoring novice NPs and a mentorship manual for future use. Evidence was collected and analyzed to develop a staff education program for physicians and senior NPs for mentoring novice NPs. Sources of evidence guided the design of a mentorship manual for future NPs hired in the host organization. Sources of evidence were also used to design pretest/posttest exams to evaluate participant knowledge following completion of the staff education program.

<div align="center">**Evidence Generated for the Doctoral Project**</div>

Participants

The participants involved in this project consisted of staff physicians and senior NPs who have worked in the host organization for at least 2 years and who work side by side with novice NPs. The participants were selected because they are responsible for the oversight of newly hired NPs, and they are also the most experienced in their roles. Six physicians and eight senior NPs agreed to participate in the project. The participants will have a direct impact on mentoring novice NPs by implementing a standardized mentorship program.

Participants attended an onsite education program. The program was conducted in the host clinic's staff conference room. The conference room was booked for 90 minutes, which included 1 hour of education and 30 minutes for an open forum. In collaboration with the office manager, the conference room was set up with all the necessary tools and equipment needed for the staff education program. Also, the conference room was set up with tables and chairs to accommodate seating for all participants attending. At the commencement of the program, participants received a printed copy of the PowerPoint

presentation and a copy of the pretest (Appendix C). Once the instructional activities were completed, a copy of the posttest (Appendix D) and a summative evaluation tool (Appendix E) were provided for completion before adjourning.

Planning, Implementation, and Evaluation

Procedures for this project included both tools and techniques. First, a literature review matrix table (Table 2) was used to collect evidence to answer the first practice-focused question. Evidence from the literature review was used to develop the staff education presentation and the mentorship manual. Additionally, pretest/posttest exams were used to answer the second practice-focused question. The exams consisted of 10 questions each with each question worth 10 points, for an overall maximum score of 100 points for the pretest and posttest. The tests were designed by me, the DNP student, and a doctorate-prepared nurse educator assessed the exam for face validity. Participants were asked to complete a summative evaluation tool (Appendix E). I designed the summative evaluation questions, which were used to evaluate the effectiveness of the staff education program.

I worked with human resources, physicians, senior NPs, and the office manager to identify and agree on an acceptable date and time for presenting the education program. I designed a memo (Appendix A) that was sent by email to all participants to lead to collaborative agreement on a tentative date and time for the program to be presented. After a time and date were agreed to, a flyer with the time, date, and location of the education program was distributed (Appendix B). The flyer was emailed to all participants and was posted on the staff communication board in the staff breakroom and

was delivered in person to each participant individually. The office manager also made sure that the physicians and senior NPs had a calendar reminder on their schedules for the program.

The staff education program began with distribution of a pretest (Appendix C) to all participants to assess previous knowledge regarding the challenges novice NPs encounter during transitioning from RN to NP. Based on best evidence sources, the educational program followed with a PowerPoint presentation detailing the importance of mentorship for novice NPs and the positive influence a standardized mentorship program has on all stakeholders The program lasted for 90 minutes, which included 1 hour for the PowerPoint presentation and 30 minutes for an open forum for comments, questions, and dialogue among colleagues.

Participants were given a mentorship manual (Appendix F) to guide them in supporting novice NPs through the transitional period. A copy of the manual was given to each participant and a copy of the manual was placed in the clinic office to sustain the mentorship program and for continuous updating. To finalize the educational program, a posttest (Appendix D) was given to the participants to evaluate knowledge gained during the staff education program.

Protection

To proceed with the staff educational program, Walden University Institutional Review Board (IRB) approval was obtained following proposal approval by the DNP committee (approval #09-28-21-1018763). Participation in the staff educational program for mentoring novice NPs was voluntary and available to staff physicians and senior NPs

responsible for the oversight of novice NPs. Anonymity was ensured by masking the name of the host organization and of participants completing the pretest/posttest and summative exams. Confidentiality was maintained for all voluntary participants and the host organization. The host organization's chief medical director granted permission to implement the staff educational program along with permission for a mentorship manual to be used for future NP hires.

Lastly, data collected from this project were reported in aggregate format and will later be disposed of according to university policy. Participant exams and summative evaluations are stored in a locked file cabinet in my home. Electronic files are stored on my password-protected computer and backed up on a password-protected hard drive.

Ethics/Human Protection

As part of the IRB approval process, I ensured the participants and host organization were protected against violation of their rights for confidentiality. Initiatives were employed to deidentify the name of the participants and the host organization. Concealment of any names or terms that could distinctly identify the participants or host organization were essential in providing confidentially of this project.

Host Organization Permission

Approval for the project was signed by the chief medical director of the host clinic. The chief medical director was aware of the practice problem and agreed to the staff educational program and mentorship manual. All activities and plans for the program were discussed with the chief medical director for approval.

Analysis and Synthesis

According to the American Association of College of Nursing (2015), a DNP project is a data driven process, therefore I performed the analysis and synthesis of the data for this project. More specifically, evidence from the literature review was collected and analyzed using a matrix table (Tables 2 and 3). Synthesis of the literature were followed and reported in narrative format. The results of the pretest and posttest exams were reported using descriptive statistics that included mean, mode, and, standard deviation. Pretest and posttest exam scores were analyzed using the Statistical Package for Social Sciences (SPSS) Version 25 software. Finally, using SPSS, a t-test statistic was used to compare the pretest and posttest scores. Exam scores were reported in table and narrative format. Once the pretest and posttest exams were conducted the scores were computed to show the changes in scores. The goal was to achieve higher posttest scores than pretest scores. This process was designed to show a gain or improvement in knowledge following the staff education program. It was essential for the participants to have their educational needs met in this educational program. As well as to improve their knowledge and skill of mentoring novice NPs through classroom instruction and summative descriptions of suggestions and concerns. Overall, the goal was that senior colleagues would have a deeper perception of the mentoring needs of the novice NP and the greater understanding of the importance of a standardized mentorship program.

Table 2

Literature Matrix, Practice-Focused Question 1

Practice-Focused Question 1: What are current evidenced-based strategies for mentoring registered nurses transitioning to the role of NP?				
Author, publication year, type of source	Population sample and number of participants	Intervention	Findings	Level of evidence
Hill & Sawatsky, 2020, journal publication	Experienced RNs and novice NPs	Promotes the need for standardized mentorship for newly graduated NPs	Educational programs excel in didactic information however mentorship programs support the transition from experienced RN to novice NP	Level 5: Literature review
Moss, 2021, quality improvement project	RNs, novice NPs, senior NPs, and physicians; 48 participants	Quality improvement project on the impact of formal mentoring programs	Positive outcomes on role transition and job satisfaction	Level 5: Quality improvement project
Speight et al., 2019, journal publication	New graduate NPs	Recommendation for residency/mentorship programs for novice NPs	Highlights challenges in providing support for postgraduate mentoring programs; small number of studies available on mentorship programs presenting a critical problem to the NP community	Level 1: Systemic review
Urbanoxicz, 2019, journal publication	Experienced RNs transitioning to novice NPs	Advocating for transitional mentoring programs	Mentorship transitional programs have slowly evolved; advanced practice nurses should advocate for formal standardized mentorship programs in their organization	Level 5: Literature review
Weesw et al., 2015, journal publication	RNs, NPs, physicians; 1,477 participants	Standardized mentorship programs to ease the transition from RN to novice NP	Mentorship is essential for the transition from RN to NP; not enough formal mentoring programs have been implemented.	Level 3: Descriptive nonexperimental research study

Table 3

Literature Matrix, Practice-Focused Question 2

Practice-Focused Question 2: Will an organized staff development program focusing on mentorship improve the knowledge of seasoned NPs and physicians on mentoring novice NPs?				
Author, publication year, type of source	Population sample and number of participants	Intervention	Findings	Level of evidence
Harrington, 2019, journal publication	Novice NPs	Literature review regarding programs for mentoring new NPs to accelerate their development as primary care providers	A mentoring program could help new NPs further develop competencies and capabilities as providers	Level 5: Literature review
Jackson, 2020, journal publication	Novice NPs and RNs	Address the challenges presented by novice NPs; suggest formal mentorship	Formalized mentorship supports the transition from RN to NP.	Level 5: Literature review
Kostrey, 2020, journal publication	Novice NPs; 69 participants	Project implementing mentoring programs for newly graduate NPs to provide a positive environment	Positive effects on RN to NP transition and decreasing employee turnover rates	Level 3: Nonexperimental mixed-methods study
Leggat et al., 2016, journal publication	Advance practice nurses, senior nursing mentors; 35 participants	Determine if mentorship programs assist NPs in clinical competency and leadership	Mentors and novice NPs reported success at the completion of the mentorship program	Level 3: Pre post longitudinal intervention study
Pop, 2017, journal publication	NPs and physicians	Incorporation of mentoring programs to allow the incorporation of the medical and nursing model	Mentorship programs are essential for the transitioning role of the novice NP	Level 5: Literature review

Summary

In conclusion, sources of evidence have shown that novice NPs face many challenges when transitioning from expert registered nurse to novice NP and have suggested that mentorship programs can bridge the gap between education and professional practice (Gerhart, 2012). According to Faraz (2017), the transition period from completion of academic education and entering the workforce is crucial for the retention of nurse practitioners. The support and guidance of novice NPs through this transitional phase is imperative and although organizations are aware that mentorship

programs are beneficial and profitable there continuous to be a lack of standardization for mentorship programs. Thus, section 3 of this proposal addressed the sources of evidence and the collection and analysis of evidence that were used to answer the practice-focused questions guiding this project. The proposed intervention for this DNP project was to develop a staff education program geared towards physicians and senior NPs about the need of a mentorship program for novice NPs and a mentorship manual designed to be used for future hired NPs. The use of the pretest and posttest were used to determine gains in knowledge regarding mentorship challenges and needs. Section 4 of this project will detail the findings and recommendations of this project along with the strengths and limitations of the project.

Section 4: Findings and Recommendations

Introduction

The gap in practice occurring at the practice site was the lack of mentorship for novice NPs hired to work in a primary care setting. Novice NPs have entry-level experience, which has been gained through academic preparation and minimal clinical skill development. During the transition phase from RN to novice NP, experienced RNs are transitioning into a new scope of practice and a new role. During the transitional phase, newly graduated NPs can face many challenges, including self-doubt, lack of self-confidence, and increased anxiety and stress. These challenges have been shown to lead to job dissatisfaction and increased employee turnover rates (Barnes, 2015). Current evidence-based sources suggest that mentorship programs for novice NPs can help ease the transition, improve job satisfaction, and decrease employee turnover rates (Harrington, 2011). Although mentorship programs positively affect stakeholders, mentorship programs have not been standardized or required for the transition from RN to NP.

In this DNP project, I aimed to develop and implement a staff education program on current evidence-based strategies for mentoring novice NPs. A secondary aim was to create a mentorship manual to help guide physicians and senior NPs on mentoring novice NPs. More specifically, I designed the project to answer two practice-focused questions:

1. What are current evidence-based strategies for mentoring RNs transitioning to the NP role?

2. Will an organized staff development program focusing on mentorship improve seasoned NPs and physicians' knowledge of mentoring novice NPs?

Sources of evidence for this project were obtained by analyzing and synthesizing current literature on best practice strategies for mentoring NPs. Also, using Excel and SPSS for support, additional sources of evidence were obtained by analyzing participant pretest and posttest exam scores. Last, a summative evaluation was conducted to assess the effectiveness of the staff education program.

In Section 4 of this project, I highlight the findings generated to answer the practice-focused questions. This section includes findings, implications, and recommendations to address the gap in practice for this project. Section 4 concludes with a discussion of the strengths and limitations of the project.

Findings and Implications

Practice-Focused Question 1

As stated, this DNP project was designed to answer two practice-focused questions. To gather evidence to answer the first question, I conducted a literature search using the Cochrane Database of Systemic Reviews, CINAHL, PubMed, MEDLINE, and ProQuest Nursing and Allied Health Sources Plus. Focusing on the goal of locating current evidenced-based strategies, literature sources were collected that had been published between 2016 and 2021. Search terms for the review included *mentor*, *mentorship*, *strategies*, *nurse practitioner,* and *evidence based*. The term *interventions* was added to identify specific actions used by mentors to guide or influence development of a less experienced person. Five publications met the inclusion criteria. Using Fineout-

Overholt et al. (2010) as a resource to critically appraise evidence for integration into

clinical practice, all five sources were reviewed and assigned a level of evidence. For

example, two sources ranked as Level VII, expert opinion (Hill & Sawatsky, 2019;

Urbanowicz, 2019). Additionally, two sources reviewed were assigned Level VI, one

source assigned as a qualitative research study (Rohatinsky & Jahner, 2016), and one

source ranked as a descriptive study based on a quality improvement project (Moss,

2021). Last, one study critically appraised (Speight et al., 2019) was a systematic

literature review and as a higher-level source of evidence was assigned Level 1. These

sources of evidence and assigned rankings are reflected in Table 4.

Table 4

Levels and Types of Evidence

Author(s)	Level of evidence	Type of evidence	Methodology and participants
Moss, 2021	Level VI	Descriptive study/evidence implementation project	Survey of 40 neonatal NPs
Hill & Sawatsky, 2019	Level VII	Expert opinion	Not applicable
Speight et al., 2019	Level I	Systematic literature review	5 publications reviewed and reported
Rohatinsky & Jahner, 2016	Level VI	Qualitative study	7 nurses interviewed
Urbanowicz, 2019	Level VII	Expert opinion	Not applicable

Following the collection and analysis of sources of evidence to answer the second

practice-focused question, a synthesis of the literature was conducted. This process

resulted in the identification of evidence-based strategies for mentoring novice NPs.

These strategies were categorized and are presented under four broad themes: (a) the

importance of a positive learning environment, (b) role modeling, (c) positive program outcomes, and (d) advocacy for mentorship.

Positive Learning Environment

Most sources from the literature were focused on classroom-based learning when describing a positive learning environment. Fostering a positive environment for learning through a mentorship relationship is different. For example, findings from a systematic literature review conducted by Speight et al. (2019) suggest the environment be structured so that mentors have time to spend with mentees. As suggested by Speight et al. (2019), this strategy helps build self-confidence and competence in novice NPs. Similarly, in their expert opinion article on stressors associated with transitioning to the NP role and benefits of mentoring, Hill and Sawatsky (2019) asserted that time spent with a mentor facilitates socialization of novice NPs. These authors also supported development of a mentoring culture as an intervention to ease the transition from RN to NP (Hill & Sawatsky, 2019). Collecting data from 40 neonatal NPs, Moss (2021) stressed that strong mentor–mentee relationships begin at the bedside where the mentor encourages the RN to pursue graduate education: "Such informal conversations may lead to a formalized mentoring relationship when the nurse becomes a student or novice neonatal nurse practitioner" (p. 8).

Role Modeling

Role modeling serves as an additional theme generated from a review of sources of evidence on mentoring novice NPs. For example, interviewing RNs and practical nurses on mentorship in rural areas, Rohatinsky and Jahner (2016) suggested that

reassurance provided by a mentor can ease the anxiety of a nurse protégé. Additionally, Rohatinsky and Jahner (2016) asserted that time in the mentor–mentee relationship as an intervention is needed to support the development of a partnership between the mentor and mentee. Through this partnership, the mentor acts as a coach who monitors and evaluates the practice of the mentee based on a set of defined behaviors or competencies. In a second expert opinion article, Urbanowicz (2019) encouraged role modeling through the sharing of knowledge and experience of the mentor. Suggested interventions for role modeling include mentors who are open to teaching, provide feedback, and give the mentee an opportunity to function independently (Urbanowicz, 2019).

Positive Program Outcomes

Organizations interested in hiring and retaining NPs should consider developing and implementing a formal mentorship program (Hill & Sawatsky, 2019; Rohatinsky & Jahner,2016; Urbanowicz, 2019). As reported in the literature, structured mentoring programs in which a mentor and mentee are assigned to one another for a specified period lead to positive program outcomes (Hill & Sawatsky, 2019; Rohatinsky & Jahner,2016; Urbanowicz, 2019). Positive program outcomes are based on programs that are organized with specific goals, objectives, and an evaluation of program outcomes (Hill & Sawatsky, 2019). Moss (2021) suggested that program outcomes should focus on productivity, increased self-confidence, and job satisfaction of novice NPs. Specific interventions to enhance program outcomes include monitoring formal mentoring programs for job satisfaction and turnover rates of novice NPs (Moss, 2021).

Advocacy for Mentorship

Organizations should advocate in support of mentorship. A recurring theme noted among all sources reviewed for this project was that advocating for mentorship requires dedicating both human and financial resources to develop and sustain mentor–mentee assignments or mentorship programs (Moss, 2021). An intervention suggested by Hill and Sawatsky (2019) and Rohatinsky and Jahner (2016) was that organizations employing NPs encourage and facilitate mentoring relationships by providing ongoing educational opportunities for both the mentor and mentee. Advocating for mentorship also includes recognizing and addressing the transitional needs of novice NPs (Speight et al., 2019). Suggested interventions in support of the transition needs of novice NPs include holding focus group discussions with experienced and novice NPs (Urbanowicz, 2019). As cited by Speight et al. (2019), interprofessional learning with dieticians, medical residents, nurse case managers, and pharmacists is an intervention that can enhance transition for novice NPs. Table 5 provides a list of themes and current strategies generated from a review of the literature for mentoring NPs.

Table 5

Themes and Strategies from the Literature on Mentoring Novice NPs

Themes	Evidence-based strategies/interventions
Positive learning environment	Provide support and guidance while also challenging the mentee (Moss, 2020) Time spent with mentors facilitates socialization (Hill & Sawatsky, 2019) Develop a mentoring culture (Hill & Sawatsky, 2019). The mentor–mentee relationship must be well-established to succeed (Speight et al., 2019) Mentors must have time to spend with mentees (Speight et al., 2019)
Role modeling	Mentor–mentee partnership (Rohatinsky & Jahner, 2016) Provide reassurance of the mentee (Rohatinsky & Jahner, 2016) Share knowledge and experience achieved throughout the years (Urbanowicz, 2019)
Positive program outcomes	Mentorship programs for a specified period of time (Hill & Sawatsky, 2019; Rohatinsky & Jahner, 2016; Urbanoxicz, 2019) Include goals, objectives, and an evaluation of mentorship program outcomes (Hill & Sawatsky) Design a program that focuses on achieving job satisfaction and decreased turnover rates (Moss, 2021)
Advocating for mentorship	Increase awareness of transitional needs of novice NPs (Speight et al., 2019) Interprofessional learning (Speight et al., 2019) Devote human and financial resources (Urbanowicz, 2019) Provide ongoing education on mentoring (Hill & Sawatsky, 2019)

The following four themes from the literature support strategies for mentoring novice NPs: (a) creating a positive learning environment, (b) role modeling, (c) positive program outcomes, and (d) advocacy in support for mentorship. These themes and supporting strategies from the literature served as the basis for the staff development program and were used to answer Practice-Focused Question 1.

Practice-Focused Question 2

To answer the second practice-focused question, evidence was collected through pretest and posttest exams before and after a staff educational program. The program was conducted to educate physicians and experienced NPs at the study site about the needs for mentoring among novice NPs and evidence-based strategies for mentoring.

Participants

A total of 14 participants attended the staff education program. I conducted two different sessions: eight participants attended the morning session and six attended the afternoon session. In total, eight physicians and six senior NPs participated in the staff education program. Each individual in attendance voluntarily participated by taking the pretest exam, actively participating in the instructional program on mentoring novice NPs, and completing the posttest exam. Participants also provided feedback by completing a summative evaluation of the program.

Instrumentation

Pretest (Appendix C) and posttest (Appendix D) exams were used to answer the second practice-focused question. I developed the exams and face validity for each exam was assessed by a doctorate-prepared nurse educator. Using multiple question formats, the exams included true/false, multiple-choice, fill in the blank, and select all that apply questions. Additionally, a summative evaluation tool (Appendix E) I developed was administered to assess the effectiveness and efficacy of the educational program.

Procedure

Following IRB and organizational approval of the project, the announcement of the staff education program was communicated electronically to staff using a DNP student-developed flyer (Appendix B). Presented in the staff meeting room, the program began with a pretest exam. Following the pretest exam, the DNP student delivered a PowerPoint presentation titled Mentorship and the Transition from RN to advanced NP through Mentorship. Using evidence-based findings from the literature, content provided to participants included the definition of the NP role, transitional challenges, evidenced-based strategies for mentoring novice NPs, and positive outcomes of mentorship programs. The presentation included a question-and-answer period. Following the presentation, participants were given an opportunity to complete a posttest exam and summative evaluation of the staff education program.

Pretest and Posttest Knowledge Scores

Following review, grading, and scoring of the fourteen participant exams, pretest, and posttest scores were entered into an Excel spreadsheet and then transferred into SPSS (Version 25). Analysis of the pretest exam indicated 70% as the lowest exam score and 100% as the highest exam score. The mean pretest score was 77.14, with a standard deviation of 8.25. Posttest scores recorded and analyzed included 80% as the lowest score and 100% as the highest. The mean score recorded for the posttest exam was 97.85, with a standard deviation of 5.78. Table 4 serves as a summary of pretest and posttest descriptive scores.

Table 6

Descriptive Scores from Pretest and Posttest Exams

| Variable	n	Range	Mean test scores	SD
Pretest exam scores	14	70–100	77.1429	8.25420
Posttest exam scores	14	80–100	97.8571	5.78934

A paired-samples t-test was conducted on the twenty-eight cases of pretest and posttest scores recorded. The paired t-test demonstrated significant improvement in the mean total scores of participants. Thus, a substantial level of less than *p=0.005* is considered a significant improvement (Pripp, 2015). The t-test resulted in a value of *p = 0.000*, indicating the outcome was statistically significant. The paired t-test demonstrated considerable improvement in the pretest versus post-test scores. Tables 5 and Figure 3 reflect increases in scores between the pretest and posttest exams.

Table 7

Paired Samples T-Test

Scores	Mean	SD	t	df	Sig. (2-tailed)
Pretest exam scores/posttest exam scores	− 20.71429	10.71612	−7.233	13	.000

Figure 3

Changes in Pretest and Posttest Exam Scores
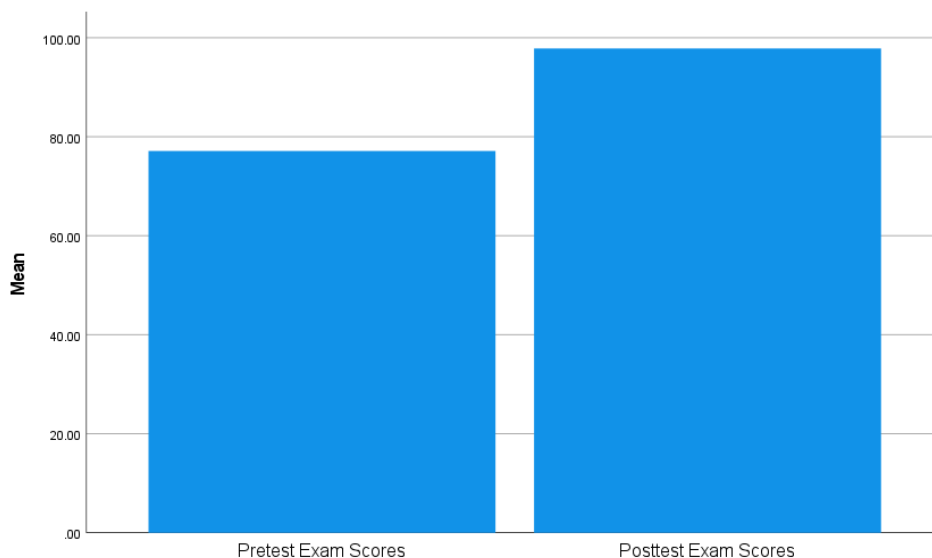
To improve test construction, an analysis was conducted of questions included in

the pretest and posttest exams. For example, the outcome of the pretest consisted of at

least 4 out of 10 questions being answered incorrectly by at least one participant resulting

in no points being earned. More specifically, question # 6: *What is the most common*

request of novice NPs to feel supported in their new role during the transitional phase?

was the number one question missed on the pretest exam resulting in 12 out of 14

participants not answering the question correctly. The second highest pretest question

missed was question #3: *What is the most common cause of employee resignation*

according to the human resources department? This question resulted in 10 out of 14

participants receiving zero or no points for this question. Overall, only one participant

received a 100% score on the pretest exam. While exams were anonymous, it is assumed

that this exam was completed by a novice NP who was hired by the company less than a

year prior to the staff education program. This participant had expressed concern about the lack of mentorship within the host organization.

In contrast to the pretest exam, the posttest question answered incorrectly by most participants was question # 10 *Circle 4 stakeholders that would benefit from mentorship in the host organization?* This question was missed by two participants. The second highest question missed on the posttest exam was *What is the definition of mentoring?* resulting in only one participant receiving zero or no points for a missed answer.

In summary, evidence generated from this narrative and statistical report supports the need for mentoring novice NPs in the primary care setting. Educational opportunities and implementation of staff education can enhance knowledge, which positively affects the novice NP, the organization, and the patients. Although statistical analysis revealed gains in knowledge, participants shared their program views by participating in a summative evaluation (Appendix E).

Summative Evaluation of the Staff Education Program

To evaluate the effectiveness of the staff education program, a summative evaluation was conducted at the completion of both educational sessions (Appendix E). Submitted anonymously, all participants reported that the learning objectives were clearly presented. Additionally, all participants indicated that the learning outcome was met. Participants also suggested that the presenter was knowledgeable of the topic and that the information presented was relevant to the organization's needs. There was also agreement among participants that this learning opportunity is recommended to other organization members. When asked how the material presented would help improve practice and

patient care, six (6) participants responded that it would increase employee retention, while eight (8) indicated that it would provide greater accessible care for the community served. Suggestions or comments for future education programs led to four (4) comments indicating the need for additional educational opportunities and ten (10) comments for recruiting more providers to participate in mentoring novice NPs. Last, all participants rated the learning experience excellent.

Implications

Evidence generated from this project supports the need for mentoring newly hired NPs. These sources of evidence have implications for two stakeholder groups, including novice NPs, and health care administrators. To that extent, novice NPs being interviewed for a position should include inquiries related to mentorship during the job interview process. As demonstrated through the literature search conducted for this project, the development and implementation of a mentorship program have been shown to be a cost-effective measure for enhancing job satisfaction and long-term retention of novice NP (Jackson, 2020). A satisfied NP with long-term ambitions to practice has the potential for positively impacting patient outcomes. Acknowledging this factor, health care administrators should consider the benefits of mentorship for newly hired NPs and assess the financial and human resources needed to support this mentorship model.

Implications for positive social change include raising awareness of the benefits of mentorship. The challenges presented during the transitional phase could be detrimental for the novice NP. Stress, anxiety, and a lack of self-confidence can lead novice NPs to job dissatisfaction, which can affect high employee turnover rates with

novice NPs leaving the profession. Awareness of the challenges and needs during the transitional phase from RN to novice NP is beneficial for the retention of nurse practitioners. The intent is to bring awareness to all healthcare organizations of the mentoring needs of newly graduated NPs and thoughtful consideration for the implementation of a standardized mandatory mentoring program for this target population.

Mentorship programs for NPs would allow a partnership between two different professional entities working together for better healthcare community outcomes. Thus, an interprofessional collaboration between physicians and nursing professionals has the potential for advancing positive social change. Although physicians and nursing professionals have different training backgrounds, mentorship would allow both professions to come together and learn from one another. This social implication can improve healthcare outcomes while also improving mutual respect between both professions.

Overall, the communities served will have a positive social change by increasing access to healthcare and improved healthcare outcomes and quality of life for clients using this primary care setting. Currently, a primary care provider shortage is only expected to worsen (Institute of Medicine, 2010). As the aging population increases and chronic medical conditions continue to rise, many individuals will need access to healthcare in a timely manner. Currently, the lack of available primary care providers makes it difficult for patients to see their healthcare provider. By increasing the number

of novice NPs in the primary care setting, nurses can bridge the primary care provider shortage gap.

Recommendations

The purpose of this DNP project was to develop and implement a staff education program addressing the problem of the lack of a structured mentorship program for novice NPs. Based on evidence generated from this project, recommended solutions include appeals to the primary care administrators on the values of mentoring novice NPs when hired. For example, with limited staff participating in the staff education program, a recommendation is to provide an incentive for staff who volunteer to take on the role of mentoring novice NPs. Next, staff members participating in the staff education program acknowledged the lack of awareness of early resignations of NPs hired to work in the primary care clinic. Acknowledging this factor, a suggestion is for ongoing monitoring of hiring and retention rates of NPs and other staff to be conducted and reported by human resources. Last, while mentorship provides a means for retaining novice NPs, it is essential for administrators to consider the resources needed to sustain the mentorship program.

Project Strengths and Limitations

A significant strength of this DNP project is the design and implementation of a staff education program and mentorship manual. Following steps of the ADDIE model (Lu et al., 2016), the staff education program consisted of evidence-based sources on mentoring the novice NP. An evidence-based-driven project allowed for successful development and implementation of a mentorship program and mentorship manual. The

project will enable the host organization to improve retention rates of newly hired NPs, increase the availability of healthcare access to the community, and decrease the cost of training new employees. Educating the physicians and senior NPs about the mentoring needs of the novice NP enhances productivity, improves the quality of care, and increases patient safety.

A secondary strength of this project was the focus on interprofessional collaboration. Physicians and senior NPs came together to discuss the needs of the host organization. Being able to work with different skill and knowledge levels made the implementation of an educational program and mentorship manual more successful. Coming together as one team regardless of professional title for the organization's benefit was productive, efficient, and effective for the design and implementation of the educational program and manual.

Another strength of this project is the fact that evidence was generated through a nurse-led intervention, hence a staff education program. Evidence-based mentorship strategies and pre/post-test exam scores, and summative evaluation feedback were collected, analyzed, and validated for use for this DNP project. Data collected was confidential and secured to protect the identity of participants and the host organization. The scores from the pretest served as baseline knowledge to compare before and after implementation of the staff education program. The ability to implement a staff education program and collection of data were possible due to the support from the management team and the medical director on staff for the host organization. The data collected during

this project will serve as a template for future education projects in the primary care setting.

Limitations

Although this project presented strengths, there were also limitations. The sample size, although adequate, for a small, free-standing primary care clinic, led to findings that are beneficial to the host organization but have limited generalization potential for other primary care settings. Thus, caution is encouraged when considering findings from this project.

Although health care providers may understand and appreciate mentorship, not all providers volunteer to be mentors. The implication here is that despite announcements and appeals to participate, several providers did not attend the mentorship program. Healthcare providers should be aware of this limitation and recognize the limited number of staff prepared to step into the role of mentor of newly hired NPs.

Another limitation is using data collection instruments that were not psychometrically tested. The pre/posttest exams, along with the summative evaluation tool, were created and implemented by the student. While the pretest and posttest exams were assessed for face validity, these exams and the summative evaluation tool were not evaluated for reliability. This limitation indicates the need for consideration when reflecting on how evidence from this project is applied to other settings.

<div align="center">

Plans for Sustainability

</div>

The project was welcomed by the medical director, physicians, and senior NPs on staff willing to mentor novice NPs. Participants of the staff education program suggested

favorable recommendations and suggestions that would provide sustainability of a mentorship program in the host organization. For example, there is an increased request to have evidence-based educational opportunities for mentoring novice NPs. As an employee of the organization, I will conduct a needs assessment with the participants to assess the educational needs of the healthcare providers as well as make improvements to the mentorship program and manual based on evidence-based findings from the literature, employee suggestions and recommendations for the program improvement. Furthermore, the mentorship manual (Appendix F) will be used as a guide to mentor novice NPs for the foreseen future. With the existing support from the medical director and the participants, plans to implement a long-term mentorship program and manual are steps in the planning stage to improve retention rates of NPs for the host organization.

Summary

Section 4 addressed findings generated from this DNP project. Findings from the literature indicate evidence-based strategies for mentoring novice NPs include establishing a mentor-mentee relationship which will guide, support, and challenge the novice NP to provide opportunities for the growth of new knowledge and skill. Evidence also indicates that a staff education program complete with pretest and posttest exams can improve the knowledge of seniors NPs and physicians on evidenced-based strategies for mentoring novice NPs. Section 5 of this project will discuss the dissemination plan, which includes the steps and approaches as well as analysis of self.

Section 5 Dissemination Plan

Introduction

This DNP project was developed to address the problem of lack of mentorship for novice NPs working in a primary care setting. A staff education program and mentorship manual were designed and implemented to advance the knowledge of physicians and senior NPs on the mentoring needs of novice NPs. Evidence generated from this project indicates an improvement in participants' knowledge following the staff education program. Although my responsibility was to design and implement a staff education program and a mentoring manual, this responsibility does not end at implementing the DNP project. My plan is to continuously disseminate this project and share the results among the nursing profession and other healthcare organizations. In Section 5, I provide my dissemination plan, analysis of myself on the design of this project, and a section summary.

Findings from this DNP project were presented to the host organization's chief medical director and executive leaders. This process led to a consensus to continue offering education on mentoring novice NPs and implementing the mentorship manual. The organization plans to attempt to educate all medical providers on the importance of mentoring novice NPs. Quarterly staff meetings will incorporate educational opportunities focusing on mentoring newly hired NPs. The staff meetings will offer an opportunity for medical providers to sit through the educational staff program presented to participants in this project. Additionally, once my project is completed and published in ProQuest, I plan to disseminate my results to other healthcare organizations and

mentors within the clinic's network. The context of this project applies to all healthcare organizations, physicians, and senior NPs who have direct interactions with novice NPs in the primary care setting. The context will provide mentors the ability better to understand the mentoring needs of novice NPs while also improving job satisfaction and nurse retention rates. Mentorship programs for novice NPs result in positive social change for novice NPs, healthcare organizations, and patients, which is why awareness of this topic is essential to the primary care setting.

Analysis of Self

Nearing the completion of this doctorate journey has broadened my understanding of the significance of evidence-based practices in clinical practice. This journey has provided me with a greater understanding of reading and interpreting literature. The process has equipped me with greater communication skills as a professional leader. I have evolved as a leader and a problem solver, an advocate for the nursing profession, and a scholar–practitioner. These gains have enhanced my ability to effectively and efficiently lead a group of professionals; I am prepared for future leadership roles in healthcare. As I prepare for completing this doctorate degree, I see evidence that I can continue to lead the nursing profession as an advocate for nurses and the healthcare community that needs the care nursing professionals provide. This journey has provided me with many challenges that have allowed me to grow as a professional and scholar, which has resulted in a higher sense of purpose and pride. After spending many months revising this project and researching sources of evidence, I value the impact these

learning opportunities have given me to become a more substantial role model for novice nurses, a more assertive communicator, and a leader in my profession.

According to the DNP Essentials (2006), the doctoral degree is designed to prepare nurses for the highest leadership level in practice and scientific inquiry. This project has allowed me to proficiently review sources of evidence and translate them into practice, which are necessary skills for doctorate nurse leaders and scholars. Doctorate-prepared nurses develop competencies to address complex practice problems and become leaders in the profession (DNP Essentials, 2006). These competencies benefit not only nursing practice but also patient outcomes. Enhancing these leadership skills strengthens practice and the healthcare delivery system. The implementation of the staff education program allowed me to represent myself as a nursing leader and as a practitioner–scholar. This project also provided an opportunity to improve patient outcomes as mentoring novice NPs can positively affect patient healthcare needs.

Summary

In closing, the impact of this DNP project has resulted in significant knowledge improvement of the need to mentor novice NPs in the primary care setting. Evidence-based findings generated from this project have promoted a change in the host organization, which will continue to positively impact the medical providers, novice NPs, the organization, and the patients. By disseminating findings from this project to other organizations within the organization's network, I hope that more awareness and recognition will be placed on the hiring process and assigning a mentor to novice NPs. By implementing a staff education program and a mentorship manual, I improved the

knowledge of physicians and senior NPs and improved nursing practice while also improving patient healthcare outcomes. This journey, although challenging, has been rewarding. Being able to become a leader and a practitioner–scholar in the profession has been an honor.

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Appendix A: Memo

Tentative Schedule

Staff education program: Mentoring the novice NP

Staff Educational Program: Mentoring the Novice NP

Memo to all physicians and senior NPs

A tentative schedule for the educational program has been proposed

Date and time: October 4, 2021 @ 6pm

Date and time: October 6, 2021 @ 8am & 1:30pm

Date and time: October 8, 2021 @ 6pm

Please email the facilitator with you best date and time

Facilitator: Arcelia Kiss FNP -BC

Appendix B: Flyer

Appendix C: Pretest

Knowledge assessment on mentoring the novice NP

1. **Novice NPs are a great asset to the healthcare team and the patients they**

   serve?

   (10 points)

   a. True

   b. False

2. **NPs need mentorship after the completion of their academic program? (10**

   points)

   a. True

   b. False

3. **What is the most common cause of employee resignation according to human**

   resources department? (10 points)

   a. Workload

   b. Complexity of patients

   c. Schedule conflicts

   d. Lack of mentorship, support and guidance from colleagues

   e. Not sure

4. **Novice NPs are transitioning from another role in which they were experts in their field. Do you believe newly graduate NPs face challenges during this transitional phase? (10 points)**

    a. Yes

    b. No

    c. Sometimes

    d. Some individuals

5. **What challenges do novice NPs face during the transitional phase? (10 points)**

    a. Anxiety

    b. Stress

    c. Sense of incompetence

    d. none

    e. All of the above

6. **What is the most common request of novice NPs during the transitional phase in order to feel supported in their new role? (10 points)**

    a. Flexibility in their schedule

    b. Higher paying job

    c. Decreased workload

    d. Guidance and support from fellow colleagues

7. **Anxiety, stress, sense of incompetence and low self-esteem can lead to? (10 points)**

   a. High employee turnover rates

   b. Job dissatisfaction

   c. NPs leaving the profession

   d. Negative impact on patient healthcare

   e. All of the above

8. **Can a standardized mentorship program in the organization decrease employee turnover rates? (10 points)**

   a. Yes

   b. No

   c. Not sure

   d. Mentorship is not important

9. **How can physicians and senior NPs help make the novice NP feel part of the healthcare team? (10 points)**

   a. Mentoring

   b. Supporting

   c. Guiding

   d. Encouraging

   e. All of the above

10. How did you feel as a newly graduate provider? Did you face any challenges?

Did you have or wish you had a mentor? (10 points)

Explain:

Appendix D: Posttest

Knowledge assessment on mentoring the novice NP

1. **What is the definition of mentoring? (10 points)**

   a. Introducing them to the staff and organization

   b. Being available when needed

   c. Support and guide through the transitional period

   d. Have lunch with them and trying to get to know them

2. **Whys is mentoring novice NPs so important? (10 points)**

   a. Improves healthcare access

   b. Increases job satisfaction

   c. Increases employee retention

   d. All of the above

3. **Who would be an ideal candidate to mentor novice NPs? (10 points)**

   a. Physicians

   b. Senior NPs

   c. Individuals willing to mentor

   d. Individual forced to mentor

   e. a b c

4. **The host organization has a high turnover rate of novice NPs which has increased in the past 5 years (True or False)? (10 points)**

   a. True

   b. False

5. **Novice NP turnover rates are high, what is the number one reason for leaving employment? (10 points)**

   a. Lack of mentoring from senior colleagues

   b. Schedule conflicts

   c. Heavy work loads

   d. Low paying wages

6. **Mastered (MSN) prepared NPs are trained for entry level practice, should mentorship be provided to help them grow in their profession? (10 points)**

   a. True

   b. False

7. **A standardized mentorship program is not required; however, novice NPs report positive outcomes if guidance and support are given during the transitional phase? (10 points)**

   a. True

   b. False

8. **How can a standardized mentorship program improve the host organization? (10 points)**

   a. Close the primary care provider gap

   b. Decrease cost on training new staff

   c. Increase patient safety

   d. Decrease burnout of providers

   e. All of the above

9. **Do physicians and senior NPs influence the transition of novice NP to successful clinicians? (10 points)**

   a. Yes, definitely

   b. No, disagree

10. **Circle 4 stakeholders that would benefit from mentorship in the host organization.**

    (10 points)

    a. Newly hired employee

    b. Senior providers

    c. Patients

    d. Organization

    e. Insurance providers

Appendix E: Summative Evaluation Tool

Staff Educational Program

Mentoring the Novice NP

1. **Were the learning objectives clearly presented?**

   Yes ____   NO ___

2. **Were the learning outcomes met?**

   Yes ___   NO___

3. **Was the presenter knowledgeable in presenting the topic?**

   Very Knowledgeable ___ Somewhat Knowledgeable ___ Not Very

   Knowledgeable__

4. **Was the information presented relevant to the needs of the organization?**

   Relevant ____   Irrelevant____   Indifferent ____

5. **Would you recommend this learning opportunity to other members of the**

   team?

   Very Likely____   Somewhat Likely ____   Not Likely____

6. **Summarize how the material presented today will help improve your**

   practice and patient care?

   Answer_____

7. **Suggestions or comments for future staff educational programs?**

   Answer_____

8. **Overall, how would you rate this learning experience?**

   Excellent____   Average____   Poor____

Mentorship Manual for
Novice NPs

Primary Care

Table of Contents