Walden University
ScholarWorks

Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies Collection

11-20-2023

Supporting Novice Nurse Transition to Practice Through Mentorship

Jesssica M. Cox
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

Part of the Nursing Commons

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Nursing

This is to certify that the doctoral study by

Jessica M. Cox

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Robert McWhirt, Committee Chairperson, Nursing Faculty
Dr. Laurie Wetsel, Committee Member, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

Supporting Novice Nurse Transition to Practice Through Mentorship

by

Jessica M. Cox

MS, University of Texas at Arlington, 2004

BS, University of Texas at Arlington, 1999

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2023

Abstract

Turnover in the nursing profession occurs at distressing rates globally. Novice nurses are at highest risk with 50.9% reporting the intent to leave their position. Ramifications of nursing turnover can include inadequate staffing, mismatch in nursing staff skill level, decreased job satisfaction, increased stress and burnout, and ultimately decreased quality of care. The target environment was a step-down unit in a large urban pediatric acute care hospital desired to increase retention. Current literature reveals a complex issue that requires multi-pronged efforts to increase retention. Mentorship is supported as one component of retention strategies. However, only 30% of novice nurses surveyed reported being involved in a mentoring relationship. The purpose of this project was to create a formal clinical practice guideline (CPG) for mentoring the novice nurse. Evaluation by an expert panel was solicited to validate the tool according to the AGREE II instrument. Ratings were completed by four members of diverse backgrounds and found the guideline to be of sufficient rigor (89%) and applicability (90.9%) to support use of the CPG to guide formal mentorship. Based upon Duchscher's transition shock model, the guideline operates under the assumptions that the novice is faced with social, cognitive, and physical stressors that can result in disorientation. Mentors can play important roles in facilitating the novice nurses' integration into the unit, development of confidence in their role, and ability to navigate complex or ambiguous scenarios. Use of a CPG will provide structure and guidance to foster effective mentoring relationships and support novice nurse transition to practice.

Supporting Novice Nurse Transition to Practice Through Mentorship

by

Jessica M. Cox, MSN, RN, CPNP-PC, NNP-BC, CNE

MS, University of Texas at Arlington, 2004

BS, University of Texas at Arlington, 1999

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2023

Dedication

This DNP scholarly project is dedicated to my students. I wish you a softer landing than those who came before you. I care deeply about the profession of nursing and desire to better support my brothers and sisters. In the words of Maya Angelou, “Do the best you can until you know better. Then when you know better, do better”.

Acknowledgments

I would like to acknowledge my husband, Tom. He has been more patient than I deserve along this journey. This accomplishment would not have been possible without him. I would also like to acknowledge my Dean of many years, Tetsuya Umebayashi. He was always my champion and made sure the path was clear to wherever I wanted to go (and sometimes even farther than I dreamed).

Table of Contents

List of Tables iii

List of Figures iv

Section 1: Nature of the Project 1

Introduction 1

Problem Statement 2

Purpose Statement 4

Nature of the Doctoral Project 5

Significance 7

Summary 8

Section 2: Background and Context 10

Introduction 10

Concepts, Models, and Theories 10

Concepts 10

Models 12

Theories 13

Relevance to Nursing Practice 16

Local Background and Context 17

Role of the DNP Student 18

Role of the Project Team 19

Summary 20

Section 3: Collection and Analysis of Evidence....22
Introduction....22
Practice-Focused Question(s)....22
Sources of Evidence....23
Analysis and Synthesis....26
Summary....27
Section 4: Findings and Recommendations....28
Introduction....28
Findings and Implications....28
Recommendations....36
Strengths and Limitations of the Project....36
Section 5: Dissemination Plan....38
Analysis of Self....38
Summary....39
References....40
Appendix A: Mentoring of the Professional Nurse....45
Appendix B: Mentor Self-Assessment....56
Appendix C: Ideal Mentor Exercise....58
Appendix D: Mentoring Meeting Agenda....59
Appendix E: Assessment of the Relationship with Mentor....60
Appendix F: Mentoring Program Satisfaction Survey....61

List of Tables

Table 1. Domain 1-Scope and Purpose 29

Table 2. Domain 2- Stakeholder Involvement 30

Table 3. Domain 3- Rigor of Development 31

Table 4. Domain 4- Clarity of the Presentation 32

Table 5. Domain 5- Applicablity 33

Table 6. Domain 6- Editorial Independence 34

Table 7. Overall Guideline Assessment 34

List of Figures

Figure 1. Duchscher's Transition Shock Model 13

Figure 2. Duchscher's Stages of Transition Theory 15

Section 1: Nature of the Project

Introduction

Nursing shortage and high turnover is a pervasive problem in the current healthcare environment. Nursing turnover for acute care hospital Registered Nurses in the Southcentral region of the United States is currently 22.9% (Nursing Solutions, INC., 2022). Such frequent changes in staff poses many challenges for facilities and employees alike. Resulting conditions are higher workloads, low morale, and decrease in the quality of care provided to the patients resulting in declining patient satisfaction (Day et al., 2006; Hoeve et al., 2019). The experience within a large urban pediatric acute care hospital is comparable to these more global reports in the literature.

As a result of the frequent attrition rate, this hospital recruits and employs new nurses to work in the acute care units. Transition to practice (TTP) can be filled with many challenges for the novice nurse. In a very short period, the individual must navigate a series of new physical, cognitive, and social skills. These developmental tasks intersect with a complex environment to produce short tenure in nurses with 1–3 years of practice experience. Environments such as the cardiac step-down unit (CSDU) entail some degree of stability, but this patient population can quickly present with the uncertainty of decompensation. Novice nurses who successfully transition into the CSDUs must become comfortable in responding to such moments of ambiguity (DeGrande et al, 2018). Novice nurses who do not believe that they can competently function in their new role often report intent to leave their position. Vidal and Olley (2021) reported an improvement in job satisfaction, clinical competence, and retention with use of mentorship as a tool. The

purpose of this project was to develop and validate a mentorship clinical practice guideline (CPG). Developing a CPG will fill the gap in practice by providing the structure needed to support the novice nurse to feel more confident in their role in this moderate acuity unit.

Problem Statement

Nursing turnover in the United States averages 27.1% (Nursing Solutions, INC., 2022). The primary causes of turnover include workload, work climate, perceived poor level of care provided, manager support and recognition, and lack of autonomy (Halter et al., 2017). Other variables are a need to relocate, external demands (e.g., familial needs), and hours or advancement that are unavailable in the existing environment. The average age of nurses is 50 years with approximately one third of the workforce being eligible for retirement in the next 10–15 years (American Association of Colleges of Nursing [AACN], 2020). According to the AACN (2020), the number of vacancies created each year is forecasted to be 175,900. According to Shaffer and Curtin (2020), each hospital nurse lost costs approximately $82,000 to replace. For every percent reduction in turnover, an estimated $328,400 can be saved by the facility. Efforts to retain nursing staff are a priority for nurse leaders.

High turnover rates within the nursing profession can have wide-ranging effects. The frequent need to orient new personnel can have consequences of poor team adhesion, lack of continuity of care, lower patient satisfaction, and compromised patient safety outcomes (Buchan et al., 2018). On the unit level, managers may find an imbalance in the skill mix between experienced nurses and more novice staff. On the individual level, the

staff nurse may also find difficulty establishing robust working relationships in an environment experiencing high turnover. Lastly, patients may perceive nurses to be less competent and lodge increasing numbers of complaints (Dewanto & Wardhani, 2018).

Novice nursing staff are at high risk for turnover or intent to vacate. Forty-three percent of new nurses leave their position within the first 3 years (Shaffer & Curtain, 2020). There are many reasons explored in literature from emotional strain to lack of peer support (Hoeve et al, 2020). The target unit in this acute care hospital located in the Southcentral United States is experiencing a cumulative turnover of 35% since opening in 2018. The average tenure in the unit is 1 year, with 13 of the 25 staff having less than 1 year of tenure in the environment. Most of the staffs' rationale for vacating the positions were as follows: the need for improved hours/schedule (18%), relocation (15%), and lack of career advancement (26%). The unit supervisor reported that poor performance issues accounted for 18% of turnover. Most reasons for leaving the positions were voluntary (58%).

The hospital has implemented several initiatives for staff retention, including a TTP and extended orientation to the unit. Despite implementing evidence-based practices reported to maintain job satisfaction and foster nurse retention, such as, shared governance, professional developmental programs, and leadership opportunities (Tang & Hudson, 2019), a high rate of turnover persists. Therefore, further exploration of potential strategies was warranted.

Purpose Statement

There is an abundance of literature suggesting interventions to improve retention of nurses. Reasons for turnover are unique amongst individuals and between institutions. Therefore, there is a need for careful evaluation before selecting an appropriate strategy. Duru (2020) pointed to providing preceptors, staff recognition, including nurses in decision making, and benefits such as tuition reimbursement to facilitate career advancement as important strategies for retention. However, these strategies have thus far failed to provide the desired increase in retention on the target unit. Unit staff and leadership verbalized that increased social and professional support is needed for successful transition of the novice nursing staff. The problem that I addressed in this study was the lack of a comprehensive and evidence-based guideline to facilitate the needed mentorship in the target institution.

The practice-focused question was: Will a clinical practice guideline serve as a valid and feasible tool for a mentorship program to provide structure and guidance that facilitates and supports the novice nurse to adapt to the new role, as evaluated by an expert panel using the AGREE II instrument?

Latham et al. (2011) found a 21% increase in retention amongst mentees (averaging 1 to 3 years tenure when enrolled) when followed for 3 years after implementation of a mentorship program. In recent years, transition-to-practice (TTP) programs have become more prevalent. Adding a formal mentorship program as defined by the proposed CPG has the potential to address the gap in retention efforts for these novice nurses.

Nature of the Doctoral Project

After discussions with unit leadership regarding potential strategies to address the gap of continued high nurse turnover rates, I decided that a CPG for mentorship would be developed. Subsequently, I performed a search of the literature. I used the Walden University Library using CINAHL, Medline, Science Direct, and Cochrane databases. The key search words that I used were *novice nurse* OR *new nurse* OR *newly credentialed nurse* AND *mentor** or *coach*.* The expander * was used for mentor and coach as many articles may use variations of the words such as coaches or coaching which could cause sources to be excluded. This yielded a total of 3,130 articles. I then limited the search to peer reviewed full text articles written between 2010 and the present which decreased the number to 1,898 articles. In interest of determining impact on retention of novice nurses, I added the words turnover or attrition or retention. This resulted in a narrowed pool of 554 articles. I further limited the search to the past 5 years (2017 to 2022), the number of articles was refined to 281. The search yielded useful documentation as to the evidence supporting the use of mentorship to increase retention in this vulnerable population (nurses in their first three years of practice or in transition).

A separate search was needed to identify the operational definition of mentorship. I again used the Walden University Library. Databases were CINAHL, PubMed, Academic Search Complete, and Education Source. The key words that I chose were *mentorship* or *mentoring* AND *concept analysis*. This yielded an initial search of 128 peer reviewed articles. I then limited the search to articles published between 2010 and the present. This decreased the number of selected articles to 52. Twenty-eight articles

were unrelated/not applicable to the proposed guideline. I discarded nine articles due to focus on advanced practice roles or nursing students. I discarded eight articles due to focus on related concepts such as tutoring. After reviewing the abstracts of the remaining 15 peer reviewed articles, I selected four to inform the operational definition of mentorship for the project.

I performed a final query to specifically address the content of established mentorship programs. I used the key words *mentorship* OR *mentoring* AND *program* OR *intervention* AND *new nurses* OR *new graduate nurses* OR *novice nurses*. I limited the search to full text and peer reviewed articles. The time frame was narrowed to articles published between 2010 and the present. This yielded 797 articles. I further filtered the search by adding NOT *education* or *students*. This resulted in 206 potential articles. Excluding articles pertaining to transitioning to nursing faculty or advanced practice roles further limited the number of articles to 153. Articles that were pertaining to transition-to-practice programs or residency were not considered as these are not mentoring leaving 112 articles for review. After reading the abstracts of the remaining articles, I selected 25 to inform the CPG.

I used the Walden manual for Clinical Practice Guideline development (CPGD) to develop the mentorship guideline. Below, I identify the process I used during guideline formation:

- Reviewed literature to identify contributing factors to nursing turnover and evidence-based strategies to increase retention.

- Interviewed unit staff and management to discern the root cause of increased turnover for the target unit.
- Collaborated with nursing leadership and the Director of Nursing Research to gain approval for the scholarly project.
- Identified current evidence as to the effectiveness of mentorship programs as well as necessary components for an evidence-based mentorship program.
- Evaluated unit and institutional resources existing to support mentoring.
- Constructed the CPG addressing all components of the proposed mentorship platform/guideline.
- Submitted the CPG to the IRB for Walden University and gain approval.
- Identified an expert panel responsible for evaluating the CPG according to the Agree II model (AGREE, 2017).
- Identified recommended revisions to the CPG according to panel feedback.

Significance

This CPG for mentorship can impact a diverse set of stakeholders. On the microlevel, the nurse can find greater job satisfaction, increased social adhesion within the unit, and ultimately longer tenure. The unit can benefit from more effective team function, adequate staffing, and potentially fewer adverse events resulting from increasing expertise.

On the macrolevel, the hospital may appreciate reduced use of human resources (HR) capital for recruitment and hiring, decreased cost of replacing a nurse, and stabilizing or reducing the cost of healthcare. This will ultimately impact the community by increasing the availability of competent nurses to care for patients seeking care in the facility.

My goal for this project was to accomplish social change by creating a platform for enhanced professional and social support via a formal mentorship guideline. A formal mentorship CPG can be used in the development of both the mentor and mentee in their professional roles. Mentorship can also result in strengthening the sense of belonging to the unit and organization as a community. Additional positive effects of lowering turnover rate, increasing continuity of care, retention of clinical expertise, and improved patient care and outcomes can be appreciated by the wider community.

During the course of an individual's career, many transitions may occur. Nurses can function in any number of environments and specialties. When the nurse pursues new roles or a new environment, the nurse then may no longer be considered an expert or even competent. One explored example is that of the expert clinician that transitions into the role of educator. Brown and Sorrell (2017) highlighted the importance of mentorship to guide the development of these new skill sets. A robust mentorship guideline may be applicable to any nurse that is navigating transition in their career.

Summary

Nursing turnover is a significant challenge in all healthcare environments. The impact is costly to providers and consumers of healthcare alike. The literature has

provided evidence for diverse strategies to improve retention of novice nurses. Although the target facility has employed several potential measures, the desired decrease in turnover has not been realized. My goal for this CPG was to provide the necessary support for novice nurses through mentorship. In Section 2, I will further define the background and contest of the scholarly project. I will also discuss the concepts, models, theories, and roles of the DNP student and the project team.

Section 2: Background and Context

Introduction

The excessive turnover rate experienced by the target unit is not unique. Addressing the root of turnover requires an individualized approach. This CPG can be used with existing strategies to improve nurse retention. With the added support provided by the mentorship guideline, my goal for this project was to assist the novice nurse in acclimating to unit culture as well as fostering safety while acquiring competence in the clinical environment. Mentors and mentees can use the structure provided by the CPG to guide development of successful relationships.

I applied the Walden University manual for Clinical Practice Guideline development (Walden University, 2019) for this scholarly project. The following section contains definitions of the central concepts and theoretical framework for the proposed CPG as well as the role of the project team.

Concepts, Models, and Theories

Concepts

The concept central to this scholarly project is mentorship. For the purposes of this project, mentorship was defined as a voluntary relationship between professional nurses in which the mentor (an experienced practitioner) provides sponsorship, guidance/advice, and serves as a role model for the mentee (the developing nurse). The mentor-mentee relationship will be guided by mutually agreed-upon goals and can continue for as long as both parties find the relationship to be beneficial. Mentorship can

be formal or informal (Meier, 2013). The clinical practice guideline provides structure for a formal process.

It is important to differentiate between the concepts of mentor and preceptor. Although a relationship may be formed between the orientee and the preceptor, these are two distinctly different functions. Preceptor relationships are (a) assigned relationships, (b) time-limited, and (c) focused on tasks or skills (Hale, 2018). The support offered by a mentor can vary based upon the dyad's identified goals and contrast with a preceptor relationship. A preceptor is in a supervisory capacity and is responsible for evaluating clinical competencies. Interactions with a preceptor are designed to meet the defined list of items for orientation. Once the competencies have been met, the relationship is terminated. The individual is then expected to practice independently and without supervision after the period of orientation/residency is concluded (Yonge et al., 2007). The institution's current TTP (residency) provides for a preceptor during the first year of practice. The proposed CPG provides clarity to the relationship between mentor and mentee.

The term novice is also key to define the target audience of the CPG. According to the theoretical work done by Patricia Benner, the novice nurse relies on rules, guidelines, or orders to direct their actions (Benner, 2004). Their lack of experience in practice setting or with the patient population causes the nurse to behave in a rigid and inflexible manner. Exposure to ambiguous situations or scenarios that have no distinct criteria to govern them are challenging for the nurse in this period. It is generally accepted that the individual has less than one year of experience to be categorized as a

novice. However, those nurses that are changing areas/environment of practice also may find themselves requiring such boundaries and direction. As the nurse continues to acquire experiential knowledge and intuition, a mentor is in a unique position to guide its application to a diverse and complex care environment.

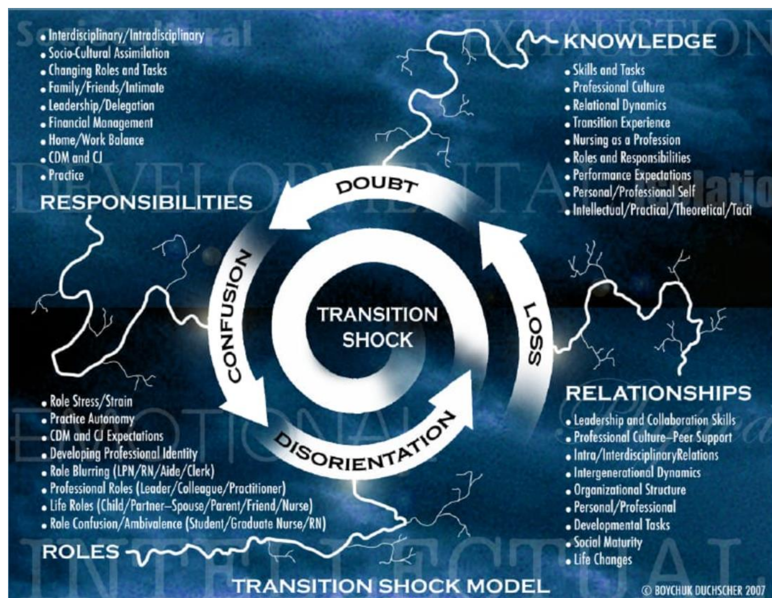
Models

I chose the transitional shock model to examine the identified practice problem. Transition shock is the term used for the experience of moving from the comfortable roles and expectations that the individual had in the academic or previous practice environment with the unfamiliar expectations of their new role (Duchscher & Windey, 2018). Participants described this crisis as physically, mentally, and emotionally depleting.

The transition shock model consists of four domains: knowledge, responsibilities, roles, and relationships. Preceptors serve the purpose of orienting the novice nurse to tasks, skills, policies, and procedures. These performance expectations fall under the knowledge domain. Mentors have a large potential to support the novice nurse in additional capacities. The responsibilities domain consists of assimilation into the environment and functioning within the interdisciplinary team. The roles domain consists of challenges such as forming one's professional identity, dealing with role stress and strain, as well as developing autonomy. The relationship domain considers the need for peer support, understanding team dynamics, and navigating the organizational structure. Failure to adequately support the developing nurse often resulted in a prolonged transition shock phase (Graf et al., 2020).

Figure 1

Duchscher's Transition Shock Model



Although there is enough data to support the effectiveness of mentorship to increase retention of nurses, there is inconsistency in the composition of mentorship programs. The recommendations put forth by Zhang et al (2016) as well as the mentoring program of the Academy of Medical-Surgical Nurses (2012) were incorporated into the scholarly project. The authors suggest that an effective CPG for mentorship should provide for the adequate training of the mentor, appropriate matching of mentor to mentee, routine interaction to appraise relationship goals, and adequate resources to support mentor and mentee participation.

Theories

The theoretical foundation identified for the proposed CPG is the work of Judy Duchscher. The author captured challenges that highlight the need for additional support of the novice/developing nurse beyond the period of orientation in her grounded theory.

Transition is defined as a complex process that involves physical, intellectual, socio-cultural, and emotional challenges in the transition conceptual framework. The author posits that the first four months after formal orientation is a period characterized by intense emotional experiences. Lack of emotional and structural support led to disorientation, doubt, and confusion (Duchscher, 2009; Graf et al., 2020). During the scholar's seminal work, graduates consistently felt a loss of the support systems that existed during their educational journey (peers and instructors). This deficiency became especially evident as responsibilities were no longer shared with preceptors.

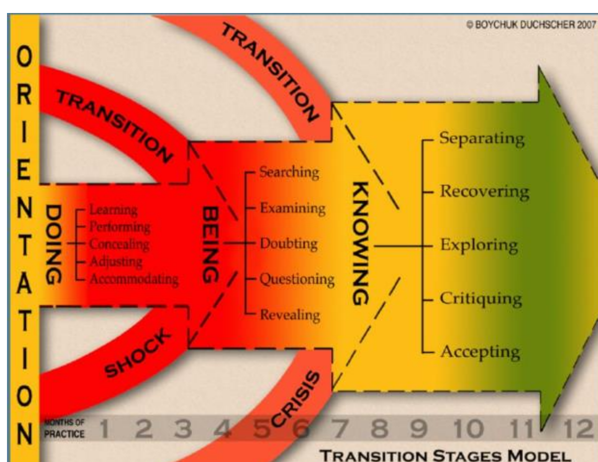
One of the essential tasks of transition is the integration of the novice nurse into the unit. Integration is used not only for physical space, but for the group of staff. It is natural that the early periods of professional life are focused on learning the tasks of the job which are often relayed by preceptors (the "doing" phase). However, the novice nurse not only desires to be perceived as competent at their job, but to also be received as a member of the team. The normative values and culture of the unit, effective communication with team members, as well as conflict management are important information to relay to new staff. These socio-developmental challenges must be navigated to successfully transition into their professional role.

According to Duchscher's stages of transition theory, there are three stages in a nurses' professional transition. They are doing, being, and knowing (Duchscher & Windey, 2018). During the doing phase (the first 3 to 4 months after orientation), the nurse is often occupied with completion of tasks. They lack the experience necessary to infer priorities or establish appropriate boundaries. The being phase (the following 4-5

months) finds the nurse with increasing confidence and skill. This period is tenuous as demands/ responsibilities continue to increase. Some individuals will experience a crisis if the expectations are not managed appropriately. In the knowing stage, the nurse can assert their own individual identity. The evolving identity requires nurturing to maintain confidence and meaning in their practice.

Figure 2

Duchscher's Stages of Transition Theory



Duchscher verbalized that the individual's becoming (the first year of transition) is not completely linear. Events that compromise the consistency and predictability of the environment can cause backsliding of the growth that was achieved. With consistent support in their personal and work environments, developing nurses can have a successful transition (Duchscher & Windey, 2018). Formal mentorship, guided by the CPG, can provide the recommended access to consult with more experienced colleagues through mentorship.

Relevance to Nursing Practice

The magnitude and sweeping impact of nursing turnover on the nursing profession, organizations, communities, and clients was discussed in section one of this document. The novice nurse faces the demands of increasing patient acuity, staffing shortages, and generally unhealthy work environments. Vance (2022) highlighted that mentors can be a needed safety net in the current tumultuous healthcare landscape. Yet after a survey of over 2,600 new graduates, 70% stated that they were not engaged in a mentoring relationship.

Mentorship in nursing has been explored since the 1980's. Hale (2018) asserts that much research has been conducted related to the characteristics of a mentor, but often relationships are ill defined. Confusion surrounding the function of a mentoring relationship can result in inconsistency in mentorship programs. There have been a variety of models for mentoring presented in the literature. However, there is a paucity of information regarding outcomes and a general lack of evidence to support the superiority of any one model.

Zhang et al. (2016) conducted a systematic review that revealed that the quality of evidence was lacking regarding mentorship programs. However, several factors were consistent in successful programs. The first is the importance of preparing mentors for their role (although recommendations are inconsistent). Also important to success is the appropriate matching of mentor to mentee. Several sources advocate for the mentee selecting their mentor, but careful consideration of goal compatibility and personality styles can yield a positive result. Consistent interaction between mentor and mentee for

evaluation of goals is also necessary to ensure that both parties are satisfied with the relationship. Mentorship guidelines that provide a more robust and comprehensive structure are needed to fill the gap in practice.

Local Background and Context

Novice nursing staff are at high risk for turnover or intent to vacate. Forty-three percent of new nurses leave their position within the first 3 years (Shaffer & Curtain, 2020). There are many reasons explored in literature from emotional strain to lack of peer support (Hoeve et al, 2020). The target unit in this acute care hospital located in the Southwest area of the United States is experiencing a cumulative turnover of 35% since opening in 2018. The average tenure in the unit is 1 year, with 13 of the 25 staff having less than 1 year of tenure in the environment. The staffs' major rationales for vacating positions were: improved hours/schedule (18%), relocation (15%), and career advancement (26%). Involuntary vacation of positions for poor performance accounted for 18% of turnover. Therefore, most employees left for voluntary (58%) versus involuntary (18%) reasons.

The practice environment is the CSDU consisting of 14 beds within a large urban pediatric hospital (430 beds). The hospital has recently achieved its fourth consecutive Magnet designation. The unit is served by two teams of providers. These are intensivists from the CICU and as well as a team of primary cardiologists. This pediatric hospital has a year-long TTP program, a well-established shared governance structure, a robust professional development program, as well as unit-based staff recognition efforts. Despite these initiatives, the unit continues to experience high turnover rates. The proposed

mentorship guideline will provide additional support for the novice nursing staff during this period of transition. Candidates will ideally have recently completed the residency program or be nurses that have joined the unit within the previous year.

Role of the DNP Student

I am a pediatric nurse practitioner (PNP) by preparation, but currently practice full-time as a faculty member at a large two-year institution. I have long been associated with the chosen facility both during my preparation for advanced practice and as clinical faculty. I am not currently employed by the institution at which the project will be conducted. Therefore, no known bias exists. I formed a professional relationship with the director of the heart center through our state nursing organization and was grateful to assist in this worthy project. Approval was procured via the education department of the institution prior to participating in the practicum experience and initiating the scholarly project.

When approached about the consistent turnover in the target unit, I began the process by an extensive literature search of evidence-based interventions to improve nurse retention. In speaking with both unit staff and leadership, it became apparent that there was a gap in support of the novice nursing staff that contributed to poor retention. The project team determined that mentorship CPG would be a valuable strategy in this environment. I then continued to pursue support for the scholarly project from unit leadership, department leadership, as well as the director of nursing research.

My primary motivation is chiefly due to my own experience with poor support during the transition into the role of Registered Nurse. The brevity of my orientation

process was alarming as well as a general difficulty acclimating myself into a intensive care environment. The statement made by Schroyer et al. (2020) resonated with me and captured the drive behind the proposed scholarly project. The authors operated under the assumption that mentors could provide "an arena in which trust is fostered, allowing the new nurse to safely voice concerns, ask for advice, and feel confident asking questions". I would aspire for the current cohorts to have the experience and resources that I lacked. Utilizing a formal/structured mentoring program, the authors were able to achieve a 91% retention rate in the mentored cohort. The significant improvement in retention gives confidence that mentorship can make a meaningful impact on the resilience of the novice nursing staff.

Role of the Project Team

The project team is two-fold. On the target unit, it will be crucial that those who are intimately impacted are involved in assessing the root of the problem as well as feasibility of the CPG as a solution. Therefore, the director of the Heart Center served as preceptor and mentor for the scholarly project. Also recruited will be the unit managers for multiple shifts. In addition, input will be received from nursing staff of the target unit. These partners will allow meaningful data regarding unit culture, organizational culture, as well as historical information regarding turnover.

The selected preceptor is doctoral prepared which provided the requisite knowledge base to guide the construction of the CPG. Also pivotal is knowledge of the institutions' resources, policies, procedures, and organizational structure. Any ongoing projects must

also be reviewed and approved by the director of nursing research for the institution. The director supported the development of the CPG to implement mentorship on the target unit.

As required by the Walden University Manual for Clinical Practice Guideline Development (2019) an expert panel will be selected to evaluate the CPG according to the AGREE II Instrument. Training modules are available online to ensure that all members of the expert panel are comfortable in applying the AGREE II model to the CPG. The expert panel will be comprised of the practicum preceptor, who is doctoral prepared as well as a member of the unit leadership. Two additional members have been recruited from outside institutions (both doctoral prepared).

During the practicum process, literature supporting the efficacy of mentoring toward retention, operational definitions of mentoring and evidence-supported components of successful mentoring programs were presented to the project preceptor. As the guideline was constructed, drafts were submitted and reviewed by the project preceptor to ensure feasibility of the recommendations as well as clarity of its language for application. Once the CPG has been refined, each section will be presented to the expert panel for review. The quality of the evidence will be appraised as well as the clarity and applicability of the guideline. Feedback of all members will be sought and considered to revise the CPG as necessary.

Summary

Much literature exists regarding mentorship as an effective intervention for retention of nursing staff. However, many efforts have been incomplete and/or inconsistent between studies (Hale, 2018; Zhang et al., 2016). This scholarly project

endeavors to construct a robust and evidence-based guideline to better support novice nursing staff. Nursing as a discipline has experienced alarming rates of attrition. For the health of the nursing profession as well as patient outcomes, it is necessary to be intentional in retaining and developing clinical expertise. In Section 3 the collection and analysis of sources of evidence to support the scholarly project will be discussed.

Section 3: Collection and Analysis of Evidence

Introduction

The continued challenge to retain nursing staff persists across environments and specialties. The severity of the issue has only been magnified during the COVID-19 pandemic. Recent data from the American Nurses' Association reflects that 22% of RNs intend to leave their positions within the next year (Gaffney, 2022). Continued low tenure among staff has placed renewed emphasis on developing evidence-based strategies toward retention. Mentorship is a valuable component in multifaceted efforts in the target institution.

The evidence that supports mentorship as an effective strategy as well as the need for a more cohesive framework will be reviewed in section three. Also discussed are the methods involved in validating the CPG as a tool to support novice nursing staff.

Practice-Focused Question(s)

The mentoring relationship should be entered into intentionally. A formal CPG gives clear guidance on all facets of mentoring relationships. The practice focused question to be answered/addressed is: Will a clinical practice guideline serve as a valid and feasible tool for a mentorship program to provide structure and guidance that facilitates and supports the novice nurse to adapt to the new role, as evaluated by an expert panel using the AGREE II instrument? The CPG will be validated for its use in the target environment through expert panel evaluation.

A necessary point of clarity is the role of the mentor. The operational definition that was used was outlined by Meier (2013). The author described mentoring in several

capacities as well as roles specific to nursing. Meier expressed that mentors in nursing are more experienced nurses who are willing to serve as a role model and counselor to the less experienced nurse regarding their personal and professional development. The author further elaborated that the necessary conditions for a mentoring relationship are compatibility, concern for the individual, a willingness to openly communicate, and the sacrifice of time. Elaboration on desired characteristics of mentors as well as responsibilities of the mentee is contained within the CPG.

Sources of Evidence

The sources of evidence are existing published literature. Studies detailing mentorship programs reported the implementation process and targeted program outcomes. Guidelines and materials have not historically been shared and are considered proprietary. The search was conducted using CINAHL Plus with Full Text, Science Direct, Academic Search Complete, OVID Nursing Journals Full Text, PubMed, and Emerald Insight databases. The terms *mentor**, *mentorship program, nurse* or *nursing* or *healthcare* were used. The qualifier, NOT *education* or *student* was added.

On literature review, evidence was appraised to either support or refute that mentorship would be a valid approach to support the novice nursing staff. Literature continues to reveal that nurses engaged in mentoring relationships report greater confidence in their abilities as well as improved problem-solving skills (Gularte-Rinaldo et al., 2023; Schroyer et al., 2020). Gazaway et al. (2016) also elaborated with the additional support of a mentor, mentees reported an increase in communication skills, improved relationships with colleagues, as well as a more comprehensive understanding

of complex clinical scenarios. With these benefits in mind, a mentorship guideline was a suitable fit to assist novice nurses toward successful transition.

In the target institution mentorship, if it was used, was not implemented in a formal manner and lacked a consistent approach. This nurse scholar conducted a literature review to discern best practices for successful mentorship. The first recommendation was establishing well defined roles and expectations for both mentor and mentee. In reviewing the literature there continues to be enmeshing of the role of preceptor and mentor. Dirks (2021) emphasized that formal mentorship activities are a lasting relationship and can offer richer opportunities for personal and professional growth in the mentee. The mentor, being the more experienced practitioner, serves as a role model to the novice nurse and will need to be in good standing with the organization and be willing to commit time and energy to the relationship with the mentee. Having defined criteria will allow leadership to ensure that the most appropriate individuals are chosen to assist the novice nurse in their socialization to the unit and institution.

The second consideration is matching the mentor and mentee. There are several methods recorded in the literature. The mentee may choose their mentor (which is often done in more informal relationships) or the mentor and mentee may be matched by a third party. The literature suggests that it is optimal if both the mentor and mentee has an opportunity to have input in the match (Deng et al., 2022; Dirks, 2021). Having the right fit between mentor and mentee is crucial to the success of the relationship. Deng et al. (2022) reviewed the evidence to examine practices in matching mentors and mentees. The authors reported that positive results were obtained when the mentor's

experiences/skills were compatible with the mentee's goals for a mentoring relationship. Also positively correlated were pairs that had common personality traits. For the proposed scholarly project, the CPG will suggest that leadership review goals submitted by the potential mentees in order to pair the mentee with the most suitable available mentor.

Another recommendation that is often lacking or inconsistent is mentor preparation. Many competent or expert nurses have served as preceptors (which is a task-oriented relationship) but may not have received guidance on how to provide the type of counsel and direction that mentees need for their personal and professional growth. Similar to Council and Bowers (2021), the literature revealed little consistency in the amount of preparation recommended and a paucity of detail regarding information to be addressed during preparation sessions. Zhang et al. (2016) conducted a systematic review and found that of 146 studies involving mentorship programs, only seven detailed how mentors were trained. Length of training ranged from 4 hours to 39 hours in length. There were some recommendations for necessary skills that will be incorporated in the proposed CPG. These are assessing mentee personality and communication styles, time management, stress management, and conflict resolution strategies. Also noted were principles of adult learning and strategies for reflection. Selected mentors will receive education regarding the processes for evaluation of the relationship as well as tips for effective goal setting. This supplemental education increases the confidence and efficacy of potential mentors.

The goals of the relationship are agreed upon by the mentor-mentee dyad and are not governed by scripted checklists. The goals should be driven by the needs of the mentee to promote personal and professional development. These goals should be reviewed on an ongoing basis and evaluated for progress (Academy of Medical-Surgical Nurses, 2012; Dirks, 2021). Clear communication on the frequency and type of interaction should be a part of the orientation process. Several programs have established a program coordinator or nurse leader to a) ensure accountability for expectations b) assess satisfaction with the match and structure of the experience and c) manage any conflict that may occur between the dyad (Kroft & Stuart, 2021).

Although the level of evidence is generally of low methodological quality (Zhang, 2016), collectively nurse scholars have holistic recommendations to support the structure of mentoring platforms/programs. The aim of this scholarly project was to design a CPG that is robust and aligns with the best evidence available. The assembled panel of experts reviewed the completed CPG utilizing the AGREE II checklist to examine the CPG for validity as a tool to support novice nurses.

Analysis and Synthesis

The practice-focused question was whether a panel of experts will determine that the CPG is a valid tool. Each appraiser/expert was presented with the clinical guideline as well as the supporting literature/evidence. Each evaluator applied the tool independently and return the AGREE II form electronically. The AGREE II instrument (AGREE, 2017) consists of 23 items divided into six domains. The expert panel also assigned an overall rating for the CPG and made a summative assessment as to whether they recommend use

of the guideline. The composite scores pointed to areas of strength or opportunities for improvement on the guideline. The developers of the instrument recommend that high-quality guidelines should aim to achieve >70 of the possible points on Domain 3 (Rigour of Development).

Summary

Existing literature pertaining to effectiveness of mentorship in supporting novice nurses as well as best practices when designing mentorship programs were addressed in section three. Also discussed was the process to assess and validate the CPG utilizing the AGREE II instrument (AGREE, 2017). Results are analyzed and reported in Section four. Strengths and limitations of the guideline as well as implications for future research are examined.

Section 4: Findings and Recommendations

Introduction

Turnover continues to occur at disturbing rates in the profession of nursing (NSI, 2022). As a result, the selected practice setting (a step-down unit within a pediatric acute care hospital) is composed of a high proportion of novice nurses. The aim of the scholarly project was to identify an evidence-based approach to support the novice nurse to a successful transition. A mentoring relationship can be a beneficial adjunct to retention strategies in a variety of settings. The CPG for mentoring of the professional nurse addresses the identified gaps wherein mentoring program rigor was poor and retention had not seen improvement despite deploying other strategies. Assessment of the expert panel of the validity and feasibility of the CPG to provide structure and guidance surrounding the mentoring process is discussed in section four.

Findings and Implications

The method employed to evaluate the validity of the mentorship CPG was assembly of an expert panel to appraise the CPG according to the AGREE II instrument (AGREE, 2017). The panel consisted of nurses from diverse expertise, level of preparation, and practice environments. The panelists' areas of expertise were pediatrics, neonatology, cardiology, and women's services. Three panelists have attained the Doctor of Nursing Practice degree with one possessing a Masters in Nursing Education. Three of four panelists occupy leadership positions from unit manager to service line director. The final panelist had intimate knowledge of the target unit and has been actively involved in precepting and mentoring (in an informal capacity) within the institution.

Each panelist was provided with detailed instructions on the use of the AGREE II instrument. The guideline was scored on 23 criteria within six domains. The user must score each criterion on a Likert scale from 1 (*strongly disagree*) to 7 (*strongly agree*)

Table 1

Domain 1-Scope and Purpose

Criterion	Reviewer 1	Reviewer 2	Reviewer 3	Reviewer 4	Comments
Objectives Specifically described	7	7	7	7	
Health Questions Specifically Described	7	7	6	1	"health problems" is confusing. User brought up mental health
Population Specifically Described	7	7	4	7	Very general description

Note. Maximum Possible Score: 7 (*strongly agree*) x 3 Items x 4 Raters= 84. Minimum Possible Score: 1 (*strongly disagree*) x 4 raters=12. 74-12=62 = 0.86 x 100= 86%
84-12=72.

Table 2

Domain 2- Stakeholder Involvement

Criterion	Reviewer 1	Reviewer 2	Reviewer 3	Reviewer 4	Comments
Development group Includes relevant Individuals	7	7	6	3	Unclear who was involved in development
Views and preferences of the target population were sought	5	7	7	3	
Target users clearly defined	7	7	6	7	

Note. 72-12= 60 = 0.83 x 100= 83%; 84-12= 72.

Table 3

Domain 3- Rigor of Development

Criterion	Reviewer 1	Reviewer 2	Reviewer 3	Reviewer 4	Comments
Systematic methods used for evidence search	6	7	7	5	Evidence table would be helpful
Criteria for Selection clearly described	7	7	7	7	
Strengths and limitations of the body of evidence clearly described	7	7	7	4	
Methods for formulating recommendations clearly	7	7	7	7	
Health benefits, side effects, and risks are considered	7	7	7	6	
Explicit link between recommendations and evidence	7	7	6	3	Explicit link missing on setting and evaluating goals
Guideline externally reviewed before publication	7	7	7	7	
A procedure for updating the guideline provide	5	7	Unsure	7	

Note. Maximum Possible Score: 7 (*strongly agree*) x 8 Items x 4 Raters=224. Minimum Possible Score: 1 (*strongly disagree*) x 8 Items x 4 raters=32. 203-32= 171= 89%. 224-32= 192

Table 4

Domain 4- Clarity of the Presentation

Criterion	Reviewer 1	Reviewer 2	Reviewer 3	Reviewer 4	Comments
Recommendations are specific and unambiguous	7	7	6	4	
Different options for management were clearly presented	N/A	7	5	6	
Key recommendations are clearly identifiable	7	7	7	3	Include a table or box that includes major points or recommendations

Note. Maximum Possible Score: 7 (strongly agree) x 3 Items x 4 Raters= 84. Minimum Possible Score: 1 (*strongly disagree*) x 3 Items x 4 raters=12. 66-12= 54= 0.75 x 100= 75%. 84-12=72

Table 5

Domain 5- Applicablity

Criterion	Reviewer 1	Reviewer 2	Reviewer 3	Reviewer 4	Comments
Guideline describes facilitators and barriers	7	7	7	6	
Provides advice on putting recommendations in place	7	7	7	5	
Key recommendations are clearly identifiable	7	7	6	4	Include cost savings by reducing turnover
Guideline presents monitoring criteria	7	7	7	5	

Note. Maximum Possible Score: 7 (*strongly agree*) x 4 Items x 4 Raters= 112. Minimum Possible Score: 1 (*strongly disagree*) x 4 Items x 4 raters=16. 103-16= 87 = 0.906 x 100= 90.6%. 112-16= 96

Table 6

Domain 6- Editorial Independence

Criterion	Reviewer 1	Reviewer 2	Reviewer 3	Reviewer 4	Comments
Views of the funding body have not influenced content	7	7	N/A	1	
Competing interests have been recorded and addressed	7	7	7	7	

Note. Maximum Possible Score: 7 (*strongly agree*) x 2 Items x 4 Raters= 56. Minimum Possible Score: 1 (*strongly disagree*) x 4 Items x 4 raters=8. 43-8= 35 = 0.73 x 100= 73%. 56-8= 48

Table 7

Overall Guideline Assessment

Criterion	Reviewer 1	Reviewer 2	Reviewer 3	Reviewer 4	Comments
Rate the overall quality of the guideline	6.8	7	5	6	6.23/7 Average
I would recommend this guideline for use	Yes, with modification	Yes	Yes	Yes, with modification	

The expert panelists found the guideline to be of sound quality with an average rating of 6.23/7. A rating of 7 indicates the highest possible quality. The panel also rated the guideline to be of sufficient rigor. All items scored according to the instrument directions; the rigor (Domain 3) was calculated to be 89%. The panelist ratings indicated

that the established goal of a minimum rigor of 70% had been met and exceeded. All panelists indicated that they would recommend the guideline for use given some modifications identified in their comments.

Panelists also provided several useful recommendations for readability and ease use of the guideline. Examples were formatting evidence sources, major recommendations, and timelines into table or box format. These format changes can be accommodated prior to implementation.

Construction of the CPG for mentorship endured several challenges. The largest was the scarcity of resources. Although nurse leaders are driven to reduce turnover for the health of their units, they consistently meet barriers. Units are often short-staffed, workloads are high, and nurses are suffering from stress and/or burnout. This finds nurse leaders hesitant to add to existing staff workloads. Leadership in the selected unit did not have the ability to release staff and other unit leadership members to assist with guideline development directly. More involvement by the stakeholders within the institution would be desirable as indicated by the ratings of panelist 4. This scholarly project did, however, recruit diverse representation to evaluate the guideline.

Evidence-based recommendations dictate that mentors are provided preparation for their role. This requires investment of time on the mentor’s part. Financial resources may also be needed for materials utilized in mentor preparation. Availability of fiscal resources for the materials and compensation of mentors’ time was a significant barrier for this scholarly project. Therefore, the panelists had difficulty in assessing the funding source (Item 22) according to the instrument.

Implementation of mentorship has the potential to improve unit adhesion and nurse retention. This does require buy-in from stakeholders at all levels of the institution from unit staff to the chief nursing officer and beyond. Nurse leaders should continue advocating for processes, policies, and resources that improve the health of working environments.

Recommendations

I propose that mentoring relationships benefit from a comprehensive and consistent approach that results from the implementation of a CPG. Implementing the mentorship guideline provides for clear communication of expectations between mentor and mentee. Conducting the suggested evaluation process is also an integral part of ensuring that the needs of mentor and mentee are met successfully. The mentorship CPG (Appendix 1) contains all required tools as well as guidance for frequency of assessment. Guideline recommendations are reflective of current evidence-based practices and an expert panel has validated the tool as outlined in the AGREE II instrument (AGREE, 2017). Therefore, it is recommended that a formal mentoring process is implemented as outlined by the CPG.

Strengths and Limitations of the Project

A primary strength of the project would be applicability to many different practice environments. The key recommendations for establishing a successful formal mentorship program are readily applied irrespective of role or level of practice. This offers the potential for consistency of approach and replicability for future studies.

Another strength of the mentorship CPG is the use of validated assessment methods. Tools such as the mentor self-assessment (Appendix B of the guideline), assessment of the relationship with the mentor (Appendix D of the guideline), and the mentoring program satisfaction surveys (Appendix E of the guideline) have been developed by the Academy of Medical-Surgical Nursing in 2012. They have been successfully used in several mentorship programs documented in literature. Permissions were obtained from the AMSN for the purposes of the CPG.

A limitation of the project was the language employed by the AGREE II instrument (AGREE, 2017). Some generic terms such as "health questions" and "health benefits" were confusing for the user when applied to a CPG for mentoring. It may be prudent to adapt the instrument to suit a broader range of guidelines. With the evolving emphasis on evidence-based practice, the need for clinical practice guidelines that suit practice at the bedside continues to increase.

A chief recommendation for future studies would be exploring different methods for mentor preparation. Existing literature contained widely varying lengths of preparation as well as poor definition of the content/curriculum that was offered. The reported outcomes would add to the body of knowledge and improve the quality and success of mentoring relationships.

Section 5: Dissemination Plan

Dissemination of the CPG will require a staged approach. The first step would be to garner support from unit level staff. According to Rogers' theory of diffusion of innovation (1962), those who are willing to take risks and quick to adopt new trends are the innovators. These individuals can be useful in encouraging others to see the benefits of participating as mentors. Conveying the need for change and the advantage gained by guideline implementation are established attributes of a successful innovation (Bostock et al., 2018). Recruiting and retaining a sufficient number of participants to gauge success has been a limitation of many preceding efforts.

As in many Magnet designated institutions, unit-based councils are an established venue for staff involvement in nursing practice initiatives. Mentors, mentees, and unit leaders will drive the ongoing implementation and evaluation of the effectiveness of the mentorship platform. Results of mentoring relationships can also be disseminated as a part of grand rounds for the institution.

It is the ultimate intention of this nurse scholar to disseminate the findings of any future implementation through publication. There is a paucity of literature detailing a robust mentorship platform as well as sufficient number of participants/power to enable meaningful analysis.

Analysis of Self

Throughout the scholarly project, I developed in several aspects. As a scholar, my ability to appraise the quality and depth of the available literature has expanded significantly. This has a profound impact on my professional practice. The profession of

nursing must continue to guide its’ practices based on the best available evidence. Reviewing sources with a more critical eye enables the user to discern the validity and applicability of the information presented. It also has imparted a sense of urgency to continue to evaluate practices for their relevance.

The most salient lesson learned during the construction of this CPG is the critical role that advanced preparation can play in our ability to navigate healthcare systems. Interpreting and shaping policies and procedures is a skill that requires honing. As a visiting practitioner, access and influence were limited to my role as student. Awareness of the institutional milieu is vital to gaining buy-in and traction for innovation and necessary change. The journey to doctoral preparation has been a step toward earning a seat at the table.

Summary

The need for more experienced practitioners to step forward as mentors to the novice nurse has never been greater. Review of the literature has revealed that mentorship can be an effective adjunct to retention efforts if entered into intentionally. The deliverable of this scholarly project is a framework of sufficient rigor to guide a formal mentoring relationship. Guided by evidence-based recommendations, I am enthusiastic to see the effect that providing increased social support to novice nurses will have on the health of work environments and retention of nurses.

References

Academy of Medical-Surgical Nurses. (2012). *AMSN mentoring program: Mentee guide*. https://convention.amsn.org/sites/default/files/documents/professional-development/mentoring/AMSN-Mentoring-Mentee-Guide.pdf

AGREE Next Steps Consortium (2017). The AGREE II Instrument [Electronic version]. http://www.agreetrust.org

Benner, P. (2004). Using the Dreyfus model of skill acquisition to describe and interpret skill acquisition and clinical judgment in nursing practice and education. *Bulletin of Science, Technology, & Society, 24*(3), 188–199. https://doi.org/10.1177/0270467604265061

Bostock, L., Lynch, A., Newlands, F., & Forrester, D. (2018). Diffusion theory and multi-disciplinary working in children's services. *Journal of Integrative Care, 26*(2), 120–129. https://doi.org/10.1108/JICA-10-2017-0039

Brown, T., & Sorrell, J. (2017). Challenges of novice nurse educator's transition from practice to classroom. *Teaching and Learning in Nursing, 12*(3), 207–211.

Buchan, J., Shaffer, F. A., & Catton, H. (2018). Policy brief: Nurse retention. *Icn.ch. https://www.icn.ch/sites/default/files/inline-files/2018_ICNM%20Nurse%20retention.pdf*

Council, K. D., & Bowers, C. (2021). Preparing mentors: A review of literature. *Journal for Nurses in Professional Development, 37*(6), 341–343. https://doi.org/10.1097/NND.0000000000000724

Day, G. E., Minichiello, V., & Madison, J. (2006). Nursing morale: What does the literature reveal? *Australian Health Review, 30*(4), 516–524. https://doi.org/10.1071/ah060516

DeGrande, H., Liu, F., Greene, P., & Stankus, J. (2018). The experiences of new graduate nurses hired and retained in adult intensive care units. *Intensive & Critical Care Nursing, 49*(2018),72–78. https://doi.org/10.1016/j.iccn.2018.08.005

Deng, C., Gulseren, D. B., & Turner, N. (2022). How to match mentors and proteges for successful mentorship programs: A review of the evidence and recommendations for practitioners. *Leadership & Organization Development Journal, 43*(3), 386–403. https://doi.org/10.1108/LODJ-01-2021-0032

Dewanto, A., & Wardhani, V. (2018). Nurse turnover and perceived causes and consequences: A preliminary study at private hospitals in Indonesia. *BMC Nursing, 17*(Suppl 2), 52. https://doi.org/10.1186/s12912-018-0317-8

Dirks, J.L. (2021). Alternative approaches to mentoring. *Critical Care Nurse, 41*(1), e9–e16. https://doi.org/10.4037/ccn2021789

Duru, D. C. (2020). *Strategies for Retaining Bedside Nurses* (Order No. 28093197). Available from ProQuest Central. (2450426460). https://www.proquest.com/dissertations-theses/strategies-retaining-bedside-nurses/docview/2450426460/se-2

Duchscher, J.E.B. (2009). Transition shock: The initial stage of role adaptation for newly graduated registered nurses. *Journal of Advanced Nursing, 65*(5), 1103–1113. https://doi.org/10.1111/j.1365-2648.2008.04898.x

Duchscher, J. B., & Windey, M. (2018). Stages of transition and transition shock. *Journal for Nurses in Professional Development, 34*(4), 228–232. https://doi.org/10.1097/NND.0000000000000461

Gaffney, T. (2022). Retaining nurses to mitigate shortages. *American Nurse, 17*(1), 17–25.

Gazaway, S., Schumacher, A., & Anderson, Lori. (2016). Mentoring to retain newly hired nurses. *Nursing Management, 47*(8), 9–13. https://doi.org/10.1097/01.NUMA.0000488861.77193.78

Graff, A. C., Jacob, E., Twigg, D., & Nattabi, B. (2020). Contemporary nursing graduate's transition to practice: A critical review of transition models. *Journal of Clinical Nursing, 29*(16), 3097–3107. https://doi.org/10.1111/jocn.15234

Gularte-Rinaldo, J., Baumgardner, R., Tilton, T., Brailoff, V. (2023). Mentorship ReSPeCT study: A nurse mentorship program's impact on transition to practice and decision to remain in nursing for newly graduated nurses. *Nurse Leader, 21*(2), 262–267. https://doi.org/10.1016/j.mnl.2022.07.003

Hale, R. (2018). Conceptualizing the mentoring relationship: An appraisal of the evidence. *Nursing Forum, 53*(3), 333–338. https://doi.org/10.1111/nuf.12259

Hoeve, Y. T., Brouwer, J., & Kunnen, S. (2020). Turnover prevention: The direct and indirect association between organizational job stressors, negative emotions and professional commitment in novice nurses. *Journal of Advanced Nursing, 76*(3), 836–845. https://doi.org/10.1111/jan.14281

Krofft, K. & Stuart, W. (2021). Implementing a mentorship program for new nurses during a pandemic. *Nursing Administration Quarterly, 45*(2), 152-158. https://doi.org/10.1097/NAQ.0000000000000455

Meier, S. R. (2013). Concept analysis of mentoring. *Advances in Neonatal Care, 13*(5), 341-345. https://doi.org/10.1097/anc.0b013e3182a14ca4

Murray, M., Sundin, D., & Cope, V. (2019). Benner's model and duchscher's theory: Providing the framework for understanding new graduate nurses' transition to practice. *Nursing Education in Practice, 34*(2019), 199-203.

NSI Nursing Solutions, Inc. (2022). 2022 NSI national healthcare retention & RN staffing report. https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf?utm_source=link_wwwv9&utm_campaign=item_296198&utm_medium=copy

Schroyer, C., Zellers, R., & Abraham, S. (2020). Increasing registered nurse retention using mentors in critical care services. *Health Care Manager , 39*(2), 85-99. https://www.doi.org/10.1097/HCM.0000000000000293

Tang, J. H., & Hudson, P. (2019). Evidence-based practice guideline: Nurse retention for nurse managers. *Journal of Gerontological Nursing, 45*(11), 11-19. https://doi.org/10.3928/00989134-20191011-03

Vance, C. (2022). Where have all the mentors gone? *Dean's Notes, 43*(4), 1-4.

Vidal, J. M., & Olley, R. (2021). Systematic literature review of the effects of clinical mentoring on new graduate registered nurses' clinical performance, job satisfaction and job retention. *Asia-Pacific Journal of Health Management, 16*(4), 70-82. https://doi.org/10.24083/apjhm.v16i4.739

Walden University. (2019). *Walden University manual for clinical practice guideline development (CPGD) Doctor of Nursing Practice (DNP) scholarly project*. https://academicguides.waldenu.edu/ld.php?content_id=63848268

Yonge, O., Billay, D., Myrick, F., Luhanga, F. (2007). Preceptorship and mentorship: Not merely a matter of semantics. *International Journal of Nursing Education Scholarship, 4*(1),

Zhang, Y., Quian, Y., Wu, J., Wen, F., & Zhang, Y. (2016). The effectiveness and implementation of mentoring program for newly graduated nurses: A systematic review. *Nurse Education Today, 37*(2016), 136-144. https://doi.org/10.1016/j.nedt.2015.11.027

Appendix A: Mentoring of the Professional Nurse

Purpose

Acquiring expertise is a process that occurs over a period of years. According to Patricia Benner's theory of progression from novice to expert, it may take 2-3 years to reach the stage of competent. This stage is characterized by being able to see beyond the immediate task to prioritize and plan based on experiences (Davis & Maisano, 2016). Dr. Judy Duchscher further expounded that novice nurses are faced with cognitive, emotional, and social challenges as they transition to practice (Duchscher & Windey, 2018). While residency programs are a vital part of transition to practice, the need for social support and role-modeling persist beyond a year of tenure. In addition, the professional nurse may choose to transition into alternative environments to develop a new skill set. This is also a period of transition that is marked by the need to develop differing competencies. Therefore, mentoring can be a valuable asset to the newly graduated nurse after residency as well as nurses who have opted to change environments. Establishing a formal mentorship relationship aims to increase the confidence and integration of novice nurses in the clinical environment.

Methods

A literature search was conducted utilizing CINAHL Plus with Full Text, Science Direct, Academic Search Complete, OVID Nursing Journals Full Text, PubMed, and Emerald Insight databases. Search terms used were Mentor*, Mentorship Program, Novice Nurse OR Newly Graduated Nurse. The qualifier, NOT Education or Student was added. The time frame were articles published from 2010 to 2023. Articles must have

English language available. Qualitative experiences of mentorship were excluded. Extreme caution was used if the studies did not clearly differentiate mentor from preceptor.

Applicable studies were appraised according to the American Association of Critical Care Nurses' (AACN) Levels of Evidence. Studies are classified alphabetically with A being the highest and most rigorous and E being expert opinion which are lower in rigor (Peterson et al., 2014).

Classified at a level C, Zhang et al (2016) conducted a systematic review of studies involving the implementation of mentorship programs. The authors identified 9 eligible studies (primarily quasi-experimental studies) that addressed both the effectiveness of mentorship programs and appropriate recommendations for constructing a program. The authors reported outcomes of reduced turnover and increased job satisfaction. The systematic review yielded the following recommendations. 1) Intentional mentor selection 2) Mentor preparation/training (methods varied widely) 3) Provision of regular feedback 4) Effective programs lasted from 3 months to 1 year of duration.

When the above recommendations are considered, mentorship programs have continued to show benefits of improved retention and satisfaction. Classified as level B, Schroyer et al. (2020) conducted a quasi-experimental study implementing the Academy of Medical Surgical Nurses' (AMSN) mentorship program. The comparison group had retention rates of 66% whereas the intervention group experienced a 91% retention rate.

Limitations in the literature are 1) limited sample sizes in many studies 2) Few studies included training of mentors and 3) Paucity of randomized-controlled studies. However, sufficient volume and quality of evidence exists to support the use and construction of a robust clinical practice guideline for mentorship in the clinical environment.

Objectives

The objectives of the defined formal mentoring program can be discussed on the mentee, mentor, and the organizational levels.

Mentee

- Identify opportunities for developing clinical competency.
- Examine resources (internal and external) for navigating practice challenges.
- Evaluate progress toward mutually established goals.

Mentor

- Demonstrate clinical expertise (desired knowledge, skills, and attitudes).
- Employ communication skills to foster mentee growth.
- Develop strategies to assist the mentee in navigating practice challenges.
- Reflect on personal leadership skills and style.

Organization

- Building staff relationships and collaboration (true collaboration)
- Facilitating employee professional development (appropriate staffing)
- Value nurse mentorship for modeling excellence (authentic leadership) (AACN, 2016)

Definition

The role of mentor will be defined as an experienced practitioner who serves as a guide and role-model to aid in the career development of the more novice nurse. This individual serves as advocate for the developing nurse (mentee) to provide resources needed to foster knowledge, skills, and attitudes necessary to develop increasing competence (Meier, 2013; Olaolorunpo, 2019). As such, the mentor shall be selected according to criteria representing these qualities.

Mentor Selection Criteria

To effectively serve as mentor to the developing nurse (mentee), the selected individual (mentor) will fulfill the following requirements for the role.

1) Is a full-time employee of the organization.
2) A minimum of 3 years of experience in the specialty/environment (Zhang et al, 2016).
3) Has received satisfactory ratings on performance review.
4) Displays attitudes consistent with the organizations' vision and values.
5) Demonstrates currency with clinical skills as required by the unit and facility.
6) No current disciplinary action in place.

Exceptional candidates may have obtained certification within the specialty. Demonstration of commitment to the organization through committee work will also be added benefit to the consideration for the role of mentor.

Target Population

The formal mentorship program will be offered to professional nurses who have completed the defined transition/residency program or that have changed environments within the previous 6 months.

Mentor/Mentee Matching Criteria

After identifying mentors that meet the defined criteria, the mentor will be matched with a mentee. Mentorship differs from precepting in that precepting is generally task-oriented and is focused on orientation as well as being confined to a finite period of time (Dirks, 2021). Whereas mentorship is a relationship that may persist as long as each finds the relationship beneficial. Each individual should identify goals that they have for the relationship. This process may ensure that the fit between mentee and mentor is compatible. An optimal process would include a designated unit leader in the review and assignment of mentor to mentee.

In addition to goal compatibility, a nurse leader considering the fit of mentor and mentee candidates may include the following: (Dirks, 2021; Zhang et al., 2016)

1) Communication and/or personality styles (may employ tools such as DiSC-https://www.discprofile.com/)
2) Shift alignment of the candidates
3) Clinical strengths of the mentor
4) Existing personal or organizational commitments (i.e.: educational pursuit or committee assignments)

Mentor Preparation

The role of mentor can result in professional and personal satisfaction for the mentor (Gray & Brown, 2016). However, a successful experience requires preparation of the mentor for the role. This includes an understanding of expectations for both the mentor and mentee. The preparation process should include the following material.

1) Self-Evaluation of Strengths and Opportunities
2) Effective Communication
    - Understanding your own communication style
    - Communicating with others (similar and diverse communication styles)
    - Giving effective/constructive feedback
    - Successfully navigating crucial conversations
3) Setting and Evaluating Goals
    - Setting SMART goals for the mentor and mentee
    - Facilitating reflection on progress toward goals
    - Building accountability in the mentee
4) Engagement Expectations
    - Frequency and modality of mentor/mentee interaction
    - Documentation of activities and progress
    - Strategies for maintaining engagement

(AMSN, 2012)

Program Expectations

This document endeavors to establish clear expectations of both mentor and mentee. The following expectations are not exhaustive of the role and activities.

Mentor Expectations

A successful mentor will exhibit the following behaviors:

- Maintains a civil and professional demeanor with the mentee
- Maintains confidentiality of discussion between mentor and mentee
- Accountable for keeping appointments with the mentee on the following bases*:
    1) Every 2 weeks x 2 months, then
    2) Once monthly for four months
    3) Continuation of the relationship is at will as agreed upon by both parties.

    *These requirements are the minimum expectations and does not limit actual encounters.
- Delivers ongoing feedback to the mentee via
    - Oral feedback
    - Written feedback via goal sheets
    - Recognition of achievement/performance as appropriate
- Maintains documentation of mentee progress
- Communicates with leadership on a monthly basis for evaluation purposes.
- Consistent availability to support the mentee in navigating challenges

Mentee Expectations

A successful mentee will exhibit the following behaviors:

- Maintains a civil and professional demeanor with the mentor
- Seeks and receives feedback willingly
- Participates in self-reflection and evaluation through goal setting
- Demonstrates responsibility for setting and keeping appointments with the mentor
- Arrives prepared to encounters with the mentor
- Demonstrates accountability for completing directed/identified tasks

The relationship between mentor and mentee is intended to be mutually beneficial. The relationship may be terminated by either party if found to be a poor fit. After the prescribed encounters during the first 6 months, the relationship may be continued so long as there is benefit to both the mentor and mentee.

Evaluation

Evaluation of the mentoring relationship will take place at several levels. For the mentor, evaluation of desired behaviors is expected at the outset of the mentorship relationship as well as intermittent reflection (See Appendix A). The mentor will also be responsible for evaluating progress toward goals at each interaction with the mentee (See Appendix C). The mentor will be expected to relay any concerns to the designated nurse leader. The nurse leader may assist the mentor in cases where there are compatibility issues or difficulties in focusing on goals.

The mentee should begin the process by examining what characteristics they expect and desire of the selected mentor. The mentee should work with their mentor to establish SMART goals and reflect on challenges and progress attained at each interaction with their mentor. The mentee should complete the "Assessment of the Relationship with the Mentor" form (Appendix D) at the 2 and 6 month intervals.

Overall assessment of satisfaction with the mentoring relationship should be completed by both mentor and mentee (see Appendix E) at the 6 month interval. If the relationship continues to be intact, it would be desirable to complete the evaluation again at 12 months duration. If the relationship is not a positive fit for the dyad (mentor and mentee), the relationship may be terminated at any point. It is encouraged that open communication occurs between the mentor and mentee regarding goals of the relationship. The nurse leader may be consulted at any point in the relationship if challenges occur.

Guideline Update

The guideline will be reviewed annually by the designated program manager/nurse leader and unit leadership where the guideline is deployed. Guideline revision may be prompted by any of the following:

- Concerning satisfaction surveys for the program or mentor relationship
- Failure of relationships to persist to a minimum of 6 months
- Failure of retention of nursing staff committed to mentoring relationships
- Review of literature reveals relevant evidence to support revision

References

Academy of Medical-Surgical Nurses. (2012). AMSN mentoring program: Mentor guide. *Amsn.org*. https://fdocuments.in/reader/full/amsn-mentoring-program-mentor-guide

American Association of Critical-Care Nurses. (2016). AACN standards for establishing and sustaining healthy work environments. *aacn.org.*

Davis, A., & Maisano, P. (2016). Patricia benner: Novice to expert- a concept whose time has come (again). *Oklahoma Nurse, 61*(3), 13-15.

Dirks, J. L. (2021). Alternative approaches to mentoring. *Critical Care Nurse, 41*(1), e9-e16. https://doi.org/10.4037/ccn20211789

Duchscher, J. B., & Windey, M. (2018). Stages of transition and transition shock. *Journal for Nurses in Professional Development34*(4), 228-232. https://doi.org/10.1097/NND.0000000000000461

Meier, S. R. (2013). Concept analysis of mentoring. *Advances in Neonatal Care, 13*(5), 341-345. https://doi.org/10.1097/ANC.0b013e3182a14ca4

Olaolorunpo, O. (2019). Mentoring in nursing: A concept analysis. *International Journal of Caring Sciences, 12*(1), 142-148.

Peterson, M. H., Barnason, S., Donnelly, B., Hill, K., Miley, H., Riggs, L., & Whiteman, K. (2014). Choosing the best evidence to guide clinical practice: Application of AACN levels of evidence. *Critical Care Nurse, 34*(2), 58-68. https://www.doi.org/10.4037/ccn2014411

Schroyer, C., Zellers, R., & Abraham, S. (2020). Increasing registered nurse retention using mentors in critical care services. *Health Care Manager , 39*(2), 85-99. https://www.doi.org/10.1097/HCM.0000000000000293

Ulupinar, S., & Aydogan, Y. (2021). New Graduate Nurses' satisfaction, adaptation, and intention to leave in their first year: A descriptive study. *Journal of Nursing Management, 29*(6), 1830-1840. https://doi.org/10.1111/jonm.13296

Zhang, Y., Quian, Y., Wu, J., Wen, F., & Zhang, Y. (2016). The effectiveness and implementation of mentoring program for newly graduated nurses: A systematic review. *Nurse Education Today, 37*(2016), 136-144. https://doi.org/10.1016/j.nedt.2015.11.027

Appendix B: Mentor Self-Assessment

Mentor Tool 3

Mentor Self-Assessment

The purpose of this tool is to provide a self-assessment of the mentor's skills. Complete and use the tool to evaluate strengths and areas for improving your mentor effectiveness. Read each mentor behavior and, using the scale below, circle your assessment of your skills in each area.

After scoring the behaviors, look at those areas in which you circled an 'S' or 'L'. These are your areas for improvement. Begin developing your personal development plan to increase your mentoring effectiveness. You may consider discussing your areas for improvement with a person who has successfully functioned in the mentor role.

Note: If you have functioned as a mentor before, base your responses on past experience. If you have not previously functioned as a mentor, your responses should be based on how you have helped others learn and how you would most likely interact with a mentee.

Scale: **E**=Experienced **S**=Some Experience, Could Learn More **L**=Little to No Experience and Need to Learn

	Mentor Behaviors	
1.	I encourage mentees to express their honest feelings about their experiences. I maintain a nonjudgmental, but supportive attitude.	E S L
2.	I initiate periodic progress reports to determine mentees' perceptions of their learning and progress toward goal achievement.	E S L
3.	I refer mentees to other individuals who may offer information and guidance in areas that I may not have the expertise.	E S L
4.	I use eye contact when meeting with mentees.	E S L
5.	I share my life experiences to help mentees learn from practical experience.	E S L
6.	I encourage mentees to refer to the organization's mission and values when communicating and making decisions.	E S L
7.	I encourage mentees to gather all the facts and define the problem before attempting to solve a problem.	E S L
8.	I ask probing questions and encourage mentees to reach their own conclusions and solve problems while providing helpful support. I try not to solve problems for them.	E S L
9.	I link mentees with learning resources (human and material) to expand their knowledge and skills.	E S L
10.	I encourage mentees to challenge the way things have always been done and "color outside the lines."	E S L
11.	I point out inconsistencies in mentees' rationale for their actions and assist them in clearly thinking about their behaviors.	E S L
12.	I encourage mentees who are upset or discouraged about a mistake, failure, or negative experience to identify what went wrong, determine reasons why and what could be done differently next time, and to learn from the experience.	E S L
13.	I provide negative feedback privately and at times when I think mentees are ready or able to constructively receive this information.	E S L
14.	I provide negative feedback to mentees by a. making a positive comment b. stating the undesired behavior/action c. discussing ways to correct the situation and/or ways to improve in the future, and d. ending on a positive note of affirmation of the mentees' skills and abilities.	E S L

© Copyright 2012 Academy of Medical-Surgical Nurses All rights reserved.

Scale: **E**=Experienced **S**=Some Experience, Could Learn More **L**=Little to No Experience and Need to Learn

	Mentor Behaviors	
15.	I assist mentees in viewing and managing change as a positive opportunity for growth.	E S L
16.	When mentees are in a position to institute change, I encourage them to involve all individuals who will be affected by the change and attempt to obtain their “buy-in” prior to instituting the change.	E S L
17.	I encourage mentees to continually assess their learning needs and provide guidance in meeting those needs.	E S L
18.	I try to stimulate mentees to critically think about the long-range implications of their actions and goals.	E S L
19.	I provide step-by-step guidance and direction to mentees when they are performing a task they have never done before. I provide feedback on their performance afterwards.	E S L
20.	I look for situations, projects, or advancement opportunities for mentees to gain experience and demonstrate their expertise.	E S L
21.	I guide mentees’ actions in a way that is politically correct within the unit/organization.	E S L
22.	I assist mentees to identify and make appropriate decisions about situations that pose ethical dilemmas.	E S L
23.	I communicate my concerns when the mentees’ verbal and nonverbal behavior is not in agreement.	E S L
24.	I share personal examples of difficulties and how I overcame them, either in my personal life or in my experiences within the association, as a method to provide insight and learning for mentees.	E S L
25.	I express my personal confidence in mentees’ abilities to succeed and their competence as adult learners.	E S L
26.	I confront mentees with the reality of potential consequences in a direct, but supportive, manner if they are avoiding dealing with problems or not demonstrating accountability in fulfilling their responsibilities.	E S L
27.	I encourage mentees to use me as a sounding board when handling difficulties. I listen and allow mentees to vent their feelings and frustrations. I then help mentees in exploring ways to deal effectively with their difficulties.	E S L
28.	I am proud of my mentees’ successes and publicly praise them for their accomplishments.	E S L
29.	I encourage mentees to display a positive attitude and a confident manner when interacting with patients and colleagues.	E S L
30.	I encourage mentees to provide me with feedback about how I am doing as a mentor and how I am contributing, or not contributing, to their learning.	E S L
31.	I establish with the mentees expectations or ground rules for our relationship. I periodically review these expectations with mentees to determine how well we are meeting them.	E S L
32.	I discuss and clarify my role as a mentor as often as needed.	E S L
33.	I encourage mentees to become progressively independent, but remain available as a coach and a facilitator of their continued learning.	E S L
34.	I recognize and value the expertise that mentees bring to the relationship. I am open to learn from my mentees.	E S L
35.	When engaging in dialogue and decision making, I encourage mentees to separate facts from feelings, interpretations, and opinions.	E S L
36.	I can be trusted with sensitive information and I maintain confidentiality.	E S L
37.	I lead a balanced life, making time for important interests including board service.	E S L

© Copyright 2012 Academy of Medical-Surgical Nurses All rights reserved.

Appendix C: Ideal Mentor Exercise

Mentee Tool 5

The Ideal Mentor Exercise

Completed by the Mentee

This tool is designed to determine your perceptions of the ideal characteristics of a mentor. After completing this tool, share with your mentor some of the qualities that you think would support the mentoring relationship. Your discussion will help you determine your expectations of your mentor. These expectations will be included in your Mentoring Program Plan.

1. An ideal mentor should have the following general skills:
2. An ideal mentor should have the following interpersonal skills:
3. If I were a mentor:

© Copyright 2012 Academy of Medical-Surgical Nurses All rights reserved.

Appendix D: Mentoring Meeting Agenda

Mentee Tool 6

Mentor Initials: __________ Mentee Initials: _________ Date: ___________________

Mentoring Meeting Agenda

This tool may be used by the mentee to create an agenda for meetings with the mentor.

1. Goals for This Meeting
2. Topics/Issues to Discuss
3. Accomplishments During This Meeting
4. Tentative Goals for Next Meeting
5. Other
6. Next Meeting Date and Time

Copy this tool for each meeting

© Copyright 2012 Academy of Medical-Surgical Nurses All rights reserved.

Appendix E: Assessment of the Relationship with Mentor

Mentee Tool 12

Mentee Initials ______________ Mentor Initials______________ Date _________________

Assessment of the Relationship With the Mentor

Completed by the Mentee

Complete this survey by circling the response that best describes your perception about your relationship with your mentor. If some of the situations have not occurred, circle 6 ("N/A not applicable").

	To what degree has your mentor…	Not at All	A Little	Some-what	Quite a Bit	Very Much	N/A
1.	Been available to talk/meet with you when you wanted to talk/meet.	1	2	3	4	5	6
2.	Talked with you about your professional development.	1	2	3	4	5	6
3.	Helped you strategize activities to meet your professional goals.	1	2	3	4	5	6
4.	Allowed you to openly express your feelings about your current work environment.	1	2	3	4	5	6
5.	Been non-judgmental when listening to your evaluation of the workplace.	1	2	3	4	5	6
6.	Assisted with introductions to people who could help you professionally.	1	2	3	4	5	6
7.	Expressed confidence in you and your abilities as a nurse.	1	2	3	4	5	6
8.	Assisted you with long-range career planning.	1	2	3	4	5	6
9.	Discussed with you ways to handle challenging patient situations.	1	2	3	4	5	6
10.	Discussed with you ways to handle difficult situations with your co-workers.	1	2	3	4	5	6
11.	Discussed with you ways to handle difficult situations with a physician.	1	2	3	4	5	6
12.	Discussed with you ways to handle difficult situations with your unit manager.	1	2	3	4	5	6
13.	Encouraged you to act as a patient advocate.	1	2	3	4	5	6
14.	Talked with you about clinical decisions you made.	1	2	3	4	5	6
15.	Demonstrated that she/he cared about you.	1	2	3	4	5	6
16.	Advocated for you in the workplace.	1	2	3	4	5	6
17.	Gave you feedback on your assessment of your performance as a nurse.	1	2	3	4	5	6
18.	Fostered your independence as a nurse.	1	2	3	4	5	6
19.	Communicated in such a way as to enhance your self-esteem.	1	2	3	4	5	6
20.	Guided you in assessing your immediate learning needs.	1	2	3	4	5	6
21.	Offered you insight into the workings of clinical agencies.	1	2	3	4	5	6
22.	Offered you insight into human behavior in the workplace.	1	2	3	4	5	6
23.	Guided you in assessing your future potential.	1	2	3	4	5	6
24.	Been a role model for you.	1	2	3	4	5	6
25.	Been supportive of you overall.	1	2	3	4	5	6

© Copyright 2012 Academy of Medical-Surgical Nurses All rights reserved.

Appendix F: Mentoring Program Satisfaction Survey

Mentee Tool 13

Mentee Initials __________ Mentor Initials__________ Date _________________

Mentoring Program Satisfaction Survey

Completed by Mentee

As your participation in this mentoring program progresses, it is important to evaluate its effectiveness. For each item, circle your degree of satisfaction with the program according to the scale of 1-5.

Item	Degree of Satisfaction
1. To what degree does this program assist you in developing supportive relationships?	Little 1 2 3 4 5 Much
2. To what degree does this program contribute to your professional growth?	Little 1 2 3 4 5 Much
3. To what degree does this program contribute to your personal growth?	Little 1 2 3 4 5 Much
4. To what degree does this program enhance your ability to communicate with your nurse colleagues?	Little 1 2 3 4 5 Much
5. To what degree does this program enhance your ability to communicate with patients?	Little 1 2 3 4 5 Much
6. To what degree does this program enhance your ability to communicate with physicians?	Little 1 2 3 4 5 Much
7. To what degree does this program enhance your ability to communicate with other health care providers?	Little 1 2 3 4 5 Much
8. To what degree does this program enhance your ability to problem-solve work-related issues?	Little 1 2 3 4 5 Much
9. How satisfied are you with communication with your mentor?	Little 1 2 3 4 5 Much
10. How satisfied are you with the discussions at your meetings with your mentor?	Little 1 2 3 4 5 Much
11. To what degree do you think this program is helpful in your transition to the work place?	Little 1 2 3 4 5 Much
12. Overall, how satisfied are you with this program?	Little 1 2 3 4 5 Much
13. Additional Comments	

© Copyright 2012 Academy of Medical-Surgical Nurses All rights reserved.