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Factors Contributing to Loss of Nursing Intellectual Capital

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COLLEGE OF EDUCATION

This is to certify that the doctoral study by

Vera Grover

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Abstract

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Doctoral Study Submitted in Partial Fulfillment

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Abstract

In a Level II trauma center, experienced nurses are retiring from nursing positions, which is causing an unstable workforce. According to the literature, there are not enough experienced nurses to mentor the new nurses. Evidence suggests that experienced nurses are associated with improved patient outcomes and that experienced nurse mentors can improve the work environment for less experienced nurses. Focusing on Watson's theoretical framework of caring and Covell's theoretical framework of intellectual capital, this phenomenological study explored the lived experiences of a small group of nurses. Five nurses with 15 years of experience and who had served as mentors were selected for in-depth individual interviews. Open coding and thematic analysis were used to analyze the data, and 5 themes emerged: lengthening work shifts and related effects, increasing workload and responsibilities due to higher patient acuity, learning new technologies, mentoring with a decreased patient ratio, and surveying customers as the main focus of patient care. The results of this study guided the development of a proposal for a computer-based learning module on nurse mentoring. The module explains what mentoring is, the importance of mentoring, and proper ways to mentor. Implications for positive social change include retaining intellectual capital in an organization through mentoring positions for experienced nurses.

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Dedication

This doctoral study is dedicated to my mother, Wilde Pimentel Torres Galvao Strickland. My mother was from Natal, Brazil. She married my father, who was in the Army stationed there, in 1947. I am the oldest of five children. I lost my mother on August 1, 2013. Losing my mother has been the hardest thing that I have ever had to endure, but knowing that she is with our Lord and Savior gives me peace, as I will one day be with her again. My mother was all of five feet tall and weighed 98 pounds. She had the heart of an angel and the temper of a lioness. She lived for her family and protected us as if we were her cubs. If I could just have one more day with her, I would spend the day listening to all of her stories about her life in Brazil and all the things she faced when coming to America. Just to hear her voice one more time and see her face when I tell her, Mom, I finally made it; I am Dr. Vera Ligia Grover.

Acknowledgments

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Section 1: The Problem

Introduction

In order to meet the needs of an increasingly complex healthcare industry, experienced nurses are needed at the clinical bedside. However, despite the increased number of new graduate nurses entering the profession, there is an unstable workforce, as new graduate nurses exceed the number of experienced nurses (Gregory, Bolling, & Langston, 2014). This is a vital problem for healthcare organizations. The demand for experienced nurses is increasing, along with an aging population with complex healthcare needs, an increase in the use of technology, and an increase in regulatory measures Kumar, Ghildayal, & Shah, 2011). The inability for hospitals to staff experienced nurse positions adequately is a great concern of healthcare administrators, directors, and managers, as they strive to provide safe and efficient patient care (Fero, Witsberger, Wesmiller, Zullo, & Hoffman, 2008). The purpose of this study was to identify the factors that contribute to the experienced nurse staying or leaving the clinical bedside. Through the identification of these factors, processes can be devised and implemented that encourage the experienced nurses to continue practicing either at the bedside or in another job that uses their experience as mentors and educators. The results of this study may enable the healthcare organization to develop a strategic plan to improve retention of the experienced nurse, thereby improving the stability of the workforce and improving patient outcomes.

Definition of the Problem

There is great concern over the experienced nurse leaving the bedside and what it will do to the quality of patient care. Patients today are admitted to hospitals with complex healthcare needs that require a higher level of care. Hospitals are facing a decrease in intellectual capital, as the experienced nurse chooses to leave bedside nursing care at a time when healthcare management is requiring more skilled nurses to manage these complex healthcare needs of patients. Unfortunately, as they leave, they take their expertise and knowledge with them. New graduate nurses, novices in their field, are then left to care for the patients (Bleich et al., 2009)

Rationale

Evidence of the Problem at the Local Level

Georgia's population ranks eighth in the nation (U.S. Census Bureau, 2014). The nursing supply is decreasing, while the demand for healthcare continues to rise (Richardson, 2011). This demand is driven by an aging population, while contending with an aging nurse workforce and baby boomer nurses retiring (Hirschkorn, West, Hill, Cleary, & Hewlett, 2010). Coupled with this is a lack of highly qualified, experienced new nurses to replace the experienced nurses leaving the clinical bedside. Georgia anticipates that by 2020, there will be a 32,000 decrease in registered nurses (U.S. Department of Health and Human Services, (2014).

The local hospital in this study is a 400-bed, not-for-profit urban hospital located in Georgia that maintains a 95% to 100% occupancy rate. Accreditation designations and certifications include accreditation by The Joint Commission (TJC), Primary Stroke

Center Certification Get With the Guidelines Achievement for the Gold Award and the Gold Plus Award in stroke care recognized by American Heart and Stroke Association, and Level II Trauma Center, all indicating the high acuity of the patients treated in this facility.

The local problem present in the center is the low number of experienced nurses working at the clinical bedside and the decreasing number of experienced nurses to mentor new graduate nurses. Coupled with these factors is the large number of new graduates applying for resident positions. At this time, the local hospital can only take 50 new graduates for the internship twice a year. Since the local organization is losing intellectual capital, there are not enough experienced nurses to mentor the new graduates, causing an unstable workforce. The residency open house at the local hospital has over 200 new graduates in attendance. The hospital plans to take 50 new graduates as interns. This hospital could use more but cannot accommodate a larger number because of the lack of experienced nurses to mentor them.

The exodus of experienced nurses, combined with the abundance of new, inexperienced nurse graduates, contributes to an increasingly inexperienced nursing workforce. Although this is not the first nursing shortage at this facility, lack of experienced nursing staff affects the healthcare industry differently than in previous years. Today, there is an increasing need for trained nurses to care for higher acuity patients, requiring a nursing workforce that is highly trained and ready to take on leadership roles as soon as they are hired. In the past, patients were admitted to hospitals with less severe complaints with longer stays. This allowed new nurses the time they

needed to acclimate and learn on the job. Now, however, because patient acuity is much higher and stays are shorter, new nurses need support as they transition into the workplace (Sedgwick & Rougeau, 2010). As seasoned nurses choose to leave the bedside, the loss of intellectual capital leaves a void (Reidinger, 2010).

To prevent negative patient outcomes, novice nurses need highly skilled and seasoned mentors. In a 1999 study of over 200,000 patients in an urban hospital setting, it was revealed that over 4,000 patients died during the first month of admission due to failure to rescue and that 8.4% of patients died from surgical complications (Aiken, Clarke, Sloane, Lake, & Cheney, 2008). The death rate, as well as the increase in infections, was attributed to the lack of experienced and highly skilled nurses (Aiken et al., 2008). The new nurse may not be skilled in these areas, so time spent with a seasoned mentor is critical to his or her development.

According to Benner, Sutphen, Leonard, and Day (2010), at best, the new graduate is a novice practitioner to nursing care. While this is a reasonable expectation of a beginning practitioner, the healthcare organizations see this as a problem and want to hire registered nurses with more experience. In an interview, a nurse executive of an urban hospital stated, “We do not have enough experienced nurses to mentor the new graduate” (P. Garland, personal communication, April 14, 2011). New graduates are not prepared to care for the complex needs of the patient population (Thomas, 2007). The experienced nurse is necessary to teach the new nurses not only skills but ways of communication and delivery (Rogan, 2009).

New graduates lack competence in skills and confidence in decision making capacity (Fero et al., 2008). The patient population is affected by this lack of competence, as new nurses do not have the knowledge, experience, or skill to realize what they do until they are deeply involved in the situation (Guhde, 2011). Therefore, it has been suggested that new nurses should be allowed to provide care for patients using their limited clinical experience, knowledge, and skills under the guidance of an experienced nurse (Morris et al., 2007).

The novice nurse needs coaching and discipline to learn policies, skills, and practice. Depending on the area in which the nurse works determines the patient to nurse ratio. In the neuroscience unit, the experienced nurse is expected to maintain a patient ratio of 5:1, whereas some units have a nurse patient ratio of 7:1. While this may not seem high for a seasoned nurse, for a novice who has usually only cared for one or two patients at a time during school, this is a major increase in responsibility (Boychuk Duchscher, 2008).

Evidence of the Problem From the Professional Literature

Maintaining the intellectual capital in a nursing workforce is a challenge. The experienced nurse is caring and confident, with a group identity and a relationship with the organization. As the complex healthcare needs of our patients continue to increase, the industry needs to employ and retain experienced nurses. At the same time, organizations need to maximize the use of nursing intellectual capital to sustain a stable workforce (Hudspeth, 2007).

Reasons nurses leave the bedside. Some of the reasons nurses leave the bedside include the inflexibility of work schedules, the quality of patient care, as perceived by some nurses, and the feelings of lack of value, compassion fatigue, and stress (Hazell, 2010).

Inflexibility of work schedules. Welton (2007) suggested several factors that may prevent the experienced nurse from continuing to practice bedside care. One factor is inflexible scheduling (Rogers, 2010). Sorrell (2010) clarified that a large number of experienced nurses are leaving nursing after the age of 50. A study by Geiger-Brown and Trinkoff (2010) indicated one of the identifying factors of this exodus is the inflexibility in work schedules and the long 12-hour shifts. Nurses report they are very fatigued and risk errors in judgment and medication administration because they get an average of 5.5 hours of sleep per night. Research has supported that the likelihood of error is 3 times greater for the nurse who works a 12-hour shift compared to the nurse who works an 8-hour shift (Geiger-Brown et al., 2012). The work day starts with getting up at 5 a.m., reporting to work at 6:45 a.m., working the 12-hour shift, sometimes staying over to finish up and chart, and then driving home. The work day turns into a 14- to 15-hour day, with added responsibilities at home. In order to get 8 hours of sleep, one would have to be in bed at 9 p.m., which is not very feasible.

Quality of patient care. Another contributing factor involves the quality of patient care. Some nurses have expressed a concern that organizations are more focused on budget constraints than on keeping adequate, qualified nurses to provide quality patient care (Shirley, McDaniel, Ebright, Fisher, & Doebbeling, 2010). According to the Institute

of Medicine (IOM; 2010), many patients die every year from nursing shortages and medical errors that are preventable, attributing this to the lack of experienced nurses. Researchers have also identified that many deaths occur each year from nurses providing care when they are exhausted (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002).

Lack of value, compassion fatigue, and stress. The feeling of not being valued for their contribution to nursing is yet another concern that may affect the experienced nurse exodus (Riley, Beal, & Lancaster, 2007). There is also the risk for burn out, compassion fatigue, stress, and dissatisfaction with the workplace (Mosley, Jeffers, & Paterson, 2008). According to Montalvo (2007), the National Database of Nursing Quality Indicators for patient care has a direct relationship with the number of qualified nurses who are on staff providing care for the patient. Healthcare has continued to change over the last 20 years and has become more demanding, with increased rules and regulations (Timmermans & Berg, 2010). Nurses are becoming more dissatisfied with the excess workload and the climate of the workplace that takes away the joy of nursing, which is patient care (Hazell, 2010). A study by Brennan and Daly (2008) identified staffing ratios can be linked to new regulations to help improve patient outcomes. In addition, burnout is real and a recognized risk in stressful professions (Bush, 2009; Coetzee & Klopper, 2010; Keidel, 2002). Research has also shown that nurses affected by compassion fatigue may experience a decrease in job performance and morale (Figley, 1995). Combined with a lack of funding for healthcare, the increased nurse to patient ratio aggravates an already stressful work environment (Booker, 2011).

Definitions

The following terms are used in the study:

Aging workforce: Lost knowledge (Collins, 2009).

Burnout: A psychological response to stress that leads to exhaustion (Maslach, Leiter, & Jackson, 2013).

Compassion fatigue: A condition where compassion decreases over time (Coetzee & Klopper, 2010). This is common in stressful environments and with nurses who work with trauma patients. This condition can have a negative effect, and the nurse may experience stress and anxiety.

Experienced nurse: A nurse with clinical reasoning (Tanner, 2006).

Intellectual capital: Knowledge, skill experienced, and time invested (Stewart, 2007).

Mentor: Tudor, coach, counselor, or trusted guide (Bozeman & Feeney, 2008).

Stress: Psychological and physiological reactions to situations in an environment (Ilies, Dimotakis, & Depater, 2010).

Significance

Patients are being admitted to hospitals with increasingly complex diagnoses. The healthcare industry is challenged to provide the best care, while at the same time remain cost effective. With the exodus of the experienced nurse and the influx of new nursing graduates, it is difficult to maintain a stable workforce. The experienced nurse brings a wealth of knowledge and skill in caring for complex health issues and is needed to mentor the new graduate. In order to maintain a balance and stability in the workforce,

factors must be identified that cause the experienced nurse to leave the clinical bedside, and a system needs to be developed that better utilizes these experienced nurses as mentors and educators (Case, 2010).

Review of the Literature

The purpose of the study was to identify the contributing factors that may cause the experienced nurse to leave or stay at the clinical bedside. Through this research, I can identify ways to support facilities to maintain intellectual capital through specialized educational programs. The literature review addresses factors that have previously been reported to contribute to experienced nurses leaving the clinical bedside and on attempts that have been used to change this trend. Databases used include Academic Search Premier, Cinahl, Education Search Complete, EBSCO, ProQuest, and Eric databases. The key search terms used were *experienced nurse, registered nurse, compassion fatigue, stress*, and *burnout.*

The combination of these terms and the databases produced over 150 results, which were reduced to 75 sources based on relevancy of my study. Main topics that emerged in the literature were patient ratio, staffing flexibility, stable workforce, intellectual capital, respect, and mentoring.

Theoretical Framework

This research was based on a framework of two theories –Watson's theory of human caring and the intellectual capital theory. Nursing is the essence of caring. Watson's (2006) theory of human caring brings meaning and focus to nursing as an emerging discipline and distinct health profession with its own unique values,

knowledge, and practices, and with its own ethic and mission to society. Watson's theory focuses on caring from the perspective of the nurse-patient relationship and supports the healthcare organization's commitment to a caring culture. Watson stated, "It is when we include caring and love in our work and our life that we discover and affirm that nursing is for a lifetime of growth and learning" (p. 345). While caring is a cornerstone of Watson's theory, caring may also increase risks for stress, burnout, and compassion fatigue in healthcare providers. Nurses feeling called to the profession out of a desire to serve and care for patients often find outside influences of the profession lead to compassion fatigue.

Watson's (2006) theory calls for administrative practices and business models to embrace caring, even in a healthcare environment of increased acuity levels, short hospital stays, increasing complexity of technology, and rising expectations in the task of nursing. These challenges call for solutions that address healthcare system reform at a deep and ethical level and that would enable nurses to follow their desire to provide compassionate care rather than short term solutions, such as increasing the number of beds, sign-on bonuses, and/or relocation incentives for nurses. The middle-range nursing intellectual capital theory "proposes that the nursing knowledge available in healthcare organizations is influenced by variables within the work environment, and influences patient and organizational outcomes" (Covel, 2008, p. 94). Nursing intellectual capital is the advanced knowledge that a nurse has and uses in everyday practice that contributes to better care and patient outcomes. When patient outcomes are improved, organizational success follows. Covel (2008) theorized that nursing human capital (registered nurses) is

correlated to variables such as nurse staffing and employer support for continuing professional development which, in turn, is associated with the quality of patient care and the recruitment and retention of nurses. The theory also proposes that nursing structural capital (nursing knowledge) is associated with the quality of patient care.

An Aging Workforce and the Nursing Shortage

The United States is facing another nursing shortage crisis, due partly to the baby boomer nurses retiring (Richardson, 2011). Coupled with this problem, organizations are faced with experienced nurses leaving the bedside (Hirschkorn et al., 2010). It will be difficult to maintain patient safety and quality of care without experienced nurses. Retirement of seasoned nurses from bedside nursing is expected to put a tremendous strain not only on the nursing profession and the organization but on the patients as well (Tarrant & Sabo, 2010). The nursing profession is not to be taken lightly. People's lives depend on the proficiency of the experienced nurse. Aurebach, Buerhaus, and Staiger (2007) recognized that the nursing shortage has reduced the time that nurses spend with patients and that this reduced time has affected the quality of patient care. At the same time, however, the authors stressed that, "Even though we have an aging workforce, these nurses are astute and are the best clinicians our country has ever seen" (Auerbach et al., 2007, p. 182).

Experienced nurses continue to work overtime with high patient acuity, which is associated with errors and decreased quality of care (Janiszewski Goodin, 2003; Knowles, 2010; Nowak, 2005; Sjogren, Fochsen, Josephson, & Lagerstrom, 2005; Sorrell, 2010). Auerbach et al. (2007) found a relationship between the shortage of

experienced nurses and patient care. Patients who have a higher nurse to patient ratio are shown to have decreased quality outcomes (Aiken et al., 2012). Nurses working 12-hour shifts has been shown in the literature to contribute to decreased quality of patient care that results in over 1 million nursing errors (Berryman, Lukes, & Keller, 2009).

The shortage of experienced nurses affects the death rate of patients in critical care settings and increases the rate of hospital-acquired infections (Aiken et al., 2008). A cross sectional study of 232,342 patients in a hospital setting between the second quarter of 1998 and last quarter of 1999 revealed 4,534 patients died within 1 month after being admitted into a hospital due to failure to rescue, and 8.4% of patients died from complications from surgery (Aiken et al., 2008). Hospitals with a low nurse to patient ratio have a greater risk for high mortality rates (Ghaferi, Osborne, Birkmeyer, & Dimick, 2010). A study by Kendall (2011) demonstrated that patient results are much higher when care is provided by an experienced nurse.

Therefore, there is a great need for the experienced nurse in clinical practice. With higher acuity patients admitted to the hospital, it is crucial that experienced nurses are there to provide accurate, efficient, and safe care. With the long hours that are required in nursing, it is very difficult for the older, experienced nurse to manage 12-hour shifts. Furthermore, the high acuity and the long work hours put added stress on the nurses, both physically and emotionally. Hayes, Bonner, and Pryor (2010) identified many factors for why the experienced nurse may leave clinical nursing, including heavy patient loads, critical staffing issues, and physical and emotional challenges, which all make for a

stressful environment. In addition, working a 12-hour shift does not leave much room for flexibility.

Stress, Burnout, and Compassion Fatigue

In the past, nurses were drawn to the profession because of a deep longing to care for the sick (Smith, 2011). In nursing school, students were taught the values of caring and the proper management of patients, leading to compassion satisfaction. However, students may not have known, and were likely not told, that their nurturing qualities of caring, compassion, and empathy could place them at risk for acquiring compassion fatigue (Bride, Radey, & Figley, 2007). Because of a high rate of occupational stress, nurses are experiencing burnout caused by heavy workloads, understaffing, and advanced technology. Studies have confirmed that healthcare providers play host to a high level of compassion fatigue (Bride et al., 2007; Bush, 2009; Coetzee & Klopper, 2010; Potter et al., 2010; Yoder, 2010). Compassion fatigue is a new term that describes the thoughts and feelings of someone that has lost the ability to nurture (Baker, 2010). Previously, there was no definition for compassion fatigue, so these feelings were associated with burnout. With the many tasks required daily, as well as the emotional support needed by some patients, the experienced nurse is experiencing work-related stress of physical, mental, and emotional exhaustion, with an inability to cope with the work environment (Dominguez-Gomez & Rutledge, 2009).

Some nurses who work on medical and surgical floors have to care for six to seven patients. The acuity of these patients is not taken into consideration, and the nurse may be overwhelmed with the amount of care that is required, along with other

regulatory measures and new advances in technology. Nurses are assigned patients by number, and some nurses may have higher acuity patients. Nurses continue to provide care for patients who have critical illnesses, while working understaffed and with fewer resources. Nursing is a caring and empathetic profession, but often compassion fatigue in the workplace can lead to a lack of interest, decreased job satisfaction, and lack of commitment to the organization (Yoder, 2010).

Nurses constantly struggle to function in caregiving environments, which present emotional, stressful, and physical challenges. Affecting positive changes in nursing, a mission so vital to those passionate about caring for others, is perceived as elusive, if not impossible. This painful reality, coupled with first-hand knowledge of a dwindling supply of experienced nurses, compromises the safety and well-being of patients. Compassion fatigue, stress, or burnout takes its toll on everyone, from full-time nursing staff to administrators. Eventually, negative attitudes prevail, and issues of stress-related health problems and job dissatisfaction cause nurses to terminate their employment and leave the profession (Bride et al., 2007; Bush, 2009).

Quality of Patient Care and the Experienced Nurse

There is a direct relationship between the shortage of experienced nurses and the delivery of quality of patient care. Needleman, Buerhaus, Stewart, Zelevinsky, and Mattke (2007) linked this shortage to increasing mortality rates. A nurse working over 8 hours per day due to a lack of experienced relief nurses has been identified in providing decreased levels of safety and quality patient care (Olds & Clarke, 2010). According to Berryman et al. (2009), over 1 million healthcare errors have resulted due to nurses

working longer hours. Moreover, according to the IOM (2010), the death rate of patients increases each year from medical errors due to the shortage of experienced nurses. Hence, the care of patients is compromised due to the shortage of the experienced nurse. Patients have died in hospitals from the care provided from an exhausted nurse while working with a staffing shortage (Aiken et al., 2002).

The Experienced Nurse Versus the Novice Nurse

The experienced nurse has a very deep knowledge of practicality. The assessment skills of the novice nurse are extremely different than the experienced nurse (Saintsing, Gibson, & Pennington, 2011). This could be due to different levels of education and learning styles or to lack of experience. For example, experienced nurses will ask in-depth questions during a shift report and clarify any concern they feel may be pertinent to caring for the patient. The experienced nurse will use that information in the decision-making process, while the novice nurse will adopt the physician order, usually without question (Levett-Jones et al., 2010). The experienced nurse is intuitive to the needs of the patient and can recognize if a patient is in trouble and will quickly intervene. The novice nurse sometimes cannot recognize this situation early enough to provide adequate care for the patient. The novice nurse may have trouble with prioritization and judgment. The novice nurse learns by reading the policy and procedure manuals, while the experienced nurse has a mature knowledge base that has been developed through many years of caring for patients (Burns, O'Donnell, & Artman, 2010). Therefore, when an experienced nurse leaves, that knowledge is lost. It takes a new nurse a long time to acquire this knowledge, and it is very costly to the organization. This is not a quick process, but a process that

occurs over time. The average orientation for a new nurse is 3 months. In addition, the average pay for a new nurse is approximately $20 per hour, and an average full-time position is 36 hours per week. The hospital where this research took place employs 100 new nurses per year. The estimated cost of training these new nurses is $75,000 (P. Garland, personal communication, April, 14, 2011).

In addition to the shortage of experienced nurses, there is a vast difference between the novice nurse and the experienced nurse when it comes to safety and patient outcomes (Hill, 2010). Quality indicators show that hospital-acquired pressure ulcers (HAPU) and patient falls are highly influenced by the nurse's experience (Hill, 2010). There are also data to support that years of nursing experience and practice have a positive relationship to quality patient care. Patients who are cared for by experienced nurses have less complications and shorter patient hospital stays (Bartel, Phibbs, Beaulieu, & Stone, 2011). Additionally, hospital-acquired pressure ulcer rates could decrease significantly by increasing the registered nurses' experience by 5 years (Dutton, Gajewski, Klaus, & Pierson, 2007).

Mentoring

A decrease in the number of experienced nurses working at the clinical bedside is very concerning to healthcare organizations. Furthermore, the complexity and high acuity of the patients admitted to the hospital requires skills and knowledge that can only be provided by the experienced nurse (Propp et al., 2010). In addition, some experienced nurses are approaching retirement age and will leave the nursing profession permanently. Thus, losing the experienced nurse is not only losing an employee, but these nurses are

taking away experience-based knowledge from the organization (Hamilton & Campbell, 2011). The transfer of this knowledge from the experienced nurse to the new graduate is imperative in maintaining quality patient care (Bleich et al., 2009). New graduates embarking on their nursing career need mentors to provide guidance and help with retention (Hayes & Scott, 2007). A mentorship builds a trusting relationship between the new graduate and the experienced nurse, allowing the new graduate to develop skills and confidence. The shortage of experienced nurses is an organizational problem, as new graduates do not receive the mentoring they need. Therefore, there is a great need for experienced nurses to share their expertise and to help develop the new graduate to become competent and proficient in nursing practice (Cangelosi, Crocker, & Sorrell, 2009).

The role of the mentor can be defined as teacher, counselor, or educator (Russell & Russell, 2011). Nursing mentorship needs someone who is structured and knowledgeable about the nursing role as well as the organization. Mentorship helps build confidence, competence, and leadership. Mentorship is also a relationship between the mentee and the mentor, where learning and life experiences are freely shared, and each party learns from one another. Moreover, mentorship can be classified as experiential learning (McCloughen, O'Brian, & Jackson, 2011).

The new graduate moves from nursing school to bedside practice facing many challenges, with great potential for mistakes managing a patient load and coordinating care. Decision making for a complex healthcare need is extremely difficult for the novice nurse. These new nurses need an experienced nurse to mentor them to help them learn

and develop skill and confidence and to help alleviate their fears and make the transition to nursing practice a smooth process (Saintsing et al., 2011). Experienced nurses have already experienced the thoughts and feelings new graduates are having and can provide encouragement and support. They can teach the new graduate things that are not found in a textbook and help them develop critical thinking skills (Mills & Mullins, 2008).

In order for new nurses to succeed and advance in their careers, they need to have an experienced mentor. Novice nurses often lack the skills, confidence, and ability to apply their knowledge and need guidance and structure to practice nursing safely and efficiently (Komaratat, & Oumtanee, 2009). To help remedy this problem, a mentorship model in a southwestern hospital in the United States was developed to improve the level of nursing competency (Byers, 2011). Nineteen graduate nurses were chosen to work with experienced mentors. These experienced nurses were chosen to mentor the new graduates for a period of 6 months. The graduate nurses were evaluated twice each month by their nursing director to assess increase in competency, skill, and confidence. As a result, the nurses who used the mentorship model scored higher than the nurses who did not participate in the study (Byers, 2011).

Implications

There is a lack of research to identify why the experienced nurse chooses to leave or stay at the clinical bedside. This mass departure has caused an overabundance of new graduates, along with a lack of experienced nurses to help mentor them. Studies have shown that positive patient outcomes and increased quality of care is increased when care is provided by an educated, experienced nurse (Aiken, 2007). As patients are

experiencing more complex health issues, the nursing workforce will require a balance to maintain stability.

Research Questions

The experienced nurse leaving the clinical bedside and subsequent loss of intellectual capital is cause for alarm within all healthcare organizations. Therefore, organizations need to find ways to retain the experienced nurse. Experienced nurses are needed to provide safe and effective care for the patient population. They are also needed to help teach and guide the new graduate and to help them develop the skills, knowledge, and experience to be able to practice safely (Hautala, Saylor, & O'Leary-Kelley, 2007).

The purpose of this project study was to identify the factors that contribute to the experienced nurse leaving the clinical bedside and to identify ways to alleviate the problem. Questions that pertain to this identification include the following:

- What are the contributing factors that may cause the experienced nurse to leave the clinical bedside?
- What effect does risk for stress, burnout, or compassion fatigue contribute to the experienced nurse leaving the clinical bedside?
- What are the contributing factors that would influence the experienced nurse to remain in nursing to support and mentor new nurses?
- What are the recommendations for retaining the experienced nurse in bedside nursing?

Summary

The review of literature has suggested there is a gap in the literature on how to retain experienced nurses, our intellectual capital, in the clinical setting. The local problem of the loss of intellectual capital from nursing appears to lead to a deficit in seasoned professionals who can mentor new nursing graduates as well as provide high level patient care. The theoretical framework that guides the research study is based on two theories: the caring model developed by Watson and the intellectual capital theory. In this descriptive study, I attempt to identify the contributing factors that cause the experienced nurse to leave clinical nursing and the factors that could stem this flow.

In Section 2, I will focus on the methodology, including the setting, sample, data collection, instrumentation, protection of human subjects, data analysis, and data presentation.

Section 2: The Methodology

Introduction

A qualitative phenomenological design for this study was chosen to examine the research questions that address the lived experiences of the experienced nurse, age 55 years and over, who is considering leaving bedside nursing. There is a loss of experienced nurses leaving the bedside, which is causing an unstable workforce (Duffield et al., 2014). The review of the literature has indicated that there is a gap in the literature on how to retain experienced nurses in the clinical setting. Hence, this qualitative research study helps to identify and describe the factors influencing the experienced nurse leaving clinical nursing and factors that would encourage them to stay.

Qualitative research is a methodology that was previously used with other disciplines, adapted to the educational setting, and may be used in many designs (Lodico, Spalding, & Voegtle, 2010). The data collection process of the qualitative method uses interviews, focus groups, or observations. The process for collecting accurate data and properly analyzing it requires choosing the appropriate methodology for the study. Thus, the phenomenological approach was chosen for this research study in order to capture the lived experiences of experienced nurses and identify why they may leave the clinical bedside. This type of design allows the researcher to take a closer look at the feelings and perceptions of the human experience and allows participants to tell their stories using rich descriptions.

Research Design

The purpose of this phenomenological qualitative study was to identify the contributing factors that may influence the experienced nurse's decision to leave clinical nursing. The review of the literature has indicated that the experienced nurse is leaving the clinical bedside; however, there is limited research to support why the experienced nurse is leaving the local hospital. Conducting this research allowed me to gain an understanding through the lived experiences of the experienced nurse and learn why the experienced nurse is leaving the bedside. The experienced nurse is leaving and taking years of knowledge that is so desperately needed for a stable workflow. With the findings of this study, I created a proposal for an educational project that may contribute to bridging this gap with a transfer of knowledge.

Data collection for this phenomenological project study included individual interviews of experienced nurses. As the researcher is the main instrument in qualitative research, methods of observation, interviews, and document review can be used for data collection (Cresswell, 2009). Findings have been summarized using a narrative approach. The phenomenological design was used to examine the shared meaning of a particular phenomenon. This study allowed the experienced nurse to share lived experiences through beliefs, thoughts, and feelings. Gaining the experienced nurse's thoughts, beliefs, and feelings was crucial in identifying the factors that influence the experienced nurse in leaving the clinical bedside. Obtaining this information was crucial in developing a project to help to alleviate the problem of experienced nurses leaving the clinical bedside. The main research questions that guided the research were the following: (a) What are the

contributing factors in the experienced nurse leaving the clinical bedside?, (b) What effect does risk for stress, burnout, or compassion fatigue contribute to the experienced nurse leaving the clinical bedside?, (c) What are the contributing factors that would influence the experienced nurse to remain in nursing to support and mentor new nurses?, and (d) What are the recommendations for retaining the experienced nurse in bedside nursing? Themes will be identified from the data analysis.

Rationale for Chosen Design

The qualitative phenomenological method was chosen for this study because it allowed me to glean information from the lived experience of the experienced nurses and obtain reasons that may be factors in choosing to leave or stay at the clinical bedside. The qualitative method used open-ended questions and allowed the participants to tell their story in their own words.

There are many types of qualitative designs, but the phenomenological design was the most appropriate one to use to determine the contributing factors that may influence the experienced nurse to leave or stay at the clinical bedside. This type of design focused on the experienced nurse's human experience and allowed the participant to share information openly without restrictions. The ethnographic design was not appropriate for this study, as it focuses on understanding cultural influences, which was not the focus of this project study. Grounded theory was not a good choice of design because constructing a theory based on data was not the intent of this study. The case study method was not a proper choice for this study, as the researcher collects data over a specific period of time using multiple methods of data collection. Quantitative research was not used for this

project study, as it provides numeric description of attitudes, opinions, and behaviors and does not allow free expression in the participant's own words. A quantitative approach is used to collect statistical data, which was not a good choice for this project study, because it did not allow the participants to share their lived experiences and it limited the amount of information. A mixed-method approach was not used for this study because it would have incurred greater financial cost and required more time.

Participants and Setting

All research was conducted at a local hospital in North Georgia. The sample (n = 5) for this study was nurses aged 55 and older who worked at the bedside for 15 years and were willing to participate in an audio interview. The participants in this study were asked to share honestly and openly, as the information gleaned would be used to address the issue of experienced nurses leaving the clinical bedside. Originally, six participants self-selected to be a part of the research study. The research design called for accepting the first five nurses who replied to the email. However, when the letter of instruction was sent, one of the nurses immediately declined when she learned that the interview would be taped. This nurse shared with me that she did not feel comfortable having her interview taped.

Following approval from the Institutional Review Board (IRB) of Walden University, the proposal was presented to the Level II Trauma Center's IRB for approval. Nurses who met criteria were invited to participate through the hospital email. I emailed a letter of invitation (Appendix G) to all nurses who met inclusion criteria. The letter explained voluntary participation and provided contact information for those interested in

participating in the study. Upon notification of interest from the potential participants, the informed consent (Appendix E) was sent to those nurses. All emails and personal information were kept confidential. Upon receipt of the consent forms and verification of inclusion criteria, the first five nurses who displayed an interest to participate were selected to participate in the study. Table 1 shows the demographics of the participants. A demographic and information guide sheet (Appendix F) was given to all participants, which outlined the details of the interview process.

Table 1

Interview Participants and Demographics

Participant	Age	Race	Sex	Education	Experience (years)	Plan to leave (years)
1	67	White	F	BSN	38	1
2	61	White	F	BS	39	3
3	60	Black	F	ADN	37	4
4	60	White	F	BSN	39	Unknown
5	60	Black	F	BSN	39	3

Ethical Considerations

Prior to beginning the research study, ethical considerations were addressed. Permission was obtained from the IRB of the organization where the research took place, as well as from Walden University. The IRB plays a key role is protecting students, faculty, and all human subjects. The IRB is critical to any university, as it represents the highest integrity of research. The responsibility of the IRB is to review the research proposal and make sure that safeguards are in place to protect human subjects who are participating in human research. If there was no protection in place for participants of research, it could be damaging, as one might receive physical or mental harm. Any time

human subjects are involved in research, safeguards must be in place for protection of all of the stakeholders involved; therefore, a study maintains the highest integrity and respect for human life (Grover, 2011).

The participants were informed that the study was voluntary and they could withdraw from the study at any time, including after data had been collected. Risks, no matter how minimal, and benefits of the study were also considered and addressed. A consent form was given to each participant describing the purpose of the research and providing evidence of minimal harm and confidentiality. Research consent forms use the words confidential or anonymous. It must be noted that confidential allows the researcher to know the participant's name, and anonymous pertains to a blind study where no one knows the identity of the participant.

The main ethical concern in any research is the protection of human subjects. An informed consent from the nursing participants was obtained (Appendix E). The consent form explained that the research study was voluntary, the purpose of the study, and the right to withdraw from the study at any time. I secured the data, and only I had access to the data. The data were placed on an external hard drive and locked in a file cabinet in the researcher's home office. Hard copies of data were also locked in the office file cabinet.

Data Collection

Data collection began with the most common form of interview, which is the face-to-face interview, where information was obtained from the individual participants (Merriam, 2009). An interview protocol was developed to provide standardized instruction for the participant (Appendix F). Using qualitative research interviewing,

open-ended questions were used to allow for an in-depth response from the participant (Rubin, & Rubin, 2011). A pilot interview was conducted with a nursing director to determine if the interview protocol provided clarity of the protocol and instruction. The interview questions were well-written and addressed the topic of interest. An email was sent to all participants who met the criteria, inviting them to participate in the interview. The experienced nurses were selected from those who displayed an interest in participating in the study. These nurses shared thoughts, feelings, and beliefs about the factors that may contribute to leaving the clinical bedside.

Preparation is important when planning an interview. The setting was made comfortable for me and the participant and free from distractions. The purpose of the interview was explained in detail to the participant and the nurse was ensured confidentiality. Other areas addressed included the format of the interview and how long the interview would last.

The role of the researcher in a qualitative study is to guard against imposing their own opinions, experiences, and beliefs into the interviews that should be dedicated to understanding each participant's opinions, experiences, and beliefs alone. Thus, it is important to expose the researchers' experiences so that the reader is alerted to their bias. Mentorship is not for everyone. I have had mentors who did not know the first concept of mentoring. I was told that if I had questions, I should call. In addition, when I made a mistake, it was reported to the chair; there was no trusting relationship. As a new teacher, I have had different types of mentoring, but there are only two true mentors whom I have trusted in a mentoring relationship. Teacher preparation is vital to the success of the

student, and if a new teacher does not get the proper mentoring and direction, the teacher, student, and the organization will have negative outcomes. Gailbraith (2004) stated that "the aim of effective mentorship is to promote the development of the learner" (, p. 452).

Setting

The study was conducted in my healthcare organization in a conference room. This room was a private area that was well lighted and quiet. Participants were assured of confidentiality, and a sign was placed on the door to prevent interruptions. A sound check for accuracy was preformed prior to the start of the interview. The participants received a copy of the interview questions prior to the interview to become familiar with the topic of discussion. Individual, standardized interviews were completed.

Interview

The questions were clear and concise. The type of questions asked depended on the focus of the study (Merriam, 2009). The questions were worded in familiar language that the participant understood. Extreme care was taken so as not to propose leading questions to reveal a bias or assumption. Prior to the interview, the participants read the consent form, asked warranted questions, and signed the form. The taped interviews were 45 to 60 minutes in length, and upon completion, data were transcribed.

The interviews took place while the participants and I were not working. During the interviews, the participants were observed for any nonverbal signs, such as crossed arms, sighs, pauses, or eye rolling. After the interview, the tape was played back to the participant, and all answers were reviewed for clarity. One of the advantages of this design is the close relationship between the researcher and the participants as their views

of realty are explored. The data were analyzed to look for common themes. In the qualitative method, the researcher looks for themes to evolve that can be traced back to the literature and new themes that may emerge that have no literature support (Lodico et al., 2010).

Data Analysis

After the interviews were completed, the data were transcribed into a narrative form and reviewed by reading over the transcriptions. Dragon Speak software was used to transcribe the interviews. Data analysis began upon completion of data transcription. In qualitative research, there is a large amount of data to be transcribed (Holloway & Wheeler, 2013). It is very important to be organized early in the process to prevent being overwhelmed. I listened carefully to the tapes and reviewed field notes prior to looking for themes and then listened to the tapes and read the transcriptions a second time. Some words that were repetitive were documented.

The next step was to look for themes and phrases, code the data, place them in categories, and compare the findings to the literature. The transcription was read line by line, and the data were evaluated for similarities and differences. All of the words that stood out related to the research questions were highlighted, and meaningful statements were categorized into themes. The data and field note statements without relevance to the research topic were put aside. The data analysis provided answers to the interview questions:

- Discuss your thoughts and beliefs about the contributing factors that may cause the experienced nurse to leave the clinical bedside.

- Would you share your opinions about risk for stress, burnout, or compassion fatigue and how it may contribute to the experienced nurse leaving the clinical bedside?
- Would you share your thoughts and opinions about contributing factors that may influence the experienced nurse to remain in nursing to support and mentor new nurses?
- Would you share your recommendations for retaining the experienced nurse in clinical bedside nursing?

Findings

Minimal literature is available that addresses ways to keep the experienced nurse at the clinical bedside and therefore, retaining intellectual capital. The intent of this project was to determine why the experienced nurse was leaving the clinical bedside to provide support for a plan to address the problem. The four themes identified from the phenomenological interviews produced a rich description of the lived experiences of the mature nurse. The codes identified include (a) 12-hour shifts, (b) higher patient acuity, (c) technology, (d) mentoring with decreased patient ratio, and (e) customer surveys.

12-Hour Shifts

When the interview started with the first participant, I noticed that she was somewhat hesitant to answer the question about what she thought the reasons might be in leaving the bedside. It was almost as if she might be looking for the proper answer. She identified that 12-hour shifts were a problem for her, as it was physically difficult to be on her feet for such a long period of time. The second participant shared that the

increasing age factor, along with some health issues, makes her tire more easily than she did at age 50. Another participant stated that the 12-hour day is long, and she does not get enough sleep and rest before she has to go back and do it again. According to Geiger-Brown and Trinkoff (2010), nurses are more fatigued and do not get enough rest between shifts. All five participants identified that working 12-hour shifts was very difficult for them and felt like a 12-hour shift really turns into a 14-hour shift when you get up, get dressed, and drive to and from work. According to Spiva, Hart, and McVay (2010), 12-hour shifts are difficult for the mature nurse, as it is physically demanding and may impair decision making capacity in providing patient care. One of the participants told of an experience when she was scheduled to work three 12-hour shifts. This was extremely difficult for her, and by the third day, she could hardly finish her shift because she was so tired.

Higher Acuity

Higher acuity in patient care was a major concern with all five participants. According to participant one, patients that are admitted to the hospital are so sick now that there are many demands on the nurse, not only from the patient, but from the family, as well. One participant identified that you never get to a point that you can say this is so much easier. Every year the acuity of the patient is higher. Another participant explained that with the high acuity, there is no time for any little extras, and she only had time to do what was absolutely necessary, and sometimes not even that could be done. With the excess workload, nurses may be losing the joy of patient care. One participant reminisced about her younger years in nursing. She discussed working the 3 p.m. to 11 p.m. shift and

being able to give all of the patients a back rub every night to help prepare them for sleep. She further elaborated that she was not advocating giving back rubs to patients, but simply that she would like a little more time with her patients. One participant addressed that she was frustrated because she felt like she did not have time to give her patients emotional support, "Every care plan that I had in nursing school included emotional support." Five out of five participants identified that higher acuity was a contributing factor for the experienced nurse considering leaving the clinical bedside. The experienced nurse continues to work overtime with high patient acuity, which is associated with errors and decreased quality of care (Janiszewski Goodin, 2003). One participant told of a time when she worked five 12-hour shifts and hung the wrong antibiotic on her patient. She did not even realize it until it was brought to her attention the next day. Fortunately, there was no harm done to the patient, but this really upset the nurse.

Technology

Advancing technology is causing anxiety and frustration for some of the experienced nurses. The goal of computer charting is to improve patient outcomes by increasing patient safety, improving communication, and providing easier access to medical records (Kilbridge & Classen, 2008). However, many older experienced nurses are having challenges with technology. With the push for computer charting, many nurses may leave bedside nursing because they fear they cannot learn this new way of charting. The younger nurses are digital natives, and the older generations are digital immigrants and have to learn this new technology. Several participants agreed that nurses that have little experience with computers are nervous and afraid they cannot do it. They are used

to planning their day and working with tasks. They are used to planning ahead, and when you have to use a computer, it makes the day a little irregular. For example, if the computer goes down or you are interrupted, you have to start over. Consistent with the literature, some nurses have difficulty understanding the advantage of computer charting and feel threatened by the computer and may have feelings of loss of control (Shoham & Gonen, 2008). One participant identified that computer charting was very difficult and stressful for her and she needed extra help. She also confessed that she truly thought about leaving because of new technology.

One participant addressed that she is a baby boomer, and that generation thinks they can do everything, "When we have something that we struggle with, we do not handle the struggle very well because we do not give up." All five participants agreed that technology was a concern for the mature nurse, but they were willing to learn. However, these nurses are not from the computer generation and prefer the paper method. Since computer charting is not going away, if these nurses are going to stay at the clinical bedside, they will need extra help and coaching to maintain this way of charting.

Patient Load on Top of Mentoring

Mentoring is a very important role for the new nurse; the experienced nurse has so much to offer to the novice nurse. The new nurse just out of school may have the book knowledge, but they do not know how to provide patient care. The mentor can teach the new nurse things that are not found in a textbook and help them to develop critical thinking skills (Mills & Mullins, 2008). The new nurse needs an experienced nurse to teach and guide them. All five participants agreed that mentoring is a huge component for

the new nurse to learn patient care, but all were concerned that because the mentoring process is so crucial, a lower patient assignment was warranted. The new nurse not only is learning patient care but also policies and procedures, along with hospital and regulatory rules. One participant shared that because mentoring is so important, if an experienced nurse is going to properly mentor a novice nurse, the nurse needs a decreased patient ratio. This participant alluded to her opinion that it was not fair to the mentor or the mentee. This experienced nurse also suggested that the mentor and mentee could start with two patients for a few weeks and gradually increase the ratio. One nurse was currently mentoring a new nurse and was concerned that this nurse did not have much clinical experience and felt the need to go back to baseline. This was very hard to do with a full load, "We have a lot to offer, but we need the flexibility to provide it." Another participant addressed that the nurses that were coming out of school now are bright, but they need the experienced nurse to help them be successful. They are smart with theory, but they have trouble putting things together. An additional participant agreed that mentoring wears you out, because you have to do a lot of explaining and teaching and at the same time provide care for often five patient assignments.

Mentoring is extremely important for the novice nurse. The new nurse needs the proper guidance and instruction to lessen the learning curve. The novice nurse needs help with organization and prioritization, which the experienced nurse can provide. With the high acuity and complex healthcare needs, the novice nurse needs someone to trust and build a good mentoring relationship . Along with that partnership comes the need to have a lighter patient load, so learning can take place. There is a great need for experienced

nurses to share their expertise and to help develop new nurses to become competent and proficient in nursing practice (Cangelosi et al., 2009).

Customer Surveys

An unexpected theme in the research study was customer surveys, which came as a complete surprise. All participants talked about customer surveys. The participants seem to feel that the hospital leadership was more focused on getting the survey numbers raised than in actual patient care. One participant addressed that patients and families are allowed to dictate patient care. If a patient does not want to get up and walk, then they should be allowed to make that decision. One participant stated that by pleasing everybody the patients are expecting more and more. The demands from patients and families are much greater than ever before. Another participant thought that management was too worried about the surveys. This nurse felt that concentrating on being nice to everyone and providing the best care was crucial. One participant was concerned that more and more responsibility is given to the nurse, and when survey numbers go down, processes that are put into place only add more work and responsibility to the nurse. In the qualitative method, the researcher looks for themes to evolve that can be traced back to the literature and new themes that may emerge that have no literature support (Lodico et al., 2010). However, I could not find any literature to support this theme.

Summary

The themes that were identified provide issues that need to be addressed and possible avenues to help retain the experienced nurse. It is difficult for the older nurse to maintain a 12-hour shift, care for patients with high acuities, and also mentor new

graduates. At the same time, it is important to retain the intellectual capital these nurses bring to the profession. Their experience and wealth of knowledge is essential to pass on to new nurses. To do this, the industry needs to find other opportunities and ways of incorporating the mature nurses into the institution where they can be most effective. This may mean new job opportunities outside of direct bedside nursing that still allow mature nurses to pass on their knowledge and experience to influence the development of the new nurse. While mentoring relationships currently exist in many hospitals, there is room for new models of mentorship that capture the intellectual capital without increasing the negative effects on the mature nurse.

Limitations

In a qualitative phenomenological design, the data cannot be generalized to a larger population, and some of the nurses chosen for the interview may not share the same feelings and beliefs as nurses not chosen for the study. Many studies indicate that the experienced nurse is leaving the clinical bedside, but further studies are necessary to validate the findings of other experienced nurses, which may provide additional information relevant to the factors influencing the experienced nurse in leaving the clinical bedside. This study included five nurses.

Conclusion

A qualitative phenomenological method was used to explore the day-to-day experience of the clinical bedside nurse and the factors that may contribute to leaving the clinical bedside. Data collection included individualized, face-to-face interviews. Color coding was used in data analysis. The guiding research questions included: What are the

contributing factors that may cause the experienced nurse to leave the clinical bedside? What effect does risk for stress, burnout, or compassion fatigue contribute to the experienced nurse leaving the clinical bedside? What are the contributing factors that would influence the experienced nurse to remain in nursing to support and mentor new nurses? What are your recommendations for retaining the experienced nurse in bedside nursing?

Five themes identified from the phenomenological research included (a) 12-hour shifts, (b) higher acuity, (c) technology, (d) decreased patient ratio with mentoring, and (e) customer surveys. The findings of this project study included the contributing factors identified by all of the participants that may contribute to the experienced nurse leaving the clinical bedside. When the participants were asked what the most important thing addressed in the study, the reply was unanimous that a mentoring program was needed. The new nurses are the next generation and they need to have the proper guidance, skills, and education. If they are not taught, how will they learn? With the analysis of these identified factors, mentoring is identified as one way to retain the experienced nurse and preserve intellectual capital and will be addressed in Section 3, as a proposal for a new mentor training program.

Section 3: The Project

Introduction

In Section 1, I identified that experienced nurses are leaving the bedside, and with that exodus, intellectual capital is lost. There were little data in the research literature to identify why nurses are leaving the bedside, and in meeting with the chief nursing officer of the local hospital, no data were identified to support why the experienced nurse is leaving the clinical bedside. Thus, the purpose of this study was to identify the contributing factors to why experienced nurses may leave the bedside. Through the face-to-face interview process, I was able to identify some of the contributing factors as well as explore the beliefs and feeling of the experienced nurse. Section 3 is based on the complete data analysis and includes the description and goals of the project, the rationale for the project choice, the literature review, project implementation, project evaluation, and implications for social change.

The term mentorship has been used to describe the experienced nurse-novice nurse relationship. Other words that are used, such as coach or preceptor, have different meanings. Mentor is defined as a trusted counselor, while a preceptor is a teacher (Race & Skees, 2010). The relationship of a mentor and a preceptor are different. A preceptor is assigned to the novice nurse to teach skills and practice. A mentor helps the mentee learn and advance in career development (Cho, Ramanan, & Friedman, 2011). Mentors provide resources, help to establish goals, help identify the mentee's strengths and weaknesses, and then review and evaluate successes and areas for improvement.

Description and Goals

The goal of this project was to provide a computer-based learning (CBL) module for experienced nurses who are interested in becoming a mentor for new nurses. This proposed mentoring program is based on the results of the data analysis of the experienced nurses who participated in the study. Participants of the study acknowledged that a mentoring program was needed but were unsure if the organization would support the program.

The proposal for the mentor training program consists of CBL modules that will introduce the module, present scenarios, and offer time for questions. The training program will be a 9-week course offered twice a year in spring and fall to all experienced nurses 55 years of age and older who express an interest to participate. A steering committee will be formed with representatives from the local organization who are allegiant and support the mentoring training project.

The first step in developing this program is to identify the goals and objectives. The next step is to identify and recruit experienced nurses who are willing to learn all the aspects of mentoring. Commitment plays a large part in having a successful mentoring relationship. Following identification, it is important to educate the mentor to take on the role effectively. As with any new program, ongoing support is needed. The mentors will have the support of the trainers to ask questions and share feedback. Additionally, a blog will be set up for the mentor participants to communicate with each other to share experiences and best practices and to ask questions. Furthermore, evaluations of the program will take place yearly to evaluate practices and improve the program, as

necessary. At the end of the training, an evaluation tool will be used to evaluate the training effectiveness of the instructor and the student.

Rationale

Every experienced nurse plays a vital role in the development of the novice nurses and their ability to think critically, collaborate, and advance both personally and professionally (Epp, 2012). The need for this program is essential because of the shortage of nurses and the loss of intellectual capital when experienced nurses leave the clinical bedside. Therefore, the success of the organization depends on retaining the novice nurses and helping to develop them to their full potential. Hence, this program will provide experienced nurses the tools necessary to mentor novice nurses.

Currently, a mentoring program is not available at the local hospital in northeast Georgia. This project was chosen because experienced nurses are leaving the bedside, and organizations are losing intellectual capital, while there is a large influx of new nurses graduating each year who need to be mentored. When completing the data analysis, one of the themes identified was mentoring with a lighter patient load. The nurse patient ratio is 5:1. Nurses are assigned five patients, and the acuity may be very high with these patients. Nursing assignments are not made based on acuity, but by number. With the high acuity of patients, it is very difficult for the mentor to do a thorough and complete job with the new nurse if they are carrying a high patient to nurse ratio. The mentor needs a mentoring program that will allow the mentor and the mentee adequate time for learning. Transfer of learning takes place during the relationship

between the mentor and the mentee. Intellectual capital can be retained with a mentoring program that is beneficial to both the mentee and the mentor.

Review of the Literature

The literature review was conducted using the online library of Walden University through the following databases: Academic Search Premier, Cinahl, Education Search Complete, EBSCO, ProQuest, and Eric. The key search terms used were *mentoring, training, mentee, online learner, face-to-face,* and *professional development.*

Due to the challenge faced with the current nursing shortage and the loss of intellectual capital, a plan for educating the future nursing workforce is essential (Miyamoto, 2014). Peer mentoring has been used in many disciplines, with both positive and negative results. According to Dennison (2010), if correctly implemented, peer mentoring can have positive lasting results. The mentoring must be completed by an experienced nurse who is knowledgeable and skillful, willing to share intellectual capital. If the mentor has buy-in, the mentor/mentee relationship provides a good foundation for the mentee. Some nurses are assigned mentors. Although assigned mentors have the experience needed, they may not know how to properly mentor a new nurse, which can produce negative results. Mentoring can be used to provide both professional and personal development and foster a relationship between two people that allows growth and development (Cho et al., 2011). Since new graduates are novices, mentoring is necessary for the new nurse residents to prepare them to care for patients admitted under their care. Mentorship allows the new nurse to seek clarification comfortably in high risk situations and provides someone who is experienced in providing quality care education

(Jokelainen, Turunen, Tossavainen, Jamookeeah, & Coco, 2011). Additionally, new nurses should have a mentor to help them with the transition of learning policy and procedure and diagnosis, since the new nurse is often overwhelmed with basic nursing and skills information. New nurses need a mentor to help guide them to become familiar with the hospital and nursing policies for practice. The ability to provide new nurses with a mentor helps to build their confidence to learn and enhance their ability to become critical thinkers in a nonthreatening environment (Christiansen, Prescott, & Ball, 2014). A structured environment would provide educational challenges in nonthreatening situations where the new nurse may care for increased number of high acuity patients with the support of their mentor (Levett-Jones, Gersbach, Arthur, & Roche, 2011).

Mentoring

Mentoring is a valuable practice that contributes to the success of the novice. Mentoring can be both informal and formal, but research has shown that a formal mentoring program is much more effective (Desimone et al., 2014). The mentor and the mentee are accountable to each other (Wang, Thomlison, & Noe, 2010). Mentors must be willing to give their time and energy to help develop and support the novice nurse. The mentor is a valuable resource for the novice nurse and helps to provide guidance and assist in developing critical thinking skills, self-esteem, and career advancement (Zerwekh & Zerwekh Garneau, 2013). Transfer of knowledge and skills is conveyed, and the novice nurse moves to a proficient status (Benner, 1982).

Lifelong learning and mentoring is extremely important in the professional development of nurses, no matter what level of education they attain (Hood, 2013). If an

organization is to retain nurses at all levels of practice, they must provide competent mentors who have clear expectations of the role, enhanced listening and communication skills, support, and recognition.

Mentoring has application to the nurse practicing at the bedside as well as to nursing education. The new nurse is exposed to many different types of patients with many different diagnoses. The experienced mentor can help guide the new nurse in caring for the patient, learning and improving new skills, and increasing knowledge (Maddalena, Kearney, & Adams, 2012). The orientation of a novice nurse provides a structured and supportive environment. Education and practice needs to be a cohesive union to bridge the gap with novice nurses beginning practice (Adamack, Rush, & Gordon, 2013).

Experienced nurses paired with novice nurses can offer an organization stability and longevity in the nursing workforce. This relationship promotes competency development, organizational and personal support, and retention (Race & Skees, 2010). When a new nurse is paired with an experienced mentor, they not only increase knowledge and skills, they learn critical thinking skills, develop self-esteem, and feel valued as a team member. Research has shown that when an employee feels valued, they are more likely to become engaged in the organization (Race & Skees, 2010). Developing a mentoring program aids the novice nurse with positive socialization into practice and also enhances retention (Thomka, 2007)

Mentoring is also important as the novice nurse advances. The mentor is able to identify strengths and weaknesses to formulate a plan of action (Strauss, Johnson, Marquez, & Feldman, 2013). As the new nurse works with the experienced mentor, the

mentor will be aware of the areas where the new nurse excels or needs improvement. The mentor and the new nurse can discuss the areas where improvement is needed and form a plan of improvement. The mentoring relationship is one of trust, respect, and collaboration (Eller, Lev, & Feurer, 2014). Each person needs to feel safe and secure to speak freely about concerns or accomplishments. In a true mentorship, both parties must acknowledge that mistakes will happen, but they can work together to correct these mistakes and learn from them. A true mentor does not track all of the mistakes the mentee makes, but assures the mentee that they have his or her best interest at heart. In a true mentorship, they work together and develop learning strategies for improvement.

Other Mentoring Models for New Nurses

Legacy mentors are a group of nurses over the age of 50 who have a wealth of knowledge, experience, and a passion for sharing nursing knowledge and expertise with new nurses. In a study in British Canada, a group of 29 nurses with at least 40 years of nursing experience proposed a mentoring model to share intellectual capital with new nurses (Kuhl, 2005). These nurses were to develop a project to share with new nurses, new hires, and experienced nurses. After approval from the educational department, each nurse, according to his or her interest, was paired with a mentor. The program consisted of an orientation to the project, a midterm evaluation, and a final evaluation. The legacy mentors felt a sense of pride to be able to transfer their knowledge, and reciprocal learning took place (Kuhl, 2005).

In 2008, a hospital in southern Vermont began a nurse mentoring program (Patrick, 2010). The goal of this program was to retain new nurses and offer them

advancement. The organization established they wanted the mentoring program to provide a relationship between the mentee and the mentor. They inquired within the facility to obtain interest for experienced nurses who wanted to become mentors. The potential mentors completed a short questionnaire to establish the qualifications of the proposed mentor. The training of the proposed mentor included a 10-hour program, which included goal setting, active listening, learning style, job stress, and emotional intelligence. Following the course, the proposed mentors were asked to sign a contract acknowledging the expectations. Twenty mentors have been trained and paired with new nurses, with a retention rate of 18 of the 20 new nurses. With the success of this program, the potential for a successful mentoring program is excellent (Patrick, 2010).

Adult Learner

The adult learner is different than the child learner in that they have a need to know for their learning. Pedagogy addressing the younger learner has a completely different set of assumptions. Adult learning is based on prior learning to build new learning (Blaschke, 2012). Adult learners also need motivation to learn, and the knowledge must be beneficial and of interest for them. The adult learner wants to use real life experiences in his or her learning, and it must be self-directed (Kop, 2011).

Computer-Based Learning

Traditional program development has been used over the last 40 years to endorse professional nursing development. However, the use of face-to-face instruction has become more difficult due to the shortage of nurses, and organizations are finding it

difficult to schedule onsite training for nurses (Baxter et al., 2013). One possible solution is the use of CBL.

CBL has been used by the academic world for a number of years to provide individualized support for learning (Payne, 2012).According to Payne,2012, One large hospital in Michigan, interested in proposing an online orientation for newly hired nurses, decided to initiate an online classroom of learning. A new vehicle for professional development was needed, as there was lack time for face-to-face classroom learning. The education department chose the Sakia learning management system platform, which supports content delivery, communication, and collaboration. Nurse educators from the organization attended training classes to learn the platform. The online classroom proved very successful, even though it took many hours of instruction to learn and implement this new technology. This type of classroom was beneficial by decreasing the required classroom time and allowing the nurse to have continuous access. The classroom also had a testing feature for nurses to meet the requirements for hire. Because of the success of this program, the organization chose to provide other programs for online learning (Payne, 2012).

Guiding Theorists

The guiding theorists for this project study were Watson's (2006) theory of caring and Covell's (2008) theory of intellectual capital. Caring is an import characteristic in nursing. It is believed that this theory cannot be taught, but that one must possess this within. Mentors must care enough to share skills and knowledge with the mentee. According to Covell, intellectual capital is the knowledge that an experienced nurse uses

daily in nursing practice. This type of knowledge is gained through education and life experiences. Through a mentoring program, this knowledge can be transferred to the novice nurse.

The theorist for the project is guided by Rogers's (1961) adult theory and Tyler's (1949) book *Basic Principle of Curriculum & Instruction*. Rogers's theory relates to adult learning as centered learning. Rogers's theory addresses significant learning as learning that fosters personal growth and development. The belief is that adults should be involved in the process, as they have a need for learning, and instructors should help to facilitate that learning. This can be accomplished by having a safe environment where students and instructors can share experiences and knowledge with each other without fear of intimidation or dominance. Learning can be an immeasurable experience, but it is at the discretion of the student and the instructor and how much effort and engagement they exhibit. The instructor's responsibility is to set the classroom mood and provide the tools and resources that will help to enhance that learning. Tenenbaum, Rogers, and Ransom (1969) aspired that Rogers sees the teacher as one who can release students, as well as himself, for growth. The teacher also becomes a learner, eagerly seeking, along with the students, new meaning and insight. The goal is not examination, but a goal of learning that is more meaningful.

Communication is crucial, and it is important to have instructor presence to keep the students engaged (Becker, McCaleb, & Baker, 2015). The adult learner wants to feel valued for their contribution. The online environment is part of a learner-centered program, learning from each other's life experiences and sharing resources. The student

takes responsibility for his or her own learning. It is a shared experience between the student and the instructor.

Transformational learning can be used to evaluate our lives and discover our life's meaning. It can change the way one thinks and responds to make significant changes in our assumptions, values, and beliefs. Mezirow (2000) suggested "transformational learning occurs when there is a transformation in one of our beliefs or attitudes or a transformation of our entire perspective" (in Merriam, Cafarella & Baumgartner, 2007, p. 133). Through transformational learning, our minds are opened to, discover new ideas and concepts, and develop new learning through our past experiences. Transformational learning also includes reflective and experiential learning, and through that learning, new thought processes are developed

Tyler's 1949 book *Basic Principles of Curriculum and Instruction* illustrated one of the first planning models. This model was originally targeted for elementary education, but has been adapted to include the adult learner. Tyler's model is a very basic linear model that requires four sequential steps: (a) know the needs of the audience or the educational purpose, (b) develop objectives based on the need, (c) plan and develop the plan or program, and (d) assess and evaluate the plan or program (Laureate Education, Inc., 2009).

The mentoring program will address concepts of mentoring, interpersonal skills, management skills, and organizational skills. Three modules will be completed over the 9-week period that will address all aspects of these topics. Each module will take 3 weeks to complete. The modules will provide an overview and assessment of the topic, as well

as scenarios and testing. There will be interaction between the instructor, and the participants will participate in a blog to share questions and feedback.

Implementation

Resources and Existing Supports

To implement the CBL mentoring program, various educational components used in the mentoring program need to be analyzed. This CBL will be offered to all experienced nurses who express the desire to participate in the mentoring program offered by the hospital. The CBL will contain three modules which will include the topics of mentoring, expectations, and the impact of mentoring. Additional modules will include interpersonal skills and the importance of good communication, conflict management, and relationship building. Management skills and organizational skills will also be addressed. A blog section will be set up for the participants to exchange ideas and information. Objectives for the program will include (1) analyze one's capabilities as a mentor, (2) identify expectations of a mentor, (3) discuss the impact of mentorship in relation to complex patient care, and (4) discuss the impact of mentorship to career advancement.

Potential Barriers

Limited resources and financial constraints could cause a barrier in implementing this mentoring program. The organizational leadership is in agreement with the need for this program, but do not all agree it can be part of the strategic organizational plan.

Proposal for Implementation and Timetable

The implementation of this mentoring project is based on three factors: Walden's acceptance of the doctoral project study, the approval and acceptance of the organization, and the willingness of the experienced nurse to engage in a mentoring program. The development of the CBL for the mentoring program will take approximately three months. Stakeholders must give their approval prior to the development of the course, and course curriculum must be finalized. The course will be asynchronous and can be completed at the participants own pace.

Roles and Responsibilities of Student and Others

The participants are expected to complete all of the CBL modules and participate in the blog to share ideas and best practice. The organization will supply the computer for the participants to use at the organization or the participants can receive access from the IT department to the organizational website, where they can complete the modules in their home.

Project Evaluation

The participants of the mentor training program will complete a course evaluation to determine the effectiveness of the course. The evaluation will provide information on how well the material was covered, as well as the quality, strengths, and weaknesses of the course, which will then be evaluated (Treweek et al., 2013).

A 5-point Likert scale will be utilized for the evaluation. The participants will answer (a) strongly agree, (b) agree, (c) neutral, (d) disagree, or (e) strongly disagree (Appendix B). The items on the evaluation are:

1. Program provided clear objectives
2. Material was relevant to mentoring
3. Participant is able to relate expectations of mentoring
4. Participant can define mentoring
5. Participant can state the importance of mentoring
6. Participant can acknowledge importance of interpersonal skills
7. Participant can identify management skills
8. Participant can identify organizational skills

Our organization has a nurse residency program. This program has a 3-month educational process incorporated with practice sessions. This 3-month program does help to transition the new nurse into nursing practice and the organization, but does not allow adequate time to foster a relationship between the experienced nurse and the novice nurse, which would help to bridge the gap of the experienced and novice nurse.

Implications Including Social Change

Local Community

The implementation of this project will have a positive effect in the local community. The ability to have a mentoring program for new nurses is vital to preserve nursing intellectual capital (Poe, Abbott, & Pronovost, 2011). Nurses, hospital administrators, patients, and families are affected by nursing knowledge and skill. Experienced nurses are faced with challenges of long shifts and high patient acuity, technology deficits, and mentoring new nurses. This phenomenological research study allowed me, the researcher, to identify these and other factors that may cause the

experienced nurse to leave the clinical bedside. The exploration of the problem was very enlightening to the Level II Trauma center, and I was able to identify an intervention.

As previously stated the orientation for a new nurse is three months, but this not a true mentoring program. It is a very basic hospital orientation to learn hospital and departmental policies. The novice nurse has a preceptor to help with the transition, but the patient ratio is 5-1. With the high acuity of the patients, the nurse preceptor does not have adequate time to mentor and can only provide the basics. The novice nurse needs a trusting relationship with guidance to develop professional skills and knowledge necessary for nursing success.

The intention of the mentoring program is to equip experienced nurses to be more educated in terms of mentoring. First, it provides experienced nurses with an educational experience that certifies that they are knowledgeable about effective nursing mentoring. Second, it begins a true 1 year mentoring program replacing the preceptor program and in addition to the three month introduction to the hospital program. Third, it sets the patient-to-nurse ratio at a more reasonable 3:1 ratio, rather than the current 5:1 ratio. This ratio will allow the new mentor time for a true collaborative and learning relationship.

The goal of this mentor course project is to retain intellectual capital and foster a relationship between the mentor and mentee through a shared experience. The goal of this research is to consider different ways of retaining the mentors' intellectual capital. Additional steps could be using the mentor program course and creating part-time mentoring positions for aging nurses. The implementation of this mentoring project supports a relationship between the experienced nurse, the organization, and the novice

nurse. This program will be closely monitored for any additions or changes for a successful outcome. This relationship will help to improve nursing practice and retain nursing intellectual capital.

Far-Reaching

This mentoring project could impact other health organizations that could use this same mentoring model. The research study was conducted at one healthcare organization, but the process of nursing and losing intellectual capital is the same in any healthcare facility. The implementation of this project could be a positive process and retain other experienced nurses in healthcare organizations. Overall, nursing care could be improved because of the transfer of knowledge that takes place with mentoring (Fleig-Palmer & Schoorman, 2011).

Conclusion

Section 3 included the description and goals, rationale, literature review, and evaluation of the mentoring project. The necessary resources, existing organizational support, and potential barriers were addressed. A proposal and timetable for implementation was also provided, along with the roles and responsibilities of the stakeholders. Social change and project value was also discussed on the community level, as well as in a larger context.

Section 4: Reflections and Conclusions

Introduction

Experienced nurses are leaving the clinical bedside. Along with this exodus, intellectual capital is being lost. Novice nurses do not have the skill and knowledge to care for the high acuity in patient care. New nurses also do not have the necessary decision making and critical thinking skills. Therefore, the purpose of this project was to bridge the gap of knowledge from the experienced nurse to the novice nurse.

Project Strengths

The project focuses on the development of a mentoring program to train experienced nurses to be mentors. Having a mentoring program is essential for the new nurse to guide them in providing quality patient care and enhancing career development. The ongoing relationship with a mentor allows the new nurse to advance in skills and knowledge and to become a vital part of the organization. Strengths of the project include collaboration and consistency. These new nurses have not had any consistency in mentoring. A novice nurse needs the skill and knowledge to communicate, collaborate, and think critically. The project was data-driven and created to meet the specific needs of the experienced nurse. Interviews of five experienced nurses were guided by the research questions. Using the interview process with open-ended questions allowed the participants to answer openly and honestly with freedom of expression. An evaluation was included to allow for remediation or program improvement.

Recommendations for Remediation of Limitations

This is a new project, and it is the first time it will be implemented in this healthcare organization. If the project is not well-founded or supported, it may not be successful. There may also not be appropriate funding for the project. Furthermore, the experienced nurses may not feel that they need this mentoring program because of their vast amount of knowledge and experience. Therefore, the determining factor for the success of this project is for all stakeholders to be on board. Organizational leaders must realize the importance of this mentoring project and provide a budget to support it. Experienced nurses must be willing to self-assess for the mentoring role. Thus, this CBL project will provide the blueprint for the success of the mentor, which would bridge the gap and transfer knowledge from the experienced nurse to new nurses.

Scholarship

When I started the journey of completing this doctoral degree, I had different emotions. One was excitement to embark on such an exciting venture and the other emotion was fear. When I read about the imposter syndrome, my heart sank to my feet, and I wondered how they could know me so well. As I completed my courses, that feeling started to fade. I realized that I was not an imposter and I had just as much right to be on this academic journey as anyone else.

Project Development and Evaluation

The identification of the final project was generated from the data that were gathered from the face-to-face interviews. My goal in this project study was to investigate and identify the factors that may contribute to the experienced nurse leaving the clinical

bedside. A mentoring program to train experienced nurses was considered on a local level. The evaluation process is a very important part of any program. One is often caught up in the planning and implementation of the project and leaves out the evaluation process. However, an evaluation tool verifies outcomes and measures the success of the project. Another reason that evaluation is important is that it gives accountability to all of the stakeholders; it increases the knowledge base and gives future direction for project revision and improvement. Advantages for using an evaluation tool are to address the outcomes, look at short term and long term goals, and address the objectives. Once the program is adopted, evaluation takes place to enhance or change processes and also takes into consideration budgetary constraints. It is my desire to share this program with other healthcare organizations.

Leadership and Change

I have learned that leadership skills develop over time, and different skills are used in different situations. I have learned that in order to be a good leader, you must be a good follower. I have also learned that change is inevitable, and if change was not present in my life, I would become stagnant and die. An example of change is a seed planted in a garden. The seed is planted, watered, nourished with fertilizer and begins to grow. If the seed was left alone, it would die. As change agents skills and knowledge are built on new and past learning. As a lifelong learner, things will always be changing, and I welcome this endeavor.

Analysis of Self as Scholar

This academic journey has been intimidating, as I transitioned from a student to a scholar. I have faced many challenges and wondered many times if I would finish this journey. It was a balancing act trying to juggle family work and school. I thought about giving up so many times, but I have never quit anything in my life, and I was not going to start now. I have learned that it is not how smart you are in completing a degree, it is how much perseverance you are willing to put forth. I was discouraged at writing and rewriting, until I realized my committee wanted my project to be the best it could be; after all, they were giving their stamp of approval.

One of the hardest challenges that I faced was losing my mother. I took off 5 weeks to care for her at the end of life. It was hard to concentrate and return to writing, but I know that is what she would want me to do. Another challenge was that it took longer than anticipated to complete the program, which added financial stress.

When I realized that I was not running a race or in competition to complete my degree, the stress subsided a little. It was very helpful to have friends in the program who were feeling the same as I was. With the collaboration of friends, colleagues, and committee members, the journey became somewhat easier. I focused on the success of degree completion.

Scholar

My project study was designed to identify a local problem at local hospital and to evaluate potential solutions to address the problem. The application of scholarship was enhanced by my association with Walden University and the direction that was received

during my doctoral studies. My research attempt to search for peer-reviewed articles was enhanced, and I was able to identify scholarly writing. As I continued to search for articles, I became more comfortable in the identification of peer-reviewed articles and a scholarly voice. I have learned that scholarship is a discovery that takes hard work.

Analysis of Self as Practitioner

I am very fortunate to have experienced two career passions in my life. My first passion is nursing. I wanted to be a nurse since the age of 4, even if I really did not understand what a nurse really was. My nursing career of 35 years has taken me through many levels of nursing practice. One of my favorite roles was that of a nursing preceptor. I really enjoyed teaching new nurses and nursing students and seeing that gleam in their eyes when they learned and accomplished new things. It has also given me fulfillment in my nursing career to see my preceptees become managers and directors of their own nursing units and know that I had a part in their growth. My second passion is that of a nursing educator. I am an online instructor for an ADN to BSN completion program. As an online student, I am aware of the benefits and challenges of online education. I am thankful to be a part of the educational journey for nurses. I have been privileged to work for three online universities, teaching most of the courses for the BSN-completion program. I love the interaction with the students and the knowledge that I am helping advance them to a higher level of nursing.

Analysis of Self as Project Developer

During this project study, I increased my knowledge base of program planning. I have been a part of planning for my organization but nothing of this magnitude. It is so

important when planning a project to be able to see it through to completion. Organizational skills are crucial. I also learned that it is necessary to keep the lines of communication open with all of the stakeholders and that goals should be reviewed to make sure that everyone is on the same page. Another critical factor is the program evaluation that is used to enhance or modify the program.

The Project's Potential Impact on Social Change

The implementation of this project will provide positive social change for the experienced nurse, the novice nurse, and the organization. The ability for these stakeholders to have a mentoring program is crucial, as there is an increase of new nurses starting practice. The purpose of this doctoral study was to identify the contributing factors that may cause the experienced nurse to leave the clinical bedside. Implications for social change included providing the experienced nurse the mentoring tools to properly mentor new nurses. The proposed three-module mentoring program will be offered to all experienced nurses who express an interest in mentoring new nurses and help them with career development. In this study, I identified that experienced nurses are leaving the bedside. Additional research could be proposed in another hospital to identify why experienced nurses are leaving the bedside.

Conclusion

This qualitative phenomenological study resulted in developing a mentoring program: What You Need to Know to be a Successful Mentor. The course would be available to all experienced nurses who express an interest in mentoring at the Level II Trauma Center. Contributing factors of why experienced nurses may leave the bedside

were identified by the experienced nurse in the study. Barriers and challenges to continuing to practice nursing were identified in this study. Identified themes supported the need for a mentoring program. However, the participants were unsure if this type of program would be supported by the organization.

As the nursing profession becomes more demanding, and the acuity of patients continues to rise, the ability to meet the needs of the new nurse graduate is great. The experienced nurse must have the proper mentoring tools to reach these nurses.

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Appendix A: CBL Mentoring Course

Mentoring: What you need to know to be a successful mentor

Audience: Experienced nurses age 55 or older

Syllabi

This course will cover the topics of learning style, interpersonal skills, management skills, as well as organizational skills

CBL Modules

Module I Ice Breaker

- Let's get acquainted
- Mentoring style
- Learning style

Module 2 Interpersonal Skills

- Listening
- Emotional intelligence
- Verbal communication and effective speaking
- Communication in groups

Module 3 Management Skills

- Type of leader
- Time management
- Goal Setting
- Team Building
- Conflict resolution and problem solving

Module I: Let's Get Acquainted

Learning Outcomes The learner will be able to:	Activities	Website
Connect personal facts with other learners	Ice breaker: Let's get acquainted	https://www2.cortland.edu/dotAsset/c1a635f6-a099-4ede-8f15-79b86e315088.pdf Page 97
Identify mentoring style	Assess your style as a mentor	www.ucd.ie/mentor/mentoringskillschecklist
Identify personal learning style	What's your learning style	www.educationplanner.org/students/self.../learning-styles-quiz.shtml

Module II: Interpersonal Skills

Learning Outcomes The learner will be able to:	Activities Interpersonal Skills	Website
Identify level of listening skills	Listening skills assessment	http://www.skillsyouneed.com/ls/index.php/343479/
Define and apply emotional intelligence	Emotional intelligence assessment	http://www.skillsyouneed.com/ls/index.php/343479/
Outline and evaluate	Verbal communication and	http://www.skillsyouneed.com/ls/index.php/343479/

communication and effective speaking	effective speaking assessment	
Define proper group communication	Communicating in groups assessment	http://www.skillsyouneed.com/ls/index.php/343479/

Module III: Management Skills

Learning Outcomes The learner will be able to:	Activities	Website
Identify and explain leadership style	What kind of leader are you?	http://www.scitronweb.com/free-assessment-tools-/leadership-styles-questionnaire
Identify how time is managed	Time self-management quiz	http://www.workingresources.com/quicksurveys/self-assessment-quizzes.html
Explain SMART guidelines of goal setting	SMART goal scenarios	http://www.opra.org/clientuploads/Education/2012/2012%20Fall%20Conference/session%20materials/05,%2011%20-%20handout%2010%20-%20SMART%20Goals%20Scenarios.pdf
Identify importance of working as a team	Team building Scenario 2: People survival with discussion	http://www.wilderdom.com/games/descriptions/SurvivalScenarios.html
Define and apply conflict resolution techniques	Conflict resolution and problem solving	www.wsha.org/files/82/ConflictResolution.ppt

Appendix B: Course Evaluation

Mentoring Course Evaluation: Complete evaluation on CBL

Course Title: What you Need to Know to be a Successful Mentor

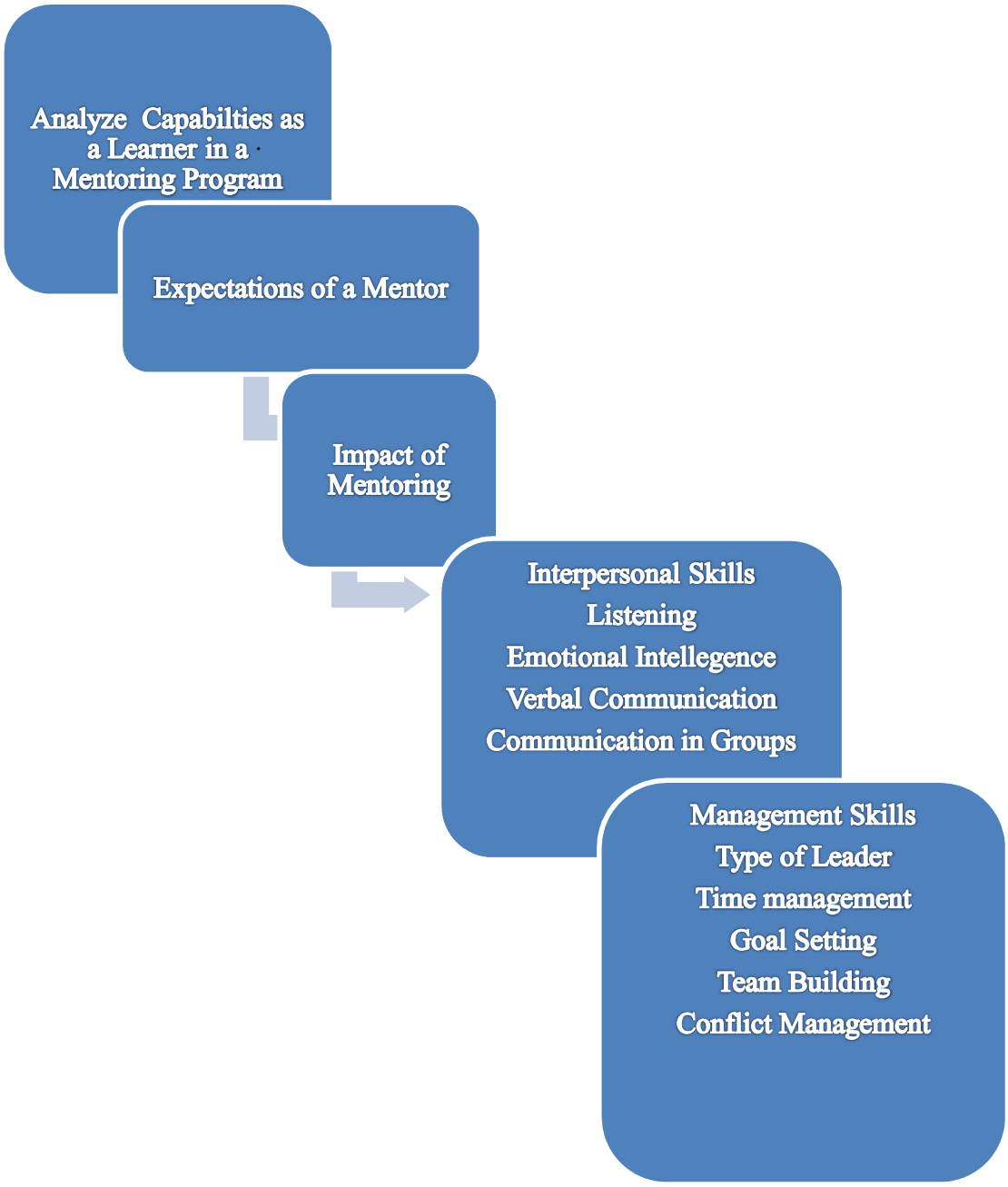
Date

Please complete the following by marking the appropriate box and corresponding number. If the rating is less than 3, please explain.

Please complete the following by (add date)

Overall Evaluation	**Strongly Agree 5**	**Agree 4**	**Neutral 3**	**Disagree 2**	**Strongly Disagree 1**
Program provided clear objectives					
Material was relevant to mentoring					
Participant is able to relate expectations of mentoring					
Participant can define mentoring					
Participate can state the importance of mentoring					
Participant can acknowledge importance of interpersonal skills					
Participant can identify management skills					
Participant can identify organizational skills					

Appendix C: Mentoring Model



Appendix D: Research Ethics Review Application

Walden University Institutional Review Board
Requesting Approval to Conduct Research
Final IRB Checklist
Supporting Documents

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Vera Grover** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 04/03/2011

Certification Number: 645889

Appendix E: Informed Consent

CONSENT FORM

You are invited to take part in a research study regarding experienced nurses. The researcher is inviting all registered nurses ages 55 and above who currently practice at the center. This form is part of a process called "informed consent" to allow you to understand this study before deciding whether to take part. You will be asked to document your consent on this form. This study is being conducted by a researcher named Vera Grover who is a doctoral student at Walden University. You may already know the researcher as Vera Grover, Stroke Quality Coordinator at the center, but this study is separate from that role.

Background Information

The purpose of this study is to identify the factors that may contribute to the experienced nurse staying or leaving the clinical bedside. You will be asked several questions that will allow you to reflect upon reasons that experienced nurses are leaving the bedside. The guiding research questions that will be addressed include: What are the contributing factors that may cause the experienced nurse to leave the clinical bedside? What effect does risk for stress, burnout, or compassion fatigue contribute to the experienced nurse leaving the clinical bedside? What are the contributing factors that would influence the experienced nurse to remain in nursing to support and mentor new nurses?

Procedures:

If you agree to be in this study, you will be asked to:

- Answer questions based on your perceptions as to why experienced nurses are leaving the clinical bedside. Each interview should last approximately 45 to 60 minutes. You will sign up for one interview time that works with your personal schedule. (Dates and times to be determined). The interview will be held in a conference room
- Sign the consent form.
- Agree to have your interview audio recorded.
- Agree to have one other doctoral colleague check the transcription for accuracy. Your information will be de-identified for this step. Anonymity will be maintained.
- Be aware that upon completion of interviews, it will take approximately two weeks for transcription. Post transcription editing, you will be sent a copy of the interview for reflection of your data.
- Note, a follow-up phone call to you will address the correctness of the collected data.
- Data will be secured in a locked file cabinet in the researcher's home.

Voluntary Nature of the Study

This study is voluntary and everyone will respect your decision of whether or not you choose to be in the study. No one at the hospital will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may withdraw from the study at any time.

Risks and Benefits of Being in the Study

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as uncertainty in understanding the question or normal apprehension in being a part of the study. Being in this study would not pose risk to your safety or wellbeing.

The benefit to this study is to gain insight to the lived experience of the experienced nurse and their thoughts regarding the reasons that experienced nurses are leaving the bedside. The researcher anticipates that knowledge obtained from this study will assist in identifying factors why experienced nurses are leaving the bedside and may provide a plan for experienced nurse retention.

Payment

No payment is involved.

Privacy

Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. In addition, the researcher will not include your name or anything else that could identify you in the study reports. The audio tapes will be transcribed into a written document, which should take about two weeks. Data will be kept secure in a locked file at the researcher's home. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via email. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 1-612-312-1210. Walden University's approval number for this study is **IRB** 09-06-13-0027394 and it expires 09/05/2014

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By signing below, "I consent," I understand that I am agreeing to the terms described above. Please print or save a copy of this consent form for your records.

Printed Name of Participant _____

Date of consent _____

Participant's Signature _____

Researcher's Signature _____

Appendix F: Interview Questions for Experienced Nurses

Interviewer:

Interviewee:

Date/Time:

Age: Race: Sex:

Years at Center_____ Unit_____

Education_____ Years of Experience:_____

When you plan to leave the bedside: 6 Months_____ 1 Year_____

2 Years_____ Unknown_____

Questions :

RQ1. Discuss your thoughts and beliefs about the contributing factors that may cause the experience nurse to leave the bedside.

RQ2. Share your opinions about risk for stress, burnout, or compassion fatigue and how it may contribute to the experienced nurse leaving the clinical bedside.

RQ 3.Share your thoughts and opinions about contributing factors that may influence the experience nurse to remain in nursing to support and mentor new nurses.

RQ 4 Share your recommendations for retaining the experienced nurse in bedside nursing?

Appendix G: Letter of Invitation

Dear Experienced Nurse,

You are invited to partake in a qualitative research study about your perceptions regarding why the experienced nurse is leaving the bedside. The purpose of this study is to examine the lived experiences of the experienced nurse regarding the barriers or challenges in continuing bedside nursing. This study is being conducted by Vera Grover, who is a doctoral student at Walden University. She is also the Stroke Quality Coordinator for Critical Care Services at the center

The purpose of this study is to examine the lived experiences of the experienced nurse who is choosing to leave bedside nursing. Questions that will be asked include:

RQ1. Discuss your thoughts and beliefs about the contributing factors that may cause the experience nurse to leave the bedside.

RQ2. Share your opinions about risk for stress, burnout, or compassion fatigue and how it may contribute to the experienced nurse leaving the clinical bedside.

RQ3.Share your thoughts and opinions about contributing factors that may influence the experience nurse to remain in nursing to support and mentor new nurses.

RQ4. Share your recommendations for retaining the experienced nurse in bedside nursing?

All information you provide will remain confidential. Participation in this study is strictly voluntary. You will be in one of five participants in an interview. Your feelings will be discussed in private and the session will be audio taped. The one time session will be held in the conference room. Each interview should last between 45-60 minutes.

If you agree to this study, please respond to me by email. The first five nurses who respond will be the selected participants for this study. Vera Grover will contact you with a date and time for the interview session. You will self-select the date and time that works with your personal schedule to attend the interview.

Please contact Vera Grover with further questions. She can be reached by email. Thank you for your consideration. All responses should be made to Vera Grover by (Date to be determined).

Sincerely,

Vera Grover, Doctoral Research Student

Appendix H: Nondisclosure Form

Data/Confidentiality Nondisclosure Form

As an associate of working with Vera Grover at the center I recognize that all data collected and maintained by Vera Grover are property of Vera Grover and are not used for outside her realm of work for this Walden University doctoral project. This confidentiality for peer reviewer will be restricted to the terms of my association to this specific project. IRB approval and project study has been approved by Walden University and the center. I will treat all data that I review with the ultimate assurance to confidentiality. I will not share any information regarding the research question or data procedures to anyone, as well as utilize any of the data for personal use.

Project Name: Factors Contributing to the Loss of Nursing Intellectual Capital.

Date: 07-09-2013

Signature:

Name: Nancy Nurse RN.PHD

Appendix I: Letter of Cooperation From a Community Research Partner

Gwinnett
Medical Center
Lawrenceville · Duluth

14 August 2013

Vera Grover, RN, MSN
960 White Birch Way
Lawrenceville, GA 30043

RE: Pending Institutional Approval: Factors Contributing to Loss of Nursing Intellectual Capital

Dear Ms. Grover:

The Gwinnett Hospital System (GHS) Office of Research has tentatively reviewed the above referenced study. We are pleased to inform you that pending IRB approval by Walden University, institutional approval will be issued. GHS's institutional approval indicates that this study may utilize GHS services and satellite service providers as requested on your GHS Office of Research application.

- **Reportable New Research Information**: A Reportable New Research Information Form must be submitted for any of the following events:
  - Breach of Confidentiality
  - Subject complaint that cannot be resolved by the research team
  - Audits, inspections, or inquiry by a federal agency and any resulting reports
  - Unanticipated problems involving risks to subjects or others
  - Serious or continuing non-compliance with regulations or with the requirements or determinations of the IRB
  - Suspension or termination of the IRB approval
  - Requests by the Sponsor or Investigator to amend existing research contracts
  - Requests by the Sponsor or Investigator to amend existing research budgets or payment terms
  - Changes to research team membership

- **Additional Reporting Obligations:** Also, the study team is required to notify the GHS Office of Research regarding the following various issues:
  - Protocol amendments that change the procedures section of the protocol
  - Notification to the Institutional Review Board regarding study enrollment closure and study closeout / termination.

Please call the Office of Research at 678-312-3848 if you have any questions.

Sincerely,

Holly B. Richards
Director, Office of Research

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Appendix J: Sample of Data Analysis

Twelve Hour Shifts

Participant 1 remarked

The older experienced nurse has difficulty working 12 hour shifts. With the increasing age factor along come some health issues. We get tired easier than we did at 50. The day is long and we don't get enough sleep and rest before we have to go back and do it again. You are on your feet most of the time with little breaks and when you get home you are so tired you don't feel like doing anything else. A 12 hour shift is not really a 12 hour shift, it is more like working a 14 hours shift by the time you count getting up and driving to and from work.

Participant 2 remarked

I use to like 12 hour shifts when I was younger because it gave me more time off and I could spend more time with family and get things done. Now, I'm so tired I don't feel like doing nothing except trying to rest. If we could work shorter shifts or even go back to eight hour shifts, I think more experienced nurse would work longer. I have to work every other day because of the long hours.

Participant 3 remarked

Twelve hour shifts are a real problem for me. I am always so tired and feel like I'm playing catch up all the time. It takes several days after I work two 12-hour shifts to feel somewhat rested. I know that the reason we have 12 hour shifts is probably financial but it is taking a real toll on me and I'm sure all of the other older nurses are feeling the same thing. We are losing the older nurses and I feel like this is one of the main reasons.

Maybe they could let us worker shorter shifts after we get to a certain age so we could still work a little longer.

Participant 4 remarked

Hours the length of the work day is very difficult, the pace is never ending with very few breaks and when you do get a break you have so many things on the back burner. Where is this going, will it ever let up? There is always such time restraints so many things you want to do or need to do we just have to let some things go.

I am getting older and I feel it. I have pains; I didn't have before and get tireder. I have been working 12 hour shift for 30 years and this ole body is wearing down. I'm not sure how much longer I can do it. I love nursing and would like to stay in it a little longer, but I'm not sure I can.

Participant 5 remarked

I remember when we worked eight hour shifts and every other week-end. We only had 2 days off each week. When the hospital went to 12 hour shifts, I thought it was so great because I had more time off. I could get my house cleaned and grocery shopping done and just have some free time. Now I would like to go back to the eight hour shifts. Not because I want to work more days, but at this age I need more rest. I'm not sure how much longer I can work.

Twelve hour shifts are identified as a problem for the experienced nurse. Research shows that 12 hour shifts provide a decrease in nursing judgment and more room for nursing errors. Nurses are more fatigued and do not get enough rest between shifts (Geiger-Brown, and Trinkoff (2010).

Higher Acuity.

Participant 1 remarked

Patients are so sick now that come to the hospital and there are a lot of demands on the nurse from the patient and family. You don't become proficient in the job. You never get to a point that you can say this is so much easier. Every year the acuity of the patient is harder. It is physically and mentally exhausting. It may take two days to wind down especially if you have a bad experience and doubt if you handled it correctly

Participant 2 remarked

The increased acuity. Patients are sicker and stay in the hospital longer. A lot of times the push is to get patients in and out, and sometimes you don't have 20 minutes to recoup before you get another admission. This is very frustrating because you feel the demand is too high. You want to do your best, but sometimes you feel like you just skimmed the surface.

Participant 3 remarked

The stress and burnout is ongoing you always feel like you are leaving things undone and that you need to complete. The patients are so now, there is so much to do. I think we need a little relief occasionally. In the past nursing first 25 years ago people were very appreciative and now they are looking for something. The stress if I just had a little help occasionally.

Participant 4 remarked

I have been a nurse for 35 years. When I first became a nurse, everything was focused around the patient. We were able to spend time with our patients, giving them that little

extra bit of TLC. I remember working 3-11 shifts and every patient received a back rub to help them go to sleep. I'm not saying we need to give back rubs but I think that we need a little more time with our patients. With the higher acuity that we have now you only have time to do what is absolutely necessary and sometime that is not even done. Nurses are expected to do so much I would like to not feel so rushed.

Participant 5 remarked

Also increased acuity. Patients admitted to the hospital really need to be admitted. I remember many years ago, some of the patients admitted really did not need a hospital. They were even admitted for tests. It is so frustrating that I cannot provide the kind of care that I was taught to give. I have watched a lot of changes in care giving. I also think audio stimulation is frustrating. You don't have the time because of charting or answering the phone. We want so much to progress that I think we are losing our touch for the patient. It is very frustrating with the older nurse. We do not have time to give them that little bit of emotional support. Every care plan that I had included emotional support. If something is going to drop off it is the emotional support.

Patients that are admitted to the hospital are sicker and have a higher acuity level and complex healthcare needs. There is a great need for the experienced nurse to provide care for these patients According to Bartel, Phibbs, Beaulieu& Stone, (2011), patients that are cared for by an experience nurse have better outcomes and decreased length of stay

Technology

Many older experienced nurses are having challenges with technology. With the push for computer charting, there are many who may leave the bedside because they fear they cannot learn this way of charting. The younger nurses are digital natives and the older generation are digital immigrants and have to learn this new computer age.

Partipant 1 remarked

Nurses that have little experience with computers are nervous and are afraid they can't do it. They are use to planning their days and working with tasks. They are use to planning ahead and when you have to use a computer it makes the day a little irregular. If your computer goes down or if you are charting and get interrupted, you have to start over.

Participant 2 remarked

The technology is very difficult and very stressful. Some nurses have left because of it, it was so stressful. I had to get a lot of extra help. I am grateful that I got some extra help because I had a hard time. I seriously thought about leaving.

Participant 3 remarked

Some of the older nurses are afraid of technology. We have recently gone to computer charting and this is very difficult for some of the older experienced nurses. When the computer goes down it is a mess with all of the down time and having to enter it when it comes up. I think of myself as being ok on the computer, but this was a learning curve.

Participant 4 remarked

I think that computer charting has been a problem for many of the older experienced nurses. Also feeling like you can't do it. We are the baby boomer generation and think we

can do everything. When we have something that we struggle with we don't handle it very well because we don't give up. That is stressful in its self.

Advances in technology is causing anxiety and frustration for some of the experienced nurses. These nurses are not from the computer generation and prefer the paper method. Computer charting is not going away and if these nurses are to stay at the clinical bedside, they will need extra help and coaching to maintain this type of charting. Many older nurses have left hospital facilities because of this new technology.

Mentoring

Participant 1 remarked

I think that the experienced nurse has so much to offer the new nurses. The new nurse just out of school may have the book knowledge but they don't know how to provide patient care. The new nurse needs that experienced nurse to teach and guide them. It is almost impossible to do a good job of mentoring if you have a full patient assignment. Maybe the mentor could be out of staffing. I know this is wishful thinking and money plays a huge role in this decision.

Participant 2 remarked

You have to have that great team, and you have to be appreciated. Our director is good; we use to not have that support. Our CNO is good and come ups and visits. You have to be supported everywhere. Nurses have to respect each other. I think that if you have that team work. Just because that you are not great at everything it doesnt mean that you are not a good nurse. We try to give the experienced nurse a lesser assignment if they have a new nurse. We look at acuity now. Our rule of thumb is that you do not have six patients.

Some of the thoughts in the past has been that oh they have this extra person so we will give the admit to them. It also depends on the student. I do think that they need a lesser patient load

Participant 3 remarked

Mentoring is so important. If an older experienced nurse is going to mentor a new nurse, she needs a deceased patient ratio. It is not feasible with having a 5 patient assignment. It is not fair to the nurse or the preceptee. Our patient acuity is too high. Maybe they could start with two patients for a few weeks and gradually increase the patients. There is a lot to learn being a new nurse.

Participant 4 remarked

Well my experience is I am dealing with one right now. The way the schools are turning out the students they are not doing a lot of hands on, we need to go back to baseline. It is hard with a full patient load. I recommend that maybe the nurse not be included with the staffing. Maybe start with less patients and gradually increase the load. I think that we have so much to offer but need to be able to teach the nurse like it should be done.

Participant 5 remarked

The nurses that are coming out of school now are bright but they need that experienced nurse to help them. Most nurses are appreciating of experienced nurses most of the time. There may be a few sometime that do not but for the most part they do. They are smart with theory, but they have trouble putting things together. We need a lesser assignment to properly mentor a new nurse. It wears you out because you have to do a lot of explaining

and teaching and at the same time care for 5 patients. We need to give mentors more support and maybe a lesser patient load or acuity. Time and money is also a factor

Mentoring is extremely important for the novice nurse. He or she needs the proper guidance and instruction to lessen the learning curve. The novice nurse needs help with organization and prioritization and the experienced nurse can provide that instruction. With the high acuity and complex healthcare needs the novice nurse needs someone he or she can trust to build a good mentoring relationship. Along with that partnership comes the need to have a lighter patient load so learning can take place.