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Evidence-Based Mentorship Program: Overview, Review of Evidence, and Approach

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Walden University
2015

Abstract

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by

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MSN, Walden University, 2008

BSN, University of Miami, 2000

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Nurses comprise the largest segment of the healthcare workforce. Adequate numbers of nurses help to ensure sufficient and safe nursing care in all settings. The current nursing shortage poses a barrier to optimum nursing care, and the nature of recruitment and retention of nurses has generated research interest because of its association with the labor shortage. The purpose of the project was to develop a nurse mentorship program for possible adoption by a northern state correctional facility. Goals are to aid recruitment and improve retention of nurses in the facility. This quality improvement project was informed by Jean Watson's theory of transpersonal caring. Program development was guided by a team of interdisciplinary stakeholders in the institution, including a nurse educator, institutional directors of both education and nursing departments, and senior staff nurses who agreed agreeing to function as project coordinators. The peer-reviewed literature and institutional contexts informed program conceptualization and planning for implementation and planning. A series of meetings were held in which the project team explored and discussed available evidence relative to institutional context and needs. The primary product of the project was a mentoring program, and secondary products include plans for implementation and evaluation of that program by the institution in the future as part of a broader institutional initiative. The developed program was shared with 5 nurse scholars with relevant expertise as a content validation process, with revisions made in accordance with feedback. The implementation and evaluation plans include all details necessary for operationalizing as well as evaluating merit and worth of the program over time.

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Dedication

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Section 1: Overview of the Evidence-Based Project

Introduction

This current nursing shortage has resulted in many nurses waiting to enter nursing school
(Institute of Medicine, 2010). The extent of the shortage is such that nursing programs
have turned away thousands of applicants despite forecasts that the number of graduates
must be increased by 30% each year for the next 10 years to meet the growing demand
for nursing services (Dhed & Mollica, 2013; Evans, 2013). Nurses contribute
significantly to the health of the nation. Conversely, the lack of nurses noted in all
regions will negatively affect the health outcomes of the entire population. Thus, it is
imperative to augment the nursing faculty to address the current nursing school waiting
lists, which in turn will lead to an increase in the number of new registered nurses
entering the labor force.

There are many factors contributing to the nursing shortage, including aging, a
negative work environment, and unattractive compensation (Norris, 2003). The latter two
are modifiable factors that impact the recruitment and retention of nurses. The nature of
recruitment and retention has generated much research interest because of its association
with the labor shortage. Among fulltime faculty in 2010, 11.8% left their jobs the
following year, almost half of who sought other careers (DiFang & Bednash, 2013).
Because Registered Nurses (RNs) are in the best position to elucidate the influences
behind individual decisions to become employed and remain employed, such studies used
surveys and interviews to obtain primary data.

A national survey of nursing educators by Evans (2013) revealed that among the
top 10 factors attracting RNs into teaching, the role-modeling, encouragement, and

positive image conveyed by faculty were extrinsic factors. These behaviors are some

components of mentorship. In addition, the top ten factors linked to retention included

benefits, salary, grants, financial aid, and job or schedule flexibility but also included

structured mentoring. In a survey by Cash, Daines, Doyle, & von Tettenborn (2009) on

what factors nurses deemed were important to them in the workplace, respondents

reported that they valued guidance and support, especially in complex situations and in

the context of a mutually rewarding collegial relationship. The importance of the quality

of peer relationships as an element of a positive work environment in mediating the

desire to remain in academe is echoed by the findings of Tourangeau et al (2013) and

highlights the value of mentoring programs in retaining nurses.

McDermid, Peters, Jackson, & Daly (2012) recognized that mentorship as a form

of peer support enables the successful transition and development of new faculty

members coming from the clinical setting. Mentoring also supports the transition of

faculty into the scholarly role, one that many find daunting. In a case study, peer

mentoring by senior scholars permitted mentees to overcome resistance to the role and

move towards acceptance, enactment, and eventually mentorship of others (Heinrich &

Oberleitner, 2012). Program evaluation showed that the ability to transcend the

challenges of nursing research influenced individual decisions to continue being an

educator-scholar. Mentoring is a form of support that nurtures the development of novice

nurses and for this reason moderates decisions to stay or resign (Candela, Gutierrez, &

Keating, 2013). Other studies focused on the link between mentorship and other factors

including commitment and job satisfaction. Dhed and Mollica (2013) indicated that the

first three years in the faculty role are the most critical and new members who underwent

mentoring within this period of time went on to become the most committed to the job. Chung and Kowalski (2012) found that being in a mentoring relationship was one of the statistically significant influences on job satisfaction. Both job satisfaction and commitment have also been associated with retention.

As such, the presence of satisfying mentoring relationships in conjunction with other changes in the work environment play a key role in, expanding the pool of nurses, creating job satisfaction, and hence addressing the education pipeline. This means that mentorship must be placed in its proper context. Given the many factors that influence job satisfaction, recruitment and retention, establishing a mentorship program alone is inadequate (Derby-Davis, 2014). For recruitment and retention goals to be met, mentorship programs must be part of a set of strategies that address various barriers such as high workloads, inflexible assignments, uncompetitive pay, and disempowerment. This requires an honest internal assessment with input and participation from seasoned and novice nurses who will benefit the most from the program (Suplee & Gardner, 2009).

Elements of an Effective Mentorship Program

However, not all mentorship programs are successful. McDermid, Peters, Jackson & Daly. (2012) found that novice faculty was dissatisfied with the mentorship program and the inability of relationships to meet mentee-learning needs. Limited time given to the mentoring relationship because of competing priorities, poor mentor-mentee matching, lack of commitment, and lack of collegiality contribute to failure (Race & Skees, 2010). These findings emphasize the necessity of identifying best practices in mentorship and subsequently planning, implementing, and evaluating evidence-based programs. This will ensure that processes and outcomes are effective and will guarantee

that program objectives are successfully met.

The International Standards for Mentoring Programmes in Employment (ISMPE) also highlights the impact of good mentor-mentee matching. Careful consideration of the compatibility between parties optimizes the relationship. There must be mechanisms for the consent of both mentor and mentee and an option to be reassigned in the event that the relationship fails despite efforts to resolve issues (International Standards for Mentoring Programs in Employment (ISMPE), 2004). Further, the ISMPE also points out the need to uphold ethical principles. Power balance must be observed in that both parties maintain an honest and mutually beneficial partnership with no one party imposing a personal agenda or taking advantage of the other (Anderson, 2011; Wilson, Brannan, & White, 2010). To equalize expectations between mentor and mentee, a general orientation for faculty members regarding the mentorship program should be held.

Formal mentorship education and training is another feature of an effective mentorship program (Smedley, Morey, & Race, 2010). These activities introduce the following topics pertaining to mentorship: mentor and mentee roles, psychosocial support, conflict resolution, communication skills, ethical principles, role modeling, and professional development (Quesnel, King, Guilcher & Evans, 2012). The benefits of mentorship for all stakeholders in the Garden State Correctional Setting were discussed as well as the potential barriers and possible ways to overcome them.

Because the target learners were adults, principles of Knowles andragogy were employed. For instance, one useful strategy that affirms the self-directedness and motivation of adult learners is holding a workshop where faculty members can share their

experiences and reflect in the manner of collaborative learning (Draganov, de Carvalho, Neves & Sanna, 2013). A learning needs assessment serves as a guide in the planning of education or training content and delivery methods for nurse mentors.

In addition, an effective mentorship program fosters a culture of collegiality manifested in trust, acts of caring, connectedness, positive and open communication, mutual respect, information sharing, collaboration, reciprocity, and making oneself accessible to the other (Eller, Lev, & Feurer, 2013; Race & Skees, 2010). Collegiality fosters both the professional and personal development of mentees as it promotes learning, success, self-confidence, self-esteem, and a sense of belongingness. The program must also foster commitment on the part of mentors in that they will show genuine interest to the mentee and invest emotionally in the relationship (Poteat, Shockley & Allen, 2009). Commitment must likewise be expected from the mentorship program coordinator and committee members who exercise oversight.

Problem Statement

A program must first and foremost be structured because having a formal framework ensures that the objectives, guiding principles, role expectations, and activities are fulfilled in every mentoring encounter. A structured program also has mechanisms for planning, initiating, cultivating, monitoring, concluding, and documenting the relationship to meet individual mentee and organizational needs, assess effectiveness and satisfactoriness, as well as confront challenges that arise (Blauvelt & Spath, 2008; Dunham-Taylor, Lynn, Moore, McDaniel & Walker, 2008). Moreover, having a structure fosters program accountability with regard to standards. The ISMPE emphasizes the need to define and communicate the program purpose and objectives,

conduct mentorship education and training, and measure outcomes (ISMPE, 2004). Therefore, the problem addressed in this project is the need to develop a structured mentoring program to aid in recruitment, retention, and job satisfaction at a northern state correctional facility.

The population-intervention-comparison-outcome (PICO) method was employed to structure the literature search required to ascertain and evaluate existing evidence supporting mentorship in the clinical education setting. Nurses formed the population, and evidence-based mentoring, as detailed above, was the chosen intervention. Prior mentorship was unstructured and informal. This contrasts with the present mentorship, which is structured as a program. However, there will be no comparisons.

Purpose Statement

The purpose of the proposed project was the development of a mentoring program for possible adoption by a northern state correctional facility. This project will establish the base for developing a mentorship program, as well as detail the actual effect of the program on nursing staff recruitment, retention and job satisfaction. A collaborative organizational and community project team will assist in the development of the mentoring program.

Goals and Outcomes

It is important that a quality improvement (QI) project be aligned with the mission of the organization. Equally important is the need for the interdisciplinary team to be aware of the latest research and trends related to the topic the QI project is centered around. This interdisciplinary team will be assembled at a state correctional facility, an institution that holds 2100 inmates, seven halfway houses and a 10 bed infirmary. The

facility has 44 medical staff, which provides medical service 24 hours a day. They

provide (electrocardiograms) EKGs, blood draws, 10 bed infirmary, wound care, IV

therapy, and minor surgeries. The facility provides training to the officers as well as the

new nursing staff. The institution does not have a structured or formal program in place

for meeting the transition, socialization, support, and other needs of the new nursing staff.

Mentoring takes place in the informal capacity of nursing staff members and, as such,

there are no clear standards or prescribed structures that guide mentoring relationships.

The long term overall goals are to improve retention, improve recruitment, and increase

job satisfaction at a northern state correctional facility. The outcomes that will be used to

measure attainment of these goals are directly related to turnover. Nurses who are

satisfied with their jobs are more likely to remain in their current positions. Factors

known to enhance job satisfaction include achievement, recognition, work itself,

responsibility, and advancement; while factors of dissatisfaction include working

conditions, interpersonal relationships, salary, security, administration, and supervision

(DeMilt, 2011). The specific goal will address changes in job satisfaction scores over

time. Goals related to turnover can be measured using existing human resources records

related to length of employment of nurses before and after implementation of the

mentoring program. The primary measurable outcomes of interest are nursing staff

recruitment and retention, and a secondary outcome will be job satisfaction. Faculty

records of recruitment and retention will be accessed and reviewed. Following two

months of implementation, recruitment and retention will again be measured. A survey of

nursing staff job satisfaction will be performed, making use of a questionnaire form. The

questionnaire will consist of eight items, asking respondents to rate their satisfaction with

the following: "authority to make decisions, technology based activities, equipment, facilities, institutional support for teaching improvement, workload, salary, and benefits ([National Center for Education Statistic, 2014, p. 49). A nursing mentorship program falls under institutional support. The survey will be administered prior to and after program implementation. Average satisfaction scores will be calculated. The results will be enriched further by observation.

Relevance to Nursing Practice

Developing a mentoring program is an important step toward creating a more favorable work environment that will attract and retain nurses. The transition from the academic setting to a clinical setting can be difficult given the differences in roles and responsibilities, tasks, culture, systems, and processes. Being an expert educator does not automatically translate to being an expert clinician and it is typical for nurses from the education setting to start out as novice nurses. Mastering the nurse's role entails refreshing skills, which have dissipated throughout the time the nurse has been in academia.

The complexity of the transition clearly requires a process of socialization in order for new nurses to fully understand and embrace their role as providers and educators. Socialization involves showing the ropes and helping the novice acclimate to the norms of the institution (Dhed & Mollica, 2013). In a qualitative study conducted by Clarke (2013), interviews with nursing educators revealed the many phases of this transition. The first is beginning the role wherein nurses feel isolated and overwhelmed, as they are unfamiliar with the people, procedures, and policies of the institution.

The second phase is strategizing for survival. Here, new nurses identify resources

they can use to begin functioning in their new role. They make use of prior knowledge and experiences, bank on their clinical skills, and apply patient education skills to nursing students.

The third phase is the turning point wherein a new nurse began forming relationships with patients, became more comfortable with teaching as they gained familiarity with the institution, increased their confidence as well as developed an idea of what made a good educator based on feedback from students and peers (Clarke, 2013). Subsequently, new nurses sustained their success by asking for advice, learning from more experienced peers, and continuing into the role. The final phase is attaining the sense of fulfillment that comes with seeing students learn.

Participants identified having a mentor as the single most helpful circumstance during the entire process and especially during the stage of strategizing for survival (Clarke, 2013). Having a seasoned peer separate the role into its processes or steps, conduct a walk through, and answer questions drastically reduced the distress and role strain associated with transitioning. Successfully overcoming the transition enables progress from novice educator to expert, and support in the form of mentoring is therefore indispensable.

On the other hand, having no support during the first few months or years in the role are like being a fish out of water. For instance, it is very stressful to seek assistance, guidance, and validation from peers and be met with closed doors or be under pressure to meet expectations that are unrealistic with regard to individual readiness. Such scenarios negatively impact job performance by stifling motivation, engendering negative attitudes, and ultimately causing psychological detachment from work (Candela, Gutierrez, &

Keating, 2013). The end result of dissatisfaction is nurses leaving their jobs for careers that are less demanding and stressful.

The role of mentorship is also evident in the transition from nursing educator to nursing scholar, a process that takes an average of five years. Faculty members similarly go through several developmental stages (Heinrich & Oberleitner, 2012). Resistance is the initial reaction because of fear arising from perceptions of inadequacy or interest in other endeavors other than research. Clinical educators experience ambivalence as they start to identify with the role by emulating but not really having what it takes to conduct reputable research. Acceptance and enactment take place when nurses develop enough knowledge and skills, typically from post-graduate studies or in-service education, to begin taking up their personal research interests followed by producing work that actually expands the knowledge base of the profession. Continued scholarship enables the nurse educator to achieve a level of expertise that permits the mentoring of others.

In studies of nurse educators transitioning into scholarship, different models of mentorship show that mentoring programs can employ the expertise of researchers from other disciplines in the same institution, external scholar-mentors contracted for this purpose, or nurse scholars from like institutions within a consortium (Heinrich & Oberleitner, 2012). Alternatively, members of the nursing faculty in varying stages of scholarly development can form groups for collaborative mentoring wherein the more advanced researchers mentor their peers, thus transcending the mentoring dyad to optimize available talents. Members of the group also provide mutual support to each other (McGuinness, 2010). Such mentorship programs have been shown to increase research productivity and career fulfillment.

At the state correctional facility, a significant number of staff members will be retiring in the next few years, and the administration is also looking into how best to respond to the need for increasing program capacity to accommodate more applicants. There is also pressure to improve nursing staff capability through research. At the same time, nursing staff turnover has increased, resulting in a rise in the vacancy rate. For the state correctional facility to continue with its role of providing excellent care to their inmates, it must attract and retain an adequate pool of nurses. One of the many strategies is to develop a mentorship program for new educators, nurses and aspiring nurse scholars based on best practice.

Evidence-based Significance

The project relates significantly to evidence-based practice. First, there is use of evidence available in literature on the subject of mentorship and its association with other variables. This is apparent in the use of the PICO method to establish the evidence supporting the new mentorship process in comparison with the old way of mentoring. The level of evidence that the current process of mentoring will produce the desired outcomes in the clinical setting indicates if this same intervention is highly recommended for adoption, not recommended, or requires further investigation. The evidence base will inform the institution's decision on whether to continue adopting the intervention or implement modifications consistent with best practices. Determining the evidence base prevents the wastage of time and resources associated with interventions proven to be ineffective.

Second, the project adds to the knowledge base on mentorship for the novice or new nurse. The principles of research utilization point out that no two institutions may be

exactly alike in terms of culture, program components, leadership, resources, faculty attributes, and other characteristics (Romp & Kiehl, 2009). Thus, the mentoring processes proven effective in one institution may not necessarily be transferable to another. For instance, the results of studies of mentorship conducted in a large, research-intensive BSN and postgraduate nursing program in a university setting with a capacity for more than 2,000 students may not be reproducible in their totality in a state correctional facility. Adjustments may be necessary to achieve a good fit between evidence and setting. An assessment of the impact of the current mentorship program will add to the literature by shedding light on how research evidence applies to settings similar to a state correctional facility and if differences in the results exist.

Potential for Social Change

Developing the new mentorship program represents positive social change in addressing the nursing shortage at a state correctional facility because it modifies the old method of mentoring. According to Lewin's change theory, stakeholder involvement is central to the success of the program, and must be ascertained through observation and dialogues with the facilitators and faculty members (Spector, 2010). The researcher via a force field analysis must address resistance. The Director of Nursing must identify factors supporting and restricting change; those factors supporting change will be optimized by the nurse, and the registered nurses will address those restricting it. It is therefore helpful to conduct an assessment of the processes utilized by the researcher during development to determine the root causes of continuing resistance such as lack of engagement or the absence of mechanisms for stakeholder feedback. In this respect, this project is an opportunity for the nurse researcher to perform a cursory process evaluation with the

purpose of improving the program further.

Participation is another key concept in successful program development and is closely related to involvement (Borkowski, 2009). A one-size-fits-all approach of adopting a mentorship program is largely ineffective because it raises issues of relevance to the Garden State Correction setting. This approach can be resolved by engaging staff members in evaluating current mentorship practices. Evaluation areas include structure, process, and outcomes. Structure involves the preconditions enabling the process such as leadership, management support, and faculty education and training. Process concerns policies and guidelines and how these compare to best practices. Outcomes relate to impact such as job satisfaction, career development, motivation, and retention. The results of the evaluation provided to the director of nursing are concrete proof of the need to enhance mentorship by developing a formal program.

Nursing staff participation should extend beyond assessment to the planning phase. Based on their knowledge, experiences, and needs, nurses can provide valuable input regarding the components of the mentorship program and strategies for the development of the program. The advantage is greater alignment between the program, staff needs, and the organizational setting. Involvement of the nursing staff and administration at this stage creates a sense of collective ownership over the project that elicits further/enhanced involvement and commitment to implementation (Borkowski, 2009). Nursing staff members also provide useful feedback during program monitoring that contributes to perfecting the program. On the contrary, imposing the program on staff using a management-only approach increases the risk of unsuitability that engenders resistance and ultimately program failure.

To facilitate and sustain implementation, organizational culture has to change to align with the program. Leadership, such as management must be democratic with open communication systems to empower the nursing staff members. Collegiality must be encouraged and practiced by leaders and employees at all levels. Furthermore, the entire culture must value mentoring. This value should be reflected in the level of support provided to the program in terms of human and financial resources, as well as in the extent to which it is employed by both healthcare providers and leadership (Slimmer, 2012). For example, the time nurses spend mentoring or facilitating the program should be counted as part of the mentor's workload to engender commitment. Adequate training must also be provided by the leader of the project, for the nursing staff to develop communication, teaching, goal setting, role modeling, and interpersonal skills, among others, in the mentorship context. A mentoring program that enjoys adequate management support is likely to result in goal attainment.

The mentoring program should also positively impact potential nurses' decisions to enter the healthcare arena, faculty members' intention to stay or resign, and job satisfaction. Measuring these variables represents a quantitative assessment of effect. Both process and outcome evaluations generate insights that inform leadership decisions regarding program continuity and identify areas that need enhancement (Tomey, 2009). Thus, this project, in part, promotes a culture of continuous improvement so that the mentoring program will remain a relevant strategy in addressing the nursing shortage. Continuous improvement in the nursing shortage prevents the waste of limited resources, while propelling the state correctional facility towards its long-term goals.

Definition of Terms

Formal mentorship: Intentional mentoring relationships within the setting of a structured program that is bound by a time frame and defined objectives (Race & Skees, 2010)

Informal mentorship: A relationship that spontaneously develops between peers resulting in good mentor-mentee matching and that may be long-term or short-term (Race & Skees, 2010)

Job satisfaction: Multifaceted and positive affective response to the role of nurse educator (Horat, 2008).

Mentee: Novice faculty member with less than three years of experience in the role (Dhed & Mollica, 2013). The mentee works with the mentor to meet the goals of the relationship.

Mentor: Encompasses the roles of guide, counselor, adviser, nurturer, teacher, role model, friend, and confidante (Sawatzky & Enns, 2009). A seasoned educator, a mentor teaches the ropes and guides the personal and professional growth of a mentee (Dunham-Taylor et al., 2008).

Mentorship: "A relationship between two people in which one person with greater rank, experience, and/or expertise teaches, counsels, guides, and helps others to develop both professionally and personally" (Sawatzky & Enns, 2009, p. 146). However the definition has been expanded to a group setting such as collaborative mentoring. It is different from coaching and preceptorship. It is a continuum that consists of four domains, namely psychosocial support, career advancement, role modeling, and academic support (Eller, Lev, & Feurer, 2013).

Mentorship program: Structured mentorship guided by objectives, learning needs, and activities (Eller, Lev, & Feurer, 2013). It is planned, implemented, monitored, and evaluated.

Recruitment: A human resource process of finding and hiring the right candidate for the role of nursing staff member.

Retention: An individual's intent to stay or remain employed as nurse educator and opting for a long-term career in nursing education (Horat, 2008). It is closely related to job commitment and satisfaction.

Assumptions and Limitations

Assumptions are expectations with an empirical basis.. This project assumes that the development of a mentorship program will result in significant increases in nurse faculty, staff recruitment, retention, and job satisfaction, the rationale being that the program has incorporated the elements of effective mentorship outlined in literature and employed participatory change management as well. However, there are several limitations. Despite the variety of factors that mentorship has been shown to influence, this project will focus only on the three outcome variables mentioned above. Further, the setting of the study is a correctional facility, which is unlikely to be generalizable to the entire population of nursing.

Summary

The registered nurse and nurse faculty shortage is a real problem at the state correctional facility that must be addressed by management in order not to compromise the health of the population. Mentoring has emerged as a viable strategy for improving the recruitment and retention of new nurses because of its effect on the processes of

socialization and transition from the academic setting to clinical setting. In turn, the positive effects generate job satisfaction and greater commitment to the program. The nurse research will develop a structured mentorship program with the aim of attracting more nursing staff members at the state correctional facility. This project is an assessment of the evidence base supporting the efficacy of this program, and also its actual quantitative impact on the rates of retention and recruitment. The results of this project will contribute to the evidence base of mentorship and to nursing practice at a northern state correctional facility.

Section 2: Review of Literature and Theoretical and Conceptual Framework

Introduction

Having an in-depth understanding of mentoring is essential to developing a formal mentorship program. Kram, in Dunham-Taylor, Lynn, Moore, McDaniel and Walker. (2008), described faculty mentorship as a continuum. The mentoring relationship typically goes through several stages: initiation, cultivation, separation, and redefinition. During the initiation phase, mentor and mentee forge a connection with each other and identify themselves as an entity. Following engagement, the cultivation phase is characterized by commitment, mutuality, and information sharing within defined boundaries. It is in this phase that mentor and mentee actively work together to fulfill the objectives of the relationship. Separation involves the ending of the relationship as the mentee's needs are met. However, the relationship may be redefined into friendship or collegiality.

Literature Search Strategy

Using the PICO format, a literature search was conducted in CINAHL Full Text, Science Direct, and ProQuest databases using the following search terms: *structured*, *formal*, *mentoring/ship*, *program*, *academe*, *faculty*, *nurses/ing*, *educators*, *recruitment*, and *retention*. Results were limited to full-text articles from academic journals published between January 2008 and February 2014. Titles and the body of the work were subjected to search using the above terms. Articles had to be in the English language, be peer-reviewed, and have references available. The results were ranked according to relevance. In each database, the search results ranged from 43 to 213, and not all were

relevant to the chosen population and outcome that I selected. This implies a dearth in recent research evaluating the impact of formal or structured mentorship among nurse educators. Based on the titles, much of researcher's effort has focused on mentorship programs and retention in clinical settings, and involved either new graduate nurses or student nurses. Only four articles, published between 2008 and 2012, fit the PICO criteria. In the following literature review, articles linking mentorship programs with the recruitment and/or retention of nurses are summarized.

Factors Contributing to Nurse Turnover

McDonald and Ward-Smith (2012) conducted a review of the literature to establish the range of evidence-based interventions for the retention of new nurses. The nurse leader from two databases retrieved six studies that fit the inclusion criteria. The review found that graduate nurses reported expectations of the work environment that do not match reality. Turnover arises from high job stress experienced during the first year of professional practice. Job stress is brought about by long work hours with durations of 12 hours or more per shift. This is coupled with a high patient acuity, requiring complex nursing care. The lack of empowerment and therefore control over systems, structures, and processes in the workplace is another reason for new nurses' leaving their employment or the nursing profession. In contrast, facilities using the Magnet framework have higher organizational commitment and retention rates owing to a greater empowerment of nurses and enhanced self-efficacy.

Mentoring as a Nursing Staff Retention Strategy

The review also found that transition programs, namely internship, preceptorship or mentorship, externship, post orientation, and residency, are effective in improving new

staff nurse retention (McDonald & Ward-Smith, 2012). Internship and preceptorship/ mentorship are often similar in purpose and implementation. Both involve pairing a new nurse with an experienced staff member for training, education, guidance, and support for a unit or facility and typically span 3-12 months. One systematic review showed that preceptorship/mentorship improved new nurse retention regardless of the duration, but longer-running programs had the most significant effect with at most 60% improvement (Race & Skees, 2010). Externship and postorientation also entails working with a more experienced nurse, but the former involves students fulfilling their final year of study and the latter is an extension of the new graduate nurses' orientation. Therefore, residency programs provide education, training, supervision, and other forms of support for the first year of employment. Hence, peer support is a common component of transition programs in addition to improving professional competence.

Mbemba, Peters, Jackson, & Daly (2013) performed a systematic review retrieved from four databases to determine the elements that make staff nurse retention interventions successful. The authors found that financial incentives in the form of education scholarships, loans, and direct monetary incentives correlated with high nurse retention. In addition, supportive professional relationships also contributed to a similar outcome. Mentoring, preceptorship, and clinical supervision are the different forms of peer support found to be associated with retention. Preliminary information also revealed that the use of information and communication technologies for clinical decision-making supports, networking, and enhancement of the nurses' quality of life result in better retention. The review employed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) method to ascertain the quality and transparency of the

research articles. The studies scored between 50% and 66% in terms of quality and 17 to 22 out of 27 items in a checklist for transparency.

Broom (2010) found that different generations of nurses impacted staff nurse retention. The author differentiated the different generations such as veterans, baby-boomers, Generation X, and millennials, according to timeline and general characteristics. With most of veterans already retired and an increasing number of baby boomers following suit, the challenge of recruiting and retaining the newest generation of nurses, namely the millennials, who are the most at risk for job stress and low empowerment, falls on older generations. Millennials are known to prefer learning that employs different teaching strategies, and this must be kept in mind when developing transition programs. Rather than a reliance on the use of technology, millennials also learn well through teamwork and experiential learning through mentorship. In particular, they value guidance, feedback, support, and appreciation that boost their self-confidence. They also value staff cohesion, continuous professional development, and engagement through collaboration and shared decision-making. Meeting the needs of millennials with regard to the work environment must therefore be one goal of successful nurse retention programs.

Park and Jones (2010) validated the effectiveness of the mentoring or preceptorship of new nurses during orientation programs on improving staff retention as described in seven studies. The study was structured using Cooper's five-stage integrative review process. The authors pointed out the need to train senior staff as mentors or preceptors and to establish qualification criteria encompassing competence, leadership skills, communication skills, and commitment to the professional development

of self and others. Administrative systems are necessary to ensure program success and include a program coordinator, a program facilitator bridging new nurses with mentors, and nurse managers who monitor mentee or protégé performance. In terms of costs, orientation programs lasting for one year or less that result in enhanced retention were found to be cost-efficient compared with the costs of nurse turnover.

The literature clearly identifies mentorship as an essential element of retention programs. With regard to effectiveness, Weng et al. (2010) examined the impact of mentorship on new nurses' organizational commitment and job satisfaction using a likert-type survey. The sample consisted of 306 staff employed in three hospitals in Taiwan for durations of two years or less. Mentoring is operationalized as a mentor's capacity to fulfill career advancement, role modeling, and psychosocial support functions to mentees. Organizational commitment was described as the staff's sharing the organization's values and a willingness to stay and contribute to the attainment of organizational goals. The above two variables were measured using established instruments as was the state of nurses' satisfaction with their jobs.

Results showed that the study settings all had mentoring programs in place lasting for two months or longer. Mentors had to undergo training and education and show capability in fulfilling the roles and responsibilities of a mentor. These include knowledge and skills in evaluation, teaching, giving feedback, applying ethical principles, adhering to laws, and sharing professional experiences (Weng et al., 2010). Career advancement and role modeling were associated with high organizational commitment and job satisfaction but not psychosocial support. The authors theorize that the latter outcome may be influenced by the mentors' low regard for psychosocial

support as a need of mentees (Weng et al., 2010). Therefore, mentor trainings must assess for mentor capacity in providing such support and stress the necessity of assessing mentee needs and expectations.

Within the population of nurse faculty, Gwyn (2011) studied the correlation between the same variables, such as having a mentor and organizational commitment, and whether such commitment was influenced by the quality of mentoring relationships. Organizational commitment has been associated in literature with nurses' intent to stay and therefore a higher retention rate. A convenience sample of 133 full-time faculty members in different nursing programs in Florida was targeted, with the sample size informed by a power analysis for a medium effect size. Organizational commitment and the quality of mentor-mentee relationship were each measured using established instruments integrated into an online survey. The findings showed that there was a statistically significant correlation between the two variables. However, having a mentor or having had a mentoring relationship per se did not correlate with organizational commitment, contradicting the findings of earlier research. The study did not achieve its target sample size because of a low response rate of just 11%, thus affecting the credibility of the author's conclusions.

Further, Cottingham, DiBartolo, Battistoni and Brown, (2011) reported the results of an evaluation of a two-year mentoring program pilot project with respect to nursing staff retention. Funding was secured from two foundations, and the programs basic design was matching new graduate nurses as mentees and experienced nurses as mentors in a one-year mentoring relationship. Because mentoring was in part an opportunity to teach, mentors were partnered with nurse faculty. The goal was to fulfill the needs of new

nurses in transition, increase their job satisfaction, and minimize turnover. A steering

committee was created to develop and implement the program with the program design

informed by a review of literature. The author noted the paucity of primary studies on

mentoring in nursing. There were 20 mentor-mentee dyads at the start of the program,

with mentors and their assigned nurse faculty given stipends as incentives.

   The first step the steering committee took was to recruit mentors from acute and

long-term care facilities (Cottingham, DiBartolo, Battistoni & Brown, 2011). One

approach used was to identify and target experienced nurses deemed to possess the

qualities of a good mentor. Another approach was to create booths within the facilities as

information and recruitment centers. The second step was to similarly recruit mentees

(Cottingham, DiBartolo, Battistoni & Brown, 2011). Information on the mentoring

program was provided during the orientation of new nurses and among graduating

student nurses. There was low mentor and mentee recruitment at first, which gradually

increased as the benefits of the program spread by word-of-mouth. Different modes of

communication such as one-on-one, e-mail, and telephone were employed by mentor-

mentee dyads to sustain their relationship and accomplish their goals (Cottingham,

DiBartolo, Battistoni & Brown, 2011). The program further provided professional

development opportunities via leadership seminars.

   Weekly worksheets were employed to collect data on the subject of meetings,

ratings of the interactions, and qualitative feedback. The program evaluation showed

100% retention, intent to stay in the nursing profession, and satisfaction with the program

for the 15 new graduate nurses who participated (Cottingham, DiBartolo, Battistoni &

Brown, 2011). There were reports of enhanced motivation on the job and better

knowledge of professional advancement as well. Data on costs was another important contribution of the study. The authors determined that the cost related to a mentor-mentee dyad for mentorship lasting 18 months was $8,552 (Cottingham, DiBartolo, Battistoni & Brown, 2011).   Concurrently, the visible cost of recruiting a new nurse following turnover was estimated to be at least $10,000. However, visible costs represent merely a quarter of the total cost of turnover that can be as high as $42,000 per nurse (Cottingham, DiBartolo, Battistoni & Brown, 2011).

Staff Nurse Retention in Correctional Settings

Chafin and Biddle (2013) performed a survey of all the 33 nurses employed in one correctional facility. The purpose of the cross-sectional correlational study was to investigate the relationship between perceived benefits and barriers and staff retention. Stamp's Index of Work Satisfaction consisting of Likert-scale questions was employed to collect data. Barriers and benefits pertained to salary, professional status as a nurse, social interaction, professional autonomy, job requirements, and organizational policies. The nurses reported that staff members helping one another benefited retention, but nearly half of the respondents did not feel comfortable working in the facility, and there was no consensus as to the benefits of teamwork. More than 60% of the correctional facility nursing staff reported the lack of professional development. These are areas that can potentially be addressed by a mentorship program aimed at promoting staff retention.

 Cashin and Newman (2010) implemented and evaluated a 12-month mentorship program for junior managers working in correctional settings with the purpose of enhancing management knowledge, skills operational management, leadership, and reflexivity. Program outcomes were job satisfaction, professionalism, and skill and

behavior changes. Job satisfaction and professional advancement have been identified in literature as contributors to staff retention. The authors used validated instruments to measure the baseline and post-program status of these three domains. Qualitative data was further obtained to support quantitative findings. Nine senior nurse managers functioned as mentors and paired with the same number of mentees.

The results showed that there were both positive and negative changes in skills and behavior. There was also a surprising decline in job satisfaction as well as an increase in job stress that, although not statistically significant, differed from the findings of other studies (Cashin & Newman, 2010). An important event was deemed to have affected the outcomes of the program. A drastic change in senior management meant that a third of the mentors had to forgo their roles. Replacing them and building new relationships with the mentees were considered disruptive. At the same time, the small number of mentor-mentee dyads meant a low-powered study. However, qualitative data showed a positive mentor and mentee regard for the program with some suggesting that it be extended to two years or that the relationship not be limited by time (Cashin & Newman, 2010).

Career Benefits of Mentoring

While the benefits to mentees are clear, the benefits of mentoring relationships to mentors are not always apparent. Ghosh and Reio (2013) performed a meta-analysis of 13 studies from five databases to establish whether mentors, who provided career support, role modeling, and psychosocial support, report better career outcomes, namely organizational commitment, job satisfaction, turnover intent, job performance, and career success, compared to non-mentors. The meta-analysis showed that mentors had greater

satisfaction and commitment and less turnover intent than non-mentors. Self-reports of job performance and career success were also higher among mentors than non-mentors. Specifically, career mentoring and the mentor's perception of career success had the strongest link, while psychosocial mentoring greatly correlated with organizational commitment. Role modeling had a strong association with job performance. Thus, mentoring benefits not only mentees but mentors as well. However, the studies used for the analysis were not limited to the nursing profession.

Theoretical Framework

Mentorship is not only a developmental process consisting of phases. In essence, the developmental process is a nurturing relationship that fits within the framework of Jean Watson's theory of transpersonal caring. Watson describes a caring relationship as one that has the "moral commitment, intentionality, and consciousness needed to protect, enhance, promote, and potentiate human wholeness" (George, 2011, p. 458). This type of caring exhibited by a mentor toward the novice nurse enables the latter to grow as a professional. The theory of transpersonal caring also states that caring is the conscious act to affirm the subjective significance of the other. Furthermore, a caring relationship entails the capacity to become aware of and "connect with the inner condition of another" (George, 2011, p. 458). Mentors exhibit this ability in their sensitivity to the professional and emotional needs of new nurses.

Moreover, acts of mentoring are caring moments as these represent the coming together of a seasoned and novice nurse, each with their own life stories for the purpose of a "human-to-human transaction" that will positively alter the life stories of both parties (Snelson et al., 2002). Watson also lists carative factors characterizing a caring

relationship. These carative factors are applicable to the context of a health care mentorship program. These are: instilling the values of humanity and altruism, bolstering hope and faith for advancement, sensitivity to colleagues, helping and trusting relationships, creativity in solving problems, expressing emotions, transpersonal teaching and learning, and fostering a supportive environment (Snelson et al., 2002). These factors are present in an effective nursing mentorship program.

Two-Factor Theory

From a leadership and management perspective, Herzberg's two-factor theory provides the theoretical basis for the relationship between nurse mentorship programs and job satisfaction. The theory describes two types of factors generating job satisfaction and job dissatisfaction, respectively. Motivation factors pertain to job content and encompass personal and professional growth and advancement, the nature of the work itself, achievement and recognition, and extent of responsibilities, among others (Tomey, 2009). If present and favorable, motivation factors contribute to job satisfaction and high motivation to perform. If these factors are absent or unfavorable, employees are not satisfied and performance deteriorates.

On the other hand, hygiene factors relate to job context such as policies, quality of interpersonal relations, degree of supervision, salary, benefits and working conditions (Derby-Davis, 2014). Hygiene factors generate job dissatisfaction among the nursing staff if unfavorable. If favorable, they do not lead to satisfaction but employees tend to perform well. Managers may enhance nurse's performance by promoting favorable motivation factors to increase job satisfaction and favorable hygiene factors to reduce dissatisfaction. Both types of factors have implications for retention. A nurse mentorship

program can be a motivation factor as it promotes professional growth and a hygiene factor as it impacts the quality of peer relationships.

Summary

There is widespread acceptance of mentorship as an effective retention strategy with mentors and mentees giving generally positive qualitative feedback of interactions, the mentoring relationship, and mentorship programs. However, there is a lack of primary research on the impact of mentorship on nurse retention, especially in correctional settings. In the few studies found, program evaluation and descriptive cross-sectional designs were employed. Although structured literature reviews, systematic reviews, and meta-analyses show that mentorship is effective in reducing nurse turnover and other outcomes directly or indirectly, the quality of studies was generally low. In addition, some of the more recent articles show results that conflict with past research. Therefore, it is difficult to generalize findings to the current setting, warranting a "home-grown" mentorship program. The literature has, however, underscored important considerations when designing and implementing an effective mentorship program. The use of this information in program conceptualization and decision-making will contribute to optimum outcome.

Section 3: Methodology

Project Design/Methods

The purpose of this project was the development of a mentoring program for possible adoption by a state correctional facility. The writer assumed the leadership role in this project and directed the activities involved in the process. This section will outline the project's process for the mentoring program and describe the process by which the implementation and evaluation to pilot the program was developed. This section outlines how the project accomplished these activities, using the following steps:

1. Gather an interdisciplinary project team of institutional stakeholders.

2. Guide project in review of relevant literature and evidence.

3. Develop policy documentation and mentoring guidelines for the development of a mentoring program.

4. Validate mentorship program using feedback from external scholars.

5. Develop implementation plan for the mentoring program.

6. Develop evaluation plan for the mentoring program.

Interdisciplinary Project Team

Team members were chosen for their knowledge, expertise, and interest in increased retention and improved job satisfaction within the organization. In order for the teams to be effective, team members needed to be chosen for the qualities they can bring to the implementation of the mentoring program. Each team member bought different skills to the table to aid in identifying the issue, and brainstorming for solutions. Evaluation of the process and success of the project was needed of each member. The members for this mentorship program quality improvement development project will be:

1. Team leader and writer of this program

2. Director of Nursing: Assist with scheduling and additional resources

3. Director of Education: Aware of policy and the orientation process

Ideally, the project team met weekly for a period of three months to complete this project. Project team members received background information and evidence in the form of a literature review during the first few meetings. Project team members were responsible for performing in-depth reviews of the literature between meetings and coming to the meetings prepared to share their expertise and provide contextual insight related to the development of a mentorship program.

Review Evidence

Fulfilling the purpose of the QI project within the mission of the organization is important, as is having background information on mentoring, recruitment, retention, job satisfaction, and motivation. The interdisciplinary team should be aware of the current research and trends specific to the QI project. A concise summary of the pertinent literature and theoretical framework was provided to all team members. Understanding the development of a mentoring program further entails data collection and analysis. The perspectives of program facilitators and nurse educators are valuable and were elicited through open discussions. The discussions highlighted insights about the mentoring process under the newly developed program and the impact it is expected to have on the nursing staff. A particular focus was on the leadership style employed to develop the mentorship program, because in any undertaking leadership style has a bearing on acceptability, appropriateness, and success (Brady, 2010). This focus will encompass the content and delivery of the orientation given to nurses to introduce the program. In

addition, how the program was received was ascertained by discussing with nurse educators their perceptions, attitudes, and concerns with regard to the initiative. The final activity was writing and submitting a report to The Garden State Correction on the development and the expected impact the mentoring program should have, especially on nurse recruitment, retention, and job satisfaction.

An adapted version of the logic model will serve as the framework for the project design. Stakeholders and decision-makers who invest resources into programs want to know whether interventions work, why they work, and under what context (Center for Disease Control [CDC], 2011). A conceptual framework can direct managers, stakeholders, and evaluators in the program planning process. The logic models are narrative or graphical portrayal of processes in real life that communicate the fundamental assumptions upon which an activity is expected to lead to a specific result (McCawley, n. d.). Logic models illustrate a series of cause-and-effect relationships—a systems approach to communicate the path toward a desired result (McCawley, n. d.).

Ethical Considerations

I submitted the necessary paperwork to obtain approval from Walden University and the sponsoring health system's Internal Review Board prior to developing the Mentorship Program. Permission to use all figures, survey or websites was requested.

Develop Mentoring Program

Mentoring Program Guidelines Development

The intervention was aimed at developing an ideal mentoring program at a state correctional facility. A committee was formed consisting of the team leader, nurse educator, and some senior staff members agreeing to function as project coordinators. A

mentorship program guideline was developed based on topics and themes identified during discussion with the committee.

Educational Delivery Mode

Initial guidelines were developed for exclusive on-site committee. The practice guidelines are shown in Appendix D. It was felt that practice guidelines development was instrumental to the state correctional facility in adopting the most comprehensive policy format, because this showed the stakeholders exactly what content would be covered if the Mentorship Program was adopted. Additionally, the guidelines will also be extensively utilized and provide support when the project team begin the processes of implementation and evaluation plan development for full dissemination of the Mentorship Program. However, expansion of the mentoring program to the entire organization was addressed.

Content Validation

Once the mentoring program was developed, the program was shared with all stakeholders and members of the team for final review and approval, to ensure being in alignment with the mission and philosophy of the organization. Additionally, content validation assured that the policy and practice guidelines directing program are based on scientific evidence, implementation and evaluation were designed. The approved program was shared with five doctorally prepared nurse scholars with relevant expertise for content validation. One chief nursing officer, one clinical nurse educator, one director of clinical research, and two academic nursing scholars were invited to review the mentorship program content.

Development of Implementation Plan

Development of the implementation plan seen in Appendix E occurred with the project team leader in communication with the interdisciplinary team members. The following served as the basic, tentative plan for implementation and served as a starting point for further discussion regarding the pilot implementation at the state correctional facility:

Pilot Project:

1. Committee will be formed consisting of nurse researcher, nurse educator, and senior staff members agreeing to function as project coordinator.

2. Current evidence and standards will be presented, and the organization's mission and philosophy reviewed.

3. Brainstorming to conceptualize the program, including its goals, objectives, and description of the processes of mentor-mentee matching, initiating and sustaining the relationship, reassignment in cases of non-compatibility, monitoring mentee progress, and evaluating the outcomes.

Following the establishment:

1. An orientation for senior nurses will be held detailing the aims, policies, responsibilities, processes, and benefits of formal mentorship program.

2. The senior nurses will be asked to indicate their interest in becoming a mentor by filling out an application form as shown in Appendix L.

3. Because potential mentors need to undergo an education and training activity to standardize the mentorship process, the coordinator and nurse educator will

4. collaborate on the content and survey tool.

   Expanded Implementation:

1. After the mentor education and training, the existence of the program will be made known to junior nurses in a meeting.

2. Information will be sent via e-mail and posted on the bulletin board.

3. Questions and concerns will be entertained and answered adequately.

4. Those who would need mentoring will be asked to sign up as shown in Appendix I, leading to the formation of four mentor-mentee dyads.

Development Evaluation Plan

Development of the evaluation plan as shown in Appendix F should be considered early during the planning phase of the project design. A basic provisional plan for evaluation was presented to the interdisciplinary team at the starting point for further discussion in developing the full evaluation plan.

For the purposes of evaluation, several data collection tools will be used for baseline and post-project data. To measure turnover, the nurse researcher will collaborate with Human Resources department for the total number of registered nursing staff and number of staff separation within the six months, as shown in Appendix G, before and after the formation of the first mentor-mentee dyads. Monthly turnover was calculated as the number of nurses who left divided by the total number of nursing staff. Baseline retention was measured as the proportion of nurses employed in the facility at the start of the formal mentorship project and the number of staff employed six months prior to the start of the mentoring program. Post-project retention was the proportion of the remaining nursing staff six months after program commencement and the number of staff at program commencement. Forms were created to record turnover and retention data as shown in Appendix G.

Mentee satisfaction and qualitative feedback on the mentor and the mentorship program will be obtained, as will the feedback from the mentors. Job satisfaction will be measured at baseline using the results of a survey conducted by human resources ten months before the project using an instrument that has been in use by the facility, as shown in Appendix P. Post-program job satisfaction will be measured six months after program implementation using the same tool to allow for comparability.

Long-term evaluation will be based on facility employment data. Baseline data consisting of date of hire and longevity based on months of employment will serve as the basis for length of service. Comparison of nursing staff's length of service among The Garden State Correctional Facility pre and post the implementation of the mentoring program at 6, and 12 months intervals will be reviewed and analyzed as shown in Appendix G. Results will be shared with stakeholders.

Summary

An appraisal of the literature on the effect of formal mentorship programs on nurse recruitment and retention shows insufficient evidence of effectiveness because of weaknesses in research methodologies used and a dearth of research on the topics. Program evaluation will employ a mixed-method study aiming to establish the link between mentorship and the selected variables in the Garden State Correctional setting. As such, it will contribute to the evidence. Data collection will be through survey and observations. By comparing measures before and after implementation, analyzing for statistical significance, and taking into account the insights gained from observation, the effects of the program on outcomes will be ascertained.

Section 4: Findings, Discussion, and Implications

Discussion of Project Projects/Results

Nurses compose the largest segment of the health-care workforce. An adequate number of nurses help ensure sufficient, safe, and high-quality nursing care in all settings. Poor staffing has been associated with a higher risk of complications, such as hospital-acquired infection and mortality (Carayon & Gurses, 2008). However, the current shortage poses a barrier to optimum nursing care. Estimates show that a 30% increase in the annual number of baccalaureate nursing program graduates is necessary if the projected demand for nursing services within the next decade is to be fulfilled (Dhed & Mollica, 2013; Evans, 2013). The retirement of baby boomer nurses and the shortage of nurse faculty complicate the labor situation despite the surge in recent years in the number of applicants to nursing programs.

A negative work environment is increasing staff turnover rates, notably among new nurses, and is further aggravating the shortage. A systematic review revealed that job stress from long work hours and high patient acuity is a contributory factor to nurse turnover (McDonald & Ward-Smith, 2012). Another factor is professional disempowerment reflected in a lack of control over organizational structures, systems, and processes that impact clinical practice and the work environment. The lack of support for new nurses during their transition into professional practice or a new clinical setting creates difficulties that influence their decision to leave the organization or seek another career outside of nursing (Mbemba, Gagnon, Pare, & Cote, 2013).

Specifically in correctional settings, increased turnover primarily causes the shortage. Safety is a concern within an environment where inmates have psychiatric and

substance abuse problems. There is also contradiction between nurses' roles of care provider and advocate and a prison system that is geared to punish offenders (Powell, Harris, Condon, & Kemple, 2010). The lack of autonomy in instituting innovative changes that would ensure an adherence to the rights of prisoners and standards of care in meeting the needs of the prison population is often a source of stress and burnout (Stewart & Terry, 2013). Constraints in funding also result in limited supplies and a suboptimal physical environment affecting the delivery of quality care (Almost et al., 2013). These challenges often drive new nurses to quit, thus increasing the turnover rate in correctional settings. Moreover, the perception of a lack of professional development in the prison setting is another factor compelling nurses to leave (Chafin & Biddle, 2013).

A few months ago, the state correctional facility initiated a Mentorship Program Action Plan with goals, objectives and outcomes. The long term overall goals were to improve retention, improve recruitment, and increase job satisfaction at a northern state correctional facility. The outcomes that will be used to measure attainment of these goals are directly related to turnover. Nurses who are satisfied with their jobs are more likely to remain in their current positions. Due to the time constraints of this Doctoral of Nurse Practice project, the first goal and the first two objectives were selected for this project because they were believed to be instrumental steps in this process to achieve the other goals and objectives set forth in the Mentorship Program Action Plan. Garden State is a correctional facility in New Jersey housing males aged 14 through 31 years. Many of the facility's inmates are high school students with their educational needs being met by the Office of Educational Services of the Department of Corrections. Currently, the facility has 2,100 inmates and maintains seven halfway houses as well as a 10-bed infirmary.

Four medical staff members provide 24-hour medical service, and 17 nurses also provide care 24 hours each day. Two of the nurses were hired within the initial six months after formal mentorship began.

Of the 22 staff members, one retired in 2014, and two retired in 2015. The turnover rate is high and involves mostly new nurses. The facility had a vacancy rate of 18.2% at the start of the project. The facility adopted the primary care model, but the high turnover has led to short staffing, leaving many health promotion and disease prevention interventions unimplemented. While the new nursing staff members receive training during their three month orientation period, the transition does not formally involve mentorship. New and experienced nurses can mutually engage in informal mentorship, although this is not a common practice.

There was no formal assessment of the causes of turnover, but several of those who left the organization have mentioned the high stress levels and lack of support as primary reasons for leaving. Based on this feedback, therefore, the purpose of this project is to improve the nursing staff retention rate and thus reduce the turnover rate by establishing a formal mentoring program that will provide personal and professional support to new nurses. This project will establish the base for developing a mentorship program as well as detailed the actual effect of the program on nursing staff recruitment, retention, and job satisfaction. A collaborative organizational and community project team assisted in the development of the mentoring program.

The project's overall goals are to improve retention, improve recruitment, and increase job satisfaction at the state correctional facility. The outcome measurement that will be used for these goals are existing human resources records related to length of

employment of nurses before and after implementation of the mentoring program. The primary measurable outcomes of interest are nursing staff recruitment and retention, and a secondary outcome will be job satisfaction. Facility records of recruitment and retention will be accessed and reviewed. Following two months of implementation, recruitment and retention will again be measured. A survey of nursing staff job satisfaction will be performed through a questionnaire form, as shown in Appendix R.

To accomplish the above stated outcomes, it was determined that there were several desired objectives that needed to be completed within this project's time frame.

1. Establish collegial relationships among the nursing staff.
2. Promote the integration of theory into the correctional nursing practice.
3. Enable the communication of learning opportunities to and feedback from new nurses.
4. Facilitate the socialization of new nurses into the organization.
1. Larger organizational initiatives.
5. Develop implementation plan.
6. Develop evaluation plan.
7. Actual implementation.
8. Evaluation of mentorship program.

Two primary products were developed. The first was the revised and adopted policy, which was based on a comprehensive policy, termed The Mentorship Program. A collaborative organizational project team was formed and assisted in the development and adoption of The Mentorship Program policy, which is shown in Appendix C. The other primary product developed was practice guidelines, shown in Appendix D.

Secondary products of completion were the policy implementation and evaluation plans shown in Appendices E and F.

This project resulted in the successful development of a comprehensive Mentorship Program policy that the state correctional facility adopted as well as practice guidelines for the adopted policy and a policy implementation and evaluation plan to assist in the dissemination of the new policy. If the organizational initiative for a state correctional facility full dissemination is appropriately planned, implemented, and evaluated as the literature demonstrates, this project would be considered the momentum that resulted in increasing retention, improving recruitment, and enhancing job satisfaction within the facility.

Summary and Evaluation of Findings

Outcome and process evaluation will be conducted. Monthly turnover data will be collected over a period of six months. At six months, it is expected that turnover will be zero, and thus the retention rate will be 100%. These figures will correspond to a total workforce size of 44 at the correctional facility; similar to before the program was implemented. With this turnover, there will be a decline from 30%, which is the baseline figure. Job satisfaction will also be measured six months after implementation using the facility's electronic tool. At baseline, the average job satisfaction rate is 67%. A rise of at least 30% among senior and new nurses is expected and will bring the job satisfaction rate to 97%.

A minimum of two mentor-mentee dyads will be formed within the first six months of the period. Qualitative data that shall be obtained through discussions with mentors and mentees for the purpose of evaluation will reveal the strengths and

weaknesses of the program. Mentors should consider the mentorship training important 41because not all of them have experienced the role of mentor or mentee that helps in conceptualizing the role. Some of them have not participated in mentorship training. As such, it will be the first time for some to receive mentorship training, while it will be a refresher course for others. The training will dispel negative ideas and misconceptions about mentorship. It is also expected to motivate them to fulfill their mentor role and further enhance their knowledge and skills. In addition, the fact that the role will be voluntary means that only those who really want to be mentors will become one, ensuring commitment on their part.

Another important element of the program will be the ongoing support given to mentors. Program monitoring meetings will be held to provide a venue for mentors to express problems and achieve resolution. It is anticipated that some mentors may experience greater stress if they have difficulty achieving work-life balance. Creating a venue for sharing problems with other mentors and the team will lead to solutions such as reducing the workload for the mentor to continue with his or her mentor role. Such a request will be made known to the director of nursing. The meetings will also include reflections to gain insights on the mentors' experiences and ensure learning. Reflections will further include how continuing appreciation and encouragement received from the director of nursing and the project team affects their role performance and commitment.

Additionally, monitoring meetings for mentees will be held to obtain feedback that will validate the usefulness of the different aspects and activities of the program. For instance, the orientation is expected to clarify mentee expectations of both their mentors and the program as information will be given, and they will be allowed to ask questions

during an activity. Given that most nurses who signify interest in the correctional setting are new, the questions are expected to reflect their support needs in the areas of knowledge, skills, and practice. For instance, a new nurse will know in theory how nurses should relate to corrections personnel based on information given during their job orientation but will be unsure as to how exactly this plays out in reality. Mentees or new nurses will also likely need reassurance that mentors will allot time to guide and support them.

How mentees regard the monitoring meetings and the openness of the project team as opportunities that permit the communication of problems and suggestions will be determined. Specifically, it will be known if these aspects make them feel engaged and integrated. The overall impact of the program itself in increasing their understanding of the correctional nursing role in a way that comes only through experience will be ascertained as well, given that their work experiences were in other clinical settings. Mentors will be asked to relay the many areas in which mentees require support. Often, a prominent source of culture shock is the need to consider custody and safety issues in the care plan and support the balance between them and health care. Another area typically requiring support is patient advocacy, in particular knowing when it is appropriate in light of the correctional nursing context. Knowing if these needs apply to the mentees is helpful in improving the program.

Moreover, information derived for purposes of evaluation will include whether mentors and mentees developed positive relationships with each other and if any requested reassignment because of incompatibility issues during the past six months of the program. If mentees trust their mentors as persons, sharing personal and professional

issues, and report a high regard for the latter's work as role models, teachers, coaches, advisers, and nurturers, then the program is effective.

In addition, mentors and mentees state that the relationship also extends to the personal in recognition that the personal impacts their wellbeing as well as their professional lives. Having someone they can trust to share personal and professional issues with is regarded as contributing to a supportive workplace. If mentees report a desire to continue their employment in the correctional setting because of the supportive work environment, it is also an indicator of effectiveness. Further, the evaluation will validate the need to continue the mentor-mentee dyads for the next 6 months to complete the 1-year duration of the mentorship program that was originally planned.

In terms of process, the implementing team will identify the strengths and weaknesses of change implementation as well. A team approach will be instrumental in the planning of the program. Teamwork will entail the expression of diverse ideas as well as the communication of questions and concerns in relation to the project. The involvement of senior nurses, the nurse educator, and the director of nursing is expected to lead to the consideration of many facets of the issue of retention and the proposed solution. For instance, senior nurses will likely raise the issue of workload in relation to mentoring, and the nurse educator's concern will be the lack of formal training among the target mentors as well as the need for an orientation. The director of nursing will initiate discussions on the day to day management of the program. The suggestions from each member of the team and evidence from the literature should ensure that the program be tailored to the needs and context of the facility.

Eliciting the input of junior staff will also strengthen program planning. Junior

nurses will likely clarify the effect of the program on staffing; such as if mentors and mentees would always be assigned the same shifts and if there is a guarantee that skill mix will be considered given that junior nurses also need the help of senior nurses although not to the same extent as new nurses. The concern may be an initial source of resistance among junior staff. Thus, reassurance that the needs of junior nurses will not be disregarded must be given to ensure they accept the program. It is also possible that junior nurses may signify interest to become mentors. As some of the senior nurses are due for retirement in the next year or two, considering junior nurses as second-line mentors is warranted, and their training must be scheduled to guarantee a pool of mentors.

Mechanisms for continuing feedback will strengthen the program as well. Formal meetings for the team, the mentors, and mentees will monitor the progress of the program. The meetings will elicit information on problems with the process of implementation and the likelihood of achieving the project goals. For instance, mentors provide information in regard to the fulfillment of their role and their perceived effectiveness, while mentees give information on the perceived effectiveness of their mentor. Information from both sides provides an objective assessment of progress. Members of the team, in informal discussions with junior staff, draw the latter's opinions of the program and its effectiveness.

Open communication as the underlying practice will make the above mechanisms and principles into strengths. That the staff can freely relay information in the initial design and improvement of the program without fear of retaliation or any other social and career consequences and that relaying information will be encouraged will likely lead to

staff buy-in. Participation in this manner should encourage staff co-ownership of the program and commitment to its success. It is also expected that the staff will recommend mentorship to new nurses because of its many benefits and will advocate for the program to continue beyond the current cycle.

Discussion of Findings in the Context of Literature

Primary Products

Two primary products resulted from this project. The first was a comprehensive Mentorship Program policy based on the Mentorship Program format shown in Appendix C. The development of this policy, with several revisions, took place over a few months. This process started with educating staff and stakeholders on many occasions and repetitively discussing the issues at the state correctional facility. Management support was obtained to permit the development, implementation, and formalization of the mentorship program within the facility. Educational topics consisted of the recruitment, retention, and job satisfaction issues; development of the Mentorship Program and policy for adoption; and what the literature demonstrated as effective programs, as well as what has been shown to demonstrate positive outcomes within the facility to increase retention, increase recruitment, and enhance job satisfaction.

A project team consisting of key stakeholders was created from these numerous educational sessions and reeducated on the above to begin development on policy formation. The project team leaders reviewed policies from other similar-serving peer facilities. These facilities had at one time experienced the same problems with their retention, recruitment, and job satisfaction and had shown improvement in all three areas. The project team leaders then developed a preliminary policy, which was a culmination

of other comprehensive policies found with the conducted literature review and presented the proposed policy to the project team, administrators, educators, and nurses as well as the director of nursing for input and support. After much discussion and revision by the project team, team leaders, and administrators, the nurse educator presented the final policy to the Director of Nursing for approval. Appendix C is the final approved policy in its proper format. The content is relatively straightforward and self-explanatory and definitively entails how the Mentorship Program should be covered. This was thought to be necessary to increase compliance and decrease confusion.

Appendix D represents the practice guidelines document, which is the other primary product of this project. The development and approval of practice guidelines was a relatively uneventful process. A committee was formed consisting of the nurse administrator, nurse educator, and some senior staff members, with the nurse administrator agreeing to function as project coordinator. Current evidence and standards were presented, and the committee reviewed the facility's mission and philosophy. The committee brainstormed to conceptualize the program, including its goals, objectives, and descriptions of the processes of mentor-mentee matching, initiating and sustaining the relationship, reassignment in cases of incompatibility, monitoring mentee progress, and evaluating the outcomes. A mentee self-assessment application form, as shown in Appendix K, was also sent out to the junior staff to determine areas in which they needed the support of mentors. The junior staff members are those who are new or have less than three years of experience in the organization. The outcomes shaped the functions of the mentor.

Following the establishment of the program, senior nurses will attend an

orientation detailing the aims, policies, responsibilities, processes, and benefits of formal mentorship. Subsequently, the senior nurses will indicate their interest in becoming a mentor by filling out an application form as seen in Appendix L. Because potential mentors will need to undergo an education and training activity to standardize the mentorship process, the coordinator and nurse educator collaborated on the content and the learning needs assessment tool. The content included integrating mentorship in the orientation program specifically for new nurses. Knowles' theory of adult learning or andragogy was employed to shape the teaching strategies. Adult learners are self-directed and learn much from their personal experiences as well as from those of others (Draganov, de Carvalho, Neves & Sanna, 2013). At the same time, millennials prefer the use of a variety of strategies. Therefore, lectures, video viewing, and workshops that allowed the sharing of experiences in a group setting were utilized.

After the mentor education and training, the existence of the program will be disseminated to junior nurses in a meeting. The information was also sent via e-mail and posted on the bulletin board. Questions and concerns were entertained, answered, and resolved adequately. Those who needed mentoring were asked to sign up, leading to the formation of four mentor-mentee dyads, as seen in Appendix I. There were six more mentors than mentees, allowing for three new hires to also be assigned to a mentor. Development of the practice guidelines consisted of placing the practice guidelines from all three separate documents into one, which is shown in Appendix D**.** Program components include mentor criteria and selection, mentorship education and training, mentor and mentee matching, mentoring plan, mentoring meeting agenda, resolving

mentor-mentee conflict, requesting discontinuation of the mentor-mentee relationship, and evaluating the mentoring relationship.

Mentor Criteria and Selection

Senior staff nurses who would like to become mentors will undergo self-assessment, as shown in Appendix J, to evaluate their ability to fulfill expectations that include (a) supporting the vision, mission, philosophy, objectives, and values of a state correctional facility; (b) serving as an effective role model to peers; (c) acting as a resource person for personal and professional development; (d) exhibiting clinical competency, and (e) giving constructive feedback. A potential mentor must also demonstrate both positive interaction and communication with others and professionalism. These qualities are consistent with what Hawkins and Fontenot (2010) and Race and Skees (2010) found in their reviews of the literature. The mentor must be willing to engage in life-long learning in teaching, coaching, communication, goal setting, conflict management, and giving feedback, which are the major tasks of a mentor.

However, it is not expected that mentors will demonstrate all the aforementioned abilities, as the self-assessment tool is meant to ascertain strengths and weaknesses. The coordinator and the potential mentor will discuss the results of the self-assessment, and the latter will decide if he or she still wants to become a mentor. Subsequently, he or she will be asked to fill out and submit an application form (see Appendix J). For purposes of optimum mentor-mentee matching, the application form will elicit information on the mentor's personal and professional backgrounds, hobbies, and interests; mentee preferences, and amount of time he or she can commit to mentoring. It is also worthwhile

to note that the nurse educator will employ the results of the self-assessment tool as a learning needs assessment and will guide the development of an appropriate curriculum as well as the choice of resources that will be put together and made available to mentors.

Mentorship Education and Training

All mentors will undergo four day mentorship education and training in a classroom based activity following the principles of adult learning Draganov, de Carvalho, Neves & Sanna, (2012) described. In the introduction, the learning activity will be situated within the context of the program's goals and objectives. Besides lecture type activities, the sharing of prior mentor or mentee experiences will be encouraged, and mentors will reflect to draw insights on what works and what does not. The activity will also include skills training on goal setting, teaching, and coaching. Role-playing of communication, giving feedback, and conflict resolution will be employed as a learning strategy. The nurse educator will also search for helpful literature that will be reproduced and given to mentors as resources. The nurse educator will provide updates on best practices in mentorship on a regular basis.

Mentor and Mentee Matching

Mentees will be asked to submit an application form (see Appendix K) expressing the desire to receive mentorship in accordance with the voluntary nature of the program. The form will elicit the same information as the mentor application form. The program administration team will search for potential matches from the pool of mentors and will discuss options before making a final decision who will be assigned to the mentee. Similarities in background, interests, and individual preferences will be the primary bases for matching.

Program Information Dissemination

Details of The Garden State Nurse Mentorship Program will be disseminated to the staff and new nurses upon hire through orientation and flyers posted on the bulletin boards. Additional e-mails will be sent to the staff. The coordinator will serve as the contact person for those who would like to request more information.

Mentoring Plan

The mentee shall complete the mentee self-assessment tool (Appendix K) to determine his or her learning needs that will serve as the basis for teaching, coaching, role modeling, support, and guidance, the primary roles of a mentor (Anderson, 2011; Metcalfe, 2010). However, the mentee can add other learning needs that may not be covered by the tool after discussion with the mentor. Because mentorship is structured and to facilitate program evaluation, the mentor and mentee will develop a written plan for mentorship that includes the goals, outcomes, expectations of both parties, and the methods and frequency of communication as shown in Appendix L. Both parties will sign the plan, date it, indicate the number of minutes or hours spent collaborating, and submit a copy to the coordinator. Both parties can revise the plan as necessary. The planning tool adapted from the American Academy of Medical-Surgical Nurses (Academy of Medical Surgical Nurses, (AMSN) 2012) mentor guide (see Appendix L & M) will be provided to the mentor-mentee dyad.

Mentoring Meeting Agenda

The mentee essentially drives the mentoring relationship. To empower the mentee and ensure that mentorship fulfills his or her needs, the mentoring meeting agenda tool (see Appendix M), adapted from the Academy of Medical Surgical Nurses (2012) guide,

will be made available to mentees. The tool facilitates communication with the mentor of the goals and issues or topics for discussion for each scheduled meeting. The tool also ensures documentation of the accomplishments for each meeting, the schedule and initial goals for the subsequent meeting, feedback from the mentee, and the length of time spent for the meeting. The Director of Nursing will submit copies of the mentoring meeting agendas to the coordinator for evaluation purposes.

Mentor-Mentee Conflict Resolution

The mentor and mentee will strive to resolve any conflict between them through open communication, constructive criticism, and a collaborative approach. However, a third party may be requested if necessary and may be the coordinator or another mentor with experience in conflict resolution. The resolution of conflict or the lack thereof despite best efforts will be documented. In cases of the latter, the mentee can opt out of the relationship without any consequences. The program administration team may then assign a new mentor if the mentee still wants to be mentored. The coordinator will assist the previous mentor in self-reflection to generate meaning and learning out of the negative experience.

Requesting Discontinuation of Mentor-Mentee Relationship

Mentees who wish to opt out will fill out a form indicating this decision as well as a request for a new mentor if desired (Appendix R). The mentee will submit the form to the coordinator. For existing mentor-mentee dyads where either party requests termination of the relationship for reasons not related to compatibility, the coordinator will hold a meeting with the mentor and mentee to discuss the reason for the termination and alternatives for the mentee.

Evaluating the Mentoring Relationship

At the close of the six month mentorship, the mentor and mentee will answer a survey questionnaire inquiring into the positive and negative aspects of the relationship, whether goals and learning needs were met, what else can be done to improve the program, and other information as feedback. The results of the evaluation will be presented to the mentors during an occasion where appreciation and recognition will be formally conveyed to them for their hard work (Appendices N and O).

Secondary Products Developed

There were several secondary products developed within the realm of this project. The first was the policy implementation plan seen in Appendix E, which delineates specific tasks that need to be performed to implement the newly adopted policy. The implementation plan was developed for the sole purpose of assuring that the newly adopted policy would be fully implemented and that all stakeholders, educators, nurses, and administrators would fully understand the policy. The director of nursing and chief nursing officer will be able to use this document

to assign and supervise policy implementation without further planning. The steps required are listed with target completion dates as seen in Appendix E. Therefore, all the director of nursing should have to do is conduct a meeting with all the responsible parties, assign tasks, and supervise the project.

Additionally, the policy implementation plan sets forth three additional steps to assure sustainability and forward movement of full dissemination for the Mentorship Program. The project team will allocate and develop specifics for these tasks at a later date. It also proposes suggested time frames for completion as well as delineates who

should be responsible for the completion of each task. This document does not encompass all the tasks that will be required to assure that program implementation and evaluation planning are completed successfully. These objectives will have to be broken down into additional activities and tasks with allocated time frames and responsible parties listed.

Policy Evaluation Plan.

Another secondary product of this project was the policy evaluation plan found in Appendix F. The evaluation plan is self-explanatory and establishes annual policy evaluations. The document lets the director of nursing determine when to complete it, who is responsible for completion, as well as who will be completing each task. Additionally, the document delineates how each task will be measured.

The chief nursing officer and director of nursing will be able to use this document to assign and supervise policy evaluation processes on an annual basis. The tasks are listed with target completion months instead of specific completion dates because policy evaluation should be completed annually. This document allows the director of nursing to conduct meetings with all the responsible parties, assign tasks, assist in setting specific dates, and supervise the policy evaluation process annually.

Challenges and insights gained.

Several challenges were presented during the time frame of this project. One of the most surprising and controversial challenges was in terms of the change process; there were facilitators of change. The culture of nurses has been of collaboration or teamwork, given the many challenges faced in the correctional setting. This culture is compatible with the mentorship program that also requires a partnership or working

together to achieve learning, integration into the professional role, and professional as well as personal growth. The director of nursing supported the program and encouraged the mentors while also permitting the readjustment of workloads to assist mentors in adequately fulfilling their role.

Initially, senior nurses who thought their participation as mentors was mandatory resisted the program. The voluntary nature of the program addressed this issue since not all senior nurses were interested in the role or capable of being one. Junior staff who initially thought that their needs were ignored with the implementation of the program also resisted the change. Knowing this concern and addressing it by ensuring that staffing considered the skill mix and not only the needs of mentors and mentees reduced resistance. Identifying the causes of resistance and addressing them is consistent with the force field analysis by Kurt Lewin as cited in Spector, 2010. Therefore, these issues could be planned for and addressed to facilitate movement around them to find solutions to their concerns. This might be addressed in showing them specifics regarding what the actual change would involve, but that may not be entirely possible at this point in the process. However, knowing this will allow for the project teams to plan ahead when the implementation plan is developed and for other means of dissemination; using the various stakeholders to assist in some of the orientation process might be beneficial and address their concerns.

Even though an organizational culture that delineates a top-down approach sets up the project for failure, there is a need for involvement to recognize administrative support to facilitate project processes. Moreover, there is a need to assure that all stakeholders are equipped with the appropriate training and understanding of the project purpose within an

environment that allows all involved the ability to discuss and share problems to ensure full participation. All involved need the freedom and ability to ask why, share knowledge and information openly, as well as work to develop a trusting culture that facilitates change. Disagreement and conflict present challenges, but open and respectful communication lines will assist in overcoming these types of challenges.

Implications

Policy

The state correctional facility project team was central in making recommendations to the organizational stakeholders regarding the need for a comprehensive policy. They were asked to develop a supporting policy aligning with the mission and philosophy of the facility. The team was also instrumental in informing key organizational stakeholders that a mentorship program policy was definitely needed and should be considered a priority to move forward with The Mentorship Program Guidelines. Project teams need to be comprised of professionals who foster trust and respect and collaborate to achieve shared decision-making resulting in positive outcomes. For the project at hand, interdisciplinary committee and subcommittee development was fundamental in the development of implementation and evaluation plans for the adopted mentorship program policy and will be vital for the future dissemination efforts of The Mentorship Program (Smith & Donze, 2010).

Practice

For future dissemination and evaluation efforts of The Mentorship Program, the project team will need to strategically allocate committees encompassing vital organizational stakeholders that will assist not only in the development of the

implementation and evaluation plan for the full dissemination of The Mentorship Program within the organization but that will also elicit organizational efforts aimed at The Mentorship Program dissemination. It will be necessary to develop a vision and strategy, create a guiding coalition, and continuously communicate the needed change. Crucial for the project leaders will be to create and sustain a sense of urgency because these committees will need to focus on well-defined time-limited tasks to begin actual implementation and evaluation processes in September 2015. Clear and consistent communication and translation of knowledge and evidence will lead to enhanced effectiveness and efficiency.

Research

The project further contributes to the evidence base supporting mentorship as a strategy in improving nursing staff recruitment, retention, and job satisfaction, especially with the dearth of studies on mentoring in the correctional setting. Staffing issues in correctional nursing have received far less attention compared to those in the hospital setting. The project generates interest in this area of nursing toward the development of interventions that improve the work environment, staffing, system of nursing care delivery, and inmate population outcomes. The correctional setting is unique in that nurses provide care in a restrictive environment in collaboration with correctional officers who are non-health-care personnel. The project demonstrates how mentoring assists in the socialization of new nurses and can be adapted in like settings.

This project should be instrumental in demonstrating the application of researched evidence on practice and policy outcomes. Additionally, the process of utilizing a collaborative communicative model to develop policy at the institutional level should

prove beneficial for other organizations in moving their practice away from one that has not demonstrated positive outcomes. The development of actual policy implementation and evaluation plans as well as the development and use of practice guidelines that support the policy and The Mentorship Program should provide a foundation for future projects and policy changes to be implemented based on best practices in which all processes are grounded on evidence. This project should also support the use of evidence-based management practices that are central to the day-to-day processes of aligning policy with practice.

Social Changes

As previously discussed, the long-term social implications resulting from increasing retention, improving recruitment, and enhancing job satisfaction are imminent. Research repeatedly demonstrates that organizations that participate in an evidence-based mentorship program that has demonstrated effectiveness show increased retention, improved recruitment, and enhanced job satisfaction.

Even though, this project does not actually implement a mentorship program with demonstrated outcomes, it establishes the foundation for the facility to implement one and evaluate outcomes that demonstrate social change. This program should provide useful guidance for an institutional project team to consider evidence-based policies within the institutional setting that support programs. Integrating the research or evidence with an organization's need is key to guiding program policies at the institutional level, which should subsequently increase retention, improve recruitment, and enhance job satisfaction, which, in turn, will aid in changing the social and economic impact currently experienced due to the high turnover.

Strengths, Limitations, Recommendations

Strengths

The principal strength of the project is its use of evidence-based practice. Evidence from the literature combined with the input of leaders and direct care staff resulted in an effective and acceptable program leading to several recommendations. One is using a participatory approach manifested by teamwork and open communication in the implementation of change. The input of junior nurses should not be overlooked, and, rather, they should be regarded as next-in-line mentors. Continuous development of the staff to ensure a constant pool of mentors guarantees the availability of mentors in the face of staffing issues such as retirement and the nursing shortage. Overall, correctional settings should aim to establish a supportive environment to ensure staff well-being and satisfaction. The use of frameworks to guide program design and change management is also one of the strengths of the project.

Limitations

The limitations of the project include its primary focus on mentorship, given that other strategies could have been added to comprehensively address barriers to retention. This limitation was necessary because of the nature of the project as an academic requirement. In reality, quality improvement should employ a complex strategy for an equally complex issue such as staff retention. For instance, organizational assessment should include issues related to pay, management, professional advancement, relationships with physicians, correctional staff, and other professionals, and other issues relevant to staff nurses. The lack of involvement of the correctional staff may also be a limitation. Given that a high turnover has been noted among correctional staff as well,

interdisciplinary collaboration may be needed to address common factors leading to this phenomenon.

Recommendations

Employing Jean Watson's transpersonal care theory will help create a supportive work environment founded on nursing knowledge applied in the correctional setting with care provision directed to colleagues instead of patients. The emphasis on care will ensure a holistic perspective of mentees that will bring about a similarly holistic provision of guidance, teaching, encouragement, constructive criticism, and other forms of support needed in a high-stress environment, an approach recommended in correctional settings.

The use of Lewin's force field analysis brings to the fore the issue of resistance that brought about awareness of this concept and the use of strategies to reduce it. Strong resistance leads to failure of change implementation. Thus, the use of this framework in change management is also recommended. Employing the logic model will provide a visual presentation or matrix showing whether the inputs and activities are worth the investment of time, effort, and resources in terms of outcomes. In so doing, there is conscious effort to practice good stewardship of limited resources. Another recommendation, therefore, is to consider the economic and human resource aspect of the project and ensure the maximization of such resources.

Of noted importance for project leaders moving forward with the organization is the need to have long-term buy-in of all stakeholders. There will always be resistance to change, especially in the introductory periods. However, continuing open communication regarding the beneficial nature of the change; maintaining open but structured planning

phases; addressing the reasons for resistance as they arise; and keeping key stakeholders involved to allow for resistances to clarified, examined, and addressed will allow progress to occur and sustain change. Everyone needs to feel ownership of the change, which is accomplished with active participation and communication from all involved.

Analysis of Self

The project improved my knowledge and skills and contributed to my growth as a scholar, practitioner, project developer, and professional. It clarified the relationship between research, evidence-based practice, and quality improvement. The evidence on mentorship in the correctional setting is scant compared to studies done in academic and hospital settings. Thus, there is a need to appraise the applicability of evidence in the correctional setting through consultations with the nurse leaders and direct care staff. The outcomes of the project also help fill the gap in research in the correctional setting.

As a practitioner, I learned how advocacy applies to both patients and fellow nurses. Promoting a healthy workplace that supports teaching, learning, collaboration, and regard for the growth of self and others contributes to the wellbeing of nurses that, in turn, positively affects their ability to provide care to patients. Moreover, the project further fostered my ability to collaborate with others in developing a viable solution to a workplace problem, especially the ability to listen to others and facilitate consensus building.

Additionally, project development provided me experience as project manager and team leader. I enhanced my knowledge and skills about how to facilitate and document meetings, coordinate activities, communicate timely information to members of the team, follow up on tasks, and interact with the staff for purposes of eliciting

feedback. Also, I practiced skills in conceptualizing a project based on previous experiences, knowledge of the organization, reading the literature, using appropriate frameworks or models, and openness to the ideas of stakeholders. As a professional, the project made me aware of the need to advance correctional nursing through research and continued practice. One area needing study is the workplace situation in correctional settings that would assist in identifying organizational and other factors contributing to turnover and job dissatisfaction. Developing the project further highlighted the necessity of collaborating with other health-care disciplines and correctional officers in addressing health-care delivery issues.

Summary and Conclusions

Nurse turnover is a widespread workplace issue with suboptimal staffing contributing to poorer care and increasing stress levels among correctional nurses. Compounded with this is the common experience of new nurses' difficulty adapting or transitioning into their roles, leading to dissatisfaction and the intention to leave the organization. Mentorship has been shown as an effective strategy for reducing turnover and improving job satisfaction in academic and hospital settings. This project entails the development, implementation, monitoring, and evaluation of a mentorship program aimed to reduce staff turnover in the correctional setting.

In conclusion, the adaptation of evidence-based practices in mentorship to a state correctional facility setting will confirm its effectiveness in improving both outcomes. For such a project to be successful, appropriate frameworks must guide project planning and implementation. The participation of the staff, leadership support, teamwork, feedback, and open communication are also elements that will make change

implementation successful by eliciting buy-in and commitment from the staff. More research is needed to ascertain other aspects of the organization and care delivery that requires improvement to enhance the quality of care. Collaboration with correctional staff may be warranted to sufficiently address identified issues.

Table 1

Logic Model

What we invest	What we do	Improvement in:
• Time • Committee will be formed • Literature review • Brainstorming to conceptualize the program • A state correctional facility in a northern state.	• Skills • Workshop • Orientation for senior nurses • Retention • Nurses will complete an application indicating their interest in becoming a mentor. • Job Satisfaction • Collaborated on the content and survey tool. • Program will be disseminated to junior nurses. • Recruitment • Information will be sent via e-mail and posted on the bulletin board. • Those who would need mentoring will be asked to sign up leading to the formation of four mentor-mentee dyads.	• Work performance • Accountability • Competent • Attitude • Motivation • Change In: • Behavior • Practice • Change in Situation: • Environment • Increase in job satisfaction.

Evaluation Study

Measurement of Process Indicators	Measurement of Outcome Indicators
• Nurses intent to stay • Number of healthcare • Knowledgeable • Motivated • Attitude change • Awareness	• Increase job satisfaction • Improve retention and recruitment. • Change in environment • Social condition

This Table was adapted from "Logic Model Development Guide Editors," by W.K Kellog Foundation 2004, p. 25. Such use does not require prior or written permission.

Section 5: Scholarly Product

Nurses compose the largest segment of the health-care workforce. An adequate number of nurses help ensure sufficient, safe, and high-quality nursing care in all settings. Poor staffing has been associated with a higher risk of complications, such as hospital-acquired infection, and mortality (Carayon & Gurses, 2008). However, the current shortage poses a barrier to optimum nursing care. Estimates show that a 30% increase in the annual number of baccalaureate nursing program graduates is necessary to fill the projected demand for nursing services within the next decade (Dhed & Mollica, 2013; Evans, 2013). The retirement of baby boomer nurses complicates the labor situation, despite the surge in the number of applicants to nursing programs in recent years.

A negative work environment is increasing staff turnover rates, notably among new nurses, and is further aggravating the shortage. A systematic review revealed that job stress from long work hours and high patient acuity is a contributory factor to nurse turnover (McDonald & Ward-Smith, 2012). Another factor is professional disempowerment reflected in a lack of control over organizational structures, systems, and processes that impact clinical practice and the work environment. The lack of support for new nurses during their transition into professional practice or a new clinical setting creates difficulties that influence their decision to leave the organization or seek another career outside of nursing (Mbemba, Peters, Jackson & Daly, 2013).

Specifically in correctional settings, increased turnover brings about the shortage. Safety is a concern within an environment in which inmates have psychiatric and substance abuse problems. There is also contradiction between nurses' roles of care

provider and advocate and a prison system that is geared to punish offenders (Powell, Harris, Condon & Kemple, 2010). The lack of autonomy in instituting innovative changes that would ensure an adherence to the rights of prisoners and standards of care in meeting the needs of the prison population is often a source of stress and burnout (Stewart & Terry, 2013). Constraints in funding also result in limited supplies and a suboptimal physical environment affecting the delivery of quality care (Almost et al., 2013). These challenges often drive new nurses to quit, thus increasing the turnover rate in correctional settings. Moreover, the perception of a lack of professional development in the prison setting is another factor compelling nurses to leave (Chafin & Biddle, 2013).

A few months ago the state correctional facility set forth a Mentorship Program Action Plan stating the mission statement, goals, objectives and outcomes, as shown in Appendix A. Due to the time constraints of this DNP project, the first goal and the first two objectives were selected for this project because they were believed to be fundamental steps in this process to achieve the other goals and objectives set forth in The Mentorship Program Action Plan. Garden State is a correctional facility in New Jersey that houses males aged 14 through 31 years. Many of the facility's inmates are high school students whose educational needs are being met by the Office of Educational Services of the Department of Corrections. Currently, the facility has 2,100 inmates and maintains seven halfway houses as well as a 10-bed infirmary. Four medical staff members provide 24-hour medical service along with 17 nurses who also provide care 24 hours each day. Two of the nurses were hired within the initial six months after formal mentorship began.

Of the 22 staff members, one retired in 2014 and two retired in 2015. The

turnover rate is high and involves mostly new nurses. At the start of the project the facility had a vacancy rate of 18.2%. The facility adopted the primary care model, but the high turnover has led to short staffing, leaving many health promotion and disease prevention interventions unimplemented. While the new nursing staff members receive training during their three month orientation period, the transition does not formally involve mentorship. New and experienced nurses can mutually engage in informal mentorship, although this is not a common practice.

Mentorship can fulfill what nurse's value and look for in the workplace. Mentors constitute peer support that facilitates the transition of new nurses into the workplace as well as promotes personal and professional development (Candela, Gutierrez, & Keating, 2013; McDermid, Peters, Jackson & Daly, 2012). Having been socialized into the role, former mentees also become future mentors, creating a culture of mentoring and a positive work environment (Heinrich & Oberleitner, 2012; Torangeau et al., 2013). Mentorship promotes job commitment (Dhed & Mollica, 2013) and job satisfaction (Chung & Kowalski, 2012) that are the mechanisms for improving staff retention. The Garden Correctional Facility should consider seeking a mentorship program to address high nurse turnover.

Based on research and faculty feedback, therefore, the purpose of this project was to develop an evidence-based mentorship program at the state correctional facility, and they can adopt to improve the nursing staff retention rate and thus reduce the turnover rate by establishing a formal mentoring program that will provide personal and professional support to new nurses. This project will establish the base for developing a mentorship program as well as detail the actual effect of the program on nursing staff

recruitment, retention, and job satisfaction. A collaborative organizational and community project team assisted in the development of the mentoring program.

The project's overall goals are to improve retention, improve recruitment, and increase job satisfaction at the state correctional facility. The outcome measurement that will be used for these goals are existing human resources records related to length of employment of nurses before and after implementation of the mentoring program. The primary measurable outcomes of interest are nursing staff recruitment and retention, and a secondary outcome will be job satisfaction. Facility records of recruitment and retention will be accessed and reviewed. Following two months of implementation, recruitment and retention will again be measured. A survey of nursing staff job satisfaction will be performed through a questionnaire form, as shown in Appendix Q.

To accomplish the outcomes, it was determined that there were several desired objectives that needed to be completed within this project's time frame:

1. Establish collegial relationships among the nursing staff

2. Promote the integration of theory into the correctional nursing practice

3. Enable the communication of learning opportunities to and feedback from new nurses

4. Facilitate the socialization of new nurses into the organization.

1. Larger Organizational Initiatives

5. Develop implementation plan

6. Develop evaluation plan

7. Actual Implementation

8. Evaluation of Mentorship Program

Two primary products were developed within the project's time frame. The first was the revised and adopted policy, which was based on a comprehensive policy, termed The Mentorship Program, as shown in Appendix C. A collaborative organizational project team was formed and assisted in the development and adoption of The Mentorship Program policy.. The other primary product developed was practice guidelines for the newly adopted policy, which is shown in Appendix D. Secondary products the project team developed were the policy implementation and evaluation plans, which are shown in Appendices E and F.

Appendix A provides the three larger organizational initiatives set forth for this phase of the overarching action plan. The project team also wanted to begin development of implementation and evaluation plans for The Mentorship Program at the state correctional facility to be completed by February 2015 so that the program can begin to be disseminated throughout the facility. These objectives were not considered to be project objectives but were listed to give direction after project completion.

The program defines mentorship as "a relationship between two people in which one person with greater rank, experience, and/or expertise teaches, counsels, guides, and helps others to develop both professionally and personally" (Sawatzky & Enns, 2009, p. 146). Mentorship encompasses the domains of psychosocial support, career advancement, role modeling, and academic support (Eller, Lev, & Feurer, 2013).

This project resulted in the successful development of a comprehensive mentorship program policy that the state correctional facility adopted in February 2015, as well as practice guidelines for the adopted policy and a policy implementation and evaluation plan to assist in the dissemination of the new policy. If The Mentorship

Program is appropriately designed and evaluated as the literature demonstrates, this project would be considered the impetus that resulted in increasing retention, improving recruitment, and enhancing job satisfaction within the state correctional facility.

Significance

Future Practice

The adoption of a mentorship program is essential in improving retention, recruitment, and job satisfaction at the state correctional facility, and the project relates significantly to evidence-based practice. First, literature provides evidence on the subject of mentorship and its association with other variables. This is apparent in the use of the problem, intervention, comparison, and outcome method to establish the evidence supporting the new mentorship process in comparison with the old way of mentoring. The level of evidence that the current process of mentoring will produce the desired outcomes in the clinical setting indicates if this same intervention is highly recommended for adoption, not recommended, or requires further investigation. The evidence base will inform the institution's decision on whether to continue adopting the intervention or implement modifications consistent with best practices. Determining the evidence base prevents wasting time and resources associated with interventions proven ineffective.

Second, the project adds to the knowledge base about mentorship for the novice or new nurse. The principles of research utilization demonstrate that no two institutions are exactly alike in terms of culture, program components, leadership, resources, faculty attributes, and other characteristics (Romp & Kiehl, 2009). Thus, the mentoring processes effective in one institution may not necessarily be transferable to another. For instance,

the results of studies of mentorship conducted in a large, research-intensive BSN and postgraduate nursing program in a university setting with a capacity for more than 2,000 students may not be reproducible in their totality in a state correctional facility. Adjustments may be necessary to achieve a good fit between evidence and setting. An assessment of the impact of the current mentorship program will add to the literature by revealing how research evidence applies to settings similar to a state correctional facility and whether differences in the results exist.

The project enhances practice in creating a favorable work environment attractive to nurses. Transitioning from the academe and other clinical settings into the correctional nursing setting, particularly Garden State, is challenging given the need to acclimate to the culture, systems, processes, responsibilities, and tasks attached to the role (Dhed & Mollica, 2013). Nurses new to the setting typically start out as novices or competent professionals and move to proficiency and expertise over time. The transition consists of three phases: (a) beginning the role, characterized by a period of shock, (b) strategizing for survival wherein nurses identify and make use of resources essential to role functioning, and (c) confidently enacting the role (Clarke, 2013). New nurses identified mentorship, especially during the phase of strategizing for survival, as the single most important element that helped them transition successfully (Clarke, 2013; Dhed & Mollica, 2013). A mentor providing guidance, information, advice, and/or emotional support eases the challenges and distress of transitioning not only into the role but also toward proficiency and expertise. The impact of mentoring on role enactment and professional development will be a positive effect on the quality of care.

Finally, this project adds to the existing body of the collaborative workings and

knowledge that take place within organizations. It assists in clarifying processes pertaining to The Mentorship Program, institutional policy development, and implementation and evaluation plan development, for the processes of planning, implementing, and evaluating policy processes and outcomes, as well as the preliminary workings necessary to achieve good outcomes.

Social Change

The literature demonstrates that developing the new mentorship program represents positive social change in addressing the nursing shortage at a state correctional facility because it modifies the old method of mentoring. According to Lewin's change theory, stakeholder involvement is central to the success of the program and must be ascertained through observation and dialogues with the facilitators and faculty members (as cited in Spector, 2010). It is imperative to identify the important factors affecting retention, recruitment, and job satisfaction so that effective and successful programs are designed and implemented (Kirby, Coyle, Alton, Rolleri & Robin, 2011).

At the state correctional facility, the researcher must address resistance via a force field analysis. The director of nursing must identify factors supporting and restricting change; the nurse will optimize those factors supporting change, and the registered nurses will address those restricting it. It is therefore helpful to assess the processes the researcher employed during development to determine the root causes of continuing resistance, such as lack of engagement or the absence of mechanisms for stakeholder feedback. In this respect, this project is an opportunity for the nurse researcher to perform a cursory process evaluation with the purpose of improving the program further.

Participation, closely related to involvement, is another key concept in successful

program development (Borkowski, 2009). Adopting a mentorship program using a singular approach is largely ineffective because it raises issues of relevance to this correctional facility setting. Engaging staff members in evaluating current mentorship practices can resolve this approach. Evaluation areas include structure, process, and outcomes. Structure involves the preconditions enabling the process such as leadership, management support, and faculty education and training (Institue of Medicine, 2010). Process concerns policies and guidelines and how these compare to best practices. Outcomes relate to impact such as job satisfaction, career development, motivation, and retention. The results of the evaluation provided to the director of nursing are concrete proof of the need to enhance mentorship by developing a formal program.

Nursing staff participation should extend beyond assessment to the planning phase. Based on their knowledge, experiences, and needs, nurses can provide valuable input regarding the components of The Mentorship Program and strategies for the development of the program. The advantage is greater alignment between the program, staff needs, and the organizational setting. Involvement of the nursing staff and administration at this stage creates a sense of collective ownership over the project that elicits further/enhanced involvement and commitment to implementation (Borkowski, 2009). Nursing staff members also provide useful feedback during program monitoring that contributes to perfecting the program. However, imposing the program on staff using a management-only approach increases the risk of unsuitability that engenders resistance and ultimately program failure.

To facilitate and sustain implementation, organizational culture has to change to align with the program. Leadership, such as management, must be democratic with open

communication systems to empower the nursing staff members. Both leaders and employees at all levels must encourage and practice collegiality, and the entire culture must value mentoring. This value should be reflected in the level of support provided to the program in terms of human and financial resources, as well as in the extent to which health-care providers and leadership each employ it (Slimmer, 2012). For example, the time nurses spend mentoring or facilitating the program should be counted as part of the mentor's workload to engender commitment. The leader of the project also must provide adequate training for the nursing staff to develop communication, teaching, goal setting, role modeling, and interpersonal skills, among others, in the mentorship context. A mentoring program that enjoys adequate management support is likely to result in goal attainment.

The project challenges the norm in nursing in which new nurses are left on their own to fail or succeed. The lack of assistance, guidance, and validation from colleagues during the first year of employment can be stressful when facing pressure from the need to fulfill role expectations that are often unrealistic. This scenario leads to poor job performance because it stifles motivation, engenders negative attitudes, and causes psychological detachment from the role (Candela, Gutierrez, & Keating, 2013). Apart from the effect on the quality of nursing care, the lack of support and collegial relationships pushes nurses to look for alternative employment. A culture of mentoring enhances the social environment by making collegial and supportive relationships the norm.

The mentoring program should also positively impact potential nurses' decisions to enter the health-care arena, faculty members' intention to stay or resign, and job

satisfaction. Measuring these variables represents a quantitative assessment of effect. Both process and outcome evaluations generate insights that inform leadership decisions regarding program continuity and identify areas that need enhancement (Tomey, 2009). Thus, this project will, in part, promote a culture of continuous improvement so that The Mentoring Program will remain a relevant strategy in addressing the nursing shortage. Continuous improvement in the nursing shortage prevents the waste of limited resources while propelling a state correctional facility toward its long-term goals.

Evidence-Based Literature

Specific to correctional settings, Chafin and Biddle (2013) surveyed all 33 nurses employed in one correctional facility. The purpose of the cross-sectional correlational study was to investigate the relationship between perceived benefits and barriers and staff retention. They employed Stamp's Index of Work Satisfaction consisting of Likert-scale questions to collect data. Barriers and benefits pertained to salary, professional status as a nurse, social interaction, professional autonomy, job requirements, and organizational policies. The nurses reported that staff members helping one another benefited retention, but nearly half the respondents did not feel comfortable working in the facility, and there was no consensus as to the benefits of teamwork. More than 60% of the correctional facility nursing staff reported the lack of professional development. These are areas that a mentorship program aimed at promoting staff retention can potentially address.

Cashin and Newman (2010) implemented and evaluated a 12-month mentorship program for junior managers working in correctional settings with the purpose of enhancing management knowledge, skills operational management, leadership, and reflexivity. Nine senior nurse managers functioned as mentors and paired with the same

number of mentees. Program outcomes were job satisfaction, professionalism, and skill and behavior changes. Job satisfaction and professional advancement contribute to staff retention according to the literature. Cashin and Newman (2010) used validated instruments to measure the baseline and post program status of the three domains. They obtained qualitative data to support quantitative findings.

The results from Cashin and Newman (2010) showed both positive and negative changes in skills and behavior. Also, job satisfaction declined, and job stress increased; although not statistically significant, that differed from the findings of other studies. Cashin and Newman determined a drastic change in senior management meant that a third of the mentors had to forgo their roles, and this affected the outcomes of the program. Replacing the mentors and building new relationships with the mentees were considered disruptive. At the same time, the small number of mentor-mentee dyads meant a low-powered study. However, qualitative data showed a positive mentor and mentee regard for the program with some suggesting that it be extended to two years or that the relationship not be limited by time (Cashin & Newman, 2010).

While the benefits to mentees are clear, the benefits of mentoring relationships to mentors are not always apparent. Ghosh and Reio (2013) performed a meta-analysis of 13 studies from five databases to establish whether mentors, who provided career support, role modeling, and psychosocial support, report better career outcomes, namely organizational commitment, job satisfaction, turnover intent, job performance, and career success, compared to non-mentors. The meta-analysis showed that mentors had greater satisfaction and commitment and less turnover intent than non-mentors had. Self-reports of job performance and career success were also higher among mentors than non-

mentors. Specifically, career mentoring and the mentor's perception of career success had the strongest link, while psychosocial mentoring greatly correlated with organizational commitment. Role modeling had a strong association with job performance. Thus, mentoring benefits not only mentees but mentors as well. However, the studies Ghosh and Reio used for the analysis were not limited to the nursing profession.

When regulating the allocation of resources and the formation and adoption of equitable and evidence-based policies that reflect the care of the inmates and the mentoring of novice nurses, it is imperative that the nurses and stakeholders of the state correctional facility have access to the resources and opportunities that assure access to accurate information to increase retention, improve recruitment, and enhance job satisfaction.

Theoretical Underpinning

Mentorship is a nurturing relationship that fits Jean Watson's theory of transpersonal caring. Watson (as cited in George, 2011) described a caring relationship as one that has the "moral commitment, intentionality, and consciousness needed to protect, enhance, promote, and potentiate human wholeness" (p. 458). This type of caring that a mentor exhibits toward the mentee enables the mentee's personal and professional growth. The theory further posits that caring is a conscious act of affirming the subjective significance of the other in much the same way that a mentor communicates valuing of the mentee through various forms of support. Watson (as cited in George, 2011) also stated that a caring relationship entails the capacity to become aware of and "connect with the inner condition of another" (p. 458). Mentors exhibit this ability in their

sensitivity to the emotional and professional developmental needs of nurses.

Moreover, acts of mentoring are caring moments, according to Snelson et al. (2002). They represent the coming together of a seasoned and a novice nurse, each with his or her own life stories, for the purpose of a "human-to-human transaction" that positively alters the life stories of both parties (Snelson et al., 2002, pg. 655). The mentor's sharing of his or her knowledge and past experiences dealing with workplace challenges influences the new nurse's actions. In turn, the mentor can also learn from the mentee's alternative approaches to challenges. Watson (as cited in Snelson et al., 2002) also listed carative factors that constitute a caring relationship: (a) instilling the values of humanity and altruism, (b) bolstering hope and faith for advancement, (c) sensitivity to colleagues, (d) helping and trusting relationships, (e) creativity in solving problems, (f) expressing emotions, (g) transpersonal teaching and learning, and (h) fostering a supportive environment. These factors reflect the qualities and role of a mentor.

Herzberg's two-factor theory provides the theoretical basis for the relationship between nurse mentorship programs, retention, and job satisfaction. The theory describes two types of factors generating job satisfaction and job dissatisfaction (as cited in Tomey, 2009). Motivation factors pertain to job content and encompass personal and professional growth and advancement, the nature of the work itself, achievement and recognition, and extent of responsibilities, among others (as cited in Tomey, 2009). If present and favorable, motivation factors contribute to job satisfaction and a high motivation to perform. If these factors are absent or unfavorable, employees are dissatisfied, leading to deterioration in performance.

On the other hand, hygiene factors relate to job context such as policies, quality of

interpersonal relations, degree of supervision, salary, benefits, and working conditions, (as cited in Derby-Davis, 2014). Hygiene factors generate job dissatisfaction among the nursing staff if unfavorable. If favorable, they do not lead to satisfaction, but employees tend to perform well.

Managers may enhance nurses' performance by promoting favorable motivation factors to increase job satisfaction and favorable hygiene factors to reduce dissatisfaction (as cited in Derby-Davis, 2014). A nurse mentorship program is both a motivation and a hygiene factor as it promotes professional growth and impacts the quality of peer relationships. It enhances job satisfaction and thus reduces job dissatisfaction. Job satisfactions as a positive outlook of the nurse's own role is one element that correlates with staff retention.

Establishing mentorship as a collegial and caring relationship in the workplace represents change. The project makes use of change theory in introducing mentorship as the new norm at a state correctional facility. Change is likely to be met with resistance because it requires the nursing staff to move out of their comfort zones and learn new ways of thinking and doing. It is also likely that there are promotive factors to change in the organization. According to Lewin's change theory, a force field analysis identifies the forces that resist and forces that facilitate change (as cited in Spector, 2010). A force field analysis conducted through a dialogue with stakeholders informs the process of implementing The Mentorship Program to ensure the least resistance. Optimizing supportive factors, including Garden State management support, and minimizing restrictive factors, including lack of knowledge of the effectiveness of mentorship, guarantee successful change.

Participation is another key concept in successful change implementation (Borkowski, 2009). Imposing the formal mentorship program is ineffective because it raises issues of acceptability, buy-in, and suitability to the Garden State setting and staff. In contrast, drawing on the knowledge and experiences of the nursing staff in the planning and implementation of The Mentorship Program ensures program goals and objectives that fit the local situation and need. If the nursing staff is involved at this stage, it creates a sense of collective ownership over the project that elicits support and commitment to implementation (Borkowski, 2009). The nursing staff also provides valuable feedback in the course of implementation that contributes to further program improvements.

Additionally, the program logic model was used as a guiding framework for the theoretical underpinning and controlling program process as an evaluation tool as shown in Appendix C. The logic model that guides the theoretical underpinning delineates specific characteristics, theoretical constructs, and concepts of the theory, and it delineates principles and processes that lead to specific and expected behavior changes. The logic model was also used for guiding program process (Appendix B) because it assists in mapping the resources, objectives, and activities that are needed to reach the short- and long-term goals, desired outcomes, and health determinants during the planning processes of the project. As an evaluation tool, the logic model allowed evaluation to occur throughout every phase of the project. The project team was able to assess, evaluate, and expand upon the project as needed to make the necessary changes in project activities and note whether the completed activities obtained the goal.

Additionally, the logic model provided outcome feedback at all times to assure whether changes were needed to meet the outcomes or if the outcomes were met (Kellog, 2006).

Furthermore, the project team will continue to employ the logic model throughout project implementation and evaluation planning and during actual implementation and evaluation of The Mentorship Program, which is an organizational initiative. This will allow continuous remodeling and improvement monitoring of the program as well as demonstrate that change facilitation and outcome evaluation. Justifying that the resources, inputs and throughputs, program development and sustainment led to the desired outcomes and validate support for dissemination of The Mentorship Program.

Logic models illustrate a series of cause-and-effect relationships—a systems approach to communicate the path toward a desired result (McCawley, n. d.). Stakeholders and decision-makers who invest resources into programs want to know whether interventions work, why they work, and under what context (Center for Disease Control and Prevention (CDC), 2011).

Approach

This project was focused on the development of an evidence-based Mentorship Program Policy that the supports the need to develop a mentorship program to increase retention, improve recruitment, and enhance job satisfaction. Followed by the development of practice guidelines and implementation and evaluation plans will be detailing the full dissemination of the adopted policy. The project designed for this phase is a qualitative in nature with a descriptive account of the actions, activities, and processes entailed in the possible implementation at a northern state correctional facility. It will also contain a descriptive account and analysis of the processes involved in the

development of a project team, policy, practice guidelines, expert validation content, and the implementation and evaluation plan for the adopted policy. The project accomplished these activities using the objectives seen in Appendix A. Three larger organizational initiatives are also listed. These are not project objectives but are listed to give direction after project completion.

The processes of project team development, policy revision, practice guidelines development, content validation, and the development of implementation and evaluation plans were monitored through a program logic model, which allowed organizational stakeholders and project leaders to understand where the project was at any given time and whether there were deviations in the plan, as shown in Appendix B. This allowed the team to make adjustments in a timely manner to prevent any undesirable effects on the short-term and long-term program outcomes. Having clearly articulated objectives and activities enabled the intervention teams to see early on if the program was being put into place as planned, which could have affected not only the planning stages but future implementation and evaluation effectiveness and efficiency also. Additionally, if the program logic model is set up correctly, it will provide a solid blue print for the actual implementation and evaluation processes of the organizational initiatives (Hodges & Videto, 2011).

A collaborative organizational project team assisted in the development and adoption of the policy and practice guidelines as well as the development of a policy implementation and evaluation plan. These processes should set the groundwork for the project team of implementation and evaluation plan development for the adoption of The Mentorship Program by summer 2015 so they can begin the actual implementation and

evaluation processes of The Mentorship Program, which is scheduled to begin in the winter of 2015.

Project Team

An organizational team was needed to develop the policy and practice guidelines and also the implementation and evaluation plans for the adopted policy. The project team will also serve as the founding alliance for the organization initiative of developing implementation and evaluation plans to fully disseminate The Mentorship Program within the organization. For the team to be effective, members were chosen for their knowledge, expertise, and interest in increasing retention and job satisfaction within the organization. Each team member brought different skills to aid in identifying the issues, brainstorming solutions, implementing the chosen solution, and evaluating the outcomes. The members of The Mentorship Program QI development project are the following:

1. team leader and writer of this program;

2. director of nursing to assist with scheduling and additional resources; and

3. director of education who is aware of policy and the orientation process.

All members needed to evaluate the process and make the project successful. Team members consisted of key organizational stakeholders such as health-care professionals (nurses, providers, and nurse educators), the team leader and writer of the program, the director of nursing who assisted with scheduling and additional resources, and the director of education who was aware of the policies and the orientation process.

The team met for a period of three months to complete this project. Project team members will received background information and evidence in the form of a literature review during the first few meetings. Project team members were responsible for

performing in-depth reviews of the literature between meetings and coming to meetings prepared to share their expertise and provide contextual insight related to the development of a mentorship program. This is warranted, as the team should be aware of the current research and trends specific to the QI project. The team will take into consideration their leadership styles because in any undertaking, it has a bearing on acceptability, appropriateness, and success (Brady, 2010).

Assembling the project team entailed planning, attending, and speaking at organizational gatherings and meetings. Presenting the retention, recruitment, and job satisfaction survey, evidence-based policies and programs, and evidence-based literature pertaining to the issue was necessary to assure that the key organizations, alliances, and individual's present gained support for the development of The Mentorship Program Policy as well as to elicit team members to assist in moving the initiative forward. This process was measured by meeting dates, copies of agendas and attendance rosters of key organizational and key stakeholders, verbal or written acknowledgement, and acceptance of project team placement, as shown in Appendices H, I, and J.

Primary Products of Project

Two primary products resulted from this project. The first was a comprehensive Mentorship Program Policy format (as shown in Appendix C) based on developing guidelines for the program as shown in Appendix D. The development of this policy took place over two months, and it had numerous revisions. This process started with educating the organization and stakeholders on The Mentorship Program Policy, guidelines that could be developed for adoption, and what the literature demonstrated as effective programs, as well as what has demonstrated positive outcomes within

organizations to increase retention, improve recruitment, and enhance job satisfaction.

A project team consisting of organizational stakeholders was created from these educational sessions to begin development on policy formation. The project team leaders developed a preliminary document that was a culmination of other policies found in the literature regarding facilities that at one time had low retention, needed improvement in recruitment, and needed enhancement in job satisfaction. The project team leaders presented the proposed policy to the project team, nurses, director of education, administrators, and director of nursing for input and support. After much discussion, debate, and revision by the project team, team leaders and organization stakeholders, the Director of Nursing presented the final policy shown in Appendix C to the chief nursing officer for approval.

<div align="center">**Secondary Products Developed**</div>

Policy Implementation Plan

There were several secondary products developed within the realm of this project. The policy implementation plan seen in Appendix E delineates specific tasks that need to be performed to implement the newly adopted Mentorship Program Policy. The implementation plan was developed to assure that the new policy would be fully implemented and that all organizational stakeholders would fully understand the policy, and also to pave the path for future program implementation and evaluation of The Mentorship Program. The director of nursing and administration will be able to use this document to assign and supervise policy implementation without further planning. The steps required are listed with target completion dates as shown in Appendix E. Therefore, all the director of nursing should have to do is conduct a meeting with the responsible

parties, assign tasks, and supervise the project.

Additionally, the Policy Implementation Plan also sets forth three additional steps to assure sustainability and forward movement in the direction of full dissemination for The Mentorship Program. The larger organizational initiatives objectives allow the project team leaders to plan ahead in their efforts for The Mentorship Program dissemination and gives them suggested time frames for completion as well as delineates who should be responsible for completion of each task. It in no way should be considered to encompass all the tasks that will be required to assure that program implementation and evaluation planning will be completed successfully, but using a logic model will allow for process monitoring as shown in Appendix B.

Policy Evaluation Plan

Another secondary product of this project is the policy evaluation plan found in Appendix F. The evaluation plan is self-explanatory and establishes annual policy evaluations. The document allows the director of nursing to determine when to complete it, who is responsible for completion, and who will be completing each task. Additionally, the document delineates how each task will be measured.

The director of nursing will be able to use this document to assign and supervise policy evaluation processes on an annual basis. The tasks are listed with target completion annually or bi-annually instead of specific completion dates because this evaluation plan should be completed on an annual basis.

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Challenges and Insights

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Several challenges were presented during the time frame of this project. One of the most surprising and controversial challenges was in terms of the change process;

there were facilitators of change. The culture of nurses has been of collaboration or teamwork, given the many challenges faced in the correctional setting. This culture is compatible with The Mentorship Program that also requires a partnership or working together to achieve learning, integration into the professional role, and professional as well as personal growth. The director of nursing supported the program and encouraged the mentors while also permitting the readjustment of workloads to assist mentors in adequately fulfilling their role.

All involved need the freedom and ability to ask why, share knowledge and information openly, and work to develop a trusting culture that facilitates change. Disagreement and conflict can present challenges, but open and respectful communication lines will assist in overcoming these types of challenges.

Strengths

Strengths resulting from this project are revealed in the descriptive processes of successful policy development and approval, policy implementation and evaluation plan development, and the development of an organizational project team. The project processes were successful in the development and adoption of The Mentorship Program policy and practice guidelines and also in the development of implementation and evaluation plans for the new policy. The summative analysis assists in determining whether the activities performed achieve the desired goals and help determine whether the policy development and adoption processes successfully evolved as planned. This project assists in delineating positive and negative outcomes pertaining to this process and what could or should have been done differently.

Sharing the factors that assisted or impeded achieving certain tasks within a specific time frame allows the identification of specific determinants that can be shared with other similar organizations and disseminated to assist them with similar policies, projects, or programs to be adopted, developed, implemented, and evaluated. The development of policy implementation and evaluation plans will allow the continuous analysis of The Mentorship Program and lead to future recommendations for policy and program changes.

Limitations

This project's focus was developing a Mentorship Program policy, practice guidelines, and plans for implementation and evaluation of the policy for the purpose of achieving an organizational initiative, which is full dissemination of The Mentorship Program. Due to this purpose, difficulty existed aligning the project's goals and outcomes with activities that achieved policy adoption, practice guideline development, and the development of implementation and evaluation plans for the newly adopted policy. Therefore it is difficult to determine if the policy or the other activities will directly affect any future increase, improvement, and enhancement in retention, recruitment, and job satisfaction.

The goals and objectives established for this project were consistent with the long-term organizational initiative goals and outcomes. They were not expected to be a direct result of this project but to be achieved after the alliance initiatives are in place for some time. This project will be considered a basic movement in what the literature

designates as components of effective programs that result in increasing retention, improving recruitment, and enhancing job satisfaction.

Furthermore, the findings of this project are not considered generalized and will represent only the state correctional facility in which the project was completed. Therefore, it cannot be assumed that what works for changing the unstructured mentoring program at the state correctional facility will work for other organizations. Other organizations that are similar in structure and function may be able to somewhat mirror the actions and activities, but that will not guarantee the same outcomes or successes. To achieve the desired results, there will be a need for continuous monitoring and analysis while making the needed adjustments as the project migrates.

Of noted importance for the project leaders moving forward with the organization is the long-term buy-in of all stakeholders. People will always resist change, especially in the introductory phase. However, keeping communication open regarding the beneficial nature of the change, keeping the planning phase structured but open, addressing the reasons for the resistance or barriers that arise, and keeping key stakeholders involved to allow for resistances to be clarified and addressed will allow progress and sustained change. Everyone needs to feel ownership of the change, which is accomplished with active participation and communication from all involved.

Summary

The practicum and project were a rich and varied opportunity for the synthesis and expansion of knowledge and learning through diverse collaboration with experts, not only in the field of mentorship programs but also with other professionals and disciplines key to the success of development of policies, practice guidelines development, evidence-

based programs, and implementation and evaluation plan development. The practicum was instrumental in developing the ability to build and assimilate knowledge for developing guidelines for implementation and evaluation of The Mentorship Program for the possible adoption by a northern state correctional facility.

In conclusion, it is imperative for the professional development of nurses to engage in a life-long process of learning that expresses competence in nursing practice. Nurses should be active participants in developing and maintaining professional practice that supports their career goals. This can be achieved only with continued advanced academic and educational internships that contribute to and influence factors and developments encompassing effective leadership, ethical and legal issues, political standards and practice, informing health, economics, and information technology that advances and promotes the safety and quality of patient care to improve health outcomes. The project and practicum setting served as a foundation for guiding coalition between the key stakeholders and the development of The Mentorship Program at a northern state correctional facility

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Appendix A: Title of Appendix

Appendix A: The State Correctional Facility Mentorship Program Action Plan

Mission Statement
The State Correctional Facility Mentoring Program is designed to provide a connection for novice nurses, transition to The State Correctional Facility community by providing support and resources to increase their success and engagement with the facility. To engender a mentoring and collegial culture in the workplace that translates to enhanced staff development, job satisfaction, recruitment, and retention.

Goals	Objectives	Outcome
The primary goal is improve retention, improve recruitment. Secondary goal is increase job satisfaction.	1 Establish collegial relationships among the nursing staff 2. Promote the integration of theory into the correctional nursing practice 3. Enable the communication of learning opportunities to and feedback from new nurses 4. Facilitate the socialization of new nurses into the organization. Larger Organizational Initiatives 5. Develop implementation plan 6. Develop evaluation plan 7. Actual Implementation 8. Evaluation of Mentorship Program	The primary measurable outcomes of interest are nursing staff recruitment and retention, and a secondary outcome will be job satisfaction. Used measured attainment for these goals are directly related with decrease turnover. Nurses satisfied with their jobs are more likely to remain in their current job.

Logic Model

Input	Objectives	Tasks	Outcomes
Director of Nursing Clinical Nurse educator Coordinator Nurses Doctoral prepared scholars Chief nursing officer Director of clinical research Academic nursing scholars	Establish collegial relationships among the nursing staff. Promote the integration of theory into the correctional nursing practice. Enable the communication of learning opportunities to and feedback from new nurses. Facilitate the socialization of new nurses into the organization.	**Skills (**workshop, orientation for senior nurses **Retention** (Nurses will complete an application indicating their interest in becoming a mentor. **Job Satisfaction** (Collaborated on the content and survey tool, Program will be disseminated to junior nurses. **Recruitment** (Information will be sent via e-mail and posted on the bulletin board. Those who would need mentoring will be asked to sign up leading to the formation of four mentor-mentee dyad.	**Enhanced Work performance Short term** Accountability Competent Attitude Motivation **Change In Medium term** Behavior Practice **Change in Situation Long term:** Environment Increase in job satisfaction. Decrease turnover Increase retention **Measured by:** Survey and observations. Gain insights from observations Comparing measures before and after implementation, analyzing for statistical significance Date of hire and longevity based on months of employment will serve as the basis for length of service. Pre and post the implementation of the mentoring program at 3 and 5 years intervals will be reviewed and analyzed, as outlined in Appendix E.

Measurement of Process Indicators
    Nurses intent to stay
    Number of healthcare
    Knowledgeable
    Motivated
    Attitude change
    Awareness
		Measurement of outcome Indicators
		    Increase job satisfaction
		    Improve retention and recruitment.
		    Change in environment
		    Social condition	

	The state correctional facility	

Monitoring Review: **Annually. In January**	**Mentorship Program Policy**	

1. The mentorship program administrator team will identify the goals, strategies, and timeline, relating to mentor recruitment prior to each month mentorship cycle. Recruitment activities will be done twice a year.

2. Nurses interested to become mentors must undergo self-assessment, the results of which will be discussed with the coordinator. They must also fill out an application form. The application shall be informed within two business days if he/she is accepted into Garden State's pool of nurse mentors.

3. All newly hired nurse will be encouraged to undergo mentorship. Interested nurses must submit an application to become a mentee. He or she shall be informed within one business day if a mentor is available.

4. All questions and concerns or requests for information on the mentorship program shall be addressed to the program coordinator verbally or through e-mail. Responses shall be expected within 24 hours.

5. All mentors shall undergo periodic education and training to remain on the roster of mentors. The nurse educator shall keep track of mentor compliance and participation in learning activities. Updates and resources shall be made available to members as well.

6. The bases of matching a mentor with a mentee are similarities in interests and preferences (Holmes et al., 2010). Potential matches and the final decision will be deliberated by members of the program administration team.

7. Mentors shall enjoy the full support of management (Race & Skees, 2010). Mentors can request for a reasonable reduction in clinical workload when they are in a mentoring relationship. Workload concerns shall be communicated to the director of nursing in writing. Decisions will be conveyed after one business day. Mentors and mentees shall be assigned to the same shifts to enable a more productive relationship.

8. Mentees may opt out of the mentoring relationship by filling out and submitting a request form. Mentors are discouraged from terminated the relationship prior to the 6-minther duration. If, for any reason, there is a need to end the relationship, the mentor, mentee, and program coordinator will discuss the process of transitioning to another mentor. The outgoing mentor shall "hand over" the mentee to the incoming mentor to

ensure continuity. After formal termination, the mentor and mentee can continue to engage in informal mentoring if they so desire.

9. A mentee may request for another mentor only once. The underlying reason must relate to incompatibility. However, the mentorship program encourages conflict resolution given that conflict is an unavoidable occurrence in the workplace and must be overcome (Grossman, 2012). As such, both parties with or without the presence of a third party shall attempt to resolve the conflict and efforts must be shown to be unsuccessful.

10. Mentor and mentees shall submit documentation of their encounters using the appropriate tools to ensure the effectiveness and productivity of the relationship.

11. The program administration team shall protect the privacy of mentors and mentees and the confidentiality of forms and reports collected by asking only for initials as identifiers. Plans, agendas, and forms submitted by dyads shall be properly stored and protected to prevent unauthorized use.

12. Mentors shall receive formal recognition for their work in a ceremony held for this purpose. The aim is to increase awareness of the impact of mentors on the organization and give credit where it is due.

13. A state correctional facility mentorship program shall be evaluated annually to ensure adherence to best practices. Inputs shall be obtained from mentors, junior nurses, and new nurses using formal and informal methods to ensure relevant modifications to the program.

Appendix D: Mentorship Guidelines

Mentorship Program	The Garden State Nurse Mentorship Program bridging mentors and mentees for a six-month formal mentoring relationship. The overarching goal is to engender a mentoring and collegial culture in the workplace that translate to enhanced staff development, job satisfaction, recruitment, and retention.
Mentor Criteria and Selection	Senior staff nurse will undergo self-assessment to evaluate their ability to fulfill expectations that include the vision, mission, philosophy, objectives, and values of the state correctional facility (Appendix H).

Coordinator and potential mentor will discuss the results of the self-assessment, and decide if he or she still wants to become a mentor.

The mentor will be asked to fill out and submit an application form (Appendix H)..

The results of the self-assessment tool will be employed by the nurse educator as a learning needs assessment and will guide the development of an appropriate curriculum as well as the choice of resources that will be put together and made available to mentors. |
| Mentorship Education and Training | Mentors will undergo 4-day mentorship education and training, in classroom bases activity.

Lecture type activities, the sharing of prior mentor or mentee experiences will be encouraged, and reflection will be done to draw insights on what works and what does not.

Activities will also include skills training on goal setting, teaching, and coaching.

Role-playing of communication, giving feedback, and conflict resolution will be employed as a learning strategy.

Nurse educator will search for helpful literature, which will be reproduced and given to mentors as resources.

The nurse educator on a regular basis will provide updates on best practice in mentoring. |
| Mentor and Mentee Matching | Mentees will submit an application form expressing the desire to receive mentorship. (Appendix I).

The program administration team will search for matches from the pool of mentors.

Similarities in background, interests, and individual preferences will be the primary bases for matching. |
| Program information Dissemination | Details of the mentoring program will be disseminated to the staff and new nurses upon hire via email and posted on the bulletin boards.

Coordinator will serve as the contact person for those who would like to request for more information. |
| Mentoring Plan | The mentee and mentor will complete a self-assessment tool to determine his or her learning needs, which will serve as basis for teaching, coaching, role modeling, support and guidance.

To facilitate program evaluation, the mentor and mentee will develop a written plan for mentorship that includes the goals, outcomes, expectation of both parties, and the method and frequency of communication (Appendix J).

Mentor and mentee will sign the plan, date it, indicate the number or minutes or hours spent collaborating, and submit to the coordinator.

Both parties as necessary can revise the plan. |
| Mentoring Meeting Agenda | To empower the mentee and ensure that mentorship fulfills his or her need the mentoring meeting agenda tool guide will be made available to mentees (Appendix K).

The tool facilitates communication with the mentor of the goals and issues or topics for discussion for each scheduled meeting.

The tool ensures documentation of the accomplishments for each meeting, the schedule and |

	initial goals for the subsequent meeting, feedback from the mentee, and the length of time spent for the meeting.
	Copies of mentoring meeting agenda will be submitted to the coordinator for evaluation purposes.
Mentor-Mentee Conflict Resolution	Mentor and mentee will strive to resolve any conflict between them through open communication, constructive criticism, and a collaborative approach.
	A third party may be requested and may be the coordinator or another mentor with experience in conflict resolution.
	The outcome of the conflict resolution will be documented in case the mentee wants to opt out of the relationship without any consequences.
	Program administration team may then assign a new mentor if the mentee still wants to be mentored.
	The coordinator will assist the previous mentor in self-reflection to generate meaning and learning out of the negative experience.
Requesting for Discontinuation of Mentor-Mentee Relationship	Mentees who wish to opt out may fill out a form indicating this decision as well as a request for a new mentor if desired (Appendix P).
	The form will be submitted to the coordinator.
	For existing mentor-mentee dyads where termination of the relationship is requested by either party for reasons not related to compatibility, e.g. one party will be moving to another stated before the end of the mentorship cycle, the coordinator will hold a meeting with the mentor and mentee to discuss the reason for the termination and alternatives for the mentee.
Evaluating the Mentoring Relationship	At the close of three and six month, the mentor and mentee will complete an survey questionnaire inquiring into the positive and negative aspects of the relationship, whether goals and learning needs were met, what else can be done to improve the program. (Appendix O).
	Results of the evaluation will be presented to the mentors during an occasion of appreciation and recognition will be formally conveyed to them for their hard work.
Long Term Evaluation	Survey and observations.
	Gain insights from observations
	Comparing measures before and after implementation, analyzing for statistical significance
	Date of hire and longevity based on months of employment will serve as the basis for length of service.
	Pre and post the implementation of the mentoring program at 3 and 5 years intervals will be reviewed and analyzed, as outlined in Appendix E.

Appendix E: Policy Implementation Plan

Task	Completion target date	Who is responsible for completion
1. Committee will be formed consisting of nurse researcher, nurse educator, and senior staff members agreeing to function as project coordinator.	Jan. 2015 Jan. 2015	Director of Education Director of Nursing
2. Current evidence and standards will be presented, and the organization's mission and philosophy reviewed.	Jan. 2015	Director of Education, Director of Nursing
3. Brainstorming to conceptualize the program, including its goals, objectives, and description of the processes of mentor-mentee matching, initiating and sustaining the relationship, reassignment in cases of non-compatibility, monitoring mentee progress, and evaluating the outcomes.		
Project following the establishment		
1. An orientation for senior nurses will be held detailing the aims, policies, responsibilities, processes, and benefits of formal mentorship program.	Feb. 2015	Director of Education
2. The senior nurses will be asked to indicate their interest in becoming a mentor by filling out an application form.	Feb. 2015	Director of Nursing
3. Because potential mentors need to undergo an education and training activity to standardize the mentorship process, the coordinator and nurse educator will collaborate on the content and survey tool.	Mar. 2015	Nurse Educator
Policy project expanded implementation		
1. After the mentor and education training, the existence of the program will be made known to junior nurses in a meeting.	April 2015	Director of Education
2. Information will be sent via email and posted on the bulleting board.	April 2015	Education Coordinator
3. Questions and concerns will be entertained and answered adequately.	April 2015	Director of Education
4. Those who would need mentoring will be asked to sign up, leading up to the formation of four mentor-mentee dyads.	April 2015	Director of Nursing

Appendix F: Policy Evaluation Plan

	Evaluation Task	When to complete	Who responsible	As measured by
1.	Nurse researcher will collaborate with Human Resources department for the total number of registered nursing staff and number of staff separation within the six months before and after the formation of the first mentor-mentee dyads.	Bi-annually in January and June	HR representative, Nurse researcher	Agenda and attendance sheets showing all participants attending bi-annual meeting.
2.	Monthly turnover will be calculated as the number of nurses who left divided by the total number of nursing staff.	Bi-annually	Director of Nursing	Human resources records related to length of employment of nurses before and after implementation of the mentoring program.
3.	Baseline retention will be measured as the proportion of nurses employed in the facility at the start of the formal mentorship project and the number of staff employed six months prior to the start of the mentoring program.	Three months	Nurse educator, Director of Nursing	Nurse educator and DON will submit the monitoring sheet entailing nurse employed at the start and the number of staff employed six months prior to the start.
4.	Post-project retention will be the proportion of the remaining nursing staff six months after program commencement and the number of staff at program commencement.	Bi-annually- January and June	Director of Nursing, Nurse Educator	DON and NE will submit the monitoring sheet six months after program start and the number of staff at program start (Appendix E).
5.	Forms will be created to record turnover and retention data as outline in Appendix G.	One month	Education coordinator, Director of Nursing	Educator coordinator will submit the completed form to the Director of Nursing.
6.	Job satisfaction will be measured at baseline using the results of a questionnaire conducted by human resources ten months before the project using an instrument that has been in use by the facility.	Annually	Human resources representative	Submission of monitoring sheet, questionnaire, meeting minutes conducted annually.
7.	Post-program job satisfaction will be measured six months after program implementation using the same tool to allow for comparability.	Bi-annually	Director of Nursing	

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			Submission of monitoring sheet, meeting minutes, questionnaire six months after program (Appendix E, F, O).
Long Term Evaluation Plan will be measure by:			
- Survey and observations. - Gain insights from observations - Comparing measures before and after implementation, analyzing for statistical significance 4. Date of hire and longevity based on months of employment will serve as the basis for length of service. 5. Pre and post the implementation of the mentoring program at 3 and 5 years intervals will be reviewed and analyzed, as outlined in Appendix E.			

Appendix G

Job Satisfaction Monitoring Sheet

Job Satisfaction	Baseline	6 months	12 months
Senior Nurses			
Junior Nurses			
New Nurses			
Overall			

Job Satisfaction	3 years	5 years
Senior Nurses		
Junior Nurses		
New Nurses		
Overall		

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Appendix H

Minutes Documentation Form

Date:

Agenda:
1.
2.
3.
4.

Appendix I

Meeting Attendance Form and sign up for mentoring

Date:

Name	Signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Appendix J: Mentor Self-Assessment Application Form

Mentor Initials: Date:		
Personal Information	Age:	Sex: __Female __ Male
Education (Indicate highest degree achieved):		
List of current certifications:		
Current position: Years in current position: Years at Garden State Correctional: Years in nursing:		
Have you had previous experience as a mentor? ___ Yes ___ No If yes, for how long did you mentor another nurse? Have you had previous education/training as a mentor? ___Yes ___ No		
How do you hope to benefit from this program?		
How do you expect your mentee to benefit from this program?		
What personal characteristics do you have that will contribute to your ability to mentor a nurse in a new position?		
Hobbies/Interests:		

Number of hours you can devote to mentoring (indicate daily or weekly as appropriate):
Preferences for a mentee:

Appendix K: Mentee Self-Assessment Application Form

Mentee Initials:		Date:
Personal Information	Age:	Sex: __Female __ Male
Education (Indicate highest degree achieved):		
List of current certifications:		
Previous position:_____ Years in previous position: _____ Practice setting of previous position: _____ Years in nursing:_____		
Have you had previous experiences as a mentee? ___Yes ___ No		
How do you hope to benefit from this program?		
What do you expect from your mentor?		
Hobbies/Interests:		
Preferences for a mentor:		

Appendix L: Mentoring Program Plan

Mentee Initials:	Mentor Initials:	Date:	Duration of Planning:

GOALS

What do you both want to achieve with this program?

What do you want your outcomes to be?

EXPECTATIONS

What are your expectations?

I expect my mentor to

I expect my mentee to

COMMUNICATION AGREEMENT

By what methods and how often will you communicate with each other?

EVALUATION

Determine regular points during which you will assess the progress of the program and the mentoring relationship. Identify future actions and revise this plan as necessary.

Appendix M: Mentoring Meeting Agenda

Mentee Initials: Mentor Initials: Date: Duration of Meeting:	
Goals for this meeting:	
Topics/Issues to be discussed:	
Accomplishments during this meeting:	
Initial goals for next meeting:	
Other concerns/feedback:	
Schedule of next meeting (date and time):	

Appendix N: Survey of Mentees

The results of these surveys will be kept confidential and will be aggregated at the corporate level and used by the Stakeholders to provide evidence of mentoring program effectiveness to a state correctional facility. If the survey results suggest problems with the mentoring process, those results will be used by the stakeholders to initiate mentoring program improvements.

My committee/mentor_____

For each item below, circle the number that best represents your experience with your mentoring committee. Not at all 1 >>>>>5 A great deal.	1 2 3 4 5

	1	2	3	4	5
1. Advised me on a professional plan of action.	1	2	3	4	5
2. Helped me to connect with individuals in the department.	1	2	3	4	5
3. Helped me to connect with individuals across the institution.	1	2	3	4	5
4. Helped me develop external relationships	1	2	3	4	5
5. Helped me to understand staff expectations and norms.	1	2	3	4	5
6. Helped me prepare for my third-year review (if applicable).	1	2	3	4	5
7. Helped me prepare for promotion (if applicable).	1	2	3	4	5
8. Helped me understand how the department runs	1	2	3	4	5
9. I was comfortable with my mentors	1	2	3	4	5
10. I sought my mentors out for advice beyond the committee meetings.	1	2	3	4	5
11. My mentors were available.	1	2	3	4	5
12. My mentors knew a sufficient amount about my work for me to trust their advice.	1	2	3	4	5
13. I took advantage of all of the help that I was offered.	1	2	3	4	5
14. I met with the entire mentoring committee_____times during a year.					
15. The most valuable part of the mentoring process was_____					
16. The least valuable part of the mentoring process was_____					
17. In the future, I would like to see these changes in the mentoring process_____					

_____
_____

Appendix O: Survey of Mentors

The results of these surveys will be kept confidential and will be aggregated at the corporate level and used by the stakeholders to provide evidence of mentoring program effectiveness to a state correctional facility. If the survey results suggest problems with the mentoring process, those results will be used by the stakeholders to initiate mentoring program improvements.
For each item below, circle the number that best represents your experience with your mentoring committee.
Not at all 1 >>>>>5 A great deal

My mentee is_____

1. I provided advice on a professional plan of action.	1	2	3	4	5
2. I helped my mentee to connect with individuals in the department and college.	1	2	3	4	5
3. I helped my mentee to connect with individuals across the university.	1	2	3	4	5
4. I helped my mentee develop external connections.	1	2	3	4	5
5. I helped my mentee to understand staff expectations and norms.	1	2	3	4	5
6. I helped my mentee prepare for my third-year review (if applicable).	1	2	3	4	5
7. I helped my mentee prepare for promotion (if applicable).	1	2	3	4	5
8. I helped my mentee understand how the department runs.	1	2	3	4	5
9. I was comfortable with my mentee	1	2	3	4	5
10. My mentee sought me out for advice beyond the committee meetings.	1	2	3	4	5
11. I was available.	1	2	3	4	5
12. I knew a sufficient amount about my mentee's work to provide useful advice.	1	2	3	4	5
13. My mentee took advantage of all of the help I offered.	1	2	3	4	5
14. My mentee took advantage of all of the help the committee offered	1	2	3	4	5
15. I met individually with my mentee_____times during the past year.					
16. The mentoring committee met with the mentee_____times during the past year.					
17. The most valuable part of the mentoring process was_____.					
18. The least valuable part of the mentoring process was_____.					
19. In the future, I would like to see these changes in the mentoring process_____ _ _____ _.					

Appendix P: Job Satisfaction Survey

1. What is your primary work setting?
   o Hospital
   o Outpatient services/clinic
   o Community/home health care
   o Nursing home
   o Rehabilitative care
   o Subacute care
   o School of nursing
   o Other (please specify)_____

2. How many years have you been in nursing?
   o 5 or less
   o 6-10
   o 11-15
   o over 15

3. What's your current position?
   o Staff nurse
   o Charge nurse
   o Manager/supervisor/administrator
   o Advanced practice nurse
   o Staff educator/case manager
   o Faculty, school of nursing

4. Which of the following describes you?
   o Student
   o RN
   o LPN/LVN
   o Advanced practice nurse

5. In my workplace, nurse-leaders have control over decisions related to nursing practice.
   _1_____2_____3_____4_____5
   strongly agree   strongly disagree

6. In my nursing position, I can practice nursing autonomously.
   1_____2_____3_____4_____5
   strongly agree   strongly disagree

7. Staff nurses are involved in hospital and nursing committees and are supported in their committee work efforts.
   1_____2_____3_____4_____5
   strongly agree   strongly disagree

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8. Nurse satisfaction is measured and addressed where I work.
1_____2_____3_____4_____5
strongly agree   strongly disagree

9. The culture in my facility supports the nursing profession.
1_____2_____3_____4_____5
strongly agree   strongly disagree

10. Nurse-managers/nurse-leaders are visible and accessible to staff.
1_____2_____3_____4_____5
strongly agree   strongly disagree

11. My nurse-manager supports nursing decisions made be staff nurses, even if this causes conflict with other disciplines.
1_____2_____3_____4_____5
strongly agree   strongly disagree

12. A nurse-executive at my facility participates in decision making with other chief officers of the facility.
   o   Yes
   o   No

13. We have enough staff to get the work done.
1_____2_____3_____4_____5
strongly agree   strongly disagree

14. We have enough RNs to provide quality patient care.
1_____2_____3_____4_____5
strongly agree   strongly disagree

15. We have adequate support services.
1_____2_____3_____4_____5
strongly agree   strongly disagree

16. Staffing levels are adjusted to accommodate variations in patient volume.
1_____2_____3_____4_____5
strongly agree   strongly disagree

17. Nurses who give patient care help determine appropriate staffing levels.
   o   Yes
   o   No

18. I take time out for meals during my shifts.
   o   Usually
   o   Sometimes
   o   Never

19. I can take a break during my shift to relax for a few minutes.
   o   Usually

o   Sometimes
o   Never

20. My facility has a policy in place that limits work to 12 hours in a 24-hour period.
o   Yes
o   No
o   Don't know

21. My facility has a policy limiting mandatory overtime in nonemergency situations.
o   Yes
o   No
o   Don't know

22. Nurses in facility have collegial relationship with physicians.
1_____2_____3_____4_____5
strongly disagree   strongly agree

23. Conflicts between nurses and physicians or other members of the health care team are readily addressed and resolved.
1_____2_____3_____4_____5
strongly disagree   strongly agree

24. My health care facility has protocols in place to address abusive behavior by health care professionals.
o   Yes
o   No
o   Don't know

25. (If yes to question 24) My facility's protocol for dealing with abusive behavior is used and works well.
1_____2_____3_____4_____5
strongly disagree   strongly agree

26. I'm satisfied with the preceptor/orientation program for new graduate nurses at my facility.
1_____2_____3_____4_____5
strongly disagree   strongly agree

27. Nurses who float to other units are prepare appropriately.
1_____2_____3_____4_____5
strongly disagree   strongly agree

28. Nurses get adequate training in the use of new equipment.
1_____2_____3_____4_____5
strongly disagree   strongly agree

29. Nurses get adequate training about policy changes.

1_____2_____3_____4_____5
strongly disagree   strongly agree

30. My facility supports continuing education for nurses.
    o Yes
    o No
    o Don't know

31. My facility provides tuition reimbursement for nurses who want to pursue higher education.
    o Yes
    o No
    o Don't know

32. My facility readily initiates proactive changes based on the latest research, scientific evidence, and practice guidelines issued by specialty organizations.
1_____2_____3_____4_____5
strongly disagree   strongly agree

33. I have quick access to up-to-date clinical reference tools that help me with decisions at work.
1_____2_____3_____4_____5
strongly disagree   strongly agree

34. We have a reliable and efficient electronic patient-information system.
    o Yes
    o No
    o Don't know

35. How satisfied are you with your medical/health care plan?
1_____2_____3_____4_____5
very satisfied   very dissatisfied

36. How satisfied are you with your retirement/pension/401K plan?
1_____2_____3_____4_____5
very satisfied   very dissatisfied

37. Overall, how do you rate your job satisfaction in your present position?
1_____2_____3_____4_____5
very satisfied   very dissatisfied

38. If you were considering a new nursing position, which qualities would have the most influence over your decision? Please pick five choices from the list

    o Salary
    o Health care benefits
    o Adequate staffing

o Facility's reputation
o Flexible scheduling
o Sign-on bonus
o Availability of child care
o Policies limiting floating
o Opportunity to practice autonomously
o Facility culture that supports-nursing
o Availability of the shift I want
o Convenience of facility to my home
o Policies limiting mandatory overtime
o Electronic patient-information system
o Support for continuing education
o Tuition reimbursement
o Other (please specify)_____

39. How many beds does your facility have?
   o Under 100
   o 100-300
   o 301-500
   o over 500
   o not applicable

40. Are you certified in a specialty?
   o Yes
   o No

41. If you're employed full-time, what's your current annual income?
   o Under $20,000
   o $20,000-$29,999
   o $30,000-$39,999
   o $40,000-$49,999
   o $50,000-$59,999
   o $60,000-$69,999
   o $70,000-$79,999
   o $80,000-$89,999
   o $90,000 or more

42. Is your facility a Magnet hospital?
   o Yes
   o No

43. What is your sex?
   o Female

      o   Male

44. Where do you work? _____

45. On a separate sheet if necessary, please add any comments or observations related to your job satisfaction.

_____
_____
_____
_____

Appendix Q: Mentoring Program Satisfaction Survey

Mentor Initials: _____ Mentee Initials: _____
Date:_____

Mentoring Program Satisfaction Survey To be completed by Mentor

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

Item	Degree of Satisfaction
1. To what degree does this mentoring enhance your professional contributions to professional nursing?	Little 1 2 3 4 5 Much
2. To what degree does this mentoring contribute to your personal satisfaction as a professional nurse?	Little 1 2 3 4 5 Much
3. To what degree have you been able to develop a supportive relationship with your mentee?	Little 1 2 3 4 5 Much
4. To what degree have you been able to enhance your mentee's ability to assess and resolve work-related issues?	Little 1 2 3 4 5 Much
5. How satisfied are you with communication with your mentee?	Little 1 2 3 4 5 Much
6. How satisfied are you with the discussions at your meetings with your mentee?	Little 1 2 3 4 5 Much
7. To what degree do you think this mentoring helps the nurse transition into the workplace?	Little 1 2 3 4 5 Much
8. Overall, how satisfied are you with this mentoring relationship?	Little 1 2 3 4 5 Much
Additional Comments:	

Appendix R: Request Mentorship Termination

The state correctional facility

Request Mentorship Termination

Name of Mentee_____Date of
Termination_____

Name of
Mentor_____

Reason for Termination

_____
_____
_____

_____

_____

_____

_____   _____
Program administrator   Date

_____   _____
Mentee   Date