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Development of a Mentorship Program to Help Support and Retain New Nurses

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Walden University

College of Health Sciences

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Sherrie Jones

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Walden University
2016

Abstract

Development of a Mentorship Program to Help Support and Retain

New Nurses

by

Sherrie M. Jones

MSN, Walden University, 2012

BSN, University of Oklahoma College of Nursing, 2007

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

August 2016

Abstract

Many newly graduated registered nurses (NGRNs) leave the nursing profession within the first 2 years of employment in a rural hospital located in the Southwestern region of Oklahoma. A strategy to address this problem was to introduce a mentorship process that would help support the NGRNs as they transition into independent practice in the clinical setting. The goal of this project was to develop a mentorship program for future implementation. The Partners In Nursing (PIN) program sponsored by the Robert Wood Johnson Foundation, and developed by the American Association of Colleges of Nursing and the American Nurses Association, was selected to support the NGRN transition from student nurse to practicing clinician with a goal to improve retention rates by 10 percent. Benner's novice to expert framework and the Psychological Empowerment model were used in the development of activities contained within the mentorship program modules. Barrett's theory of power helped to guide the development of resilience activities for the future participants. An evaluation plan was developed to monitor new nurse progress before and during the program using the Casey and Fink questionnaire to evaluate the needs and job performance of the participants. The target hospital National Database of Nursing Quality Indicators (NDNQI) was analyzed to help justify the project and be used in future evaluations. Facilitating mentorship will result in social change through increased autonomy of the new professionals, along with improved retention which positively impacts patient outcomes. Social change will bridge the gap in retention and the cost of replacing a NGRN. Dissemination of this project is planned to occur both within the facility and at the relevant national organizations supporting nurse educators.

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Section 1: Overview of the Evidence-Based Project

Introduction

Newly graduated registered nurses (NGRNs) leave the nursing profession within the first 2 years of employment (American Association of Colleges of Nursing, 2014a), and the rural hospital located in the Southwestern region of Oklahoma (SWO) faces the same problem. There are various reasons that experts offer to explain why NGRNs are leaving the profession within the first 2 years of graduating from a program. NGRNs often exit the nursing profession because of issues related to job satisfaction and a lack of mentorship programs (Cottingham, Dibartolo, Baltistioni, & Brown, 2011). Wieck, Dolss, and Landram (2010) demonstrated that one-third of new nurses under the age of 26 years will vacate the job in less than 2 years. In addition, younger new nurses, two third will abandon the nursing profession in 5 years (Wieck et al., 2010). A mentorship program is a component that improve job performance and secure the NGRN position in the clinical environment (Cottinghman et al., 2011).

There are many reasons the NGRNs' feel that their position are not secured in the medical-surgical enviornment. Gambino (2010) stated that NGRNs leave the nursing profession due to the intensity of the job, and the nurses are shocked because their clinical skills are not sufficient for the medical surgical unit (Hoffart, Waddel, & Young, 2011). The lack of clinical skills may affect job satisfaction and place limitations on the NGRNs clinical performance (Hill, 2010) due to a lack of self-confidence seen in the NGRNs (Cowin & Hengstberger-Sims, 2005). McIntosh, Gidman, and Smith (2014) pointed out that new nurses must have structure and planning skills and a sense of

direction with a willingness to learn to function accurately in the clinical setting. At the target facility, the new nurses attend a residency program, but feel additional guidance is needed after orientation is completed. In this project, I recommends that at the end of the residency program, a mentorship program should be added to help support the new nurse during clinical practice. Essentially, the mentorship program provides clinical guidance, supports the advancement of leadership skills, and develops self-confidence in the new nurses, which helps to reduce nurse turnover (Beecroft, Dorey, & Weaten, 2007).

The NGRN should join a nursing organization which the mission is focus on improving longevity in the nursing profession. The American Association of College of Nursing (AACN, 2014d) stated that one of their objectives is to create more opportunities to advance nurses by collaborating with other nursing organizations to help reduce the shortage of registered nurses and to support mentorship nationwide. Because of declining numbers of nurses, the AACN (n.d.,e) and the University of Health System Consortium (UHC) also created tools to tackle nurse retention in the working environment. The target hospital should obtain directions from organizations that will help to support nurse retention and mentoring in the medical surgical units.

Rural Versus Urban Nursing Environment

Rural versus urban residence also influences the turnover rates of NGRNs. The location for work makes a difference when it comes to nurse retention and mentoring (Crow, Conger, & Knoki-Wilson, 2011). The turnover rate for NGRNs is different when in rural areas versus urban areas (Strout, 2010). For example, according to Notre Dame College (2016), urban hospitals provide specialized care, and the nurses are aware of the

“latest medical trends practices” (p. 1). Many rural hospitals may not be equipped with the latest technology and “resources necessary to provide advanced or specialized care for sick patients” (Notre Dame College, 2016, p. 1). In essence, the role of the NGRN is to provide quality health care in all clinical settings (AACN, 2000b). No matter the location, there are problems in retaining nurses and a lack of mentors in the clinical environment.

Problem Statement

In the local hospital, the National Database of Nursing Quality Indicator (NDNQI) is one reliable source of nurse retention rates (American Nurses Association, [ANA], 2015c). In the rural area of the Southwestern region of Oklahoma, the acute care facilities are losing nurses, and it becomes difficult for the local community hospital to keep the novice nurses employed past 2 years (K. Holland, personal communication, July 9, 2014). In the local rural hospital, between the years 2012 and 2013, there were 80 registered nurses in the medical surgical units. The turnover rate for nurses in this target local community was at least 30-40% between 2012 and 2013 (K. Holland, personal communication, July 9, 2014). The exact reasoning for the nurses’ departure from the medical surgical units was not disclosed to the public. In this project, I claim that the implementation of an evidence-based mentorship program, such as the Partners In Nursing (PIN), will augment the current hospital program Novice to Expert Training (NET) and create a new nurse who feels confident to work in a medical-surgical unit.

Purpose Statement and Objectives

The purpose of this scholarly project was to develop a plan for the implementation of an evidence-based mentorship program for one medical surgical unit. I wished to look to evidence to find an additional method that can be used with the existing NET program to strengthen the mentorship process for the NGRNs. A strengthened mentorship program will allow the NGRNs the opportunity to develop skills and confidence, which will have an impact on job satisfaction, retention, and patient care. The goal of the mentorship program is to form a positive partnership between the NGRNs and the experienced nurses in the clinical setting (Cottingham et al., 2011).

Project Question

In this developmental project, I sought to improve NGRN retention in a rural hospital through the implementation of a mentorship program. The following questions was addressed in the developmental project. Will the scholarly evidence-based literature support the development of a project that will after implementation, advance autonomy, and nurses' retention? Will the evidence support the development of a plan that will after implementation improve the relationship between nurses, improve job performance, and enhance job satisfaction?

Significance of the Project

Retaining new nurses is a problem, and mentoring plays a role in assisting the NGRN to succeed in the medical surgical unit. It is important that the target hospital implement the evidence-based mentorship program to help build confidence in the nurse, which in turn allows the nurse to become good stewards in the clinical setting

(Cottingham et al., 2011; Hillman & Foster, 2011). Ultimately, the evidence-based plan helps to refine the relationship between nurses and patients and nurses and physicians, and it improves the relationship between management and staff members.

Eventually, the mentorship process will open the door for promotion, moving the NGRN into the leadership role. The significant growth in registered nurses means fewer turnovers for the local hospital in Oklahoma (Halfer, 2011). The local hospital needs to recognize that the mentorship project holds the local hospital accountable for producing quality nurses, and the mentorship project ensure that the new nurses have a favorable first experience in the clinical environment (Halfer, 2011).

Implications for Social Change

After implementation, the project should positively impact and improve nurse retention, increase job satisfaction, impact health care outcomes in the community, and improve financial growth for the hospital. This DNP project may "embark on positive" social change that may bridge the gap in nursing (Wieck et al., 2010, p. 15). Moreover, the reduction of nurses has a significant impact on the aging population, and many clinical needs of the patient may not be met during a hospital stay (Campbell, Fowles, & Weber, 2004). Because of the 20% reduction of registered nurses by the year 2020, health care disparities may increase which can affect social changes in the community (Campbell et al., 2004). Gruenberg, Shelton, Rose, Rutter and Socaris (2006) suggested that the type of clinical training a student receives is a contributing factor in reducing the patient length of stay in the hospital. This demonstrated clinical training is not the only factor affecting a patient outcome. Leadership style and dedication to the profession are

factors that contributed to whether the right decisions is being made to decrease the health care disparity and created social change in the working environment (Weathers & Raleigh, 2013)

Furthermore, the objective of the local hospital should be to collaborate with nursing organizations to create social changes to reduce health disparities and to improve nurse retention. The AACN, ANA, and the PIN mentorship program form a partnership to focus on strategies that would improve nurse retention. More importantly, Gilmartin (2013) indicated that nursing organizations can create social change by promoting leadership and “negotiate power and political changes in the nursing profession” (p. 642). Joining nursing organizations develops competency, which transcends into practice creating a positive health care outcome for patients. Today's nurses recognize that there are more opportunities to improve the leadership role and with social change come new rights and responsibilities for the NGRNs (Wieck et al., 2010)

Definition of Terms

The listed includes terminology used in the preliminary project:

Job satisfaction: To define job satisfaction from a nursing perspective means the nurses may experience the favorable condition, have social reinforcement, and generate promotion (Chung & Fitzsimons, 2013). However, dissatisfaction can occur when there is a lack of leadership throughout the health care organization (Phoenix-Bittner & O'Connor, 2012).

Mentorship program (MP): A program sponsored by a health care facility, organization, or agency that uses experienced registered nurses (ERN) for mentoring. The

mentorship program helps to guide the novice nurses in the clinical practice (Cottingham et al., 2011).

Novice nurse (NN): A novice nurse is a man or woman who graduated from a nursing program with beginner clinical skills and gain experience through years of practice. The novice has limited critical thinking skills and has obtained nursing knowledge through textbook resources (Hargreaves & Lane, 2001).

Nurse residency program (NRP): A post nursing program created to help new nurses transition from non-experience nurses to a more competent clinician (AACN, 2014d).

Nurse retention (NR): Corwin and Jacobsson (2003) explained that nurse retention is the ability of the corporation to retain employees as part of the company. The health care organization must incorporate training, education, and mentors to promote longevity in the workplace environment. Title II of the Nurse Reinvestment Act supports the description of nurse retention (Donley et al., 2002).

Registered nurses (RN): The ANA (2014a) defined registered nurse as a man or woman who uses knowledge and clinical skills to provide safety and protection for all patients. Moreover, through care and treatment registered nurses help others achieve the optimal healthcare outcome.

Assumptions

According to Burns and Grove (2009), an assumption is an idea that might have a negative or positive effect on a future occurrence. These are the assumptions of the mentorship program.

1. The mentorship program improves NGRNs clinical performance
2. There will be a positive collaboration between the NGRNs and mentors in the local hospital medical-surgical unit
3. Instructors in this program will take the lead when it comes to solving problems
4. In the local hospital, the NGRNs and the mentors have the same perception of nurse retention, longevity, mentoring, and job satisfaction (Sparks, 2011).

Limitation

A limitation can slow down the progress of a project and diminish the quality of the project (Burns & Grove, 2009). The limitations of this project were as follows:

1. Job satisfaction may not be a primary concern for the NGRNs at the local hospital, resulting in 36% increase of nurses leaving within 3 years of employment (Halfner, 2011), which result in “higher patient acuity levels” (Campbell et al., 2004, p. 565).
2. The local hospital has not disclosed if job satisfaction is the reasons NGRNs are leaving the nursing facility.
3. The project and outcomes may not be generalizable outside of the rural hospital.

Summary

To improve the retention rate of NGRNs, it is imperative that the NGRNs have a mentor as a support system who will provide critical information during crucial

situations. It is also important to use a previous clinical program, such as the NET program, along with a mentorship program to strengthen the competency of the NGRN. The purpose of this project was to develop the evidence-based program and implement it immediately after the NET program ends and to reduce the turnover of NGRNs in the rural target hospital. The evidence-based literature supports a project that combines a residency program with a mentorship program to ensure the long-term success of the NGRN.

Section 2: Review of Scholarly Evidence

General Literature

Concerns has grown about the lack of the nursing positions being filled in the medical-surgical units (Weathers & Raleigh, 2013) . There will be a 20% reduction of nurses by 2020 (AACN, 2014d). Moreover, it has been estimated that the U.S. population will need over 1 million registered nurses by the year 2022 to satisfy the health care needs (AACN, 2014d), and mentors will be needed. This indicates that the medical arena is facing a crisis and more research is needed to determine what is the best strategies to promote nursing, and mentoring is a method that helps retain new nurses (Cottingham, et al., 2011).

Decrease Growth of Nurses

For many years, nurse retention has been a concern of the health care system. Nursing organizations have taken the initiative to rectify nursing shortages through educational programs and by lobbying for a change in the government sector (Development for Professional Employees, 2012). There are various reasons why new

nurses are leaving the profession. It is the educational system, as well as the health care systems, responsibility to provide the new nurse with the best resources in order to help them in their transition and to secure their practice in the health care system.

Nevertheless, Dotson, Dave, Cazier and Spaulding (2014) noted that there is slight growth in nursing, but not enough to meet the demand of healthcare for the population. In essence, it is the educational system responsibility to explain to the students the nursing process, and the impact they will have in the health care system. It is the responsibility of the students to determine if they can meet the demands of the nursing profession.

There are agencies that reviewed the different reasons for the enormous decline of nurses in the health care arena. The United States Department of Health and Human Services (USDHHS) indicated that at least 1.2 million positions are open for registered nurses (as cited in Sparks, 2012). Health Resources and Services Administration mentioned that more than 500,000 positions come from caregivers who have left the nursing profession due to retirement age (as cited in Spark, 2012). Also, Scott, Engelke, and Swanson (2008) indicated that 71% of the NGRNs hold general duty. According to Sparks (2012), more than 200,000 registered nurses are unhappy with their current occupation. Furthermore, the 54% of the NGRNs in the survey indicated that they were unhappy with their employment, and 55% left the first employer (Sparks, 2012). The health care system must explore what is the key for longevity in the nursing profession.

Cost of Retaining and Replacing Newly Graduated Registered Nurses

Job satisfaction and job performance cannot be the only concerns addressed by the health care system. The National League of Nursing (n.d) stated that nursing turnovers are exceeding government resources, and Congress will need to find different avenues to improve the nursing shortages. Weather and Raleigh (2013) noted that at least 13 to 25% of NGRNs changes jobs in the first year of the nursing profession. Moreover, the cost is, at least, \$50,000 to replace a registered nurse (Weather & Raleigh, 2013). Furthermore, Sparks (2012) mentioned that the Minnesota Hospital Association has a problem with the cost of retaining a nurse and that the cost may vary from \$21,000 to \$64,000 per nurse. Nurse retention is not only an issue for the United States, but it is a worldwide problem (Reynolds et al., 2013).

The Importance of a Mentorship Program Through Literature Review

In the literature of review, scholars discuss the importance of mentoring and that the new nurses may suffer from a lack of confidence when beginning their careers. After graduating from a nursing school, the new nurses are not fully preparing to practice in the rigorous environment (Cowin & Hengstberger-Sims, 2005). Also, Cowin and Hengstberger-Sims (2005) noted that the nurses' self-concept about themselves (cognitive ability, feelings, and behavior pattern) might affect their job performance. However, providing the new nurse with a supportive entity such as a mentor will help to "shape the behavior and influence growth" in the clinical environment (McCloughen, O'Brien & Jackson, 2013, p. 305).

I felt the need to discover how mentors play a role in the development of the NGRN in the workplace. Walden University Library database supplied literature of reviews for nurse retention and NGRNs. Cumulative Index to Nursing and Allied Health Literature (CINAHL) databases provided research. The keywords used were *nurse retention (NR)*, *mentorship (MS)*, *job satisfaction (JB)*, and *nurse residency (NR)*; 754 reports were listed. The additional databases used for the project were Medline, Cochrane, and ProQuest, and 18 articles were reviewed and used to support the evidence-based project.

A mentorship program may be key for keeping nurses in the nursing profession. One of the mentorship programs highlighted was the PIN. The primary purpose of the PIN program is to help accommodate the needs of a new nurse transitioning into the clinical environment (Cottingham et al., 2011). Another objective of PIN is “hinged on the development successful mentoring relationship and targeting new graduate” in the workplace (Cottingham et al., 2011, p. 251). According to Latham, Hogan, and Ringl (2008), mentoring not only creates a comradery among staff, but it also created socialization in the culture of nursing. Latham et al. ‘s opinions about mentoring correlates with the vision and mission of the PIN mentorship program, which is to develop a mentorship program that supports the retention and the growth of a new nurse (Cottingham et al., 2011)

The PIN mentorship program was cost effective with a saving of nearly \$8,000 within 18 months, which may have cost the PIN program \$10,000 to recruit NGRNs (Cottingham et al., 2011). When the Robert Wood Johnson Foundation began the PIN

mentorship program, there were limited studies on the impact of this program (Cottingham et al., 2011). However, several people have shown interest in the mentorship process. For example, Darling (1984) revealed that an uncomfortable workplace influences the type of mentoring experience on the medical-surgical unit. Suen and Chow (2002) suggested that NGRNs comprehend the responsibility of the clinical roles after attending a mentorship workshop. Moreover, Project 2000 was spearheaded by Gary and Smith of Scotland; Project 2000 promote strategies in nurses retention (Cottingham et al., 2011). As far as education, baccalaureate-ready nurses have good critical thinking abilities after completing a nursing program and mentorship programs (Weathers & Raleigh, 2013).

Mentorship programs, nurse residency programs, and orientation contribute to nurse autonomy in the clinical practice and strengthen the NGRN in the working environment (Scott et al., 2008). When the NGRNs transition from nursing school to the working environment, the nurse needs an orientation period (Scott et al., 2008). During nursing orientation, the NGRN feel that more encouragement is needed while in the clinical setting (Hill, 2010).

In some cases, during nursing orientation, the instructor does not provide the NGRN with proper clinical training due to time constraints. Moreover, hospital orientation does not always decrease the shock value for all NGRNs. After orientation, the mentor can be an excellent support system for the mentee. Casey, Fink, Krugman, and Goode (2004) suggested that NGRNs have heightened emotion related to work stress up to 12 months after beginning their position because of adjusting to the new work

environment. For these reasons, the NGRNs may bring a predisposition image to the workplace (Scott et al., 2008). A mentorship process changes the mentality of the NGRNs while practicing in the clinical environment.

There are additional options that can help improve the NGRN clinical skills in the clinical setting. Anderson, Hair, and Toderro (2012) suggested that an NRP may help to retain the new nurse in the clinical setting. The NRP uses two types of methods, which is an average 3-to-4-month time span and a comprehensive process. Two features of the NRP is evaluating learning strategies and the new nurses' continuation of the same partnership throughout the program (Anderson et al., 2009; Schosessler & Waldo, 2006). The NRP can last several months (Anderson et al., 2012). The local hospital NET Program, in the rural area of Southwestern Oklahoma, has incorporated these strategies.

There is nursing organizations who sought the need to improve the working environment for new nurses. The AACN (2014d) collaborated with the University Health System Consortium and established a residency program (RP). According to AACN (2014d), the RP program took “the novice learner from new graduate to more a qualified provider” (p. 1). However, NGRNs will need additional guidance after completing the RP process. Over time, the Casey-Fink survey, an evidence-based tool, can help to analyze the RP, mentoring process, job satisfaction, and the NGRN thoughts concerning job performance.

Theoretical Frameworks

Several theoretical frameworks correlate with nurse retention, job satisfaction, and novice nurses. The Benner (1984) model is a continuation of the Dreyfus skill

acquisition model that best fits the development of the NGRN and encourages them to become a competent practitioner. Benner (2000) suggested that a novice nurse will develop critical thinking skills and clinical skills over a certain amount of time. Benner and Hargreaves and Lane (2001) indicated that the levels of nursing knowledge in the clinical setting is as follows: (a) the beginner nurses do not have experiences in the clinical setting and need qualify guidance that will help produce a healthy outcome for the patient; (b) the novice nurses will learn the nursing process through textbooks, clinical lab, and various evidence-based resources; (c) the advance beginner can perform a skill that is required, but cannot think ahead about the outcome; (d) a competent nurse can plan and produce satisfactory results; and the qualified nurse can go beyond the next minute considering the patients' needs. Finally, there is the expert nurse, who practices with the autonomy that requires minimal assistances from others clinicians (Benner, 2000; Hargreaves & Lane, 2001). With years of experience, the novice nurse will advance to the expert level of nursing (Benner, 2000; Hargreaves & Lane, 2001). As a novice, nurses may lack the confidence to apply the clinical skills that would support the practice, and this may have an adverse impact on patient care (Benner, 2000).

The Benner theory is not the only model relevant to the mentorship project. This mentorship project also includes the Psychological Empowerment model (PEM), which consists of four components that are “meaning, competence, self-determination, and impact” (Sparks, 2012 p. 451). Within the framework, the NGRN recognizes the workplace atmosphere differs among those who have years of experiences (Sparks, 2012). However, the health care organizations must continue to evaluate the NGRNs’

knowledge base and level of clinical skills after they begin to practice in the workforce (Sparks, 2012).

Both theories are closely related to the clinical pathway that a new nurse takes to become an expert in the field of nursing. Closely related to the theories are the ideas of modifying clinical skills and modifying the behavior of new nurses in the clinical environment. Benner (2000) emphasized adapting to change in the clinical environment, while PEM theorists emphasized what motivates a new nurse to perform at the highest level. Ultimately, the mentorship project included both theories to support the NGRNs and the experienced nurse clinical performance. Using both theories to support the project helps to secure a leadership position in the nursing profession.

Summary

There is a decline of nurses in the health care sector and the health care system has invested an enormous amount of time creating new strategies to improve longevity in the nursing profession. It is important that nursing organizations invest time researching the needs of nurses, and the impact the nurses has on the health care environment, and the reasons for the decline in job performances, and the decline in job satisfaction. Job performance and job satisfaction is not the only concerns addressed by the health care organization. The health care system reviewed the cost of replacing a NGRN in the medical-surgical units. It costs, at least, \$50,000 to replace a new nurse in the clinical setting (Weather & Raleigh, 2013). The nursing organizations, the educational system and the health care system must keep pounding the payment to improve clinical training, improve mentoring opportunities, and created a comradery among the nursing staff and

the patient. Let's us not forget, evidence-based research also plays a vital role in supporting and encouraging the NGRN to become a competent practitioner.

Section 3: The Approach

Introduction

The purpose of this project was to develop an evidence-based program for future implementation in the rural region of SWO. The developmental project promotes a mentorship program for use within a rural hospital targeting the medical surgical unit. The mentorship program supports nurse autonomy, increases nurse retention, improves patient outcomes, and boosts job satisfaction. As the doctoral of nursing practice (DNP) leader, I will assume a guidance role and will offer scholarly analysis of the available literature. I also developed and will recommend a plan for the local hospital to implement in the future at their discretion.

The medical surgical unit was the focus point of the project. Scholars have supported using the PIN mentorship program. The approach to the plan of action is to create an active partnership between the NGRNs and experienced registered nurses who will serve as mentors. This section includes recommendations to help the preliminary project proceed: The steps include the following:

1. The interdisciplinary team and company stakeholders will gather to discuss the project.
2. Educate the interdisciplinary team, covering significant evidence-based literature and the mentorship process.

3. Educate and enlighten the mentors and mentees when to take action in one medical surgical setting.
4. The multidisciplinary team should complete an evaluation of the developmental project.

Interdisciplinary Team

The collaborative group provides their clinical expertise and years of educational knowledge and demonstrates enthusiasm to improve the foundation of the organization. A team can recognize a need for change, initiate the change, and make a difference by piloting a mentorship program (Kelly, 2011). Barrett's theory of power helps to guide the resilience of the group to change and improve any given situation using life experience and education to improve the working environment (Parker & Smith, 2010). An effective team understands the approach for quality improvement that focuses on the deficit about mentorship and nurse retention. The team members included in the developmental project consists of the following:

1. I am prepared to act as a messenger and provide the evidence-base literature on the mentorship process.
2. The chief nursing officer (CNO) provides internal and external information within the local hospital environment, which includes HCAPHS scores and data from the NDNQI.
3. The Education Department provides evidence-based materials and recommendations for continuous educational projects and directs the local hospital orientation process.

4. The unit nurse manager provides guidance and leadership for new and experienced nurses and makes adjustments according to hospital policies.
5. Experienced nurses and novice nurses provide patient care according to hospital and board of nursing policies.

Review of the Evidence

It is imperative for the interdisciplinary team (IT) to be aware of current evidence-based literature that supports the developmental project (DP). I will provide a review of the resources and framework to the team. Ultimately, the IT will gather in the acute care facility to discuss the project, located in the Southwestern region of Oklahoma. The plan uses the framework for Benner skill acquisition model (BSA) and the PEM to guide the mentorship process.

I analyzed the evidence-based literature and obtained confirmation from Walden University and the representative of the internal review board to move forward with the literature of review of the PIN and recommendations from the project. Consent to use all approve formal frameworks included but not limited to other evidence-based tools such as the Casey-Fink survey.

Development of a Mentorship Program

I will maintain an open dialogue with the CNO, nurse manager, the education department, and the staff nurses. With this trusting relationship, this project has the potential to move forward. This project follows the recommendations from the evidence-based PIN mentorship process, which helps the interdisciplinary team pilot the plan in the future.

1. The team leader educated the participants on the primary project use by the PIN mentorship program but not limited to using other evidence-based materials.
2. The hospital shares additional guidelines they create for the mentorship process.
3. A memorandum will be posted for voluntarily registered nurses who have served for more than 3 years, preferably those who has a baccalaureate degree (not excluding associate or diploma nurses).’
4. The team leader conducts a 2-hour session using modules discussing the role and responsibilities of the mentor and mentee.
5. The CF implements and completes by all participants, at the local hospital, before the process begins, 1-2 months’ period, 6 months, and annually.
6. The plan is to set a date to pair the mentors and mentee, scheduling reasonable work hours, also appointing a unit manager to the mentors and NGRNs for monitoring purposes.
7. To address concerns, the mentor provides weekly reports to the unit director.
8. The unit manager ensures all to enlighten the stakeholders regarding the mentoring progress keep a weekly journal.

9. Twice a month in-service will be conducted to reflect on skills learned in the NET program and review of aptitude that needs improving in the mentoring process.
10. The local hospital is to follow up on the quality improvement process with an evaluation every 2 weeks, 6 months, yearly, and as needed.

The team leader's job is to analyze the NGRNs' clinical performance and provide the NGRNs with positive reinforcement (Cottingham et al., 2011). Vance and Olson (2011) described the mentorship as advancement, entrusting, and a discipline relationship "over a period reciprocal for sharing" right and duties (p. 1). Furthermore, the NGRNs must feel comfortable and secure in the clinical practice, and they need a tenacious sponsor to support the practice. Potentially, leadership opportunities will generate in the local hospital with the help of the Partners in Nursing Mentorship program (PINMP; Cottingham et al., 2011).

Project Design

Although residency programs, Magnet Status, and preceptorship are beneficial to nursing practice, partnerships with mentors heighten independences and strengthens leadership role (Cottingham et al., 2011). I suggest that the local hospital begins the PIN program immediately after the existing hospital-based NET program end on one medical surgical unit. It is imperative for me to share the history of the PIN mentorship program with the interdisciplinary team and others.

The Robert Wood Johnson Foundation funded the development of the PIN program and joined in partnership with the Northwest Health Foundations to promote the

mentorship program to other facilities (Cottingham et al., 2011). The PIN mentorship program begins with the process of recruiting qualified registered nurses to become mentors (Cottingham et al., 2011). The PIN model suggests using registered nurses who have a baccalaureate degree to spearhead the mentorship program, and they should be employees of the facility (Cottingham et al., 2011). Hillman and Foster (2011) recommended choosing a lead person for the mentorship program for guidance and a support system for the mentors who are participating in the program. Furthermore, the PIN model suggests discussing the longevity of NGRNs, the lack of leadership, and the management roles during the mentorship meetings (Cottingham et al., 2011).

Initially, the nurse managers should choose the registered nurses to become mentors for the mentorship program (Cottingham et al., 2011). The team leader should make a recommendation to the unit manager to place a sign-up sheet on one medical surgical unit for recruitment purposes (Cottingham et al., 2011). However, to secure individual candidates, a contract may be a valid solution for ongoing participation (Hodges, 2009). To begin the process, under the directions of the unit manager (UM), the trainers attend twice a month meetings with the UM and conduct weekly evaluations of the mentee clinical performance.

The mentors and the NGRNs should complete the various tasks in the mentoring process. In the first week, both parties will create a plan to improve clinical performance and review the educational opportunity the local hospital has to offer. During the mentoring process, the mentors should verbally report clinical performance to the UM. The verbal report should consist of interpersonal communication that the mentee has with

the patients, and the mentee's thoughts about nurse retention and any personal concerns of the mentee.

The UM's task is to ensure that the NGRN keeps a weekly journal of areas that needs improvement. Next, the UM will request that the mentee attends mentorship meetings, shadowing the mentor during clinical hours, and recognizing and addressing the needs of patients (Cottingham et al., 2011). More importantly, to better understand how to sustain the mentorship program, the UM or the CNO recommends that all parties involve in the program attend future workshops (Suen & Chow, 2001).

Finally, the coach for the mentee should provide additional evidence-based resources, offer an interpretation of clinical skills to the NGRNs, and provide moral support to the NGRNs while in the workplace (Cottingham et al., 2011). Ultimately, the stakeholders provide expert opinions on the years of experience and the behavior that contribute to the longevity in the nursing profession. If the UM, mentors, or CNO are unavailable due to time constraint, the PIN program suggests availability through the telephone system or the e-mail system (Cottingham et al., 2011).

The NGRNs will participate in a pre and post-Casey and Fink (2014) Graduate Nurse Experience Survey (CFGNES), supervised by the local hospital. For comparison, the CF should be initiated before the mentorship process begin. The CF, an anonymous tool, allows the participants to voice their opinions on areas such as job performance, nursing delegation, orientation to the units, preparedness for nursing duties, and salaries compensations (Casey et al., 2004). Also, the CF provides demographic information such as gender, ethnicity, area of specialty, and work experience (Casey et al., 2004). It

is highly recommended that the participants not place their first or last name on the survey. Therefore, to protect the privacy of the participants, they will put the survey in a sealed envelope and place the survey in a lock box in the unit breakroom at their convenience. The UM will be responsible for collecting the surveys. During the coming weeks and months, the local hospital will implement the post survey. Subsequently, the team leader and the participants will review the mentorship process. These are the suggested designs for the developmental project for the rural hospital in Southwestern Oklahoma.

The aim of the project is to enhance communication and improve the NGRNs' and experienced nurses' relationship in the clinical setting (Cottingham et. al., 2011). Anderson et al. (2012) explained that "many authors claimed that their program promoted a smooth and efficient transition" this may be true for the mentorship program in the target hospital (p. 204). Therefore, a 2-hour module session should be conducted to educate the participants on the role and responsibilities in the mentorship process. The Benner novice to expert (BNE) theory and the PEM should be used to support the manner in which the NGRNs and the mentors practice and advance over time. These modules can be used by the target hospital in the future at the facility discretion. However, the modules should be implemented before the mentoring process begins, and the modules should not be initiated before the CF survey.

Course Objectives

After the overview of the course objectives the participants will be able to

1. Provide safe and competent treatment in the clinical setting

2. Demonstrate critical thinking abilities in the clinical setting
3. Identify the role and responsibilities of mentors and mentee
4. Explain the clinical concepts of the BNE and the PEM
5. Communicate effectively with health care discipline and patients

Course Modules

Module 1: Mentor's Roles and Responsibilities

To understand the role and responsibilities of a mentor the experience nurse will use the PEM components to help shape their clinical foundation. The mentor must first explore and determine how each one of these concepts is relevant to them personally and professionally. The PEM consist of four components that are “meaning, competence, self-determination and impact” (Sparks, 2012, p. 451). To help define and incorporate the PEM model, the mentors will use this module to role play and discuss roles and responsibilities and how the mentor can use positive behavior to change the atmosphere in the clinical setting (Sparks, 2012). The role of the mentor is to facilitate learning and demonstrated the evidence-based clinical technique in the health care environment (Cottingham et al., 2011; Morgan, 2012). The module estimated completion time should take 30 minutes. The mentor roles and responsibilities are listed below:

1. Description of a mentor
2. Improve time management for the mentees
3. Operate as a competent nurse
4. In the clinical setting provide moral support to the NGRNs (Cottingham et al., 2011)

5. Outline and prioritize clinical technique used in the clinical practice
6. Identify positive behavior and a negative overtone that affect team building.

Module 2: Experience of Mentors

The module describes the attributes of a mentor that makes the mentor competent to guide and nurture the NGRN during clinical practice. Mentoring is not necessarily taught through academia; mentoring is an evolving process. A mentor must exhibit clinical knowledge and skills that will provide the patient with the best outcome possible in the clinical setting (Cottingham et al., 2011). The BNEN model has been added to support the clinical experience of the mentor in the clinical setting (Sparks, 2012). To stay competent in clinical practice, the mentors can use this module to discuss how attending the hospital's skills fair, which showcases new innovative clinical ideas, will allow the mentor to continue to practice with minimum assistance from other clinicians (Benner, 2000). This module estimated completion time should take 30 minutes. The responsibilities of the experienced mentor are listed below:

1. Description of experienced mentors and the Benner model
2. Strategies for improving educational and clinical growth
3. Explain the reasoning for pursuing a leadership role
4. Discuss stress level of mentors due to the responsibilities of educating others (McIntosh et al., 2014).

Module 3: Mentees' Role and Responsibilities

A new nurse should select a theory that support the foundation of their clinical practice. Benner (2000) emphasized adapting to change in the clinical environment and improving on job performance over time. The BNEN model has been included to support the new nurse in the clinical setting. During the mentoring experience, the mentee should record in a weekly journal their strength and weakness and critical thinking abilities so that the mentor can provide clinical guidance (Cottingham et al., 2011). The mentee can use the BNEN model to describe verbally clinical skills learned during the mentorship process, and this will indicate if the mentee has advanced from the novice level to the expert level (Benner, 2000). This module estimated completion time should take 30 minutes. The responsibilities of the mentees' are listed below.

1. Discuss the advantage of the mentorship process and the BNEN model.
2. Discuss role and responsibilities of the mentee.
3. Identify the situation that increases stress level.
4. Outline and prioritize clinical technique used in clinical practice.
5. Identify the clinical deficiencies and vulnerabilities in clinical performance.

Module 4: Effective Communication with Disciplines and Patients

In the working environment effective communication is vital in addressing the needs of the patient as well as addressing the needs of the clinical nurse. Effective communication determines if the patient and the nurse will have a positive outcome in the clinical setting. The module points out how communications among peers play a

significant role in the care plan of the patients (Kaourkouta & Papathanasiou, 2014). Effective dialog aid in “the performance of accurate, consistent, and easy nursing work”, and provides protection of the healthcare worker and the patient (Kaourkouta & Papathanasiou, 2014, p. 1). The Psychological Empowerment Model (PEM) four component is included in the module (Sparks, 2012). This module includes role play as an option to help describe the meaning of nursing, and how the behavior of the mentor has a positive or adverse impact on the patient outcome in the clinical setting (Sparks, 2012). No more than two to three participants should be a pair in the group to have a successful and engaging conversation. The responsibilities of the participants are listed below

1. Define Communication
2. Discuss active listening.
3. Strategies that encourage dialog and elaboration
4. Use of effective communication tools
5. Communicate the needs of the Mentors and Mentees’.
6. Identify the needs of the patients and clinicians.

The DNP leader also recommends that the mentors and mentees’ use different methods of communications to improve job performance. For example, one communication method uses by the U.S. Forest Service to provide instructions to the firefighters is the Situation Task Intent Concern Calibrate (STICC). This module estimated completion time should take 60 minutes. However, because Module 4 determine the effectiveness of an outcome more time may be allowed which should be

determined by the target hospital. The STICC process involved five steps (O'Daniel & Rosenstein, 2008).

1. Situation: Here's what I think we face.
2. Task: Here's what I think we should do.
3. Intent: Here's why.
4. Concern: Here's what we should keep our eye on.
5. Calibrate: Talk to me. Tell me if you don't understand, can't do it, or see something I do not.

Population and Sample Size

For this developmental project, the population and sample will consist of NGRNs and experience nurses who volunteer to become mentors, and who work on one medical-surgical unit. It has been stated previously that the PIN model suggests using a baccalaureate prepared nurse; with at least, 3 years of experiences in nursing, to spearhead the mentorship program, and should be an employee of the facility (Cottingham et al., 2011). However, this particular project will not exclude nurses who hold an Associate or Diploma degree from participating in the mentoring process. The local hospital will collect demographic data from those nurses who voluntarily sign up, and the additional demographic will generated from the CF tool. The CNO and the Education Department should be part of the interdisciplinary team participating in the unfolding project. The DNP recommended that the interdisciplinary team (CNO, and the Education Department [ED]) self-evaluate using the CF tool to determine if they are

satisfying with the success of the mentorship process and job performance. The CNO and the ED will decide if they would like to share their results of the CF survey with the participants.

Data Analysis

The National Database of Nursing Quality Indicators (NDNQI) should be used to track nurse retention over time. The NDNQI uses “10 nursing-sensitive indicators to use in evaluating patient care quality and nurse retention” (Montalvo, 2007 p.1). For example, one primary “nursing indicator is nursing care hours provided per patient” (Montalvo, 2007, p.1). In Oklahoma, the local hospital, reports updates or any alternations with data collections within the NDNQI system. The local hospital provides the NDNQI data information every 3 months (K. Holland, personal communication, July 9, 2014). When accumulating data, the project must go through a continuous review process (Montalvo, 2007).

Data Collection Instrument

The program planner must ensure that no personal rights are violated when collecting data. Participation in data collection should always be on a voluntary basis. Gathering data by the CF self-report survey is a method and useful tool that support the developmental project. The CF self-reported survey consists of open-ended questions that should be executed by the UM, CNO or team leader (Polit & Beck, 2011). Self-reporting provides the NGRNs the opportunity to express privately if the mentoring process is meeting their needs during the clinical practice (Polit & Beck, 2011). For example, the CF survey allows the participant to share any comments or concerns about

the target hospital residency program (Casey & Fink, 2014). The behavior of newly graduated registered nurses is also a concern, so direct observation is an alternative to self-reporting (Polit & Beck, 2011).

The Casey-Fink (Appendix A), an anonymous tool, has the potential to be uploaded to a database and compare with internal or external factors to indicate if the data has merit (Polit & Beck, 2011). The CF tool can compare if employees have changed their opinions about workplace conditions before, during, and after the mentorship process. When uploading the CF survey to a computer system, the computer should be password protected to protect the participants from any workplace retribution. The first or last name is not required on the survey. Polit & Beck (2011) suggested when putting together a plan for analysis; it is crucial to review the programming hypothesis so the project “ does not become sidetrack” (p. 212).

Evaluation Plan

It is necessary for the collaborating team to discuss, analyze, and evaluate the development of the project during the early and latter part of the developmental process. The purpose of the team evaluation is to compare clinical performance before the mentoring process begins and compare it to the mentoring process after several weeks of implementation and make adjustments if needed. The first part of the evaluation includes the Casey-Fink four-part questionnaire, which evaluates the staff member’s feelings about the workplace environment. Listed are some examples the tool uses to assess how the nurse feels in the clinical setting: (a) the nurse provides opinions about their workplace performance (b) does the experienced nurses feel comfortable when providing

instructions to others (c) is the mentor helping to develop the mentee clinical performance (d) does the mentee feel the trainer is available when the unsolvable situation occurs (e) are the staff members satisfy with the benefits package. Casey-Fink tool is based on a check mark system arranging from strongly disagree, to agree and strongly agree.

The second part of the evaluation plan should include discussing the outcome findings and compare the differences before and after the implementation of the project. Also, the evaluation should include (a) does the project conform to the long-term objectives which are to improve retention rates (b) evaluate the effect mentoring has on the patient plan of care (c) evaluation of the mentor and mentee job performance (d) self-report of stress level during clinical practice (e) if self-report improve the relationship among peers. Finally, there cannot be a complete evaluation of the program until all partners understand all details of the process, this task ultimately accomplished by conducting twice a month in-services (Polit & Beck, 2011). The PIN program and the NET program will show how essential the programs are to job performance and how critical the programs are to the longevity in the clinical setting. More importantly, the assessment and evaluation of the project are support by the evidence-based literature, self-reported survey, and by the local hospital NDNQI.

Table 1 Program Appraisal

Accomplish Project (Theory)	Project Interest (Cause)	Project Design (Plan)	Desired Outcome (Conclusion)
Benner Skill Acquisition	EB literature Support of	Casey-Fink Survey, Self-	Increase Retention of NGRNs & Improve Job Performance by 10%

Model & Psychological Empowerment Model	mentors for NGRN's	report, Observation	
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Summary

The section provided an overview of the project design and method, which is a typical descriptive model (Burns & Grove, 2009). The motion is support by analysis of evidence-based literature and describes the type of population and sample in the developmental process. The sampling size consists of NGRNs, the CNO, the education department, and experience nurses on one medical-surgical unit. The DNP act as messenger and provides evidence-based literature for the developmental process. In the future, the Casey-Fink evidence-base tool can be use by the local hospital to evaluate the project and the participant's opinions about the workplace environment. Moreover, the DNP suggest that the local hospital to follow-up on the mentorship program quarterly, six months, and for a one-year period for validation. The developmental project reviewed and permission granted by the Walden University and the Internal Review Board (IRB).

Section 4 Finding, Discussion, and Implications

Summary of Findings

The intent of the Development of a Mentorship Program to Help Support and Retain New Nurses is to apply the scholarly, evidence-based concept to one medical surgical unit in the target hospital. The objective of the project is to improve nurse retention, to enhance communication among coworkers, and to help to improve the new nurse clinical skills. After the implementation of the project, the NGRNs will have a

better understanding of their leadership roles and nurse responsibilities when providing treatment to the patients. The objectives of the mentorship course of action is to build a relationship between the NGRNs and the experienced nurses and to improve nurse retention in the local hospital (Cottingham et al., 2011). This is important because, without the mentorship measures and the absence of a supportive team, the NGRNs vacate the nursing profession in the first few years of graduating from a nursing program (Halfer, 2011). According to the review of the literature, having a mentorship program like the one implemented at St. Francis Hospital and Health Centers (SSFHS) improves retention rate 100% in the first year (Fox, 2010). However, more discussion and review of the literature is needed to determine if NGRNs will benefit from the mentoring process.

Discussion

Mentoring is an evolving process in the clinical setting. Even though mentoring is a normal facet of professional life for other disciplines, it is relatively new to the nursing profession. The nursing organizations are now creating a body of literature to support the importance of mentorship and communicating the research findings through interprofessional communication. Further discussions and research are needed to determine if mentoring and mentorship programs have a sufficient impact on the NGRN job performance, retention rates, and patient care (Fox, 2010). For example, Fox (2010) indicated that after implementation of the mentorship program, the SSFHS retention rate for registered nurses decreased at least 21%. However, for any program to be successful, there must be a collaborative effort that focuses on mentoring and the nursing shortages

(Cottingham et al., 2011). One of the objectives of the collaborative team in the rural hospital locate in the Southwestern region of Oklahoma is to increase NGRNs' retention rate by 10%.

Implication for Practice

In the nursing profession, mentors are a part of a growing population. Their purpose is to support and guide a new generation of registered nurses (Fox, 2010). The mentors can take the student nurse from a theory of practice to an application of practice in a medical setting with confident and skills (Omansky, 2010). When speaking with many NGRNs as a baccalaureate clinical instructor, the concerns expressed are regarding who will guide and mold the NGRN clinical practice following their hospital orientation. Hospitals need to address the NGRN concerns and take action to include the topic of mentorship during the one-on-one interviewing process. When the target hospital puts the project into action, the project should bridge the gap between what the new nurses fear and strengthen the relationship between all parties involved in the mentorship process.

Research

There cannot be a discussion about the effect that mentorship has on the NGRNs without having a debate regarding the impact mentorship has on the mentors. There are challenges to implementing a mentorship program. Although mentoring is a supportive method to improve the NGRN clinical practice, hospitals must address what is the perception of the experienced nurse and what are the benefits of becoming a mentor (Hodges, 2009). A mentor creates an atmosphere for “ongoing learning and gains

recognition in the establishment” (Hodges, 2009, p. 3). However, many experienced nurses indicate a range of challenges when becoming a mentor. For example, time management, heavy workload, and being an effective role model for the mentee are challenges for experienced nurses (McIntosh et al., 2013). Finally, after successfully implementing the developmental project and continuous research effort, the following questions are answered (Fox, 2010):

1. After implementation of the mentorship process, there is room for advancement for experienced nurses.
2. After implementation of the developmental project, workloads decrease for the experienced nurses.
3. After implementation, the developmental project creates culture change for the experience nurses, NGRNs, and social change for the community.
4. After implementation, leadership skills improve, creating incentives such as promotions through the career ladders process, credit hours for academic purposes and gift cards drawings events.

Social Change

The PIN program used the media to bring awareness to the community on the implications of nurse retention in the health care environment (Cottingham et al., 2011). The PIN program enables the hospital to assist the NGRN to become proficient and safe providers of care. This program positively affects the financial system of the hospital because it does not increase the cost of replacing nurses, which influences and strengthens all health care workers. The PIN program creates social change by bridging

the gap in the NGRN limited clinical skills and the expert skills needed to take care of the ailing patient. Lastly, to create social changes, the target hospital must use the PIN program to ensure that the NGRN understands the roles and responsibility of leadership, which in turn helps the NGRN become competent when providing clinical care to the patient.

Program Strength, Recommendation, and Limitations

Program Strength

The strength of the project is supported by the evidence-based literature. Secondly, mentorship promotes autonomy and enhances the leadership roles, and it improves interprofessional communication between the NGRNs, the experience nurses, and other health care clinicians. As far as cost, Cottingham et al. (2011), Table 3, showed that by using the PIN mentorship program, recruiting costs for nurses is at least \$10,000, and the return on the investment is 17%, within an 18-month period. The cost for recruiting nurses in the PIN program was much lower than the recruiting cost for nurses in other organizations (Cottingham et al., 2011).

Program Limitations

Although the project opens up a dialog to promote mentorship for NGRNs in the clinical setting, the drawback is that the primary plan has not entirely executed. Also, I was not employed by the local hospital, which makes it difficult to evaluate the outcome. However, the Robert Wood Johnson Foundation and the Northwest Health Foundations fully support the mentorship programs (Cottingham et al., 2011). Other limitations to the process may include not having enough experienced nurses interested in mentoring

NGRNs, not having enough nurses to cover shift work, and time management (McIntosh et al., 2011; Omansky, 2010). I suggest that the local hospital review the limitations before implementing the mentorship process.

Recommendations

I will limit the suggestions concerning the developmental project. The DNP initial approach and plan of action included in the mentorship process is reiterated in Section 3. However, in the future, these ideas can be executed by the NGRNs and the regional hospital (Cottingham et al., 2011; McCloughen et al., 2013; McIntosh et al., 2011).

1. The acute care facility needs to consult with external and internal resources about the mentorship process.
2. When interviewing for employment, inquire about a nurse residency and mentorship program.
3. The hospital orientation should open up a dialogue that includes education, leadership, and mentorship.
4. Bring in the past and present mentors who can share their mentoring experiences.
5. After implementation, inform the staff about future external and internal workshops for mentorship.
6. Research the evidence-based literature for best practice for mentoring.
7. Consult nursing organizations that provide grants and the pathway to the future of mentorship.

Future strategies for the mentorship process include beginning a training process to allow the participants to get familiar with each other (Fox, 2010). Secondly, the team leader should not start the pairing process of the mentors and mentee if they are preparing for leave time (e.g. classes, and vacations; Fox, 2010). Also, the team leader ensures that members have the same work schedule and are full-time employees. Finally, at the end of the shift, the mentor and mentee debrief sharing the details of the work experiences (Fox, 2010). The purpose of the project is to create a stress-free environment, and all parties have permission to indicate when the mentoring process becomes overwhelming (Fox, 2010; McCloughen et al., 2013; Omansky, 2010).

Analysis of Self

Scholar

The DNP program has improved my leadership abilities and has allowed me the opportunity to produce a product that will govern the mentor performance in the medical-surgical environment. This project also provides structure for the mentee in the clinical setting and promotes life-long learning in the nursing profession (AACN, 2016c). I have reviewed scholarly evidence-based literature that supports the growth of leadership and advances autonomy. Nevertheless, throughout the DNP process, and through the scholarship of discovery, I have learned the act of theory development by proposing how a mentorship program improves the nursing profession (AACN, 2016c). According to AACN (2016), to practice scholarship “encompasses all aspects of the delivery of nursing service, where evidence of direct impact on solving health care problems” (p. 1). In essence, how clinical information is acquired is important. However, it is equally

important how the clinical information is dispersed and the impact it has on others in the clinical setting.

Practitioner

The first objective as a practitioner is to take the knowledge gained and apply it to the clinical setting so nurses and patients can have a positive result. Secondly, practitioners must be willing to use evidence-based research to guide their practice. The DNP program helped me to discover the importance and goals of mentorship, which bridges the communication gap between new nurses, staff members, patients, and others working in the health care environments. The DNP and the NGRNs must have specific training and an effective program to build confidence and strengthen the workplace performance (McCloughen et al., 2013). As a scholar and practitioner, the goal is to inspire others to continue to be life-long learners. Moreover, I am also encouraged to take the knowledge I have acquired through the DNP process and educate the community, including nurses, about becoming a better mentor to others.

Project Developer

A project developer has a difficult and challenging task, and when creating a project, adjustments may be necessary to produce a successful outcome. The DNP program allows me the opportunity to explore the different areas of interest, which in turn enable the chance to initiate a dialog in the local hospital about the mentorship process. The first steps in becoming a project developer is finding a current situation in dire need and begin the reviews of the literature (Petersen, Bjoernes, & Bertelsen, 2010). Next is the challenge of expressing to others that a change in the system is warranted (Petersen et

al., 2010). Finally, after a project is approved, the project must go through the continuous assessment and the evaluation process, which the local hospital has the chance to take action in the future (Petersen et al., 2010).

Project Input for Anticipated Professional Development

As a leader and as a nurse, I have taken the steps to complement my career by pursuing an advanced degree. In addition, as a practitioner, my concern is the future of upcoming clinicians and the type of guidance that is offered in the health care environment. More importantly, I must ensure that the project has an actual beginning based on evidence-based literature that has been reviewed and used for supportive measures. Lastly, the purpose of the project is to develop a program that provides learning opportunities and focuses on the strength and weakness of all participants involved in the mentoring activities (Vogt et al., 2015).

Summary

The goal of the DNP development project is to integrate the mentoring process into the working environment and created an atmosphere that promotes autonomy, improves job satisfaction, and establishes a positive relationship between clinicians. The literature supports an evidence-based mentorship program for the medical surgical setting. For example, the PIN mentorship program provides grants to rural hospitals, which help to secure the NGRN position in the clinical environment (Cottingham et al., 2011). Also, the PIN program recognizes that implementing a mentorship program is a cheaper method to secure a nurse position on a unit compare to paying the cost to replace a nurse for that same unit (Cottingham et al., 2011). Furthermore, the PIN mentorship

program “foster opportunities for learning and networking and cultivating a spirit of collaboration” (Cottingham et al., 2011, p. 255).

Finally, this developmental project focuses on the retention rates of NGRNs and the strategies needed to help retain nurses in the rural hospital located in the Southwestern region of Oklahoma. The project is significant because theoretical the frameworks of BNET and the PEM support it. There is also another theory incorporate in the plan to help support the pathway of the team, the Barrett’s theory of power. The literature suggests using the media as a positive method for networking and informing the public about the importance of mentoring and the mentorship program (Cottingham et al., 2011).

Section 5 Scholarly Product

Introduction

The DNP developmental project was created to explore the possibilities of implementing a mentorship program after the NGRNs completes the local hospital existing residency program. The purpose of the developmental project is to create a sound basis so that a newly graduate registered nurse feels comfortable in the clinical environment. After the mentorship process begins, the mentee only needs minimum assistance from the mentor, during clinical practice. It is also the responsibility of the health care system to ensure the new nurse has the appropriate resources to practice safely.

Background

Mentoring is a process that enhances life-long learning, and for the most part, mentoring helps to build a positive bond between new nurses and the experience nurses in the clinical environment (Hodges, 2009). In addition, mentoring helps the student nurses transition to a working practitioner in the clinical setting. The roles and responsibilities of a mentor are to create an atmosphere where learning and competencies are conducive to the workplace environment (Hodges, 2009). Furthermore, because of the mentorship process, the probability that a new nurse stays committed and satisfied with their position increases over a period (Myall, Levett-Jones, & Lathlean, 2007). The objective of any health care organization (HCO) is to demonstrate to the new nurses mentoring is part of the HCO primary practice. Moreover, that mentoring is a significant factor in having a successful outcome for the patient in the hospital setting. Lastly, mentoring helps the nurses understand the governance of the organization, enhance their cognitive ability, and help the nurse reach their full potential throughout the health care system (Hodges, 2009).

Dissemination

My task is to ensure my project is disseminated through publication so it can be reviewed by my peers and by the general population. Although disseminating a project may have its challenges and require an enormous amount of dedication, dissemination is an expectation of a DNP project and dissemination helps to showcase the ending product (Oermann & Hays, 2011). There are different methods to disseminate the project and enhancing the public knowledge on the mentorship project. The social media (YouTube,

Blog, Facebook), PowerPoint Presentations, an oral defense, conferences (local, or statewide), program evaluation reports, and through community-based workshops are different methods for disseminating a project (Oermann & Hays, 2011).

What is important about disseminating a manuscript in the nursing journals is it enlightens new and experienced nurses on evidence-based practice, and the manuscript receives a peer review by scholars. I am looking forward to disseminating my project in the American Journal of Nursing (AJN), and the online Evidence-Based Nursing Journal (EBNJ) sponsored by Royal College of Nursing and the BMJ. The AJN journal discusses evidence-based practices in the clinical environment and “welcomes submissions of evidence-based clinical application papers” (American Journal of Nursing, 2016, p.1). The author must first go through a double-blinded peer’s review, the rigorous editing process, the fact-finding process, reference-checking process, and the AJN checks the qualifications of the writer (AJN, 2016). When I submit the manuscript, I must agree to work on the manuscript with the members of the AJN editing department. For publication, this author is required to provide all contact information such as telephone numbers, email, and resident address to the AJN (AJN, 2016).

The 21st century is the age of technology, and a website is a resource that can provide valuable health care information to small and large communities. The Evidence-Based Nursing Journal is an online website that allows an author to upload their evidence-based article, which empowers clinicians to use this evidence-based information during clinical practice (Evidences Based Nursing, 2015). The process for submitting a manuscript online is slightly different than presenting a manuscript in a

paper format as you must first create an account to submit a manuscript (Evidences-Based Nursing, 2015). The manuscript must be submitted as a Word Document, PDF is not accepted, and if making a video, it must be submitted in WMF, this will allow the video to run at a faster rate (Evidences Based Nursing, 2015). However, the manuscript must go through a peer review and use the research reporting guidelines suggested by the Evidence-Based Nursing Journal (Evidence-Based Nursing Journal, 2015). Both nursing journals are the most appropriate method for dissemination; the journals allow the public insight on the positive impact mentoring has on the new nurse one year after clinical practice.

The DNP objective is to ensure the finding is publicized, and the local hospital job is to share the information, take action, and move the developmental project forward. The target hospital can report the results of the project through the Casey-Fink survey, and can use the NDNQI, and the HCAPHS, to report retention and patient satisfaction scores. Also, the project can be disseminated by using outside resources such as the social media (Cottingham et al., 2011).

Conference Proceedings

The team leaders need to inform a significant group of personnel about the mentorship project, and the local hospital should share the project by holding a conference for the NGRNs and the experienced nursing staff. Moreover, other clinicians (the education department, associated and diploma nurses) must be invited to get a clear understanding of the mentoring process. The conference is also free to the public. This type of presentation allows an outside nursing organization join the discussion about the

lack of autonomy the NGRN display in the clinical environment (Cipriano & Weston, 2015).

The conference allows interaction between the speaker and the target audience (Cipriano & Weston, 2015). Furthermore, a conference provides the audience the opportunity to review significant amounts of material in one setting, and the audiences get answers to critical questions. Moreover, what is significant about a conference is it motivates the interest in mentoring, and created a platform that may help to change hospital policies. To help spread the word about the project, the DNP suggests the local hospital post memorandums throughout the unit departments and mail or hand out flyers to the local community health care agencies.

As a DNP leader, my job is to stay in contact with the local hospital just in case, in the future, the target hospital chooses to disseminate the mentorship process in a schedule conference. Currently, Oklahoma does not have a conference schedule that covers mentorship. However, my plan for the summer of 2016 is to travel visiting several states. In the website search for upcoming assembly, there is a conference schedule in May 2016 in the Washington, D.C. area, *The Mentoring as an Employee Engagement Driver. How to Transform Yourself, Your Team and Your Organizations through mentoring*. Hopefully, with the support of my family, the plans are to attend this conference.

Publication

Through publication, my plan is to disseminate the DNP project to generate interest, support, and to share the ideation of the mentorship process. The literature

suggests my writing should first focus on the type of audience I want to inform about the mentorship process. Moreover, one should consider the affect the topic has on the audiences (Grove, Burns & Gray, 2013).

Secondly, my focus should be on the type of journal I use that supports the topic. Also, I must consider the amount of time the journal will take to publish the information (Grove, Burns & Gray, 2013). In the review of the literature, I learned that publication is a long and sometimes tedious process, it takes time and patience and a great deal of editing (Oermann & Hays, 2011). Although, I am a member of the National League for Nursing (NLN), I have not taken full advantages of the publication services provided by NLN. Even though I have chosen two other journals to disseminate my project, my goal is to investigate the publication services NLN offer and get guidance and a better understanding of the various steps to take to publish the developmental project, Development of a Mentorship Program to Help Support and Retain New Nurses.

Conclusion

The discussion covers the developmental project and the method use for dissemination. It is important to understand the interpretation of any evidence-based project. According to Grove, Burns and Gray (2013), someone may have the impulse to rush the research, and some of the steps to the process are missed or left out. For example, the initial step in creating a pathway for the project is: (a) having a clear understanding of the problem (b) review of the relevant evidence-based literature (c) find a solution that supports the problem (d) make an assessment, analyze, and evaluate the process and the information collect and restart the process if needed. Ultimately, the

developmental project must go through the dissemination process. As a Sigma Theta Tau member and as a DNP leader, through publication, and attending various nursing conferences, the development project can be disseminated successfully. Lastly, in the future, I can use the developmental project to advocate, inspire, and change the way NGRNs practice in the clinical setting.

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Appendix A: Casey-Fink Survey

Casey-Fink Graduate Nurse Experience Survey (revised)

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I. List the top three skills/procedures you are *uncomfortable performing* independently at this time? (please select from the drop down list) **list is at the end of this document.**

1. _____
2. _____
3. _____
4. _____ I am independent in all skills

II. Please answer each of the following questions by placing a mark inside the circles:

	STRONGLY DISAGREE		D ISAGREE		A GREE		S TRONG LY AGREE
1. I feel confident communicating with physicians.	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
2. I am comfortable knowing what to do for a dying patient.	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
3. I feel comfortable delegating tasks to the Nursing Assistant.	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
4. I feel at ease asking for help from other RNs on the unit.		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
5. I am having difficulty prioritizing patient care needs.		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

- | | | | | |
|--|-----------------------|-----------------------|-----------------------|---|
| 6. I feel my preceptor provides encouragement and feedback about my work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | C |
| 7. I feel staff is available to me during new situations and procedures. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | C |
| 8. I feel overwhelmed by my patient care responsibilities and workload. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | C |
| 9. I feel supported by the nurses on my unit. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | C |
| 10. I have opportunities to practice skills and procedures more than once. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | C |
| 11. I feel comfortable communicating with patients and their families. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | C |
| 12. I am able to complete my patient care assignment on time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | C |
| 13. I feel the expectations of me in this job are realistic. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | C |
| 14. I feel prepared to complete my job responsibilities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | C |
| 15. I feel comfortable making suggestions for changes to the nursing plan of care. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | C |
| 16. I am having difficulty organizing patient care needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | C |
| 17. I feel I may harm a patient due to my lack of knowledge and experience. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | C |

18. There are positive role models for me to observe on my unit. C
19. My preceptor is helping me to develop confidence in my practice. C
20. I am supported by my family/friends. C
21. I am satisfied with my chosen nursing specialty. C
22. I feel my work is exciting and challenging. C
23. I feel my manager provides encouragement and feedback about my work.
24. I feel my manager provides encouragement and feedback about my work.
25. I am experiencing stress in my personal life.
26. If you chose agree or strongly agree, to #24, please indicate what is causing your stress. (You may circle more than once choice.)
- a. Finances
 - b. Child care
 - c. Student loans
 - d. Living situation
 - e. Personal relationships
 - f. Job performance
 - g. Other _____

III. How *satisfied* are you with the following aspects of your job:

VERY DISSATISFI ED	MODERAT ELY DISSATISFI ED	NEITHER SATISFIED NOR DISSATISFIE D	MODERAT ELY SATISFIED	VERY SATISFI ED
--------------------------	------------------------------------	---	-----------------------------	-----------------------

Salary	<input type="radio"/>				
Vacation	<input type="radio"/>				
Benefits package	<input type="radio"/>				
Hours that you work	<input type="radio"/>				
Weekends off per month	<input type="radio"/>				
Your amount of responsibility	<input type="radio"/>				
Opportunities for career advancement	<input type="radio"/>				
Amount of encouragement and feedback	<input type="radio"/>				
Opportunity for choosing shifts worked	<input type="radio"/>				

IV. Transition (please circle any or all that apply)

1. What difficulties, if any, are you currently experiencing with the transition from the "student" role to the "RN" role?

- a. role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge)
- b. lack of confidence (e.g. MD/PT communication skills, delegation, knowledge deficit, critical thinking)
- c. workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity)
- d. fears (e.g. patient safety)
- e. orientation issues (e.g. unit familiarization, learning technology, relationship with multiple preceptors, information overload)

2. What could be done to help you feel more supported or integrated into the unit?

- a. improved orientation (e.g. preceptor support and consistency, orientation extension, unit specific skills practice)
- b. increased support (e.g. manager, RN, and educator feedback and support, mentorship)
- c. unit socialization (e.g. being introduced to staff and MDs, opportunities for staff socialization)

- d. improved work environment (e.g. gradual ratio changes, more assistance from unlicensed personnel, involvement in schedule and committee work)
- e. **3. What aspects of your work environment are most satisfying?**
- f. a. peer support (e.g. belonging, team approach, helpful and friendly staff)
- g. b. patients and families (e.g. making a difference, positive feedback, patient satisfaction,
- h. patient interaction)
- i. c. ongoing learning (e.g. preceptors, unit role models, mentorship)
- j. d. professional nursing role (e.g. challenge, benefits, fast pace, critical thinking,
- k. empowerment)
- l. e. positive work environment (e.g. good ratios, available resources, great facility, up-to-
- m. date technology)

4. What aspects of your work environment are least satisfying?

- a. nursing work environment (e.g. unrealistic ratios, tough schedule, futility of care)
- b. system (e.g. outdated facilities and equipment, small workspace, charting, paperwork)
- c. interpersonal relationships (e.g. gossip, lack of recognition, lack of teamwork, politics)
- d. orientation (inconsistent preceptors, lack of feedback)

5. Please share any comments or concerns you have about your residency program:

V. *Demographics:* Circle the response that represents the most accurate description of your individual professional profile.

1. Age: _____ years

2. Gender:

- a. Female
- b. Male

3. Ethnicity:

- a. Caucasian (white)
- b. Black
- c. Hispanic
- d. Asian
- e. Other
- f. I do not wish to include this information

4. Area of specialty:

- a. Adult Medical/Surgical
- b. Adult Critical Care
- c. OB/Post Partum
- d. NICU
- e. Pediatrics
- f. Emergency Department
- g. Oncology
- h. Transplant
- i. Rehabilitation
- j. OR/PACU
- k. Psychiatry
- l. Ambulatory Clinic
- m. Other: _____

5. School of Nursing Attended (name, city, state located):**6. Date of Graduation:**

7. Degree Received: AD: _____ Diploma: _____ BSN: _____ ND:

8. Other Non-Nursing Degree (if applicable): _____

9. Date of Hire (as a Graduate Nurse): _____

10. What previous health care work experience have you had:

- a. Volunteer
- b. Nursing Assistant
- c. Medical Assistant
- d. Unit Secretary
- e. EMT
- f. Student Externship
- g. Other (*please specify*): _____

11. Have you functioned as a charge nurse?

- a. Yes
- b. No

12. Have you functioned as a preceptor?

- a. Yes

b. No

13. What is your scheduled work pattern?

- a. Straight days
- b. Straight evenings
- c. Straight nights
- d. Rotating days/evenings
- e. Rotating days/nights
- f. Other (*please specify*): _____

—

14. How long was your unit orientation?

- a. Still ongoing
- b. ≤ 8 weeks
- c. 9 – 12 weeks
- d. 13 – 16 weeks
- e. 17 - 23 weeks
- f. ≥ 24 weeks
- g. **How many *primary* preceptors have you had during your orientation?**
_____ **number of preceptors**

h. **Today's date:** _____

Drop down list of skills

Assessment skills
 Bladder catheter insertion/irrigation
 Blood draw/venipuncture
 Blood product administration/transfusion
 Central line care (dressing change, blood draws, discontinuing)
 Charting/documentation
 Chest tube care (placement, pleurovac)
 Code/Emergency Response
 Death/Dying/End-of-Life Care
 Nasogastric tube management
 ECG/EKG/Telemetry care
 Intravenous (IV) medication administration/pumps/PCAs
 Intravenous (IV) starts
 Medication administration
 MD communication
 Patient/family communication and teaching
 Prioritization/time management
 Tracheostomy care
 Vent care/management

Wound care/dressing change/wound vac
Unit specific skills _____

PERMISSION for CASEY-FINK SURVEY



Casey-Fink Nurse Retention Survey

Thank you for completing the information form. The survey tool and related documents are available for download via the links below.

You have permission to use the survey tool to assess likelihood and trends of nurse retention in your setting. Please note that this tool is copyrighted and should not be changed in any way.

We hope that our tool will be useful in your efforts to enhance the retention, professional development, and support of graduate nurses in your practice setting.

Kathy Casey RN, MSN
Regina Fink RN, PhD, AOCN, FAAN

Appendix B IRB Approval

Dear Ms. Jones,

This email is to notify you that the Institutional Review Board (IRB) confirms that your study entitled, "Development of a Mentorship Program To Help Support and Retain New Nurses," meets Walden University's ethical standards. Our records indicate that your project does not include the types of activities that require a traditional IRB review. This Confirmation of Ethical Standards (CES) has an IRB record number of 01-12-16-0261492.

This confirmation is contingent upon your adherence to the exact procedures described in the final version of the IRB materials that have been submitted as of this date. This includes maintaining your current status with the university and this confirmation of ethical standards is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, this is suspended.

If you need to make any changes to your project, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for projects conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with these policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to you.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden web site or by emailing irb@waldenu.edu: <http://researchcenter.waldenu.edu/Application-and-General-Materials.htm>

Please note that this letter indicates that the IRB has approved your project. You may not move forward with your project, however, until you have received the **Notification of Approval to Conduct the Project** e-mail. Once you have received this notification by email, you may move forward with your project.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:

http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMux43pZegKImdiQ_3d_3d

Sincerely,

Libby Munson

Research Ethics Support Specialist

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Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link:

<http://researchcenter.waldenu.edu/Office-of-Research-Ethics-and-Compliance-IRB.htm>

Appendix C: Educational Modules for Mentors and NGRNs

Course Modules

Module One: Mentor's Roles and Responsibilities

To understand the role and responsibilities of a mentor the experience nurse will use the PEM components to help shape their clinical foundation. The mentor must first explore and determine how each one of these concepts is relevant to them personally and professionally. The PEM consist of four components which are “meaning, competence, self-determination and impact” (Sparks, 2012, p. 451). To help define and incorporate the PEM model, the mentors will use this module to role play and discuss how mentor use positive behavior to change the atmosphere in the clinical setting (Sparks, 2012). The role of the mentor is to facilitate learning and demonstrated the evidence-based clinical technique in the health care environment (Cottingham et al., 2011, Morgan, 2012). The module estimated completion time should take 30 minutes. The mentor roles and responsibilities are listed below:

Mentor Roles and Responsibilities

1. Description of a mentor.
2. Improve time management for the mentees’.
3. Operate as a competent nurse.
4. In the clinical setting provide moral support to the NGRNs (Cottingham et al., 2011).
5. Outline and prioritize clinical technique used in the clinical practice.

6. Identify positive behavior and negative overtone that affect team building

Module Two: Experience of Mentors

The module describes the attributes of a mentor that makes the mentor competent to guide and nurture the NGRN during clinical practice. Mentoring is not necessary taught through academic, mentoring is an evolving process. A mentor must exhibit clinical knowledge and skills that will provide the patient with the best outcome possible in the clinical setting (Cottingham et al., 2011). The Benner Novice to Expert Nurse (BNEN) model has been added to support the clinical experience of the mentor in the clinical setting (Sparks, 2012). To stay competent in clinician practice, the mentors can use this module to discuss how attending the hospital's skills fair, which showcase new innovative clinical ideas, allows the mentor to continue to practice with minimum assistance from other clinicians (Benner, 2000). This module estimated completion time should take 30 minutes. The responsibilities of the experienced mentor are listed below:

1. Description of experienced mentors and the Benner Model.
2. Strategies for improving educational and clinical growth.
3. Explain the reasoning for pursuing a leadership role.
4. Discuss stress level of mentors due to the responsibilities of educating others (McIntosh et al., 2014).

Module Three: Mentees' Role and Responsibilities

A new nurse should select a theory that support the foundation of their clinical practice. Benner (2000) emphasized adapting to change in the clinical environment and improving on job performance over time. The module emphasizes the role and

responsibilities of the mentee. The Benner Novice to Expert Nurse (BNEN) model has been included to support the new nurse in the clinical setting. During the mentoring experience, the role of the mentee is to record in a weekly journal their strength and weakness, and critical thinking abilities so that the mentor can provide clinical guidance (Cottingham et al., 2011). The mentee can use the BNEN model to describe verbally clinical skills learned during the mentorship process, and this will indicate if the mentee has advanced from the novice level to the expert level (Benner, 2000). This module estimated completion time should take 30 minutes. The responsibilities of the mentees' are listed below

1. Discuss the advantage of the mentorship process and the BNEN model.
2. Discuss the role and responsibilities of the mentee.
3. Identify the situation that increases stress level.
4. Outline and prioritize clinical technique used in clinical practice.
5. Identify the clinical deficiencies and vulnerabilities in clinical performance.

Module Four: Effective Communication with Disciplines and Patients

In the working environment effective communication is vital in addressing the needs of the patient as well as addressing the needs of the clinical nurse. Effective communication determines if the patient and the nurse will have a positive outcome in the clinical setting. The module points out how communications among peers play a significant role in the care plan of the patients (Kaourkouta & Papathanasiou, 2014). Effective dialog aid in “the performance of accurate, consistent, and easy nursing work”, and provides protection of the healthcare worker and the patient (Kaourkouta &

Papathanasiou, 2014, p. 1). The Psychological Empowerment Model (PEM) four component has been added to this module (Sparks, 2012). This module includes role play as an option to help describe the meaning of nursing, and how the behavior of the mentor has a positive or adverse impact on the patient outcome in the clinical setting (Sparks, 2012). No more than two to three participants should be a pair in the group to have a successful and engaging conversation. The responsibilities of the participants are listed below:

1. Define Communication
2. Discuss active listening.
3. Strategies that encourage dialog and elaboration
4. Use of effective communication tools
5. Communicate the needs of the Mentors and Mentees’.
6. Identify the needs of the patients and clinicians.

The DNP also recommend that the mentors and mentees’ use different methods of communications to improve job performance. For example, one communication method uses by the U.S. Forest Service to provide instruction to the firefighters is the Situation Task Intent Concern Calibrate (STICC). This module estimated completion time should take 60 minutes. However, because this module determines the effectiveness of an outcome more time may be allowed which should be determined by the target hospital.

The STICC process involved five steps (O'Daniel & Rosenstein, 2008).

1. Situation: Here's what I think we face.
2. Task: Here's what I think we should do.
3. Intent: Here's why.
4. Concern: Here's what we should keep our eye on.
5. Calibrate: Talk to me. Tell me if you don't understand, can't do it, or see something I do not.