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An Evidence-Based Mentorship Program for Experienced Nurses

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Walden University
2017

Abstract

An Evidence-Based Mentorship Program for Experienced Nurses

by

Roma Allen

MSN, Walden University, 2011

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

August 2017

Abstract

Turnover of experienced nurses is a component of the nursing shortage, which has created a lack of expert nurses administering bedside care. The project site is a Chicago suburban hospital with an average first year turnover of experienced nurses at 35%. This rate is above the 27% first year turnover reported by the Metropolitan Chicago Healthcare Council. This project focused on development and evaluation of an evidence-based mentorship program supported by theory that can contribute to an increase in experienced nurse retention. A detailed literature review references causative factors of turnover, such as an increasing workload, a multigenerational and aging workforce, and a lack of belonging as reasons for job dissatisfaction and separation of employment. These factors were also cited in exit interviews of nurses resigning from the project site. Synthesis of the literature suggests that an evidence-based, theory-supported, nurse mentorship program may decrease experienced nurse turnover and increase the longevity of the nurse providing bedside care. The social cognitive career theory and components of Zey's mutual benefits model were used in the design of the mentorship program to include the mentor, mentee, and culture of the organization. Program design and materials were evaluated by 10 experienced nurses. The program was approved by 100% of the formative panel and was recommended for summative review by the 4-member nurse executive council. The summative review resulted in a final approval to implement the program. Implementation of this project will create social change through empowerment of experienced nurses and by providing strong mentors for new nurses resulting in reduced turnover of both new and experienced nurses, increased job satisfaction, reduced replacement costs, and improved patient care.

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Dedications

I dedicate this experienced nurse mentorship program to all nurses who have faithfully upheld the profession and are committed to mentoring their replacement. Our knowledge and expertise gained through lived experiences are irreplaceable. However, we can serve as sentries to the next generation to impart our knowledge and endorse optimal practice standards.

I would also like to dedicate this paper to my family and friends who continually encouraged and believed in me. Your faith in my ability to complete my academic journey was palpable and gave me the confidence to see this project through. For this, I will be forever grateful.

Acknowledgements

Dr. Marisa Wilson, as my committee chairperson, I thank you for your patience and expertise to guide me through this journey. You gave me encouragement to complete this project when I needed it most. There were several times when I never thought I would reach the finish line but you kept me focused and assured me that I would succeed.

Table of Contents

Table of Contents

Section 1: Overview of the Evidence Based Project

Introduction

The nursing shortage, compounded by experienced clinical nurse turnover, creates a challenge for hospitals to appropriately staff their nursing units. In this Doctor of Nursing Practice (DNP) project, I explored the contributing factors that have increased the gap in nursing experience at the bedside. Turnover data from all nurses that have left the Chicago suburb DNP project organization revealed an annual average of experienced nurse turnover rate of 35%, with a fiscal quarter high of 53%. This is well above the Metropolitan Chicago Healthcare Council's (MCHC) report that reported a first-year turnover rate in experienced nurses of 27%. I utilized evidence found in literature and developed a mentorship program focused on the experienced nurse's potential to create social change. Because the project organization has an existing new graduate nurse transition to practice residency program, this project focused solely on nurses with experience.

An anticipated outcome for the project site if the mentoring program were to be implemented is that the organization would realize an increase in the retention of experienced nurses. This program is targeted at experienced nurses new to the organization and utilizes the knowledge and skill of seasoned, experienced nurses employed within the organization as mentors, thereby increasing the satisfaction of all experienced nurses. Jakubik (2008) stated that an organization that invests in a mentorship program may realize a decrease in nurse turnover costs and if the retention is successful, it will have a positive effect on the experienced nurses' self-efficacy. Patients

will benefit from care delivered by nurses with experience and skill used for patient's requiring a higher level of care.

Literature identified several contributing factors that influence experienced nurse turnover which includes lack of mentoring, generational differences, lack of empowerment, and the increasing physical and emotional demands of nursing (Boamah & Laschinger, 2015; Friederich, Prasun, Henderson & Taft, 2011). Acknowledging these factors and the contributions of experienced, seasoned nurses that have been loyal to the organization requires a change in nursing culture that maintains a skill mix appropriate to care for the inpatient population. In my literature review, I explored these contributing factors in depth, and utilized the information to develop an evidenced based mentoring program.

Developing an evidence-based nurse mentorship program will required a collaboration of stakeholders to address challenges identified in the literature and from nurse exit interviews at the organization. Stakeholders at the project site were from the work life council whose membership includes clinical nurse representation from each inpatient department, a nurse recruiter, and clinical educators from the organization's professional practice department of the hospital. My analysis of the current state of the organization and across the nation provided valuable information, enhancing the program design. In my literature review, I identified reasons for nurse turnover and strategies to improve nurse retention. Information from multiple resources contributed to the program design, theory, and recommendations for an evidence-based nurse mentorship program.

Problem Statement

Through attrition of experienced nurses retiring or seeking positions that are less demanding, the vacancy rate of experienced nurses is increasing faster than the rate at which novice nurses can be hired and gain comparable experience (MCHC,2014). Reports from the MCHC illustrate that the first-year turnover rate in nursing is 27% in the Chicago area. Experienced nurses leaving the inpatient setting are experts that take with them knowledge and skills that new graduate nurses lack. Experienced nurses working 12-hour shifts in a short staffed department paired with inexperienced employees contributes to the dissatisfaction and departure of experienced nurses (Lavoie-Tremblay, Trepanier, Fernet, & Bonneville Roussy, 2014). Compounding the concern is that the number of nurse graduates is increasing, but these new nurses are less likely to remain within the same organization beyond 5 years, which in turn continues the cycle of an inexperienced workforce (Spetz, 2015). This imbalance of experience leads to safety concerns of an inappropriate skill mix of nurses to care for patient populations with higher acuity (Schuelke, Young, Folkerts, & Hawkins, 2014).

Background of Problem

The impact of the nursing shortage in the United States of America is a national concern that is compounded by a rise in patient acuity and a shrinking labor pool. The American Association of the College of Nurses (AACN) reported in 2014 that approximately 69,000 nursing candidates were not admitted into a nursing program due to a lack of nursing faculty. The U.S. Department of Labor stated that there is a need to increase the number of available nurses by 19.4% by the year 2020 to fill vacancies

related to industry growth and replacement (Juraschek, Zhang, Ranganathan, & Lin, 2012).

Several factors influencing turnover rates include lack of socialization, lack of trusting relationships, and incivility within the workplace, with persistent negativity and criticism that results in new hires becoming reclusive (D'Ambra & Andrews, 2014). These factors increase dissatisfaction for nurses and increase their intent to leave their organization. Nurses with experience also exit the hospital setting because of physical demands and practice changes, which have increased stress on an aging clinical nurse workforce (Hart, Brannan, & DeChesnay, 2014). Retaining seasoned nurses allows them to disseminate years of knowledge.

Human resource leaders from the project organization conduct anonymous exit interviews when nurses leave. Results from the site's nurse exit interviews exposed themes specific to the organization for resignation. Themes that emerged from the exit interview logs included: workload and stress, feeling unrecognized or underappreciated, and finding a better opportunity.

Purpose Statement

Gap in Practice

Retention strategies for experienced nurses are lacking, contributing to concerns for patient safety (Jakubik, 2008). Currently, there is no formal support or structured transition to practice program that is tailored to experienced nurses at the project site. Studies by Jones (2013) and Lavoie-Tremblay et al. (2014) confirmed the benefits of engaging experienced nurses as experts sharing their knowledge and skill in a mentorship program. The aim of the experienced nurse mentorship program is to provide a partial

solution that negates the adverse effects of contributing factors in the turnover rate of experienced nurses in the inpatient hospital setting. By recognizing the gap in practice, I will created an intervention to address the contributing factors by developing an evidence-based formatively evaluated theory-driven mentorship program unique to the organization.

Project Question

With the alarming rates of impending nurse vacancy--a projected deficit of 19.4% by the year 2020 (Juraschek, Zhang, Ranganathan, & Lin, 2012), an in-depth look at retaining nurses with experience to offset the impending shortfall is necessary. To respond to the projection and develop an intervention, understanding the reasons for experienced nurses leaving the bedside was a priority. Creating a program to support the professional development of experienced nurses as expert resources and experienced nurses transitioning to practice may improve the longevity of inpatient clinical nurses. The AACN (2014) stresses the necessity of a clearly defined research question. I used a clearly defined population, intervention, comparison, outcome, and time (PICOT) question to perform a literature review. The DNP project question was as follows: What are the components of a structured theory supported evidence-based mentorship program that will negate the contributing factors of experienced nurses leaving clinical practice while capitalizing on experienced nurses as a mentors? Hastings and Fisher (2014) emphasize that a well-defined project question serves as a guide to narrow the literature search while discovering the evidence to support the project aim.

1. Problem/Patient/Population/Place: Experienced inpatient clinical and new hire experienced nurses are leaving direct inpatient care at the project

organization

2. Intervention/Indicator/Intended Change: Development of an evidenced based practice program supported in theory to the specific needs of experienced clinical nurses that will encourage them to remain in the project organization.

3. Comparison/Current standard: Compare current support and education specific to the professional development of the experienced nurses as mentors and support that is currently available to experienced nurses transitioning into practice at the organization with those experienced nurses who have previously completed orientation.

4. Outcome desired: Develop a structured program for experienced nurses that addresses contributing factors for turnover rates that will be presented to an executive nursing leadership team of organizational experts for implementation consideration.

5. Type of project / Time: A developmental project of creating an evidence-based experienced nurse mentorship program focused on support for experienced nurses following completion of their orientation.

Response to the Gap-In-Practice

Developing an evidence-based mentorship program has the potential to narrow the gap in practice by prolonging the employment of experienced nurses at the bedside. In 2009, the Lewin Group published a final report for the Robert Woods Johnson Foundation titled Wisdom at Work: Retaining Experienced Nurses Research Initiative, which emphasized the need to design and implement programs focused on retaining

experienced nurses. A large emphasis was placed on experienced nurses as expert resources within a structured program. However, it was clear that the retention of nurses is a multifaceted issue, requiring an innovative program to address a diverse and multigenerational workforce and capitalize on experienced nurses' knowledge and skills. In doing so, experienced nurses prolong employment at the bedside; creating an optimal skill mix that provides quality, direct patient care. My intention when creating a mentorship program for experienced nurses was to decrease the gap in practice with a formal program that capitalizes on the experience nurse experience and knowledge with the potential to increase the nursing skill mix in an inpatient setting.

Nature of Doctoral Project

Sources of Evidence

The Institutional Review Board (IRB) from Walden University and the project organization IRB approved this project as exempt with permission for me to utilize deidentified data that the organization routinely collects. My analysis of information from the organization included nurse exit interviews with the the reasons for separation and the experienced nurse turn over data.

The nursing leadership at the organization periodically administers the Casey-Fink Nurse Retention survey (Appendix L) to forecast potential contributing factors for nurse resignation and intent to leave the organization (Buffington, Zwink, Fink, DeVine, & Sanders, 2012). These resources provided me with valuable information specific to the organization's actual and projected experienced nurse turnover. I conducted an in-depth literature review, exploring evidence found in research that identifies contributing factors to the experienced nurse leaving the bedside, and components of a successful mentorship

program that includes utilizing the experienced nurse as a mentor. My literature search disclosed an overwhelming amount of evidence highlighting the value of experienced nurses. Experienced nurses are recognized as informal leaders that can contribute to a changing culture that benefits the organization and nurses by elevating the performance of the whole healthcare team (Downey, Parslow & Smart, 2011).

Project Method

A human resource representative provided me with the deidentified data from the organization's nurse exit interviews and assisted me in analyzing the information. Included in the data was the length of employment at the project site and years of experience of the nurses that have resigned. I categorized the data by listing the top ten reasons cited by the nurses as the cause for resignation. I then analyzed the information and identified trends in contributing factors that led to the experienced nurse's decision to separate employment.

The professional development department administered and analyzed the results of the Casey-Fink Nurse Retention Survey. A representative from that department holds the data that is specific to the hospital's inpatient departments. The survey includes specific questions that address the nurse's desire to continue employment at the current organization. This information will serve as a baseline to the project regarding nurses' intentions to leave the organization. Buffington et al., (2012) states that change must be monitored to understand the attitude of experienced nurses. The Casey-Fink Nurse Retention Survey provides a way for the organization's nurse leadership to appreciate the impact the mentorship program has on those nurses participating in the mentorship program.

I compared the organization results of turnover rates and responses from the exit interviews with existing research and variables that contribute to experienced nurse turnover. I placed the principal findings in research literature related to nurse turnover into categories. The literature review also included a search for existing nurse mentorship programs. I analyzed the information to determine the content and components of a formal mentorship program that may promote the retention of experienced nurses.

Project Purpose

A mentorship program addresses organization experienced nurse turnover and capitalizes on the expertise of experienced clinical nurses. The purpose of this DNP project was to develop solutions that will negate the adverse effects of contributing factors in the turnover rate of experienced nurses in the inpatient hospital setting. A decrease in experienced nurse turnover will be accomplished by developing an evidence-based formatively evaluated theory-driven mentorship program specific to the organization. Having an evidence-based nurse mentorship program is an effort to increase the length of employment of the experienced nurse at the bedside while providing care by expert nurses in response to a changing healthcare environment (ANCC, 2014; Stevens, 2013).

My analysis of the organization and literature revealed multifactorial reasons for separation at the organization that aligned with research regarding the ongoing challenges of the experienced nurses. I explored the topics of a multigenerational nurse workforce, organizational culture, and the impact of self-efficacy as it relates to the changing demands on experienced nurses and retaining them in clinical practice.

Significance

Stakeholder Analysis

Patients are the primary stakeholders who stand to benefit substantially from the retention of experienced nurses with balanced skills. The principle of a nurse mentorship program is to decrease experienced nurse turnover, which will create a state of equilibrium in nursing resources and skill mix to provide quality patient care. It also reduces safety concerns within the facility. Nurse sensitive indicators are reportable events that measures patient outcomes in the incidence of infection rates, patient falls, and medication errors that correlate directly with nursing care. In their literature review, Schuelke et al. (2014) found a direct correlation between medication errors and years of nurse experience. Evidence suggests that nurses in practice less than 1 year had higher incidences of medication errors than nurses with additional years of experience. This data are reportable to the public and reviewable by patients who have a choice of where to seek care. A balance of experienced and novice nurses will support the level of care based on patient acuity.

An evidence-based nurse mentorship program will capitalize on the knowledge, skills, and experience of seasoned nurses. Friedrich, Prasun, Henderson, and Taft (2011) defined a seasoned nurse as usually being 50 years or older, with significant experience in their specialty. An aging nurse workforce jeopardizes an organization due to the loss of years of knowledge and expertise as those seasoned and experienced nurses retire or leave their current position within the hospital setting.

I designed the experienced nurse mentorship program to incorporate the seasoned and experienced nurse as a mentor, creating an alternative to resignation by the

experienced nurse. This program would keep the nurse in an active role and recognized as an asset to the organization's nurse executives as informal leaders. Downey, Parslow, and Smart (2011) described informal nurse leaders as the front-line staff that consistently transcend the challenges in practice and the work environment. They contribute to a culture of inquiry and lead others in recognizing the "bigger picture" to create change at the bedside that can influence outcomes in reducing medication errors, patient falls and infection rates. Chun, Sosik, and Yun (2012) and Friederich, Prasun, Henderson, and Taft (2011) state that seasoned and experienced nurses as mentors will exhibit confidence, competence, positive professional relationships, and clinical expertise as role models for the organization. These leadership characteristics are essential in supporting colleagues and influencing the retention of nurses, maintaining an appropriate skill mix, and reshaping the profession to address the forecast of a nursing shortage.

Nurse turnover places a financial burden on organizations by diverting a significant amount of financial resources from priorities of the organization such as new equipment for patient care and technology to support changes in healthcare. The Department of Professional Employees (2016) and Nursing Solutions (2016) published a range of $37,700 to $65,000 per nurse turnover. Variables may include length of employment before separation, base salary upon hire, and costs associated with education during orientation. Nursing Solutions (2016) also calculated a cost/savings for the average hospital of $373,200 for each percent change in the nurse turnover rate.

A mentorship program that prevents one nurse from exiting the organization has a potential to make a significant impact on the organization's financial outcomes. The

mentorship program incorporates the strategic goals of the organization by demonstrating a financial return on investment when considering nurses as human capital.

Contributions to Nursing Practice

Recruitment efforts of healthcare organizations are focused on filling vacancies, which will become increasingly challenging based on the forecasted nursing shortage (AACN, 2014; Spetz, 2015). This innovative mentorship program will focus on retaining experienced nurses and prolonging their bedside practice. According to Wieck, Dols, and Landrum (2010), the intent on a nurse remaining in their current position aligns with generational differences. Wieck et al. found that 68% of Millennial or Generation Y nurses (those born between 1981 and 2001) planned to leave their current position with less than 5 years of experience, placing a strain on organizations. Generation Y nurses will not solve the nursing shortage and leaders of organizations must respond to generational differences when designing programs specific to their organization. The dissemination of expert nurse knowledge will occur during the mentorship program when the mentor develops a professional relationship to a diverse nursing population, preparing the next generations of nurses.

Transferability of Knowledge

I have developed the mentorship program focused on inpatient-experienced nurses, however; there is potential for this program to be adapted to other areas of the profession. The shortfall of nursing faculty has created a repetitive cycle of not being able to maximize the enrollment of potential students to increase the number of available nurses (McDermid, Jackson, & Daly, 2012). Morgan et al. (2014) identified barriers to practicing in the academic role similar to those anticipated to affect clinical nurses, such

as meaningfulness of work, relationship with colleagues, workload, and work-life balance, contributing to the nurse's frustration and self-efficacy that may result in their resignation. Programs to support the recruitment and retention of nursing faculty may follow the similar model of an evidence-based mentorship program.

Implications for Positive Social Change

Baumeister, and Leary, (1995) and Oyeleye, Hanson, O'Connor, and Dunn, (2013) reference incivility in the workplace and lack of belonging as contributing factors to nurse turnover of both new graduates and new hires whether they are experienced or not. Incivility may occur within a work environment when the frustrations of colleagues are displaced on another nurse, and both nurses lack empowerment. "Nurses empower other nurses by sharing information and resources to facilitate skills and knowledge development" (Duffield, Baldwin, Roche, & Wise, 2014, p. 702). Influencing the culture of nursing with a mentorship program can lead to change by creating meaningful relationships, transcending professional practice, and preparing for succession in nursing.

Providing support and education through mentoring will empower nurses to be competent, responsive to change, and active contributing members of the healthcare team. It is also important for clinical nurses to be part of the mentorship design team, as their input is an investment in influencing the organization's culture. It is anticipated that as part of the program's design, the experienced nurse job satisfaction and retention rate will increase.

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Summary

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An unpredictable healthcare environment requires a mentorship program that is adaptable to change with the assumption that an evidence-based mentorship program has

the potential to increase retention of experienced nurses, improve patient outcomes related to appropriate nursing skill mix, and decrease financial strains of the organization. By analyzing organization specific data, I was able to develop a mentorship program that specifically addresses the unique needs of the DNP project site. Utilizing the expertise of seasoned and experienced nurses as an organizational resource empowers them in a mentor role, but also empowers newly-hired experienced nurses by embedding them into the organizational culture to reduce the challenges of a clinical nurse.

A mentorship program grounded in theory supports a change in nursing practice. The following section includes my analysis of relevant theories and frameworks as the potential foundation for the mentorship program. In the literature review, I will expand on the reasons for separation of employment and evidence for supporting experienced nurses as a primary resource. The section will conclude by defining my role in the project.

Section 2: Background and Context

Introduction

Experienced nurses are leaving inpatient clinical positions, creating a void in practice associated with the years of knowledge and experience that they are taking with them. A mentorship program may have a direct impact on an organization by preparing the next generation of nurses while slowing the out-migration of experienced nurses. However, maintaining the correct skill mix for patient safety requires recruitment and retention of experienced nurses.

Nurse turnover is financially detrimental to organizations, with the range of expenses an organization can expect per nurse turnover to be between $24,000 and $88,000, depending on variables associated with that nurse (Li & Jones, 2013). As noted by Schuelke et al. (2014), patients of high acuity are directly affected by an inexperienced nursing staff that lacks knowledge in recognizing a patient's changing status. The American Nurse Association (ANA) principles highlight the need for expert nurses with organizational experience to ensure optimal patient outcomes (Weston, Brewer, & Peterson, 2012). Studies demonstrate that experienced nurses practicing in the mentorship program as a mentor will build on his or her self-efficacy in an expert nursing role and leadership capacity, contributing to an increase in job satisfaction in his or her professional career (Dinmohammadi, Peyrovi, & Mehrdad, 2013).

This section includes a literature review of theories relevant to nursing practice and to developing an experienced nurse mentorship program. Themes and concepts from the literature provided me with a direction in the development of the experienced nurse

mentorship program with consideration given to the unique characteristics of the project site.

Concepts, Models, and Theories

Rationale for Concepts, Models, and Theories

The social cognitive career theory (SCCT) that Lent, Brown, and Hackett adapted from Bandura's social cognitive theory is the principle threaded throughout the mentorship program. A meta-analysis review of the SCCT by Lent (2016) concluded that an individual's value of their contributions to nursing produces self-efficacy which is a strong predictor of work performance. Incorporated within the SCCT are contributing factors that influence newly hired experienced nurses' success within the organization (Lent, 2016). Those factors include personal and professional accomplishments that are achieved through social integration during nurses' careers. A mentor is proactive and intentional in professional socialization of experienced new hires. Engaging in organizational activities and providing support during a yearlong transition to practice is part of the mentor's role. A preceptor focuses on assuring that the new hire is able to perform the functions of the role including tasks, skills and documentation.

The mentorship program contributes to an individual's self-efficacy through intentional relationships. A historical study in 2005 concludes that nurses engaged in activities that support socialization had a direct correlation with job satisfaction and retention (Price, McGillis, Angus, & Peter, 2013). An experienced nurse practicing in the mentorship program as a mentor will build on his or her self-efficacy in an expert nursing role and leadership capacity, contributing to an increase in job satisfaction in his or her professional career.

The framework of the mentorship program utilizes Zey's (1991) mutual benefits model by incorporating the triad of mentor, mentee, and organization as key elements to include in the program design. Insight through the participants lived experiences encourage seasoned and experienced nurses to invest in the organization and instill practices that socialize new hires. Jakubik (2008) found that the quality of mentoring was the highest predictor in creating a sense of allegiance to the organization, and contributes to career development and satisfaction for both the mentor and mentee. Developing a mentorship program that incorporates a formal process to develop professional relationships while engaging experienced nurses in organizational activity will use the mutual benefits model and enhance professional development and a commitment to the organization.

Synthesizes of Writings by Theorists

Concepts within the SCCT describe the innate yearning of all human beings inherent desire to belong and be part of society (Nifadkar & Bauer, 2015). Threading the SCCT throughout the mentorship program creates purposeful opportunities of inclusion with professional socialization. Professional socialization is an intentional relationship that guides the actions of the mentor in assisting the mentee in transitioning into the new work environment (Dinmohammadi et al., 2013).

Highlighted within Michael Zey's mutual benefits model is that the point of relationships is to meet particular needs of all involved individuals resulting in a three-way benefit to the mentor, mentee, and organization (Zey, 1991). Zey included a hierarchy of mentoring (1991) that outlines the aspects of the mentoring relationship: (a) teaching, (b) psychological counseling/personal support, (c) organizational intervention,

and (d) sponsoring. When creating the evidence-based mentorship program, the components of the mutual benefits model served as a guide to develop program content.

Relevance to Nursing Practice

History of Broader Problem

Several researchers have states that an influencing factor to nurse retention is the characteristics of a multigenerational workforce that can be an overarching contributor to nursing turnover rates. In research by Weick et al. (2010), millennial/generation Y nurses are independent contractors who will leave an organization in search of better opportunities if the demands of the job do not align with their expectations and career goals. Also noted was that people of generation Y thrive on work-life balance and a career that is fast tracked. Keepnews, Brewer, Kovner, and Shin (2010) identified schedule flexibility, financial rewards, and recognition as key factors influencing the retention of generation Y nurses. Comparatively, Wieck et al. (2010) when studying the baby boomers, nurses born between 1946 and 1964, found that they demonstrated organizational commitment and were more likely to stay at their organization even if they were dissatisfied. Also noted was that the baby boomer population of nursing is shrinking because of retirement and transitioning to roles within an organization that are less demanding than clinical nursing (Wieck et al., 2010). Nurses of the baby boomer generation will remain with their current employee despite experiencing emotional, cognitive, and physical stress.

A qualitative, hermetic study published by Kvande, Delmar, Lykkeslet, Storli, and Sissel (2015), emphasizes situational awareness as an asset that comes with experience. This study referenced experienced nurses in Intensive Care Units (ICUs) as crucial health

care providers. Experienced ICU nurses recognize incipient changes in patients, and reduce time to intervention, which contributes to positive patient outcomes. These nurses also recognized the broader safety concerns of a stressed nursing department. The nurse's ability to recognize critical situations evolves with lived nursing experiences.

Seasoned nurses considered experts in their fields are the ideal candidates for mentors of all generations. The benefits of tapping into them as an underutilized resource includes the transfer of knowledge based on years of experience within the organization. More important is that a program designed to reinvest in seasoned and experienced nurses will increase their job satisfaction, enhance their productivity, re-engage them in their profession, and delay their retirement from clinical nursing. A qualitative study interviewing seasoned nurses described the nurse's feelings of a renewed commitment to the profession and their perceived contribution to the next generation of nursing by sharing their lived nursing experiences (McDonald, Mohan, Jackson, Vickers, & Wilkes, 2010).

According to Wieck et al. (2010), the intent of a nurse to remain in their current position was significantly related to their generation. That study found that 68% of generation Y nurses planned to leave their current position with less than 5 years of experience, placing a strain on organizations. Generation Y nurses will not solve the nursing shortage; therefore, organizational leadership must respond to generational differences when considering a mentorship program. Regardless of generation, all nurses reported vulnerability and cognitive strain during their first 5 years of employment. According to a cross-sectional study by Lavoie-Tremblay, TroEpanier, Fernet and Bonnevilleroussy (2014), job demands, resources, and work-related stress referred to as

the *triple match principle* affects all generations. The commonality found in the study

was that all generations of nurses receiving additional support through a mentoring

program reported a decrease in work stress and revitalized the seasoned nurse's career.

The amount and area of stress should be addressed within a mentorship program by

providing an equal balance of resources to address the stage of the nurses' experience.

Benefits to a program that addresses all generations is the retention of experienced nurses

and succession planning by preparing the next generation of nurses for clinical practice.

Concepts that emerged from the literature were nurses' sense of empowerment

and belonging in the work environment as key elements in retaining nurses. A nurse's

psychological capital is the ability to endure a stressful working environment with a

positive, resilient, and optimistic outlook. The premise of a collegial and collaborative

culture where nurses achieve a sense of belonging, become engaged, and empowered

members of the organization is a fundamental element in nurse retention. Boamah and

Laschinger (2014) validated this concept in a study with a 38% nurse turnover, the

highest percent, occurring in nurses with less 1 year of clinical experience who cited lack

of belonging as a reason for leaving an organization.

Recommendations to Improve Practice

There are several examples found in the literature that correlate mentorship

programs with reduced turnover rates and costs associated with nursing turnover. The

concept of a mentorship program is not new. Healthcare providers in the state of

Maryland implemented the Partner in Nursing (PIN) program targeted at reducing

nursing turnover with a mentorship program after receiving a grant in 2006 (Cottingham,

DiBartolo, Battistoni, & Brown, 2011). Post implementation data revealed that the

investment in the 18-month program was able to realize a final cost savings for organizations of between $34,000 and $56,000 per retained nurse.

According to studies by Mills and Mullins (2008) and Burr, Stichler, and Poeitier (2011), there was a significant difference in the retention of nurses who participated in formal mentor programs for their initial year of employment compared to those that did not. Each study had nurse turnover rates of more than 20% during the first year of hire. When participating in a mentorship program during the first year of hire, a reduction in nurse turnover rates was reported to be as low as 8% and 7% respectively. While the mentorship program cost is approximately $58,000 annually, each study was able to translate the financial benefits of their respective programs with a return on investment through turnover cost savings of more than $300,000 in the first year.

According to Breau and Rheaume (2014), a cross-sectional study of 133 ICU nurses reported that only 3% of the participants were likely to leave their position in the next year. When examining this low rate, it was apparent that there was a strong collaborative mentoring environment that exemplified teamwork amongst all nurses which contributed to the nurses reporting their intent to stay. A reoccurring theme of empowerment and a personal state of control and competence are strong indicators for nurse retention.

Reasons for voluntary nurse resignation from their organization continue to follow common themes. Participants from 136 health care organizations across the United States participated in the 2016 Nursing Solutions Incorporated (NSI) survey that reported reasons for resignation. Personal reasons were the top theme for separation (NSI, 2017). These results are vague and can be open to interpretation by an

organization's leader. However analyzing two of the top five reasons--retirement and workload/staffing ratios--the demands on the current nursing workforce that contributes to a vicious cycle of nurse turnover. The 2017 NSI report was the first time that retirement had been reported as one of the top five reasons for nurses resigning. These statistics bring attention to the need to develop a plan that will focus on prolonging the retirement of seasoned and experienced nurses so that their expertise can be instilled in the next generation.

Strategies Previously Used to Address Gap in Practice

A formal mentoring program can have a direct impact on nurse retention, as was evident in the Nurses Nurturing Nurses (N3) mentorship program introduced in 2003 by the Academy of Medical-Surgical Nurses (Reeves, 2004). The concept was confirmed with the outcomes of a study by Grindel and Hagerstrom (2009) that had 18 hospitals participate in the 12-month N3 program demonstrating a significant reduction in nurse turnover during the first few years of employment. Latham, Hogan, and Ringl (2008) emphasized the social aspects of the N3 program. A successful mentorship program develops the mentor as an informal leader and instills the philosophy of collaborative and reciprocal relationships with the mentors and mentee while the new hire embeds into the new organization's culture. Literature suggests that an organization that is willing to commit to a mentoring program will improve nurse retention.

DNP Project Advancing Nursing Practice

The mentor, armed with new knowledge from their mentor orientation, focuses on the mentee as a learner, with the mentor continually evolving in their role based on the needs of the mentee. Mentees with experience are vulnerable during onboarding due to

the work-related stress of a new job. Chun, Sosik, and Yun (2012) found that immersing all nurses into interactive processes that engage the mentee in the dynamics of the organization both informal and formal, will assist both the mentor and mentee in creating their professional identities and commitments to the organization. The mentorship program will serve as vehicle to disseminate knowledge of the experienced nurse.

<div align="center">**Local Background and Context**</div>

Local Relevance of the Problem

The challenges of the nursing turnover rate unique to the organization mandate that human resources regularly compare data from all nurses leaving the project site to the MCHC. The MCHC, a subsidiary of the Illinois Health and Hospital Association, provides a benchmark for healthcare organizations regarding industry turnover rates (Illinois Health and Hospital Association, 2014). Calculations of the current turnover rate and the projected need of nurses demonstrate that there will be increased demands on organizations to recruit and retain all nurses. According to the human resource generalist at the project site, the turnover rates of experienced nurses with less than 1 year of service at a rate above the MCHC average at the project organization, maintaining a nursing skill mix appropriate for patient acuity becomes increasingly difficult.

Institutional Context

This project will take place at a 300-bed inpatient community hospital located in the suburbs of Chicago, Illinois. The hospital employs approximately 800 nurses with 82% of those nurses in a clinical nurse role providing direct bedside care. The human resource manager collects and distributes characteristics of the organization's nurse population to nursing leadership in strategic planning meetings. The project site nurse

recruiter provided data from 2015 that indicated that the average age of the clinical nurse is 42, with 33% of the clinical nurses older than 50 years old and 17% less than 30 years old.

Through a nurse residency program for new graduates at the project site, 21 nurses were hired in 2015 and an additional 60 experienced nurses were hired. However, the human resource manager of the organization reported 80 resignations of experienced nurses leaving a gap in skill amongst the inpatient clinical nurses. In addition to the imbalance of hiring, 11% of experienced nurses currently employed will be of retiring age, requiring action to change the depletion of nursing resources.

Nurses at the project organization participate in strategic planning alongside the executive council of nurse leaders. Identified in the 2016 organization strategic plan was to focus on the retention of nurses at the bedside by decreasing turnover rates of the experienced nurse. This goal directly aligns with the experienced nurse mentorship program with the organization's nurse councils endorsing the development of a project that can decrease nurse turnover.

Definitions and Terminology

For the intentions of this paper, the term clinical nurse will be used when referencing a nurse that provides direct patient care in the inpatient setting. The following terms are defined to ensure the reader understands content as it is referenced throughout this paper.

Baby Boomers: Nurses born between 1946 and 1964; *Generation X*: Nurses born between 1965 and1980; and *Millenials/Generation Y***:** Nurses born after 1981. (Wieck et al., 2010).

Experienced nurse: Nurses with at least one completed year of practice (Jakubik,

2008).

First year nurse turnover rate: The number of staff leaving in the first year

divided by the the total number of terminations (Kovner, Brewer, Fatehi & Jun,

2014).

Nurse turnover rate: The regular turnover of all nurses is the number of

terminations divided by the number of staff (Kovner et al., 2014).

Seasoned nurse: An expert nurse with situational awareness and a high level of

proficiency and competence, often functioning as a resource to other nurses and is

often over the age of 50 (Friederich, Prasun, Henderson, & Taft, 2011).

Applicable State Context

The phenomena of nursing turnover of experienced nurses are not unique to the

DNP project site. The Bureau of Labor Statistics published a 2017 occupation report that

includes data regarding the status of registered nurses across the United States revealing

that over 30,000 new registered nurse jobs were added in 2016. With the addition of new

jobs, it becomes even more imperative to focus on retaining experienced nurses in active

practice.

NSI, a national nurse recruitment company, publishes an annual report addressing

the national healthcare nurse retention and staffing status (2017). The report constitutes

an in-depth analysis of data from 136 organizations across the United States.

Comparisons of previous reports disclose an increase in nurse vacancy rate to 37.1% over

the past three years. The problem becomes compounded when information from the RN

Recruitment Difficulty Index (RDI-RN) indicates the narrowing field of hiring experienced nurses takes an average of 86 days to fill the open position and a high average of 119 days for specialty areas such as surgical and emergency services (NSI, 2017).

Similar to the project organization that has a residency transition to practice program for new graduate nurses, 60.7% of the hospitals participating in the NSI study have programs in place for new graduate nurses but only 19% report a program that focuses on retention of experienced nurses (2017). NSI survey results found that 51.8% of employees leaving their organization have been employed for less than two years (2017). Nurses with more than 10 years' experience demonstrated the greatest commitment to continuing practice within their current organization, however with the aging workforce that number will continue to decrease creating a void in knowledge and resources.

Role of the DNP Student

Relationship and Role to the DNP Project

As a seasoned nurse, I have witnessed the changing work environment and am invested in providing a format to alter outcomes of the experienced nurse turnover. My goal is to raise awareness of the current and projected state that contributes to the nursing shortage of the clinical nurse. While developing this project, I have exercised the DNP essential of applying theory to address the phenomena of a changing health care environment for the experienced nurse in clinical practice (AACN, 2006). Incorporating the SCCT theory and the health benefits model into the development of the evidence-based mentorship program provides a new approach to address the challenges faced by

the mentor, mentee and health care organization. I have functioned as a communicator of broader thinking by highlighting quality improvement as it pertains to the benefits for the organization, patient, mentor and mentee (AACN, 2006). Safeguarding the human capital of the experienced nurse by developing a mentorship program will assure fiscal accountability through increased quality of care and patient safety related to a skill mix appropriate for patient acuity at the organization. Including principles of business by utilizing the cost of nurse turnover to motivate change to reduce the financial impact realized by the organization is a characteristic of a doctoral prepared nurse.

Motivation for DNP Project

This project was pursued in response to the organization's strategic plan to reduce nurse turnover rates and observation of a shifting paradigm in nursing practice. As a DNP student, I feel accountability for forward thinking to understand and appreciate the changing dynamics of nursing practice. Reflecting on my nursing career, I have withstood several decades of an uncertain health care environment. I have remained inspired and grateful for the opportunities that the profession of nursing has provided me. I have held a variety of nursing roles, used my knowledge to participate in public policy, and volunteered as a healthcare professional at community events and education. My desire is to pay it forward, by recognizing the challenges for the next generation of nurses and working to create change that will maintain the professionalism of nursing.

Potential Biases

In order to reduce the probability of bias, consultations with the principal stakeholders was included in the development and structure of the project. This ensured that the program was designed with their identified needs as a priority rather than making

it a personal agenda. Key stakeholders were utilized to formatively and summatively evaluate the evidence-based mentorship program for experienced nurses.

Summary

Support for a mentorship program is evident in literature concluding that implementation of a mentorship program can influence experienced nurse retention, decrease financial strain of nurse turnover on the organization, and respond to a multigenerational nursing workforce. The NSI report emphasized the need to focus on retention of the experienced nurse to address turnover rates that have stressed health care systems and contributed to poor patient outcomes (2017). Concepts within the SCCT capitalize on the seasoned nurse as a mentor that can directly influence the mentee in adapting to his or her new role. When combining the SCCT with the mutual benefits model, the seasoned nurse influences a supportive work environment and facilitates organizational commitment. The SCCT and framework of the mutual benefits model served as a guide when I developed the mentorship program design. By experienced nurses participating in a dedicated nurse mentorship program, the mentor and mentee will have increased satisfaction and retention of nurses.

Utilizing evidence in the literature review, I developed the mentorship program to address the components of a structured theory supported evidence-based mentorship program. Through a comprehensive database of research and review of the project site organization data, in the following section I will outline my analysis of the program with input from the principal stakeholders. The project also includes a secure process for me to collect data and assure the integrity of the information and sources of evidence.

Section 3: Collection and Analysis of Evidence

Introduction

The clinical nursing workforce is shrinking because experienced, seasoned nurses are retiring or finding less demanding roles, and by the next generation of nurses changing positions early in employment or seeking jobs outside of the clinical setting (AACN, 2014; Juraschek, Zhang, Ranganathan, & Lin, 2012). This phenomenon of experienced nurses leaving bedside practice creates a nursing skill mix that does not have the advantage of dissemination of knowledge from seasoned nurses to the incoming generation of nurses. In order to impact change, contributing factors found in research such as lack of belonging, socialization, and trusting relationships, paired with physical demands that stress an aging clinical nurse workforce must be addressed (D'Ambra & Andrews, 2014; Hart, Brannan, & DeChesnay, 2014).

Challenges related to the pool of experienced nurses are a problem with global implications that is felt locally at the Chicago area project site. NSI (2017) reported an average as high as 119 days to fill an experienced clinical nurse position in a specialty service line according to the RDI-RN with an increase vacancy rate of 37.1% over the past 3 years. When developing the evidence-based, theory-driven, experienced nurse mentorship program I will take into consideration the contributing factors when designing a program specific to the organization by incorporating evidence found in literature including building on the SCCT and the mutual benefits model.

The project plan is to develop an evidence-based, theory supported mentorship program that will capitalize on the knowledge and skills of seasoned nurses thereby positively influencing length of service and retention within the organization of all

experienced nurses. Within this section I have included the program design, data analysis, and evaluation plan for the experienced mentorship program, with an analysis and synthesis of feedback received from key stakeholders. Obtaining feedback on the program will confirm that the program design is appropriate for the specific needs of the organization.

Practice-Focused Question

Local Problem, Gap-In-Practice, and the Practice-Focused Question

As noted earlier, NSI (2017) reported that only 19% of surveyed hospitals have mentoring programs for experienced nurses. This statistic is inclusive of the project site that only has a transition to practice program for new graduate nurses and no mentoring program for experienced nurses. This gap in practice led to the question; what are the components of a structured theory supported evidence-based mentorship program that will negate the contributing factors of experienced nurses leaving clinical practice while capitalizing on the experienced nurse as a mentor?

Purpose and Alignment to the Practice-Focused Question

The purpose of this DNP project was to develop solutions that will negate the adverse effects of turnover of experienced nurses in the inpatient hospital setting and to have that program formatively and summatively reviewed by experts. Information within the literature, Jones (2013) and Lavoie-Tremblay et al., (2014) clearly identifies the benefits of experienced nurses as mentors to retain them in the nursing workforce and improve their job satisfaction while renewing their organizational commitment. The evidence I found within literature regarding those factors supports the practice question by specifically focusing on the expertise of the experienced nurse as a mentor. This

project served to narrow the gap in practice by developing a formal program that capitalizes on the experience and knowledge with the potential to increase retention of the experienced nurse and produce a favorable nursing skill mix in an inpatient setting.

Sources of Evidence

I gathered evidence through a literature search that specifically addressed the reason for experienced nurse turnover and programs that have proven successful in increasing the retention of the experienced nurse. Jakubik (2008) believed that a mentoring relationship extends beyond the orientation phase of employment. I was able to gain additional information through a review and analysis of the project site's exit interview of nurses leaving the organization.

Relationship of Evidence to the Purpose

Having an evidence-based nurse mentorship program is an effort to increase the length of employment of experienced nurses at the bedside, while providing care by expert nurses in response to a changing healthcare environment (ANCC, 2014; Stevens, 2013). RN's leaving the organization provided exit interviews that included reason for separation which I then compared with information found in the literature. Utilizing the evidence from the organization specific source of RN exit interviews assisted in determining the focus when developing the mentorship program. Feedback regarding the organization specific intervention of a mentorship program assures that the program introduces strategies within the program design that addresses the themes of separation identified in the exit interview responses.

Analysis and Synthesis

Trends and themes from nurse exit interviews were used to develop a program specific to the needs of the project site. Discovering those trends helped guide me when establishing the foundation of the program. The design and content of the program was formatively and summatively evaluated by key stakeholders to assure that each component of the mentorship program addressed organization specific needs. If the program is implemented, the organization can use the Casey-Fink Nurse Retention Survey and nurse turnover rates to serve as baseline data and as a method to compare pre- and post-implementation data regarding the nurse's intent to leave the organization. That comparison data may determine if the program has a long term effect on retention and nurse turnover.

Databases and Search Engines

I used the Cumulative Index to Nursing and Allied Health with Full Text (CINAHL Plus) database and searched for health care terms specific to nursing research. CINHAL Plus was selected as the primary database because of the volume and variety of nursing resources available. The information found within the evidence-based peer-reviewed journals available in CINHAL Plus assists nurses in applying research to practice that will improve patient outcomes and raise the professionalism of nursing (Vardell, & Paulaitis, 2012). I obtained additional information from trusted internet sources of professional organizations such as the American Association of Colleges of Nursing, Illinois Health and Hospital Association and the U.S. Bureau of Labor Statistics.

Key Search Terms

Using key words, I searched evidence-based peer-reviewed literature in CINAHL Plus, and professional organization internet sources. The search terms were derived from using the PICOT question: what are the components of a structured theory supported evidence-based mentorship program that will negate the contributing factors of experienced nurses leaving clinical practice while capitalizing on the experienced nurse as a mentor? Key search words and terms included *nurse, mentorship, mentorship programs, retention, nurse turnover cost, nurse turnover rates, experienced nurse, seasoned nurse, intent to leave, multigenerational workforce,* and *nurse job satisfaction.*

Scope of this review

Utilizing a combination of the key words and terms listed, I discovered a substantial amount of literature. I had two revelations during the literature search. There is little published research regarding the turnover of experienced nurses, and there is a vast amount of information relating the transition to practice characteristics and programs related to the new graduate nurse. Publications over the past 10 years were included in the search due to the breadth and depth of the project. Articles before this time were eliminated because of the vast changes and trends that have occurred in healthcare over the past 10 years such as reimbursement, practice models, and a shift to outpatient care with the enactment of National Health Reform in 2010 (Kaiser Family Foundation, 2011). Because of the abundance of literature that explored the relationship between new graduate nurses and transition to practice, I included those articles in the review for program content and design. The literature review consisted of specific and general evidence, as well as a theory to support the framework of a mentorship model of practice.

Comprehensive Literature Search

All articles were screened for applicability to the focus of the mentorship project. Those articles that meet criteria of defining contributing factors to experienced nurse turnover were compared to other research for reoccurring themes. Literature that explored the components of a mentorship program was reviewed to assess the content in addressing contributing factors to nurse turnover. I compared this information with the transition programs of new graduate nurses to determine if there are similar components adaptable to the evidence-based experienced nurse mentorship program.

Operational Data

A human resource representative at the project site organization maintains data on nurse turnover and projected turnover by collecting facts from a variety of sources. The first area I focused on was on the feedback from those employees choosing to leave the organization and those that are continuing their employment. Exit interviews are obtained from each nurse through invitation initiated by the human resource representative to determine the primary reason the nurse decided to leave the organization. In addition to requesting information from the nurse leaving, two to three peers in the department where the nurse was employed are also asked to complete a survey on their perception of why the employee terminated employment. Valuable feedback is also collected from employed nurses who received the Casey Fink Nurse Retention Survey administered by the organization's nurse leadership to gauge the current state of nurses and their plans to leave the organization within the next few years (Buffington et al., 2012).

My second focus was on the quantitative data derived from quarterly RN turnover reports. The first year nurse turnover is calculated by taking the number of staff leaving

before completing a year of employment divided by the total number of terminations (Kovner et al., 2014). Nurse turnover rate of all nurses is the number of terminations divided by the number of staff (Kovner et al., 2014).

Relevance of Data to the Practice Problem

Using the information provided by the project site allowed me to develop a mentorship program that is specific to the needs of the organization. The qualitative data extracted from the exit interview of the exiting employees provided direct feedback from the primary source. The human resource representative provided the information from the interviews sorted into categories of information, by years in practice, and years employed. By analyzing responses to the interview questions, I was able to identify trends and themes that contributed to nurse turnover, which allowed the program to evolve into an evidence-based project specific to the organization.

There are specific questions within the Casey-Fink Nurse Retention survey that question nurses' intent to stay in their current position. Questions on the survey also pertain to nurses' perceptions of mentoring that occurs within the organization. This survey could provide insight into the current state of mentoring at the organization and serve as a status check if the mentorship program were to be implemented.

Data Collection and Validity

Each nurse who leaves the organization is asked to complete an anonymous electronic exit interview through an outsourced company. The outsourced company filters and sorts interview data, providing a detailed composite report specific to the organization. Information is presented in categories such as nurse length of employment, years of service, and ranks of the top reasons for separation from the organization.

Utilizing an outside company to conduct the exit interviews prevents bias from those administering the survey. This process also builds trust with the responder to maintain confidentiality.

Kathy Casey and Regina Fink first publish their retention survey in 2009. With permission from Casey and Fink, hospital nursing administrators at the organization administer the Casey-Fink Nurse Retention survey using Survey Monkey. All nurses employed at the organization received an invitation to complete the anonymous survey. In the fall of 2015 approximately 60% of clinical nurses at the organization completed the survey.

Access to Organizational Data

The organization's IRB permitted the sharing of deidentified data specific to the development of the experienced nurse mentorship program. Approval for the project was also obtained from the Walden University's IRB. The application included a request for the nurse turnover data, exit interview reports, and a formative and summative group evaluation of the structure and design of the experienced nurse mentorship program. A human resource representative provided the approved data and was available for clarification of the results.

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Summary

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In my comprehensive review of the literature, I addressed the practice question of: what are the components of a structured theory supported evidence-based mentorship program that will negate the contributing factors of experienced nurses leaving clinical practice while capitalizing on the experienced nurse as a mentor? Contributions from peer-reviewed literature allowed me to formulate the components of an evidence-based

mentorship program that will help negate contributing factors specific to the organization. Factors specific to the organization were apparent with the review of organizational data from exit interviews and nurse turnover rates.

In the following section, I explore findings and recommendations for the evidence-based mentorship program for experienced nurses. Evidence found in literature was used to develop interventions that address organization-specific factors for low retention rates of experienced nurses. By recognition of the assumptions and limitations of the project I was able to review and understand content that was specific to the organization's measure of success.

Section 4: Findings and Recommendations

Introduction

A combination of generational differences, physical demands, and lack of nursing collaboration have contributed to strain on seasoned nurses' abilities to remain in the hospital, causing resignation from bedside practice. Experienced nurse resignation has resulted in years of knowledge not being shared with the next generation, leading to nurses early in their practice and not equipped to address the increasing nurse shortage paired with the problem compounded by a higher acuity of inpatients. The purpose of this project was to respond to the following practice question: What are the components of a structured theory supported evidence-based mentorship program that will negate the contributing factors of experienced nurses leaving clinical practice while capitalizing on the experienced nurse as a mentor?

A scholarly literature review provided an abundance of evidence referencing characteristics that contribute to successful retention of experienced nurses when grounded in the SCCT (Lentz, 2016), the triple match principle of mentor, mentee, and organization (Lavoie-Tremblay et al., 2014), and the mutual benefits model (Zey, 1991). Encompassing components found in literature, responses to nurse exit interviews, and nurse turnover analysis at the project site, I created an evidence-based mentorship program specific to the organization. Contributions from key stakeholders in the organization, experienced nurses, aided in the program structure which included vital components specific to the organization. An evaluation form created by this DNP student was used to obtain feedback on the design and structure of the program (Appendix A). Evaluations were completed anonymously and confidentially with deidentified forms

returned to this DNP student in an unmarked envelope for analysis of the results. The remainder of this section will focus on the findings, recommendations, strengths, and limitations of the program resulting from formative and summative group evaluations.

Findings and Implications

Findings

Feedback was provided by an expert nurse panel consisting of 10 members of the work life council who participated in a formative evaluation of the mentorship program structure and content. Inclusion criteria for expert panel membership consisted of being an experienced nurse, mentor, and stakeholder at the organization. The purpose of the panel's evaluation was to obtain feedback to determine if the evidenced-based mentorship program design and content addressed the voluntary reasons for experienced nurse turnover at the organization. Included within the evaluation are questions about the program structure and inquiry of the evaluator regarding the content and activities intended to support the experienced nurse as mentor and mentee. A Likert scale was used to evaluate both structure and content. Nursing excellence, professional relationships, being an RN at this organization, and a high reliability organization are the education topics for the quarterly meetings (Appendix B). These topics were selected through an appreciative inquiry of the work life council members to create an outline based on the needs of the mentor and mentee (Appendix H). Each topic includes a subgroup of content for presentation by subject matter experts.

I determined that formative evaluation findings demonstrating a "strongly agree" or "agree" for a combined minimum rating of 90% were acceptable. The progression of the project would require 100% of the group responding to the final inquiry of endorsing

the project to move forward in the "strongly agree" category. If any category received a neutral, strongly disagree, or disagree rating, revision to that mentorship program content would be necessary and reevaluation required until acceptable results achieved. I then analyzed the ten anonymous formative evaluations from work life council members. As evident in table below, evaluations from the formative group met the requirements to forward the project to the summative group.

Table 1. *Formative Group Evaluation Results of the Mentorship Program*

	Strongly Agree	Agree	Neutral	Strongly Disagree	Disagree
Nurses from the Work life council have contributed to the program design utilizing evidence found in literature	9	1			
The cost analysis included in the proposal, including projected expense and savings supports implementation of the program.	9	1			
The program is based on the Social Cognitive Career Theory that supports the principle of intentional professional relationships within the program.	8	2			
The program plan provides opportunity for the mentor and mentee to evaluate the program design and make recommendations	9	1			
The program plan allows the mentor and mentee to evaluate the effectiveness of their relationship.	8	2			
Program has appropriate criteria for accepting and disqualifying mentor applicants	8	2			
The program contains an appropriate agreement for the mentor spelling out the terms and commitment of the mentoring relationship	8	2			
Program provides an appropriate orientation that focuses on developing the mentor's skills	8	2			
The mentor has ongoing support throughout the duration of the program to foster their growth as a mentor	9	1			
An outline of mentee expectations is included in the program design	10				
The design includes ongoing support of the mentee for the duration program	9	1			
The mentor/mentee relationship has an established timeframe	10				
An opportunity for a final evaluation is included at the conclusion of the program	10				
After reviewing program materials and receiving an overview from the DNP student, I understand the purpose, structure, design, financial implications, and metrics of the mentorship program, I recommend the program be forwarded to the nurse executive for approval.	10				

The forms were distributed to a summative evaluation group representing nursing leadership. Group members included the vice president of nursing, the human resource manager, an inpatient clinical director and hospital based clinical educator. All four individuals responded to the program positively. The need for a mentorship program was supported by the organization's strategic plan to improve nurse retention. Although the program will incur expense, the summative group was able to appreciate the cost analysis as favorable to the organization as a means of cost reduction related to nurse turnover as a long term anticipated outcome (Appendix C). Inclusion of the organization as an entity of the successful triad with the mentee and mentor was vital in obtaining endorsement from the summative group.

Unanticipated Outcomes

The acknowledgment of the need for a mentorship program from the formative group of the work life council members was overwhelming. The council acknowledged the existing support for onboarding new graduate nurses and recognized how a program such as that could benefit experienced nurses. They felt that implementing an experienced nurse mentorship program could potentially retain valuable experienced nurses who chose to leave the organization or bedside nursing.

After reviewing literature and providing input on the direct needs of the organization, the council became engaged and enthusiastic as potential change agents. They requested that if the program were to be implemented that it be called FUEL, the Fellowship University of Empowered Learning: An evidence-based experienced nurse

mentorship program. Their enthusiasm and suggestions were shared with the summative group for consideration in endorsing the development of the mentorship program.

Implications of Findings

The mentorship program will assist in transitioning experienced nurses to a new organization and will retain seasoned nurses in practice. Engaging experienced nurses upon hire in a mentorship program will support socialization and increase job satisfaction and commitment to the organization, which may lead to increased rates of retention (Lent, 2016; Price et al., 2013). However, what was evident was the need to incorporate the expertise of experienced nurses in the solution as key stakeholders. Involving them as valued partners and subject matter experts cannot be understated. The importance of the work life council members' contributions to the evolving mentorship program was identified as critical to the project success as noted in comments received from the formative group evaluations. The desire for the experienced nurses to own their practice and be valued as an essential foundation of the program aligns with evidence found in literature. Experienced nurses on the work life council are recognized as informal leaders by the nurse executive council. As defined by Downey et al., informal leaders are "a network of people who make things happen through subtle power and influence" (2011, p. 518). The council is a resource that proves advantageous to the organization and advancing the profession of nursing through empowerment of contributing to the mentorship program and champions of the project.

Implications to Positive Social Change

Lent (2016) emphasizes that a sense of belonging in the newly-hired nurse is at the center of achieving self-efficacy in their value as a professional nurse. As explained

by Lent, exposure to a role model in a mentor role results in nurses gaining knowledge and confidence in their new practice environment. Formal education in the mentorship program supports nurses in becoming increasingly confident, leading to empowerment and action (Duffield et al., 2014). Nurses with a sense of belonging become change agents. The mentor assists the new nurse through socialization and reflection on his or her experiences and identifying opportunities for professional growth. It is during this guiding relationship that nurses may alter their career path. Establishing relationships within the new work environment can improve retention of experienced nurses and alter the forecast of a nursing shortage, while raising professional standards.

Work life council members expressed interest in assuming a role in the ongoing development of a mentorship program. This action addresses the self-efficacy of those members in continuing their professional development as valued members of the organization. A mentorship program based on the mutual benefits model can alter the dynamics in the workplace environment (Jakubik, 2008; Jakubik et al., 2011; Jakubik et al., 2014). Building concepts into the program that embed nurses into the organization's culture creates a level of commitment beyond any one individual. Satisfaction related to their work life environment and embedment within the organization will contribute to the longevity of these nurses to remain in their current position and share expertise with the next generation of nurses.

Beyond the impact on the nursing profession, patients will benefit from a balanced skill mix that capitalizes on the knowledge of nurses with experience. Anticipating a decrease in nurse related medical errors will improve patient outcomes.

Quality of care will be held to high standards in the organization as the financial loss related to inexperience will decrease.

Recommendations

Recommended Solutions

The recommendation for a mentorship program is the result of evidence found in scholarly literature, turnover data of the organization, and interactions with key stakeholders. Engaging seasoned nurses in the continued development of the program will advance the program forward as nurses recognize their influence on the future of nursing within the organization. Evidence found in literature promoted a theoretical basis of the program by encompassing the SSCT (Lentz, 2016) and the health benefits model as components of the mentorship program. These resources will contribute to the successful implementation of the mentorship program focused on retaining the experienced nurse. Investing in a mentorship program is an innovative measure for organizations to be proactive in addressing the nursing turnover and the forecasted nursing shortage. Based on the current organization data, experienced nurse turnover exceeds the MCHC reporting a 27% turnover rate in the first year compared to the organization annual turnover average of 35%. Reeves (2004) responded to this turnover statistic by advocating that a mentorship program be designed to be 1 year in length to provide support during the most vulnerable time of employee disengagement and potential resignation.

Program Structure

All newly hired experienced clinical nurses, excluding in-house transfers, will transition into the mentorship program at the completion of their unit orientation. They

will then remain in the mentee role for 1 year. During the final week of their unit

orientation, they will be paired with a mentor who is a different nurse than their

preceptor.

An experienced nurse, who desires to function in the mentor role, must complete

a formal application. All nurses desiring to participate as a mentor must meet the

characteristics and requirement criteria (Appendix D). Once reviewed and signed by the

mentor candidate it is then submitted to the nurse leader to whom they report.

Recommendations include endorsement from the nurse leader by reviewing the mentor

candidate's employee status and witnessing role model behavior that aligns with the

organization's mission and values (Appendix E). In addition, peer recommendations must

be received prior to consideration (Appendix F).

Once the candidate receives endorsement, they must complete a mandatory

orientation workshop. During the workshop, subject matter experts will review program

design, requirements and provide mentoring education (Appendix G). This process is

vital to assure that mentors are supported in their professional growth and receive

standardized information (Jones, 2013). Subject matter experts (SME) will be facilitators

of the workshop, using interactive teaching methods such as role-playing scenarios, case

studies, reflection, and group work. A candidate that successfully completes the

orientation workshop will then be considered a mentor. Based on the dyad's individuality

and potential benefits for both nurses, the manager will determine mentor and mentee

pairings.

The dyad will then move through the year long program simultaneously by

participating in quarterly group meetings with relationship building and education

components, essential to keeping both mentee and mentor engaged in the organization.

The initial hour of the meeting will be dedicated to networking amongst all program

participants. Following the period of socialization, the mentor, and mentees will attend

separate support meetings facilitated by a professional practice member to explore

challenges and successes with the dyad relationship, while reflecting on their ongoing

mentoring experience. All dyads will then attend a meeting led by a SME presenting

different topics, such as work-life balance and communication tools. A rotating schedule

of topics will prevent attendees from receiving duplicate information during their

program participation. Those mentee's attending their first meeting will attend a 30-

minute meeting during the socialization hour to receive an introduction to the program

and expectations of the mentee. At the completion of each quarterly meeting, participants

will provide feedback by completing an evaluation specific to that meeting (Appendix J).

 In addition to the quarterly meetings, mentors will meet with their mentee's a

minimum of once each month. Mentors will receive dining dollars to support the

development of the professional relationship away from their practicing nursing

department. An expectation of the individual meetings is to foster a professional

relationship, and provide support that will assist the mentee in addressing individual

challenges (Appendix I). At the completion of the program, the dyad will be celebrated

and recognized for their commitment and thanked for their continued employment. They

will also complete a program evaluation to reflect on the impact of the program on their

practice and organizational commitment (Appendix K).

Recommended Implementation

A role of program coordinator will need to be developed. As a nurse champion, the coordinator will clearly understand the intent, design, and desired outcomes of the mentorship program, and serve as a resource for the mentor throughout the experience. Program coordinators will be accountable to the program evolution through revisions that meet the needs of the mentor, mentee, and organization congruent to the mutual benefits model. The program coordinator would be responsible for program oversight including data collection, program revisions, and serve as a direct liaison to nursing leadership communicating program status.

Each quarter, a cohort of experienced nurses entering the organization will transition to the mentorship program at the completion of their orientation. That cohort will progress through the program for the duration of the year with their assigned mentor. While the mentor is a voluntary role, their contribution will be acknowledged in the organization's nurse recognition program, receiving points toward a monetary reward.

Program Evaluation

Ongoing evaluations by key stakeholders throughout the program related to the mentoring relationship, quarterly breakfast meetings engaging the dyad in socialization and networking, while providing topics that address the challenges of a job at a new organization, program completion evaluations, and program content evaluation will be useful tools to monitor program achievements if implemented at the organization. Evaluating the success of the program can be measured with organization data of experienced nurse turnover, cause of resignation reported in nurse exit interviews, and changes in the Casey-Fink nurse retention survey. The cost analysis can assist nursing

leadership in determining if the program is providing a return on investment. Each of these evaluation methods will provide an overall pulse of the experienced nurse's intent to stay within the organization when participating in a mentorship program in comparison to preprogram implementation data.

Assumptions, Strengths and Limitations of the Project

Assumptions

An assumption I have of this program is that by capitalizing on the knowledge of experienced and seasoned nurses as mentors within the organization, the retention rate of all experienced nurses will increase. In addition, my review of the evidence believes that the value of retaining nurses with experience will improve skill mix and prepare the novice nurse in advancing her knowledge. I believe that by developing and introducing a theory supported evidence based mentorship program utilizing seasoned nurses, those experienced nurses will become proficient mentors and serve as a resource to newly hired experienced nurses. Based on the evidence provided, I believe several assumptions can be made.

1. A primary contribution to experienced nurse turnover in the first year of employment is lack of formal mentoring

2. Utilizing the knowledge and skill of a seasoned nurse within the organization as a mentor, will improve satisfaction for all experienced nurses at the organization

3. Creating a sense of belonging and organizational commitment through a mentoring relationship will negate other contributing turnover factors such as benefits and schedule

4. The mentorship program will produce a collegial workforce and empower nurses.

5. Recognizing the value of seasoned nurse as mentors in the organization will

   a. increases their job satisfaction

   b. prolongs their nursing career as a clinical nurse

   c. serves as a positive role model for novice nurses

   d. will contribute to maintaining a positive skill mix of novice and expert nurses that can influence patient outcomes

Strengths

Components of the mentorship program have been based on the Academy of Medical-Surgical Nurses (AMSN) mentoring program revised in 2012 with content that stemmed from the previous AMSN program of the 2003, the N3 mentorship program (Reeves, 2004). The AMSN mentoring program was selected as a resource because it closely aligns with the intent of the DNP project. Content related to professional relationships and support from a nursing expert to decrease stress of a new work environment while promoting embedment within the organization are elements found within the AMSN Mentoring Program.

Evidence that I have found in literature has shown that mentoring benefits both the mentor, mentee, and organization when it is a structured program (Chun et al., 2012; Cottingham et al., 2011; Jakubik, 2008; Jakubik et al., 2011). Regardless of generation and level of experience, evidence demonstrated the benefits that mentoring can have on all nurses (D'Ambra et al., 2014; Jones, 2013; Wieck et al., 2010). The program design

was developed to facilitate the professional relationship and embedment in the organization's culture of all experienced nurses. The effects of a renewed organizational commitment are already apparent with the enthusiasm displayed by the work life council and referencing to the project as FUEL, the acronym the council created. Support of the work life council to continue developing the experienced nurse mentorship program will give the project forward momentum, and an identified group of informal leaders to promote the project throughout the organization.

Incorporating the concepts of the triple match principle of mentor, mentee, and organization is the framework for a successful mentorship program that can influence nursing turnover rates (Lavoie-Tremblay et al., 2014). Nursing leaders acknowledging the experienced nurse brings value to the organization by imparting his or her knowledge on the next generation and supporting the profession and organizational commitment for years to come.

Socialization is a constant thread throughout the program as evident by the integration of the SCCT throughout the material and education. This theory was used to create a program that was weighted in developing professional growth of the mentor, collegial relationships and accountabilities of the mentor to facilitate mentee integration.

Key accountabilities of the mentor include

- assisting the mentee in processing his or her success and failures to influence practice in both mastering skills and succeeding in a social context;
- encouraging reflection on prior and current learning experiences; and
- interpreting and exploring with the mentee, reactions to situations in a physical, emotional, and cognitive state.

Limitations

While the benefits of mentoring are evident, the duration of the program to yield results is extensive. The program design requires a yearlong commitment by the mentor and mentee. During that year, several variables can occur with the mentee, mentor and organization that can affect program continuation and identify a correlation between the program and nurse retention.

Mentoring is often referred to in the context of a new graduate nurse with little emphasis on programs to retain experienced nurses. Without significant data to support the contributions of an experienced nurse mentorship program, developing and introducing a theory supported evidenced base mentorship program has limitations which may affect the ability to adopt the program at the DNP site and other organizations. Program limitations include the following.

1. Time allotment during the work schedule for individual and quarterly meeting will require management support for the dyad to leave the department and fiscal support from the organization.

2. This program is being developed based on the specific needs and characteristics of the project site.

3. Replication of the program will require revisions to align with goals specific to that organization.

4. Financial constraints could influence the program's structure as cost is incurred through marketing and labor dollars for the program facilitators, subject matter experts, mentors, and mentees.

5. Healthcare is continually evolving and innovative nursing positions will emerge such as the nurse navigator role that recruits nurses away from direct care in an inpatient setting.

6. There are unpredictable variables that affect the nursing workforce, which may include practice changes, models of care and healthcare policies that may create an unstable healthcare environment, and implementation of a mentorship program as designed.

Recommendations for Future Projects

It was apparent to me during the literature review that there is an imbalance of research available for retention of the experienced nurse in comparison to transition of the new graduate nurse. Turnover statistics of the experienced nurse are concerning and can have lasting implications on patient outcomes (Schuelke et al., 2014). Further exploration of the mentoring relationship is needed to appreciate how it may affect retention and provide conclusive evidence that improved patient outcomes are the result of a balanced skill mix evolving from a structured mentorship program. Once evidence is conclusive regarding the success of strategies including a mentorship program to retain experienced nurses, retention of experienced nurses maybe realized.

The current project excludes in-house transfers of experience nurse retention, focusing only on newly hired experienced nurses. Understanding their needs in fostering relationships and resources in a new nursing specialty may reveal the need to create an abbreviated mentoring program. Further assessment of these nurses may have a positive impact in the retention of experienced nurses and their expertise.

Summary

An evidence-based nurse mentorship program was built from an awareness of, and response to a shrinking nurse workforce that may have lasting effects on healthcare. As the largest discipline of health care providers, nurses are at the of a changing health care environment. Nurses' owning their profession requires actively searching for innovations that can alter the forecast of the imminent nursing shortage. The infrastructure of the mentorship program supports translation of evidence into practice using specific organizational characteristics that engages experienced nurses.

Section 5: Dissemination Plan

Executive Summary

The healthcare industry is experiencing a shift in skill mix as experienced nurses seek

jobs outside the hospital setting or retire, contributing to the projected nursing shortage

across the United States. A turnover rate of experienced nurses at the focus organization

is an average of 35% annually, compared to data from the (MCHC) of 27% in the

comparable Chicago land area. It is estimated that each nurse that leaves the organization

creates an expense of approximately $57,000. The financial burden to the organization is

challenging; however, the imbalance of skill mix reaching the patient can contribute to

poor outcomes.

Exit interviews of experienced nurses leaving the organization determined the top

three reasons for voluntary separation. These reasons were: workload and stress, feeling

unrecognized or underappreciated, and finding a better opportunity somewhere else. Exit

surveys ranked 44.9% of these nurses as having a high impact on the organization, based

on their years of experience and vacancies within the organization. I developed an

experienced nurse mentorship program specifically for the organization with the aim to

reduce the outmigration of experienced nurses from inpatient clinical care, while

capitalizing on the knowledge and expertise of employed experienced or seasoned nurses

as mentors.

Evidence found in literature supports a theory based mentorship program. SCCT

and the mutual benefits model are the foundation of the mentorship program, with a focus

on developing professional relationships while creating organizational commitment.

Embedding the dyad into the organization's culture occurs when the needs of the mentor

and mentee are met. A decrease in experienced nurse turnover rates during the first 2 years of employment, a reduction in the reasons noted in exit interviews that include relationship and professional growth reasons, nurse satisfaction surveys, and organization results of the Casey-Fink Nurse Retention survey reporting likelihood to remain at the organization, will be the metrics used to determine program success.

Ongoing involvement of experienced nurse champions to develop, implement, monitor, and revise the mentorship program is necessary to sustain successful program outcomes. The dyad of mentor and mentee participating in the year-long structured mentorship program specific to the unique characteristics of the organization stands to reduce turnover rates of experienced nurses, improve patient outcomes and realize a financial savings to the organization.

Dissemination Plan

Dissemination to the Organization

Presentation of the executive summary, supporting evidence, and program documentation will be given to the to the organization's executive team. The organization's executive team carries the authority to implement nursing projects and approve financial support. Members of that team include the chief nursing officer, chief operating officer, and chief executive officer, who are all members of the nursing profession. Sharing the results of the formative and summative group evaluations will demonstrate support from key stakeholders.

Using a poster, I will highlight the current state, literature review, proposed intervention and metrics of success. I will focus on the organization's experienced nurse turnover data, reasons for resignation, and financial implications of turnover. A summary

of the literature review will be included in my poster with a description of a theory supporting a mentorship program and benefits to the organization of engaging employed experienced nurses as mentors in the onboarding process of newly hired experienced nurses. Included in the presentation will be an outline of the program structure and design. Metrics of success will be an essential component of the presentation.

Dissemination to a Broader Audience

Experienced nurses leaving practice with an impeding nursing shortage is a concern across the United States. Exposure to a broader audience will be achieved by presenting the experienced nurse mentorship program to attendees at an annual Magnet conference for nursing excellence. I will apply as a presenter for the poster and lecture sessions. Magnet presenters are nurses that come from all areas of the United States to share best practice with nurses in attendance. Because of the magnitude of the projected nursing shortage, the topic is relevant to all healthcare organizations, regardless of size and geographic location.

<div align="center">

Analysis of Self

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Self as Scholar

The Doctor of Nursing Practice (DNP) essentials from the AACN have been a guide in developing my skills as an academic scholar. My coursework continually reflected on the DNP essentials of integrating new knowledge into all phases of the project and sharing that information with nurses at the organization. The process of information gathering through review of literature, observation, and inquiry of stakeholders at the project site assisted me in understanding the interconnectivity of individual challenges across the nursing spectrum that contribute to the current state.

Through synthesis of new knowledge I translated evidence into practice which provided the foundation for my DNP project design. As a DNP graduate, I will be appreciative of the contributions of a diverse workforce and variables that influenced outcomes beyond nursing practice. Education equals confidence, which leads to competence. Through self-actualization during the process of developing this project, I emerged as an educated nurse leader. This was evident as I organized and facilitated meetings, introducing data to support the project, and stimulated collaboration across the organization to move toward a practical solution.

Self as Practitioner

I am continually analyzing the current state of nurse turnover and identifying opportunities to improve practice. As described by AACN (2006), engaging other practitioners and imparting new knowledge are expectations of disseminating information in the DNP role. Throughout my DNP journey, I have become increasingly astute regarding the dynamics of healthcare and that outcomes extend beyond patient care. I feel the nursing profession can no longer afford to be recognized as an individual entity; the profession must be nurtured and evaluated in order to respond to practice changes. An example of this is evident in the DNP project. The nurse mentorship program is multifaceted, encompassing the larger population of the profession by focusing on a multigenerational workforce, an aging population of expert nurses, patient outcomes, and financial challenges of organizations related to nurse turnover. The mentorship program is reliant on applying sound evidence and theory into the project in order to effect change in nursing practice.

Self as Project Developer

My skill as a project developer has been my greatest accomplishment related to my DNP education. Analyzing data from the project site and building upon those findings with supporting literature allowed me to identify the problem and narrow the scope to a targeted audience of experienced nurses. As the project evolved, it was apparent that it would require several stages of information gathering to propose an innovation that is practical for the organization. Using the kellogg logic model guide (2004), I approached the project in a sequential order that structured the program design, including planning and evaluation. The project was all-encompassing, spanning from effects on an individual nurse to the projected return on investment for the organization. A performance metric established during the program planning evaluates all aspects of the project, providing valuable information for modifications to the program.

Insight During Scholarly Journey

Perseverance is the key word that immediately came to mind while going through this academic journey. My determination was not only to complete the project but to create a quality evidenced based mentorship program. What became apparent was my passion for the topic because of my personal characteristics as a seasoned nurse. As I observe the challenges faced at this organization and others, it becomes clear that we need to maintain nurse expertise where it will also have a direct impact on patient care. Finding new ways to keep expert nurses in positions that will influence the practice of the next generation of nurses is at the forefront of my thoughts as I will someday be on the receiving end of care. I have realized my voice and ability to communicate my passion

for this issue with supporting evidence and potential solutions as a result of my DNP education.

Conclusion

The evidence-based, theory-supported, experienced nurse mentorship program project is an initial step toward reducing experienced nurse turnover. I utilized evidence found in the literature, exit interviews of nurses leaving the organization, and experienced nurses still practicing to create the program content. Consideration for the reasons experienced nurse's resign and are dissatisfied with their practice provided me with insight of the challenges organizations face in maintaining experts at the bedside. A diverse population of nurses and a multigenerational workforce were examined and taken into consideration when designing the mentorship program. The yearlong program length was determined based on the most vulnerable time for turnover published in the literature and found in organization data. All experienced nurses hired will transition into the mentorship program for one year following completion of their orientation. This program was designed to embed the experienced nurse within the organization. While this program is only a fraction of the turnover solution, it aims to engage employed experienced nurses as informal leaders in onboarding newly hired experienced nurses with the hopes of increasing their longevity in practice and decreasing the turnover of experienced nurses employed less than one year. The potential impact of this program cannot be overlooked in terms of the prospective return on investment to an organization financially and in positive patient outcomes related to maintaining experienced nurses in direct patient care.

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Appendix A: Evaluation of Mentorship Program Structure and Design

	Strongly Agree	Agree	Neutral	Strongly Disagree	Disagree
Nurses from the Work life council have contributed to the program design utilizing evidence found in literature					
The cost analysis included in the proposal, including projected expense and savings supports implementation of the program.					
The program is based on the Social Cognitive Career Theory that supports the principle of intentional professional relationships within the program.					
The program plan provides opportunity for the mentor and mentee to evaluate the program design and make recommendations					
The program plan allows the mentor and mentee to evaluate the effectiveness of their relationship.					
Program has appropriate criteria for accepting and disqualifying mentor applicants					
The program contains an appropriate agreement for the mentor spelling out the terms and commitment of the mentoring relationship					
Program provides an appropriate orientation that focuses on developing the mentor's skills					
The mentor has ongoing support throughout the duration of the program to foster their growth as a mentor					
An outline of mentee expectations is included in the program design					
The design includes ongoing support of the mentee for the duration program					
The mentor/mentee relationship has an established timeframe					
An opportunity for a final evaluation is included at the conclusion of the program					
After reviewing program materials and receiving an overview from the DNP student, I understand the purpose, structure, design, financial implications, and metrics of the mentorship program, I recommend the program be forwarded to the nurse executive for approval.					

Appendix B: Education Topics

Quarterly Nursing Topics

Nursing Excellence
- Magnet
- NDNQI
- EBP
- Certification
- Nursing Strategic Plan
- Shared Governance
- HCAHPS

Professional Relationships
- Recognition
- Resources
- Annual Review Process
- Structure of the organization, Ambulatory vs PPD, ORG chart
- Planetree
- Community partnerships
- Navigating the Portal

Being an RN at EMHC
- Relationship Based Care
- Delegation
- Civility
- Workplace Diversity
- Ancillary Departments

High Reliability Organization
- Unit Based Safety Huddle
- TeamSTEPPS Communication Tools
- Conflict resolution
- Giving and Receiving Feedback
- RL6

Appendix C: Cost Analysis

COST ANALYSIS

Annualized data from CY 2016 average = 20 new experienced hires per quarter

1st quarter FUEL Meeting	Expense Beyond FTE	Expense 1/2 the attendees beyond FTE	Expense attend as part of their FTE	3rd quarter FUEL Meeting	Expense Beyond FTE	Expense 1/2 the attendees beyond FTE	Expense attend as part of their FTE
Breakfast per quarter	450	450	450	Breakfast per quarter	1200	1200	1200
Labor Cost per quarter (20 dyads) Based on $36 per hr	5760	2880	0	Labor Cost per quarter (60 dyads) Based on $36 per hr	17280	8640	0
Dining Dollars ($15 x 3)	900	900	900	Dining Dollars ($15 x 3)	900	900	900
TOTAL	$7,110.00	$4,230	$1,350.00	TOTAL	$19,380.00	$10,740	$2,100.00
2nd quarter FUEL Meeting				4th quarter FUEL Meeting			
Breakfast 20 additional dyads	900	900	900	Breakfast per quarter	1500	1500	1500
Labor Cost per quarter (40 dyads) Based on $36 per hr	11520	5760	0	Labor Cost per quarter (80 dyads) Based on $36 per hr	23040	11520	0
Dining Dollars ($15 x 3)	900	900	900	Dining Dollars ($15 x 3)	900	900	900
TOTAL	$13,320	$7,560	$1,800	TOTAL	$25,440	$13,920	$2,400

First Year Meeting Expense			
1st quarter FUEL Meeting	$7,110.00	$4,230	$1,350.00
2nd quarter FUEL Meeting	$13,320	$7,560	$1,800
3rd quarter FUEL Meeting	$19,380.00	$10,740	$2,100.00
4th quarter FUEL Meeting	$25,440	$13,920	$2,400
Total	$65,250	$36,450	$7,650
Mentorship Orientation 4-hours (50)	$7,200	$7,200	$7,200
Marketing	$500	$500	$500
Office Supplies	$500	$500	$500
Celebration for Mentee	$800	$800	$800
Program Expense Year 1	$74,250	$45,450	$16,650

Annual Program Expense- 4 meetings (less marketing and mentor orientation)		1/2 attend beyond FTE	Attended as part of FTE
Labor	$92,160	$46,080	0
Dining Dollars ($15 x 3)	$3,600	$3,600	$3,600
Breakfast	$6,000	$6,000	$6,000
Mentorship Orientation 4-hours (10)	$1,440	$1,440	$1,440
Celebration for Mentee	$800	$800	$800
Range of Annual Program Expense	$104,000	$57,920	$11,840

TOTAL CY15 RN Turnovers	100
CY15 RN Turnovers (< 1yr exp.) of TOTAL	38
CY15 RN Turnover (2-5yr exp.)of TOTAL	36
EMH cost per 1 RN turnover estimate (Avg. between MedSur & Specialty)	$57,000
Total Cost in turnover	$5,700,000
Goal: Decrease RN turnover with < 1yr exp.by 10%	4
Anticipate reduction in 1st year turnover labor cost related to FUEL program	$228,000

Each percent change in RN turnover will cost/save the average hospital an additional **$373,200**. (Nursing solutions, 2016)

*Variance in expense will be related to number of mentors and mentees

Appendix D: Mentor Criteria

Mentor Criteria

Requirements

- be employed at the organization for a minimum of 1 year;

- work a minimum of 48 hours per pay period;

- have no counseling or disciplinary actions within the last 12 months, including probations or suspensions;

- follow human resource policies (low absenteeism and tardiness);

- receive recommendation from his or her manager and two co-workers; and

- willing to commit to and participate in the program requirements for at least one year.

Characteristics

- has a positive attitude;

- communicates effectively

- models the mission and values of the organization;

- demonstrates interpersonal problem-solving skills;

- demonstrates expert nursing practice; and

- has a good working relationship with coworkers, physicians, and ancillary staff;

I believe according to the requirements and characteristics that I am a strong candidate for an experienced nurse mentor and am willing and able to commit to the yearlong program.

Mentor Candidate Name_____

Mentor Candidate Signature _____Date:_____

Appendix E: Leadership Endorsement

Leadership Endorsement

To be completed with EACH request to mentor

Mentor applicant to complete top of this form and submit to program director

Applicants Name (Print): _____Application Date_____

Date of Hire: _____

Employment Status (circle):   Full-time   Part-Time (Min. of 0.6)

Program Director (Print):

Below to be completed by the Program Director

Criteria:

Please verify the criteria has been met in the PAST 12 Months prior to application request to mentor by placing your initials in the appropriate space.

__ No counseling or disciplinary actions within the last 12 months including probations or   suspensions.

__ Follows attendance policy (low absenteeism and tardiness rate).

__ Has a good working relationship with coworkers, physicians and ancillary staff.

__ Models the mission and values of the organization

__ Received 2 peer recommendations

☐ **I do** recommend this applicant as an RN mentor for new employees

__ Confirmation from the mentor applicant that they will commit to the program for the   duration of their mentee's yearlong participation

___ Number of mentee's this applicant is currently mentoring

☐ **I do not** recommend this applicant as an RN mentor for new employees

Program Director Signature: _____**Date**: _____

Appendix F: Peer Recommendation

RN Mentor Peer Review for Recommendation
Completed by 2 RNs that are current peers in your department/ unit
1 peer of the applicant's choice and 1 peer to be determined by your manager

Applicants Name (Print): _____

Peer RN (Print): _____

PROFESSIONAL RECOMMENDATION

1. Did this nurse precept you? If yes, what was the nurse's strengths and opportunities for improvement?

   _____
   _____
   _____
   _____

2. Describe the relationship the nurse has with her/his colleagues including nurses, techs and physicians.

   _____
   _____
   _____
   _____
   _____

3. Why do you think you think this nurse would or would not be a good mentor for new employees?

   _____
   _____
   _____
   _____
   _____

   ____   **I do** recommend this applicant as an RN mentor for new employees

   ____   **I do not** recommend this applicant as an RN mentor for new employees

Peer Signature: _____Date: _____

Appendix G: Mentor Orientation Workshop

Mentorship Orientation Workshop Agenda

8am – 12pm

- Introduction to *An evidence-based Mentorship Program for experienced nurses*

  - Purpose
  - Differences between a mentor and preceptor
  - Role expectations
  - Review of evidence to support the program at different levels
    - Individual
    - Department
    - Organization

- Cultural diversity in the nursing workforce

- Socialization of the mentee

- Strategies to support development of a professional relationship

- Communication tools for use in the clinical setting

- Providing feedback

  - Reflection on prior and current experiences of the mentee
  - Processing perceived success and failures
  - Care of self

- Review of resources and references available to the mentor

- Review of mentor manual content which includes

  - Schedules
  - Feedback forms
  - Articles
  - Organizational Chart
  - Key contact information

- Overview of program structure

Appendix H: Program Outline

Quarterly Mentor / Mentee Meeting Format and Topic Outline

Each new experienced RN hire will automatically become part of the mentorship program for one year following unit-based orientation. Topics are rotating so that at the end of the year all program participants will hear all four sessions regardless of when they start. The quarter that they were hired in will be their cohort as they move through the mentorship program.

Mentee Expectations:
- Once unit orientation is complete, mentee will automatically be enrolled in the mentorship program for the duration of one year
- The mentee will
  - participate in regularly scheduled meetings with their mentor
  - attend the quarterly program meetings and engage in the debriefing sessions
  - provide ongoing feedback throughout the program and at the completion of the program
  - apply learning from the mentor and program content into practice

Meeting Logistics:
- Occurs quarterly on the same day, time and week of the month
- 4-Hour breakfast meeting

Participants:
- All mentors actively practicing during that quarter
- Mentees, all nurses during their 1st year of employment
- Subject Matter Experts presenting education topic
- Facilitators

  *It is preferable that the mentor has no more than two mentees in the program and should not exceed three at any time.

Agenda Template for quarterly meetings:

Time	Topic	Resource
8am	Welcome Introductions Breakfast	CNO
8:45am	Separate Debriefing in different rooms to reflect on professional relationship success and opportunities i. Mentors ii. Mentees	Minimum of 2 facilitators
9:30am	Break	
9:45am	Quarterly Topic – All participants	SME
11:15am	Closing Exercise	SME
11:50 – 12:00	Celebrations and Evaluations	Facilitator

Appendix I: Meeting Debrief

<u>Mentor/Mentee Meeting Debrief</u>
<u>To Be Completed by the Mentor</u>

Mentor Name:_____ **Mentee Name:** _____

Date of meeting: _____**Meeting Number: 1 2 3 4 5 6 7 8 9 10 11 12**
How long did this meeting last?

☐ 10-20 minutes   ☐   20-30 minutes   ☐   30-45 minutes   ☐ > 45 minutes

Were any of the following quarterly topics discussed?

☐ Being an RN at EMHC ☐ Professional Relationships ☐ Nursing Excellence ☐HRO

What was the main topic or focus of this meeting?

_____

_____

_____

Do you feel this meeting had a positive impact on your mentee?

☐ Yes   ☐ No   ☐ Difficult to tell

Do you feel your mentee is adjusting to EMHC culture adequately?

☐ Yes   ☐ No   ☐ Difficult to tell

Did you have the resources to address any of your mentee's concerns? ☐ Yes   ☐ No
If no, what do you need to be a successful mentor?

_____

_____

_____

_____

 Additional comments or suggestions

_____

_____

_____

_____

Appendix J: Quarterly Meeting Evaluation

Quarterly Meeting Evaluation

Date: _____

Your role: ☐ Mentor ☐ Mentee

Which of these categories were presented during today's quarterly meeting?

☐ Being an RN at EMHC ☐ Professional Relationships ☐ Nursing Excellence ☐ HRO

Please rate the following from Strongly Agree to Strongly Disagree

Topic	Strongly Agree	Agree	Neutral	Strongly Disagree	Comment
The meeting format was conducive to socializing with mentors and mentees					
The debriefing session provided a trusting and confidential format for reflecting on the professional relationship successes					
The debriefing session provided a trusting and confidential format for reflecting on the professional relationship opportunities					
The educational topic presented was relevant to my integration within the organization					
The closing exercise promoted collegiality					
The meeting was the appropriate length of time					

What topic would you recommend within the category presented today?

_____

Please add any additional comments or suggestions on the reverse side of this form.

Appendix K: Program Completion Evaluation

Program Completion Evaluation

Date: _____

Your role: ☐ Mentor ☐ Mentee

Please rate the following from Strongly Agree to Strongly Disagree

Topic	Strongly Agree	Agree	Neutral	Strongly Disagree	Comment
The structure of the program contributed to a sense of belonging within the organization					
The quarterly meetings provided support during the mentoring period					
The program enhanced the development of professional relationships					
The educational topics provided information that was not presented or needed reinforcing from the hospital and/or unit specific orientation					
The length of the program, 1 year, was appropriate to learn the culture of the organization and build relationships					
I found the program valuable and would recommend continuing the mentorship program for newly hired experienced nurses					
I believe by participating in the mentorship program, it has increased my job satisfaction					

How do you feel this mentorship program contributed to you, as a professional nurse at this organization?

_____

_____

_____

Please add any additional comments or suggestions for program improvement on the back.

Appendix L: Casey-Fink Nurse Retention Survey

Revised Casey-Fink Nurse Retention Survey
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I. Please answer each of the following questions by placing a mark inside the circles:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. My work challenges me.	○	○	○	○
2. I feel that my talents are appreciated.	○	○	○	○
3. I feel that I make a difference with patient care.	○	○	○	○
4. I feel that I am a respected member of the healthcare team.	○	○	○	○
5. I feel supported by my team on my unit.	○	○	○	○
6. I feel supported by my charge nurse.	○	○	○	○
7. Other nurses are available to assist me during new situations and procedures.	○	○	○	○
8. My charge nurse provides encouragement and feedback about my work.	○	○	○	○
9. My educator provides encouragement and feedback about my work.	○	○	○	○
10. My manager provides encouragement and feedback about my work.	○	○	○	○
11. I enjoy socializing with other team members outside of working hours.	○	○	○	○
12. I feel comfortable communicating with patients and families.	○	○	○	○
13. I feel overwhelmed by my patient care responsibilities and workload.	○	○	○	○
14. I feel the expectations of me in this job are realistic.	○	○	○	○
15. I feel supported by the physicians I work with.	○	○	○	○
16. I have been in my position about as long as I want to be.	○	○	○	○
17. If the economy was better, I would think about finding another job.	○	○	○	○

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
18. I feel that my contributions to this organization are acknowledged.	O	O	O	O
19. I feel that my charge nurse is approachable.	O	O	O	O
20. I feel that my educator is approachable.	O	O	O	O
21. I feel that my manager is approachable.	O	O	O	O
22. I feel that my manager follows through with my concerns.	O	O	O	O
23. There are positive role models for me to observe on my unit.	O	O	O	O
24. My manager is helping me to develop confidence in my practice.	O	O	O	O
25. My manager places a high value on the work I do.	O	O	O	O
26. My preceptor(s) provided me with a sound foundation to begin my practice.	O	O	O	O
27. I have a mentor I look to for continued guidance and mentoring.	O	O	O	O
28. I am satisfied with my chosen nursing specialty.	O	O	O	O
29. I would encourage other nurses to work at UCH.	O	O	O	O
30. I believe nurses should be rewarded based on seniority rather than clinical performance.	O	O	O	O
31. I would like to be working here 5 years from now.	O	O	O	O
32. I would consider staying here if offered the option of working shorter shifts.	O	O	O	O
33. I would like the option of working some shorter shifts (i.e. 4, 6, 8, 10 hours).	O	O	O	O

34. If you agree to question 33, what is your preference of shift length
    a. 4 hour
    b. 6 hour
    c. 8 hour
    d. 10 hour

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
35. I am experiencing stress in my personal life.	O	O	O	O

36. If you chose agree or strongly agree, to #35, please indicate what is causing your stress. (You may circle more than once choice).

  a. Finances
  b. Child care
  c. Student loans
  d. Graduate school
  e. Living situation
  f. Personal relationships
  g. Job performance
  h. Other: _____

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

	VERY DISSATISFIED	MODERATELY DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	MODERATELY SATISFIED	VERY SATISFIED
Salary	○	○	○	○	○
Benefits	○	○	○	○	○
Getting out of work on time	○	○	○	○	○
Nurse to patient ratios	○	○	○	○	○
# Weekends off per month	○	○	○	○	○
Rotating day/night shifts	○	○	○	○	○
Opportunity to work straight shifts (straight days **or** nights)	○	○	○	○	○
Timeliness of the schedule being available	○	○	○	○	○
Schedule is flexible to my needs	○	○	○	○	○
Opportunities for career advancement	○	○	○	○	○
Amount of encouragement and feedback from manager	○	○	○	○	○
Orientation was adequate for my needs.	○	○	○	○	○
Quality of care that I am able to provide	○	○	○	○	○

  1. **Please list or describe ways in which you have received praise or recognition for a job well done:**

  _____

  _____

  2. **How would you like to receive recognition for a job well done?**

  _____

  _____

III. Professional Development

1. What are your professional goals for the next:

One year? _____

Five years?_____

2. Is there someone assisting (mentoring) you to achieve these goals?
    a. yes
    b. no

3. What activities have you participated in during the past two years to enhance your professional development and/or support achievement of your career goals? Please check all that apply.
    a. unit/hospital committee(s)
    b. certification in your specialty area
    c. member of a professional organization
    d. subscribe to a nursing journal
    e. enrolled in an advanced degree program
    f. other _____

IV. *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. Number of years as a Registered Nurse: _____

4. Number of years in your area of specialty: _____

5. Number of years at UCH: _____

6. I am currently employed:
    a. full time
    b. part time
    c. flex

7. I work in the following setting:
    a. inpatient
    b. ambulatory

8. The unit I work: _____

9. UXCEL Level: I   II   III   IV

10. Highest Degree Recd: AD: ____ Diploma: ____ BSN: ____ ND: ____ Master's:____DNP:____

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 nights
    c. Rotating days/nights
    d. Weekends

14. What keeps you working in your current job? (choose the one most important reason)
    a. nurses you work with
    b. patient care or making a difference
    c. autonomy
    d. manager
    e. educator
    f. charge nurses
    g. other nurses
    h. salary
    i. time off
    j. benefits
    k. opportunities for career advancement
    l. types of patients in my care area
    m. continuing education opportunities
    n other, please specify _____

Appendix M: Program Content Evaluation

Program Content Evaluation

ELEMENT	Strongly Disagree	Disagree	Neutral	Agree	Strongly Disagree	Comment
Program Design						
The mentor / mentee relationship is supported with structured meeting time						
The program encourages mentor / mentee interactions with expectations of individual unstructured meetings						
The Following Program Topics will is information that will create professional relationships, provide resources to the new hire and familiarize the mentee with the organizational culture						
Program Topic: Nursing Excellence						
Magnet						
NDNQI						
EBP						
Certification						
Strategic Plan						
Shared Governance						
HCAHPS						
Program Topic: Professional Relationships						
Recognition						
Resources						
Annual Review Process						
Structure of the organization, Ambulatory vs PPD, ORG chart						
Planetree						
Community partnerships						
Navigating the Portal						
Program Topic: Being an RN at this Organization						
Relationship Based Care						
Delegation						
Civility						
Workplace Diversity						
Ancillary Departments						

The Following Program Topics will is information that will create professional relationships, provide resources to the new hire and familiarize the mentee with the organizational culture						
Program Topic: High Reliability Organization						
Unit Based Safety Huddle						
TeamSTEPPS						
Communication Tools						
Conflict resolution						
Giving and Receiving Feedback						
Occurrence Reports						
Evaluation						
There is a format to debrief after each mentor / mentee meeting and reflect on the meeting outcomes.						
The mentor / mentee have an opportunity to evaluate each quarterly meeting and the topic presented.						
At the conclusion of the mentorship program the mentor / mentee have an evaluation of the program in its entirety and the influence it may have had on the professional relationship.						