2019

An Education Program for Improving Knowledge of Experienced and Aspiring Mentors

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This is to certify that the doctoral study by

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

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Dr. Barbara Gross, Committee Member, Nursing Faculty
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The Office of the Provost

Walden University
2019

Abstract

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MA, Angeles University Foundation, Philippines, 1996

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Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

August 2019

Abstract

Using a staff development approach, this doctor of nursing practice project addressed the preparation of nurses who serve in the role of mentors. Developed and carried out in an American Nurses Credentialing Center Magnet-designated hospital, the primary aim of the project was to develop and implement a staff education program for mentors focusing on best-practice strategies for mentoring new nurses. The secondary purpose was to conduct a literature review on evidence-based practice strategies for mentoring new nurses. This project was guided by Knowles' adult learning theory and Benner's novice to expert model. A 2-hour education program was attended by 16 registered nurses, including 2 assistant nurse managers, 12 clinical nurses, and 2 unit-educators. A program evaluation was completed showing 2 RNs indicating interest in initiating a unit-based mentorship program. Two nursing units reported current mentorship programs already in place. Evaluation results were summarized and reported to the education council chair. Improvements in knowledge scores on mentorship was ascertained from the results of a posttest that were higher (average score of 83.125%) than the scores noted on the pretest (average score of 70%). Potential implications of the project include improving the morale of mentors who would be well equipped through organized mentorship education programs with tools for preparing, training, and developing new nurses. The findings of this project have the potential to positively influence social change by assisting in achieving higher nurse retention rates leading to improved patient outcomes.

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Dedication

I am dedicating this doctoral academic work to my young daughters, Janisse, Wynette, Jewelyn and Winona, who I hope will be inspired and aspire to become academic scholars and future individual contributors to positive social change. I also share this academic endeavor to my husband, Windel Calunsag, my best friend, nurse-colleague and critic, who have supported and motivated me to pursue this terminal degree in nursing. To my mom, Cleopatra Quiambao, who has served as a role model for furthering my education and achieving my ultimate nursing mission and passion in life, I lovingly and sincerely offer you my success and professional joy.

Acknowledgments

With the continued patience, academic support and educational guidance of my faculty adviser, I have reached this path in my professional career that provided me the opportunity to complete my terminal degree in nursing. I am indebted to you, my faculty adviser, my mentor, Dr. Edna Hull, PhD, RN, CNE, for all your selfless deeds to facilitate the revision of this DNP proposal that will hasten the completion of this EBP capstone project that will earn my degree. I am very thankful for your timely review that paved the way to approval of my DNP proposal, Dr. Barbara Gross and Dr. Tracy Wright. I also would like to appreciate your help Rachael Santos, MSN, RN, GNP-BC, for your patience, encouragement and passion to mentor me.

I recognize all your expertise, time and unwavering effort to assist me, Dr. Mildred Kowalski. PHD, RN, NE-BC, CCRP, especially for your research guidance and partner site feedback. I have been fortunate to have your academic guidance, enthusiasm, interest and dynamism Dr. Katherine Hinic, PhD, RN, CNE. Thank you for your endless pursuit of evidence-based practice strategies to help fellow nursing colleagues appreciate the outcomes as a result of excellence in nursing practice.

I am grateful for your love and emotional support, Dr. Florencia Palis, PhD, for your assistance with proof-reading and suggestions to improve the flow of ideas of my DNP proposal. Lastly, I acknowledge your commitment to your countryman, Dr. Leo Felix-Jurado, PhD, RN, APN, NE-BC, CNE, FAAN. I will always remember your dedication to assist fellow Filipinos to uplift the nursing profession in this great nation.

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Section 1: Nature of the Project

Introduction

Using a staff development approach in this doctorate in nursing practice (DNP) project, I addressed the preparation of nurses who serve in the role of mentors. More specifically, I sought answers to the question: Will a staff education program on mentorship improve the knowledge of experienced and aspiring mentors of current best evidence-based practice (EBP) strategies in mentoring novice nurses? Developed to be carried out in the clinical setting where I previously worked, the mentorship program has been decentralized resulting in the use of various approaches in mentorship programs. For some hospitals, there are numerous benefits derived from an ongoing mentorship program, namely higher retention rates and lower turnover rates compared to hospitals without mentorship programs in place (Banister, Bowen-Brady, & Winfrey, 2014; Vincilli-McCord, 2009). Recognizing that mentors are valuable to mentees as they transition to their clinical practice site (Bannister, et al., 2014), my DNP project focused on improving the knowledge of experienced and aspiring mentors of effective strategies for mentoring nurses. This may assist nursing leaders and nursing executives of the organization to experience smoother flow of clinical setting operations, assuring patient safety and quality of nursing care in the hands of a well-motivated and supported nursing staff.

Problem Statement

When I asked the hospital's educators' council chair about the status of the unit-based mentorship programs in this Magnet hospital, I learned that fewer than half of the

nursing leaders led a mentorship program in their respective departments (Hospital's Education Council Chair, personal communication, February 2018). From a centralized form of mentorship program that was organized by the organizational development group and the nursing education department, the decision to hold or not hold a mentorship program currently rests upon each nursing unit. Hence, every department enforces their own protocols and guidelines pertaining to the mentorship program based on the nursing unit's needs relative to the accustomed or new practices in mentoring nurses. This approach raises questions regarding effectiveness in regard to how mentees are being prepared for their respective positions.

According to Zaccagnini and White (2011), the knowledge gained from mentorship programs allows novice nurses to transform into competent, confident clinicians and leaders in performing in their new role as a registered nurse (RN). Also of note is that the clinical setting is a Magnet designated organization. The American Nurses Credentialing Center (ANCC, 2014) focuses its Magnet designation on one of its elements, which is the existence of successful mentorship programs among health care institutions. This is true for the existing mentorship programs organized nationally for preparing novice nurses for clinical practice (Jewel, 2013; Vincilli-McCord, 2009; William, 2013). Hence, this DNP project will promote development, implementation, and evaluation of a program for educating staff on evidence-based nurse mentoring strategies for their respective unit-based mentorship programs.

Purpose

My primary aim for this DNP project was to develop and implement a staff education program on mentorship. A secondary aim to was to conduct a literature review to identify best practices in mentoring nurses. Currently, the nursing departments that initiated nurse mentorship programs are either developing their formal structure or determining the need to create the nurse mentorship program to guide the mentor-mentee relationship and produce expected outcomes for the mentor training the mentee. As such, a component of the DNP project entailed implementing an education program intended to train-the-trainer to improve the way mentees will be mentored. A more informed and trained mentor can employ evidence-based methods to train and develop the mentees, enhancing the competence, confidence, and compassion expected of nurses in the clinical setting.

Nature of the Doctoral Project

Research databases such as CINAHL, Medline, Ovid, PubMed and Google Scholar served as literature search engines for locating best practice strategies for mentoring new nurses. The approach for organizing the evidence consisted of grouping literature based on processes intended to obtain information on whether the knowledge among mentors about mentorship improved, and strategies in mentoring nurses. The approach for analysis of the evidence involved comparing and contrasting effective methods of mentoring employed by different settings.

Significance

Stakeholders who were impacted by findings generated from this evidence-based project included nurse managers, Professional Development Committee members, nurse educators, clinical coordinators, and mentors and mentees. The potential implication resulting from the DNP project included improving the morale of mentors. The mentors were equipped with tools for developing new nurses (Jones, 2016). The tools to prepare, train, and develop new nurses assisted the experienced and aspiring mentors with (a) performing more efficiently during workflow, (b) promoting camaraderie among nursing team members who will take care of overwhelmed novice nurses, (c) providing mentorship-related resources, and (d) enhancing a clear career trajectory where furthering pursuit of a higher nursing degree becomes part of the clinical environmental culture.

The staff education program on mentorship can be used by other members of the interdisciplinary team including respiratory therapists, occupational therapists, physical therapists, and other healthcare disciplines. The focus needs to be on enhancing the potential of the trainer, in this case the mentor, in order to instill confidence in mentoring a new employee aside from instituting other practice-related tasks or protocols. As part of a positive social change, the hospital or other health care organizations can have a high-quality workforce as effective training and development of both mentors and mentee may ensure desirable patient care outcomes.

Summary

In conclusion, Section 1 served as an introduction to the DNP project. Developed to be carried out in an ANCC Magnet designated hospital, the primary aim of the project

was to develop and implement a staff education program for mentors focusing on best strategies for mentoring new nurses. This section included the practice problem, purpose of conducting the capstone project, and the significance of addressing the practice problem to stakeholders who were affected by the existence of this practice issue.

In Section 2 I address concepts, models, and theories supporting the project. Additionally, Section 2 provides literature relevant to the EBP project, background on the clinical setting, and the role of the DNP student and team members.

Section 2: Background and Context

Introduction

When the clinical practice setting has unit-based mentorship programs that have begun formalizing their respective nurse mentoring processes, the mentors for the new nurses may need to be adequately guided on what to teach and how to teach them. This prompted me to employ a staff education program to assist experienced and aspiring mentors to identify best available strategies for effectively mentoring novice nurses. I developed practice-focused questions to guide the DNP project:

PFQ1: What current best EBP strategies emerged in the literature for mentoring new nurses transitioning to clinical practice?

PFQ2: Will the education program on mentorship improve the knowledge of experienced and aspiring mentors?

The primary purpose of this DNP project was to develop and implement a staff education program directed at mentors. The secondary reason for this DNP project was to conduct a literature review to identify best-practice strategies for mentoring novice nurses. In this section I discuss concepts, theories, and models guiding the DNP project, relevance of the doctoral project to nursing practice, the local background and context of the project, my role as the DNP student, and the roles of my project team members.

Concepts, Models and Theories

This project was guided by P. Benner's novice to expert model (McEwen & Wills, 2011) and M. Knowles's adult learning theory (Knowles, Holton, & Sanson, 2012). Benner's novice to expert model acknowledges the behaviors and actions of a

nurse across five stages including novice, advanced beginner, competent, proficient, and expert (McEwen & Wills, 2011). Knowles's adult learning theory served as a framework for the staff education program intended for mentors (Knowles et al., 2012).

Benner's Novice to Expert Model

A mentor who trains, supports, and develops a novice nurse is expected to help the mentee transition to an advanced beginner, then to a competent nurse and to a proficient staff member (McEwen & Wills, 2011). Approximately 5-10 years after beginning practice, that mentee will hopefully fully advance to an expert clinical nurse. Mentors guide mentees in every aspect of clinical practice development helping strengthen the skills and enhancing knowledge development (Grindel & Hagerstrom, 2009). This support will be beneficial to retain a new nurse who will anticipate professional growth (Henderson & Eaton, 2013). The training that one novice nurse may experience may be patterned from successful mentorship experienced in the past (Gilson, 2013). Additionally, mentorship may play a crucial role in molding individuals into reliable practitioners who can excel in every aspect of their nursing skills and clinical judgements and portray suitable attitudes worth emulating by the next generation of nurse employees (McEwen & Wills, 2011).

Mentoring a new nurse through Benner's model relates to coaching a novice nurse up to the point the nurse transitions to an expert practitioner (McEwen & Wills, 2011). In addition to this, Benner believed that expertise develops as the new nurse applies theories learned in school to actual clinical situations with guidance from an experienced teacher.

Knowles's Adult Learning Theory

The mentor can effectively teach when adequately equipped with knowledge and skill. In order to measure some degree of adequacy on mentoring newly hired nurses, the trainer, who is the mentor, must know what to teach and how to teach. According to Knowles et al. (2012), there are six core adult learning principles. First, learners need to know the why, what, and how people learn (Knowles et al., 2012). Learners should ask themselves what they want to be taught (Curry, 2008). Secondly, the self-concept of the learner signifies autonomy and self-direction (Knowles et al., 2012). Knowles promoted self-directed learning and coined the words andragogy or learner-centered, and pedagogy, or teacher-centered (Curry, 2008). Third, the prior experience of the learner needs to be tapped when introducing new concepts (Knowles et al., 2012). This means that the mentor must do a self-assessment as an adult learner (Norman, 1999) and figure out what ideas to integrate if change in practice is desired. Fourth, readiness to learn stems from relating experiences to life situations and developmental tasks (Knowles et al., 2012). It is through learner-centeredness that a person engages in initiative, critical thinking, and self-direction (Damodaran, 2018). Fifth, the orientation to learning is based on contextual definitions and learners being problem-oriented (Knowles et al., 2012). Lastly, the motivation to learn is an intrinsic factor and should address personal payoff (Knowles et al., 2012). There is a strong desire for mentors to be role models and be emulated by those they mentor. As such, it is imperative to learn the basic concepts explored by Knowles. In this approach, mentors will better understand their capabilities and the extent to which they could facilitate learning among new nurses.

Defined Terms

Mentee: A newly graduated RN or a per diem RN who has completed the orientation period (preceptorship) and is introduced to a mentorship program (operational definition).

Mentor: An experienced RN or a senior staff nurse who is chosen or volunteers to coach, help, and follow up with a mentee, who is the novice nurse, after the mentee's orientation period is completed (operational definition).

Mentoring: "An intentional, long-term career developmental relationship among an experienced nurse, a less experienced nurse, and their workplace" (Jakubik, Eliades, & Weese, 2016, p.150).

Mentorship: The period after the completion of unit orientation or HIRE learner residency program of a newly graduated RN or a newly hired per diem RN and the time a mentee is provided or has chosen a mentor (operational definition).

Novice nurse: A newly graduated RN who is guided by the mentor (McEwen & Wills, 2011).

Nurse: The novice or the experienced nursing staff member employed in a per diem, part-time, of full-time role (operational definition).

Orientation: The newly hired novice RN or per diem RN being trained to adapt to the routine and protocols of the unit where the novice or per diem RN is employed (operational definition). The period of orientation is going to be synonymous with *preceptorship,* as used operationally in this capstone project. It is defined as a "semi-structured to structured program of using a blend of formal classroom, self-paced

learning, and preceptor-directed learning designed to transfer job skills and knowledge needed to become a competent professional" (Jakubik et al., 2016, p.149).

Relevance to Nursing Practice

This section serves as a literature review on the topic of unit-based mentorship programs. It is guided by the following practice-focused questions:

PFQ1: What current best evidence-based strategies have emerged in the literature for mentoring new nurses?

PFQ2: Will an education program on mentorship improve the knowledge of experienced and aspiring mentors?

This section begins with the search strategy used to locate relevant literature. A synthesis of the literature follows that is presented under the headings of quantitative, qualitative, and mixed method studies.

The literature reviewed for this capstone project was retrieved via searches of CINAHL, Medline, Ovid, PubMed, ProQuest and Google Scholar publications from 2009 to 2018 using the key words *nurse* and *mentorship*. The relevant literature search yielded 182 articles. The key words used to narrow the search were *education program* and *nurse mentorship*. I selected a total of 33 articles that potentially met the strict inclusion criteria. Relevant studies that involved e-mentoring, students/undergraduate mentoring, certified nurses' mentoring, and mentoring in the academic setting served as exclusion criteria. Twelve out of 33 articles yielded findings relating to mentorship programs for new nurses, and they were included in this review. Additionally, a search of ProQuest contains most of the dissertations applicable to this DNP project. As stated previously, the review

of relevant literature is presented under the headings of quantitative, qualitative and mixed methods studies.

Quantitative Studies

Fischer et al. (2015) conducted a randomized controlled trial of clinical mentoring and case sheets to 295 nurses in the primary labor and delivery care centers in India where maternal and neonatal mortality rates were high specifically due to inadequate basic training. Fifty-four or half of the primary health centers of the Karnataka Districts of India were assigned as intervention sites where clinical mentoring with case sheets and checklists were brought. The other half of the 108 primary health center districts were the control sites where no support for staff knowledge and skill enhancement were initiated, resulting in lower scores on the complications of the labor index. Evidently, this study aligns with the goal of reinforcing the importance of structured mentorship programs to obtain maximal benefits for both the health care institution and the nursing employees as well as their patients.

The Clinical Leadership Collaborative for Diversity in Nursing program (Banister et al., 2014) was developed through an academic partnership that emphasized supporting diverse nursing students and facilitating transition to practice. According to Banister et al. (2014), a key element of the program was mentoring. Selected novice clinicians are paired with an experienced, minority clinical nurse or nurse leader from one of the partnering agencies who assists with guiding the novice clinicians throughout the first year of employment. The mentoring component was evaluated through surveys in which mentors and mentees rated one another and offered open-ended comments on the

program's impact. For mentees, the most crucial element was communication with mentors and optimal use of time for preparing meetings. For mentors, the highest priority was enthusiasm and interest of the mentees to achieve their goals based on high standards. Banister et al. (2014) further related that mentees consistently identified mentoring as the program's strongest element evidenced by sixty-four individuals who had participated to date with a very low job turnover among graduates.

Qualitative Studies

Anatole et al. (2013) conducted an exploratory study on mentoring and enhanced supervision at health center (MESH) programs in rural Rwanda. The Rwanda nurse-mentors had a goal of 21 health center visits and were able to mentor 168 to 315 staff nurses at least 2 days every month and a half for a time frame of six months that assisted with restructuring staff routine tasks and workflow. Through the collaborative efforts of Rwanda MESH nurse-mentors, the challenges to quality of care like a shortage of nurses, high cost of centralized didactic training, limited clinical supervision, high staff turnover, and supply-chain issues among nurses were addressed. It was evident that time spent by nurse-mentors and scheduled time availability were crucial in impacting the sustainability of the project. The methodological limitation of the study identified was the limited time spent by the MESH nurse-mentor to monitor staff nurses who may only have performed excellently when the assigned MESH nurse-mentor was present.

Because nursing is a practice profession, new graduates must be prepared to demonstrate particular competencies that are structured to improve practice. To understand and manage mentors' concerns, permit more positive learning outcomes, and

be involved in evidence-based nursing education, the faculty designed and implemented an assignment that integrated deliberate practice and one-on-one mentoring into a second-year course on the essentials of nursing practice. According to Ross, Brunderle, and Meakim (2015), the purpose of this article was to describe the rationale, development and implementation, and feedback for a deliberate practice and one-on-one mentoring assignment designed to support skill mastery and retention.

Mixed Methods Studies

Fairman (2011) carried out a mixed method study of collecting information among mentees and nurse leaders who underwent both a survey and a live instruction intended to increase knowledge among oncology nurses who do not have time to comprehensively update themselves with current trends and EBP standards related to multiple myeloma nursing interventions and treatment modalities. Approximately 50 oncology nurses from 23 cancer centers in the United States were partnered with 25 expert nurses who served as mentors. The mentor-experts were required to submit surveys as to what success factors and challenges were at the middle of the year. Consequently, interviews of the mentees took place through telephone conference calls that helped enhance learning and confidence among the mentees. The methodological limitation of the study points to timely validations done to monitor the progress on the improvement of the knowledge and the verbalized skills acquisition of the mentees and how this will translate to actual competence in the clinical setting.

Adaptation of EBP in mentorship to a state correctional facility setting confirmed its effectiveness in improving outcomes on job satisfaction and staff turnover reduction

(Villanueva, 2015). The comprehensive Mentorship Program was developed and adopted by the correctional facility with a 10-bed infirmary for 2100 inmates who are cared for by 17 nurses. A structured mentoring program would aid in recruitment, retention and job satisfaction of nurses. The survey of mentees and survey of mentors, and job satisfaction surveys were conducted. A finding of the study was that the project team should elicit help of organizational stakeholders to disseminate the mentorship program and implement and evaluate a plan to create guiding coalition for needed change.

Local Background and Context

Mandatory unit-based nurse mentorship programs at this clinical site have not been required by all nursing departments throughout the organization. The nursing units that opted to initiate the nurse mentorship program have set their own rules on how the program works based on the unit needs and requirements. The selection of a mentor for every newly employed nurse has become part of the majority of the nursing units' goal. However, to reach 100% participation in a mentorship training program by all nursing units can indicate an opportunity for improvement. The feedback system is being formalized and being developed to comprehensively address unit issues (Nurse Researcher, personal communication, February 2018). There exist varying ways to measure success or failures of the mentoring process (Hospital's Education Council Chair, personal communication, February 15, 2018). With the current status of the program showing a developing approach to assessment of effective mentoring or evaluation of effectiveness of mentors, gaps in the integration of EBP regarding mentorship programs in the respective nursing departments may be evident.

In light of the institutional context, this Magnet hospital has employed about 1,800 RNs to cover its 700 clinical beds. Every three to six months, at least 20 new nurses undergo orientation (Nurse Educator, personal communication, June15, 2015). The patient population ranges from adult and Pediatrics with traumatic injuries, and chronic cardiac, pulmonary, gastrointestinal, renal and oncological problems, obstetrics/gynecologic conditions to ailing elderly individuals all necessitating efficient nursing care. The nursing departments were required to comply with every four years of Magnet re-designation, every two years of Stroke re-designation, and every other year of Joint Commission visits. Each nursing department has a unit-based shared governance committee and the unit educators and clinical coordinators have their respective monthly meetings addressing EBP and discuss best approaches to providing safe and quality patient care and how to hone the nurses to deliver excellent care to improve clinical outcomes.

Role of the Doctor of Nursing Practice Student

In this doctoral project, it was crucial as the project leader, to oversee every detail of the mentorship program that I was developing, organizing, and implementing. As a previous mentee during my first year as a newly hired experienced RN, I had found it fulfilling to be able to achieve my professional goals with the guidance of a trusted senior nurse who served as my mentor. My first mentor was chosen for me as we were both faculty adjuncts of a local community college. As I expressed intentions of being mentored, again, when I transitioned to a new role in the clinical arena, my second mentor was selected based on the character traits and credentials I identified and

preferred that my new mentor should have. It was a good 12 and a half years of clinical

nursing for me because of the support and guidance I was provided in my early years as a

new RN.

I am now a former employee of this Magnet hospital. I felt that my mentors, back

then, effectively coached and guided me. What motivated me to pursue this project is the

concern for mentors to be well trained and developed to face the challenges and

difficulties of mentoring new nurses before they begin to clinical practice. I believe that

mentors should be equipped with the necessary knowledge and skills to be effective in

their roles.

I know that it is in itself stressful to be a nurse, as you have to practice with

diligence and the safety of patients in mind. As such, given the sufficient training and the

right tools to mentor a new nurse, a mentor will not be burdened with the idea of teaching

another individual while attending to his or her own clinical workload. The biases that I

have identified are the following: (a) experienced mentors may only highlight successful

goals and therefore mentorship issues that yield no resolution in their past mentoring

experiences are not discussed, (b) aspiring mentors may need to be invited to become

mentors and this will depend on the initiative of project leaders to efficiently promote

unit-based nurse mentorship and identify these potential unit mentors, and (c) problems

that surfaced during previous mentor-mentee relationships may not be shared by the

mentors or mentees due to fear of retaliation.

As my very first task related to spearheading this DNP project, I coordinated my

plan to do staff education with the hospital's nurse researcher. I discussed my goal of

developing an EBP project on mentorship with the hospital's educator's council chair and information was disseminated to all unit educators during one monthly meeting prior to the staff education program presentation date. I made phone calls to the nursing researcher and education council chair, to promote my staff education program, verbally and by email, a month before the nurse mentorship education program that assisted in recruiting participants. I created a time for teleconference calls between my faculty adviser and the doctoral project team.

I presented the 2-hour staff education activity entitled: "Milestones in Mentorship: EBP in mentoring new nurses". I asked questions to find out if my attendees were currently in a mentorship program, and two participants answered "yes". Two of the participants were unfamiliar with nurse mentorship programs. I strived to know, when the education program commenced, if the nurse-attendee, who has not been a mentor will be enticed to mentor in the future (I sensed eagerness in the majority of the participants), or if he or she will employ best practice strategies learned at this staff education program with their current mentees (expressed in the education program evaluation form summary). The comments written by the participants of the education program were shared with the unit educators through the hospital's education council's June 24 monthly meeting, and communicated to the hospital's nurse researcher via clinical setting email system.

Role of the Project Team

Members of the project team consisted of hospital leaders who have been instrumental in promoting and preparing nurses to embrace and integrate EBP in their

daily nursing routine. The implication was that communication with various nursing departments was key to successful implementation of this staff education program.

The project team included stakeholders: (a) the hospital nurse researcher – a PhD prepared nurse who assisted in submitting required documents to the partner site's Institutional Review Board (IRB), review the aims and contents of the staff education program and obtained updates from me regarding progress of the capstone project that was implemented in their institution, (b) the professor in residence – a designated PhD prepared nurse, who coordinated all EBP projects carried out in the hospital, (c) the research mentor-who has been with me since conceptualization of the DNP capstone project and helped with designing an effective PowerPoint presentation, (d) the clinical coordinators who will designate responsibilities to their mentors and mentees as part of a smooth patient flow, (e) the unit educators who will monitor the educational experience of the mentor and the mentee, (f) the mentors who will exude confidence in their mentoring knowledge and skills, and (g) the mentee, the clinical nurse who will obtain the support and guidance of the whole nursing team, particularly when there is a successful mentorship program.

The team members had the opportunity to share their expertise and contextual insights relative to the doctoral project. It became the primary role of my faculty adviser to modify the contents of my staff education presentation as well as recommend revisions that enriched the education program on mentorship. After the staff education program was completed, a summary of the comments written on the program evaluation forms as well as the scored pre-test and post-test were compiled and analyzed. A document

containing written inputs and recommendations from the participants of the education program were provided to the hospital nurse researcher, hospital's education council chair, and professor in practice for information, awareness, and dissemination.

Summary

The key elements to the projected feasibility of the study was the participation of the nursing leaders and the clinical nurses who were cognizant of the opportunity to improve the current mentorship programs within the different participating nursing departments. There was a lack of standardized mentor training in the unit-based mentorship programs of the hospital. The staff education program was intended to improve the mentor's knowledge and skills in mentoring clinical nurses. This education program to educate staff on mentorship significantly provided data on what has to be planned by the nursing leaders in coordination with the impacted clinical nurses, to assist with attainment of unit objectives and potentially solidify practice of newly employed nurses.

The next section will focus on collection of data and analysis of evidence, highlighting how the practice-focused questions will be answered using sources of evidence, how this will apply to participants, the methodology and site and human protection.

Section 3: Collection and Analysis of Evidence

Introduction

This DNP project was developed to address the practice problem regarding the lack of standardized mentorship training. At one time, a centralized mentorship program existed. Today, a decentralized unit-based nurse mentorship approach is in place. I was made aware of the current status of the unit-based mentorship programs in the Magnet hospital through a short questionnaire created and distributed by the hospital's education council chair during one of their monthly meetings indicating that in the current, decentralized system, few nursing departments promoted their own unit-based mentorship program (hospital's education council chair, personal communication, February 15, 2018). The few nursing departments with unit-based mentorship programs in place have just begun formalizing their structure on mentoring new nurses (hospital's education council chair, personal communication, February 2018). The existence of a standardized structure for mentorship can impact nurse retention rates. Thus, this DNP project had a dual purpose. First, I conducted a literature review to identify best strategies for mentoring new nurses. Second, I developed and implemented an education program for mentors offering best strategies for mentoring new nurses. Section 3 of this proposal presents the procedure used to answer the practice-focused questions, followed by sources of evidence, then, evidence generated for the doctoral project including participants, procedures and protection.

Practice-Focused Questions

The local problem for this DNP project was the lack of standard mentorship training for the mentorship programs among nursing departments. By creating and designing a staff education program to train mentors, I assisted in developing a structured mentorship program to mentor nurses. The nursing education and the organizational development departments of the hospital have decided to decentralize the nurse mentorship program. Every nursing department decides whether or not to elect a mentorship program leader. Nursing units choosing to pursue a mentorship program are encouraged to individualize their mentoring process. Hence, no formal feedback system is needed to keep the nursing education department or organizational development department informed of the progress of any ongoing mentorship program. Thus, in terms of structure of the unit-based mentorship program, nursing units have not been provided training workshops for their mentors, unlike when it was previously centralized and managed by organizational development and nursing education departments. These hospital scenarios raise questions as to the preparation and effectiveness of the mentors in teaching and developing their mentees. With the aim of developing a mentorship educational program in response to this clinical problem, the following questions guided the DNP project:

PFQ1: What current best EBP strategies have emerged in the literature for mentoring new nurses transitioning to clinical practice?

PFQ2: Will a staff education program on best practices in mentoring improve the knowledge of experienced and aspiring mentors on effective mentoring of novice nurses?

Sources of Evidence

Evidence for answering the practice-focused questions was obtained from two primary sources, literature on nurse mentorship programs and structuring and organizing staff education programs. In answering the practice-focused questions, I focused on instructional activities that highlighted nurse mentorship programs. I also concentrated on identifying topics that pertained to educating staff on various best practice strategies for mentoring new nurses.

As project leader, my responsibilities also included gathering external sources of evidence from online databases such as CINAHL with full text, Medline, PubMed, Ovid, Google Scholar, and EBP references such as Joanna Briggs Institute and Johns Hopkins EBP protocols. Additional sources of external evidence also included protocols set by other professional organizations including Academy of Medical -Surgical Nurses (AMSN) to address mentorship programs. Other evidence-based sources stemmed from the practice guidelines of nursing departments of other hospitals on qualifications for mentors and mentees and the mechanics of the unit-based or hospital-wide nurse mentorship program.

The education program has been structured based on the ANCC (2014) guidelines for professional program development. These sources may be obtained from websites of well-recognized and well-established nursing organizations and institutions. Nursing

editorials and anecdotal notes were also useful references for structuring the mentorship program. I addressed questions that related to best practice guidelines that the mentors exhibit in teaching and guiding newly hired nurses. The mentor who conducts training must know what to teach and how to teach. Therefore, studies that related to training the trainers were integrated in the education program.

Part of the element of this DNP project was the collection and analysis of the evidence that provided a strategy to answer the practice-focused questions. To ascertain the improvement in knowledge regarding mentorship, the results obtained through the posttest must be higher than the scores obtained from the pretest. Toward the end of the education program, I will use the feedback from the RN participants submitted via the rating scale (A–E) and written comments on the program evaluation form (Appendix A) to show (a) the participant's understanding of the education program presented, (b) the extent of the knowledge learned about nurse mentorship and presentation skills that I have exhibited, and (c) the participant's interest in learning new information and the intent to apply what was learned during the education program.

Evidence Generated for the Doctoral Project

The following section provides information on the procedure that was used for carrying out my DNP project. More specifically, using the Walden University's Staff Education Manual, steps for carrying out the DNP capstone project are described through the process of planning, implementation, and evaluation.

Planning

Project Approval

In conjunction with obtaining DNP committee approval, I secured IRB approval

from Walden University (approval no.06-05-19-0378893) and obtained permission for

the education program from the partner site. Following the DNP committee, Walden IRB

and site approval, I implemented measures to recruit participants for the education

program.

Participants

Participants, whose participation implied consent to participate in the education

program, consisted of nurses employed by the Magnet hospital. More specifically,

program participants included (a) mentors who were experienced nurses under specialty

settings or seasoned nurses considered senior and experienced in the realm of clinical

practice, (b) educators/clinical coordinators who initiated or were currently overseeing a

unit-based or hospital-wide nurse mentorship program, and (c) any RN who could be a

potential mentor or an aspiring mentor and unit leader.

Program Recruitment

Recruitment for the education program was carried out in collaboration with the

hospital's education council chair. These plans included having the hospital education

council chair approve the recruitment flyer. The chair also posted the flyer announcing

the date, time, location and registration procedure for the education program.

Additionally, the hospital's education council chair emailed the recruitment flyer to all

unit educators. Last, I requested that the chair announce the education program during the monthly hospital's education council meeting.

Site Organization

The program was conducted in the hospital auditorium. Recognizing this factor, I collaborated with the hospital nurse researcher to reserve the auditorium. Written request was submitted to the nurse researcher to reserve the auditorium and needed audio-visual equipment. Handouts were copies of the PowerPoint presentation slides. Incentives for the program included light refreshments and a certificate of participation.

Educational Program

Using the goals and objectives of the education program (Appendix D), I communicated with the hospital education chair for review and approval of the program. Next, I developed content for the education program. As previously discussed, content was based on information obtained from the literature on current best EBP strategies for mentoring nurses. Delivered as a PowerPoint presentation, this was a 2-hour interactive program. Instructional activities included interactive discussion, role playing, lecture with discussion, and case scenarios. Additionally, using content obtained from the literature review, a pretest and posttest was administered to assess knowledge of the participants on best practices in mentoring.

<center>**Implementation**</center>

Implementation of the project began on the scheduled date of the educational program. The implementation included:

- The education program I developed under the scrutiny of the nurse researcher of this Magnet hospital and guidance of Walden University faculty adviser began with the participants signing the attendance roster (Appendix E) and completing the DNP student-developed pretest (Appendix B). It was announced, and stated on the attendance roster (Appendix E), the pretest (Appendix B), and posttest (Appendix C) that participation in the education program and answering the pretest/posttest questions was voluntary and that it was not mandated by their employer. Furthermore, the form for consent for anonymous questionnaire that indicated implied consent with participation was posted next to the attendance roster form (Appendix E). It was also mentioned at the beginning of the program that no names should be written on any of the forms (pretest, posttest, or program evaluation) to maintain confidentiality and anonymity.

- After allocating ample time to complete the items on the pretest, the participants introduced themselves, stated the number of years as a staff nurse and/or nurse leader in the hospital, what department they were assigned to, and if there was a nurse-mentorship program on their respective nursing unit.

- I introduced myself, said the number of years I have worked as a clinical nurse and my involvement in the mentorship program in the past (at the partner site) and at present (current job).

- The selected title for the staff education program emphasized "Milestones in Mentorship: Evidence-Based Practice in Mentoring New Nurses."

- Inclusion of the learner engagement strategies such as interactive discussion, role playing, lecture with discussion, and case scenarios were crucial to the objective of integrating the knowledge learned during the PowerPoint presentation with that of actual or potential mentoring process or experience.

- I highlighted the theorists Benner and Knowles as mentoring models: (a) Benner's novice to expert model, and (b) Knowles' adult learning principles. It was essential to educate experienced and aspiring mentors that certain rules in mentoring may be beneficial to every person mentored and that individual personalities should not hinder the progress of the relationship of the mentor and the mentee.

Evaluation

Using content obtained from the literature review, a pretest and posttest were administered that assessed the knowledge of the participants on best practices in mentoring. Also, a program evaluation (Appendix A) was conducted to assess if the participants' knowledge and understanding of mentorship had improved and if they were satisfied with the speaker's knowledge of the subject, use of audio-visual materials, and contents of the education program. The education program helped inform aspiring and experienced mentors' practice; it also influenced potential project leaders to initiate a new nurse mentorship program for their unit as evidenced by comments written on the evaluation form.

Protection/Ethics

Human Subject Protection

By undergoing the process required by Walden University's IRB, I ensured that

the participants and practice site were protected against violation of their rights for

confidentiality. Initiatives were employed to de-identify names of the participants and the

practice site and to conceal their names and any word or terms that could distinctly

identify them. When the participants answered the pre-tests and the post-tests, no names

were written. More so, when summarizing the participants' pre-test/post-test answers, no

names or identifying information were disclosed. Plans for de-identification and

anonymity measures to protect participants of the education program were submitted for

IRB approval.

Partner Site Permission

The site permission form was signed by the Chief Nursing Officer. With the staff

education program being an EBP project, the decision to seek approval was rendered by

the organization. I informed the Magnet hospital's nurse researcher of all the activities

that took place prior to the day of the staff education program, as well as the events that

transpired as it commenced.

University Approval

In order to submit an application to the IRB of Walden University for approval, I

had a proposal that was approved by the DNP Committee. Walden's IRB did not require

additional documents that further explains the responsibilities attached to my role as the

presenter and content expert of the education program and project leader. Included is the

consent for anonymous questionnaire form that was implied as part of voluntary

participation in the educational program, since attendance to the education program was

not mandated by the employer or clinical leaders of each nursing department. I used my

private laptop that was password protected, (stored in a locked office) to secure all the

data (pretest, posttest, education program evaluation findings & attendance roster). I had

the data in aggregate form with no identifying information reported. Data has been

destroyed as per Walden IRB guidelines.

Data Analysis and Synthesis

Pre-test and post-test scores were calculated and reported in narrative and table

format. Descriptive statistics were utilized in the form of mean, and median for reporting

pre and post-test score results. Quantitative and qualitative data generated from the

summative program evaluation were reported in narrative and table format. After

calculating the pre-test and post-test scores, the findings computed showed the change in

scores when pretest scores were compared with the posttest scores. The scores in the

posttest were higher than the pretest scores. At the beginning of the education program,

when the nurses answered the pre-test (Appendix B), these participants may or may not

have had previous knowledge about mentorship at the time the pre-test was taken. I

expected to produce an impact on the experienced and aspiring mentors after the

presentation on best practices in mentoring nurses. The experienced and aspiring mentors

had a deeper perspective on the importance of mentorship among newly hired nurses. It

was important that these mentors were satisfied with the staff education program

presentation and found it crucial to improve their knowledge and skills through classroom instruction, validation and formal training.

Summary

In summary, this section discussed the process for carrying out the DNP project. Section three included the problem statement and the practice-focused questions. It also addressed evidence generated for the doctoral project including participants, procedures and protections. Also included was information on data that was collected and analyzed to answer the practice-focused questions. Part of this methodology involved analysis and synthesis.

In the next pages of section four, there will be a discussion on the findings of the staff education activity and their implications to nursing practice, recommendations to address the nursing practice gap and practice problem, as well as any contributions of the doctoral project team and strengths and limitations of the doctoral project.

Section 4: Findings and Recommendations

Introduction

The Magnet hospital has no formal mentor training program in place. Currently, with its status of decentralization, departmental clinical nurse leaders have not been mandated to initiate their unit-based mentorship program. As such, a staff education approach was implemented educating experienced and aspiring nurse mentors. The practice-focused questions were:

PFQ1: What current best EBP strategies have emerged in the literature for mentoring new nurses transitioning to clinical practice?

PFQ2: Will a staff education program in mentorship improve the knowledge of experience and aspiring mentors about effective mentoring of new nurses?

It was the primary aim of this DNP project to develop and implement a staff education program. A secondary aim was to conduct a literature search identifying current best evidence-based strategies for mentoring new nurses transitioning to clinical practice.

Sources of evidence were derived from peer-reviewed articles that emphasized nurses and mentorship and identified the strategies employed by mentors to impact better mentee relationships and experiences. I obtained the current best approaches for mentoring new nurses through a literature review and implemented them into the staff education program using the teaching-learning strategies of lecture, discussion, and role play. I used descriptive statistics to show how the pretest scores differed from the posttest scores following the staff education program intervention.

Findings and Implications

Findings to Address Practice-Focused Question 1

To answer PFQ1—What current best evidence-based practice strategies have emerged in the literature for mentoring new nurses transitioning to clinical practice? I emphasized and discussed findings of the literature review during the power point presentation (Table 1).

Table 1

Current/Best Available Strategies for Mentoring New Nurses

Acronym	Summary of current best available strategies for mentoring new nurses
Training	Design a mentor program to **train-the-trainer (**Fairman, 2011; Gilson et al., 2013; Jewel, 2012; Jones, 2016; Mills & Mullin, 2008**)**
Relationship	Establish **rapport** through a "get-to-know" phase when sharing common interests and creation of goals, expectations and potential outcomes are established (Komaratat & Ountanee, 2009)
Emotion	Assess **readiness and willingness to be taught**, determination and strength, weakness of new nurse (Damodaran, 2018)
Nurture	Motivate mentor to **influence others to participate and inspire mentee** to aspire to be a future mentor (Knowles et al., 2012)
Duration	Assess and evaluate **mentor-mentee relationships in scheduled periods**- initially 2 weeks, then four weeks, then 2-3months, followed by 6 months, to nine months and 12 months (Jakubik et al., 2016)
Resource	Mentor should **possess knowledge, skills and trustworthiness** (Benner, 2000; Knowles et al.,2012)
Evaluation	Create a **feedback mechanism** to determine effectiveness of the mentoring process (Villanueva, 2015)
Benefits	Monitor **career trajectory** for both mentor and mentor in their career ladder (Jakubik et al., 2016; Vincilli-McCloud, 2009)
Objectives	Interview mentor and mentee to **ascertain if needs are met or unmet (**Willits, 2009**)**
Outcome	Meet with project leader at the beginning, middle and end of the mentorship period for **progress and direction (**Anatole et al., 2013)
Teamwork	Share the progress of the mentee with other members of the healthcare team and update mentee with **support and guidance** needed. (Banister et al., 2014 ; Grindel & Hagerstrom, 2009)

Findings to Address Practice-Focused Question 2

PFQ2—Will a staff education program in mentorship improve the knowledge of experience and aspiring mentors about effective mentoring of new nurses?" - was answered in numerical format as shown in Table 5 as it is compared with Table 6. With the raw scores (Table 2 & Table 4) individually converted into their equivalent percentages and multiplied against the number of RNs who took the pretest and the posttest, the average scores for both pretest and the posttest were tabulated.

The staff education program was being measured through the results of the pretest scores and posttest scores. With 16 participants attending the staff education program, pretest scores yielded an average of 70% (Table 2). This was followed by the posttest scores calculation of 83.125% for the participant group (Table 4). Based on posttest score results, there was an affirmative answer to PFQ2. The other concern points to the incorrect answers seen on the posttest despite intervening through an education program to increase knowledge of the subject (EBP in mentorship) presented. One of the striking incorrect responses was to the question of the proponent of adult education theory. It is evident that the emphasis might have been placed on the six domains of adult learning principles and not who authored these principles. Another concerning factor was the underemphasized fact that mentorship does contribute to high retention rates but not "high turnover rates," as low turnover rates are what is expected from new nurses being adequately mentored. Another noticeable incorrect written response during the posttest was the last question pertaining to the cost of training medical-surgical nurses, as this was not fully stressed enough during the lecture-discussion and was just a small part of the

last page of the hand-out. In a staff education program of 2 hours, the attention of the

participants may at times gradually be lost toward the end of the education session. As

such, as part of the comments in the education program evaluation summary, there have

to be pauses in the lecture-discussion and learner engaging activity to allow participants

to reconvene after an hour long of attentive listening and exchange of relevant ideas

within this form of classroom environment.

Table 2:

Pretest Tabulations

Milestones in Mentorship: EBP in mentoring new nursesPre-test questions	True	False	Correct Answer
1. Mentor was the name of the teacher and overseer of Odysseus' son, Telemachus. In Greek Mythology, Mentor is the son of Alchimus.	16	0	True
2. Adam Meleis introduced the adult learning theory.	15	1	False
3. Patricia Benner is known for the Novice to Expert Model.	16	0	True
4. According to AMSN, Mentoring is defined as a reciprocal /collaborative learning relationship between 2 or more with mutual goals and shared responsibility for the outcomes and success of the relationship.	15	1	True
5. The principle of adult learning have been incorporated into the foundations of Mentoring for ANCC.	15	1	True
6. To get started with the relationship for the Mentor and the Mentee, a to-do list must be created containing discussions of goals, expectations, limitations and opportunities for learning.	15	1	True
7. A hectic practice environment is not going to overwhelm any novice nurse even when no support or no guidance is provided past orientation period.	10	6	False
8. High retention rates and high turnover rates are two of the many results of successful mentoring programs.	7	9	False
9. Job satisfaction survey and new nurse confidence survey are valid tools used to evaluate mentoring relationships.	15	1	True
10. It costs $62,000 to replace a medical-surgical nurse after being trained/oriented.	16	0	False

Note. N = 16.

Table 3

Participant's Scores in Percentages (Pretest)

Percentages	Number of RNs	Product of % against # of RNs
90%	1	90
80%	3	240
70%	7	490
60%	5	300
(Average score=70%)	N =16 RNs	=1120

Table 4

Posttest Tabulation

Milestones in Mentorship: EBP in mentoring new nurses/ Post-test questions	True	False	Correct answer
1. Mentor was the name of the teacher and overseer of Odysseus' son, Telemachus. In Greek Mythology, Mentor is the son of Alchimus.	16	0	True
2. Adam Meleis introduced the adult learning theory.	8	8	False
3. Patricia Benner is known for the Novice to Expert Model.	16	0	True
4. According to AMSN, Mentoring is defined as a reciprocal /collaborative learning relationship between 2 or more with mutual goals and shared responsibility for the outcomes and success of the relationship.	16	0	True
5. The principle of adult learning have been incorporated into the foundations of Mentoring for ANCC.	16	0	True
6. To get started with the relationship for the Mentor and the Mentee, a to-do list must be created containing discussions of goals, expectations, limitations and opportunities for learning.	16	0	True
7. A hectic practice environment is not going to overwhelm any novice nurse even when no support or no guidance is provided past orientation period.	10	6	False
8. High retention rates and high turnover rates are two of the many results of successful mentoring programs.	4	12	False
9. Job satisfaction survey and new nurse confidence survey are valid tools used to evaluate mentoring relationships.	16	0	True
10. It costs $62,000 to replace a medical-surgical nurse after being trained/oriented.	12	4	False

Note. N = 16.

Table 5

Participants' Scores in Percentages (Posttest)

Percentages	Number of RNs	Product of % against # of RNs
100%	2	200
90%	6	540
80%	4	320
70%	3	210
60%	1	60
(Average score =83.125%)	N=16	=1330

Table 6

Summary of the Education Program Evaluation

Program Title: Milestones in Mentorship: EBP in Mentoring New Nurses					
Meeting the education program objectives					
1. How well were the following learning outcomes met?	A= Excel	B= Good	C= Fair	D= Poor	E= N/A
Define mentorship and its components to sustainability of departmental programs	15	0	0	0	1
Identify best strategies in mentoring new nurses	15	0	0	0	1
Discuss the role and responsibilities of mentors in the safe/effective transition of practice of new nurses	15	0	0	0	1
2. Relationship of objectives to learning activity was:	15	0	0	0	1
3. Overall, I found the learning experience was:	15	0	0	0	1

Table 7

Presenter Knowledge and Skills

Speaker: Joy Calunsag, MAN, RN, RN-BC	A= Excel	B= Good	C= Fair	D= Poor	E= N/A
1. Knowledgeable of the subject.	15	0	0	0	1
2. Presentation orderly and understandable.	15	0	0	0	1
3. Effective use of teaching tools (Audio-visuals, handouts, assignments, etc.)	15	0	0	0	1

Table 8

Participants' Change of Practice Comments

What change in practice will you implement after attending this offering?
Nurse A : "Many different changes & being more involved in mentor-mentee process"
Nurse B : "Implement a unit-based mentor program"
Nurse C : "Discuss developing a mentor program in the unit"
Nurse D : "like preceptor classes being available before precepting, there should be mentor classes before mentoring"

Table 9

Participants' Comments on Improving the Education Program

What suggestions do you have to improve today's program?
Nurse A: "More time 3 or 4 hours"
Nurse B : "Thank you, Joy!"
Nurse C : "Great program make it available more often"
Nurse D : "Lectures should be like this-point to the slide & explain w/o looking at notes"
Nurse E : "Very educational!"
Nurse F : "You can provide ice breakers – like Tagalog ones in between topics! if only all Filipino audience"
Nurse G : "Great presentation and accomplishment!"

Numerous implications have been determined through this entire staff educational activity. As it is taught in adult education, there should be the need to know why, how, and what brings about the change in the learner. It was mentioned by one of the participants that "mentorship" has been part of the health care system's values as posters about it on the shared governance board have been constantly updated and promoted. This Magnet hospital's involvement in teaching and role development has been comprehensive with its year-long HIRE-learner residency program for newly graduated RNs. However, the focus on mentoring these novice nurses has been overlooked as measures to train the new nurses were limited to skill-building and not towards attitude development and outcomes of satisfaction due to formal peer support mentoring.

Positive Social Change

While the evolving project on nurse mentorship increases awareness of the Magnet standard to incorporate retention activities for a newly employed nursing staff member, I recognize the need as a clinician to effect positive social change. The practice environment for newly hired employees may be overwhelming that only support and persistent guidance from senior clinical leaders can ease their workload. Our clinical setting needs to be modified to one that not only caters to improvement of knowledge and skills of its health care workforce but also honing their commitment and attitude towards love for work which mentors can provide when adequately trained for this role. The directors and administrators of the hospital would be compelled to allocate a budget to pursue nursing programs that promote a different workplace culture a culture that nurtures the novice nurses and develops the experienced or aspiring mentors. Patient

needs are priority. When the needs of patients are met, they express satisfaction in their feedback about their total nursing experience. The clinical nurses serve as frontline members in determining the patient experience. In health care, the voices of the patient and their families are most the significant.

Recommendations

As it was concerning to at least one of the RN participants, mentorship has been set aside as a priority for retaining activities for newly hired RNs. It was pointed out that preceptorship entailed twice a year training and development of preceptors before precepting begins. Preceptorship is well developed and celebrated by the nursing education department whereas mentorship has not been a mandated for nursing. It is crucial that the clinical leaders screen the mentors to determine proper credentials including educational attainment/certifications, family life, clinical years of experience, personality fit, and willingness to educate, as according to the literature, these factors will determine the success of the mentoring process. Mentees should be inspired by the dedicated mentor to further their studies and to be attentive listeners and active spectators to both peers and the patient/families under their care.

Contributions of the Doctoral Project Team

It has been a productive year working with the Magnet hospital's nurse researcher, professor in practice, education council chair and DNP mentor. Since the DNP committee chair has encouraged the DNP student to modify the project approach into staff education, it was more feasible to plan, implement, and evaluate the DNP capstone project. The nurse researcher reviewed the viability of conducting the education

program amidst RN employees at the Magnet hospital. Subsequent to the submission of documents such as self-certification to the hospital's IRB, the project was approved for implementation by the Chief Nursing Officer. During the planning stage, I obtained assistance with literature searches and research writing construction from the professor in practice and DNP mentor. With EBP activities being rigorously promoted and collaborated on this Magnet hospital, the designing of this staff education program was truly welcomed and encouraged. The nurse researcher was informed of the educational program tasks while the education council chair shouldered the responsibility of reminding the educators of the existing mentorship program for participant recruitment and set up the 30-minute education session during their monthly meeting in June 2019 that paved the way for discussion of the mentorship educational material, the results of the pre-test and post-test scores and summary of the education program evaluation. The questions on the number of nurses who had planned spearheading their own unit-based mentorship program was made known during the short education session and even an interest on how to incentivize the mentors involved and strategies to provide commitment to the mentorship program were mentioned. The power point slides were provided to the education council chair to post on their health care system website. With the possibility of making the educational program available for all potential nurse mentors, a mentorship module in this Magnet hospital in the east region of North America may be a good opportunity for sustaining this mentorship program.

This staff educational program will be presented this month in another Magnet teaching hospital on the West Coast. It will be converted into a program with continuing

education units that will involve one nursing department, initially. A mentor-mentee relationship will be trialed for 3 months, then 6 months, up to 12months. If proven effective and supported by clinical leaders and administrators, it will be an ongoing EBP project that will be implemented hospital-wide.

<div align="center">**Strengths and Limitations of the Project**</div>

The strongest link to the DNP project was the enthusiasm of the participants, the majority of whom worked with the DNP student during the design and update of the DNP proposal. As such, these RNs came as scheduled and prepared to fulfill the requirements of the mentorship education program that can impact them and could be used towards their RN professional advancement clinical path annual binder. This EBP project was fully supported by nursing administration, the nursing research council and the education council. It was not a hindrance to the program that the DNP student who conducted the staff educational program is currently employed in another hospital and thus is considered an external nurse leader. This DNP capstone project had the guidance and complete support of the DNP committee chair and faculty adviser, who is an expert in the field of mentorship. As mentorship programs are recommended by Magnet to promote retention activities and teaching with role development to the newly employed RNs, this approach to exemplary professional practice and structural empowerment leads to solidifying nursing workforce.

It is considered a limitation to the study that only staff nurses from this Magnet hospital were permitted to participate. It was stipulated in the written project that the nursing practice gap was witnessed among nursing departments of this Magnet hospital

solely. There were several other clinical nurses who expressed a desire to attend but were not covered under the scope of the project. Another factor that may have curtailed the creation of a more comprehensive staff training program was the allocation of only two hours for the educational activity. A participant mentioned in the education program evaluation that this should have been a three to four-hour educational program. Another limitation identified is the lack of a group of experts validating the pre- and post-test. Furthermore, being an external project leader, who is a former employee limited the DNP student to the one-time power point presentation. In addition to that, it will be difficult to follow-up on those participants who have expressed intentions of spearheading their own unit-based mentorship program. It would have been beneficial if the DNP student was available when the mentorship project leader of the nursing department begins the mentor-mentee pair-ups, enforces the mentor-mentee relationships and promotes a feedback mechanism system with the DNP student available for consultation and support.

Section 5: Dissemination Plan

Nurse mentorship programs in this Magnet hospital have been decentralized. To make this educational activity known to every nursing unit of the hospital, a plan to disseminate the mentorship program emerged during a monthly meeting of the education council chair and members. It was emphasized in the 30-minute mentorship PowerPoint presentation that establishing and sustaining a nurse mentorship program is standard for all Magnet hospitals. Improving retention of new RN employees and reducing the turnover rates was discussed; unit-educators present during the meeting were asked to consider this educational program for their department's governance agenda. To further attain progress for this staff education program, the nursing research council can be requested to promote a mentorship module patterned on the PowerPoint presentation for nursing departments that may need guidance on how to begin with the mentoring process.

This staff education program on mentorship will be essential to meet the demands of not just clinical nurses who are newly employed in the unit, but also the newly promoted clinical leaders who could be new to their leadership role. The focus of this staff education program were hospital nurses in the acute care setting. Another potential practice environment for this mentorship program could be long-term nursing homes whose institutional nurses may feel unsupported or have burnout issues.

Analysis of Self

My role as a practitioner to further the benefits of mentorship has to start with myself. Influencing others to support the young and new RN employees has been a major priority in my everyday routine at my current acute care setting. As a scholar-practitioner,

I have sought ways to inspire other nurses and create awareness in my organization about the standards for nursing mentorship. At present, the commitment to promote awareness of the nurse mentorship program and implement the mentor-mentee relationship in nursing departments is part of my priority. I will need to locate resources and find ways to innovate for this project sustainment. Continued efforts to develop a well-organized staff education program based on the feedback from the previous 2-hour staff education program conducted in the Magnet program are transpiring. Being involved in EBP projects in the hospital assisted me in engaging in educational endeavors relevant to nurse mentorship. This staff education program in mentorship is a continuation of the mentorship experience I have undertaken as a DNP student. I experienced being mentored informally by clinical leaders who had different personalities - this made a difference in the way I now perceive clinical events as well as how I deal with patients and their families. It is crucial that the mentees and mentors are perfectly matched in terms of their credentials, social or family life and professional goals. It matters that I trusted someone who I can consult as I progressed in my career and create life choices. With my previous mentors' evidence of superior performance as supervisors, who have master's degrees and are pursuing further studies, as well as commitment to excellence with their professional and family values, with their willingness to mentor, I plan to institute measures to inspire more nurses to be involved in mentorship matters.

Summary

Formal nurse mentorship has been around for 17 years in the United States. Numerous universities and hospitals have been conducting well-established and

organized nurse mentorship programs for their academic and clinical settings. It will be an exceptional contribution by the nursing team to make every effort to continue training and preparing both the novice nurses and those aspiring expertise in the field of nursing to institute EBP for role development. Institutional policies should not only focus on enhancing nursing knowledge and clinical skills, but also emphasize proper attitude building and team collaboration. An important part of every hospital's program should be geared toward nurturing and honing the nurses' comfort levels with nursing tasks and furthers passion for nursing excellence and satisfaction in the practice environment.

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Appendix A: Education Program Evaluation

Program Title: **Milestones in Mentorship: EBP in Mentoring New Nurses**
Date**:** 06/19/2019
Direction: Circle the letter that best represents your opinion to the following statements.

	A= Excellent	B= Good	C= Fair	D= Poor	E= N/A
1. How well were the following Learning Outcomes met?	A= Excel	B= Good	C= Fair	D= Poor	E= N/A
Define mentorship and its components to sustainability of departmental programs	**A**	**B**	**C**	**D**	**E**
Identify best strategies in mentoring new nurses	**A**	**B**	**C**	**D**	**E**
Discuss the role and responsibilities of mentors in the safe/effective transition of practice of new nurses	**A**	**B**	**C**	**D**	**E**
2. Relationship of objectives to learning activity was:	**A**	**B**	**C**	**D**	**E**
3. Overall, I found the learning experience was:	**A**	**B**	**C**	**D**	**E**

Speaker**: Joy Calunsag, MAN, RN-BC**

	A= Excellent	B= Good	C= Fair	D= Poor	E= N/A
	A= Excel	B= Good	C= Fair	D= Poor	E= N/A
1. Knowledgeable of the subject.	A	B	C	D	E
2. Presentation orderly and understandable.	A	B	C	D	E
3. Effective use of teaching tools (Audio-visuals, handouts, assignments, etc.)	A	B	C	D	E

What change in practice will you implement after attending this offering?

_____

What suggestions do you have to improve today's program?

_____

Appendix B: Pretest

Title: **Milestones in Mentorship: EBP in Mentoring New Nurses**
Important! Answering the pre-test is voluntary. By answering the pre-test, you consent to the use of scores for the analysis of pre-test scores.
Please encircle "True" or "False" corresponding to your best knowledge of the correct answer

1. "Mentor" was the name of the <u>teacher and overseer of Odysseus' son</u>, Telemachus. In Greek Mythology, Mentor is the son of Alcimus. (Wikipedia, 2019.)   **True or False**

2. <u>Adam Meleis</u> introduced the adult learning theory. (Knowles et al.,2012)
                                                            True or False

3. Patricia Benner is known for the <u>Novice to Expert Model</u>.
     (McEwen & Wills, 2011)   **True or False**

4. According to AMSN, Mentoring is defined as a <u>reciprocal/collaborative learning relationship</u> between 2 or more with mutual goals and shared responsibility for the outcomes and success of the relationship.
    (Grindel & Hagerstrom , 2012)   **True or False**

5. The <u>Principles of Adult Learning</u> have been incorporated into the Foundations of Mentoring for ANCC. (ANCC, 2014)   **True or False**

6. To get started with the relationship, the Mentor and the Mentee, a <u>To-do list</u> must be created containing discussions of goals, expectations, limitations and opportunities for learning. (Villanueva, 2015)   **True or False**

7. A <u>hectic practice environment</u> is not going to overwhelm any novice nurse even when no support or no guidance is provided past orientation period. (Henderson & Eaton, 2013; Komaratat & Oumtanee, 2009)   **True or False**

8. <u>High Retention rates and High turn-over rates</u> are two of the many results of successful mentorship programs. (Willits, 2009)   **True or False**

9. Job satisfaction survey and New nurse confidence survey are valid tools used to <u>evaluate mentoring relationships</u>. .(Jones, 2016)   **True or False**

10. It costs <u>$62,000</u> to replace a medical-surgical nurse after being trained/oriented. (Mills & Mullin, 2008)   **True or False**

Prepared by: Joy Calunsag, MAN, RN-BC

Appendix C: Posttest

Title: **Milestones in Mentorship: EBP in Mentoring New Nurses**
Important! Answering the posttest is voluntary. By answering the posttest, you consent to the use of scores for the analysis of posttest scores.
Please encircle "True" or "False" corresponding to your best knowledge of the correct answer.

1. "Mentor" was the name of the <u>teacher and overseer of Odysseus' son</u>, Telemachus. In Greek Mythology, Mentor is the son of Alcimus. (Wikipedia, 2019.)   **True or False**

2. <u>Adam Meleis</u> introduced the adult learning theory. (Knowles et al.,2012)
                                                                        True or False

3. Patricia Benner is known for the <u>Novice to Expert Model</u>.
    (McEwen & Wills, 2011)   **True or False**

4. According to AMSN, Mentoring is defined as a <u>reciprocal/collaborative learning relationship</u> between 2 or more with mutual goals and shared responsibility for the outcomes and success of the relationship.
   (Grindel & Hagerstrom , 2012)   **True or False**

5. The <u>Principles of Adult Learning</u> have been incorporated into the Foundations of Mentoring for ANCC. (ANCC, 2014)   **True or False**

6. To get started with the relationship, the Mentor and the Mentee, a <u>To-do list</u> must be created containing discussions of goals, expectations, limitations and opportunities for learning. (Villanueva, 2015)   **True or False**

7. A <u>hectic practice environment</u> is not going to overwhelm any novice nurse even when no support or no guidance is provided past orientation period.
   (Henderson & Eaton, 2013; Komaratat & Oumtanee, 2009)   **True or False**

8. <u>High Retention rates and High turn-over rates</u> are two of the many results of successful mentorship programs. (Willits, 2009)   **True or False**

9. Job satisfaction survey and New nurse confidence survey are valid tools used to <u>evaluate mentoring relationships</u>. .(Jones, 2016)   **True or False**

10. It costs <u>$62,000</u> to replace a medical-surgical nurse after being trained/oriented. (Mills & Mullin, 2008)   **True or False**

Prepared by: Joy Calunsag, MAN, RN-BC

Appendix D: Education Plan

Title of Activity**: Milestones in Mentorship: EBP in mentoring new nurses**

Identified Gap**: No structured mentoring program among Unit-Based Nurse Mentor**

Description of current state**: No formal orientation among nurse mentors/mentee**

Description of desired/achievable state**: Know-how on EBP in mentoring new nurses**

Gap to be addressed by this activity**: Knowledge**

Learning Outcome(s): **Nurse mentor will define Mentorship**			
Identify best practices in mentoring new nurses			
Select all that apply**: x Nursing Professional Development** ☐ Patient Outcome			
CONTENT (Topics)	**TIME FRAME**	**PRESENTER/ AUTHOR**	**TEACHING METHODS/ LEARNER ENGAGEMENT STRATEGIES**
Pre-test	5 mins.	Joy Calunsag	Paper and Pen exam
Concepts in Mentorship/Introduction	15 mins	Joy Calunsag	Lecture - Discussion
Phases of Mentorship/ Mentoring Models	25 mins	Joy Calunsag	Interactive Discussion
Successful Mentoring: Mentor and Mentee	25 mins.	Joy Calunsag	Lecture/ Role Playing/ Case Study
Potential Conflicts during Mentoring Relationship	20 mins.	Joy Calunsag	Lecture/ Role Playing/ Case Study
Outcomes of the Mentor-Mentee Relationship	15 mins.	Joy Calunsag	Lecture - Discussion
Question and Answer: What was learned?	5 mins	Joy Calunsag	Audience Participation Summarizing
Post Test	5 mins.	Joy Calunsag	Paper and Pen exam
Evaluation	5 mins.	Joy Calunsag	Audience Feedback

Appendix E: Attendance Roster

TITLE: **Milestones in Mentorship: EBP in mentoring new nurses**.

DATE: **6/19/2019** TIME: **10:00 AM-12:00 PM** LOCATION: **Auditorium A**

LEARNING OBJECTIVES**: Define mentorship and identify current best available strategies in mentoring new nurses.**

IMPORTANT! Participation in this staff education program is voluntary.
Your employer is not mandating you to attend this educational activity.
Confidentiality: Please do not print your name. Your unit, signature & credentials will be adequate to indicate your attendance to this program.

	Participant	UNIT	SIGNATURE	CREDENTIALS (e.g. RN, CNA, RT, MD)
1	**Registered Nurse 1**			
2	**Registered Nurse 2**			
3	**Registered Nurse 3**			
4	**Registered Nurse 4**			
5	**Registered Nurse 5**			
6	**Registered Nurse 6**			
7	**Registered Nurse 7**			
8	**Registered Nurse 8**			
9	**Registered Nurse 9**			
10	**Registered Nurse 10**			
11	**Registered Nurse 11**			
12	**Registered Nurse 12**			
13	**Registered Nurse 13**			
14	**Registered Nurse 14**			
15	**Registered Nurse 15**			
16	**Registered Nurse 16**			
17	**Registered Nurse 17**			
18	**Registered Nurse 18**			
19	**Registered Nurse 19**			
20	**Registered Nurse 20**			