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A Mentorship Program for Newly Licensed Registered Nurses

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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,
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Walden University
2020

Abstract

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MS, Walden University, 2016

BS, Southern Adventist University, 1985

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

The retention of new nurses remains a challenge for most healthcare organizations. Approximately 75% of newly licensed registered nurses (NLRNs) resign their positions within the first year of employment due to transition shock from the academic setting to the practicum setting. Other reasons for resignation include lack of confidence, poor critical thinking skills, and feeling overwhelmed to provide quality patient care. This loss of retention among NLRNs poses a significant threat to the delivery of quality and safe patient care. Nurses who assume the role of mentor to newly licensed nurses face many barriers to fulfilling their role effectively, including lack of proper training or skills to perform this role, lack of time, and competing demands of being a mentor and providing patient care. Therefore, the purpose of this doctoral project was to develop an evidence-based staff education curriculum on mentoring for professional staff nurses in an acute care hospital in a southeastern state. The goal of the staff education project was to prepare nurses as mentors to assist the NLRN's transition into practice. Patricia Benner's theoretical model "from novice to expert" was the framework used in this project. Sources of evidence included the collection of data obtained from peer-reviewed articles in the Cumulative Index to Nursing Allied Health Literature database, American Association of Colleges of Nursing, and Patricia Benner's novice to expert framework. This project promotes social change by offering a quality, evidence-based mentorship program to benefit all stakeholders of the organization through its implications for nursing practice.

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Dedication

I dedicate this research to my friend who resigned her position as a newly licensed

registered nurse within one year of employment due to a stressful experience with the

transition into practice.

Acknowledgments

I thank my family, particularly my younger son Orin, and my friends for their continued support and encouragement during my research project. Also, I thank my instructors at Walden University and my preceptors at the practicum site whose instruction and support made it possible for me to reach this milestone of the doctoral program. I also offer special thanks to my nursing students whose interest in the nurse mentorship program inspired me to complete this project.

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Section 1: Nature of the Project

Introduction

The transition from the academic environment to the practice setting can be a shocking experience for newly licensed registered nurses (NLRNs; Haremond, 2010). This experience results in NLRNs feeling overwhelmed, anxious, and lacking the self-confidence to deliver quality patient care (Crimlisk et al., 2017). As a result, approximately 75% of NLRNs leave their jobs within one year and 57% or higher within two years of employment (Killian, 2016). The American Association of Colleges of Nursing (AACN, n.d.) stated that "17.5 percent" of NLRNs resign within one year of employment (para. 1). Often, nurses assume the role of a mentor without adequate training to fulfill the role (Fawcett, 2002). As a result, the mentee lacks trust in the mentor thus, defeating the purpose of the mentorship program (Fawcett, 2002). The purpose of this project was to develop a staff education curriculum on mentoring for professional staff nurses. The goal of the staff education project was to prepare nurses as mentors so that they can be better prepared to assist the NLRNs transition into practice. Positive social implications for this doctoral project include the potential adoption of the mentorship program, benefits to the nursing staff, becoming an active mentor, providing support and competency skills to NLRNS, and increasing retention rates in NLRNs.

Problem Statement

The retention of new nurses remains a challenge for most organizations, and the shortage of nurses significantly affects the safe delivery of patient care (Toh, Ang, & Devi, 2012). Because of the high turnover rates in NLRNs, it costs organizations in the United States approximately "$300.00 annually for every 1% increase in nurse turnover"

(Anderson, Hair, & Todero, 2012, p. 204). According to Jaimet (2016), novice nurses entering the working world view the transitional period as being shocking, overwhelming, and stressful. Despite the enrollment of NLRNs into a nurse residency program, new nurses resign their positions within one year of employment due to lack of confidence and support (Crimlisk et al., 2017).

Chen and Lou (2014) supported that a mentorship program is a long-term and one-on-one personal and professional relationship between the mentor and the mentee. The professional and personal relationship facilitates a smooth transition from the academic setting to the practicum environment (Chen & Lou, 2014). Although evidence demonstrated that there are numerous benefits and advantages for the implementation of a mentorship program, some healthcare organizations do not incorporate a mentorship program in their planning budget to accommodate the needs of NLRNs (Chen & Lou, 2014).

Because NLRNs lack competency in critical thinking skills (Missen, McKenra, Beauchamp, & Laskins, 2016) and show deficiency in practical skills (Crimlisk et al., 2017), utilizing a mentorship program after the completion of a nurse residency or orientation program is imperative to provide support for NLRNs. Chen & Lou (2014) found that only half of the nurses who assume the role of a mentor had the education to function in that role. Educating the staff nurses to develop into a mentor role to assist the transition of NLRNs is pertinent, as is addressing the retention rates, providing support and confidence to NLRNs, and most importantly, improving the delivery of quality patient care.

Poorly developed orientation programs often lead to the NLRNs feeling inadequate and thus leaving their positions within their first year of employment (Chen & Lou, 2014). The transition of NLRNs into an independent nursing role immediately after the completion of a nurse residency program is overwhelming and stressful (Crimlisk et al., 2017). Therefore, the nurse residency and orientation programs failed to address the meaningful gap in nursing practice to meet the needs of NLRNs. As a result, healthcare organizations should focus on implementing an effective mentorship program to meet the needs of NLRNs, thus providing ongoing support and increasing retention rates.

Purpose

It is typical for NLRNs receive about four to eight weeks of orientation, and some organizations offer six to 12 months of nurse residency program training. Often, following the orientation period, NLRNs are immediately placed into an independent role without been assigned to a mentor to assist in their transition into practice (Chen & Lou, 2014). Because of the NLRN's lack confidence, critical thinking skills, and practical skills to provide efficient and safe patient care, they become overwhelmed and anxious (Crimlisk et al., 2017). As a result, about 75% of NLRNs resign their positions within one year of employment and 57% or higher within two years of employment (Killian, 2016).

Staff nurses lack the education or training skills to perform in a mentor role to accommodate the needs of NLRNs (Fawcett, 2002). Therefore, the purpose of this doctoral project was to develop a staff education curriculum on mentoring for professional staff nurses. The goal of the staff education project was to prepare nurses as mentors in an acute care hospital in a southeastern state so that they can be better

prepared to assist the NLRN's transition into practice. I conducted an intensive review of the literature, consulted with the key stakeholders in the organization to determine the best evidence-based strategies on creating a mentorship program, and developed a staff education program on mentorship with a plan for evaluating formative and summative outcomes.

The practice-focused questions that were addressed in this project included the following:

1. "What evidence-based practice strategies can be found in the literature in the development of a mentorship program targeting NLRNs?"

2. Will the implementation of a staff education program on mentorship increase the knowledge and skills of the staff nurses fulfilling the role of a mentor?

The organization has a nurse residency program in place for NLRNS, but does not have a mentorship program for NLRNs. All newly hired nurses are required to complete an orientation, but the nurse residency program is not mandatory for the NLRNs. Because the nurse residency program is not compulsory, some NLRNs opt out of the program, and therefore, a gap occurs in providing support to these newly licensed nurses. This doctoral project addressed the gap in transitioning into clinical practice by utilizing evidence-based findings in the development of a staff education mentorship program that aims to facilitate the transition of NLRNs into practice.

Nature of the Doctoral Project

Sources of evidence were obtained from multiple scholarly databases such as CINAHL, ERIC, and Medline. Other sources of evidence were assessed from credible websites such as the AACN, American Organization Nurse Executives, and the Academy

of Medical-Surgical Nurses. I applied Patricia Benner's (1984) "novice to expert"

framework and Malcolm Shepard Knowles' "principles of andragogy" (Kearsley, 2010)

to adult learning to guide the development of the education project. The purpose of this

project was to develop a staff education curriculum on mentoring for professional staff

nurses. The goal of the staff education project was to prepare nurses as mentors so that

they can be better prepared to assist the NLRNs' transition into practice.

Significance

The stakeholders included the unit managers, staff registered nurses, nurse

educators, and the chief nursing officer (CNO) of an acute care hospital in a southeastern

state. They were consulted regarding the implementation of findings into the staff

education mentoring project, recruitment of prospective mentors to participate in the staff

education, implementation of the education program, and the development and

implementation of the evaluation plan. The organization does not have a mentorship

program and anticipates the implementation of the developed mentorship program soon.

Addressing the adoption of a mentorship program for NLRNs may have a positive

effect on stakeholders. Potential contributions of the doctoral project to nursing practice

include staff nurses being effective mentors, NLRNs developing confidence and

competency skills to provide quality patient care in today's complex healthcare system

(Crimlisk et al., 2017), and the increase of retention rates among NLRNs, thus addressing

the shortage of nurses (Toh et al., 2012).

The use of a residency program for new nurses, as recommended by the Institute

of Medicine (IOM, 2010), demonstrates the potential transferability of the doctoral

project to similar practice areas. A mentorship program can be utilized in any area of

discipline using the novice to expert model as a guide. However, some organizations are not utilizing the recommended nurse residency program for NLRNs (Chen & Lou, 2012).

This project supports the mission of Walden University to promote positive social change by providing evidence to an acute care hospital located in a southeastern state to implement a mentorship program. The organization does not have a mentorship program for NLRNs. Utilizing evidence-based research regarding the positive effects of a mentorship program and retention rates in NLRNs, this project promotes social change by creating a useful program that provides quality and evidence-based mentorship standards that might benefit all stakeholders of the organization. The anticipated goal of this project was the possible adoption of the mentorship program for NLRNs by the acute care hospital.

Summary

Despite the use of a nurse residency program, NLRNs leave their jobs within the first year of their career due to being overwhelmed, anxious, and lack of confidence and support to deliver quality patient care (Crimlisk et al., 2017). Even though the IOM recommended in 2010 that healthcare organizations implement a nurse residency program to facilitate NLRNs transition to practice, many institutions have not adhered to this recommendation and continue to offer only an orientation program that lasts for about four to eight weeks (Chen & Lou, 2014). It was reported by Crimlisk and colleagues (2017) that a nurse residency program helped some NLRNs. However, the new nurses still resigned their positions within one year after the completion of the nurse residency program due to lack of support by a mentor (Crimlisk et al., 2017).

Although the nurse residency program has some potential to fill the gap in nursing practice, the relationship between the mentor and mentee is short-term, whereby a mentorship program has a longer relationship. Therefore, I developed a staff education curriculum on mentoring for professional staff nurses. The goal of the staff education project was to prepare nurses as mentors so that they can be better prepared to assist the NLRN's transition into practice. Creating an evidence-based staff education program on mentoring assists nursing staff in developing their knowledge and skills in the mentor role (Chen & Lou, 2014).

Section 2: Background and Context

Introduction

It is common for NLRNs to leave their jobs within one year of employment due to being overwhelmed, anxious, lacking confidence, deficiency in practice skills (Crimlisk et al., 2017), and lacking critical thinking skills (Missen et al., 2016). NLRNs typically transition into an independent role or charge nurse role prematurely without a resource person or mentor guiding their actions for at least one year after completing a nurse residency or an orientation program (Chen & Lou, 2014). Therefore, the practice-focused question addressed in this doctoral project included the following: "What evidence-based practice strategies can be found in the literature in the development of a mentorship program targeting NLRNs?" The purpose of the doctoral project was to develop a staff education curriculum on mentoring for professional staff nurses. In this section, I address the concepts, models, and theories, the relevance to nursing practice, local background and context, and the role of the doctoral nursing practice (DNP) student.

Concepts, Models, and Theories

Fawcett (2002) reported that staff nurses lack the education or training skills to perform in a mentor role to accommodate the needs of NLRNs. Therefore, the staff education curriculum program provided education in steps or stages according to Patricia Benner's (1984) model "novice to expert" as a guide. This model was first published in 1984 and guided by the Dreyfus model's five stages of skill acquisition to nursing practice which includes novice, advanced beginner, competent, proficient, and expert (Benner, 1984). During the novice stage, the nurse lacks experience. The novice nurse depends on an experienced nurse or mentor for guidance and mentoring (Benner, 1984).

The advanced beginner is a new graduate nurse who gained some experience after dealing with real-life situations and begins to recognize what to do when a situation arises. However, these nurses still have to rely on an experienced nurse for guidance (Benner, 1984). The nurse can become anxious and overwhelmed during the advanced beginner stage (Benner, 1984). In the competency stage, the nurse has more experience and becomes familiar with tasks (Benner, 1984). However, the competent nurse lacks the capability of being a proficient nurse (Benner, 1984).

The proficient nurse learns from experiences and can see the whole picture (Benner, 1984). The expert nurse is well-experienced and focuses on the most critical problems and tasks and can discern what needs to be done in situations. These nurses rely on their skills to guide their actions rather than rules or principles (Benner, 1984). Although nurses may not be experts in all areas of nursing, the nurses can achieve expertise in their specialty areas (Benner, Tanner, & Chesla, 2009). Therefore, the concept of this model is based on nurses attaining professional growth in the practicum setting and learning practical skills by experience (Benner, 1984). The staff education curriculum program utilizes strategies to guide the nurses from an inexperienced mentor to an efficient mentor.

Benner (1984) applied the Dreyfus model of skill acquisition of five stages of proficiency to nurse's performance to develop the novice to expert framework, which demonstrated that the acquisition of new skills requires a progression through stages or levels. This study is particularly informative and significant to this doctoral project because I used this framework to guide the doctoral project in the development of a nurse mentorship program for NLRNs.

The reason for choosing this model and concept was based on new nurses' need for assistance in transitioning from the academic setting to the practicum setting to facilitate their experiences in the working world (Jaimet, 2016). Patricia Benner's (1984) novice to expert framework aligns with the purpose of this doctoral project. After the completion of an orientation or nurse residency program, NLRNs are assigned to a full load of patient care and independent or charge nurse role without the assistance of a mentor (Chen & Lou, 2014). As a result, NLRNs become anxious and overwhelmed to deliver adequate patient care and eventually resigned within one year of employment (Crimlisk et al., 2017). Therefore, the use of a mentorship program after the completion of an orientation or nurse residency program may be beneficial to NLRNS transition into practice (Chen & Lou, 2014).

Kowitlawakul (2013) discussed that novice nurses could progress to expert nurses in their specialty areas through their learning needs and experience. According to Kowitlawakul (2013), new nurses' engagement in professional development activities, for example, attending conferences and workshops related to their specialties, contributes to moving from a novice to expert. The use of a mentor during the transitional period enhances professional growth from a novice to an expert nurse (Kowitlawakul, 2013).

Relevance to Nursing Practice

Many NLRNs leave their positions within one year of employment (Haremond, 2010) due to lack of support, confidence, and competency to provide efficient nursing care (Crimlisk et al., 2017). The high turnover rate among NLRNs poses a financial burden on most organizations that may not replace the resigned NLRNs (Toh et al., 2012). As a result, the shortage of nurses poses a threat to the nurse's performance to

deliver safe patient care (Toh et al., 2012). The improvement of safety in the healthcare system is the concern raised in the report of Institute of Medicine Quality Chasm series "To Err is Human: Building a Safer Health System" (Institute of Medicine, 1999). Patients need to feel as safe in the healthcare setting as in their homes (Joshi, Ransom, Nash, & Ransom, (2014).

Jaimet (2016) reported that NLRNs view the transition period as stressful and overwhelming. The implementation of a mentorship program to meet the needs of NLRNs provided support and increased retention rates, thus addressing the shortage of nurses and improving safe patient care delivery (Toh et al., 2012). Therefore, this doctoral project is relevant to nursing practice to assist NLRNs' transition to practice, thus providing safe patient care delivery and increasing retention rates.

In nursing practice, there is a 4-8 week orientation program with some institutions offering a nurse residency program for NLRNs. Although the nurse residency program provides a preceptor for NLRNs, the preceptorship is a short-term relationship between the mentor and the mentee. The preceptor relationship between the mentor and mentee ends after the NLRNs complete the program.

Orientation and nurse residency programs are short-term relationships, while the mentorship program is a long-term relationship between the mentor and the mentee (Chen & Lou, 2014). The recommendation to improve the practice is to implement a mentorship program to foster the needs of NLRNs and enhance patient care delivery. Educating the nursing staff to develop in a practical mentor role to assist NLRNs transition to the practicum setting is cost- effective for the organization as well because it increases job satisfaction and retention rates in NLRNS (Toh et al., 2012). Most

institutions utilize an orientation program, while some institutions use a nurse residency program to address the gap in practice. However, in this doctoral project, I focused on a staff education program for mentoring NLRNs in an acute care hospital setting. Fleming (2017) reported that the implementation of a mentorship program "empowers nurses to make confident and well- informed decisions regarding patient care" (p. 12). Chen and Lou (2014) supported that the use of a mentorship program decreases nurse turnover rates, reduces facility costs, and increases safe patient care. Staff nurses may assume the role of a mentor but may not possess the necessary skills or the knowledge to mentor NLRNs (Fawcett, 2002). Therefore, designing a curriculum to educate the staff nurses to be an active mentor advanced nursing practice and filled the gap in practice.

Local Background and Context

NLRNs lack experience, confidence, and competency to provide adequate patient care in today's complex healthcare system (Crimlisk et al., 2017). As a result, 75% of NLRN resign their positions within one year of employment, and 57% or higher leave within two years of work (Killian, 2016). The high turnover rates create a nursing shortage, which poses a threat to the safe delivery of patient care (Toh et al., 2012). Because of the risk to safe patient care, job satisfaction, lack of competent skills, and inadequate mentors, it is imperative that this practice-focused question is studied.

The practice site for this project was a 300 bed, level 11 trauma acute care facility, located in the southeastern part of the United States and service several other surrounding states. Currently, the institution does not have a mentorship program in place for NLRNs. However, the mission is a commitment to continually provide high-quality patient care (Practice Site, Data, n.d.). The project addressed the problem that is in

alignment with the institutional mission statement. Fleming (2017) believed that the use of an adequate mentorship program contributes to "higher-quality patient care and better patient outcomes" (p. 12).

The term "mentorship program" refers to the use of a curriculum to facilitate new nurse's experience in the practicum setting and assigning an experienced nurse as a mentor. A mentor or mentorship role is a long-term personal and professional relationship between an experienced nurse (mentor) and inexperienced nurse (mentee) (Chen & Lou, 2014). A short-term relationship is a relationship that is accomplished in less than 12 months, while a long-term relationship is achieved in 12 months and higher. Evidence-based is the use of the best evidence in the literature to improve the quality of patient care. An orientation program is providing awareness of the surroundings and the field of nursing practice in any facility. A preceptor role is a short-term relationship or commitment between a mentor and the mentee (Chen & Lou, 2014).

The state of in which the practice site is located supports a mentorship program for new nurses as evidenced by a current mentorship program in place for public health nurses to foster relationship and ongoing support (Georgia Department of Human Resources, 2006). The latter stated that "mentoring may help in recruiting and retaining nurses to provide community and individual care, thereby ensuring a competent and professional nursing workforce for the citizens of Georgia" (p. 2). In other words, mentorship affects retention rates in new nurses and providing a mentorship program enhances competency in new nurses, thus, providing safe nursing care and increases retention rates. There was evidence in the literature regarding mentoring for government officials. However, no evidence addressed the doctoral project at the federal level.

Role of the DNP Student

My professional role and relationship to the doctoral project were to collect evidence-based data about a mentorship program to develop a staff education program for mentoring NLRNs in an acute care hospital setting. According to the American Association of Colleges of Nursing (2006), the translation of research into practice and the dissemination and integration of new knowledge are essential activities performed by DNP graduates. The data were analyzed using Patricia Benner's (1984) novice to expert framework to guide the development of the project. The research was reviewed, and the best practice for the implementation of the educational plan was selected. The mentorship program, implementation strategies, and evaluation plan was developed.

As a former employee of the practicum site and well acquainted with most of the stakeholders and frontline staff, the keyholders were ascertained and made aware of the project, and it was assured that they were in agreement with the plan. It has been the experience of the DNP student at the practicum site, that many NLRNs who resigned their positions after the orientation period was due to being overwhelmed and lack of support. Currently, nurses in the residency program have conveyed to the DNP student that they become frustrated and contemplated resignation because of lack of support from the experienced staff nurses.

The first motivation for this doctoral project includes the complaints and reports from NLRNs about the stressful transition to the practicum setting. The second motivation consists of the use of orientation programs and nurse residency programs with no assigned mentor after the completion of the programs. The third motivation is the high turnover rates among NLRNs because of job dissatisfaction, lack of support, and

confidence, and the impact it has on safe patient care delivery. During the practicum experience, I spoke with the director of the nurse residency program about a mentorship program, and the organization may adopt a mentorship program in the future. I do not foresee any potential biases that I may possess.

Role of Project Team

The chief nursing officer (CNO) of the organization, the director of nursing education, unit, and clinical managers were part of this doctoral project team. However, I worked closely with the CNO of the organization. The CNO was my preceptor at the practicum site who supported and embraced evidence-based practice (EBP) nursing. An EBP nurse residency program was recently spearheaded and implemented within the organization by the CNO. Therefore, the CNO assisted with the recruitment of the nursing staff, unit managers, and other stakeholders to review the staff education program. The organization was responsible for the evaluation process of the project as well as the distribution of the pre and posttest forms.

Summary

The literature supports that NLRNs are novice nurses to the practicum setting and benefits from a mentorship program to facilitate a smooth transition to practice (Chen & Lou, 2014). Evidence also demonstrated that the implementation of a mentorship program equipped nurses with critical thinking and practical skills, as well as providing confidence and competency to deliver safe patient care (Missen et al., 2016). As a result, retention rates increases, job satisfaction increases, as well as the reduction in facility costs (Fleming, 2017).

Because of the positive evidence and success rate in implementing a mentorship program, this project investigated the literature to determine the best evidence-based strategies in creating a staff education curriculum on mentorship targeting NLRNs with the goal of possible adoption by an acute care facility.

Section 3: Collection and Analysis of Evidence

Introduction

The retention of new nurses remains a challenge for most healthcare organizations, and the shortage of nurses significantly affects the safe delivery of patient care (Toh et al., 2012). According to Jaimet (2016), novice nurses entering the working world view the transitional period as being shocking, overwhelmed, and stressful. NLRNs develop a transitional shock from the academic setting to the practicum setting (Haremond, 2010). Despite the completion of a nurse residency program, new nurses still resign their positions within one year of employment due to lack of support and confidence (Crimlisk et al., 2017).

NLRNs are overwhelmed, anxious, and lack the confidence to deliver safe patient care (Crimlisk et al., 2017). As a result, about 75% of NLRNs leave their jobs within one year of employment and 57% and greater within two years of work (Killian, 2016). Chen and Lou (2014) discussed that a mentorship program is a long-term and one-on-one professional and personal relationship between the mentor and the mentee compared to a short-term term relationship. Most nurses assume the role of a mentor but lack the appropriate skills to mentor NLRNs (Fleming, 2016)

Nurse residency and orientation programs are short-term relationships between the mentor and the mentee and have failed to fill the gap in nursing practice. Therefore, the purpose of the doctoral project was to develop a staff education curriculum on mentoring for professional staff nurses. There is evidence in the literature that NLRNs are novice nurses and need a program to facilitate a smooth transition into practice.

The use of Patricia Benner's (1984) novice to expert framework helped guide the development of the doctoral project. An individual or nurse learns in stages, and this model highlights the nurse's clinical learning skills from a novice to advanced beginner, competent, proficient, and eventually an expert (Benner, 1984). The curriculum provided education in stages for the professional nurses to develop into a mentor role.

Evidence in the literature demonstrated that the use of a mentorship program facilitates the gap in nursing practice (Chen & Lou, 2014). Because of the high turnover rates among NLRNs and the impact on safe nursing care delivery, this doctoral project is relevant to nursing practice. In this section, I discuss the practice-focused question, sources of evidence, the analysis and synthesis, and the summary.

Practice-Focused Question

The local problem is the assistance of NLRNs with the transition from the academic setting to the environmental environment by the use of a mentorship program. The gap in practice is the need for a long-term program to meet the needs of NLRNs transitioning to practice. The practice-focused question that was addressed in this project was "what evidence-based practice strategies can be found in the literature in the development of a mentorship program targeting NLRNs?'

The purpose of this project was to develop a staff education curriculum on mentoring for professional staff nurses. After searching and analyzing the literature for evidence-based practice strategies to establish a mentorship program, a curriculum was designed to educate the staff nurses how to effectively mentor NLRNs. Therefore, the practice focus question was in alignment with the purpose of the doctoral project.

Sources of Evidence

The sources to address the practice-focused question included literature about a mentorship program and mentoring related topics in peer-reviewed articles in the CINAHL electronic database, the AACN website, and Patricia Benner's (1984) novice to expert model. The purpose of the doctoral project was to develop a staff education curriculum on mentoring for professional staff nurses. There is a gap in practice to meet the needs of NLRNs (Chen & Lou, 2014). More specifically, the short term relationship portrayed during the orientation and nurse residency programs has failed to provide a smooth transition for NLRNs as evidenced by high turnover rates among NLRNs (Toh et al., 2012).

The evidence in the literature targeted NLRNs' transition to practice, and the purpose was to fill that gap. Sources of evidence supported the need to address the practice-focused question and the appropriate method for this DNP project. Therefore, there was a relationship between the evidence and the purpose of the doctoral study.

The doctoral project focused on a staff education program for mentoring NLRNs in an acute care hospital in a southeastern state. The plan included searching the literature about mentorship programs and mentoring related topics, analyze the research, and utilize Patricia Benner's (1984) novice to expert framework to guide the development of the project. I reviewed the research and selected the best practice for implementation in the educational plan to address the practice-focused question.

I did not collect evidence from individuals to address the practice-focused question. Instead, the evidence was collected via the literature review and evidence about NLRNs' turnover rates at the organizational site. The literature was analyzed using the

hierarchy level of evidence to critically appraise the evidence based material for the doctoral project.

Analysis and Synthesis

A literature review was conducted to analyze the sources of evidence to address the practice-focused questions. I reviewed various articles according to the hierarchy level of evidence and critically appraised the evidence-based material for the doctoral project (see Appendix A). The input of the project team, particularly the CNO of the organizational site, during and after the development of the educational program, contributed to the formative and summative evaluation of the doctoral project. Details of the feedback provided by the project team can be found in Section 4.

A pretest and posttest were developed to evaluate the effectiveness of the staff education program once the program is implemented (see Appendices B and C). The organization's staff will distribute the pretest and posttest at the time of implementation, as well as the evaluation form to evaluate the staff education program at the end of the program. An excel chart with descriptive statistics was discussed with the project team to analyze the procedures used in the doctoral project and to compare or measure the findings.

Summary

The practice-focused question concentrated on evidence-based practice strategies found in the literature to develop a mentorship program targeting newly licensed registered nurses. The purpose of the doctoral project was to develop a staff education curriculum on mentoring for professional staff nurses. The problem statement focused on the high turnover rates among NLRNs due to lack of support, feeling overwhelmed, and

lack of competency skills. A review of the literature revealed a gap in practice to provide a smooth transition into practice for NLRNs.

Most nurses assume a mentorship role without adequate training to mentor NLRNS (Fleming, 2017). As a result, the mentee distrusts the mentor, and the purpose of the mentoring the NLRNs is defeated. The implementation of a nurse residency program and orientation program develop a short-term relationship between the mentor and the mentee (Chen & Lou, 2014). Crimlisk et al. (2017) discussed that NLRNs resign their position within one year after the completion of a nurse residency program. However, a mentorship program is a long-term relationship between the mentor (experienced nurse) and the mentee (inexperienced nurse).

The high turnover rate among NLRNs poses a threat to the safe delivery of patient care due to the shortage of nurses and also threatens the organization's financial budget. Therefore, healthcare organizations should implement a mentorship program to improve patient safety and the quality of care delivered by NLRNs. The use of evidence-based practice strategies to develop a mentorship program targeting NLRNs and designing a curriculum to educate the staff nurse in being an active mentor helped to fill the gap in nursing practice. As a result, there is the potential for increased confidence and retention rates among NLRNs, improved quality of safe patient care, and a reduction in the organization's expenses.

Section 4: Findings and Recommendations

Introduction

The retention of new nurses remains a challenge for most organizations, and the shortage of nurses significantly affects the safe delivery of patient care (Toh et al., 2012).

According to Jaimet (2016), novice nurses entering the working world view the transitional period as being shocking, overwhelming, and stressful. Chen and Lou (2014) supported that a mentorship program is a long-term and one-on-one personal and professional relationship between the mentor and the mentee. The professional and personal relationship facilitates a smooth transition from the academic setting to the practicum environment (Chen & Lou, 2014). Mersch and Nekimkin (2005) supported that a mentorship program functions as a guide for new nurses.

The pretest and posttest were developed to evaluate the effectiveness of the staff education program when the program is implemented. The initial plan was to implement the staff education program. However, due to funding and a recent implementation of a nurse residency program at the organizational site, the program team delayed the implementation for a future date. Therefore, the organization staff will conduct and distribute the pretest and posttest as well as the evaluation form to evaluate the effectiveness of the program when it is implemented.

Often, following an orientation program, NLRNs are immediately placed into an independent role without being assigned to a mentor to assist in their transition into practice (Chen & Lou, 2014). Because NLRNs lack confidence, critical thinking skills, and practical skills to provide efficient and safe patient care, they become overwhelmed and anxious (Crimlisk et al., 2017). As a result, about 75% of NLRNs resign their position within one year of employment (Killian, 2016). Currently, the organization has a nurse residency program in place for NLRNs but does not have a mentorship program to follow the nurse residency program, and most nurses assume the role of a mentor but lack the appropriate skills to mentor NLRNs (Fleming, 2016). This doctoral project was

developed to fill this gap in practice. Therefore, the practice-focused questions for this doctoral project included the following: "What evidence-based practice strategies can be found in the literature in the development of a mentorship program targeting NLRNs?," and "Will the implementation of a staff education program on mentorship increase the knowledge and skills of the staff nurses fulfilling the role of a mentor?" The purpose of this doctoral project was to develop a staff education curriculum on mentoring for professional staff nurses.

Sources of evidence for the project were obtained from searching the scholarly literature about an evidence-based mentorship program for NLRNs. The literature was analyzed using the hierarchy level of evidence to critically appraise the evidence-based information. The most significant studies that informed this doctoral project were analyzed in the Literature Review Matrix that can be found in Appendix A. I discuss these studies in the following paragraphs.

Academy of Medical-Surgical Nurses (AMSN, 2012) supports the implementation of a nurse mentorship program for NLRNs. As a result, AMSN (2012) conducted a systematic review of correlational studies and developed a comprehensive mentorship program for new nurses. The program was developed based on the statistical evidence of new graduate nurses leaving their positions within the first year of their career. The mentoring toolkit for AMSN (2012) was used as evidence in this doctoral project, and the toolkit, which includes tools for the mentor and mentee are embedded in the developed DNP project.

A study by Lavoie-Tremblay, Sanzone, Primeau, and Lavigne (2019) indicated that mentorship has a positive impact on new nurses' transition into practice as evidenced

by a decrease in stress levels as well as an increase in self-confidence. The study also revealed an increase in mentors' awareness of the needs of NLRNs, as well as an increase in retention rates for NLRNs (Lavoie-Tremblay et al., 2019). A systematic review conducted by Chen and Lou (2014) about the effectiveness and application of a mentorship program revealed that the implementation of a nurse mentorship program immediately following a nurse residency program enhanced NLRNs practical and competency skills, as well as provided support during their new role. Tiew, Koh, Creedy, and Tam (2017) evaluated the effectiveness of a mentorship program using a pretest and posttest survey. Tiew et al. (2017) concluded that there was a significant difference in the increase of both knowledge and self-efficacy in NLRNs from 59% to 71%, $p< 0.001$. Therefore, mentoring is crucial to career development for new graduate nurses.

Fox (2010) conducted quantitative research that included the comparison of turnover rates among new nurses with and without a mentor. The author revealed that NLRNs without a mentor had a turnover rate of 40% to 50% and a 10% turnover rate in NLRNs who had a mentor (Fox, 2010), indicating that the implementation of a nurse mentorship program increases retention rates in NLRNs.

Fox (2010) reported that a mid-western state acute care facility had a turnover rate of 32.60% in NLRNs. Consequently, the healthcare organization stakeholders agreed to implement a nurse mentorship program immediately following a nurse residency program. As a result, new nurses' turnover rate decreased from 32.60% to 10.30% within two years of implementation of the program (Fox, 2010). According to Fox (2010), the decrease in NLRNs turnover rate affected the organization's budget by "a decrease of 6.29% for a savings of $1,040" (p. 53) at the end of the two years.

Killian (2016) conducted a quantitative study which focused on the new nurses (mentees) satisfaction with a mentorship program in relation to building competent clinical skills and confidence to deliver safe patient quality care. According to Killian (2016), the new nursing graduates reported the mentorship program successfully facilitated their transition from the academic setting to the clinical setting by providing self-confidence and competency skills such as critical thinking and communication skills as well as support. As a result, NLRNs developed adequate skills to deliver safe quality patient care to improve patient outcomes (Killian, 2016). Because 75% of NLRNs leave their jobs within one year, the positive outcome and benefits of a nurse mentorship program should be a motivating factor for organizations to implement a nurse mentorship program for NLRNs to improve retention rate in this cohort (Killian, 2016).

A systematic review conducted by Missen et al. (2016) focused on the clinical skills of new nurses. The skills were rated by qualified nurses during a mentorship program. The authors concluded that new nurses lack the adequate clinical skills such as critical thinking and problem solving to independently deliver safe patient quality care. As a result, the use of a mentorship program would fill the gap on these skills.

Shermont, Moonan, Murphy, Pignataro, and Memmolo (2019) conducted a systematic research review with the focus on the development of a mentorship program for new nurses. Shermont et al. (2019) utilized a transitional mentor education program in a pilot study targeting new nurses to facilitate transition into the clinical setting. The authors concluded that the mentorship program enhanced the transitional period to the practicum setting. A step by step educational program which includes mentors and mentee tools as well as evaluation tools were used to facilitate transition.

A cross-sectional study conducted by Vitale (2019) focused on how leadership perceived a nurse mentorship program for new graduate nurses. Although most of the nurse leaders never participated in a nurse mentorship program, they were supportive of implementing a mentorship program (Vitale, 2019). The author concluded that the support of leadership is significant in the development and implementation of a nurse mentorship program. This study was crucial to this doctoral project because the purpose of this project was to develop a staff education curriculum on mentoring for professional staff nurses. Therefore, it is of utmost importance to secure stakeholders' support at the organizational site.

Throughout the project, the project team provided feedback on the staff education program. Feedback included their recognition of the importance or necessity of a nurse mentorship program for NLRNs; that training is needed for experienced nurses to become effective mentors and that adopting a mentorship program immediately after an orientation or residency program may benefit the institution. The project team concurred that contents of the education plan would meet their needs.

According to the project team, some of the institutional benefits include the increase in job satisfaction and retention rates, as well as cost efficiency. The feedback also included that they unanimously agreed the doctoral project meets the needs of the organization. The CNO who is the most significant stakeholder on the team and who worked closely with the DNP student, voiced that the implementation of this doctoral project will be in the future due to funding and the recent implementation of a nurse residency program. Another source of evidence was collected from the fiscal services

workforce analytics department at the practicum site regarding the turnover rates in NLRNs over four years (see Table 1).

A pretest was developed to assess the knowledge base of the mentor about mentoring new nurses, self-assessment of the mentor, and the benefits of mentorship before the program and a posttest to measure or evaluate the outcome of the program. For example, goal #3 of the mentorship program states, "increase the knowledge and skills of the staff nurses fulfilling the role of mentor within one year." The evaluation is also based on the mentor's experience during the mentor role, and the information learned during the training session. The posttest identified whether the mentor progressed from novice to competency after the completion of the program. As a result, the pretest and posttest provided a comparison of the two tests related to knowledge and clinical competency accomplishment (see Appendices B and C for complete details of the pretest and posttest). The goal of this project was to prepare professional nurses as mentors so that they can be better prepared to assist the NLRNs transition into practice. Therefore, a training session on mentoring for the mentor was incorporated into the program.

A variety of topics are included in the training session using PowerPoint presentations, workshops, and role-play activities to prepare nurses as mentors so that they can be better prepared to assist the NLRNs transition into practice. For example, utilizing evidence-based information from the literature, the staff nurses are provided with step by step instructions on how to mentor new nurses, the description and explanation of Benner's 1984 novice to expert framework, and Malcolm Shepard Knowles adult learning principles (see Appendix E for the complete listing of the topics). During the development of the project, the DNP project team (the CNO) from the

practicum site reviewed the staff educational program as well as the educational materials to provide feedback regarding the potential use of the program in their organization. A structural outline of the educational program is located in Appendix C, including the Academy of Medical-Surgical Nurses website.

Findings and Implications

The members of this doctoral project team were stakeholders in the organization such as unit managers, nurse educators, staff nurses, and the CNO who reviewed the educational plan included in Appendix D. However; the CNO was the primary team member who worked closely with the DNP student during the development of the project. The CNO, who is a member of the project team is DNP prepared and spearheaded the current nurse residency program at the organization. Therefore, the CNO is qualified to evaluate this doctoral project as well as the other members of the panel. The DNP educational project was not implemented at the practicum site.

Development of the Staff Education Program

The content of the mentorship program is broken down into three sections. Details of each section are found in Appendix D. The description of the sections are as follows: Section 1 provides an overview of the mentorship program which briefly discussed the program team members who served as a support and overseer into the general operation of the program. The definition of the terms mentorship, mentor, mentee, the target audience, the criteria for the mentor and mentee, the roles of the participants, and the theories used to guide this educational project are also included in the overview of the program. Section 2 includes the mentorship tools used to guide the mentor and mentee as well as the activities for the mentor and mentee during the program. The timeframe for

the evaluation of the program is also outlined in section 2. Section 3 entails surveys for the project team and other stakeholders and the posttest for the mentor. Below is an explanation of the content of each section.

Section 1

The literature was reviewed to develop an evidence-based mentorship program targeting NLRNs. The program also included research from the Academy of Medical-Surgical Nursing (AMSN, 2012) mentoring program, Sensmeier (2014) guidelines for mentorship, and Shermont et al. (2019) transitional mentor education program. Some examples of the criteria for the mentor include, has three years or more nursing experience, is proficient in the nursing field based on Benner novice to expert framework, and attend a mentoring training session before mentoring NLRNS (see Appendix F). Examples of mentee criteria include a new graduate nurse with no or minimum experience in the clinical setting (see Appendix F). Some examples of the requirements for the program team include experience in working with groups and is committed to improving retention rates in NLRNs (see Appendix F). Three examples of the program team roles include providing training sessions for the mentor before mentoring (see the topics listed in Appendix E), be familiar with the content of the program, and orient the mentor and mentee to the mentorship program (see Appendix F).

Three examples of the mentor role include acts as a resource, coach, facilitator, and guide for the mentee, provides support and constructive feedback to the mentee, and schedule meetings with the mentee as well as the program team as outlined in the program (see Appendix F). Three examples of the mentee role include commits to reflective practice, assume responsibility for your learning and growth as an adult learner,

and attend scheduled meetings as outlined in the program (see Appendix F) Also, in section 1 is the pre-program preparation for the program team, mentor, and mentee (see Appendix F). The pre-program entails the program team to introduce the mentor and mentee formally, become familiar with the content of the program, and provide training for the mentor (see Appendix F). The mentor attends mentoring training sessions before mentoring NLRNs and complete mentor tool five which is an assessment of the mentor's first experience as a professional nurse to help prepare the mentor for this role (see Appendix F). Two questions in this tool asked "when you first became a professional nurse, what was difficult for you? and "what was some of your needs as a new nurse?" The mentee prepares by attending orientation sessions as directed by the program team members.

Section 2

Section 2 of the mentorship program involved the mentorship tools for the mentee and mentor. These tools were adapted with permission from AMSN (2012) mentorship program. The tools provided step by step guidance for both the mentor and mentee. For example, mentee tool 3 and mentor tool 7 both include the exchange of background information to be completed before their first meeting and discussed during the meeting to get acquainted with each other (see Appendix F: Mentorship Program). Mentee tool 8 and mentor tool 9 include the mentoring program plan (see Appendix F). At the first meeting, the mentoring plan is developed collaboratively by the mentor and mentee which include setting goals and the discussion of expectations of both mentor and mentee.

Mentee tool 6 is the mentoring meeting agenda, which includes goals for the meeting, topics to be discussed, and the accomplishments during the meeting (see Appendix F). The mentee completes the meeting agenda prior to each session, and a copy is provided to the mentor as well. Mentee tool 4, is a confidence scale for new nurses, the scale based on a 5-Point-Likert Scale with five being very confident and one being not at all confident (see Appendix F). This tool is also discussed at the first meeting and follow up in three, six, and 12 months' interval. The checklist provided step by step activities that involved the mentor and mentee in performing over 12 months.

A formative evaluation was developed to be completed at three and six months by the program team, mentor, and mentee to evaluate how the program is working. The program team will develop a questionnaire survey to evaluate the mentorship program, and the mentor and mentee will complete the evaluation tools adapted from AMSN mentorship program. An example of these tools includes mentor tool 12 and mentee tool 13 (see Appendix F). Both of these tools involved a satisfaction survey regarding the mentoring program rating the program according to the degree of satisfaction using the 5-Point-Likert Scale, with five being much and one being little. Another tool, mentor tool 11 and mentee tool 12, involved an assessment survey to be completed by the mentor and mentee (see Appendix F). Mentee tool 11 is a survey regarding the intent to stay in the job using the 7-Point-Likert Scale with seven indicating strongly agreed and one strongly disagreeing (see Appendix F). During the formative evaluation period, the program team will review retention statistics as well.

A summative evaluation was developed to be completed at the end of the mentorship program (12 months) by the program team, mentor, and mentee to determine

whether the objectives and goals numbers three and six of the program were met. The mentee and mentor tools used in the formative evaluation at 3 and 6 months are to be repeated during the summative evaluation process. However, the program team will use the developed questionnaire to complete the summative evaluation of the program. The program team again will review retention statistics and compare the results to the formative evaluation results.

Section 3

This section included the posttest for the mentor (see Appendix C) for the posttest questions) and summative evaluation of the program by the project team, and other stakeholders.

Implementation Plan

The implementation of the nurse mentorship program will immediately follow an orientation or nurse residency program. The education staff for the agency will be implementing the staff education program. However, because the organization implemented a nurse residency program two years ago, the CNO who is the primary stakeholder revealed that the organization would delay the implementation of the nurse mentorship program for a future date. Therefore, there is not a particular date in the future that the staff education program will be implemented at the practicum site.

Evaluation Plan

The education plan was developed with input from the project team. A short-term goal is the reception of the mentorship program, and a long-term goal includes the retention rates of NLRNs. The agency will collect the data for the turnover rates at 12

months and 24 months and compare with the baseline to evaluate the program. The pretest and posttest will be utilized in the evaluation process.

The information in Table 1 represents the turnover rates in NLRNs at the organizational site, which were analyzed using data over four years (2015, 2016, 2017, and 2018). Despite the implementation of a nurse residency program at the organization, the data supported the evidence in the literature that mentorship is a long-term program that facilitates the transition of NLRNs into practice, thus, increasing retention rates (Chen & Lou 2014). Future data collection will be performed by the nurse educators and analyzed by the director of workforce analytics in the fiscal services department. The director reports the information to the CNO and director of education.

Table 1

Turnover Data for Newly Licensed Registered Nurses

2015	2016	2017	2018
15.7%	14.7%	17.9%	14.2%

AACN (n.d.) reported that 17.5% of NLRNs leave their jobs within one year of employment. As noted in the year 2017, the turnover rate correlates with the research done by AACN (n.d.). The outcome also supported the study conducted by Crimlisk et al. (2017) that despite the completion of a nurse residency program, NLRNS resign their position within one year of employment. Although there was a decrease in NLRNs turnover rate in 2018 of about 3.7 percent, this percentage still exceeds the average

turnover rate in NLRNs. According to Trepanier, Early, Ulrich, and Cherry (2012), the average turnover rate for NLRNs in an acute care setting is 10 percent.

This project is the first to be introduced to the organizational site, and there is not a nurse mentorship program in the demographic region. Therefore, the organizational nurse leaders have not participated in a nurse mentorship program before this project. Vitale (2019) reported that 80.4% of nurse leaders have not participated in a mentorship program. However, the stakeholders at the organization embrace an evidence-based nurse mentorship program.

An unanticipated limitation is the entire project team was not consistently available during the formative evaluation of the program. The CNO recruited the members of the project team and during the early stage of development the entire team was not available. However, the CNO reviewed the goals and objectives of the program and agreed that they were in alignment with the organization's mission, vision, and values. This limitation did not have a potential impact on the findings, but the formative evaluation input of the entire project team during the development of the program would have been beneficial to both parties. Because there was a recent implementation of a nurse residency program at the organization, an unanticipated outcome includes the turnover rates in NLRNS percentage, which exceeded the average turnover rate. The organization did not have the data on the percentage of NLRNs turnover rate as of this year (2019). As a result, there was no data for the year 2019 to compare with the previous years of NLRNs turnover rates.

One implication is that the positive feedback provided by the project team indicated they recognized the importance or need of a nurse mentorship program for

NLRNs in their organization. According to Hodges and Videto (2012), stakeholders should have an awareness that there is an unmet need in the organization. Although the institution implemented a nurse residency program in 2017 and the turnover rate in NLRNs decreased from 17.9% to 14.2% within a year, the turnover rate exceeded the average turnover rate for NLRNs in an acute care setting. Therefore, an implication of the findings may potentially result in a change in the organizational system to implement a mentorship program to follow a nurse residency or orientation program.

The organizational standard of practice is to pair up new nurses with an experienced nurse who lacks the appropriate skills to mentor new nurses (Fleming, 2016). One of the roles of the program team is to provide a training session on mentoring for the mentors before mentoring NLRNs. The project team readily agreed that there is a need to implement this project and change the standard of nursing practice for the betterment of healthcare outcome. The organization diabetic nurse educators conduct an outpatient diabetes education program in the community. As a result, the stakeholders of the organization have the ability and influence to modify and promote the mentorship program for new nurses in the community. Dowdle-Simmons (2013) supported a mentorship program in the community for new nurses as "an investment that provides a rich return to the patients and rural community" (p. 110).

Evidence demonstrated that the implementation of a mentorship program increased the competency skills, job satisfaction, as well as retention rates in NLRNs (Fox, 2010). Despite the completion of a nurse residency program, new nurses resign their positions within one year of employment due to lack of confidence and support (Crimlisk et al., 2017). The organizational site does not have a nurse mentorship program

in place. Therefore, the possible adoption of the evidence-based mentorship program, the nursing staff becoming an active mentor, providing support and competency skills to NLRNs, and increasing retention rates are potential implications for positive social change.

Of the eight DNP Essentials outlined by AACN (2006), Essential #3-Clinical Scholarship, and Analytical Methods for Evidence-Based Practice is in alignment with this DNP project. This Essential allows the DNP scholar-practitioner to search the literature for new evidence, evaluates, and translates the evidence into practice to improve patient care. Utilizing the best practices for NLRNs transition from the academic setting to the clinical setting to enhance the growth of the organization also provides potential implications for positive social change.

Recommendations

After searching the literature about a mentorship program and mentoring related topics targeting NLRNs as well as analyzing the turnover rate results, I recognized that the healthcare practice problem affects safe delivery of patient care. The mission of the organizational site is to enhance the high quality and safe delivery of patient care. Safety is the concern raised in the report of the Institute of Medicine Quality Chasm Series "To Err is Human: Building a Safer Healthcare System" (Institute of Medicine, 1999). The DNP Essential #3 allows the DNP leader to recognize the importance of filling the gap in nursing practice by translating evidence-based research into practice to improve healthcare outcomes (AACN, 2006). While the nurse residency program has some potential to fill the gap in nursing practice, the relationship between the preceptor and preceptee is short-term (Chen & Lou, 2014). However, the mentorship program has a

long-term personal and professional relationship between the mentor and mentee (Chen & Lou, 2014).

The nurse residency program focuses intensively on retention in NLRNs, whereas a mentorship program focuses on both the competency skills and retention rates in NLRNs (Chen & Lou, 2014). Therefore, a recommended solution that will potentially address the gap in practice includes the continuation of the orientation and nurse residency programs as a standard of practice. A second recommendation is to incorporate into the organizations' policy and standard of practice the implementation of a nurse mentorship program to proceed the above programs for continual support and guidance. The goal of the Institute of Medicine (IOM, 2010) is for organizations to implement a transitional program to facilitate the NLRNs transition into practice. The incorporation of the nurse mentorship program into the standard of practice potentially fulfill the goal of the IOM (2010) and the DNP Essential #3 to translate new research evidence into practice to improve patient care (AACN, 2006). A third recommendation is to consider an annual refresher course for the mentors.

Contribution of the Doctoral Project Team

Carr, Lhussier, and Chandler (2010) indicated that the doctoral student is encouraged to work closely with a supervisory team who has a strategic or management role at the organizational site. Therefore, I worked closely with the project team, which began with the planning phase. The CNO provided the resource via the director of workforce analytics in fiscal services regarding the turnover rates in NLRNs at the organization. The CNO recruited the other team members of the project team.

The team members reviewed, evaluated, and provided feedback for the doctoral project. They unanimously agreed that the doctoral project meets the needs of the organization. Brereton et al. (2017) supported that stakeholders can identify priorities to be addressed for a target population. Lloyd, McHugh, Minton, Eke, and Wyatt (2017) agreed that stakeholders' awareness of the essential organizational need results in successful program outcomes.

The project team played a crucial role in assessing the material from the Academy of Medical-Surgical Nurses as well as the educational program for implementation in the organization. The program will be modified accordingly based on their input. Although the stakeholders recognized that there is a need to implement a nurse mentorship program in the organization, the implementation will be delayed for a future date. The delay for implementation of the project is due to funding and a recent implementation of a nurse residency program at the organization. Therefore, the doctoral project was not implemented during the DNP program.

There is not a nurse mentorship program implemented in any of the local healthcare organizations in the southeastern region of the country. Most healthcare organizations focused on the implementation of a nurse residency program. Therefore, I plan to extend this project beyond the DNP project by disseminating the evidence-based project to other healthcare organizations in the area. According to Carpenter, Nieva, Albaghal, and Sorra (2005), networking is a method of spreading information. Also, I plan to submit articles on a nurse mentorship program targeting NLRNs in professional nursing journals as well as support healthcare organizations that desire to develop a nurse mentorship program to improve healthcare outcome.

Strengths and Limitations of the Project

The advantage of this project includes the involvement of practice change in the organizational standards of practice. This project provided evidence-based information that supports the need for the implementation of a nurse mentorship program to proceed with an orientation or nurse residency program. The doctoral project planned and developed a staff education program in steps or stages by utilizing Benner (1984) novice to expert model as a guide to facilitate the mentee acquisition and development of skills into practice. A limitation of the project is the project team members concern about a mentor's one-year commitment to the program. Another limitation includes the delay in the implementation of the program.

The terms mentorship and preceptorship, as well as a mentorship program and nurse residency program, often used interchangeably, and healthcare professionals perceived these programs are the same (Chen & Lou, 2014). Although these programs have some similarities in characteristics, the terms and programs significantly differ in definition and curriculum (Chen & Lou, 2014). Therefore, one recommendation for future research projects is to focus on the differences to facilitate healthcare awareness and understanding of these terms and programs. Another suggestion is to develop the mentorship program using computer software. Chronus and mentor city are two prominent companies that provide mentorship program software.

Section 5: Dissemination Plan

Dissemination Plan to the Institution

According to Oermann and Hays (2016), research projects are incomplete if the findings are not communicated to others. The dissemination phase often begins internally

at the site of adoption or innovations and then moves to the institutional level (White, Dudley-Brown, & Terhaah, 2016). The developed staff education program was disseminated to stakeholders such as the CNO and other healthcare professionals at the institution.

The dissemination plan to the institution using a PowerPoint presentation included the following:

1. Background, purpose, and nature of the project.

2. Project design, setting, and data collection.

3. Presentation of the results.

4. Interpretation of findings and implications for evidence-based practice.

The background information included the project and the practice-focused questions. The background also included the rationale with evidence-based research for the implication of the DNP project as well as strategies for implementation. The purpose and nature of the project involved the development of the nurse mentorship program. The project design included the framework used to guide this project, and the setting is related to the project site. The data collection included the database used to search the literature, Academy of Medical-Surgical Nurses, and the data collected from the institution.

The second portion of the dissemination plan was the presentation of the evaluation plan to the CNO and project team at the organizational site. The implications for evidence-based practice involved the potential outcome of the education program, such as improved safe patient care delivery, increased retention rates, improved competency skills, and cost effective for the institution. Value compass is a professional meeting for internal stakeholders and other professionals who share or present results

from assigned projects for the betterment of patient and health outcomes. Therefore, the results will be shared at that meeting in the educational conference room and posted on the organizational website. Nowak, Speakman, and Sayers (2016) indicated that the PowerPoint approach aids the audience's learning and retention, particularly when combined with interactive learning strategies.

A poster presentation at conferences and publishing the findings in peer-reviewed articles are other methods I will use to disseminate to the broader nursing profession. Forsyth, Wright, Scherb, and Gasper (2010) reported that spreading evidence via posters provides a discussion from the audience regarding the literature and project outcomes. Christenberry (2011) believed that publishing the findings in peer-reviewed articles offers an opportunity for advanced practice nurses to review the literature about this topic and use evidence-based research to solve healthcare issues.

Analysis of Self

According to AACN (2006), the DNP program prepares the graduate to function in the role of a leader, scholar-practitioner, and change agent. As a result, the scholar-practitioner and nurse leader has the ability to influence behaviors for positive change at the organization and aggregate levels to improve patient and healthcare outcomes (American Organization Nurse Executives,[AONE], n.d.). By researching the literature, developing an evidence-based mentorship program, and the stakeholders recognizing the need for a change, I have functioned in the roles of scholar-practitioner and change agent. This doctoral project is in alignment with "Essential 111: Clinical Scholarship and Analytical Methods for Evidence-Based Practice." As the project manager, I relied on the use of Benner's novice to expert model to guide the project. The NLRNs are considered

novice nurses related to competency skills, and the mentor is also considered a beginner in the role of a mentor due to lack of training. Therefore, as the project manager, I was able to lead this project based on this knowledge.

The project experience improved my leadership and communication skills because I lead the project and had frequent communication with the project team members and other stakeholders. I visualized myself in the role of an advocate for NLRNs. I learned the worth of evidence-based information about a nurse mentorship program and how to develop a program. I am enthusiastic about the program because I am the first DNP student to develop and introduce a nurse mentorship program at the organizational site.

There is not an anticipated date to implement this doctoral project. However, I will keep in contact with the CNO regarding the implementation date of the project. There is not an existing nurse mentorship program targeting NLRNs in the demographic area. Therefore, a long-term professional goal includes disseminating the evidence to stakeholders in other surrounding healthcare organizations. Carpenter, Nieva, Albaghal, and Sorra (2005) supported networking as a form of dissemination. An essential activity of the DNP graduate is to disseminate and integrate new knowledge into practice to improve healthcare outcome (AACN, 2006).

Another long-term professional goal is to keep abreast with evidence-based research about mentorship programs targeting NLRNs and revise the plan according to the new evidence. The DNP graduate is prepared to search the literature for further evidence, evaluates, and translate the evidence into practice to improve patient care

(AACN, 2006). A third goal is to guide, mentor, and support other healthcare professionals to attain excellence in the nursing profession (AACN, 2006).

Time management played a significant role in the completion of my project. In the beginning, I encountered a difficult time obtaining an example of an evidence-based mentorship program targeting NLRNs in the literature. However, with the assistance and support of my chair, Walden University librarian staff, Academy of Medical-Surgical Nurses, and my preceptor at the organizational site, I was able to complete the staff educational project.

The insights gained on the scholarly journey include that time management and patience were key factors in completing the project. I have attained the knowledge of developing an evidence-based staff educational program to facilitate the success of NLRNs transition into practice. The collaboration with the project team, working as the project manager, required effective communication and leadership skills. As a result, I have improved my communication and leadership skills during this scholarly journey. DNP graduates are prepared to use advanced communication skills to lead the quality of care and patient safety in healthcare systems (AACN, 2006).

Summary

Despite the completion of a nurse residency program, NLRNs leave their jobs within one year of employment due to the lack of competency skills and continuing support at the workplace (Crimlisk et al., 2017). A s a result, the shortage of nurses significantly affects the safe delivery of patient care (Toh et al., 2012). According to the literature, the mentorship program approach immediately following a nurse residency or orientation program is an effective method for NLRNs success into their new role (Chen

& Lou, 2014). The use of a mentorship program has a positive impact on job satisfaction in NLRNs (Vitale, 2019). The literature and other findings also supported that retention in NLRNs remains a challenge for most healthcare organizations (Crimlisk et al., 2017). However, according to research by Fox (2010), retention rates increases when a nurse mentorship program is in place. Therefore, the implementation of a nurse mentorship program, including the training of mentors prior to mentoring NLRNS, would fill the gap in practice for the improvement of patient care and health outcomes.

References

Academy of Medical-Surgical Nurses. (2012). AMSN mentoring program.

Retrieved from http://www.amsn.org

American Association of Colleges of Nursing. (n.d.). Nurse residency program. Retrieved

from http://www.aacnursing.org/Portals/42/AcademicNursing

American Association of Colleges of Nursing. (2006). *The essentials of doctoral

education for advanced nursing practice.* Washington, DC: Author

American Organization Nurse Executives. (n.d.). Nurse executive competencies.

Retrieved from http://www.aone.org/resources/nurse-leader-competencies

Anderson, G., Hair, C., & Todero. C. (2012). Nurse residency programs: An evidence-

based review of theory, process, and outcomes. *Journal of Professional Nursing,

28*(4), 203-212. doi:10.1016/j-profnurs.2011.11.020

Benner, P., Tanner, C., & Chesla, C. (2009). *Expertise in nursing practice: Caring,

clinical judgment, and ethics* (2nd ed.). New York, NY: Springer.

Benner, P. (1984). From novice to expert. *American Journal of Nursing, 82,* 402-407.

doi:10.1097/0000046-198412000-00027

Brereton, L., Ingleton, C., Gardiner, C., Goyder, E., Mozygemba, K., Lysdahi, K, B., …

Oortwijn, W. (2017). Lay and profession stakeholder involvement in scoping

palliative care issues: Methods in seven European countries. *Palliative Medicine,

31*(2), 181-192.doi:10.1177/0269216316649154

Carpenter, D., Nieva, V., Albaghal, T., & Sorra, J. (2005). Development of a planning

tool to guide research dissemination. Retrieved from

https://www.ahrg.gov/qual/advances/planning tool

Carr, S. M., Lhussier, M., & Chandler, C. (2010). The supervision of professional

    doctorates: Experiences of the processes and ways forward. *Nurse Education*

    Today, 30, 279-284.doi:10.1016/j.nedt.2009.03.004

Chen, C. M., & Lou, M. F. (2014). The effectiveness and application of mentorship

    programnes for recently registered nurses: A systematic review. *Journal of*

    Nursing Management, 22(4), 433-442.doi:10.1111/jonm.12102

Christenberry, T. L. (2011). Manuscript peer review: A guide for advanced practice

    nurses. *Journal of the American Academy of Nurse Practitioners, 23*(1), 15-22.

    doi:10.1111/j.1745-7599.2010.00572.x

Crimlisk, J. T., Grande, M. M., Krisciunas, G.P., Costello, V., Fernandez, E. G., &

    Griffin, M. (2017). Nurse residency program designed for a large cohort of new

    graduate nurses: Implementation and outcomes. *MEDSURG Nursing, 26*(2), 83-

    104. Retrieved from http://www.waldenu.edu

Dowdle-Simmons, S. (2013). Educational strategies for rural new graduate registered

    nurses. *Journal of Continuing Education in Nursing, 44*(3), 107-110.

    doi:10.3928/00220124-20121217-94

Fawcett, D. L. (2002). Mentoring- what it is and how to make it work. *Journal of*

    periOperative Registered Nurses (AORN), 75(95), 950-954. doi:10.1016/S0001-

    2092(06)61459-2

Fleming, K. (2017). Peer mentoring: A grass roots approach to high-quality care.

    Evidence-Based Nursing, 48(1), 12-14.

    doi:10.1097/01.NUMA.0000511191.71783.a3

Forsyth, D. M., Wright, T. L., Scherb, C. A., & Gasper, P. M. (2010). Disseminating

evidence-based practice projects: Poster design and evaluation. *Clinical Scholars Review, 3*(1), 14-21. doi:10.1891/1939-2095.3.1.14

Fox, K. C. (2010). Mentor program boosts new nurse's satisfaction and lowers turnover rate. *Journal of Continuing Education in Nursing, 41*(7), 311-316. doi:10.3928/00220-20100401-04

Georgia Department of Human Resources. (2006). Mentoring program for public health nurses. Retrieved from https://www.georgia.gov/sites/dph.georgia.gov/files/MentoringManual2006.pdf

Haremond, M. (2010). Transition shock-hit the ground running. *Nuritinga, 10,* 9-18. Retrieved from http://www.waldenu.edu

Hodges, B. C., & Videto, D. M. (2011). *Assessment and planning in health programs* (2nd ed.). Sudbury, MA: Jones & Bartlett Learning.

Institute of Medicine. (1999). *To err is human: Building a safer health system.* Retrieved from http://iom.edu/~/media/Files/Report%20Files/1999/To-Err-is-Human/To%20Err%20is%20Human%201999%20%20report%20brief.pdf

Institute of Medicine. (2010). *Report brief: The future of nursing: Leading change. advancing health.* Retrieved from http://www.nationalacademies.org/hmd~/media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20Nursing%202010%20Recommendations.pdf

Jaimet, K. (2016). Transitions: Adjusting to working life. *Canadian Nurse, 112*(4), 16-18. Retrieved from http://www.waldenu.edu

Joshi, M. S., Ransom, E. R., Nash, D. B., & Ransom, S. B. (Eds.). (2014). *The healthcare quality book* (3rd ed.). Chicago, IL: Health Administration Press.

Kearsley, G. (2010). Andragogy (M. Knowles). The theory into practice database. Retrieved from http://tip.psychology.org

Killian, S. M. (2016). Examining mentoring relationship for nurses: A pilot study. *JOCEPS: The Journal of Chi Eta Phi Sorority, 59*(1), 17-21. Retrieved from http://www.waldenu.edu

Kowitlawakul, Y. (2013). From novice to expert: Sharing professional development experience in difficult practice settings. *Singapore Nursing, 40*(3), 43-46. Retrieved from http://www.waldenu.edu

Lavoie-Tremblay, M., Sanzone, L., Primeau, G., & Lavigne, G. L. (2019). Group mentorship programme for graduating nursing students to facilitate their transition: A pilot study. *Journal of Nursing Management, 27*(1), 66-74. doi:10.1111/jonm.12649

Lloyd, J., McHugh, C., Minton, J., Eke, H., & Wyatt, K. (2017). The impact of active stakeholder involvement or recruitment, retention, and engagement of schools, children, families in cluster randomized controlled trial of the healthy lifestyle programmes (HeLP): A school-based intervention to prevent obesity. *Trials, 19,* 1-11. doi:10.1186/s13063-017-2122-1

Mersch, J., & Nekimken, S. (2005). Mentorship program guides new hires. *Journal of Pictorial, 25*(1), 14-15. Retrieved from http://www.waldenu.edu

Missen, K., McKenra, L., Beauchamp, A., & Laskins, A. (2016). Qualified nurses' rate new graduates as lacking skills in key clinical areas. *Journal of Clinical Nursing, 25*(15/16), 2134-2143. doi:10.1111/jocn.13316

Nowak, M. K., Speakman, E., & Sayers, P. (2016). Evaluating PowerPoint presentations:

A retrospective study examining educational barriers and strategies. *Nursing Education Perspectives (National League for Nursing). 37*(1), 28-31. Retrieved from http://www.waldenu.edu

Oermann, M. H., & Hays, J. C. (2016). *Writing for publication in nursing* (3rd ed.). New York, NY: Springer.

Practicum Site Data. (n.d.). Mission, Vision, and values. Retrieved from http://www.floyd.org

Practicum Site Data. (2018). Turnover rates for new nurses. Retrieved from http://www.floyd.org

Sensmeier, J. (2014). Developing guidelines for mentorship. *Alliance for Nursing Informatics, 32*(8), 359-361. doi:10.1097/CIN.0000000000000093

Shermont, H., Moonan, M., Murphy, J. M., Pignataro, S., & Memmolo, S. (2019). Transitional mentor education program pilot: Preparing nurses to adapt to changing acute care settings. *Journal for Nurses in Professional Development, 35*(1), 32-38. doi:10.1097/NND.0000000000000508

Tiew, L.H., Koh, C. S. L., Creedy, D. K., & Tam, W. S. W. (2017). New graduate nurses' evaluation of mentorship: Development of a new tool. *Nurse Education Today, 54,* 77-82. doi:10.1016/j.nedt.2017.04.016

Toh, S. G., Ang, E., & Devi, M. K. (2012). Systematic review on the relationship between nursing shortage, and job satisfaction, stress, and burnout levels among nurses in oncology/haematology settings. *International Journal of Evidence-Based Healthcare, 10*(2), 126-141. doi:10.1111/j.1744-1609.2012.00271.x

Trepanier, S., Early, S., Ulrich, B., & Cherry, B. (2012). New graduate nurse residency

program: A cost-benefit analysis based on turnover and contract labor usage. *Nursing Economics$, 30*(4), 207-214. Retrieved from http://www.waldenu.edu

Vitale, T. R. (2019). The impact of a mentorship program on leadership practice and job satisfaction. *Nursing Management, 50*(2), 12-14. doi:10.1097/01.NUMA.0000552745.94695.81

White, K. M., Dudley-Brown, S., & Terharr, M. F. (2016). *Translation of evidence into nursing and health care practice* (2nd ed.). New York, NY: Springer.

Appendix A: Literature Review Matrix

Analysis of Literature

Citation	Conceptual Framework/ Theory	Main finding	Research method	Strengths of study	Weaknesses	Level of Evidence
Academy of Medical-Surgical Nurses (2012)	Benner's (1984) Novice to Expert Knowles (1970) Adult Learning Theory	A mentorship program targeting new graduate nurses facilitates competency skills and support Improves job satisfaction as well as increases retention	Systematic review of correlational studies	A comprehensive mentorship program for new nurses Based the program on evidence-based information	N/A	111
Benner (1984)	Novice to Expert guided by the Dreyfus model's five stages of skill acquisition	Outlined the five stages/levels related to nurses' performance (novice, advanced beginner, competent, proficient, and expert) The author concluded that every new nurse goes through these five stages in regards to	Descriptive	Applied the Dreyfus model of skill acquisition as a base to create the novice to expert framework for nurses	N/A	V

		skills performance				
Chen & Lou (2014)	None mentioned	Compared a residency program with a mentorship program The residency program is a short-term relationship whereas a mentorship program is a long-term relationship Discussed the benefits of a mentorship program such as improves competency in NLRNs and it should proceed an orientation or nurse residency program	Systematic review	The study included original literature research Provided teaching strategies and training courses for the mentors Evidence-based information	Limited to only new nurses from the United States and Asian Countries	1
Fox (2010)	None mentioned	The use of a mentorship program facilitates new nurses' transition into practice A mentorship program "builds skills, increases job satisfaction, and encourages nurse retention" (Fox, 2010, p. 311) Turnover rate decreases	Systematic review	The mentorship program included training sessions for the mentors before assuming a mentor role Criteria for selecting mentors, a step by step program to guide the mentors and the mentees, as well as a pre and post evaluation	N/A	1

		from 32% to 10.38% within a 4-year-period due to the implementation of a nurse mentorship program for new nurses		survey of the program The program is based on current		
Killian (2016)	Benner`s (1984) Novice to Expert	Approximately 75% of new nurses leave their jobs within one year A mentorship program for new nurses makes a successful transition into the clinical setting Other benefits of a mentorship program include increase in retention rates, provides confidence, support, and competency in new nurses, as well as cost-effective for the healthcare organization	Randomized control trial	The mentorship program included training sessions for the mentors Evidence-based information	Sample size was too small Most of the mentees did not complete the intent to stay survey which prevents a comparative analysis between the mentor and mentee	11
Lavoie-Tremblay, Sanzone, Primeau, & Lavigne (2019)	None mentioned	The use of a mentorship program is beneficial to new nurses` transition into practice	Randomized control trial	Provided guidelines to develop a mentorship program Included training sessions for	Sample size was too small	11

Authors	Theory	Findings	Design		Level	
		The mentor`s attitude to new nurses changed from negative to positive The mentors and mentees gained learning skills		the mentors before assuming a mentor role The majority of the mentors and mentees completed the surveys The use of evidence-based material		
Missen, McKenra, Beaucoup, & Laskins (2016)	None mentioned	Qualified nurses perceived new graduate nurses as lacking adequate clinical skills to deliver safe and quality patient care The skills include critical thinking and problem-solving Missen et al. (2016) concluded that a mentorship program should focus on these skills to prepare new graduate nurse`s transition into practice	Systematic descriptive quantitative	Experience nurses three years and greater rated or evaluated new nurses `clinical skills The use of a 5-point Likert scale	N/A	V
Shermont, Moonan, Murphy, Pignataro, &	Knowles` (1970) Adult Learning Theory	The nurses (mentees) reported that the mentorship program	Systematic	The development of mentorship program as a framework	Was a pilot study	1

Memmolo (2019)	Kolb`s (1984) model of experimental learning	enhanced professionalism, critical thinking skills, improved communication skills, as well as increased clinical confidence to deliver safe patient care. Mentoring facilitates a healthy working environment		for new nurses Evidence-based research		
Tiew, Koh, Creedy, & Tam (2017)	Benner`s 1984 Novice to Expert	A mentorship program assists new nurses to deliver safe patient care Therefore, mentoring is a crucial component for career development in new graduate nurses	Systematic	Evidence-based information Developed a mentorship tool to evaluate the mentees called the 10-item National University Hospital Mentorship Evaluator (NUHME) which demonstrated validity and reliability	The pretest and posttest were limited to the mentees	1
Vitale (2019)	None mentioned	The support of leadership is significant in the development of a mentorship program Most of the nursing leadership	Cross-sectional	Provided a summary of evidence-based information about a mentorship program. The program included a	The t score used failed to reach the statistical significance for both groups in relation to job satisfaction	1V

personnel never participated in a nurse mentorship program. However, they were supportive of creating a mentorship program for new nurses' transition into practice

mentorship tool kit to guide the mentor and mentee

Ninety nine percent of the participants completed the surveys

Appendix B: Pretest for Mentor

Please circle your best response

1. I consider myself a novice mentor True or False.

2. My perception of mentorship and preceptorship are the same True or False.

3. A mentorship program should immediately follow an orientation or nurse residency program True or False.

4. A mentorship program facilitates new nurses to transition into practice True or False.

5. I have mentored new nurses without attending a mentorship training session True or False.

6. Mentoring is a relationship between the mentor and mentee True or False.

7. An experienced nurse does not need to be trained as a mentor True or False.

8. A nurse residency program and a nurse mentorship program are the same True or False.

9. A nurse mentorship program increases retention in new nurses True or False.

10. A mentor's role is to encourage mentees to become progressively independent, but remain available as a facilitator True or False.

Appendix C: Posttest for Mentor

Please circle your best response

1. After utilizing the Academy of Medical-Surgical Nurses mentorship tool kit, I consider myself a competent mentor True or False.

2. The mentorship program facilitated the transition of my mentee into practice True or False.

3. I experienced the ideal mentor/mentee relationship True or False.

4. I would most likely recommend this mentorship program to other healthcare organizations True or False.

5. I understand the difference between a mentor and a preceptor True or False.

6. I know the difference between a nurse residency program and a nurse mentorship program True or False.

7. The training session before mentoring new nurses increased my knowledge and skills to fulfill the mentor role True or False.

8. A nurse mentorship program can increase new nurse's retention True or False.

9. A mentorship program should immediately follow an orientation or nurse residency program True or False.

10. It is important that all nurses attend a nurse mentorship training session before mentoring new nurses True or False.

Appendix D: Structural Outline for a Nurse Mentorship Educational Program for NLRNs

The objectives for the educational program are as follows:

1. To promote professional and personal development for both mentor and mentee.

2. To facilitate and encourage practice transition.

3. To improve career satisfaction.

4. To develop supportive and encouraging relationships.

5. To enhance the high quality and safe delivery of patient care.

The program goals are as follows:

1. Develop clinical confidence, self-efficacy, critical thinking, and competency skills after one year of NLRNs employment.

2. Increase retention rates within the nursing workforce by 25% over the next 2 years.

3. Increase the knowledge and skills of the staff nurses fulfilling the role of mentor within one year of the program.

4. Decrease organization costs related to recruitment and orientation within 2 years of implementation.

The mentorship program information

Section 1

I. Overview of the program

A. Definition of mentorship

    B. Target audience

    C. Theories that guide the program

    D. Program team

    E. Timeline for the program

    F. Discussion of the pretest

II. Qualifications/criteria

    A. Mentor

    B. Mentee

    C. Program team

III. Description of the participant's roles

    A. Program team

    B. Mentor

    C. Mentee

IV. Pre-Program preparation

    A. Program team

    B. Mentor

    C. Mentee

V. **Section ll**

    Mentorship tools

A. Utilize Academy of Medical-Surgical (AMSN) mentoring toolkit (web

address

  to access AMSN educational materials.

  https://www.amsn.org

B. Benner novice expert framework

C. Mentee

D. Mentor

VI.   Checklist for 12 months

  A. Mentor

  B. Mentee

VII.   Formative evaluation of the program at three months and six months

  A. Program team

  B. Mentor

  C. Mentee

VIII.   Summative evaluation of the program at 12 months

  A. Program team

  B. Mentor

  Mentee

IX.   **Section 111**

  A. Surveys for the project team

  B. Stakeholders survey

  C. Posttest for the mentor

Appendix E: Mentor Training Session

Teaching tools include workshops and PowerPoint presentations on

the following topics

1. Mentoring and mentoring related topics

2. Stress and time management

3. Communication and leadership skills

4. Knowles adult learning principles

5. Decision- making

6. Conflict resolution

7. Benner's novice to expert framework

8. The difference between the terms mentorship and preceptorship

Appendix F: Nurse Mentorship Program for Newly Licensed Registered Nurses (NLRNs)

Table of Contents

MARCH, 2019

Omin Chandler, RN, MSN, DNP Student, Walden University

OVERVIEW

Mentoring is a relationship that occurs between an experienced nurse (mentor) and a new nurse (mentee). The nurse mentorship program was developed to assist newly licensed registered nurses (NLRNs) to succeed in their new positions. The mentorship program is based on the principles of adult learning with the focus on meeting the needs of the mentee. Therefore, education training sessions will be offered to the mentor (s) prior to mentoring NLRNs. Because the NLRNs are new to the nursing world, Benner`s (1984) Novice to Expert model is used to guide the stages of growth as they assume their new role. This model is also beneficial for the mentor (s) as they assume a new role as well. A program team is part of the mentorship program to provide support and oversight into the general operation of the program. The team consists of the chief nursing officer (CNO), unit nurse manager, nurse educator, and clinical nurse manager. The mentorship program will immediately proceed a nurse residency or orientation program.

Program Goals and Objectives

Goals	Objectives
1. Develop clinical confidence, self-efficacy, critical thinking, and competency skills after I year of NLRNs employment.	1. Promote professional and personal development for both mentors and mentees.
2. Increase retention rates within the nursing workforce by 25% over the next 2 years.	2. Facilitate and promote practice transition.
3. Increase the knowledge and skills of the staff nurses fulfilling the role of mentor within 1 year.	3. Improve career satisfaction.
4. Decrease organization costs related to recruitment and orientation within 2 years of implementation.	4. Develop supportive and encouraging relationships.
	5. Enhance high quality and safe delivery of patient care.

Program Qualities/Criteria of a mentor

- Has more than 3 years of nursing experience.

- Support the mission and goals of the organization and unit.

- Is proficient in the nursing field based on Benner "novice to expert" framework.

- Be familiar with the organization's layout, policies and procedures, and resources.

- Attend a mentoring training session prior to mentoring.

- Willingness to embrace or work with a diversity population.

- Shows interest in the professional development of others.

- Agrees to be a mentor and is able to make a 1 year commitment to the mentoring program.

Description of the Participants Role

Program Team	Mentor	Mentee
1. Review and be familiar with the content of the mentorship program.	1. Provides support and constructive feedback to the mentee.	1. Communicate effectively with the mentor and program team.
2. Provide training sessions for the mentor (s) prior to mentoring. The training sessions include lectures and workshops on mentoring and mentoring related topics. Adult learning principles, decision-making, stress and time management, communication skills, conflict resolution, and Patricia Benner`s "novice to expert" framework.	2. Acts as a resource, coach, facilitator, and guide. .	2. Completes all of the required mentee tools in a timely manner.

3.Formally introduce the mentor and mentee to each other.	3. Help the mentee learn their position, the political environment, and the culture of the unit and organization.	3. Develops the mentoring meeting agenda goals and topics/issues to discuss and provide a copy to your mentor at least one day before the scheduled meetings.

4. Provide both mentor and mentee with an orientation session to the program. For example, discuss the program's goals and objectives, the participant's roles, the mentor and mentee's activities, as well as the mentoring tools for the success of the program.	4. Demonstrate confidence in your own knowledge and skills in a way that will benefit the mentee's development.	
5. Oversee that the mentor and mentee are assigned to the same unit and share the same shift	5. Be available to assist the mentee as needed and ensure that the mentee is accurately performing nursing care based on the standards of nursing care as well as the	4. Commits to reflective practice. Ask questions and share concerns.

6. Identify and match mentors with mentees based on the mentor criteria listed in the mentorship program.	policies and procedures of the organization. 6. Schedule weekly meetings with the mentee for the first 30 days of the program and biweekly thereafter using the mentoring tools as a guide for the discussion of the meetings. Reschedule meeting dates and times as needed.	5. Meet with your mentor weekly for the first 30 days of the program and biweekly thereafter.
7. Ensure that the mentor and mentee are meeting, developing a relationship, and following the mentoring program plan.	7. Provides learning and growth opportunities for the mentee. For example, help the mentee learn	6. As an adult learner, assume responsibility for your own learning and growth. Progressively

	from his/her mistakes. Attend lunch and learn as well as continued education opportunity events with the mentee. Also, use adult learning principles to help the mentee learn, grow, and progress from novice to a higher level.	increase the independence in her role.
8. Meet with mentee and mentor monthly for the first 30 days of the program and quarterly thereafter or as needed to discuss the progress of the program, mentor and mentee relationships, identify barriers to the program, ensure that the	8. Encourage and remind the mentee to complete the mentoring meeting agenda goals and topics to discuss in the weekly and biweekly meetings and provide you with a copy at least one day prior to the meetings.	7. Attend scheduled meetings with your mentor and the program team monthly for the first 30 days of the program and quarterly thereafter or as needed. Reschedule meeting dates and times when necessary.

mentee goals are being met, problem solve, and revise the mentoring program plan as needed.		
9. Maintain confidentiality of the information shared between the mentor, mentee, and the project team.	9. Communicate in a clear, concise, and professional manner as well as be a good listener. Cultivate a positive attitude and environment.	8. Agree to a no-fault termination of the relationship if it isn't working.
10. Determine the duration of the mentorship program. 11. Perform formative and summative evaluations of the mentorship program.	10. Maintain confidentiality of information shared between the mentor and mentee with the exception of : A. Violation of the hospital's policy and procedures.	9. Be receptive to and ask for feedback. Give constructive feedback to your mentor.

	B. If the mentee is noncompliant to the mentoring program.	
12. Provide recognition and reward strategies for mentor`s involvement. (Formally recognizing mentor involvement may be a motivating factor for the mentor as well as an attraction for other mentors to the program).	11. Complete all of the required mentor tools in a timely manner and encourage the mentee to complete all of the required mentee tools for the appropriate time.	10. Discuss your long-range career planning with your mentor.
13. Plan a graduation ceremony at the completion of the program.	12. Schedule monthly meetings with the program team and mentee for the first 30 days and quarterly thereafter or as needed to discuss the progression of the program, mentor and	11. Live up to obligations and commitments.

	mentee relationships, barriers identification, and strategies to facilitate successful mentoring. Reschedule meeting dates and times when deemed necessary.	
.	13. Agree to a no-fault termination of the relationship if it isn`t working.	
	14. Assist in making decisions through listening, support, and feedback.	
	15. Build a relationship of trust and live up to obligations and commitments.	

Pre-Program Preparation

Program Team	Mentor	Mentee
1. Review and become familiar with the content of the Mentorship Program.	1. Attend mentoring training and program orientation sessions as directed by the program team.	1. Attend program orientation session (s) as led by the program team.
2. Formally introduce the mentor and the mentee.	2. Complete "Remember When" Exercise (Mentor Tool 5) prior to your first meeting with the mentee.	2. Complete: A The Background Information Form (Mentee Tool 3). B. Confidence Scale for New Nurses (Mentee Tool 4) C. The Ideal Mentor Exercise (Mentee Tool 5) and D. Complete the Mentoring Meeting Agenda (Mentee Tool 6) goals and topics/issues to discuss and provide a

		copy to your mentor at least one day in advance of the scheduled meeting.
3. Plan and provide mentoring training sessions for the mentor(s) prior to the mentor role using the topics as outlined in the Program Participants` Roles. (Program Team Role)	3. Complete the Background Information Form (Mentor Tool 7) before meeting with the mentee	3. Review the Mentoring Program Plan (Mentee Tool 8) and begin to prepare your responses in preparation for the joint development of the Mentoring Program Plan with your mentor at the first meeting.
4. Plan and provide program orientation session (s) for both the mentor and mentee	4. Obtain a copy of the Mentoring Meeting Agenda (Mentee Tool 6) goals and topics/issues to be discussed at the meeting. Review the information to prepare	

	for the first meeting with the mentee.	
	5. Review the Mentoring Program Plan (Mentor Tool 9) and begin to prepare your responses in preparation for the joint development of the Program Plan with your mentee.	
	6. Schedule your first meeting with the mentee.	

Mentor Checklist- Getting Acquainted (First 30 Days)

Activity	Date Completed
✓ Meet with mentee for a minimum of one hour per week.	
✓ Exchange the Background and Contact Information (Mentor Tool 7 during the first meeting)	

. In addition, get acquainted with each other by sharing appropriate life experiences to personalize and enrich the mentoring experience.	
✓ Discuss the results of the Confidence Scale for New Nurses (Mentee Tool 4) during the first meeting and thereafter as needed) and the ideal mentor experience (Mentee Tool 5 during the first meeting) with the mentee.	
✓ Jointly develop the Mentoring program plan (Mentor Tool 9) using the results of the mentee tools 4 and 5 as a guide. Revise the mentoring program plan with the mentee as necessary. Keep in mind that mentees learn best by applying what they learn in an actual situation.	
✓ Establish a weekly meeting schedule for the first 30 days and biweekly thereafter with	

the Mentee as well as a monthly meeting schedule with the program team for the first 30 days and quarterly thereafter.	
✓ Introduce your mentee to coworkers, physicians, and other significant individuals.	
✓ Remind and encourage mentee to complete the Mentoring Meeting Agenda goals and topics/issues to be discussed at the meetings (Mentee Tool 6) prior to each meeting and provide you with a copy at least one day before the meeting.	
✓ Jointly meet with the mentee and the program team at the end of the 30 days (sooner if necessary).	
✓ Invite the mentee to lunch to get to know him/her. Do this at least once in this phase.	

Mentee Checklist- Getting Acquainted (First 30 Days)

Activity	Date Completed
❖ Before the meeting, complete the mentoring meeting agenda (Mentee Tool 6) goals and topics/issues to discuss and provide your mentor with a copy at least one day prior to the meeting.	
❖ Meet with the mentor for a minimum of one hour per week.	
❖ Follow the Mentoring Meeting Agenda (Mentee Tool 6) to keep the meeting organized and to focus on your discussions. Do this with each meeting activity.	
❖ Exchange background Information (Mentee Tool 3) and get acquainted with each other. Also, plan to attend lunch with your mentor at least once during this phase to enhance the mentor/mentee relationship.	

❖ Discuss the results of the Confidence Scale for New Nurses (Mentee Tool 4) and the Ideal Mentor Exercise (Mentee Tool 5) with your mentor.	
❖ Jointly develop the Mentoring Program Plan (Mentee Tool 8) with your mentor using the results of Mentee Tools 4 and 5 as a guide. Revise the Mentoring Program Plan as needed.	
❖ Collaborate with the mentor regarding the weekly and biweekly meeting schedules and monthly and quarterly meeting schedules with the program team.	
❖ Meet with the mentor and program team at the end of the 30 days.	

Mentor Checklist- (Second and Third Months-Days 30-90)

Activity	Date Completed
➢ Obtain a copy of the Mentoring Meeting Agenda (Mentee Tool 6) from the mentee prior to the meeting.	
➢ Meet with your mentee for a minimum of one hour biweekly.	
➢ Discuss the Mentoring Meeting Agenda with the mentee and answer any questions as well as address any issues accordingly.	
➢ Revisit and revise the Mentoring Program Plan as needed.	
➢ Provide coaching, guidance, and explore what the mentee has learned thus far.	
➢ Invite the mentee to lunch at least once in this phase to continue the get acquaintance relationship.	
➢ Jointly meet quarterly with the mentee and program team to discuss program progression, mentor and mentee relationships,	

as well as barriers to the program and any other issues/problems that need to be addressed.	
➢ Celebrate the completion of the first 90 days with your new colleague..	

Mentee Checklist- (Second and Third Months- Days 30-90)

Activity	Date Completed
➢ Complete the Mentoring Meeting Agenda (Mentee Tool 6) goals and topics/issues to discuss at the meeting and provide a copy to your mentor one day before the schedule meeting.	
➢ Meet with the mentor for at least one hour biweekly and discuss the Mentoring Meeting Agenda with your mentor.	
➢ Attend any learning opportunity events and lunch with your mentor.	
➢ Revisit and revise the Mentoring Program Plan as needed.	

➢ Jointly meet with the program team and your mentor at the end of the 90 days.	
➢ Celebrate the completion of the first 90 days with your mentor.	

Mentor Checklist- 3 Months to 6 Months

Activity	Date Completed
1. At the end of 3 and 6 months, ensure that the mentee completes: A. Job Satisfaction Scale (Mentee Tool 10) B. Intent to Stay in the Job Survey (Mentee Tool 11) C. Assessment of the Relationship with the Mentor (Mentee Tool 12) and D. Mentoring Program Satisfaction Survey (Mentee Tool 13).	
2. At the end of 3 and 6 months, you the mentor also completes:	

A. Assessment of the Relationship with the Mentee (Mentor Tool 11) and B. Mentoring Program Satisfaction Survey (Mentor Tool 12).	
3. Remind and encourage the mentee to complete the Mentoring Meeting Agenda goals and topics/issues to be discussed at the each meeting and provide you with a copy one day in advance.	
4. Meet with your mentee at least one hour biweekly.	
5. Discuss the results of the tools completed and use the data collected to determine the strengths and weaknesses of the Mentoring Program Plan, mentor and mentee relationships, as well as areas for improvement.	

6. Revise the Mentoring Program Plan with your mentee accordingly.	
7. Meet quarterly with the program team and the mentee or sooner if needed.	

Mentee Checklist-3 Months to 6 Months

Activity	Date Completed
1. At the end of 3 and 6 months, complete: A. Job Satisfaction Scale (Mentee Tool 10) B. Intent to Stay in the Job Survey (Mentee Tool 11) C. Assessment of the Relationship with the Mentor (Mentee Tool 12) and D. Mentoring Program Satisfaction Survey (Mentee Tool 13).	
2. Complete the Mentoring Meeting Agenda goals and topics/issues to be discussed at each meeting and provide a copy to your mentor one day in advance of the meeting.	
3. Meet with your mentor for a minimum of one hour biweekly	

4. Discuss the completed tools results with your mentor and use the data collected to determine the strengths and weaknesses of the Mentoring Program Plan, the mentor and mentee relationships, as well as areas for improvement.	
5. Jointly meet with your mentor and the program team to discuss the results of the completed mentoring tools	
6. Revise the Mentoring Program Plan based on the results of the completed tools and incorporate the program team`s feedback or input as well.	

Mentor Checklist- 7 Months to 12 Months

Activity	Date Completed
1. Obtain in advance from the mentee a copy of the Mentoring Meeting	

Agenda goals and topics/issues to be discussed at each meeting.	
2. Meet biweekly with your mentee for about an hour.	
3. Discuss the meeting agenda and provide support and guidance to the mentee.	
4. Revise or make adjustments to the Mentoring Program Plan as needed	
5. Meet quarterly with the program team and mentee.	
6. At the end of 12 months, ensure that the mentee completed: A. Job Satisfaction Scale (Mentee Tool 10) B. Intent to Stay in the Job Survey (Mentee Tool 11) C. Assessment of the Relationship with the Mentor (Mentee Tool 12) and	

D. Mentoring Program Satisfaction Survey (Mentee Tool 13).	
7. At the end of 12 months, the mentor also completes: A. The Assessment of the Relationship with the Mentee (Mentor Tool 11) and D. The Mentoring Program Satisfaction Survey (Mentor Tool 12).	
8. Discuss the results of the completed tools with the mentee and where on Benner's "Novice to Expert" framework (Table 1, page 27) does the mentee rate her clinical experience as well as you the mentor rate your experience as a mentor.	
9. Jointly meet with the mentee and program team at the end of 12 months to discuss the results of the completed tools, the mentee's clinical	

experience based on Benner`s "Novice to Expert" framework on page 27, and the program`s learning objectives. The program team is responsible to conduct a summative evaluation of the program.	
10. Celebrate the completion of 12 months with your new colleague.	

Mentee Checklist- 7 Months to 12 Months

Activity	Date Completed
1. Complete the Mentoring Meeting Agenda goals and topics/issues to discuss at each meeting and provide your mentor with a copy in advance.	
2. Meet biweekly with your mentor for at least one hour.	
3. Discuss the meeting agenda with your mentor and jointly revise the Mentoring Program Plan accordingly.	
4. At 12 months complete:	

A. Job Satisfaction Scale (Mentee Tool 10) B. Intent to Stay in the Job Survey (Mentee Tool 11) C. Assessment of the Relationship with the Mentor (Mentee Tool 12) and D. Mentoring Program Satisfaction Survey (Mentee Tool 13).	
5. Discuss the results of the above tools with your mentor.	
6. Assess and identify your competency clinical skills based on Benner's "Novice to Expert" Framework (page 27) and discuss this with your mentor.	
7. Jointly meet with your mentor and the program team to discuss the end of program outcomes.	
8. Celebrate the completion of 12 months with the mentor.	

Table 1 – Benner (1984) "Novice to Expert" Framework

Novice	Advanced Beginner	Competent	Proficient	Expert
The novice nurse lacks experience and has to depend on an experience nurse or mentor for guidance and mentoring.	A new graduate nurse who gained some experience after dealing with real life situations and begins to recognize what to do when situation arises. However, in this stage, the nurse still has to rely on an experience nurse for guidance. In	This nurse has more experience and becomes familiar with tasks. However, the competent nurse lacks the capability of being a proficient nurse.	The proficient nurse learns from experiences and is able to see the whole picture.	The expert nurse is well experience and focuses more on the most critical problems and tasks and has the ability to discern what needs to be done in situations. These nurses rely on their experiences to guide their actions rather than rules or principles.

	this stage, the nurse can become anxious and overwhelmed.			Mentee Tool

3 Mentor Initials:_____   Mentee Initials:_____   Date (dd/mm/yyyy):_____

Background Information
Completed by the Mentee

Personal Information: Age:_____   Sex: ○ Female   Male

Education relationship for preparation as a registered nurse:
- ○ Diploma
- ○ Associate Degree   ○ Other. Please indicate:
- ○ Baccalaureate Degree in Nursing   _____

Date of graduation from nursing school: Month_____ Year_____

Education (check highest degree achieved):
- ○ Diploma
- ○ Associate Degree
- ○ Baccalaureate Degree in Nursing
- ○ Baccalaureate Degree in other field
- ○ Other. Please indicate:_____

Practice Setting:
Current position:_____   Clinical practice specialty:_____

Is this your first position as a registered nurse? ○ Yes

Is nursing your first career? ○ Yes
○ No. Describe your other career choices:

How would you like this mentoring program to benefit you?

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Mentor Tool 7

Mentor Initials: _____ Mentee Initials: _____ Date (dd/mm/yyyy): _____

| Background Information |
| Completed by the Mentor |

| Personal Information: | Age: _____ | Sex: ○ Female   ○ Male |

Education (check highest degree achieved):

   ○ Diploma
   ○ Associate Degree
   ○ Baccalaureate Degree in Nursing
   ○ Baccalaureate Degree in other field
   ○ Other. Please indicate:

   ○ Masters Degree in Nursing
   ○ Masters Degree in other field
   ○ Doctoral Degree

Certification:

List current
certifications: _____

Practice Setting:

Current position: _____   Years in current position: _____

Clinical practice specialty: _____   Years at current clinical agency: _____

Years in nursing: _____

Have you mentored other nurses?

   ○ No   ○ Yes, please describe: _____

How did you become involved with this Mentoring Program?

   ○ Volunteered to be mentor   ○ Asked to be mentor   ○ Part of my role description

How do you hope to benefit from this program?

How do you expect your mentee to benefit from this program?

What personal characteristics do you have that will contribute to your ability to mentor a nurse in a new position?

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Mentee Tool 6

Mentor Initials: _____   Mentee Initials: _____   Date: _____

Mentoring Meeting Agenda

The Mentee uses this tool to create an agenda for meetings with the mentor.

1. Goals for This Meeting
2. Topics/Issues to Discuss
3. Accomplishments During This Meeting
4. Tentative Goals for Next Meeting
5. Other
6. Next Meeting Date and Time (dd/mm/yyyy h:MM am/pm)

Copy this tool for each meeting

Mentee Tool 8

Mentor Initials: _____ Mentee Initials: _____ Date (dd/mm/yyyy): _____

Mentoring Program Plan
Completed by the Mentor and Mentee

The purpose of this plan is to set and provide continued direction for the progress of the mentoring program. The plan is developed collaboratively by the mentor and mentee. The mentee's self-assessment results should be used as baseline data to determine the mentee's learning needs. This tool serves as a guide to develop goals and expectations, and a method for communication. Complete your responses to each of the sections.

GOALS: What do you both want to achieve with this mentoring program?   What do you want your outcomes to be?
EXPECTATIONS: What are your expectations of each other? (Refer to the Introduction to Mentoring Article for assistance in developing expectations.) *I expect my mentor to...*   *I expect my mentee to...*
COMMUNICATION AGREEMENT: Meet weekly in person for the first 30 days. Then meet biweekly thereafter and decide by what method(s) you will communicate with each other?
EVALUATION: Determine periodic points at which you will discuss the progress of the mentoring program and the relationship. Develop future actions and renegotiate this plan as needed.

Mentor Tool 9

Mentor Initials:_____Mentee Initials: _____ Date (dd/mm/yyyy): _____

Mentoring Program Plan

The purpose of this plan is to set and provide continued direction for the progress of this mentoring program. The plan is developed collaboratively by the mentor and mentee. The mentee's self-assessment results should be used as baseline data to determine the mentee's learning needs. This tool serves as a guide to develop goals and expectations, and a method for communication. Complete your responses to each of the sections.

GOALS:

What do you both want to achieve with this mentoring program?

What do you want your outcomes to be?

EXPECTATIONS: What are your expectations of each other? (Refer to the Introduction to Mentoring Article for assistance in developing expectations.)

I expect my mentor to...

I expect my mentee to...

COMMUNICATION AGREEMENT: Meet weekly in person for the first 30 days. Then meet biweekly thereafter and decide by what method(s) you will communicate with each other.

EVALUATION: Determine periodic points at which you will discuss the progress of the mentoring program and the relationship. Develop future actions and renegotiate this plan as needed.

99

Mentor Tool 11

Mentor Initials: _____ Mentee Initials: _____ Date (dd/mm/yyyy): _____

Assessment of the Relationship With the Mentee
Completed by the Mentor

Complete this survey by circling the response that best describes your perceptions about the relationship with your mentee. If some of the situations have not occurred, circle 6 (N/A - "not applicable").

	To what degree has your mentee	Not at All	A Little	Somewhat	Quite a Bit	Very Much	N/A
1.	Kept appointments to talk/meet with you.	1	2	3	4	5	6
2.	Initiated telephone calls to speak with you.	1	2	3	4	5	6
3.	Participated in strategizing about activities to meet her/his professional goals.	1	2	3	4	5	6
4.	Openly expressed her/his feelings about the current work environment.	1	2	3	4	5	6
5.	Been willing to constructively evaluate the environment.	1	2	3	4	5	6
6.	Followed up with introductions you provided to people who could help her/him professionally.	1	2	3	4	5	6
7.	Seemed confident in you and your abilities to guide her/him.	1	2	3	4	5	6
8.	Discussed her/his long-range career planning with you.	1	2	3	4	5	6
9.	Discussed with you ways to handle challenging patient situations.	1	2	3	4	5	6
10.	Discussed with you ways to handle difficult situations with her/his co-workers.	1	2	3	4	5	6
11.	Discussed with you ways to handle difficult situations with a physician.	1	2	3	4	5	6
12.	Discussed with you ways to handle difficult situations with her/his unit manager.	1	2	3	4	5	6
13.	Talked with you about her/his ability to act as a patient advocate.	1	2	3	4	5	6
14.	Talked with you about clinical decisions she/he made.	1	2	3	4	5	6
15.	Demonstrated that she/he valued your discussions.	1	2	3	4	5	6
16.	Allowed you to advocate for her/him in the workplace.	1	2	3	4	5	6
17.	Gave you feedback on her/his assessment of her/his performance as a nurse.	1	2	3	4	5	6
18.	Discussed her/his ability to act independently as a nurse.	1	2	3	4	5	6
19.	Openly communicated with you about issues in the workplace.	1	2	3	4	5	6
20.	Discussed her/his immediate learning needs with you.	1	2	3	4	5	6
21.	Inquired about the workings of clinical agencies.	1	2	3	4	5	6
22.	Talked with you about human behaviors in the workplace.	1	2	3	4	5	6
23.	Discussed with you her/his assessment of her/his future potential.	1	2	3	4	5	6
24.	Been participatory in the mentor-mentee program.	1	2	3	4	5	6

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Mentee Initials: _____   Mentor Initials: _____   Date (dd/mm/yyyy): _____

Assessment of the Relationship With the Mentor
Completed by the Mentee

Complete this survey by circling the response that best describes your perception about your relationship with your mentor. If some of the situations have not occurred, circle 6 ("N/A not applicable").

	To what degree has your mentor	Not at All	A Little	Some what	Quite a Bit	Very Much	N/A
1.	Been available to talk/meet with you when you wanted to talk/meet.	①	②	③	④	⑤	⑥
2.	Talked with you about your professional development.	①	②	③	④	⑤	⑥
3.	Helped you strategize activities to meet your professional goals.	①	②	③	④	⑤	⑥
4.	Allowed you to openly express your feelings about your current work environment.	1	2	3	4	5	6
5.	Been non-judgmental when listening to your evaluation of the workplace.	1	2	3	4	5	6
6.	Assisted with introductions to people who could help you professionally.	1	2	3	4	5	6
7.	Expressed confidence in you and your abilities as a nurse.	1	2	3	4	5	6
8.	Assisted you with long-range career planning.	1	2	3	4	5	6
9.	Discussed with you ways to handle challenging patient situations.	1	2	3	4	5	6
10.	Discussed with you ways to handle difficult situations with your co-workers.	1	2	3	4	5	6
11.	Discussed with you ways to handle difficult situations with a physician.	1	2	3	4	5	6
12.	Discussed with you ways to handle difficult situations with your unit manager.	1	2	3	4	5	6
13.	Encouraged you to act as a patient advocate.	1	2	3	4	5	6
14.	Talked with you about clinical decisions you made.	1	2	3	4	5	6
15.	Demonstrated that she/he cared about you.	①	②	③	④	⑤	⑥
16.	Advocated for you in the workplace.	1	2	3	4	5	6
17.	Gave you feedback on your assessment of your performance as a nurse.	1	2	3	4	5	6
18.	Fostered your independence as a nurse.	1	2	3	4	5	6
19.	Communicated in such a way as to enhance your self-esteem.	1	2	3	4	5	6
20.	Guided you in assessing your immediate learning needs.	1	2	3	4	5	6
21.	Offered you insight into the workings of clinical agencies.	1	2	3	4	5	6
22.	Offered you insight into human behavior in the workplace.	1	2	3	4	5	6
23.	Guided you in assessing your future potential.	①	②	③	④	⑤	⑥
24.	Been a role model for you.	①	②	③	④	⑤	⑥
25.	Been supportive of you overall.	1	2	3	4	5	6

Mentor Tool 12

Mentor Initials:_____ Mentee Initials:_____ Date (dd/mm/yyyy):_____

Mentoring Program Satisfaction Survey
Completed by the Mentor

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

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

Mentee Tool 13

Mentee Initials: _____ Mentor Initials: _____ Date (dd/mm/yyyy): _____

Mentoring Program Satisfaction Survey
Completed by Mentee

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

Item	Degree of Satisfaction
1. To what degree does this program assist you in developing supportive relationships?	Little ① ② ③ ④ ⑤ Much
2. To what degree does this program contribute to your professional growth?	Little ① ② ③ ④ ⑤ Much
3. To what degree does this program contribute to your personal growth?	Little ① ② ③ ④ ⑤ Much
4. To what degree does this program enhance your ability to communicate with your nurse colleagues?	Little ① ② ③ ④ ⑤ Much
5. To what degree does this program enhance your ability to communicate with patients?	Little ① ② ③ ④ ⑤ Much
6. To what degree does this program enhance your ability to communicate with physicians?	Little ① ② ③ ④ ⑤ Much
7. To what degree does this program enhance your ability to communicate with other health care providers?	Little ① ② ③ ④ ⑤ Much
8. To what degree does this program enhance your ability to problem-solve work-related issues?	Little ① ② ③ ④ ⑤ Much
9. How satisfied are you with communication with your mentor?	Little ① ② ③ ④ ⑤ Much
10. How satisfied are you with the discussions at your meetings with your mentor?	Little ① ② ③ ④ ⑤ Much
11. To what degree do you think this program is helpful in your transition to the work place?	Little ① ② ③ ④ ⑤ Much
12. Overall, how satisfied are you with this program?	Little ① ② ③ ④ ⑤ Much
13. Additional Comments	

Mentee Tool 4

Mentee Initials _____   Mentor Initials_____ Date (dd/mm/yyyy) _____

Confidence Scale For New Nurses
Completed by the Mentee

If this is your first position as a nurse, complete this tool as a self-examination of your confidence in performing the following activities. For each item, circle your degree of confidence according to the scale of 1-5.

I am confident of...	Not at all Confident	A little Confident	Fairly Confident	Confident	Very confident
1. Working with the nurses on the unit.	1	2	3	4	5
2. Functioning independently in providing patient care.	1	2	3	4	5
3. Taking care of a regular assignment of patients.	1	2	3	4	5
4. Performing patient care activities (i.e., bathing, feeding, medication administration, wound care, etc.).	1	2	3	4	5
5. Discussing the patient's condition with the physician.	1	2	3	4	5
6. Interpreting laboratory tests.	1	2	3	4	5
7. Making clinical decisions about my patients' care.	1	2	3	4	5
8. Delegating appropriate patient care activities to unlicensed assistants.	1	2	3	4	5
9. My ability to refuse to follow a physician's order if I question its correctness for the patient.	1	2	3	4	5
10. Teaching patients about their disease.	1	2	3	4	5
11. Teaching patients about their diagnostic procedures.	1	2	3	4	5
12. Teaching patients about their medications.	1	2	3	4	5
13. Assessing changes in the patient's condition.	1	2	3	4	5
14. Responding to a code on the unit.	1	2	3	4	5
15. Initiating consults with the physician if your assessment indicates such a need.	1	2	3	4	5
16. Withholding a medicine that is contraindicated for a patient despite pressure from nursing peers to carry out the order	1	2	3	4	5
17. Assuming complete responsibility for my own professional actions without expecting to be protected by the physician or hospital in the case of malpractice.	1	2	3	4	5
18. Accurately documenting pertinent patient care information.	1	2	3	4	5
19. Reporting incidents of physician harassment or inappropriate nurse behaviors to the unit manager or administrator.	1	2	3	4	5
20. Carrying out patient care procedures utilizing your professional judgment to meet the individual patient's needs even when this means deviating from the hospital procedure manual.	1	2	3	4	5
21. Declining a temporary reassignment to a specialty unit when you lack the education and experience to carry out the demands of the assignment.	1	2	3	4	5
22. Initiating referrals to social service and dietary at the patient's request.	1	2	3	4	5
23. Writing nursing orders to increase the frequency of vital signs of a patient whose condition is deteriorating even in the absence of a medical order to do so.	1	2	3	4	5
24. Initiating clinical research to investigate a recurrent clinical nursing problem.	1	2	3	4	5
25. Offering clinical assistance to other nurses when needed.	1	2	3	4	5
26. Developing effective communication channels in my work place for nurses' input regarding the policies that affect patient care.	1	2	3	4	5

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The Ideal Mentor Exercise

Completed by the Mentee

This tool is designed to determine your perceptions of the ideal characteristics of a mentor. After completing this tool, share with your mentor some of the qualities that you think would support the mentoring relationship. Your discussion will help you determine your expectations of your mentor. These expectations will be included in your Mentoring Program Plan.

1. An ideal mentor should have the following general skills:
2. An ideal mentor should have the following interpersonal skills:
3. If I were a mentor:

Mentee Tool 10

Mentee Initials_____   Mentor Initials_____   Date (dd/mm/yyyy): _____

Job Satisfaction Scale
Completed by the Mentee

The following 26 items indicate dimensions of satisfaction with your job. For each item, circle your degree of satisfaction with your work experience according to the scale of 1-5.

#	Item		Degree of Satisfaction	
1.	Importance of work	Insignificant	① ② ③ ④ ⑤	Significant
2.	Responsibility	Little	① ② ③ ④ ⑤	Much
3.	Opportunity to use skills and abilities	Low	① ② ③ ④ ⑤	High
4.	Ability to be creative	Low	① ② ③ ④ ⑤	High
5.	Decision-making power	Low	① ② ③ ④ ⑤	High
6.	Autonomy	Low	① ② ③ ④ ⑤	High
7.	Variety of work	Routine/Monotonous	① ② ③ ④ ⑤	Varied
8.	Interest level	Boring	① ② ③ ④ ⑤	Interesting
9.	Complexity	Simple	① ② ③ ④ ⑤	Complex
10.	Workload	Light	① ② ③ ④ ⑤	Heavy
11.	Staffing	Inadequate	① ② ③ ④ ⑤	Good
12.	Working conditions	Poor	① ② ③ ④ ⑤	Good
13.	Tension/pressure	Low	① ② ③ ④ ⑤	High
14.	On-job stress	Relaxed	① ② ③ ④ ⑤	Great
15.	Recognition for work done	Nonexistent	① ② ③ ④ ⑤	Given
16.	Opportunity for professional development	Low	1 2 3 4 5	High
17.	Opportunity for advancement	Poor	① ② ③ ④ ⑤	Good
18.	Relationship with colleagues	Competitive	① ② ③ ④ ⑤	Helpful
19.	Relationship with immediate supervisor	Non-Supportive	1 2 3 4 5	Supportive
20.	Relationship with unit manager	Autocratic	① ② ③ ④ ⑤	Fair Treatment
21.	Relationship with VP/Director of Nursing	Autocratic	1 2 3 4 5	Fair Treatment
22.	Satisfaction with patient care given	Low	① ② ③ ④ ⑤	High
23.	Enjoyment of work	Low	① ② ③ ④ ⑤	High
24.	Status	Not Respected	① ② ③ ④ ⑤	Respected
25.	Morale	Poor	① ② ③ ④ ⑤	Good
26.	Motivation to work	Low	1 2 3 4 5	High

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Mentee Tool

Mentee Initials: _____ 11 Mentor Initials: _____ Date (dd/mm/yyyy): _____

Intent to Stay in the Job Survey
Completed by the Mentee

Each of the statements below is something that a person might say about his or her job. Indicate your own personal feelings about your job by circling your degree of agreement with each statement according to the scale of 1-7.

Statement	Disagree Strongly	Disagree	Disagree Slightly	Neutral	Agree Slightly	Agree	Agree Strongly
1. It's hard for me to care very much about whether or not the work gets done right.	1	2	3	4	5	6	7
2. My opinion of myself goes up when I do this job well.	1	2	3	4	5	6	7
3. Generally speaking, I am very satisfied with this job.	1	2	3	4	5	6	7
4. Most of the things I have to do on this job seem useless or trivial.	1	2	3	4	5	6	7
5. I usually know whether or not my work is satisfactory on this job.	1	2	3	4	5	6	7
6. I feel a great sense of personal satisfaction when I do this job well.	1	2	3	4	5	6	7
7. The work I do on this job is very meaningful to me.	1	2	3	4	5	6	7
8. I feel a very high degree of personal responsibility for the work I do on this job.	1	2	3	4	5	6	7
9. I frequently think of leaving this job.	1	2	3	4	5	6	7
10. I feel bad and unhappy when I discover that performed poorly on this job.	1	2	3	4	5	6	7
11. I often have trouble figuring out whether I'm doing well or poorly on this job.	1	2	3	4	5	6	7
12. I feel I should personally take credit or blame for the results of my work on this job.	1	2	3	4	5	6	7
13. I am generally satisfied with the kind of work do on this job.	1	2	3	4	5	6	7
14. My own feelings generally are not affected much one way or the other by how well I do on this job.	1	2	3	4	5	6	7
15. Whether or not this job gets done right is clearly my responsibility.	1	2	3	4	5	6	7

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"Remember When" Exercise

In preparing to meet with your mentee, answer the following questions to help you remember in a personal, realistic way, what it was like to be a new nurse.

Questions

1. When you first became a professional nurse, what was difficult for you?

2. What were some of your immediate fears?

3. What were some of your needs as a new nurse?

4. Was there a person who was especially helpful to you?

5. What did that person do that was so helpful?

6. What particular strengths did you have that helped you?

7. What motivates you now to stay in a nursing role?

References

Academy of Medical-Surgical Nurses (AMSN). (2012). AMSN mentoring program.

Retrieved from http://www.amsn.org

Benner, P. (1984). From novice to expert. *American Journal of Nursing, 82,* 402-407.

doi:10.1097/00000446-198412000-00027

Chronus. (n.d.). How to start a high-impact mentoring program, 1-12. Retrieved from

http://www.chronus.com

Hnatiuk. C. N. (2012). Mentoring nurses toward success. *Minority Nurse Magazine,* 43-

45. Retrieved from http://www.minoritynurse.com

Minority Nurse. (2013). Mentoring new nursing graduates. *Nursing Mentorship,* 1-8.

Retrieved from https://minoritynurse.com/mentoring-new-nursing-graduates

Sensmeier, J. (2014). Developing guidelines for mentorship. *Alliance for Nursing*

*Informatics, 32(*8), 359-361. doi:10.1097/CIN.0000000000000093

Shermont, H., Moonan, M., Murphy, J. M., Pignataro, S., & Memmolo, S. (2019).

Transitional mentor education program pilot: Preparing nurses to adapt to

changing acute care settings. *Journal for Nurses in Professional Development,*

35(1), 32-38. doi:10.1097/NND.0000000000000508

Stanford Health Care. (2004). Mentorship: Nursing professional development, 1-2.

Retrieved from https://www.stanfordhealthcare.org/health-care-

professionals/nursing/professional-development/mentorship.html