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Evaluation of a New Nurse Mentor Program

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Walden University

College of Health Sciences

This is to certify that the doctoral study by

Corinne Romano

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

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The Office of the Provost

Walden University

2019

Abstract

Evaluation of a New Nurse Mentorship Program

Corinne Campbell Romano

MS, Walden University 2008

BS, Kean University 1996

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

December 2019

Abstract

Novice nurses in the facility had a turnover rate of 32% in 2017 and 2018, despite participation in a novice nurse residency program. This project was the 3-month formative evaluation of a 1-year mentor program designed for novice nurses. The mentor program had been created to augment the residency program and support practice transition for novice nurses. The project questions explored the results of the process evaluation at the 3-month mark of the year-long mentorship program for the first cohort and recommendations to the mentor coordinators for continuous quality improvement. This quality improvement project followed the PDSA (plan-do-study-act) methodology. The evaluation included semi-structured interviews with 5 mentors and 5 mentees and a review of the mentor program meeting minutes. Results from the evaluation of the mentor program supported the need for ongoing support of novice nurses as they transition into the practice environment. The residency program provided the content and helped set expectations for future practice. The work of the mentor program added to this program by evaluating outcomes of practice experiences and building confidence in the new nurse's skills. Also noted in the findings is the opportunity to engage experienced nurses and support them as they re-commit to the beliefs that first brought them to the nursing profession. This project supported positive social change by promoting increased job satisfaction and commitment to the nursing profession for both new nursing graduates and experienced nurse professionals. The impact to social change is improved patient care, nurse and patient satisfaction, and a stable healthcare environment supporting the community at large.

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Dedication

This paper is dedicated to all the nurses who I have had the honor to work alongside and all the nurses I have learned from over the years and all the nurses whose care I will need when my time comes. God bless you all!!!

Acknowledgments

I would like to acknowledge my husband Tom, my son, Kevin, and my daughter, Kelly, daughter in law Maria, son in law Eric and grandbabies Eli and Liam, all who cheered me on through the course of this lifetime milestone! I could not have made it through if not for your support!! My love and gratitude go out to you all!

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Section 1: Nature of the Project

Introduction

Due to the retirement of over 500,000 seasoned nurses, by the year 2022, the American Nurses Association (ANA) predicted that there will be a need for 100,000 nurses annually (ANA, 2018). A recent Press Ganey study to track career changes among new nurses over a 10-year period showed more than 17% of newly licensed RNs leave their first nursing job within the first year, 33% within two years and 60% leave within eight years (Press Ganey, 2018). Projections for 2016-2026 anticipate 204,000 annual openings for RN's ("Bold Voices," 2018). Nurses are the largest sector of the healthcare workforce and they spend more time delivering direct patient care than any other professional (Press Ganey, 2018).

In addition, the Baby Boomer Generation began turning 65 in 2011, and will continue to do so at the rate of more than 8,000 per day for the next 20 years. People are also living longer as evidenced by the fact that between 2010 and 2014, the older adult population grew at a rate nearly five times that of the total population (14.8 percent versus 3.1 percent). By 2040, the population aged 85 years and older is predicted to reach 14.6 million, an increase from 6.3 million in 2015 (Johnson & Parnall, 2016). This will result in an increased need for healthcare services. Current projections are that millennials are entering the nursing profession at rates high enough to combat the

projected retirement of the Baby Boomers and the increasing workforce demands of increasing older population (Mossberg, 2018).

Mentorship is the process where an experienced, empathetic colleague serves to guide another in the evolution of their own ideas, growth, learning, personal and professional development. Mentors begin with constant proximity and oversight that decreases over time as the mentee develops. Mentorship programs have been identified as essential to retaining nurses, particularly newly practicing nurses (Halter et al., 2017). To facilitate success, goals must be defined. Mentorship differs from preceptorship in that it does not have an evaluation process. This must be clearly outlined in the definition of the relationship (Huybrecht, Loeckx, Quaeysaegens, Tobel, & Mistiaen, 2011).

Reduction of nursing turnover has a positive effect on the quality of the nursing environment (Brown, 2015). Mentorship helps give nurses (both mentor and mentee) a greater sense of meaning to their work (Lindani, 2017). The impact to social change is improved patient care, nurse and patient satisfaction, and a stable healthcare environment supporting the community at large. This project supported the mission of Walden University to promote positive social change by the use of applying acquired knowledge to positively impact the profession, community and society (Walden 2012). Finally, this project supported the provision in the AACN Essentials of Doctoral Education: Health Care Policy for Advocacy in Health Care. It stated that DNP graduates are prepared to design, influence and implement health policy that frame health care practice regulation (AACN, 2006).

Problem Statement

The practice problem was retention of novice nurses. The organization had a noted decrease in engagement scores for newly hired nursing staff in 2018 as compared to prior years. As a result of the decrease in the engagement scores, the organization conducted focus groups with new employees to assess their biggest satisfiers and biggest challenges. The one issue that arose more than any other was the need for more effective onboarding. The orientation process was noted to be a very positive experience. When staff completed formal orientation, they described feeling lost in the new organization.

The novice nurse residency program helped to onboard novice nurses by giving them formal course work, discussion groups and a support network of peers during the first 6 months of their onboarding process. The mentor program was an additional support augment. The program was designed to last for the first year of the novice's employment and facilitate the nurse's assimilation into the practice environment.

Purpose

This DNP project was a process evaluation on the mentor program, which addressed a significant gap in nursing administration practice, as evidenced by the novice nursing engagement problem at the DNP project site. The purpose of the process evaluation was to explore whether the mentor program had (a) successfully implemented the program as identified, (b) successfully recruited and retained participants to date, (c) maintained projected timelines, and (d) provided all participants the opportunity to provide feedback at the three-month mark of the program. The process evaluation provided an opportunity for revisions and additions to the program prior to the start of the

second cohort as well as changes for the remaining year of the first cohort (Sufian et al., 2015).

The practice questions were:

- What were the results of the process evaluation at the 3-month mark of the year-long mentorship program for the first cohort?
- What recommendations were made to the mentor coordinators for continuous quality improvement?

This project supported principles of DNP Essentials as described by AACN (2006) by the creation of a quality improvement initiative that provided resources to enhance the competence and confidence levels of novice nurses (mentees) and re-engage the experienced nurse group (mentors). This project aligned with the recommendations of the ANA Code of Ethics (Fowler, 2015) statement 8 that spoke to nursing's responsibility to self and others to continually improve standards of practice and the practice environment.

Nature of the Doctoral Project

The target population for this project were the participants in the first cohort of the nurse mentor program in a 160-bed inpatient rehabilitation hospital. The organization had an existing novice nurse residency program. The organization was piloting a formal mentorship program where mentors were assigned to all novice nurse residents in 2019. The pilot was being administered by the lead nursing supervisor with shared collaboration with the novice nurse residency coordinator. The number of participants

included five mentees, five mentors, the lead nursing supervisor and the novice nurse residency coordinator.

Mentors were required to attend mentor training, which included components of the use of mindfulness and reflective practice. They were required to meet with mentees, more frequently at first, then monthly for 1 year. Mentors submitted documentation of the discussions with mentees to the mentor program coordinator to obtain reimbursement for their time spent. Monthly status meetings between the mentor program coordinator and mentors occurred to assess for challenges or barriers to success. At the completion of the year long program mentors will be recognized by the nursing leadership team upon completion of their program and be invited to their mentee's residency graduation.

Evaluation of the pilot was a formative evaluation via semi-structured interviews with both mentors and mentees after the program had been functional for a minimum of three months. De-identified written meeting discussions and transcripts of the semi-structured interviews were provided to me from the coordinators. Results of the process evaluation and recommendations for improvements/changes were presented to project coordinators. The project followed guidelines set forth in the Walden University DNP Manual for Quality Improvement Evaluation Projects.

Significance

Novice nurses face an enormous learning curve as they transition from their role as student to independent practitioner. Retention efforts should focus on an effective transition to practice program for new nurses. Mentoring has been identified as a critical factor in the successful transition from student to practicing professional. Mentoring is a

tool used for professional growth and development. It involves making a commitment to review one's own practice, how it relates to self and others to intentionally plan for improvement. It requires one to become aware and understand how one's own assumptions and feelings enter into practice and positively or negatively influence it. In the mentorship program, development of such reflection time is being created for both mentors and mentees (Nelsey & McLinsc, 2012). The addition of a year-long mentor program is a costly investment in time, money and human capital for the organization. The process evaluation can provide important guidance into framing not only the remainder of the first cohort program, but the additional two programs slated for 2019.

Organizations need to challenge their thinking about how to best utilize skills and expertise of the workforce. Hospitals are realizing the importance of establishing a workplace that is friendly to older RN's and make the best use of these incredible resources. Creation of such a program can be the steppingstone to a system-wide initiative to insure future bench strength at all levels of the nursing organization. Considering the large numbers of nurses who are on the threshold of retirement, mentor roles could be developed with nurses approaching retirement (Mossberg, 2018).

Summary

A mentor program expands nursing knowledge by development of a practice environment that supports successful transition for novices and by increasing self-efficacy for both novice and experienced nurses. The purpose of mentorship is to assist the mentee in navigating his/her professional career path (RN Career Path, 2018). The development of organizational knowledge and appreciation for the significance of

mentorship, assuming a successful pilot, will pave the way for discussion of need for resources around mentorship for all nursing staff, including nurse leaders. Effective mentorship can positively impact nursing at all levels in an organization from student to nurse leaders and faculty (Race & Skees, 2010), Section 1 explored the importance of mentoring to novice nurse retention, satisfaction, and safety. Section 1 introduced the practice questions:

- What were the results of the process evaluation at the 3-month mark of the year-long mentorship program for the first cohort?
- What recommendations were made to the mentor coordinators for continuous quality improvement?

Section 2 presented the quality improvement model framing this project, relevance to nursing practice, local background and my role in planning, implementing and evaluating the project.

Section 2: Background and Context

Introduction

This quality improvement project assessed the effects of a mentor program that had been designed to support practice transition for novice nurses over the course of their first year of employment. The goal was to better understand the process for acquiring behaviors that support successful assimilation into the practice environment. The formative evaluations obtained from semi-structured interviews assisted the organization in decisions and next steps to expand or discontinue this program.

Concepts, Models, and Theories

The project followed the Plan-Do-Study-Act methodology developed by Deming in the early 1980's (Deming, 2000). It was designed to help in development of skills in identifying, gathering and analyzing significant data (Dees, 1995). This widely used quality improvement model has four repetitive steps. The hospital is in the process of completing steps one through 3. This project evaluated the processes from step 3 and made recommendations in step 4 (see Table 1).

Table 1

Alignment of PDSA Cycle to Project

Steps in PDSA Cycle	PDSA Activities	Alignment to Project
Step 1 Plan	Plan ahead for the change	Project team formed; review of literature on SG; Development of mentor program
Step 2 Do	Execute the plan	Select mentors, mentees, implement program
Step 3 Study	Check, study the result of step 2	Collect minutes and transcripts from semi-structured interviews.
Step 4 Act	Act to improve or standardize the process	Results of the process evaluation and recommendations for improvements/changes will be presented to project coordinators.

Relevance to Nursing Practice

The literature provided strong evidence on the topic of mentoring. The most successful mentoring programs had formal training and periodic reviews for the mentors themselves (Martin & Sifers, 2012). Organizations like Big Brother and Big Sister had evolved to formal volunteer mentorship programs because of the demonstrated success on youth in the areas of academic, social and economic prospect (The Mentoring Effect, 2015).

The American Nurses Association (ANA) Code of Ethics stated that nurses are responsible for establishing, maintaining and improving the work environment to support ethical practice (ANA, 2017). Nurses must be equipped with the skills necessary to navigate ethically complex environments and manage their feelings and reactions to those environments.

Magnet designation is the highest designation that an organization can receive for nursing excellence and quality patient care. The Magnet program standards validate the importance of mentorship at all levels in the nursing organization. Magnet Standard 6 for Transformational Leadership requires organizations seeking Magnet designation to demonstrate proof of mentoring plans and programs for clinical nurses, nurse managers, advanced practice nurses and the chief nursing officer (American Nurses Credentialing Center [ANCC], 2019).

Additionally, the American Nurses Credentialing Center now has an accreditation program called Practice Transition (American Nurses Credentialing Center [ANCC], 2019). The standards are based on Benner's *From Novice to Expert* conceptual

framework (Benner, 2001). The goal is creation of programs that are designed to successfully transition nurses at all levels of the organization. In order to achieve this accreditation, organizations must demonstrate that they provide mentoring opportunities at all levels of nursing (American Nurses Credentialing Center [ANCC], 2019).

Mentor Training

The argument stands that true mentorship requires training. Not every experienced nurse is suitable for this role (Bryant, 2017). Clinical mentoring has been shown to support professional growth and development, increase job satisfaction and maximize learning in nursing students (Shellenbarger & Robb, 2016). Mentors are known to stimulate reflection and help ease the theory to practice gap (Huybrecht et al., 2011).

In the academic area, many programs require that a student is assigned a mentor. Mentorship has been a longstanding method for transition of skills in the academic setting. Porter & Tolson, 2014 noted higher retention and graduation rates in nursing faculty students who were mentored. Medical residencies have been in place where the experienced provider mentors the novice with successful results for decades. Mentorship is described as a long-lasting relationship that focuses on the growth and development of the mentee (Reitz, Mitchell, & Keel, 2017). In a study that looked at the success of role transition for novice academic nurse administrators 53.5% of their most helpful role transition experiences came from mentoring. In a study of novice faculty, it was found that those who had positive relationships with their mentors were known to have higher levels of job satisfaction (Jeffers & Mariani, 2017).

Mentoring relationships are known to be beneficial to both mentor and mentee. They are known to boost self-confidence and self-efficacy and are positively associated with professional success, and job satisfaction in both mentor and mentee (Jnah & Robinson, 2015).

Types of Mentor Programs

In order for the mentor to be successful, assignment of dedicated time is important. The expectation that this valuable support and information exchange between mentor and mentee will occur in the regular routine of nursing business is both short sighted and a set up for failure (Omansky, 2010). Mentoring requires a commitment from both the mentor and the mentee. These relationships should be flexible with give and take that goes in both directions (Runyan, Austen, & Gildenblatt, 2017). In order to ensure a successful transition to practice for our novice healthcare workforce, continued support is essential. Nurse managers have very large spans of control in the inpatient environment. Mentors can help provide some of that safety net support for novices to increase the bandwidth of the nurse manager. These relationships are characterized by the investment of time, setting goals, and regular ongoing meetings to review progress and barriers to success (Nelsey & McLinsc, 2012). The focus differs from the acquisition of skill sets as in the preceptor relationship but to help the mentee develop psychosocial skills and cultural knowledge to successfully acclimate to their environment (Crow, Conger, & Knoki-Wilson, 2011).

Mentee Benefits

Porter & Tolson , 2014 describe how mentors must have the ability to ensure that the mentee feels understood and confident in his/her abilities. Skills and competencies build on one another to develop the sense of knowing in the new practitioner. In the area of Neonatal Nurse practitioners, Jnah and Robinson, (2015) describe how preceptors sometimes evolve into mentor relationships. These relationships are described as beneficial to both mentor and mentee and contribute positively to improved role transition for new practitioners. Through role modeling and encouraging reinforcement, the mentee can adopt a more reinforced sense of his/her role, resulting in higher self-confidence and better job satisfaction.

Mentor Benefits

Mentors are known to benefit from the relationships as well. According to Jeffers and Mariani (2017), mentors described the relationships as meaningful and significant, growing into collegial alignments that will span future life transitions, professional successes and failures, with potential for role reversals. Mentors sense of self-efficacy can be enhanced by the mentoring relationship. There is a direct link between training, support and confidence and the satisfaction of the mentors themselves. Mentors who feel more confident in their mentoring abilities derive greater satisfaction from their relationship with their mentee (Martin & Sifers, 2012).

Local Background and Context

The organization had a focused effort around the retention of new employees. In the 2018 employee engagement survey, there was a marked decrease in the engagement

scores of newly hired employees (particularly in nursing) as compared to previous years. Focus groups were conducted with newly hired nursing staff after the survey results were reviewed to better understand the issues and challenges. Newly hired nurses reported challenges around the onboarding process after the period of formal orientation was completed. This is the time when the newly hired nurse no longer has a preceptor and is expected to function independently. Nurses reported reluctance to ask questions of colleagues since the expectation was that they were “already trained”. The premise of the mentor program was to formally identify the individual that the nurse can view as his/her “go to” person, begin the meetings during the formal orientation period where posing question is “safe” and allow that relationship to begin forming and then sustain over the course of one year.

Role of the DNP Student

My role was to plan, implement and evaluate a formative evaluation at three months post implementation utilizing the Deming’s PDSA methodology. Semi-structured interviews of both the mentors and mentees were conducted by the Mentor Program Coordinator and the Novice Nurse Residency Coordinator. The interviews were focused on the understanding how the mentorship program affects the mentee, but also how the mentorship experience affects the mentor. After Walden University IRB approval, I reviewed the de-identified interview transcripts and Mentor program meeting minutes in order to identify themes related to the mentor and mentee perceptions of their experiences three months into the program. Recommendations for additions or revisions to the

program were made to the mentor program coordinator and the novice nurse residency coordinator.

Summary

Section 2 described the PDSA methodology that will frame this project, the evidence relevant to the project and my role as the project leader. Section 3 introduced the planning, implementation, and evaluation of the project based on the Walden University Manual for Quality Improvement Evaluation Projects.

Section 3: Collection and Analysis of Evidence

Introduction

The practice problem for this facility was retention of novice nurses. Based on input from stakeholders, a 6-month mentor program was recently added to the existing nurse residency program for new graduates. This project was a process evaluation of this program. Section 3 described the sources of evidence that was used for this project, the evidence that was generated for the project, and the process of analysis and synthesis for the project.

Practice-Focused Question(s)

The practice questions were:

- What were the results of the process evaluation at the 3-month mark of the year-long mentorship program for the first cohort?
- What recommendations were made to the mentor coordinators for continuous quality improvement?

Sources of Evidence

Utilizing the FOCUS PDSA Cycle, planning and implementation stages for this project occurred as follows:

Step 1 PLAN

1. Form the project team. The project team consisted of the Residency Program Coordinator, the Mentor Program Coordinator, and me.
2. Review the literature on mentorship, mindfulness, transition to practice, principles of adult learning, and evaluation methods for quality improvement projects.

Search engines used were PubMed, Ovid and EBSCO. Keywords used in the literature search were transition to practice, mentorship, preceptor, and nursing turnover.

3. Develop interview questions for semi-structured interviews. assess strengths and weaknesses of the program including barriers between mentor and mentee, perception of effectiveness of the meetings by both mentor and mentee, and an assessment of the perception of the usefulness of Mindfulness practices by both mentor and mentee. The results of from the these interviews and the Mentor program meeting minutes ~~questions~~ supported the recommendations for any changes to the existing program.

Step 2 DO

1. Mentors and mentees were selected for the program.
2. Implement the mentor program.
3. Conduct semi-structured interviews. These interviews were designed as more of a discussion to promote the free flow of ideas and feedback (Terry, 2018.) These interviews were conducted by the mentor program coordinator at the 3- month point in each cohort.

Step 3 STUDY

1. After gaining permission to review the interview results, copies of de-identified interviews were obtained from the mentor program coordinator. De-identified transcripts from the semi-structured interviews and tracking logs

and de-identified minutes from monthly meetings for past 3 months were analyzed.

2. Themes from the transcripts and program meeting minutes provided evidence for program change recommendations.

Table 2 depicts the evaluation plan for the mentorship program. This process evaluation will focus on performance method and monitoring.

Table 2

Evaluation Plan for Mentorship Program

Method	Data collected	How data was collected	Short term Impact	Long term Impact
Performance Measurement	Semi-structured interview results from mentors and mentees	Interviews were conducted by the mentor program coordinator	Interviews were administered at 3-months post cohort launch	Interviews were administered at completion of cohort launch
Monitoring	Monthly monitor to assess if the mentor mentee meetings are happening at agreed time frames	Development of tracking log to ensure meeting schedule compliance	Monthly report of meeting schedule compliance between mentors and mentees	Summary at the end of each cohort to determine compliance percentage for each group
Summative Evaluation	Individual interviews were documented by the interviewer	Pilot results of interviews into excel spreadsheet	Identify major themes from the interview results/implement program modifications as indicated	Measure reduction in turnover in nurse residency groups at 1-year and 2-year post program

Step 4 ACT

1. Created recommendations for improvement based on the findings in step 3. Share recommendations with the project coordinators. I prepared a report on themes related to meetings and interviews. Strengths and weaknesses of the program and recommendations for changes were presented to the mentor coordinator, residency coordinator and the vice president of nursing to discuss themes and barriers to success.

Protections

The process was submitted to the Walden University IRB for approval utilizing the approval documentation for quality improvement projects from the Manual for Quality Improvement Evaluation Projects. The site approval form for quality improvement evaluation doctoral project was signed by the facility and submitted to Walden University IRB.

Analysis and Synthesis

As noted under step 4, the transcripts and minutes were analyzed for themes. I prepared a report based on themes derived from meetings and interviews. Strengths and weaknesses of the program and recommendations for changes were presented to the mentor coordinator, residency coordinator and the vice president of nursing to discuss themes and barriers to success.

Summary

Section 3 discussed the process of planning, implementing, and evaluating this project. Protection of human subjects was identified. Section 4 discussed the findings of

the process evaluation, implications of the findings to the stakeholders, and my recommendations based on the findings.

Section 4: Findings and Recommendations

Introduction

This project was a process evaluation of a mentor program pilot initiated by the organization this year. The reason for the program was to mitigate the high turnover rate of novice nurses in spite of participation in a nurse residency program.

The practice questions were:

- What were the results of the process evaluation at the 3-month mark of the year-long mentorship program for the first cohort?
- What recommendations were made to the mentor coordinators for continuous quality improvement?

The turnover rate in novice nurse residents from 2017 through 2018 for was 32%. Nurse residency graduates that have remained in the organization since the 2017-2018 residency programs reported that in spite of the residency program, they felt a bit lost as they entered the practice environment independently for the first time. The mentor program was designed to provide novice nurses with a mentor who partners with them for a period of one year to assist in the transition to practice and application of knowledge and skills acquired in the nursing orientation and residency programs. Sources of evidence from the facility for the evaluation of this pilot project were de-identified transcripts from the semi-structured interviews with the five mentors and five mentees, tracking logs from the mentor /mentee meetings, and the meeting minutes from the mentor program meetings. This analysis is Step 3 in the PDSA cycle as described in section 3.

Findings and Implications

Findings

There were 25 de-identified semi-structured interviews from five mentor/mentee partnerships reviewed and analyzed for themes. Monthly minutes of meetings attended by the mentor program coordinator, residency coordinator, nurse educator over the 3-month pilot period from April 2019 through July 2019 were reviewed and analyzed as well. The major themes identified are listed in Tables 3 and Table 4).

Table 3

Themes from Mentor and Mentee Interviews

Themes	Care for self	Care for others	Practice Environment	Challenges
Mentee	-resilience -development of trust & mutual respect - sharing -professional growth and development -time for self and self-care -stress management specifically jogging, yoga, aroma therapy, visual imagery	-conversion of EBP to workflow -conflict resolution skills -chatting -increased confidence in dealing with providers, declining patients -management of patient behavior (specific to opioid dependent patient), -death and dying	-increased job satisfaction	None identified
Mentor	-positive experience -increase in confidence -validation of skills and contributions	-opportunity to guide others, -sharpened listening skills	-increased ability to be approachable	-when goals were unmet -challenges making connection with mentee -paperwork

Table 4

Themes from Meeting Minutes

Themes	Meeting Logistics	Professional behaviors	Practice Environment	Challenges
Meeting minutes	-manageable in the pilot, may need other methods if group expands	-money is not a driver for the mentors	-validation of the need for support in the environment -contribution to the profession is the main driver	Coordination of connection between mentor/mentee “documentation of sensitive discussion points” -when to elevate versus confidentiality -personality challenges

The overarching themes for the mentor and mentee revolved around increased self-awareness and enhancement of professional behaviors for both groups. Validation of feelings related to shared experiences through the reflective practice techniques helped to build trust and establish relationships of mutual respect and trust for both groups. For the mentee, sharing **of** experiences reinforced their skills sets and abilities. For the mentor, these shared experiences enhanced their self-confidence to function as subject matter experts who have a value to contribute to the practice environment and to the profession.

Challenges were identified in the areas of relationship building. The brief length of the pilot made it difficult to assess the relationship development that could occur over the course of the one-year agreement. As a function of this pilot program, mentors and mentees were paired by the mentor program coordinator. However, mutual selection between mentor and mentee has been identified as a better practice (Huybrecht, Loeckx,

Quaeyhaegens, Tobel, & Mistiaen, 2011). Due to the nature of shift work, some mentor/mentee teams worked different shifts, making it difficult for the two to connect.

Another challenge was around the completion of the paperwork. Mentors were required to complete meetings notes and submit them in order to receive the mentor stipend. There was feedback that there was a lack of comfort to disclose what could be considered sensitive information on the meeting notes to be reviewed by others as the mentors questioned whether this could be considered a confidentiality breach. Completion of a form was also seen as a barrier to healthy discussion in certain instances.

The process evaluation at the 3-month mark supported the need for ongoing support of the novice nurse as they transition into the practice environment. The residency program provided the content and helped set expectations for future practice. The work of the mentor program added to this program by evaluating outcomes of practice experiences and building confidence in the new nurse's skills.

Another key issue emerging from the findings revolved around the opportunity to engage experienced nurses and support them as they re-commit to the beliefs that first brought them to the nursing profession. Money was noted not to be a driver for this group. Although they were excited to know their expertise was valued enough for them to be paid, they did not see that as the reason to be a mentor.

Implications

Development of mentoring skills and behaviors holds value for nurses in all roles at all levels of an organization. The ability to function as a role model for other practitioners provides continued growth and development opportunities for the mentor

and establishes the need for that continued growth as a norm in the practice environment. According to (Huybrecht, Loeckx, Quaeysaegens, Tobel, & Mistiaen, 2011), those who are mentored are likely to become mentors. This ongoing transfer of energy, validation and love for the profession of nursing could help mitigate some of the out migration of this profession.

The development of mindfulness and reflective practice hold value to the nursing profession at large and are contributors to positive social change. Mindfulness trains nurses to be present even in the difficult and challenging situations, and to be intentional to examine how they are affecting them in the moment to better cope and accept them, without judgement (Bernstein, 2019). This supports a more positive practice environment, which can impact quality of care delivered to patients.

Reflective practice nursing is defined as a process where nurses review and analyze both what they know and what they actually experience to learn from both (Parissopoulos, 2019). In their review of the literature, Choperena, et.al, (2018) found that reflecting and discussing experiences contributed to the development of both competence and wisdom.

Moving forward, the continuous development of the practice environment is part of the organizational climate. There is a new simulation lab that is opening for the purpose of developing nursing skills and expertise to enhance clinical bench strength. The nursing division subscribes to Jean Watson's Caring Theory as a pillar of the nursing professional practice model. As a part of the incorporation of this theory into practice, thoughts and behaviors are seen as a part of a greater whole. It focuses on the need for

self-care as a part of the ongoing evolution of the caring environment (Caruso, Cisar, & Pipe, 2008). The mainstays or “caritas” of Watson’s theory are listed below.

1. Practice of loving-kindness and equanimity within context of caring consciousness.
2. Being authentically present, and enabling and sustaining the deep belief system and subjective life world of self and one-being-cared-for.
3. Cultivation of one’s own spiritual practices and transpersonal self, going beyond ego self.
4. Developing and sustaining a helping-trusting, authentic caring relationship.
5. Being present to, and supportive of the expression of positive and negative feelings as a connection with deeper spirit of self and the one-being-cared-for.
6. Creative use of self and all ways of knowing as part of the caring process; to engage in artistry of caring-healing practices.
7. Engaging in genuine teaching-learning experience that attends to unity of being and meaning attempting to stay within other’s frame of reference.
8. Creating healing environment at all levels, physical as well as non-physical, subtle environment of energy, and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentiated.
9. Assisting with basic needs, with an intentional caring consciousness, administering “human care essentials,” which potentiate alignment of mind-body-spirit, wholeness, and unity of being in all aspects of care tending to both embodied spirit and evolving spiritual emergence.

10. Opening and attending to spiritual-mysterious, and existential dimensions of one's own life-death; soul care for self, and the one-being-care-for.

The environment cultivated by the nurse mentor program supports these guiding principles.

Recommendations

Recommendations from the findings in the evaluation of the mentor program pilot are:

- Continue the program for all nurse residency attendees.
- Merge the mentor program with the orientation, preceptor and nurse residency programs to ensure efficiency and prevent redundancy.
- Expand this program to include all new nurses who enter the organization.
- Develop a method to promote mutual selection opportunity for mentor/mentee partnerships.
- Develop strategies/processes to reduce the challenges around communication by the creation of an app that users can access within the organization to select their program partner and facilitate easier meeting connections.
- Consider creation of a nursing lounge to provide a physical environment that promotes the time for reflection and self-care.
- Consider the development of nursing salons. A nursing salon, as created by Marie Manthey, is a gathering of nurses to have a conversation about nursing and the experiences they share for the purpose of connection and fellowship (Belcik, 2017).

- Consider a formal mentor program for nursing leaders.

Strengths and Limitations of the Project

Table 5 depicts the strengths and limitations of the project.

Table 5

Strengths and Limitations of the Mentor Program

Strengths	Limitation
<p>-Low start-up costs. Aligns and supports initiatives that the organization holds as priority. Example are Magnet designation, the novice nurse residency program and the Simulation Lab.</p> <p>-Informs opportunity to enhance and grow founding principles like the Mission, Vision and Values.</p> <p>-Provision of this type of program is not confined to nursing. The program is easily replicable for other disciplines such as therapy and case management.</p> <p>-Uses experienced staff, validating their contribution and value to the organization.</p> <p>-Supports the Institute for Healthcare's recommendation to include a 4th Aim to the Triple Aim of Providing high-quality, patient-centered care at a low cost. The 4th is described as focusing on caregiver wellness and resilience (Johnson, 2019).</p>	<p>-Short pilot makes sample size too small to validate findings</p> <p>-No mutual selection between mentor and mentee could have been a barrier</p> <p>-For many of the mentors, this was their first exposure to reflective practice and mindfulness. This perhaps caused the mentors some degree of stress.</p> <p>-Long term measure will be the turnover rate of novice nurses. There might be more qualitative measures to be considered such as re-engagement of the experienced staff.</p>

Section 5: Dissemination Plan

Introduction

The results of the evaluation of the mentor program pilot will be presented to all involved stakeholders in the organization. Initially, the results were shared with the senior vice president of nursing. After that, results will be shared with the mentor program coordinator, to the nursing leadership group and finally to the mentors themselves.

This project informs future nursing practice as it has clear potential to impact how we think about the importance of caring for those who provide care and how the nursing practice environment supports (or doesn't support) that caring. The creation and maintenance of a healthy and therapeutic practice environment is the responsibility of the nursing profession. Development of formal mentorship programs will support this goal. The intent will be to publish this work in a peer-approved journal.

Analysis of Self

The evolution of this project has challenged my thinking about nursing both as care giver and care receiver. Having been a nursing leader for over thirty years, I have observed and experienced the joy and the pain of nursing both in self and in others. The privilege and burden of being a part of the lives of others at their most vulnerable times can be one of the greatest gifts and lenses of perspective that this life has to offer.

This project has helped me understand that there are things that can be done, both preventively and in response to these experiences to build hardiness and resilience in us

so that we may continue to care for those we serve. My belief in the power of mentorship and humility has been validated and supported in the literature and by the unfolding of the findings in this project! My long-term professional goal is to have a role in the development of other nursing leaders in their ability to coach and mentor resiliency in the nurses they serve. It is my hope to achieve this goal in three ways: a) to achieve a formal position as a nursing educator, b) creation of consultative role as a resilience mentor for nurse leaders to market to my and other organizations, and c) development of a platform to promote mentorship for nursing leaders.

The completion of this project marks a professional as well as personal milestone in my life. The experience of scholarly inquiry has proved to be an uplifting and validating journey. Having the privilege of synthesizing the work of other professionals with my own ideas has given me cause to continue this important work for the greater good of the profession that I have grown to cherish so much.

Summary

In conclusion, the processing of the experiences of nursing is just as much a priority to the development of a capable nursing workforce as any clinical skill that is acquired. Learning from these experiences can only happen as a result of critical thinking combined with reflection (Parissopoulos, 2019). This type of cognitive process allows for the opportunity to translate the experience into learning that can be applied in order to capably respond in future situations. This begins the journey to the development of behaviors and practices that will span a lifetime of capable, rewarding practice. Mentorship guides and informs this critical, reflective thinking. Mentorship will not just

happen. It needs to be cultivated, nurtured and developed as a mandatory “rite of passage” for nursing at all levels.

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