Implementation of a Mentorship Program to Increase New Nurses Intent to Stay

Genoa Vaughn

Touro University

Course Title: In partial fulfillment of the requirements for the Doctor of Nursing Practice

Dr. Tracey Johnson-Glover, DNP, MSN-Ed, RN

December 20, 2024

Abstract

Many nurses are leaving the field of nursing altogether, with some being in their first year of nursing (Gularte-Rinaldo et al., 2023). Research has shown that implementation of a mentorship program increases new nurses' intent to stay on the job (Jung & Kim, 2024; Zhang et al., 2019). Mentorship programs provide mentors and mentees with professional growth, increases knowledge, skills, morale and sense of purpose (Gayrama-Borines & Coffman, 2021). These all add up to higher quality nurses and increased safety and quality care for patients. The reviewed literature encompassed studies that employed various research methodologies, such as qualitative, mixed methods, longitudinal, descriptive correlational, survey, pilot studies, literature review, and structural equation modeling. Using the Association of MedSurg Nurses' mentorship program as a guideline, a mentorship program was implemented through the Valley Health System Education and Training center. There was a total of 13 mentees and 7 mentors that participated in the 4-week abbreviated program with the expectation that the mentors and mentees would meet twice a week to discuss goals, topics, issues, accomplishments during the week and to set new goals for the next week. This mentorship program project has attempted to show the benefit of such a program in assisting nurses in their transition from student to floor nurse or for nurses transitioning to new specialized areas in nursing. The next step is to trial the mentorship program for six months at the same project site to gather data that would support the implementation of a mentorship program, pending administration approval.

*Keywords m*entor, mentee, mentorship, mentorship program, new nurses, nurse retention

Implementation of a Mentorship Program to Increase New Nurses Intent to Stay

There currently needs to be more nurses in healthcare systems globally and locally (Sommers, 2024). Elevated turnover rates have been observed within the emergency rooms (ER). Transitioning from a novice to an experienced nurse takes time. It is difficult and stressful due to a lack of essential clinical skills, such as managing patients and being made aware of the guidelines and customary procedures governing a particular situation or activity. Moreover, there are heavier patient loads due to staffing shortages (Xiao-Chen et al., 2024). Novice nurses often feel disillusioned by the inadequate availability of experienced nurses to provide the support they need. When these new nurses transfer to other units from the ER or go to a different hospital, it worsens the situation and affects patient care and patient safety causing higher healthcare expenses due to the constant loop of hiring and training new staff in the ER.

Mentorship programs offer significant support to new nurses, aiding in their adjustment to the organization's culture, development of necessary skills, and increasing job satisfaction and intent to stay (Anderson, 2024). A structured mentoring program not only benefits individual nurses but also contributes to the establishment of a strong nursing team (Miller et al., 2020).

The Academy of Medical-Surgical Nurses (AMSN) developed a mentorship program to address the issues listed above. “The program contains guidelines and tools for the mentor, mentee, and site coordinator” (Academy of Medical-Surgical Nurses [AMSN], 2024). These guidelines will be used for the implementation of this mentorship program.

A visual diagram was utilized to illustrate the scope of this problem through a SWOT analysis (see Appendix A).

Project Question

Would the Implementation of a mentoring program increase new nurses' intent to stay in the ER?

PICO

P: Mentors and mentees in the Emergency room.

I: Implementation of a mentoring program for new nurses.

C: Currently no mentoring program is in place.

O: New nurses will have an increased intent to stay withing 4-5 weeks.

Search Methods

The literature search was conducted using a comprehensive range of databases, including PubMed, PubMed Central, DOAJ Directory of Open Access Journals, MEDLINE, Nursing and Allied Health Database, CINAHL, and EBSCOhost. The search terms used were carefully selected to ensure the relevance of the retrieved articles, focusing on 'mentors', 'mentorship programs ','retain nurses', 'nurses' intent', 'nurse mentorship program effectiveness ','impact of mentorship on nurse retention ','mentorship AND nurse staff turnover ','nurse job satisfaction AND mentorship', 'history of mentorship in nursing', and 'mentorship influence on nurses career longevity'. With those search terms a total of 169 articles were reviewed and out of those, 19 articles were chosen for this study. The inclusion criteria included acute care hospital settings, studies that implemented or reviewed mentorship programs, a practice guideline of a mentorship program, articles focused on nursing retention, and articles within the last 5 years, peer reviewed and in English. Exclusion criteria included studies of student mentorship programs, nurse residency programs, long-term care facilities and articles older than 5 years and non-English.

Review of Study Methods

The themes identified from the research methodologies align with the DNP project scope. The reviewed literature encompassed studies that employed various research methodologies, such as qualitative, mixed methods, longitudinal, descriptive correlational, survey, pilot studies, literature review, and structural equation modeling. All these studies are pertinent and align with the overarching theme of the DNP Project: mentorship programs increase the new nurses' intent to stay in the ER.

Review Synthesis

The themes of the literature reviewed collectively underscore the significance of mentorship within the nursing profession. It not only enhances professional growth and facilitates transitions but also promotes retention and fosters a positive work culture. Research has demonstrated that mentorship is crucial and leads to increased job satisfaction, lower turnover rates, and a culture that values evidence-based practice. The studies reviewed indicate that effectively designed mentorship initiatives can substantially impact novice and seasoned nurses, particularly in demanding situations such as those experienced during a public health crisis like a pandemic. The successful execution of these initiatives necessitates thoughtful deliberation regarding the dynamics of the mentor-mentee relationship, the adequacy of the support infrastructure, and the conformity with the strategic objectives and standards of the organization.

Precepting and role modeling served as primary means of career guidance within nursing in the past. Both students and nursing professionals commenced incorporating mentorship practices as vital for facilitating and enhancing career advancement. A comprehensive body of literature,

scholarly research, guidance from mentors, educational initiatives within academic institutions, healthcare facilities, professional organizations, and online environments offer students and entry-level nursing professionals' access to valuable information and mentorship opportunities. In nursing, mentorship manifests in various capacities throughout an individual's career trajectory. It encompasses relationships between students and educators, seasoned professionals, and recent graduates and extends beyond mere skill acquisition to encompass a more profound affiliation. Mentoring entails established nurses dedicating time and other assets to nurturing and advancing the professional growth of novices (Mijares & Radovich, 2020). The research affirms that personalized mentorship significantly aids in the retention of recently graduated nurses, especially within their initial year of practice (Zhang et al., 2019).

Addressing the Problem with Current Evidence

The current evidence used was from studies using structural equation modeling, cross-sectional descriptive studies, reviews of mentorship programs, pilot studies, concept analysis, descriptive-correlational research, longitudinal, non-randomized control study, evidence-based practice project, and group interviews.

Turnover rates and intent to stay

Persistent challenges such as burnout, depression, and elevated levels of job discontentment persists within the nursing profession (Melnyk et al., 2021). New nursing graduates feel inadequacy and uncertainty because they lack experience and may doubt their ability to handle new responsibilities (Mitchell & Maykut, 2021). Literature supports mentorship programs to enhance retention rates by providing guidance and support, potentially impacting novice nurses' determination to stay within the profession (Gularte-Rinaldo et al., 2023). Structured mentorship programs cater to the professional growth requirements of new nurses to

enhance job contentment and employee retention within the nursing team (Mijares & Radovich, 2020). Mentorship programs offer support and encouragement using various strategies and institutional support, which help reduce the likelihood of turnover among millennial nurses. These factors enable millennials to persevere in their positions despite challenges (Jung & Kim, 2024). Support and guidance that nurtures their passion and commitment (Krofft & Stuart, 2021) provided through mentoring helps new nurses develop a solid professional identity, which is essential for long-term career commitment and growth (Gularte-Rinaldo et al., 2023). Mentorship programs improve the capacity of new nurses to stay engaged in their profession (Krofft & Stuart, 2021). Recent nursing graduates frequently encounter a phenomenon known as "reality shock" upon embarking on their professional careers, navigating substantial stress as they transition from student to registered nurse (Zhang et al., 2019, pg 1). The elevated turnover rate among recently graduated nurses incurs higher human resource expenditures and exacerbates nurse shortages, a global concern (Zhang et al., 2019). A supportive environment through mentorship is critical in reducing turnover intention and enhancing job satisfaction (Gularte-Rinaldo et al., 2023). The research concludes that structured mentorship programs can positively impact the professional journey of newly graduated nurses, aiding in their transition to practice and encouraging them to stay in the nursing profession. The literature suggests that such programs are valuable investments for healthcare institutions aiming to retain skilled nursing staff (Gularte-Rinaldo et al., 2023).

Evidence-Based Practice

Research links the implementation of evidence-based practice (EBP) and the presence of mentorship with higher job satisfaction and retention, ultimately leading to a more robust and enduring nursing workforce (Melnyk et al., 2021). These themes underscore the importance of

creating a supportive atmosphere that fosters EBP and mentorship to enhance nurse job satisfaction and retention, ultimately leading to a more robust and enduring nursing workforce (Melnyk et al., 2021). Emphasizing EBP as a guiding principle for providing support and guidance to new nurses helps them develop their skills and knowledge and instills confidence and job satisfaction (Krofft & Stuart, 2021).

Mentor-Mentee Relationship

Mentors play a crucial role in fostering the professional growth of recently graduated nurses. They possess significant expertise and clinical acumen in a particular field, demonstrating advanced nursing skills and experience (Gayrama-Borines & Coffman, 2021).

The mentor-mentee relationship's effectiveness significantly influences the mentorship program's outcome, impacting the mentees' professional growth and contentment (Gularte-Rinaldo et al., 2023). Studies indicate that proficient mentorship significantly influences the successful incorporation of evidence-based practice (Melnyk et al., 2021). Olaolorunpo (2019) discusses the six attributes of a mentoring relationship. They are role models, nurturing, friendship, experienced people, regular meetings, and endurance. The mentorship dynamic benefits both individuals, providing the mentee with increased support and empowering the mentors. Gayrama-Borines and Coffman (2021) observed a notable enhancement in teamwork and morale throughout the unit with the Implementation of a mentorship program. Anderson (2024) examines five fundamental elements within the mentorship dynamic:

- The new employees are in the process of acquiring knowledge of how to deliver high-quality care.
- The mentor provides cognitive and emotional support to the mentee as they gain knowledge.

- They engage in professional development and receive guidance from mentors who exemplify institutional expectations.

This arrangement is mutually beneficial for both the employees and the organization. A proficient mentoring program is a valuable resource for providing instruction, advocacy, motivation, encouragement, leadership demonstration, assistance, and guidance (Gayrama-Borines & Coffman, 2021).

Implementation of a Mentorship Program

The importance of a mentorship program has been shown to have positive effects on new nurses' intent to stay, using EBP, which directly affects quality patient care and safety (Melnyk et al., 2021). Implementation of a mentorship program can follow different models. Kroft and Stuart (2021) used the Academy of Medical-Surgical Nurses (AMSN) mentoring program, providing step-by-step instructional material for the coordinator, mentors, and mentees. Gayrama-Borines & Coffman (2021) used Patricia Benner's theory as a framework because the nurses in their study transferred to the Emergency Department were considered novice nurses in this area. Gularte-Rinaldo et al. (2023) reviewed using the Be1Support1 mentorship program. Mijares and Radovich (2020) used a theoretical framework comprising three types of mentoring interactions: task-orientated, interactive, and transformative mentoring based on Wagner's caring mentorship model. The takeaway is that it did not matter which approach was taken for the mentorship program; the outcome was the same: mentorship programs delivered positive results for new graduate nurses.

Project Aims

The objective of the mentorship program is to enhance the intention of new nurses in the Emergency Room to remain in their positions, thus leading to a reduction in retention rates.

Project Objectives

In the timeframe of this DNP Project, the host site will:

1. Trial an evidence-based mentorship program with 5 mentors and 10 mentees for the ER Internship program.
2. Provide mentors and mentees with guidelines for the program.
3. Provide and collect a mentorship evaluation tool prior to implementing the program.
4. Reach a 60% satisfaction and intent to stay rating from mentees utilizing the post mentorship evaluation tool after the 4-week period.
5. Complete the evidence-based mentorship program in 4 weeks.

Implementation Framework

The implementation framework utilized for this project is the IOWA model for evidence-based practice projects. The model has been applied to this project through the visual diagram located in Appendix B.

Population of Interest

The direct population will be the nurses and mentors directly involved in the mentorship program and ER physicians, managers, clinical supervisors, and other nurses in the department. The indirect population would be patients and their family members.

The program will include 5 mentors and 10 mentees. The mentors will include experienced registered nurses with at least 2 years of clinical experience and the mentees will include registered nurses within their first year of nursing working in the ER. This project will not include LPNs or CNAs in the ER, nurses that are not proficient in English, nurses working in departments other than ER and nurses with more than 1 year of experience.

Setting

The project will be executed at The Valley Health System Education and Training Center (VHS E&TC) located in the southwestern region of Las Vegas within a commercial complex adjacent to highway 215. There are two nursing schools in the same complex, Arizona College and Las Vegas College. The training center is situated within the premises of the building's ground floor. The training facility includes four computer rooms with a combined capacity to accommodate up to 60 individuals across these rooms, along with four classrooms, one of which is equipped with simulation capabilities. The educational offerings available at the training center cater to the workforce of the Valley Health System, encompassing six Acute Care Hospitals as well as seven freestanding Emergency Rooms. The inaugural information session and initial questionnaire will be conducted in one of these designated classrooms and will be scheduled during one of the educational sessions within the ER residency program. The practice facility utilizes electronic health records (EHR). The emergency room has experienced a pronounced impact from elevated levels of staff turnover among newly hired nurses.

Stakeholders

Key stakeholders include Chief Nursing Officers (CNOs) who are responsible for directly overseeing the monitoring and reporting processes related to turnover rates within nursing departments. They also play a crucial role in enhancing the quality of patient care, implementing nursing policies and initiatives, as well as managing nursing budgets and staffing levels. The CNO will not have a direct role in the project but will be affected by the outcomes related to retention of staff.

The Regional Director of Education exercises direct oversight of all academic operations managed by the training center. The director works in close partnership with the Chief Nursing Officers (CNOs) to ascertain the educational needs of the hospitals. The director bears responsibility for overseeing all educational activities offered by the training center, thus engaging actively in the design and execution of educational initiatives and curricular frameworks. As a member of various college governing boards, she possesses the capability to discern and address the requirements of both hospitals and colleges, thereby facilitating the development of programs that cater to the needs of both entities. A notable proportion of the recruited nursing staff originates from the nearby educational institutions. The director places a high value on both student retention and the delivery of quality education. She will mentor two of the new graduates in the project.

Directors of nursing (DON) at the hospitals oversee duties such as scheduling to maintain appropriate staffing levels across departments, developing clinical policies, ensuring compliance with regulations, and fostering employee growth. The DON will not have a role in the project but will be affected by the results as it relates to the retention of staff.

The ER Residency Program Coordinator bears direct accountability for maintaining the educational standard of the program through the development of a curriculum tailored to the requirements of emergency rooms while safeguarding patient well-being. The coordinator conducts observational visits at the hospital emergency rooms, providing them with a direct understanding of the obstacles encountered by the healthcare personnel. The ER Residency Program Coordinator bears direct accountability for maintaining the educational standard of the program through the development of a curriculum tailored to the requirements of emergency rooms while safeguarding patient well-being. The coordinator regularly carries out observational

visits to hospital emergency rooms, allowing them to gain firsthand insight into the challenges faced by healthcare staff. Addressing the needs of the employees can significantly impact retention rates, productivity levels, and the delivery of safe, high-quality patient care. She will help with recruiting mentors and mentees for the project and act as a mentor for two of the new grads.

The Emergency room director is actively engaged in overseeing the recruitment, training, and assessment of ER personnel. Additionally, they develop educational programs and oversee the advancement and efficiency of the training. Their duties include overseeing patient care, staffing, productivity, and retention, all of which are integral to ensuring the efficient operation of the emergency room. She will act as a mentor for two of the mentees.

The mentors play a pivotal role in the implementation and success of the mentorship program. They are tasked with facilitating communication between the mentee and program coordinator, as well as participating in meetings to establish goals, conduct evaluations, and offer feedback. They serve as a primary source of assistance, offering moral encouragement, direction, and counsel (Academy of Medical-Surgical Nurses [AMSN], 2012)

It is imperative for the individual seeking guidance (the mentee) to engage in regular communication with both the mentor and program coordinator. It is expected that they will participate in all scheduled meetings and fulfill all designated assessments and evaluations as stipulated (AMSN, 2012).

Interventions

The planning project team will consist of the Regional Director of Education at the project site, ER Residency program coordinator, and the project coordinator. They all will act as mentors to the project, assisting with development, implementation, and evaluation. The initial

team meeting will take place the week before the start of the project at the VHS Education and Training center to discuss the interventions, timelines and expectations of the project as outlined in the AMSN mentorship program guidelines.

Next there will be a meeting with the mentors at VHS E&TC the week prior to the implementation of the project to discuss the AMSN mentor handbook which includes guidelines and expectations. During the final portion of the meeting the mentors will be given the mentoring meeting agenda to complete for the bi-weekly meetings with mentees and submit to the DNP project lead. They will also be asked to provide their contact information to the project lead.

The team will meet with the mentees the week prior to the implementation of the project to provide orientation to the Mentorship program using the AMSN mentee handbook which covers guidelines and expectations. The mentees will be given the Intent to Stay in the Job Survey which will be collected by the DNP lead, along with their contact information. Following this meeting, mentees will be paired with their mentors based on the team's assessment of suitable matches. The contact information of each mentor/mentee partnership will be shared with one another. The mentorship program will commence and at the end of weeks 1, 2, and 3 the DNP lead will reach out to each participant to assess how the team is managing. At the end of the 4^{th} week the Intent to Stay in the Job Survey, Assessment of the Relationship with the Mentor/Mentee Form and the Mentoring Program Satisfaction Survey will be completed and turned into the project lead. At the end of the implementation period, the intent to stay in the job survey will be evaluated to determine if the objectives, as described above, have been met. The Sim Lab meeting area has been reserved for these days to collect the questionnaires.

Intervention Tools

Site coordinator guidebook

The AMSN validated site coordinator guidebook (Appendix E) provides a comprehensive overview of the AMSN Mentorship program. The guidebook provides the DNP project lead with descriptions of the role as well as the assessment questionnaires and timeline checklist. AMSN does not require permission to use the handbooks.

Mentee Guide

The AMSN validated mentee guide (Appendix F) provides an overview of the AMSN Mentorship program. It provides directions, guidelines for meeting with the mentor, assessment questionnaires, and helpful tips for success in the mentorship program.

Mentor Guide

The AMSN mentor guide (Appendix G) provides an overview of the AMSN mentorship program. Instructions for working with a mentee including tips for successful mentoring, reflections of how it was to be a new nurse, guidelines for meeting with the mentee, including what questions to ask and assessment questionnaires.

Intent to Stay in the Job Survey

The mentee will complete the 15-question survey (Appendix H) both before and after participating in the mentorship program. It will be utilized to assess whether there has been a rise in individuals' intent to remain in their current roles.

Assessment of the Relationship with the Mentee/Mentor Form

The 25 and 24, respectively, question survey (Appendix I and J) is designed to assess the relationship of the mentee and mentor. Completing this questionnaire will be beneficial at the

end of the 2nd week to determine how the relationship is progressing. If it is not going well, this is an opportunity to make necessary changes.

Mentoring Program Satisfaction Survey for the Mentee and Mentor

This study incorporates two surveys, consisting of 13 and 9 questions respectively (refer to Appendix K and L), in order to gather insights on the Mentorship program as perceived by both mentors and mentees.

Mentoring Meeting Agenda

The aim of the AMSN creating this agenda (Appendix M) is to provide a structured outline that will help direct and frame the discussions that will take place during the weekly meeting between the mentor and mentee. The DNP lead will collect the agendas in person or via email each week from the program mentors.

Ethics/Human Subjects Protection

Individuals participating in this study will be specifically chosen from those who have willingly volunteered from both the emergency room (ER) residency program and the ER leadership team. Participants will not receive any form of remuneration for their involvement. The DNP project lead will have exclusive access to participants' questionnaires and the questionnaires will be scanned and saved in a password protected file. The originals will be put in a locked shred bin for disposal at the end of the implementation period.

This project does not involve human subjects, therefore there is no requirement for oversight by an Institutional Review Board (IRB).

Plan for Data Collection

AMSN offers resources that will be employed for the purpose of gathering data. The validity of the tools has been established through a previous research study, and their usage does not necessitate explicit authorization.

Process Evaluation

The preliminary surveys will be administered face-to-face at the educational facility a week before commencing the project. An email reminder will be dispatched to both mentees and mentors on a weekly basis each Sunday to remind of the timely submission of completed survey responses, questionnaires, and assessments. Evaluation each week will consist of reviewing the Mentoring Meeting Agenda for the Bi-Weekly meetings. At the end of Week 2 and Week 4, review the Mentoring Program Satisfaction Survey (completed by both the mentor and mentee) and the Assessment of the Relationship with the Mentee/Mentor.

Outcome Evaluation

Provide and collect a mentorship evaluation tool prior to implementing the program

The mentees will complete an Intent to Stay in the Job survey prior to implementing the program. The results from this survey will be compared to the responses from the post mentorship program survey.

Reach a 60% satisfaction and intent to stay rating from mentees post mentorship program

The mentees will complete an Intent to Stay in the Job survey post mentorship program. The responses from this survey will be compared to the initial responses from the pre-implementation survey.

Participant Confidentiality and Data Protection

Participant's information will be scanned and filed in a password protected computer file and the originals will be placed in the locked shred bins. The shred bins are in the copy room at the Valley Health System Education and Training Center. The administrative assistant is the only person that has a key to the shred bin which is kept locked in her desk drawer in a locked office. Once the data is scanned the forms will immediately go into the shred bin. The scans will go directly to the project coordinator's locked file.

Plan for Data Analysis

Table 1

Project Objectives: (paste project objectives from DNP Project I here)	Planned data collection approach to achieve objective (if applicable)	Planned data analysis approach (if applicable). Choose option a, b, c, or d (listed below)	Data analysis software: SPSS, Excel, statistician (please list)
Objective 1: Trial an evidence-based mentorship program with 5 mentors and 10 mentees for the ER Internship program.	N/A	N/A	N/A
Objective 2: Provide and collect a mentorship evaluation tool prior to implementing the program	The mentees will complete an Intent to Stay in the Job Survey	N/A	N/A
Objectives 3: Reach a 60% satisfaction and intent to stay rating from mentees utilizing the post mentorship evaluation tool after the 4-week period	The mentees will complete an Intent to Stay in the Job Survey post Mentorship Program	Option A – Paired t-test	SPSS

Analysis of Results

There was a total of 6 participants that completed the Intent to Stay in the Job Survey. A paired-samples t-test was conducted to evaluate if the implementation of a mentorship program would increase new nurses' intent to stay (ITS). Because of the lack of interest in the mentorship program the requirements had to be broadened to include nurses that were new to the critical care area. There was not a statistically significant increase in the ITS scores from before the mentorship program (M = 90.17, SD = 10.65) to after the mentorship program (M = 88.33, SD = 8.64), $t(5) = .42$, p .694 (two-tailed). The mean increase in the ITS scores was 1.83, with a 95% confidence interval ranging from -9.48 to 13.14. There were no assumption violations with independence, random sampling or level of measurement (Pallant, 2020). There were no statistical violations. The sample size of 6 was too small to provide enough evidence to support or reject a mentorship program.

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Before	90.17	6	10.647	4.347
	After	88.33	6	8.641	3.528

Paired Samples Correlations

	N	Correlation	Sig.
Pair 1	Before & After	6	0.391	0.444

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference Lower	Upper			
Pair 1	Before - After	1.833	10.778	4.4	-9.478	13.144	0.417	5	0.694

Paired Samples Effect Sizes

			Standardizer[a]	Point Estimate	95% Confidence Interval Lower	Upper
Pair 1	Before - After	Cohen's d	10.778	0.17	-0.645	0.969
		Hedges' correction	11.68	0.157	-0.595	0.894

a. The denominator used in estimating the effect sizes.
Cohen's d uses the sample standard deviation of the mean difference.
Hedges' correction uses the sample standard deviation of the mean difference, plus a correction factor.

Due to the schedule for the ER Residency program and no volunteers at that time for the mentorship program, the implementation of the mentorship program was delayed by one week. Volunteer nurses were from the ICU/IMC internship program and eventually, two volunteers joined from the ER Residency program and was expanded to include those nurses that were new to critical care. The first week, conducted at the VHS Education & Training center, had to be modified to combine orientation of mentors and mentees, completion of mentorship questionnaires and surveys, introduction of mentors and mentees, establish schedules for bi-weekly meetings, exchange of information and start the first week of mentorship. See Appendix O for the updated timeline.

There was no missing data because the surveys utilized for data analysis were from the 6 participants that returned the post-surveys. These included the 2 nurses from the ER Residency program and 4 from the ICU/IMC internship program. Of these 6, 3 were in their first year of nursing, 1 was new to Critical Care and 2 were new to working in an acute care hospital setting.

Summary

The mentorship program offers a comforting support system to frontline staff, particularly to nurses who may have felt uncertain about their decision to transition to a different department. The program, initially designed for new ER nurses, was later extended to new nurses in critical care (CC), including both new graduates and those new to CC. The relief of having someone to confide in, who is not directly associated with their unit, helped them feel they could speak more openly and honestly about their feelings, which is the only way to get help specific to their needs. Mentors were from the education department at the VHS Education & Training Center and each of them had significant critical care experience.

Mentors play a crucial role in alleviating the stress and anxiety that often accompany a new role. Using the principles of Patricia Benner's Novice to Expert Theory, the strength of the mentorship program was that the mentors could help the mentees assess their strengths and weaknesses and implement a plan to work on those areas of weakness. The mentees received support and instruction on handling time management, communication skills, anxiety, and stress, which are issues for inexperienced nurses. Some of the mentees expressed improvement in their overall outlook as a new nurse. One of the mentees stated, "She helped me believe in myself and encouraged me to enjoy the process of learning during this time in my career." "After our first meeting, I felt a sense of relief and I actually had a good night's sleep". The ability to be able to learn from the experiences of the mentors was invaluable. Mentees said that "it was a huge comfort knowing that someone else had been through similar challenges and came out stronger." One mentee commented, "The support I received helped me shift my perspective, focusing less on perfection and more on growth, which has made a big difference in how I approach each day." Even though the numbers did not show much of an increase in intent to stay, the emails I received from the participants showed that the mentorship program had a profound impact on the mentees and increased their intent to stay.

One of the weaknesses of the project was the short timeframe. Some of the mentors and mentees are continuing to work together. The nurses all work in either ER or ICU residency programs, so their schedules were very busy. Meeting twice a week was challenging for most of the mentors/mentees because of their busy schedules. One pair never made a connection, either due to technological issues with their phones or labile responses via text. Because of the scheduling conflicts, there was no final meeting with everyone, as planned.

The mentorship program from the Academy of Medical-Surgical Nurses (AMSN), was not specifically designed for ICU and ER nurses. Those adjustments should have been made prior to implementation of the mentorship program. Valuable information could have been given to the mentees with the amendments.

Interpretation

The literature used for this project has confirmed that the presence of mentorship programs leads to increased job satisfaction and an intent to stay on the job (Jung & Kim, 2024). Creating a supportive environment through mentorship is highlighted as a key element in reducing turnover intention and enhancing job satisfaction. It is valuable to help nurses adjust to their transition from student to bedside nurse and those transitioning to different units. The responses to the mentorship program show that mentorship addresses professional development needs, which can increase job satisfaction and retention among nursing staff (Gularte-Rinaldo et al., 2023; Mijares & Radovich, 2020). New nurses often experience "reality shock" when entering the workforce and face significant stress during the transition from student to professional nurse (Zhang et al., 2019). Studies have shown that one-on-one mentorship during the first year of nursing is highly beneficial. It helps develop a strong professional identity, which is essential for long-term career commitment and growth (Gularte-Rinaldo et al., 2023). The quality of the mentor-mentee relationship was a critical factor in the program's success that affected the mentee's professional development and satisfaction (Gayrama-Borines & Coffman, 2021). This suggests that such programs can be an effective strategy for supporting nurses, especially transitioning into high-stress areas like the emergency room and critical care.

The project has had a positive impact. The next step is to trial the mentorship program for six months at this same location to hopefully gather data that would support the implementation

of a mentorship program, pending administration approval. The mentors who were involved want to continue mentoring new nurses. The statistical outcomes were not as significant as anticipated. The post survey answers did not align with comments received weekly about the mentees' experience with the mentorship program. The assumed conclusion is that they did not remember their answers from the pre survey, which could represent a flaw in the questionnaire. With the future program participants will be given a copy of their pre survey to prevent this issue. The only cost associated with this project was printing the booklets. The mentors and mentees participating in this program did not receive any special compensation which was discussed during the initial presentation. Mentors and mentees met when mentees were at the training center for their ICU/IMC/ER residency programs and when not at work, in fact, off hours seem to work best for most. No meals or refreshments were provided to the mentees or mentors during their meetings. There will be a proposal to provide a small stipend for mentors to meet with mentees for lunch or coffee when the project is trialed the next time.

Limitations

The project had a timeframe of 4 weeks, which was not long enough to gather sufficient data to support the implementation of the mentorship program chosen to increase intent to stay. Because of the small window of time to overhaul the project and switch from the ER mentees to ICU and IMC mentees, and lack of volunteers, this was a limitation that could not be overcome.

The project was conducted with nurses that were new graduates, new to critical care and the acute care setting while they were completing orientation and internship programs. The original program design had the mentor and mentees meeting once a week during the 1-year program. To overcome the shortened amount of time for this project, mentors and mentees were asked to meet twice a week. Due to the mentees and mentor's schedules this proved to be difficult and most of

them only met once a week. Another factor was that the mentees had not been in their roles long enough to provide fair appraisal of how they felt about where they worked.

The AMSN mentorship program was designed and geared towards Med/Surg nurses. The mentor and mentee booklets should have been rewritten to provide information applicable to the roles of nurses in ICU, IMC, and ER. To overcome this oversight, the mentors all had significant backgrounds in critical care and emergency room nursing to assist the mentees with their concerns.

One major limitation with this project was having only 13 mentees and 7 mentors and only having 6 of those mentees turn in their post surveys. This limited the data collected for the post surveys.

The only area of bias was the assumption that only newly graduated nurses could benefit from a mentorship program. Nurses that transfer from a familiar clinical area to a new area could benefit from a mentorship program as well.

Conclusion

Hospitals clamor to find ways to increase retention scores and job satisfaction for nurses since many left the hospitals for travel nursing positions or retired altogether during COVID-19 (Gayrama-Borines & Coffman, 2021). It is important to find ways to not only recruit new nurses but retain them in all areas of nursing. A mentorship program is an ideal way to do both. Mentorship offers support to nurses in areas such as clinical competencies, interpersonal skills, and professional growth. This mentorship program project has attempted to show the benefit of such a program in assisting nurses in their transition from student to floor nurse or for nurses transitioning to new specialized areas in nursing. The long-term outlook for a mentorship program is dependent on mentors and mentees volunteering to be part of the program. Many

hospitals have clinical ladder programs that offer points for mentoring and for those that do not have it they can build it into their programs. This mentorship program could be added as an incentive to both the mentor and mentee.

Mentorship programs provide mentors and mentees with professional growth, increases knowledge, skills, morale and sense of purpose (Gayrama-Borines & Coffman, 2021). These all contribute to higher quality nurses and increased safety and quality care for patients.

The next step is to trial the mentorship program for six months at this same location to hopefully gather data that would support the implementation of a mentorship program, pending administration approval.

References

Academy of Medical-Surgical Nurses. (2012). *Mentoring program: Site coordinator guide*. AMSN Academy of Medical-Surgical Nurses. https://amsn.org/Education/Mentoring

Anderson, S. (2024). A nurse anesthesiology mentorship program: an evidence-based project for implementation. *AANA Journal, 92*(1), 57–62. https://www.proquest.com/scholarly-journals/nurse-anesthesiology-mentorship-program-evidence/docview/2927866468/se-2

Anderson, S., MBA, MSNA, CRNA. (2024). A nurse anesthesiology mentorship program: an evidence-based project for implementation. *AANA Journal*, *92*(1), 57–62. https://www.proquest.com/scholarly-journals/nurse-anesthesiology-mentorship-program-evidence/docview/2927866468/se-2

Barr, E., Craig, S. R., Smith, H., Jakubiak, M., & Sopp, T. (2023). A guided near-peer mentorship program for transitioning into clinical clerkships at a regional medical campus. *Journal of Regional Medical Campuses*, *6*(2). https://doi.org/10.24926/jrmc.v6i2.4926

Chiwaula, C. H., Kanjakaya, P., Chipeta, D., Chikatipwa, A., Kalimbuka, T., Zyambo, L., Nkata, S., & Jere, D. L. (2021). Introducing evidence based practice in nursing care delivery, utilizing the Iowa model in intensive care unit at Kamuzu central hospital, Malawi. *International Journal of Africa Nursing Sciences, 14,* Article 100272. https://doi.org/10.1016/j.ijans.2020.100272

Drennan, V. M., & Ross, F. (2019). Global nurse shortages-the facts, the impact and action for change. *British Medical Bulletin*, *130*(1), 25–37. https://doi.org/10.1093/bmb/ldz014

Gayrama-Borines, Z., & Coffman, S. (2021). Effectiveness of mentorship program in the emergency department. *Journal for Nurses in Professional Development*, *37*(2), 107–111. https://doi.org/10.1097/NND.0000000000000710

Gularte-Rinaldo, J., Baumgardner, R., Tilton, T., & Brailoff, V. (2023). Mentor respect study: A nurse mentorship program's impact on transition to practice and decision to remain in nursing for newly graduated nurses. *Nurse Leader*, *21*(2), 262–267. https://doi.org/10.1016/j.mnl.2022.07.003

Hanrahan, K., Fowler, C., & McCarthy, A. M. (2019). Iowa model revised: Research and evidence-based practice application. *Journal of Pediatric Nursing*, *48*, 121–122. https://doi.org/10.1016/j.pedn.2019.04.023

Hoover, J., Koon, A. D., Rosser, E. N., & Rao, K. D. (2020). Mentoring the working nurse: A scoping review. *Human Resources for Health*, *18*(1), 52. https://doi.org/10.1186/s12960-020-00491-x

IBM Corp. (2020). *IBM SPSS Statistics* (Version 27.0.1) [Computer software]. IBM. https://www.ibm.com/us-en/marketplace/spss-statistics-gradpack

Jung, S.-Y., & Kim, J.-H. (2024). The experience of good mentoring focused on overcoming turnover intention among millennial nurses. *Frontiers in Medicine*, *11*. https://doi.org/10.3389/fmed.2024.1288829

Krofft, K., & Stuart, W. (2021). Implementing a mentorship program for new nurses during a pandemic. *Nursing Administration Quarterly*, *45*(2), 152–158. https://doi.org/10.1097/NAQ.0000000000000455

Melnyk, B. M., Tang, A., Hsieh, A. P., & Gallagher-Ford, L. (2021). Evidence-based practice culture and mentorship predict ebp implementation, nurse job satisfaction for the ARCC model. *Worldviews on Evidence-Based Nursing*, *18*(4), 272–281. https://doi.org/10.1111/wvn.12524

Mijares, A. H., & Radovich, P. (2020). Structured mentorship and the nursing clinical ladder. *Clinical Nurse Specialist*, *34*(6), 276–281. https://doi.org/10.1097/NUR.0000000000000558

Miller, C., MSN, MPA, RN, CPHON, Wagenberg, C., EdD, Loney, E., MSN, RN, ACNPC-AG, OCN, Porinchak, M., BSN, RN, OCN, & Ramrup, N., MSN, RN, AOCNS, OCN. (2020). Creating and implementing a nurse mentoring program. *The Journal of Nursing Administration*, *50*(6), 343–348. https://doi.org/10.1097/NNA.0000000000000895

Mitchell, A., & Maykut, C. A. (2021). New graduate nursing retention in 2020: A multifactorial analysis. *International Journal for Human Caring*, *25*(1), 226–232. https://doi.org/10.20467/HumanCaring-D-18-00051

Olaolorunpo, O. (2019). Mentoring in nursing: A concept analysis. *International Journal of Caring Sciences*, *12*(1), 142–148. https://www.proquest.com/docview/2236687818?pq-origsite=summon&accountid=28843&_oafollow=false&sourcetype=Scholarly%20Journals

Rowen, L., & McQuillan, K. (2024). Improving retention through a purposeful multidisciplinary mentorship program. *The Journal of Nursing Administration*, *54*(4), 220–226. https://doi.org/10.1097/NNA.0000000000001413

Sommers, C. L. (2024). Navigating the global nursing shortage: collaborative strategies for education and mobility. *Jurnal Ners*, *19*(1), 1–2. https://doi.org/10.20473/jn.v19i1.55397

Xiao-Chen, L., Huang, S.-S., Xiao-Ming, Y., Lu-Yu, Z., Zhang, P., & Wang, Y.-J. (2024). What influences newly graduated registered nurses' intention to leave the nursing profession? An integrative review. *BMC Nursing*, *23*(57), 1–19. https://doi.org/10.1186/s12912-023-01685-z

Zhang, Y., Huang, X., Xu, S., Xu, C., Feng, X., & Jin, J. (2019). Can a one-on-one mentorship program reduce the turnover rate of new graduate nurses in China? a longitudinal study. *Nurse Education in Practice*, *40*, 102616–102616. https://doi.org/10.1016/j.nepr.2019.08.010

Appendix A

Gap Analysis

Best Practices	Best Practice Strategies	How do project site practices differ from best practices?	Barriers to best practice implementation
Mentors with new nurses	Mentorship programs that provide support and guidance for the new graduate nurses in ER.	There is not a mentorship program.	1. We've tried that before, and it didn't work. 2. Unsure of how to implement the program. 3. Having willing mentors and mentees

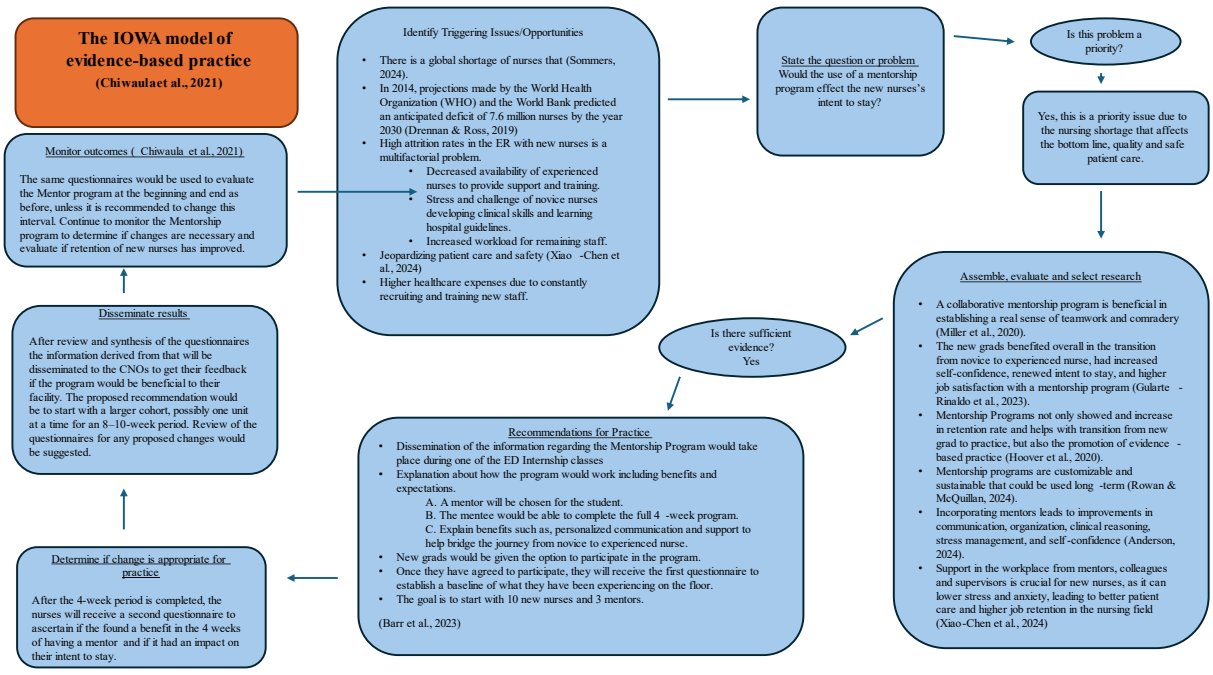
SWOT Analysis

Strengths What does the organization do well? What organizational resources exist to support the project?	**Weaknesses** What can the organization improve upon? What organizational resources are lacking that would be necessary to support the project?
• New grad residency program • Clinical Ladder with an app that tracks progress • Centralized location for education • Department specific internships- mandatory and elective opportunities • Online learning modules •	• No continuity throughout the hospital system; Each hospital operates individually • Failure in the hospital with precepting and preceptors due to short staffing or floating to other floors • Low retention rates • Hospital doesn't enforce what the Education Center has implemented
Opportunities What opportunities are available for the project? I. How can strengths be turned into opportunities?	**Threats** What threats could harm the project? What threats do the weaknesses expose?
II.	• Funding r/t mentorship program software, if used • Turnover rate

• Introduction to mentors in orientation, either at the training center or on the floor • Buy-in from administrators • Using the online platform for mentoring	• Lack of mentors • Cost of participating in the program due to hourly pay of employees.

Appendix B

IOWA Model



Appendix C

Affiliation Agreement

C:\Users\vaugh\OneDrive\Desktop\Valley Health System Affiliation Agreement.docx

Appendix D

Project Timeline	
Pre-implementation (Oct 28 – Nov 1)	• Orientation of mentors and mentees/Completion of mentorship questionnaires and surveys/Introduction of mentors and mentees/Establish schedules for bi-weekly meetings, exchange of information.
Week 1 (Nov 6-12)	• At the end of the week the DNP lead will reach out by phone to the mentors/mentees to assess how the mentorship relationship is progressing.
Week 2 (Nov 13-19)	• At the end of the week the DNP lead will reach out by phone to the mentors/mentees to assess how the mentorship relationship is progressing.
Week 3 (Nov 20-26)	• At the end of the week the DNP lead will reach out by phone to the mentors/mentees to assess how the mentorship relationship is progressing.
Week 4 (Nov 27-Dec 3)	• The Intent to Stay in the Job Survey, Assessment of the Relationship with the Mentor/Mentee Form and the Mentoring Program Satisfaction Survey will be completed by the mentors and mentees and turned into the project lead.
Week 5 (Dec 4-10)	• Analyzing the data from the Mentee Intent to Stay in the Job Surveys.

Appendix E



Mentoring Program-Site Coordin

Appendix F



Mentoring Program - Mentee Guide.docx

Appendix G



Mentoring Program - Mentor Guide.docx

Appendix H

Mentee Tool 11

Mentee Initials _____ Mentor Initials_____ Date _____

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 I 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 I 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

© Copyright 2012 Academy of Medical-Surgical Nurses All rights reserved.

Appendix I

Mentee Tool 12

Mentee Initials _____ Mentor Initials_____ Date _____

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

© Copyright 2012 Academy of Medical-Surgical Nurses All rights reserved.

Appendix J

Mentor Tool 11

Mentor Initials: _____ Mentee Initials: _____ Date: _____

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	Some-what	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

© Copyright 2012 Academy of Medical-Surgical Nurses All rights reserved.

Appendix K

Mentee Tool 13

Mentee Initials _____ Mentor Initials_____ Date _____

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							

© Copyright 2012 Academy of Medical-Surgical Nurses All rights reserved.

Appendix L

Mentor Tool 12

Mentor Initials: _____ Mentee Initials: _____ Date: _____

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	

© Copyright 2012 Academy of Medical-Surgical Nurses All rights reserved.

Appendix M

Mentee Tool 6

Mentor Initials: _____ Mentee Initials: _____ Date: _____

Mentoring Meeting Agenda

This tool may be used by the mentee 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

Copy this tool for each meeting

© Copyright 2012 Academy of Medical-Surgical Nurses All rights reserved.

Appendix N

Data Analysis Plan

Table 1

Plan for Data Analysis

Project Objectives: (paste project objectives from DNP Project I here)	Planned data collection approach to achieve objective (if applicable)	Planned data analysis approach (if applicable). Choose option a, b, c, or d (listed below)	Data analysis software: SPSS, Excel, statistician (please list)
Objective 1: Trial an evidence-based mentorship program with 5 mentors and 10 mentees for the ER Internship program.	N/A	N/A	N/A
Objective 2: Provide and collect a mentorship evaluation tool prior to implementing the program	The mentees will complete an Intent to Stay in the Job Survey	N/A	N/A
Objectives 3: Reach a 60% satisfaction and intent to stay rating from mentees utilizing the post mentorship evaluation tool after the 4-week period	The mentees will complete an Intent to Stay in the Job Survey post Mentorship Program	Option A – Paired t-test	SPSS

Appendix O

Updated Project Timeline	
Week 1 (Nov 13-19)	• Orientation of mentors and mentees/Completion of mentorship • questionnaires and surveys/Introduction of mentors and mentees/Establish schedules for bi-weekly meetings, exchange of information. • At the end of the week the DNP lead will reach out by phone to the mentors/mentees to assess how the mentorship relationship is progressing.
Week 2 (Nov 20-26)	• At the end of the week the DNP lead will reach out by phone to the mentors/mentees to assess how the mentorship relationship is progressing.
Week 3 (Nov 27-Dec 3)	• At the end of the week the DNP lead will reach out by phone to the mentors/mentees to assess how the mentorship relationship is progressing.
Week 4 (Dec 4-10)	• The Intent to Stay in the Job Survey, Assessment of the Relationship with the Mentor/Mentee Form and the Mentoring Program Satisfaction Survey will be completed by the mentors and mentees and turned into the project lead.
Week 5 (Dec 11-19)	• Analyzing the data from the Mentee Intent to Stay in the Job Surveys.