Mentoring Program for Nurses in Acute Care Setting

By

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Abstract

Background: As nursing shortages are reaching a critical level, there is a growing demand for nurses in acute care settings (Dawson, 2014). Many nurses practicing today are close to reaching the age of retirement; novice nurses are not staying in the profession due to various reasons related to job satisfaction and retention, and there are not enough new students pursuing nursing to compensate for these rates of retirement and attrition (Vitale, 2019). This forecast has caused healthcare organizations to focus attention on recruitment and retention. **Aim:** The purpose of this Doctor of Nursing Practice (DNP) project was to develop and implement a pilot nurse mentorship program in the acute care setting focusing on novice nurse retention, increase job satisfaction, and intent to stay in their current jobs. **Design:** Four mentors and four mentees were paired for the pilot project. Mentees were assessed prior to the intervention using the Academic of Medical-Surgical Nursing (AMSN) survey tool. After two months, the mentees were re-assessed using the same survey. **Results:** Hundred percent of mentees reported improved survey scores from a summated mean of 50% to 100%, a 50% improvement, from the pre-intervention to post-intervention. The results suggested that the mentoring program was an effective intervention to improve retention, intent to stay in the current job, and increase job satisfaction. Approval of the mentoring program was secured with full implementation at the practice site.

Keywords: novice nurse, mentor, mentee, retention, job satisfaction, intent to stay

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Mentoring Program for Nurses in Acute Care Setting

Chapter I: Introduction

As nursing shortages are reaching a critical level, there is a growing demand for nurses in acute care settings (Dawson, 2014). Many nurses practicing today are close to reaching the age of retirement; novice nurses are not staying in the profession due to various reasons related to job satisfaction and retention, and there are not enough new students pursuing nursing to compensate for these rates of retirement and attrition (Vitale, 2019). This forecast has caused healthcare organizations to focus attention on recruitment and retention. In order to recruit prospective candidates, future nurses and retain experienced nurses for the future, healthcare organizations are looking to increase skill-building and professional development opportunities, leadership, and mentoring opportunities, and increase job satisfaction among nurses (Phillips et al., 2014). As a direct result of nurses' predicted shortfall, retention is becoming a high workplace priority; hospitals are refocusing their energy and money toward conservation—the retention of qualified nurses more than compensates for the cost of replacing a single nurse. For instance, the average turnover cost of replacing a nurse ranges from $37,700 to $58,400, with hospitals losing between $5.2 million to $8.1 million annually (NSI Nursing Solutions Inc., 2016).

Introduction to the Problem

New or novice nurses feel distressed as they transition from the academic to the professional setting, which is one of the major factors that has led to high turnover rates. One study conducted by Bong (2019) found that new graduate pediatric nurses are susceptible to moral distress, which then adds to the broader critical shortage of registered nurses in the United States. Bugajski et al. (2017) found that nurses, whether novices or experts, valued assistance, on-going training, and mentorship to provide quality care to their patients. The participants'

primary concern is to have a competent nursing staff that is led by competent leaders. When nurses were asked to rate the importance of leadership in retaining nurses, more than 90% of nurses scored it as ‘‘very important’’ (Bugajski et al., 2017). Therefore, it is evident that one way to cultivate a positive and professional work environment for new, current, and future nurses is through mentorship opportunities (Tourangeau et al., 2013).

Research reveals the positive impact mentoring has had on fostering growth, leadership, and job satisfaction among nurses by cultivating a sense of professionalism to retain veteran nursing staff and encouraging them to become mentors (Tourangeau et al., 2013). The failure to institute a mentoring program to retain nurses will only fuel the attrition rate of nurses. According to Sawatzky et al. (2015), twenty-four percent of their respondents reported that they would more than likely leave nursing, particularly critical care nursing, the following year due to the following: limited professional practice and management, minimal physician/nurse collaboration, and diminished control/responsibility and autonomy. Therefore**,** nurses' growing shortage can be attributed to the lack of professional development, which correlates with low confidence.

Minimal professional collaboration and escalating responsibilities without appropriate training may explain the 17.2% turnover rate for bedside nurses and 23.8% turnover rate for CNAs (NSI Nursing Solutions, Inc., 2016). This research institution also found that registered nurse vacancies trend negatively at 32.9% across the United States. Another finding is that 84.8% viewed retention as a “key strategic imperative,” but only 51.5% have a formal retention strategy, which does not bode well for hospitals, the staff, and the patients (NSI Nursing Solutions, Inc., 2016). Therefore, changes to increase retention, whether through mentoring programs or other initiatives, are critical not only to individual nurses' growth and satisfaction

but also for the organization as retention will lead to lower organizational costs and increased patient care (Hairr et al., 2014).

The question of retention and the methods to retain new and experienced nurses has been a problem since the US Federal Government projected that more than 200,000 new registered nurse positions will be required each year from 2016-2026 (Torpey, 2018). It then means that from the year 2020 to 2026, the projected need would be approximately 1.2 million new nurses. According to the U.S. Bureau of Labor Statistics (2019), the demand for nurses extends beyond the hospital setting as most healthcare services involve many forms of nursing care. Registered nurses are in high demand in both acute care and community settings, including the following: a) private practices, b) health maintenance organizations, c) public health agencies, d) primary care clinics, e) home health care, f) nursing homes, g) minute clinics, h) outpatient surgical centers, i) nursing school-operated clinics, j) insurance and managed care companies, k) schools, l) mental health agencies, m) hospices, n) the military, o) nursing education, and p) healthcare research. With this exhaustive list in mind, a mentoring program with the ambition to retain nurses presents an excellent opportunity to make a substantial difference in the health care system, patients' lives, and nurses' lives, which is the impetus for this project.

Background and Significance

As mentioned earlier, the Bureau of Labor Statistics (BLS) predicts that nurses' demand will continue to increase from 2020-2026. Many factors have predicted this demand. First, as a direct result of increased life expectancy among the general population, nursing shortages are expected to reach critical levels by 2020. In essence, it is predicted that those in need of care will soon exceed the number of staff members able to provide care (Cottingham et al., 2011). In addition, a focus on nurse retention is also warranted due to the escalating prevalence of

preventable diseases such as Type 2 diabetes in the United States. According to the World Health Organization (WHO) (2018), the number of individuals with diabetes has climbed from 108 million in 1980 to 422 million in 2014, reflecting a nearly three-fold increase. As diabetes is a significant cause of blindness, kidney failure, heart attacks, stroke, and lower limb amputation, there is no question for on-going demand for qualified nurses. Another significant need for mentoring and retaining nurses is that most nurses currently practicing are over 50 years of age. As nurses begin to retire, there will be a significant void in healthcare settings. Now, there are not enough students pursuing nursing degrees and graduating from nursing programs to fill this estimated void (Cottingham et al., 2011).

Moreover, on-the-job pressure can have harmful effects on nurse residents' job satisfaction levels, compassion, fatigue, and burnout. Li et al. (2014) argued that to prevent high turnover rates and poor quality of care among novice nurses, the protective factors to prevent the onset of adverse nurse outcomes must be identified to promote positive nurse outcomes. If this is not addressed, another consequence of the high turnover rate emerges from the remaining nurses' overworking. Although this may appear to be a prudent decision for a stressed nurse manager/administrator, this would increase the nurse-patient ratio, leading to burnout, even more attrition, and lower morale (Dewanto & Wardhani, 2018).

According to Cowden and Cummings (2012), the global nursing shortage and high nursing turnover rate demands evidence-based retention strategies. Job satisfaction is the leading indicator of the likelihood; an individual will remain in the nursing profession and as a significant factor in preventing nurse turnover (Brewer et al., 2011). Mentoring programs can improve retention rates and job satisfaction among nurses (Barton et al., 2005; Chenoweth et al., 2014; Funderburk, 2008). Especially, participation in a mentoring program has been shown to

improve the retention rates of novice and experienced nurses within all health care settings, primarily acute care settings (Barton et al., 2005; Chenoweth et al., 2014; Funderburk, 2008). Dhed and Mollica (2013) emphasize the importance of the first two years as the most crucial in determining whether novice nurses will stay committed to the profession: those who underwent mentoring within this period were more likely to remain faithful to the nursing profession. However, seasoned nurses' attrition represents a more significant problem, such as the loss of valuable intellectual capital, which hinders the transfer of non-textbook knowledge onto the novice nurses.

The facility takes pride in its employees and is keenly aware they must strive to better invest in training the new nurses to improve their job satisfaction and, thereby, reduce the inefficient allocation of funds for training purposes. This project is aligned with the organization's shared values to deliver the best in class patient experience, employee satisfaction, operational excellence, clinical quality, outcomes, and financial performance. Consequently, the focus on nurse retention has been associated with increased safety organizing, lowered emotional exhaustion, and improved mortality rates of patients (Vogus et al., 2014).

This project was conducted in a facility located in a suburb of Los Angeles. More specifically, the facility is in an underserved region of the city, and the population is quite heterogeneous. This facility has a long history of commitment to its diverse community. As such, the pilot project was conducted in one of the medical-surgical units with a 32- bed capacity. Generally, there are eight-experienced nurses and four-new nurses on any given shift. As mandated by the hospital requirements, each nurse, whether expert or novice, has five patients under her or his care. Since this institution also trains new doctors, the medical-surgical units are composed of doctors, including an advanced practice nurse and an intern.

The facility is uniquely challenged in retaining new nurses as well as preventing early burn-out of experienced nurses. Aside from racial and ethnic diversity of the population, a majority being Hispanic-identified and African Americans, the facility has a relatively growing patient population who are homeless. This is not surprising since this region of California is facing problems related to gentrification along with its critical social problems: a decrease in affordable housing, stagnant wages relative to an increase in housing costs, and a steady increase of the mentally unstable living on the streets. Furthermore, this facility serves and cares for immigrants, both documented and undocumented. The chosen medical-surgical site faces another challenge: it receives patients who have been referred from other hospitals. Therefore, by the time these patients arrive at this teaching facility, many are gravely ill and vulnerable. Although this facility offers a six-week "training" program, the new nurses who are expected to navigate the medical-surgical floors as "experts" find their newfound responsibilities intimidating and daunting. As new nurses, many doubt their abilities and, perhaps, even question if they have chosen the right profession. Many new nurses (and experienced nurses) are worried that they may not be following the administration's guidelines and fear being called by the Human Resources Department.

Needs Assessment

According to the American Association of Colleges of Nursing (AACN) (2019), the United States is estimated to experience a shortage of registered nurses, and this shortage is expected to intensify with the aging population, particularly the Baby Boomers. Besides, the problem becomes more worrisome since nursing colleges and universities across the U.S. are striving to expand the capacity to meet the rising demand for care, given the national move toward healthcare reform (AACN, 2019). As a result, nurses are not the only ones immensely

affected by new nurses' high turnover rates. Healthcare organizations across the board are also significantly impacted.

When understaffed and inadequately supported, nurses leave their positions. It results in agencies accruing new recruitment and retraining costs. Unsurprisingly, the new nurses filling these vacancies need retraining (Hairr et al., 2014). These retraining costs can reach $80,000 per nurse (Burr et al., 2011; Hairr et al., 2014). This corresponds to the struggles of the chosen facility for this research project**.** Currently, this facility is struggling with the retention of new nurses and losing much on their investment in the training of new nurses. For instance, this facility hires 20 nurses in a quarter, which cost $80,000-$100,000 to train a nurse.

Nevertheless, about 10 nurses leave the job within a year costing the facility between $800,000 - $1,000,000 per quarter, which is a nearly 50 percent loss in investment (S. Chornow, personal communication, November 15, 2019). Currently, the organization does not have an internal goal or a structured, strategic plan to save money**.** According to Funderburk (2008), the estimated cost of lost productivity during the replacement process for medical-surgical nurses is over 80% of the nurses' baseline salary. More startlingly, this value will worsen by the sheer number of increased new elderly "baby boomer" patient population. As such, healthcare facilities need an innovative intervention to retain new nurses.

The pilot project's location is in an urban and densely populated area in Los Angeles that is grappling with a significant problem in retaining new nurses in the medical-surgical units. The medical-surgical units at the general hospital consist of 32 beds, broken up into four groups per floor across four whole levels. On average, the daily census comprises 32 patients cared for by approximately 225 full-time nurses, including new nurses. According to the medical center recruitment department, about 40% of the staff left the medical-surgical unit in 2018. Of those

teams who left, 30% of them were nurses. This equates to approximately 67 nurses costing the institution up to $6.7 million if one uses each lost nurse's metric being equivalent to a loss of $80,000 to $100,000. The director of the facility understands the severe need for improving retention rates and supports the mentorship program. There is no mentoring program for new nurses at the time of the study, although there is a six-week “training” program to facilitate new nurses' on-boarding process. The existing current training for new nurses is relatively short and lackluster as experienced medical-surgical nurses are trained for two weeks while the new medical-surgical nurses train for six weeks. Although an assigned preceptor to every new nurse during orientation, mentorship support is practically nonexistent after the initial training period. As a result, novice nurses become alienated after they complete their initial training and then seek jobs outside the medical-surgical unit, or more frequently, quit the facility, thus increasing turnover.

A SWOT (strengths, weaknesses, opportunity, threats) analysis at this teaching hospital shows that its leaders are agreeable to intervention to improve retention among newly hired nurses. Leadership support in the facility is crucial to this project since the mentorship project's official approval and endorsement elicits a spirit of willingness to participate in the entirely voluntary program. Another strength is the facility's reputation as it has a great team of multidisciplinary staff composed of nurse practitioners, nurse managers, nurses, nurse educators, and nurse supervisors who can contribute to the mentoring program for new nurses. Even if they are unable to perform as mentors themselves due to the nature of their positions, their inputs and promotion of the pilot project helped propel the mentorship on firmer footing. Moreover, the multidisciplinary staff prioritizes job satisfaction and retention and the prevention of burnout and emotional exhaustion.

Nevertheless, an external factor – the declining growth numbers due to the Affordable Care Act (ACA) losing its momentum due to partisan impasse – may serve as a distraction in the nursing department (Barbo et al., 2018). To implement a mentorship program, the nursing department must secure stakeholder approval, which typically takes time and focused attention. To compound this weakness, Congress has moved away from ACA's "Repeal-and-Replace" debate. The Trump administration has persistently moved to limit the scope, enforcement, and implementation of ACA's core principles. Since ACA's health exchange enrollment has dropped by 4% for the first time in 2017, the facility may find it challenging to generate new nurses' internal support to reduce turnover rates (Barbo et al., 2018).

An opportunity does exist in establishing a mentorship program. The US national conversation around healthcare is its cost-prohibitive growth. Although nascent in its movement, the healthcare industry is making an effort to lower national healthcare costs and enhance the US healthcare environment's overall efficiency. With that said, mentorship of new nurses could be viewed as an opportunity to reduce national healthcare costs and yield an uptick in job satisfaction as nurses receive guidance, support, and assistance in a supportive environment (Torres-Guzman & Goodwin, 1995). Equally important, the medical-surgical floor and the facility have the potential to curb the escalating cost of redundant training due to a high turnover rate. Research indicates that the average cost of turnover for a bedside nurse is $52,100, which excludes the marketing, recruiting, and hiring costs associated with filling the newly vacant position (NSI Nursing Solutions Inc., 2016). Therein lies the opportunity to save $328,400 for each percent change in nurse turnover (NSI Nursing Solutions, Inc., 2016).

Although the pilot program may be a watershed moment, there is a threat to this program's implementation: the financial constraints. As mentioned, the mentorship program was

implemented in a facility located in an urban area. However, it is worth mentioning that hospital bankruptcies do occur, albeit in a rural setting. Since 2017, Barbo et al. (2018) found that patients with no health insurance coverage through a job have lower incomes and have fewer healthcare options, leading to an overall less profitable patient demographic. It then follows that the broader concern of keeping a hospital afloat would take precedence before the successful completion of a pilot study. Perhaps another threat is the simple fact that the pilot study cannot take advantage of the economies of scale required to alter the changing healthcare landscape: nurses' high turnover rate (Barbo et al., 2018).

Problem Statement

Nurse retention within the acute care settings is a growing problem. The priority should be to retain new nurses by establishing a healthy work environment where patients and their families receive optimal care and attention (Feo & Kitson, 2016).

Project Aim

This project's aim is to retain new nurses. The other aim was to promote both mentor and mentees' professional development, ameliorate emotional exhaustion, and improve clinical competency. New nurses must receive support and guidance without judgment for the well-being of the patients as well as the financial viability of the healthcare facilities in the United States. Moreover, the retention of new nurses would alleviate the pressure many experienced nurses face as they are then confronted with the pressure of working overtime to compensate for the nurses' shortage. Success was measured by the following mentee's: a) perceived level of preparedness, b) perceived clinical competency, c) ability to problem-solve, d) level of being integrated into the medical-surgical unit, and e) self-perceived level of confidence in their career choice.

Clinical Question

In an acute care setting (P), how does implementation of a mentoring program for new nurses, (I) as compared to a similarly situated nursing unit that does not have any mentoring program, (C) impact job satisfaction– thereby increasing mentee's (O), a) level of preparedness, b) clinical competency, c) improved ability to problem-solve, d) level of being integrated into the medical-surgical unit, and e) level of confidence in their career choice (T) in six months?

Congruence with Organizational Strategic Plan

The facility leaders are charged with making sure that nursing turnover is drastically reduced to enable the proper delivery of exceptional healthcare to the community. In enhancing patient quality of care, the facility's new ambition is to achieve excellence by strategically improving nurse retention and turnover. This has been part of the facility's strategic plan in providing fully integrated, accessible, affordable, and culturally sensitive care for one person at a time. The organization has refocused to establish a program for recruiting and retaining talented, compassionate, and caring nurses. The chosen site for the pilot mentoring program promoted and instituted continuous learning at all levels and prides itself as one of the best in Los Angeles. Continually striving to improve patient care through the active exchange of ideas is paramount for the organization. Addressing nurse turnover and retention is part of the facility's strategic plan. This strategic plan aligns with the goals of the pilot mentoring program. Engaging, motivating, and inspiring nurses to achieve common goals through collaborative commitment to increase retention and decrease turnover is consistent with implementing a mentoring program. The facility cultivates specific shared values regarding nursing and quality of care—the organization's approach to providing excellent service and focused on placing nurses as a priority.

Evidence

Appraisal of Evidence

The literature review sought to determine the variables impacting nurse retention and the impact of nurse retention on patient outcomes and healthcare organizations. Specifically, it was conducted to identify mentorship programs that have reduced new graduate nurses' attrition rates. A search of the literature was conducted utilizing the Cumulative Index to Nursing and Allied Health Literature [CINAHL], the Database of Abstracts and Reviews of Effects [DARE], the Joanna Briggs Institute Database, and PubMed. The key search terms used in the inquiry included mentor, mentorship, retention rate, turnover rate, job satisfaction, new graduate retention, self-care, burnout, transition into practice, supportive leadership, mentoring activities in clinical practice, and nurse mentors. The scope of research was narrowed to peer-reviewed research articles published within the last five years. The studies selected for inclusion in this review examined the implementation of mentorship programs. The search results initially yielded nearly 2,000 articles. To further refine the search, articles focusing on direct relationships rather than case management ensued. Additionally, articles that utilized Benner's Novice to Expert theoretical framework were included. The focused search eventually yielded 22 articles for final review and analysis.

After 22 scholarly articles have been identified and reviewed, its significance to this research inquiry was then evaluated using an evidence-based table. This table helped determine the type of research and the methods utilized in conducting the research, which then helped identify its level of evidence. Out of the 22 studies, 15 were categorized as Level 5, and seven were categorized as Level 3. All of the Level 5 studies have high-quality evidence that was used to support this research. The remaining seven studies remain helpful in conceptually understanding the high turnover rate of new graduate nurses. Each of the studies was critically

appraised to measure its relevance to this PICOT project. When originally searching for scholarly articles, methods in which the evidence was attained, and its strengths and limitations were considered. Whether or not ethical considerations were discussed was also taken into account in appraising its value.

Synthesis of Evidence

Nurse Retention

Nurses find value in interventions and programs, which emphasize community building, peer relations, and career development; these elements can increase job satisfaction and, ultimately, retention (Chenoweth et al., 2014). There is a need to decrease turnover rates, increase staff satisfaction, and provide multiple personal and professional development opportunities for nursing staff in acute care settings (Spence et al., 2014). Nurses were retained if they felt that their career path had various responsibilities correlated with high job satisfaction. Nurses who did not feel stagnant in their position suggested greater job satisfaction and more engagement with their profession (Kovner et al., 2016). The most elucidating findings were the specific variables that nurse managers can focus on in order to improve the unit-level retention of new nurses. The recognition of job satisfaction is paramount, which is reflective of the fact that there are established methods to measure this characteristic, such as the revised Nursing Work Index (NWI-R). The NWI consists of 65 items used to assess the clinical nursing environment (Hairr et al., 2014). Hairr et al. (2014) demonstrated the statistically significant link between job satisfaction, as calculated by participation (COP) conditions, with nurse retention. Increasing the number of nurses on a medical-surgical floor per shift and even retaining one nurse per year can save organizations around $140,000 per year (Aiken et al., 2010). Increasing nursing staff, by

extension, would increase job satisfaction among registered nurses, which is paramount to the monetary success of healthcare organizations in the United States (Hairr et al., 2014).

Retention of New Graduates

Lack of support from other nurses, especially senior nursing staff, leaves new graduates doubting their practice, confidence, and self-worth, as well as the fear of making mistakes under the scrutiny and pressure of senior leadership (Phillips et al., 2014). Alternatively, nurses reported that promoting a safe environment, recognizing good work, and constructive feedback from senior leadership helped new graduate nurses feel valued in the workplace (Phillips et al., 2014). In alignment with this finding, Mills et al. (2016) sought to discover how to retain early-career registered nurses (ECRNs). Mills et al. (2016) identified six areas of focus for ECRN retention: a) well-planned, supported, and structured transition periods; b) consideration of rotation through different areas with a six month minimum for skills development; c) empowering decision making; d) placement opportunities and choice in decisions of where to work; e) career advice and support that considers ECRNs' personalities and skills, and f) encouragement to reflect on career choices.

New graduates experienced feelings of value and respect in their profession when they received support. They felt more confident, competent, a greater sense of self-esteem, higher job satisfaction, and resilience (Mills et al., 2016; Rhéaume et al., 2011). Additionally, Dawson (2014) measured nurses' perceptions of their work environment using the Brisbane Practice Environment Measure (B-PEM) and found that the most needed improvements among 34 registered nurses were feeling valued and the need for professional development. Dawson's work is consistent with other research. Outcomes data from over 6,000 new graduate nurses over ten

years revealed that successfully onboarding, engaging, and retaining graduate nurses increased competence and self-confidence and decreased turnover (Ulrich et al., 2010).

The demands placed on new graduates to assimilate quickly into their new roles leads to a "tumultuous and difficult" transition, role adjustment difficulties, distress, and turnover (Holland, 1999; Johnstone et al., 2008; Nash et al., 2009; Cho et al., 2015). Verret and Lin (2016), more specifically, found that the new graduate nurses “tumultuous difficulties centered on work-life balance, stress management, and adjustments to the night shift” (p. 750). During the transition phase into the workplace, to sustain new graduate nurses, more extensive, well-organized orientations with ongoing support with proper assimilation into their new roles are required. Ongoing support was extensively required to assimilate new nurses (Phillips et al., 2014; Pellico et al., 2009). Although this support can take different forms – such as adequate staffing and opportunities for study days – new graduates need to feel accepted into a new workplace and recognition that their contribution is valued and respected (Phillips et al., 2014). In nursing, the "learning, adjustment, and socialization to…the workplace" is viewed as a "rite of passage" (Fox et al., 2005, p. 194). However, this rite of passage of new graduate nurses should ideally be guided by seasoned, experienced nurses since facilities aim to retain nurses.

Mentor Programs

In order to prevent mismanagement of funds, facilities need to help new graduate nurses’ transition into their profession, such as a mentoring program. Schroyer et al. (2016) found that nurses' retention rate with a mentor was 91%, a significant increase from 66% for the not-mentored group, proving the alternate hypothesis that nurses are retained when a mentor program is used. The absolute value of a 25% increase in nurses' retention shows that mentorships in the workplace alleviate "transition shock," which is defined as heightening anxiety, despair in their

new surroundings, and disillusionment with the registered nurse role (Phillips et al.,2014). Research also shows the connection between new graduate experiences and long-term job satisfaction and retention. In other words, the new graduates' positive experience in critical care services correlates with long-term job satisfaction and retention (Schroyer et al., 2016). Undoubtedly, the integration of new graduates into the profession influences their long-term expectations and views and impacts their likelihood of staying at an organization and staying in the nursing profession (Duchscher & Cowin, 2004).

The value of mentors was found in other areas in addition to high-acuity medical-surgical units such as in critical care services. Verret and Lin (2016) researched to verify the merits of a mentoring program on a high-acuity, complex, and diverse medical-surgical unit and the extent to which it supported the transition of new graduate nurses in the Versant RN Residency program. Their final evaluation showcased the mentorship program's benefits and that it built a meaningful relationship between the mentor and mentee. Nurse mentor programs lower nurse dissatisfaction and improve nurse contentment. The additional merits of a nurse mentor program are the uptick in new registered nurses' job satisfaction and their intent to stay (Jones, 2017; Vitale, 2019). Mentor programs also improve leadership practices, which, in turn, highlights another advantage in instituting mentorships (Vitale, 2019). Ultimately, nurses need to receive feedback, praise, and recognition for their efforts. Consequently, nurses intend to stay in their profession, thereby reducing the turnover rate (Jones, 2017; Vitale, 2019).

Mentorship programs attract and retain nurses at all stages of their careers and proceed to professionalize further nurses (Chenoweth et al., 2014; Spector & et al., 2016). Nurses reported that the following workplace issues should be addressed to improve retention rates: poor care standards, inharmonious work relations, and limited peer collaboration and mentorship. Though

nurses enjoyed the meaningful and rewarding nature of their careers, they desired a more supportive professional environment. Nurses also self-reported the reasons for their dissatisfaction with their jobs, which were the lack of peer support and career development opportunities (Chenoweth et al., 2014). If hospitals invest in establishing programs, hospitals face lower attrition rates of nurses as well as nurses reporting fewer patient care errors (Spector & et al., 2016). More specifically, nurses reported that they employed fewer harmful safety practices. Mentorship programs also lowered stress levels, which improved nurses' future outlook in their profession. In addition, structured transition programs that included six of the following elements were found to provide better support for newly graduated registered nurses: patient-centered care, communication and teamwork, quality improvement, evidence-based practice, informatics, safety, clinical reasoning, feedback, reflection, and specialty knowledge in the area of practice (Spector & et al., 2016). It then follows that mentor programs would lead to critical positions being fully staffed, thereby creating opportunities for new nurses to mature into seasoned professionals, which may lead to more excellent prospects to pursue administrative positions.

Nurses are more willing to stay in their profession as a result of an effective mentor program (Blegen et al., 2017; Szalmasagi, 2018; Witter & Manley, 2013). New nurses were receptive to a mentoring program as they viewed it as a means to ease their transition to their new practice. Some nurses unequivocally declared that mentoring programs were paramount in transitioning into their role as a new graduate nurse. They expressed longevity in their profession. Witter and Manley (2013), like Szalmasagi's (2018) study, found mentors and mentees gained a multitude of benefits. It should be underscored that the mentorship program need not belong per se as even an eight-week-long mentorship program proved to be impactful

(Witter & Manley, 2013). This robust study involved novice nurses, along with nurses with at least five years of experience (mentors) to participate in the program. Mentees who participated in the program felt an increased willingness to remain in the nursing profession since they felt gratified in receiving and exchanging knowledge with their peers and superiors. Novice nurses enjoyed the mentoring as the nurses felt this was proof that they were valued in the workplace.

Moreover, the mentees also felt a more significant commitment toward meeting professional nursing standards and increased positive feelings about the hospital's social climate and the profession of nursing (Blegan et al., 2017; Witter & Manley, 2013). Ultimately, new nurses want mentorships. According to a 2005 study, approximately 86% of novice nurses expressed the desire for a mentoring program as a means to give them more confidence at the bedside (Barton et al., 2005). Funderburk (2008) also found that hospitals with mentoring programs, as opposed to those without, saw a significant decrease in the number of novice staff terminations, leading to a decline in turnover costs.

Consequences of Mentor Programs

Effective mentoring programs would lead to more effective senior nurses and sign-off mentors—individuals who have the authority to determine the mentee's overall progress. According to Edward et al. (2017), senior nurses and sign-off mentors are well-positioned to teach novice nurses leadership and communication skills. Besides, experienced nurses themselves have the ancillary opportunity to gain critical competencies as mentors, including but not limited to the following: teaching skills, leadership skills, communication skills, interpersonal skills, and increased self-awareness. Furthermore, the senior nurses who served as mentors with their new host of skills make them candidates for more attractive hospital management positions and administration positions. It then follows that mentoring programs

resolve two issues: retention rates of novice nurses and experienced nurses' professionalization for management.

In addition to increased retention rates and job satisfaction for novice nurses, mentoring programs also better prepare nurses, emotionally and intellectually, for fast-paced, challenging acute care settings. Kim et al. (2015) studied California State University East Bay's 15-week nurse residency program and the perceived clinical competency, confidence, and professional development skills of culturally diverse novice nurses. Those who participated in the mentoring program exhibited a core understanding of nursing knowledge and skills, which corresponded to evidence-based practice (Chan et al., 2020; Kim et al., 2015). To some degree, the consequence of not instituting a mentorship program is the failure to promote a culture of evidence-based practice for new nurses. Instilling a culture of evidence-based practice is critical as it directly impacts patient care and creates a just and safe culture for patients and nurses alike (Coventry et al., 2015; Chan et al., 2020). Kim et al. (2015) also found that if the new nurses are not mentored to have a comprehensive understanding of patient-centered care, safety, teamwork, and quality improvement, all parties will be affected by the facility's detriment profession.

Another consequence of failing to resolve nurses' high turnover rate is the predicted shortage of nurses in the future (Mariani, 2012). In essence, the lack of group cohesion and organizational commitment was noted to be the factors that elevated stress and post-traumatic stress symptoms, leading to other adverse nursing outcomes (Li et al., 2014). In preventing the nursing shortage, alleviating stress, and posttraumatic stress, Mariani (2012) argued that mentoring programs should also be designed to enhance career satisfaction. Utilizing the Mariani Nursing Career Satisfaction Scale as the method of measurement, Mariani's (2012) data revealed that mentoring programs proved to be effectual in making novice nurses feel happier as well as

fostering a keener desire to remain in the nursing profession. Specifically, 83% of those who participated in a mentor-mentee relationship claimed they would repeat their nursing career, and 88% claimed they would recommend the profession to others. These percentages strongly suggest that instituting mentoring programs will offset or at least stymie nurses' attrition rate. Mariani's (2012) results from the study overlap with other studies which further support the notion that mentorship improves clinical competence and better prepare novice nurses to work in a high-paced, stressful acute care setting (Hofler & Thomas, 2016; Latham et al., 2011; Saunders et al., 2016).

Selection of a Mentor

The success of professional mentoring programs and interventions was due to a myriad of factors, including the appropriate selection of mentor-mentee partnerships. For instance, Latham et al. (2011) sought to determine the mentees' perceptions of the workplace environment and the extent to which the mentoring programs boosted professional skill development, decisional involvement, and retention from the mentors. In a quasi-experimental designed study, mentees (109) could choose their mentors (89) after meeting them in-person and reviewing videotaped vignettes of each mentor's views about current and future impressions of nursing. After three years in a mentor program, all participants reported improved team building and conflict resolution skills. Results included increased feelings of fulfillment for the mentees, which resulted from them being able to select their mentors (Latham et al., 2011). Saunders et al. (2016) similarly showed that training interventions and short-term mentorship opportunities directly enhanced nurses' readiness and confidence from all backgrounds, such as racial, socio-economic, and educational, in acute care settings.

However, when examining other studies' methodologies, it seems that a mentorship program's success relied on the administrators' discretion in deciding which mentor should be partnered with which mentee as the administrator can better gauge a good personality fit (Pop, 2017). For instance, in Pop's (2017) study, all mentors were selected if and only if they shared all the following criteria: a) mentors were at least 20 years older than the mentees, b) had more than 10 years of experience, and c) had worked in their present organization for more than 10 years. The results found that sixteen participants, the eight mentors, and eight mentees, emerged from the study as "defining self" and that 100 percent of the participants reported the ability to connect (Pop, 2017). All things considered, it was in the facility's best interest that the administrators selected the mentor/mentee pairings. When again examining the selection criteria for mentors, it made sense that seasoned, established "veterans" would better fit a mentor's role. Suppose new nurses were given the responsibility to select their mentors. In that case, one could only hypothesize that the attribute the new nurses may select is based on whom they get along well with rather than who will best professionalize them.

Communication

Mentoring, with effort, time, and commitment, can serve as a way of successfully socializing new graduates to the culture and expectations of a workplace (Setati & Nkosi, 2017). Setati and Nkosi (2017) emphasized the centrality in building the relationship between mentor and mentee based on cultivating a trusting, caring, enthusiastic bond so that support can be tailored to meet the mentee's specific needs. As such, communications are vital. Verret and Lin (2016) also found that mentor/mentee interacted more often as the program progressed and that the most common method of communication between participants was text messaging. The specific topics of balancing work and personal lives, coping with stress, reviewing challenging

shifts, and adjusting to the nightshift were most common. Furthermore, utilizing the generational model ("having two mentors to go to") led to more meaningful relationships (Verret & Lin, 2016). This study acknowledged the need for mentors but also underscored the emphasis on clear communication as a means for new graduate nurses to better transition to registered nurses.

New graduate nurses need to enhance their clinical skills and leadership skills, which facilitate increased self-confidence levels. In other words, novice nurses benefit from guided mentorship and individual training (Kim et al., 2015). They develop intangible skill sets such as better communication, problem-solving, conflict-resolution skills, and emotional intelligence and resilience—all essential skills that enable them to have a more productive transition from nursing school to the workforce (Kim et al., 2015). By providing nurses with supportive networks, mentoring programs allow nurses to feel emotionally supported when facing challenges such as overcoming their patients' death, managing micro-aggressions in the workplace, and reconciling disputes with colleagues or rude patients (Kim et al., 2015). Fundamentally, mentoring leads to new nurses feeling they have the freedom to express and communicate any of their concerns and anxieties, limiting the phenomenon of "keeping things bottled in." Clinical competency, a nurse's ability to effectively communicate with physicians and organize and respond to patient care needs, is critical for the long-term success and retention of nurses (Kim et al., 2015).

Leadership

Mentorship programs serve two purposes, with the short-term goal being the retention of new nurses. The long-term goal was to grooming healthcare leaders. McGilton's (2010) research utilized the Supportive Supervisory Scale (SSS), which was found to be reliable in measuring active nursing leadership, and found that positive, supportive relationships were identified as a core element of effective leadership. Adequate positive support positively correlated with

retention (Dawson, 2014; Hairr et al., 2014; Pellico et al., 2009). Cultivating a positive and supportive work environment encourages leaders and future leaders of the organization to address staff members' individual needs, which was vital to retaining quality nursing staff (Dawson, 2014). With the institution of an effective program, the once-mentees would eventually become mentors, thus continuing the cycle of mentorship and fostering the culture and habits of impactful leadership.

Since there was a high demand for nurse leaders, models in mentoring, and coaching professional nurses to executive success have become a professional staple. The growing importance of mentoring and coaching for the aspiring executive nurse leader demonstrates another level of need in retaining nurses (Thompson et al., 2012). Thompson et al. (2012) conducted a meta-analysis of various models to pinpoint the advantages and disadvantages of mentors and coaches inside and outside an organization. They theorized that mentors serve to retain new nurses and offer an opportunity to train nurses into administrative executives. Nurse executives need to be influential leaders in today's ever-growing health care industry. It is in the best interest of institutions to develop nurse executives' ethos of preparing the next generation of nurse leaders. Thompson et al. (2012) also offered a framework illustrating how mentors and coaches can support aspiring nurse leaders to retain nurses and create organizational success.

Mentor/Mentee Characteristics

Undeniably, when fashioning a new mentorship program, the intrinsic characteristics of the mentor and mentee need to be seriously considered. A high sense of self-efficacy in the mentees have proven to determine the success of mentorship programs (Jnah & Broadus, 2015; Setati & Nkosi, 2017). For instance, Jnah and Broadus (2015) utilized a modified replication of a framework that highlighted mentoring and self-efficacy amongst nurse practitioner students.

Jnah and Broadus (2015) found that students who sought out their preceptor “by choice” reported higher self-efficacy scores and mentoring scores. Students who identified their preceptor as a mentor, which was 91 percent of the mentees, expressed readiness to take up the role of advanced practice registered nursing after graduation. These results parallel with Latham, Ringl, and Hogan’s (2011) findings, which are that mentees are receptive to the tutelage and expertise of their mentors and find them incredibly valuable in developing the following soft skill sets: clinical and cultural competency, conflict resolution, and team building. Essentially, the intrinsic characteristic of self-efficacy correlates with more effective mentoring programs. It then follows that even the best-laid plans may fail if the mentees do not have the critical personality trait.

Mentees with high levels of self-efficacy also make more of an effort to more quickly become familiar with the operation and regulation of the facility’s health system regulation, have confidence in writing reports, and have a clearer understanding of the finances of the facility (Jnah & Robinson, 2015). In turn, mentors reflect the enthusiasm of their new charges and are proven to be critical in encouraging and supporting mentees by sharing their knowledge and expertise that was attained through years of experience. Latham et al. (2011) discussed that when mentors demonstrate a willingness to support and inspire their mentee's career and ambitions, the mentors reaffirm the mentees’ commitment to growing as a nurse. Additionally, Edward et al. (2017) found that cultivating mentors through mentorship programs fuels both mentor and mentee success and growth. As a result, new graduates and new associate nurses' readiness increases, suggesting longevity in their chosen profession.

Although there is some research examining the intrinsic characteristics of mentors and mentees, there is still a dearth of research in conceptualizing the ideal mentoring relationship. The concept of mentoring in nursing remains ambiguous and poorly understood (Chen et al.,

2016; Hale, 2018; Poronsky, 2012; Weese et al., 2015). In addition, research about mentoring is challenging because of the lack of clarity concerning the complex interactions that occur between mentors and mentees. According to Hale (2018), a comprehensive understanding of the nuances of the process of mentoring is wanting. It then begs for a more robust theoretical explanation about the inherent characteristics of strong mentors and mentees, whether for new nurses or for established professionals who strive for a different venture in the field of healthcare.

Cautions

There are factors that can compromise the success of a mentoring relationship, including, but not limited to, the following: time, inadequate training for mentors, inconsistencies in training mentors, shortage of staff, shortage of resources, and undervaluation of the program (Setati & Nkosi, 2017). Hutchison and Cochrane (2014) identified the two key challenges mentors face when mentoring new graduates and new associate nurses in acute care settings: balancing clinical and mentoring priorities as well as making appropriate and professional decisions. To counteract these challenges, Hutchinson and Cochrane (2014) posit the need to structure the mentoring process with specific results in mind and hold mentors more accountable for their mentees' growth. Hutchison and Cochrane (2014) further claim that the investment in a more sustainable mentoring process would support the mentors' mental health and cultivate the mentors and mentees as human capital. However, institutions need to create protected time for mentors to perform their mentoring role and limit the number of new graduates they mentor since most mentors are not given additional financial compensation to mentor/teach.

Although there is extensive research on the value and need for mentoring in retaining new nurses to ameliorate burn-out and emotional exhaustion, no one definition of mentoring

exists across all clinical areas. This makes it challenging to successfully replicate mentoring programs, especially since so much of mentoring hinges on the relationship between mentor and mentee (Setati & Nkosi, 2017). As a result, the rapid pace of acute care settings, coupled with insufficient emotional and professional support, can lead to job dissatisfaction, attrition, increased organizational costs, and decreased patient care (Funderburk, 2008; Latham et al., 2011; Saunders et al., 2016). Regardless of the difficulties in implementing a mentoring program for nurses already working in an impacted schedule, competent and supportive mentoring have proven to retain many novice nurses which is the end goal for all healthcare facility (Barton et al., 2005; Chenoweth et al., 2014; Funderburk, 2008; Mariani, 2012, Witter & Manley, 2013).

Another threat is that experienced nurses do not automatically translate into “natural” mentors or leaders. One cannot assume that experienced nurses would make good mentors regardless of their support and exuberance of the program. To nurse and to mentor may embody similar “soft” skill sets such as having clear communication skills and seamlessly maintaining a professional demeanor (even during times of high duress). However, it must be noted that “chemistry” does matter between a mentor and mentee in making the program successful. There is no doubt that research highlights interpersonal capabilities, career competency for career success, and personal capacities as three features that suggest longevity in the nursing profession (Adeniran et al., 2012; Sheikhi et al., 2016). Nevertheless, these studies do not focus on the quality of mentor and mentee but instead focus on nurses' social capital, not new nurses.

In like manner, research exists that focuses on nursing students’ awareness of soft skills, yet no clear body of literature examines the intangible qualities between mentor and mentee. This is the unknown variable. In particular, Laari and Dube’s (2017) study of Ghanaian nursing students’ perception of soft skills found that a majority of their respondents understood the

concept of soft skills as non-technical skills and that soft skills should be part of the nursing curriculum. However, the dynamic interpersonal process remains elusive since it is not a quality a mentorship program can assess, plan, or implement. Nevertheless, this project still provides an opportunity for the chosen seasoned nurses to increase their knowledge of mentoring new nurses and furthering their own professional skill set. It perhaps even allows all parties involved to become introspective to better pin down the mysterious features of "soft skills."

Transition to Practice

The National Council of State Boards of Nursing [NCSBN] transition to practice has examined issues with training and retention of new graduate nurses over the years. In acknowledging the importance of transitioning new graduate nurses into a new practice, the NCSBN has found that new graduates' inability to effectively transition into new practices can have profound effects (National Council of State Boards of Nursing, 2020). Along with improving patient outcomes, healthcare institutions with structured transition programs have recorded a drop in attrition compare to institutions that do not have mentoring programs for new graduate nurses.

Furthermore, the need for best practices in training and mentoring new nurses to ensure consistent quality care is essential to reduce new nurses' alarming turnover rates. According to the Institute of Medicine reports on "Future of Nursing," implementation and evaluation of nursing residency programs is critical because new nurses care for much sicker patients due to increasingly complex healthcare systems (Institute of Medicine, 2003). Therefore, the importance and benefits of having a mentoring program for new nurses benefit the healthcare organization and reduces turnout over rate, thereby increasing patient safety outcomes. More importantly, not implementing a mentoring program has been shown to impact new nurses more

negatively with safety and errors in practice, such as medication administration and infection control measures, than experienced nurses.

Lastly, having a mentoring program to foster confidence for new nurses in practice, thereby reducing increased stress levels and anxiety, can impact medication administration errors, patient safety, and infection control measures in practice (Seisser & Brown, 2013). Almost 25% of new nurses leave the position within their first year of practice, creating increased turnover that adversely impacts patient safety and health care outcomes (National Institutes of Health, 2019). The increased turnover of new nurses can be avoided if there are mentoring programs to support their transition to practice, which in turn can alleviate potential patient safety concerns, especially when there is inadequate nursing staff to engage in care.

Mentor Development

In modeling quality in professional practice, commitment to nurses and the nursing profession is essential. Nurses who perform well in a mentor's role are known to have excellent characteristics, both personal and professional. Evidence in the literature indicates that these characteristics are critical for an individual to perform the role to strengthen and nurture new professionals and are vital for mentors to feel satisfied and want to remain in the role (Demir et al., 2014).

Mentors' development involves four phases: Initiation, planning, development and closure, and separation (Kim, Oliveri, Riingen, et al., 2013). Initially, learning about mentoring and mentoring relationships, getting to know possible mentors and mentees to aid pairing or matching, clarifying roles, and identifying learning goals occurs in the initiation phase. The planning phase involves establishing mentor and mentee needs and desires, assisting mentees

with goal setting, structuring the relationship in terms of frequency of meeting, time place events, establishing communication strategies, and organizing learning opportunities.

In the development phase, ensuring ongoing communication, providing feedback, developing supportive and encouraging interactions, guiding nurses in their professional and interpersonal growth, communicating information concerning expectations, learning opportunities and stressors, encouraging support and sharing founded on the needs of colleagues, acting as a resource in facilitating the professional development of mentees and promoting an understanding of maintaining professional boundaries that support inter-professional care. In the final phase of mentor development, reviewing accomplishments and achievements, assessing the next activities, and redefining relationships are established. The final phase's importance allows the evaluation of initially established goals and activities to improve the mentor experience better.

The mentoring program was intended to assist new graduate nurses in transitioning into practice in the first year of practice. Seasoned nurses acknowledge that integrating theory into practice takes time, and the process was well facilitated when a mentoring program with a well-defined mentor and mentee relationships are established.

Conceptual or Theoretical Framework

As the focus of this research inquiry is to determine the effects of a pilot mentoring program for new nurses in a medical-surgical unit, Benner's Novice to Expert Theory was applied. Benner theorized that expertise in practice develops progressively as the nurse gains experience during clinical scenarios. Benner posits that new nurses learn best when actively and intellectually engaged and continuously moving along a continuum to gain new knowledge, building on their foundational "textbook" knowledge. Her theory springboards from the Dreyfus

model of skill acquisition, which proposes nuances of constructive and experiential theories (Altmann, 2007). A “novice” or beginner is categorized as having minimal to no experience in a situation one is expected to perform outside the classroom (Benner, 1984). Hence, new nurses rely on others to help (and train) them recognize what is essential or vital in their new position.

Benner's theory is readily applicable to this intervention and is the foundation of this project. The conceptual framework explains the new nurses’ evolution through different levels of development as they advance and progress, as shown in Figure 1.

Figure 1

Benner's Novice to Expert Theory

The five stages described in the model include novice—nurses with no experience; advanced beginner—nurses at the rudimentary stage of gaining experience and recognizing concepts; competent—nurses with long-term goals and holistic views of the practice; proficient—nurses with a more widespread perception of clinical situations; and expert— nurses with an intuitive grasp and understanding of different situations, no longer solely reliant on fundamental principles.

Novice nurses may need less than one year of clinical work experience to progress toward the advanced beginner stage, where skill and practice efficiency is developed. This project aims to discover if a mentorship program would ease and accelerate the new nurses’ progression. It must be noted that a novice nurse requires continuous verbal cues, and with guided tutelage, can make their own unrestricted decisions. A critical period for nurses is comprehending the scope of workloads and the institutions’ expectations of their performance.

Although it is desirable for all parties concerned that all new nurses progress from one stage to the nest until they reach the “expert” stage, this steady progression is not guaranteed, and not every nurse becomes an expert (Altmann, 2007).

Benner states that there is a benefit in sharing a pool of knowledge. With the augmented intricacies in healthcare settings, it remains crucial for mentors to guide and support newer nurses in their transition process, allowing for realistic expectations and time for growth and development. As such, it is hypothesized that by implementing a mentorship program and pairing a new nurse with an experienced nurse, the nurse retention rate would increase. When implementing this project, the education setting is a significant factor in the success of the new nurse graduate’s orientation. Therefore, the setting should be conducive, stress-free, and collaborative. Improving mentor interactions is a positive step in the development of caring relationships, which also bodes well for patients in their care (Horton et al., 2012). This model encourages the development of rapport and encourages harmony for all participating members.

Iowa Model of Implementation of Evidence-based Practice

Evidenced-Based Practice (EBP) incorporates the individual practitioner’s knowledge, patient preferences, and the best current research information. Integrating the best available research evidence in decision making encompasses five steps: asking answerable questions, accessing the best information, evaluate the evidence for validity and relevance, applying the information to make a change, and assessing the impact for evidence of change and probable conclusions (Gillam, 2014). Evidence-based practice has earned ever-increasing recognition in the entire healthcare surroundings. Nurses are encouraged to use current research evidence to safeguard, improve patient results, and advise outcomes, actions, and collaborations with patients, to provide the safest care. Inside the practice setting, there is a growing task to deliver

quantifiable care of the ultimate excellence, which is evidence-based. Nurses must work from an evidence-based viewpoint, and they need to be mindful of how to initiate, build, and assess evidence-based practice.

The Iowa model aims at organizing, collaborating, integrating conduct, and utilization of research alongside other forms of evidence (Titler et al., 2001). The model permits the researcher to emphasize knowledge and problem-focused triggers, guiding nurses to examine current nursing practices and whether care can be enhanced through current research findings (Titler, 2001). The Iowa model of implementation of evidence-based practice was used to guide the methodology of the project. The pilot mentoring program focused on the retention and turnover of new nurses in the organization with its objectives to increase retention, decrease turnover among the new nurses. Using the Iowa Models of Evidence-Based Practice to Promote Quality Care (Iowa Model Collaborative, 2017), the evidence-based practice nurse translates new knowledge into nursing practice by developing a practice document and implementing the new practice as a pilot study. The nurse mentoring program sought to implement the pilot project and incorporate the Iowa model in designing evidenced-based practice guidelines to increase the organization's practice on retention and turnover of new nurses.

Chapter II: Methodology

Project Design

The purpose of this project was to implement an evidenced-based pilot mentoring program at a practice site to improve retention, reduce turnover, and increase job satisfaction. The DNP student assumed the leadership role in this project and directed the activities involved in the process of implementation. This section will outline the pilot mentoring program process and describe how the pilot mentoring program's implementation and evaluation were

implemented. The Iowa model of evidence-based practice to promote quality care design was used as the methodology to increase the organization's practice on retention, reduce turnover of new nurses, and increase job satisfaction**.**

Setting

The pilot program was implemented in a suburb of Los Angeles. The inpatient facility's medical-surgical unit has a 32-bed capacity per unit, subdivided into four units per floor across four levels, requiring 225 full-time nurses. There are eight Registered Nurses on each shift and four new nurses per shift. According to the Human Resource Department of the facility's most recent data on nurses on the medical-surgical floor, 65% of the nurses hold a Bachelor of Science in Nursing (BSN), with 35% attaining an Associate Degree in Nursing (ADN). The median age is 33 years of age, with 14 average years of employment. This setting was chosen because the facility offers a wide range of inpatient services with medical-surgical units with a sizable number of seasoned nurses and new nurses. Furthermore, this site was chosen because 40% of the staff left the medical-surgical unit in 2018, according to the facility's recruitment and retention data. Of those individuals and teams who left, 30% of them were nurses.

Population/Sample Size

This pilot mentoring program's population of interest was twenty-four full-time, experienced nurses and twelve new nurses working in the medical-surgical unit. The experienced nurses were evaluated for being competent in active listening, providing constructive feedback, establishing trusting work relationships, and above all, having exemplary communication skills. Additionally, the experienced nurse must have a strong knowledge base for the specialty area and demonstrate expert-level clinical skills and competency necessary to impart skills to others.

This pilot mentoring program would not have succeeded unless competent mentors carried out the mentorship role as intended. At a given shift, the medical-surgical unit had eight experienced nurses and four new nurses assigned per shift with a patient ratio of five per nurse in a 12-hour shift. The reason for the four new nurses on each shift was not merely due to design, but due to the reality of hiring 32 new nurses according to the facility's quarterly hiring report. Hence, at a given shift, the medical-surgical unit had four new nurses per 12-hour shift. The new nurses were required to complete a six-week preceptorship offered by the facility. Once the new nurses completed the required preceptorship, the new nurse was assigned to patient care duties.

As a part of the recruiting process, the nurse manager invited the DNP student to a staff meeting and explained the importance of nursing staff engagement in the pilot program. The recruitment process involved the DNP student presenting the project aims to the nursing staff during the meeting and requesting their cooperation to implement change in the organization. All interested participants in the medical-surgical unit were invited to sign up. Participation in the pilot mentoring program was voluntary.

Of the twenty-four nurses on the medical-surgical unit, four experienced nurses were selected as mentors and four new nurses as mentees, making a total of eight participants. This number of participants was ideal since it was a pilot program, and the increased pace and activities on the medical-surgical unit were considered, especially when it came to patient care and safety. Therefore, allowing a small but vibrant sample size of participants to be piloted in the mentoring program without disrupting patient flow and nursing activities made it ideal to select four mentors and mentees for the pilot project. Administrative-wise, the nurse manager strongly indicated a smaller sample size was preferred for the pilot program as it allowed for more attention to the nuances in the implementation of the mentorship. However, it should be

emphasized that the small sample size did not invalidate or validate the project. According to Sim et al. (2017), the sample size in qualitative research cannot be determined a priori, or more specifically, and that it is inherently problematic. They also concluded that a smaller sample size had been accepted convention in practice as it met certain facilities ' practical demands**.** Also, both the nurse manager and nurse educator cautioned that regardless of this mentorship program's support, valuable feedback was still required to develop a formal evaluation and sustainability plan to develop further and expand any programs in the facility. (van der Reit et al., 2015).

Mentor Selection

Four mentors were selected based on the following inclusion criteria: a) must be a permanent staff registered nurse; b) employed at the facility within the last five years; c) acquired good standing with manager's recommendation; d) must be baccalaureate-prepared; and e) must work in a medical-surgical unit. All interested members were asked to fill out an application to determine suitability for the program (see Appendix A). The nurse manager was responsible for selecting the mentors because she was knowledgeable of the mentoring criteria of nurses: clear communication skills, interpersonal relationship-building skills, and knowledge of the organization and the goals of the organization. The nurse manager determined if the mentors shared the goal of decreasing turnover and improved job satisfaction within the organization. The selection process followed the aim of the project. Nurses with no bachelor's degree, less than five years of experience in the facility, and who did not work in the medical-surgical unit at the time of recruitment were excluded.

Mentee Selection

There are four new nurses for every eight experienced nurses per 12-hour shift. In order to facilitate the pilot mentoring program efficiently and not disrupt the daily nursing activities with patient care duties, especially when it comes to the mentees on the medical-surgical unit, the smaller sample size was warranted. Additionally, since not all the new nurses completed their preceptorship simultaneously, requiring a larger sample size for the pilot mentoring program in the medical-surgical was not feasible. The facility required all new nurses to complete a six-week preceptorship before being assigned patient care duties. To be considered a mentee, the mentee was required to be a new registered nurse who has attained a diploma or bachelor's degree and was hired for the medical-surgical unit. As mentioned, there were four new nurses and eight experienced nurses per shift, meaning 12 nurses per shift. Although the idea of a full rollout was ideal, administrative-wise, there was no support for this whole-scale implementation. According to the nurse educator, the leadership requested the results from the questionnaires at the pilot program's conclusion before officially implementing the mentorship program.

Nevertheless, all nursing administration members understood the need for this type of pilot program, especially since the facility failed to retain 30% of their nursing workforce. The executive board was eagerly waiting for its launch as they have a fiduciary responsibility to their patients, staff, and shareholders. According to Fischer et al. (2015), before a full rollout of any program, lessons must be drawn from pilot studies as there are rarely pilot studies that anticipate all drawbacks and obstacles to implementing one.

The mentee was hired six months prior to implementing the pilot mentoring program, completed the facility preceptorship, and had been vetted for solely performing patient care duties. Also, the nurse manager of the medical-surgical unit approved the mentee. Mentees who

had not completed their preceptorship and who were not vetted to perform their patient care duties solely were excluded. There was no mentee included if they were not hired for the medical-surgical unit regardless of their desire for a mentor.

Mentor/Mentee Pairings

For learning to take hold while building confidence in the mentee, the mentor trust must be established. Matching was based on the skills of the mentor and the needs of the mentee. Nurturing of mentees to sustain retention and reduce turnover in the organization required matching mentees with mentors who were committed to improving the organization. A mentor-mentee relationship requires work, commitment, and follow-through on both sides for this to succeed. Hoflter and Thomas (2016) argued that the mentee must be paired with a mentor that best matches their personalities and that this relationship has proven to be pivotal in the integration of new novice nurses in their new places of employment. As such, the nurse manager can intuit all individuals' personality types and dispositions under her management. During an initial six-week preceptorship of new nurses' post-hire, the assigned preceptor checked-in with the nurse manager, who was in the best position to sense the temperament, the emotional maturity, and the level of resilience of the new nurses. As the nurse manager kept a repository of information and impressions of the new nurses, she was in the position to determine the appropriate skills of the mentors and needs of the mentee for pairing. Since the nurse manager created the schedule, she ensured that all participants, the mentors, and mentees worked the same time/same schedule. The nurse manager and education director closely collaborated with the DNP Student on the pilot mentoring program.

After much deliberation between the DNP student and the nurse manager, the latter strongly recommended four mentee-mentor partnerships or dyads. Initially, the DNP proposed

the idea of all new nurses becoming involved in the pilot program after the six-week preceptorship program. The nurse manager, who was understood to be essential to the medical-surgical unit, and a successful leader in the organization (Weaver et al., 2016), admitted that initiating such would put much strain on the medical-surgical unit. Especially when it came to patient care duties, this was the first pilot project on mentorship; the nurse manager oversaw alongside the DNP student. The nurse manager's insight of knowledge and the willingness to team up with the DNP student further emphasized the need to seek self-growth opportunities (Weaver et al., 2016). The four mentee-mentor pairings were also due to the nurse manager's professional perspective.

Tools or Instruments

The survey tool utilized in the pilot mentoring program was derived from the Academy of Medical-Surgical Nurse's tool guide (AMSN, 2012). The survey tool was created to measure the relationship between the skilled nurse (mentor) and a new nurse. More specifically, the tool allowed one to determine the extent to which the mentee was able to absorb the passage of wisdom, compassion, and confidence from the skilled nurses (AMSN, 2012). The AMSN tool was designed to meet the following objectives: a) develop supportive and encouraging relationships; b) guide nurses in their professional, personal, and interpersonal growth; c) promote mutuality and sharing based on the needs of colleagues; and d) communicate information concerning expectations, learning opportunities, and stressors. The AMSN tool incorporated adult learning principles and Benner's Novice to Expert Model, which explains how the acquisition of new skills necessitates a progression through stages or levels. Benner's model also allows one to see growth in nurses' discrete capabilities. This aligns with the theoretical frame of the pilot project.

Mentee Self-Assessment Survey

The AMSN survey questionnaire was adopted for this pilot project. This questionnaire measured job satisfaction, and it was chosen since it has been tested to be a reliable and valid scale to measure job satisfaction. The self-assessment survey contained 26 items, each of which indicates dimensions of satisfaction, such as asking which aspect of the job offers satisfaction and whether or not one intends to stay at their current positions. For each item, the degree of satisfaction with their work is based on a 1-5 scale: 1= insignificant, 2= low, 3 = neutral, 4 = high, and 5 = significant. The AMSN mentee self-assessment survey was chosen since it correlates with the pilot project's aims and objectives (see Appendix B). The tool establishes the validity and reliability criteria for this mentorship project since the AMSN is an established and respected nursing organization dedicated to the practice of medical-surgical nursing with over 12,000 practitioners/members. Participating nurses completed the survey at baseline and post-implementation, which indicated their satisfaction at their current job (see Appendix C). It was be emphasized that the mentees were encouraged to be honest in completing the tool appropriately. The DNP student reminded the participants that all their responses were anonymous and confidential. The DNP student also assured that there would be no drawbacks nor retaliation from filling out the mentee self-assessment survey.

Mentor-Mentee Program Evaluation

The pilot mentoring program project was measured with pre-formulated questions to evaluate the overall success of the program. Project participants answered five Likert scale-style questions with the responses being from 1 (strongly disagree) to 5 (strongly agree). Specific questions related to the following: a) effectiveness of the orientation, b) the content of the orientation, d) the relevance of the handouts, and e) their overall satisfaction with the mentoring

program. Open-ended questions were also featured in the program to garner participants' feedback. The purpose of the open-ended questions was to gain insight that cannot be captured in a questionnaire. It was expected that the mentorship program evaluation demonstrated an increase in the confidence level and job satisfaction of all participants. More precisely, it was expected that all participants demonstrated an increase in their intent to stay, therefore, increasing retention and reducing nurse turnover in the organization. Mentors and mentees answered the questionnaire during the post-implementation of the pilot mentoring program. The DNP student contacted the AMSN via email, and permission was granted for the student to use the mentor and mentee tool guide in the DNP project (see Appendix D). A percentage analysis was used to determine the ratio of the baseline of mentees' self-assessment before implementation and post-implementation. The change in the ratio was graphically represented on a bar graph. The results were shared with the team and participants, but the participants' information remained confidential.

Project Plan

After the necessary permission was granted, the DNP student posted the pilot mentorship program poster at the nurses' common area with the nurse manager's approval (see Appendix E). The nurse manager presented the said pilot program to the staff during their monthly meetings. The program team members started the recruitment of the participants who met the inclusion criteria. A strict consenting process was followed in subject recruitment. Prior to any project-related activity, each participant completed an informed consent form (see Appendix F). The informed consent process strictly followed the guidelines set in the International Conference on Harmonization's Good Clinical Practice Guidelines. Since the participants did not fall under valuable subject criteria and could not consent, participants were deemed competent to consent.

There was no need to seek legal representation before commencing the project. The appropriate ethical requirements were secured before the recruitment process began. Securing the appropriate ethical requirements protected the right of the participants.

After the recruitment process, the pilot project was implemented. In maintaining fluid communication among participants, prior to orientation meeting room approval, email messages were sent by the nurse manager to inform participants about the orientation and indicated the time and location of the orientation. The nurse manager ensured that the orientation's approved room was equipped with an overhead projector and a desktop computer to facilitate the orientation. Furthermore, the nurse manager notified participants that their email addresses were shared with the DNP student for future correspondence. Mentors and mentees who wished not to share their email addresses with the DNP student were asked to opt-out of the list, and they were kept informed regarding the project via posters, through the weekly meetings, and during the DNP student's visit. On the first day of implementation, a four-hour orientation was held for mentors and mentees. During this orientation, the DNP student explained the program aims, mentor/mentee roles and responsibilities, processes, and benefits of formal mentorship in a PowerPoint presentation (see Appendix G). Present at the orientation was the DNP student, education director, nurse managers, site coordinator, and senior leaders of the organization. The content of the orientation integrated Benner’s theorization of nurses’ professional progression from Novice to Expert.

Once all the orientation's necessary components were completed, participants were asked to participate in communication activities. The significance of participating in communication activities during orientation was to demonstrate to each participant the importance of practicing open communication and collaboration among the participants. This helped to foster mentor and

mentee relationships during the implementation of the pilot mentoring program. The establishment of learning activity was situated within the context of the program's goals and objectives. Besides the communication activities, sharing a past mentor or mentee experiences was encouraged, and mentors indicated insights on what worked and what did not.

The activity also included skills training on goal setting, teaching, and coaching. Role-playing of communication, giving feedback, and resolving conflicts was employed as a learning strategy. Mentor and mentees were paired randomly to allow the sharing of experiences in a group setting. Questions and concerns were accommodated, answered, and resolved adequately. Mentor and mentee were asked to fill out all the necessary documents leading to the formation of four mentor-mentee dyads, as seen in (see Appendix H).

A program packet guide (see Appendix I) was given to mentors and mentees with the forms they needed to complete for the entire pilot mentorship program. Aside from the packet guide, an agreement form for the mentors and mentees (see Appendix J) was initialed by the participants. All the completed forms were submitted to the DNP student. They were locked in a secured sealed box for privacy and confidentiality, where forms would be destroyed after four years from implementing the mentorship program. The personal identifiers were coded accordingly and designated a specific number randomly. Only the DNP student and the unit manager were aware of the evaluation results and the personal identifiers. At the end of the orientation, light refreshments were served to all present.

Mentorship Written Plan

The mentee completed the planning tool (see Appendix K) to determine his or her learning needs that served as the basis for teaching, coaching, and role modeling. This made the individual aware of the type of support and guidance needed from the mentor. However, the

mentee added other learning needs that were not covered by the tool after discussion with the mentor. To encourage ownership of the mentorship, the mentee developed a written plan for mentorship to help direct their choice of interest. The mentors were asked to stipulate their goals, outcomes, expectations of both parties, and the methods and frequency of communication (see Appendix L). Having this in writing increased responsibility. Both parties revised the plan as necessary, which better demonstrated how the program, though well-detailed, allowed for flexibility in its application. The planning tool was adapted from the American Academy of Medical-Surgical Nurses (AMSN, 2012). An AMSN mentor guide (Appendix H) was given to the mentor-mentee dyad.

Mentor Dyad Meeting Agenda

The dyad worked together on each shift. The dyad meeting agenda allowed the mentor-mentee to outline the mentee's learning needs when both set up to meet. This enabled the mentor to foster ways to reach the mentee’s goals and meet the program goals. The importance of having the mentee lead their learning process and, at the same time, allowing the mentor to help the mentee reach that goal was essential. However, to ensure that they continued to follow the well-detailed plan and not deviate away from it, they met weekly. The mentee primarily drove the mentoring relationship. To inspire the mentee and ensure that mentorship fulfilled his or her needs, the mentoring meeting agenda tool (see Appendix K), adapted from the AMSN (2012) guide, was made available to the mentees. The tool facilitated communication with the mentor to clearly articulate their goals and issues or topics for each scheduled meeting. The tool ensured documentation of the following: a) accomplishments for each meeting, b) the schedule and initial goals for the subsequent meeting, c) feedback from the mentee, and d) the length of time spent on the meeting. On a weekly site visit by the DNP student, a brief check-in with mentors and

mentees during morning rounds was performed, and the submitted copies of the mentoring meeting agendas to the coordinator were collected for evaluation purposes.

Support

A mentorship relationship is typically successful when both parties involved like and respect each other and comprehend their tasks. In addition, having a mutual yearning to build rapport and realizing they both have something to give and learn from the other fosters success in the dyad. Consequently, both contributed to the goal of enhancing the quality and maintaining the integrity of their nursing practice. A good fit among the mentor and mentee happened when mentors were compassionate, considerate, sincere, and patient. More importantly, the mentor (or the expert nurse) was willing to reveal information about themselves and possibly shared "rookie" mistakes. If the mentor or the mentee had moments of disagreement, the education director was always on-site to offer support, answer questions, and resolve disagreements during the pilot mentoring program. The education director was then contacted via email or telephone by the DNP student about the mentorship's progress, including the "hiccups," or unintended consequences, along the way.

Conflict Resolution

The mentor and mentee strived to resolve any conflict between them through open communication and constructive criticism through a collaborative approach. However, a third party could be requested if necessary, such as the education director or another mentor with conflict resolution experience. The resolution of disagreement or the lack thereof despite best efforts was documented. In cases of the latter, the mentee or mentor could opt-out of the relationship without any consequences. The program team would then assign a new mentor if the mentee still wanted to be mentored. In case this occurred, the new mentor would be given the

same orientation as the others under the direction of the DNP student. Moreover, the education director would assist the previous mentor in self-reflection and introspection to generate meaning and learn from the negative experience to transform the experience into a “teachable” moment.

Discontinuation of Relationship

Mentees who wished to opt-out sent an email to the DNP student and the nurse manager, which indicated this decision and a request for a new mentor if desired. For existing mentor-mentee dyads, if either the mentor or mentee requested termination of the relationship for reasons unrelated to compatibility, the DNP student and the nurse manager would hold a meeting to discuss the reason for the termination. Also, the nurse manager and DNP student would inform alternative plans for the mentee. The DNP student and the nurse manager would hold a meeting during the DNP student weekly check-in visits to the facility with the mentor and mentee to discuss the reason for the mentee's termination and alternatives. The meeting's expected outcome was to effectively make adequate alternatives for the mentee by recruiting another willing mentor.

Evaluating the Mentor Relationship

At the end of the eight-week pilot mentorship program, the mentor assessed their relationship with the mentee answered a survey questionnaire (see Appendix M), inquiring about their impressions – both the positive and negative – aspects of the relationship. The survey questionnaire evaluated the following: a) whether the goals and learning needs were met, b) how the program could be improved, and c) and ancillary feedback, which may offer a more nuanced holistic appraisal. The evaluation results were presented to mentors, mentees, program team members, and the organization's leadership upon prior invitation via email a week before the

program came to an end at the end of July 2020. However, as indicated before, the evaluation results made sure to maintain the confidentiality of all participants.

Weekly Site Visit

The weekly check-in with the mentor and the mentee were arranged for the morning. The DNP student sent out email reminders to mentors a week ahead of the weekly site visits scheduled, between eight and ten, during morning rounds while mentors and mentees were at work to avoid any extra cost for the participants. The purpose of the weekly check-in during morning rounds was to update each other on the mentoring dyad's progress and share feedback if needed. The DNP student visited the facility weekly during the eight-week program, and the first visit took place in the first week of May 2020.

Conclusion

At the end of the eight-week pilot mentoring program at the end of July 2020, the nurse manager sent an email invitation to the organization leaders. The email invited the leadership of the facility and participants and team members for a brief two-hour ceremony. The ceremony marked the formal closure of the pilot mentoring relationships. This was an excellent opportunity to interact with the participants and the leaders of the facility. Every mentee and mentor received a thank-you card celebrating their success in completing the program and developing a more meaningful relationship with their colleagues. The DNP student gave a brief speech about the team's value and the participants and “kick-starting” the mentorship program: all components that make it a great achievement. Senior leaders of the organization were solicited to deliver a speech to mark the end of the occasion. During the occasion, appreciation and celebration of the program’s completion were heralded with refreshments, and a potluck as good food always

brings people together. To commemorate the event, pictures of the participants were taken to capture their hard work and good faith effort.

Primary Outcome

At the end of the eight-week pilot program,100% of the pilot mentoring program participants indicated satisfaction with the pilot program based on the post-evaluation.

Data Collection

Initial data compilation was completed at baseline, and then later, the pilot program intervention data were collected approximately two months after. The DNP student gathered and tabulated the data using an Excel spreadsheet and illustrated the percentage analysis data using a bar graph.

Sustainability Plan

Employ a Change Theory

A theoretical framework was recommended when implementing a new program, especially if the larger ambition was to institutionalize it in the facility. A theory would guide all stakeholders to define the target population, the project's needs, and the project's expected outcomes. Although the pilot mentorship project was successfully launched with all mentors and mentees finding the program essential to nursing longevity, the utilization of a theory lends itself to a more robust program. Proctor et al. (2015) theories provided more transparent concepts and terms about sustainability, and it better shapes conceptual models to frame study questions as well as implement them. In addition, when clear operational definitions are spelled out, even more, precise measurement guidelines for attaining sustainability thresholds are articulated (Proctor et al., 2015). Primarily, in order for a new mentorship program to have “sticking” power

(Heath & Heath, 2010), new mentorship programs needed an overarching theory to guide its inception, evaluation, and conclusion as a new sustainable process.

Demonstrable Effectiveness

The conclusion of the pilot project was insufficient to generate resources to sustain the project beyond its initial authorization. The mentorship project must document its success (and drawbacks) and share this information with all interested parties, ranging from the facility's executive board and patients. The DNP student must be detail-oriented and fastidious in documenting the progression, and the results of the pilot's success, especially since measuring nurses' impact in their profession is critical in informing best practices for the facility (Beck et al., 2013). The DNP student, nurse educator, and nurse manager must not rest on their laurels after the study's conclusion at the end of the eighth week. To some degree, they must take agency in publicizing the mentorship program's effectiveness, whether it be in the form of a brochure, a dedicated space on the facility's web page, or poster presentation, even a feature in the Frequently Asked Questions (FAQs) document.

All stakeholders, including patients and the broader community, must know the innovations taking place in hospitals and that patient care is at the forefront of their concerns. This is especially true when there is mistrust directed at hospitals, doctors, and nurses. Choy and Ismail (2017) argued that trust incrementally and noticeably deteriorates between patients and their healthcare team. When trust becomes an afterthought, it undermines nursing's core principle, bringing forth positive health outcomes to its patients. Therefore, disseminating information about a facility's innovation and demonstrable success in improving patient care should be mandatory.

Project Flexibility

To ensure the plan's sustainability after its formal implementation, the pilot mentorship program must be flexible, following the nurses, patients, and the facility's needs. For instance, during the pilot project, the mentee and mentor were allowed to opt-out of the program. This type of nimbleness in the program's institution helps the mentorship program's longevity and allows it to be tailored to the hospital's needs. Also, the concept of mandatory mentorship discourages the willingness to share and receive guidance. Projects modified in the course of their implementation have a better chance of being sustained than projects that remain rigid to the original pattern. According to Sohal (2018), the unyielding process may cause or add to nurses' job-related stress, placing undue physical and emotional tolls. This inflexibility may lead to nurses feeling they do not have the autonomy, which may impact engagement and teamwork (Dempsey & Reiley, 2016). Therefore, to maintain the mentorship's sustainability, it must be allowed to adjust to the unanticipated challenges and barriers; this, in turn, led to better-engaged nurses, fostering a culture of teamwork.

Human Resources

Implementation of a mentorship program or any new program needs a well-functioning and well-staffed human resources (HR) in order to ensure sustainability. According to Nobakht et al. (2018), HR is an essential element in achieving organizational goals. Human Resources, whether in the US or other parts of the globe, has a plethora of responsibilities rooted in the production and delivery of services, including strategic planning skills, knowledge of needs assessment, leadership skills, and fundraising expertise, to name a few. Findings show that projects that prepared and trained staff and promoted problem-solving had greater sustainability than projects that did not (Berman, 2016; Gile et al., 2018). In short, sustainability increases

where staff and other stakeholders feel that they or their clients can benefit from the project; this confidence in a project's sustainability is, in part, due to the strength of the HR department.

Financial Resources and Financing Strategies

Sustainability increases when projects have multiple sources of funding. However, to increase the chances of these projects' success, facilities must choose the most appropriate health care system model to maintain efficient use of material resources. The efficient use of resources, including staff, would mean improved quality of care, enhanced nurses' professional development, and optimized health care financing (Wendt, 2019). Many studies worldwide have focused on creating and optimizing health care financing models around the world (Reibling et al., 2019) and instituted financing strategies to ensure the sustainability of a new program. Postponing efforts to obtain funding for the project can serve to undermine the project's sustainability. Postponements of funding reflect a broader trend, whereby insufficient attention has been paid to who ultimately bears the responsibility of sustainable financing (Liaropoulous & Goranitis, 2015). Although containing costs is usually a subject under discussion when establishing a new plan, there is no generalizable healthcare industry solution. What does exist in the US is a myriad of scapegoats to blame for the escalating costs of instituting new programs and the larger increase in the healthcare economy (Branning & Vater, 2015). Unfortunately, issues around financing and funding is a political problem. To obtain continued financial resources with appropriate financial strategies requires all core stakeholders to value the long-term benefits of establishing a mentorship program. This value is the reduction of high turnover rates and an increase in new nurse retention.

Evaluation Plan

Sustainability Factor

Continuing project evaluation is a valuable tool to promote sustainability and facilitates the germination and development of strategies to guarantee the mentorship program's successful implementation. Evaluating a project also means that it is determining its effectiveness and ineffectiveness. This process helps identify possible flaws in the design and the implementation of the mentorship program and, more broadly, reflects that the facility is proactive in assessing its new programs. This adds value as a facility represents “scientific value” and its ethos that it is responding to the needs of today’s hospitals by developing “subspecialties of nursing,” cultivating high-level talents that help funding support and nursing research (Cheng et al., 2017). Contemporarily, evaluation of nursing projects (and research) has become a topic of critical interest from management agencies and related researchers (Brewster et al., 2014; Holley, 2016)

Organizational Stability and Flexibility

The ultimate goal of the pilot project is to institute a mentorship program in the facility. The mere attainment of the project’s objectives – such as the mentorship dyads being successful with positive reviews from all interested parties – is not enough. The pilot project results and its new elements must be integrated seamlessly into the facilities' structure and culture to further its sustainability and entrench mentorship as part of the job (Nancarrow, 2015; Wise et al., 2017). Workforce flexibility should be encouraged, enabling the existing nursing staff to work to their full scope of practice and extending their roles as mentors. Based on Nancarrow’s (2015) findings, she theorizes that organizational stability and flexibility will likely occur if the mentors' training is clearly regulated and evaluated. Although implementing a new project is fraught, the

nurse manager and nurse educator must remain flexible and acknowledge that practitioners and parties have all the requisite skill set to be mentors.

Project Champions

Several studies have found that project champions, who promote the project in the facility and organization as well as the broader community at large, can make a positive impact on to project's sustainability (Luz et al., 2018; Miech et al., 2018; Shea et al., 2016). According to Miech et al. (2018), project champions are crucial to effective healthcare-related implementation. Nevertheless, their role has been undercut and hampered since facilities, along with its leaders, are unsure how best to utilize them. Even though such champions should have a relatively high place in the organization, the capability and authority to make necessary compromises and negotiating skills may be challenging. Project champions instill and spread innovation in the healthcare industry; a new mentorship program's sustainability objectives should be recruiting, training, and engaging with community champions.

Managerial Support and Flexibility

Management's openness to new ideas, to take risks, and to evaluate a new program increases the program's chances of survival in the facility. A good manager or good leader will employ a leadership style that impacts nurses' embracing of a new project, their satisfaction, and patient care (Saleh et al., 2018). Good managers with the willingness to be flexible when implementing a new mentorship project mean one who can promote, absorb feedback, and evaluate the mentorship program continually, and tinker with it accordingly. This outlook contributes to the project's sustainability. To some degree, a designated project manager may be a factor in ensuring the new mentorship program's seamless integration. After all, the project manager is the head of the project process and is responsible for overseeing the project and

project team. According to DuBois et al., (2015), the critical attributes required to be a good manager is the following: a) the ability to team build, b) establish clear relations and roles between project members, c) exude openness and self-confidence, and d) clearly define project successes and reevaluating when necessary. By adopting these core qualities, the project's stakeholders – such as the new nurses, the "expert" nurses, and patients, to name a few – are more likely to feel the positive impact of a successful mentorship project. It is not enough to possess one of these crucial traits or the success of one pilot project.

Integration in the Organization

New projects that are not well integrated with existing systems will be unsustainable. The new elements of a project must be integrated in such a way that it does not disrupt any other norms and practices of the nurses, both the inexperienced and the seasoned, the nurse educator, and nurse manager. Flexibility is required, adjusting to the nuances of the said facility. To improve the chances of instituting the mentorship program and preventing treating the mentoring program as a "fad" of the moment, the development of new organizational policies and procedures will be imperative. This will ensure the projects remain part of the facility's routine activities even after the DNP student departs. With that said, according to Jantzen et al. (2017), nurses and all parties involved must be told that there will be an organizational change. In addition, nurses' prior experiences of organizational change must be recognized, cataloged, and measured to ensure the new mentorship program's sustainability. New ideas and processes must be introduced by first knowing an organizational change are required, then proceeding to integrate the mentorship program, knowing that it must overlap with the facility structure, values, mission statements, ethos. To do otherwise would be fraught with problems when then calls for flexibility with clear parameters in how the program was evaluated.

Broader Community Support for the Project

Several studies have observed that community support for implementing a new project is needed to ensure its sustainability (Glandon et al., 2017; Richardson et al., 2020; De Weger et al., 2018). The ultimate reason for the broader community support is that their whole-hearted cooperation, rather than a perfunctory one, helps make meaningful evaluations of a new program and facilitate its sustainability. However, it should be underscored that there is no one uniform method in fostering community engagement. According to De Weger et al. (2018), community engagement is understood as being crucial to improving care; yet, many facilities are still searching and modifying existing models to tailor it to their institutions. This realist view is needed to help better all interested parties, including the nurse managers, the nurse educators, and the DNP student, to implement their program and obtain their patient and community feedback in order to make the mentorship program more robust.

It is also imperative that the broader community feel a sense of ownership among those who gain from the project in the community to increase their motivation to sustain it. Obtaining this sense of collective ownership is a complex endeavor as it then means that issues of diversity will arise that must be recognized and addressed. According to Richardson et al. (2020), a new program or a novel research inquiry a complex multi-stakeholder process that is deeply affected by the social and cultural settings within which it takes place. As a result, the history and perception of previous relationships and engagement between the facility and the community must be understood and examined. This is a quintessentially tricky step in the implementation of new projects or processes since it is about being aware of the relational setting of the facility, which then means being vigilant and sensitive to the shifting social dynamics. This vigilance and

sensitivity would more than likely lead to the optimal evaluation of a program and its future sustainability.

Political Legitimation

Another factor that has been improved as promoting project sustainability is political support with the institution and in legislative bodies (Iwelunmor et al., 2016; Lennox et al., 2018). According to Cepureanu and Ceptureanu (2019), institutional routines are difficult to override even with the support of the new mentorship program amongst the mentors and mentees. With that said, it is essential to adapt projects to the policies and regulations of the relevant government bodies as it then allows the new mentorship program to be evaluated within their expected parameters. Political legitimation, although an abstract concept, is the intangible quality needed to incorporate a new program. This legitimation helped make the mentorship program into a sustainable one with the goal of it being a feature of everyday routine practice.

Timeline

The entire pilot mentorship program took eight weeks to complete. This timeframe did not include obtaining ethical and operational approval and participant recruitment. The start of the eight-week pilot program began on May 19, 2020, and concluded at the end of the third week of July 2020. Then at the end of July, the data were tabulated and analyzed, offering discussions and limitations of the study as well as its conclusion. The entire project took seven months from start to finish. A detailed description of the project activities is outlined in the timeline **(**see Appendix N).

Data Analysis

The process used to analyze the data was descriptive statistics—the preparation of the data utilized an Excel spreadsheet. The DNP student was responsible for inputting the numbers

in the Excel spreadsheet. The data was stored on a personal computer with a passcode. The DNP student transcribed the narrative and asked the education director and nurse manager to verify that the narrative matched the trajectory and the pilot project results. The project team did not require any additional training since it was their area of expertise as nurses. During this two-month timeframe, the DNP student collected data on an on-going basis.

Institutional Review Board/Ethical Issues

The Bradley University's Institutional Review Board, known as the Committee on the Use of Human Subjects in Research (CUHSR), was the ethnic review committee that was selected for this project. The DNP student submitted an application to CUHSR, together with the informed consent for the project. The appropriate consent template retrieved from Bradley University's Institutional Review Board website was distributed to the participants. All documents were considered confidential. Each participant had an individual folder where their files were stored. These folders were locked and secured place by the DNP student. Data protection and documentation were followed by the facility's protocols on confidentiality mandated by the HIPAA requirement (HIPAA, 2019). A letter of request to conduct the pilot project was sent to the DNP project site administrator (see Appendix O).

Chapter III: Organizational Assessment and Cost-Effectiveness Analysis

Organizational Assessment

A mentorship program with the ambition to impact job satisfaction, level of clinical competency, problem-solving skills, emotional intelligence, and increased retention rates as a viable intervention to reduce turnover rates would provide the facility with the much-needed boost decreasing retention rates among the nurses. Hence, it was imperative to assess the organization's readiness for change. The collaborative team of leadership support and the

approval of the pilot project's in-house mentorship program showed a willingness to address the low retention of nurses head-on. Allowing the DNP student to lead the study demonstrates a bottom-up rather than a top-down approach to leadership.

Although the pilot project scale was small, to make it feasible, there were some critical barriers in thoroughly implementing the mentorship. The first barrier was associated with financial restraints. The absence of sufficient funds to support the entire program was the first significant challenge associated with this initiative. Markedly, some of the mentors might not be cooperative enough during the implementation. This resulted in unbalanced mentoring among the assigned mentee in the health institution. Issues with different implementation processes arise from this. For the program to be effective, all participants had to make an eight-week commitment to the pilot project. Some mentors, or the experienced nurses, might not be fully cooperative for the program's duration. This might not be due to a personality flaw, but the high demands placed on nurses on the medical-surgical units. Another barrier was that all mentees would not receive the same quality of mentorship, with the result being unbalanced mentorship. According to Brown et al. (2009), organizational barriers to change were the lack of time and lack of nursing autonomy. The DNP student ensured that mentors' and mentees' ongoing perspectives and experiences were respected and that their sense of autonomy and authority as nurses were not questioned.

As gleaned from Brown et al. (2009), the project's facilitators found that the four fundamental reasons for the failure to implement evidence-based practice are the following: learning opportunities, culture building, availability, and simplicity of resources. Since the mentorship was, in part, founded on building a culture of professional camaraderie and professional development, one could not have foreseen the issue with the pandemic. However,

Brown et al.'s (2009) study emphasized the need to beware of the possible pitfalls of incorporating a change in an institution.

Interprofessional collaboration is a two-way effort. Interprofessional collaboration has significant benefits in the treatment of quality experiences among teams and in the processes of implementing evidence-based programs. Interprofessional collaboration materializes when healthcare workers with a range of experience jointly work to achieve a common objective. This intrinsic characteristic facilitates sustainability and strengthens the overall organizational culture. Mentoring outcomes are dependent on the support and quality of the pilot mentoring program, which would be optimized through unity. Besides, team cohesion is significantly enhanced when interprofessional collaboration has been fostered. Therefore, interprofessional collaboration was appreciated due to the increased quality of professionalism and leadership and the improved organizational culture, which facilitates the sustainability of more established mentoring programs (Green & Johnson, 2015).

Cost Factors

The proposed budget for this study was made to ensure the financial feasibility of the pilot project (see Appendix P). To reduce the costs associated with the eight-week project, an in-house mentorship program, the DNP student approached the facility's leadership and proposed the project as part of their quality enhancement process. Support and endorsement from the top-level management at the facility gave much merit from all parties involved, leading to a ready pool of potential volunteers willing to participate in the mentorship program. The DNP student**'s** grant proposal was accepted by the facility's leadership to help alleviate some of the cost of implementing the pilot program (see Appendix Q). Resources, such as a computer and a secure lockbox, were made available to the investigator. To reduce the cost of launching the pilot

project, resources were available to the DNP student beforehand, such as computer hardware, projector, and software requirements were made available during the orientation and post-implementation ceremony.

Additionally, the cost of refreshments and supplies, which were a significant part of the expenses, was covered by the proposed grant since it had been approved. In an event where the proposed grant was not approved, the medical director assured the DNP student that the facility would absorb the pilot mentoring program's cost. The facility's organizational support bodes well for the program, as this factor bolsters the confidence of all parties involved (Nowell et al., 2017). A sizable portion of the project's budget was for refreshments and supply-related costs. The DNP student perceived that a long-term solution to these financial issues would be to have the facility's leaders adopt the said intervention in their quality systems and include it in the facility's yearly budget.

Chapter IV: Results

Analysis of the Implementation Process

Before implementing the mentoring program, the DNP student secured formal approval to implement the project. There was a three-week delay in the initial project timeline due to the IRB application's adjustments and a standard site approval form (see Appendix R) from the facility administrator at CUHSR request. The COVID-19 pandemic letter of declaration guaranteed that the DNP student would implement the project and follow the required Center for Disease Control (CDC) guidelines. Changes were needed to obtain approval from the ethics committee at the Bradley University of CUHSR. During the IRB application adjustments, the DNP student assumed the project's leadership role in communicating with the facility administrator and project team, including the education director and medical-surgical unit

manager at the facility. The DNP student continued to update team members of the subsequent proceedings IRB approval.

Garnish Support Among Unit Nursing Staff

Once the facility team granted permission, the project lead attended the medical-surgical unit meetings to garnish support for the upcoming pilot nurse mentoring program and encouraged them to participate. An in-person meeting was held at the practice site with team members in the medical-surgical unit to discuss appropriate measures during the project and the review facility protocol related to COVID-19. While discussions were ongoing regarding infection control measures, maintaining necessary social distancing measures was essential. The DNP student requested an appropriate and sizable conference room to accommodate participants. A larger conference room would enable participants to adhere to the social distancing order—per protocol—and the set up needed for the projector and laptops for the upcoming project participant orientation.

A project poster was posted in the common nursing area to invite nurses to join the pilot nurse mentoring program. With the unit manager's permission, application sheets were passed out for interested nurses to sign up to become a potential mentor for the program. The project lead handed over additional applications for interested participants to the unit manager to allow staff who were not at the meeting to sign up later.

Reviewing Participants Applications

On May 26, 2020, the DNP student met with team members at the facility to discuss and review the number of interested nurse applicants who have applied to be mentors for the program. Additionally, the facility's team members reviewed the mentors' inclusion and exclusion criteria to ensure no deviations from the project plan. Furthermore, the DNP student

discussed mentees' recruitment and the mentees' required inclusion and exclusion criteria. The unit manager acknowledged most nurses' overwhelming interest and response in participating in the mentoring program project. The DNP student and the unit manager agreed to meet with the education director to review applications, finalize the selection process with email communication, and set an orientation day for selected participants.

Deliberation and Selection Process of the Mentor-Mentee Dyads

Twenty-four full-time, experienced nurses and twelve new nurses work on any given 12-hour shift in the medical-surgical unit. Out of the 24 full-time nurses and eight mentees on a given shift, 20 nurses applied to be mentors. Out of the four nurses who did not enroll, two were on vacation, one was on maternity leave, and the other was on sick leave. Four mentors and four mentees were selected and consented to participate in the project.

While building confidence in the mentee, the mentor must establish trust. Matching was based on the skills of the mentor and the needs of the mentee. The nurturing of new nurses to sustain retention and reduce turnover among nurses in the organization was required to match new nurses with mentors committed to improving nurses' high turnover rates in the acute care setting. A mentor-mentee relationship requires work, commitment, and follow-through on both sides for this to succeed. Hofler and Thomas (2016) argued that the mentee must be paired with a mentor that best matches their personality. This relationship has proven to be pivotal in integrating new nurses in their new places of employment. As such, the nurse manager can intuit all individual's personality types and dispositions under her management. During an initial six-week preceptorship of new nurses' post-hire, the assigned preceptor checked in with the nurse manager, who was in the best position to sense the new nurses' temperament, emotional maturity, and resilience. As the nurse manager kept a repository of the new nurses' information

and impressions, she determined the mentors' appropriate skills and the mentee's needs for pairing. Since the nurse manager created the schedule, she ensured that all participants, the mentors, and mentees, worked on the same schedule. The nurse manager and education director closely collaborated with the DNP Student on the pilot nurse mentoring program.

After much deliberation between the DNP student and the nurse manager, the latter strongly recommended four mentee-mentor partnerships or dyads. Initially, the DNP proposed all new nurses becoming involved in the pilot program after the six-week preceptorship program. The nurse manager, who was understood to be essential to the medical-surgical unit, and a successful leader in the organization (Weaver et al., 2016), admitted that initiating a plan whereby all new nurses are mandated to complete a six-week preceptorship program would put much strain on the medical-surgical unit, especially with the looming COVID-19 pandemic. As this was the first pilot project on mentorship, the nurse manager oversaw alongside the DNP student, especially regarding patient care duties. The nurse manager's insight, knowledge, and willingness to team up with the DNP student further emphasized the need to seek self-growth (Weaver et al., 2016). Once the mentors and mentees were paired, project team members agreed on a date to begin orientation. With the recent mandate for social distancing due to the COVID-19 pandemic, the DNP student had requested a larger conference room to accommodate participants and attendees for orientation. Ensuring that the appropriate room size accommodates attendees and participants was essential to allow participants and attendees to follow the required facility protocol for social distancing. The approved computer and the necessary audio apparatus assured a smooth presentation of the orientation.

Implementation of the Project

The morning of June 1, 2020 was orientation day for project implementation at the facility, and it went smoothly. The Chief Nursing Officer (CNO), practice site team members, unit managers, and the education director were present. As required, adherence to social distancing throughout the orientation's six-hour duration was maintained. Participants were greeted and welcomed to the orientation by the team leader and chief nursing officer. The DNP student distributed an orientation packet containing the project timeline, participants' agreements, and survey evaluation tools to participants with appropriate instructions. To minimize possible COVID-19 exposure among participants, the DNP student covered all the packet guides containing forms in individual plastic covers. PowerPoint presentations followed after all appropriate documents were filled out and handed over to the project lead. Communication activities on skills training, goal setting, teaching, coaching, role-playing, skillful communication technique, giving feedback, and resolving conflicts followed with the paired mentors and mentees while adhering to social distancing and facial covering due to COVID-19 protocols. Mentors and mentees were paired randomly to allow the sharing of experiences in a group setting. Questions and concerns were invited, answered, and resolved adequately. Orientation was concluded with the CNO giving a short speech, and question and answer sessions were held to ensure participants understood their roles. Light refreshments were served after the orientation, which marked the beginning of the eight-week weekly site visits.

In the first week of project implementation, an in-person visit to the practice site in the morning to check-in with participants and inquire about any issues or concerns mentor and mentees might be encountering was successful. The DNP student held short one-on-one meetings with mentors and answered questions regarding the project plan and expectations as a

mentor for the project. Mentees were engaged in one-on-one discussions to inquire about mentee interactions with mentors and mentee goal setting. Furthermore, the DNP student informed each mentor and mentee to expect weekly emails to remind the team leads of weekly practice site visits. A follow-up telephone communication was held in the first week of implementation with the facility administrator to update leadership on the early stages of the implementation process with participant check-ins and the site team's members. The DNP student discussed the implementation process's progression and practice site check-ins with project participants and their expectations.

In week two of project implementation, the DNP student checked-in with participants and having a one-on-one with each participant at various times, depending on workflow. Project lead needed to wait for each participant. Since the second meeting post orientation, the project leader wanted to ensure that each mentee had met with their mentors and had gone over mentee goals in which mentors seemed eager to see the goal of each mentee realized.

Additionally, the project lead checked in with the unit manager, education director and briefed the facility administrator on the implementation team's ongoing progress. Due to COVID-19, there were many necessary precautions and changes to clinical care made at the facility, especially in entering the facility, adhering to the six-foot rule, and leaving the facility. The subsequent weekly visits continued with minor adjustments made due to the pandemic until day eight of the implementation—the final day—and the end of the pilot mentoring program. The DNP student and team members set up food and drinks in the meeting room for the celebration and potluck. Participants, team leadership, and Chief Nursing Office staff arrived shortly after the celebration had begun, which begun with the DNP student's short introduction, followed by the CNO addressing team members and the participants. The education director and

unit manager requested that everyone join in eating and drinking while keeping safe social distancing measures. After food and drinks were served, the DNP student distributed the same survey post-intervention and post-program evaluation to the mentees. A mentee-mentor relationship survey was also distributed to the mentors to evaluate their mentoring relationship with mentees after the mentoring program. Mentors were also asked to complete the post-program evaluation survey. All post-intervention surveys/evaluations were strictly confidential but were not anonymous. However, only the DNP student was privy to the identifiers to ensure the integrity of the results. Once the data was collected, all identifiers were removed. The DNP student collected all the surveys and placed them in a secured envelop; the DNP student gave mentees a thank-you card. Mentors were given a letter of recognition for participating in the pilot mentorship program. The letter of recognition for mentors would be placed in their employee files by the education director. While participants and leadership were still enjoying the celebration, the CNO and the DNP student delivered a thank-you speech to everyone for allowing and supporting the quality improvement project. Leadership, team members, and participants were informed that final results would be shared once they were ready and declared the program's conclusion.

Actual Plan Compared to the Initial Plan

The pilot nurse mentoring program was a collaboration between the DNP student and facility team members and its leadership in Los Angeles. The DNP student-led the team to implement the pilot nursing program in the medical-surgical unit of the facility, which was well coordinated in light of the COVID-19 pandemic. In comparing the actual project plan to the initial project plan, most of the changes were COVID-19 related mandate and social distance restriction. The critical aspect of the project was to ensure that participants were not exposed.

Participants adhered to the requirements in the practice site and on the medical-surgical unit. The DNP student maintained fluid communications with the participants during the implementation of the project. With the resurgence of COVID-19 in the Los Angeles and surrounding areas and the continued restrictions on social distancing, a larger conference room was arranged to accommodate adherence to the social distancing mandate.

Dyad Orientation

The planning tool was adopted from the AMSN tool guide from the Academy of Medical-Surgical Nurses—with permission. Mentees used the AMSN tool guide to determine their learning needs. The AMSN tool guide served as the basis for teaching, coaching, and role modeling. The planning tool was akin to a working notebook. The mentees were asked to stipulate their goals, outcomes, expectations of both parties, and the methods and frequency of communication. The dyads' meeting agenda allowed them to outline the mentee's learning needs when both set up to meet.

On-going Role of the DNP Student as the Project Lead

The DNP student weekly check-in with the mentors and the mentees were arranged for each morning. The purpose of the weekly check-ins, during morning rounds, was for mentors and mentees to update each other and the DNP student on their progress and share feedback if needed. The DNP student visited the facility weekly during the eight-week program.

Lessons Learned

The most important lessons learned were having active leadership involvement combined with skilled communication and collaboration with on-site team leaders that share a unique understanding of the organization's need to achieve the project goals. As a DNP student, acknowledging that the beginning of a successful new intervention as a team leader, especially

when trying something different, was often a matter of leadership support. Regarding developing leadership skills based on DNP competency assessment for the practicum design reassessment, numerous lessons were gleaned such as the following: a**)** being proactive, b) utilizing time management skills and advanced skilled communication with a collaborative team, and c) obtaining and maintaining collective leadership support. Additionally, the lessons included knowing how to plan and share plans with leadership. The more facility leaders knew about the pilot mentoring project; the more enthusiastic these leaders became about the project. Key to the success meant aligning the project implementation processes to the practice site goals and mission. Lastly, a lesson was to remember that these steps are all part of the learning processes along the way

Analysis of Project Outcome Data

Participants

The pilot mentoring program focused on the retention and turnover of new nurses in the organization to increase retention, decrease turnover among the new nurses, and increase job satisfaction. The methodology employed to promote quality improvement care design was the Iowa model of implementation of evidence-based practice. Iowa model implementation of evidence-based methodology was utilized to increase the organization's retention, reduce new nurses' turnover, and increase job satisfaction. The participants were all nurses and were categorized as mentors or mentees.

Four mentees were selected. Each mentee completed the facility preceptorship, was vetted for solely performing patient care duties, and hired for the medical-surgical unit. Mentor-mentee pairing was based on the skills of the mentor and the needs of the mentee. The nurturing of mentees to sustain retention and reduce turnover in the organization is vital. Hence, it required

matching each mentee with each mentor committed to improving the organization's turnover and retention of nurses.

After completing the implementation pilot mentoring program, both the mentors and mentees were given a post-program evaluation survey to rate the program's success using a Likert scale-style (Appendix C). Percentage analysis was used to measure outcomes of the mentee's pre-and post-survey evaluation.

Results: Mentee Pre- and Post-Self-Assessment Survey

The pre-self-assessment survey results indicate that the four mentees rated their overall degree of satisfaction with their work at a median score of 51 out of a possible 100. The pre-assessment survey results indicated the following areas were rated low with a median score of 1: decision-making power (question 5), autonomy (question 6), recognition for work done (question 15), the opportunity for advancement (question 17), relationship with VP/Director of Nursing (question 21), status (question 24), morale (question 25), and motivation to work (question 26).

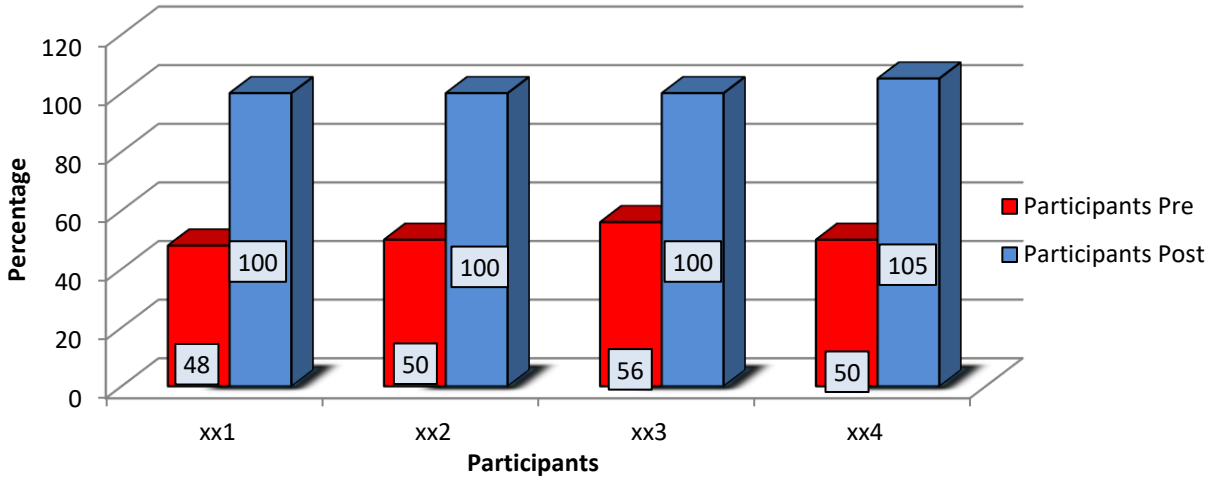
After the completion of the mentorship program, the post-self-assessment survey the mentees completed showed a median score of 101, which an increase of 50% in satisfaction with their work (see Figure 2). The categories with the highest improvements were: decision-making power (question 5), autonomy (question 6), recognition for work done (question 15), opportunity for professional development (question 16), opportunity for advancement (question 17), relationship with VP/Director of Nursing (question 21), enjoyment of work (question 23), status (question 24), morale (question 25), and motivation to work (question 26).

Some dimensions of the survey questions remained unchanged between the pre-assessment and post-assessment survey. These dimensions were responsibility (question 2) had a median score of 4, complexity (question 9), and on the job stress (question 14). A chart showing

the cumulative score comparison of the pre-and post-assessment survey results shows the increase of the difference in mentorship and the impact this has on nurses.

Figure 2

Mentee Pre and Post Survey Results



Results: Post Program Evaluation, Mentees

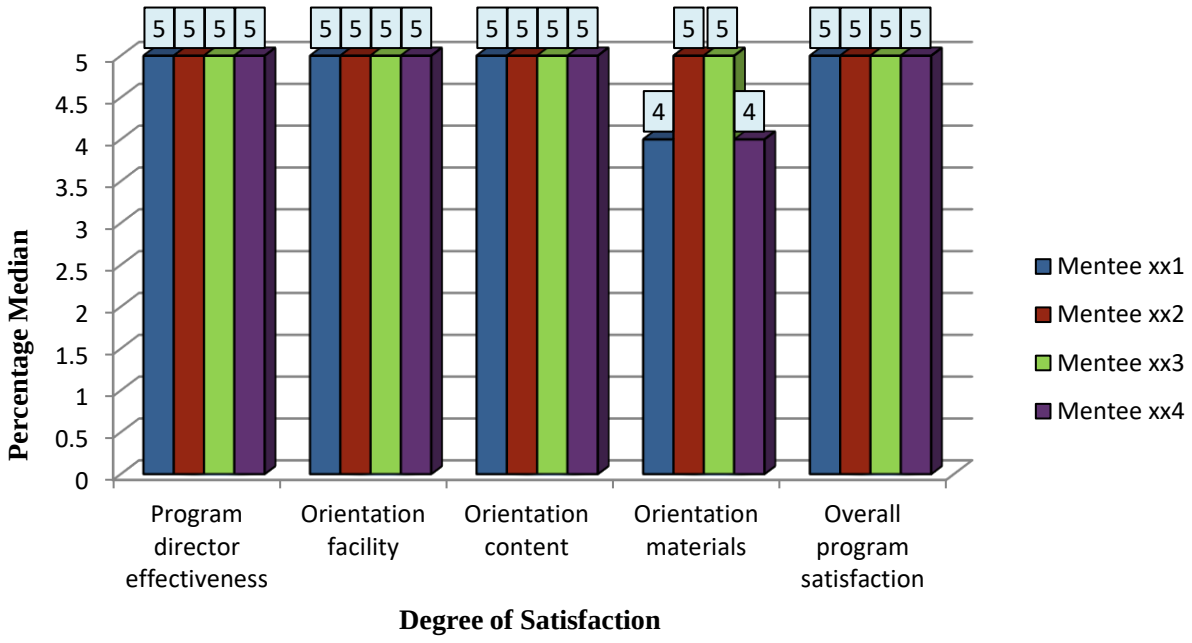
After the completion of the program, the mentees were given a post-program evaluation. The questions from the evaluation rated the following areas: a) effectiveness of the program director, b) the orientation facility, c) the content of the program, d) helpfulness of the materials and e) their overall satisfaction with the mentoring program. The evaluation was measured using the Likert scale with the following ratings: 1) strongly disagree, 2) disagree, 3) neutral, 4) agree, and 5) strongly agree. In addition to this, open-ended questions were also included, so the mentees could include suggestions or comments that could be implemented to improve future programs.

The mentees rated the following areas with a scale of 5 (strongly agree): the effectiveness of the program director in overseeing the mentorship program, the orientation facility, the content of the orientation, and the overall appropriateness and relevance of the program and for

the organization, respectively. Two participants rated the orientation content and materials with a scale of 4 (see Figure 3).

Figure 3

Post Program Evaluation - Mentee



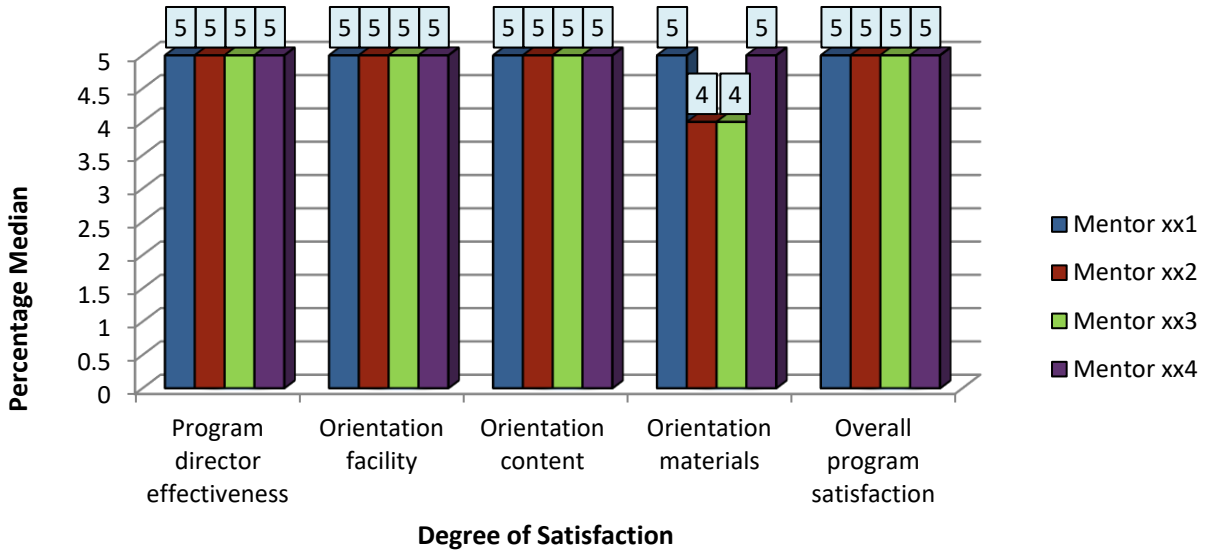
All four mentees added additional comments in the post-evaluation survey. Mentee 1 stated, “well-organized” mentee 2 stated, “great orientation,” mentee 3 stated, “I learned a lot,” and mentee 4 stated, “great orientation.”

Results: Post Program, Mentor

Mentors were also asked to evaluate the program using the same evaluation form as the mentees. All four mentors rated the following areas as 5 (strongly agree): the effectiveness of the program director in overseeing the mentorship program, the orientation facility, the content of the orientation, and the overall appropriateness and relevance of the program and for the organization. The mentors rated the materials and handouts with a mean Likert score of 4.5 (See Figure 4)

Figure 4

Post Program Evaluation - Mentor



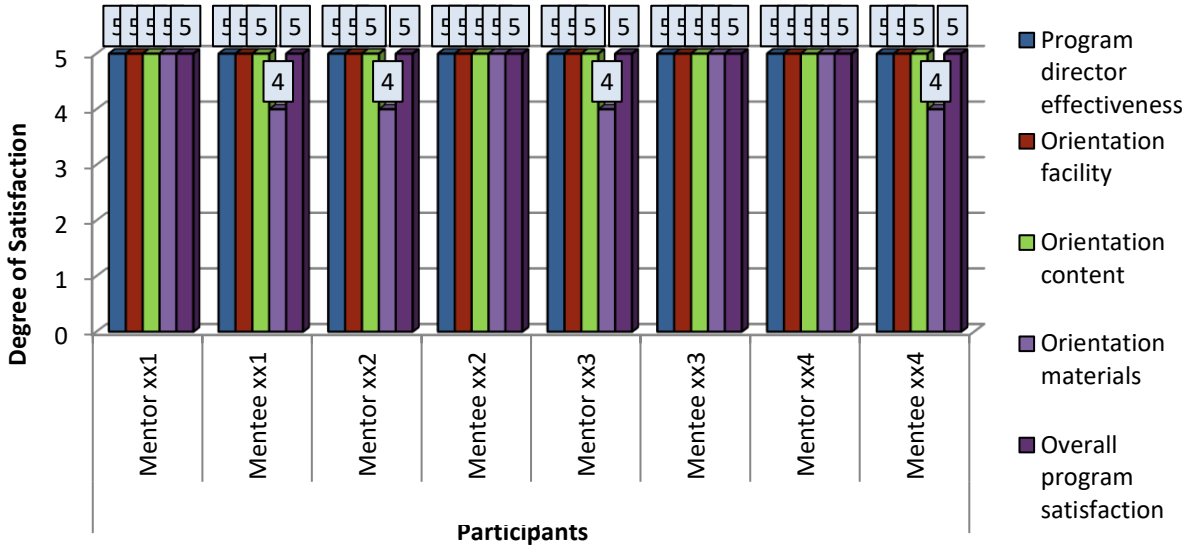
Two mentors offered suggestions as to how the program could be improved. Participants 1 and 3 both stated, "more time for discussions" would be helpful. In addition to this, all four participants wrote in additional comments. Mentor 1 stated, "Great program, I enjoyed it," mentor 2 stated, "I learned a lot," and Mentors 3 and 4 offered similar comments with "great program."

Post Program Evaluation

Mentors and mentees rated the orientation materials and handouts helpful with a median score of 4.5, and all participants rated the satisfaction with the pilot mentorship with a rating of 5. Based on all of the participants' evaluations, the program was rated successfully by both the mentees and mentors. Suggestions for the additional time allotted for discussions would improve while evaluating the content and materials would need to be assessed for the mentor program's full implementation. All participants received a thank-you card at the end of the project for their time (see Appendix S).

Figure 5

Post Program Evaluation - Mentor/Mentee



Results: Mentor-Mentee Relationship

A mentor-mentee relationship requires work, commitment, and follow-through on both sides if it succeeds. All mentees completed the mentee-mentor relationship survey questionnaire at the conclusion of the program. The survey allowed the measurement of each mentor-mentee relationship and reflected how the relationship developed overtime during the eight-week projects. Mentees responded to the survey indicating that their relationship with their mentors was based on finding common ground, based on the development of rapport. All four mentees rated the following areas as 5 (strongly agree): expressed confidence in you and your abilities as a nurse, been supportive of you overall, guided you in assessing your immediate learning needs, gave you feedback on your assessment of your performance as a nurse, talked with you about clinical decisions you made, been available to talk/meet with you when you wanted to talk/meet, and allowed you to express your feelings about your current work environment openly. The mentees reported positive benefits from the relationship. Mentees in the mentoring relationship

reported increased self-confidence (98%), competence as an RN (97%), job satisfaction (94%), and satisfaction with their nursing career (96%). Most of the mentees reported that the mentoring program enabled them to develop their confidence and further develop their knowledge and skills. Reported vital elements of an effective mentoring program include working closely together and the availability of the mentor. All the mentees reported their mentors using positive verbal persuasion and encouragement, which resulted in increased confidence. The mentors also challenged the mentees to perform new skills and increased clinical competence and the confidence to perform skills independently. Many of the mentees reported the mentoring experience allowed for developing their professional identity, which transformed into creating their sense of confidence and self-worth. Mentees reported that the mentors provided them with valuable knowledge and skills, thus contributing to increasing job satisfaction and organizational commitment. The result indicated tremendous improvement in the mentor-mentee relationship during the project implementation.

Chapter V: Discussion

Findings

With the demand for nurses increasing in the United States, new or novice nurses are under tremendous pressure to quickly transition from the academic to the professional setting, explaining the high turnover rates. As mentioned, Bong (2019) found that new graduate nurses are susceptible to moral distress, which then adds to the broader critical shortage of registered nurses in this country. Nurses, whether novices or experts, valued assistance, ongoing training, and mentorship (Bugajski et al., 2017). The aim of this pilot project was to retain novice nurses for a long career in nursing.

The pilot nurse mentoring program's primary objective was for 100% of the participants to indicate satisfaction with the program based on survey results at the end of the eight-week mentoring program; this objective was met. The following specific criteria measured success: a) their level of preparedness, b) their clinical competency, c) their improved ability to problem-solve, d) their level of being integrated into the medical-surgical unit, and e) their level of confidence in their career choice.

The pilot project was a success. As new nurses' preparedness levels increased with job satisfaction, their decision-making power improved throughout the pilot project. Their clinical competency and problem-solving skills correlated with their sense of autonomy, supported by the increased recognition for work done. The new nurses' integration into the medical-surgical unit overlaps with an improved relationship with the VP/Director of Nursing. Finally, the new nurses' confidence levels that they have chosen the right career path were evident in their willingness to seek professional development opportunities. The opportunity for advancement, the enjoyment found in working as a nurse, newly acquired status as a nursing professional, and their morale improved dramatically. Their motivation to work is strongly suggestive that these new nurses have been retained. Additionally, in comparing mentees pre and post-survey results where pre-implementation mentee survey score of 1 was low in terms of decision-making power (question 5), autonomy (question 6), recognition for work done (question 15), the opportunity for advancement (question 17), relationship with VP/Director of Nursing (question 21), status (question 24), morale (question 25), and motivation to work (question 26). Post-implementation results of the same mentee results signified high scores, especially when it came to morale (question 25) and motivation to work (question 26). Hence, comparing mentee pre and post results further affirms that the new nurses have been retained.

In identifying the main changes observed in the care delivery and clinical outcomes with the pilot project's implementation, the COVID-19 pandemic's emergence dramatically changed the facility's care delivery. New protocol and infection control measures to curb the spread of the pandemic were instituted. Another change was having to make room in the facility to accommodate participants during the project's orientation and closing session while keeping to the facility's social distancing measure protocols. Additionally, participants could not meet face-to-face in many instances with their mentors due to social distancing restrictions.

Video conferencing or telephoning measures were employed to allow fluid communication among mentees and mentors. The desired outcome amid all the changes observed in the care delivery was achieved whereby all participants surveyed indicated the need for a mentoring program for nurses in the facility. The most significant successes and difficulties in the implementation have achieved the project's objectives in the COVID-19 pandemic and minimized the participants' exposure. The intervention was effective, evidenced by the pre and post results indicating mentee intent to stay at their current job, whereby increased retention for -nurses in the acute care setting would be actualized.

Limitations and Deviations from Project Plan

***Sample Size*.** Although the pilot plan was successful, there were limitations, such as the small sample size. Then again, determining the efficacy of a mentorship program to a large population is impractical for several reasons – one being the unexpected emergence of the COVID-19 pandemic. As such, a smaller group was determined to be the better option knowing full well that a sample size that is "too small" reduces the power to determine the mentorship program's merits and strength as it increases the margin of error.

Project Timeline Deviation

There were challenges encountered by the DNP student in the implementation of this project. One of the difficulties encountered by the DNP student was the delay in the project's initial timeline. This delay was due to the formalities and new guidelines involved in securing approval from the ethics committee with the emerging of the COVID-19 pandemic. This delay impacted the DNP student further renegotiating and re-arranging additional set up for implementing the project, which caused immense confusion and left the DNP student with limited time to set up the project. Furthermore, the delay set the project's start date back by three weeks, which led to an extended implement time. Hence, further arrangements were made by the project team to accommodate the new start date of the project. The delayed start date limited the much-needed time with mentors and ment**ees.**

Impact of Pandemic

While the project progressed, the project lead encountered difficulties in arranging for the weekly one-on-one meetings with mentors and mentees; the presence of COVID-19 made it challenging to arrange the meetings between mentors and mentees. To limit the spread of the COVID-19 infection rate, the participants were required to wear personal protective equipment and adhering to the required social distancing protocols during in-person meetings in the clinical setting. The weekly meeting's purpose was to meet one-on-one, receive updates on any issues and the mentee's progress, and share feedback if needed. The primary challenge faced was that the interpersonal relationship was vital when monitoring was not in existence due to the current mandate to prevent the spreading of the COVID-19 among nurses, patients, and frontline workers.

Additionally, the rigor in ensuring that visitation restrictions were adherence to facility protocol took an hour out of the time in the day spend with mentees and mentors at the practice site weekly. This affected the project lead time to have more paced and relaxed interactions with participants while meeting with participants. This was the same for mentors' meetings with their prospective mentees. To ensure participants limit exposure to COVID-19 during the project's implementation in the clinical setting, the project lead instructed mentors and mentees to initiate video conferencing or teleconferencing as part of their weekly face-to-face meetings.

The COVID-19 precautions enacted in the facility were both beneficial and limiting to the project's implementation. The benefits of the arrangement allowed the DNP student to educate participants on minimizing the possible spread of infection and ensure that participants adhere to COVID-19 protocol. This created an avenue to educate mentees and mentors in the frontlines who are, in many cases caring for COVID-19 patients. Another deviation from the proposal was a possible exposure concern to COVID-19 among the participants. The possibility of exposure to COVID-19 was very high because mentees were working at the front line while the pandemic was at its peak for increased infection rates in Los Angeles during the project's implementation. Coupled with the frequency of high infection rates and increasing numbers of COVID-19 positive patients in the medical-surgical unit, it was essential to limit exposure to COVID-positive patients, potentially affecting the project's outcome.

Cost Factors

The cost associated with the project was severely affected since most of the initial estimation had doubled due to lockdown and business closing to the COVID-19 pandemic. The COVID-19 pandemic directly affected the project's funding in ways such as the lockdown put in place by the Governor of California. Many supply shops, services, and retail stores had to close

due to the stay in place orders and curfews. This mandate prompted many businesses to halt and shut down the productions of services/food items that the DNP student needed to create the items needed for refreshments during the orientation and closing ceremony. Additionally, due to scarcity, price increases directly affected the pre-pandemic estimation of the initial project budget. There were adjustments made to the budget appropriation, and it has exceeded the initial projected cost by USD 800. However, the cost was covered with some of the grant money, and the facility covered the remaining cost.

Implications

The facility currently does not have its in-house IRB committee or board in place. Participants' protections lie entirely within the basic tenets of the participant's rights and safety in conducting and recruiting participants for a project. The addition of an in-house IRB board may provide extra protection for quality improvements or research projects

Practice

Data received from the post-program evaluation survey from the mentees, mentors, and the nurse manager's feedback and the education educator indicated a strong desire to continue the program without interruption. For the nurse mentorship program to continue successfully, the facility administrator offered the DNP student a consultative role for implementing the mentoring program with the education director leading the practice site's implementation process. The most significant critical factor in the success of the pilot nurse mentorship programs was organizational support. The mentorship program must be part of the organization's culture, and it must be a recognized structure with formalized processes, follow-up, and evaluation. The education director would continue the nurse mentorship program and the formal process of all program components.

To facilitate and sustain implementation, organizational culture must change to align with the program. Leadership, such as management, must be democratic with open communication systems to empower the nursing staff partners to be involved in the change process. Leaders and nurses must encourage and practice collegiality, and the whole culture must value the mentoring of nurses. This value should be mirrored in the level of support provided to the program in personal and financial resources, as well as the extent to which healthcare providers and leadership each employ it (Slimmer, 2012). For instance, the time nurses devote to mentoring or facilitating the program should be considered as part of the mentor's job assignment to prompt commitment. The project leader also must provide sufficient support for the nursing staff to build communication, coaching, goal setting, role modeling, and interpersonal skills, among others, in the mentorship framework. A mentoring program that enjoys ample management support is to be expected to result in goal attainment.

The pilot mentorship program results proved that the project was a transferable intervention, primarily since the pilot program's survey tool was derived from the Academy of Medical-Surgical Nurse's tool guide (AMSN, 2012). The intervention was designed to measure the relationship between the skilled nurse (mentor) and a new nurse—the project incorporated adult learning principles and Benner's Novice to Expert Model. Benner's theory explained how acquiring new skills requires a progression through stages or levels in advancing the mentee's acquisition of knowledge. The pilot mentorship program's transferability could potentially offset the concerns of the National Council of State Boards of Nursing (NCSBN). The NCSBN acknowledged the importance of transitioning new graduate nurses into a new practice and have found that the inability of new graduates to transition into new practices effectively can have deleterious effects (National Council of State Boards of Nursing, 2020).

Although instituting any new program is fraught with challenges, especially since there needs to be institutional buy-in, the pilot program's findings, at least, add to the existing literature on nurse mentorship programs. This, in turn, would inform a dialogue between existing nurse mentor-protégé dyads and student nurses and faculty members considering a mentoring relationship. Perhaps the strength of this pilot project was that its methodology allows flexibility and adaptability. Meaning the method, objectives, and learning outcomes could be modified concerning each health organizations' needs. Nurse educators should evaluate and modify the layout of this pilot mentorship program. Tailoring the program would, undoubtedly, strengthen the mentor-protégé relationship to ensure positive outcomes of the learning process, which would ultimately be the retention of new nurses.

Future Research

The pilot project's focus was to help new nurses transition into their profession and health organizations to retain them, addressing the global problem of nurse shortages. More broadly, this project's ancillary question was how to create a space for seasoned or veteran nurses to contribute to the healthcare system's transformation. One of the implicit questions that propelled this project is how to transform nurses into leaders, becoming leaders beyond the bedside. As indicated in the first chapter, a robust mentorship program fosters growth, leadership, and job satisfaction among nurses by cultivating a sense of professionalism. This heightened sense of professionalism retains veteran nursing staff, derails early retirement, and encourages them to become mentors (Tourangeau et al., 2013). In other words, one possible avenue of interdisciplinary collaboration or future research inquiry is to what extent mentorship programs groom mentors to become nurse leaders.

Do mentors-turned-leaders become more interested (or allocated more time) to direct research on evidence-based improvements in care and translate their research findings into practice. After all, nurses are the backbone of the healthcare industry. In the twenty-first century's more diverse climate and demographic make-up, a traditional top-down, male-centric style of leadership may appear antiquated. To reiterate, the ancillary research inquiries are put forth to what extent engaging nurses as mentors taps into their potential to become nurse leaders, thereby fostering a health care team in an inter-professional collaboration and mutual respect environment.

The project contributes to the evidence to support mentorship as a strategy in improving nursing retention, intent to stay at the current job, and job satisfaction, especially with the vast number of studies on mentoring program nurses in the acute care setting. The acute care setting is unique in that nurses provide care in fast pace clinical environment in collaboration with various care professionals. The project validates how a mentoring program helps new nurses boost their confidence, leadership skills, clinical competency, preparedness level, and improved ability to problem-solve. The level of integration into the medical-surgical unit and confidence level in their career choice can be adapted in many clinical settings. This project should be instrumental in demonstrating the application of evidenced-based researched practice in nurse retention.

Furthermore, the process of utilizing Benner's theory that expertise in practice develops progressively as the nurse gains experience during clinical scenarios was apparent with the implementation of the pilot nurse mentoring project. Benner posits that new nurses learn best when actively and intellectually engaged and continuously moving along a continuum to gain new knowledge, building on their foundational "textbook" knowledge prove beneficial for other

organizations. Hence, moving the nursing practice in the right direction and preserving its nursing population in times of viral pandemic. New nurses in the clinical setting usually begin as novices or competent professionals and move to proficiency and expertise over time. A mentor providing guidance, information, advice, and emotional support eases the challenges and distress of a nurse transitioning into their role as an experienced nurse and toward proficiency and expertise. The development of actual policy and evaluation would be crucial to guide the mentoring program and practice guidelines that support the mentorship program's policy. This would provide a groundwork for future projects and policy changes to be implemented based on best practices grounded on evidence.

Additionally, the project supported the evidence-based quality improvement, which was fundamental to the day-to-day practices of aligning research with practice in the planning and implementation of the project. Moving forward from completing this project, the next question is how to translate evidence into clinical practice and maintain the program to support nurse retention in the organization and the health care system. Leaders assured the DNP student about future projects and the sustainability of future implementation. Future research would focus on changing management culture in employing organizational change. Employing organizational change would provide an informative and distinct step-by-step outline of how the facility may implement programs to enhance nurse retention and decrease nursing turnover seamlessly into its operations be valuable.

Although there was an increased enrollment in nursing, the importance of preventing the professional and sustaining leadership position is yet another topic that needs to be investigated. A multi-branched approach to culture change, education, nurse's involvement, clinical leadership, and interdisciplinary communication is needed to generate a significant increase in

synergy among various branches within the facility. An informed inquiry into the clinical aspect's soft and hard components and the daily clinical tasks and practices of nursing may reveal critical issues that should be tackled to solve the issues at hand.

Nursing

The pilot nursing program project was significant to nursing. It offers an achievable, cost-effective measure in resolving the nursing shortages in the U.S., which was reaching a critical level, especially since there is a growing demand for nurses in acute care settings (Dawson, 2014). Undoubtedly, one must discuss the impact of nursing shortages and the high turnover rate due to the random variable: the COVID-19 pandemic and the lack of a vaccine. As mentioned in an earlier chapter, many nurses practicing today are close to retirement age and even prefer to retire early. Novice nurses are not staying in the profession, not due to their flagging interest in this career choice, but only due to low job satisfaction and their feelings of being "too inexpert" even with a nursing degree. To some degree, this pilot project was a response to the reality that there are not enough new students pursuing nursing to compensate for these rates of retirement and attrition (Vitale, 2019).

Moreover, the establishment of mentorship programs is critical and significant as it resolves the many healthcare organizations' concerns and fixation on recruitment and retention. This pilot study is useful as it offers a working solution in nurturing novice nurses into experts. This, in turn, strongly implies that these once-novice nurses will become mentors for the future. In this manner, the institutionalization of mentorship programs will satisfy healthcare organizations' aims to increase skill-building and professional development opportunities and increase job satisfaction among nurses (Phillips et al., 2014). With new nurses transitioning into the clinical setting very often in the facility, establishing the program was crucial. Mentors

encourage and support new nurses to play essential roles in their best possible potential and foster critical thinking and hands-on education based on present evidence. Moreover, this positive transition boosts morale and creates positive collaborative outcomes among peers and patient care.

Vatan (2016) was formidable in arguing that mentorship is a powerful instrument that assists mentors and new nurses in clinical settings. Mentoring brings about a unique rapport between mentors and mentees, including teaching, guidance, sponsoring, inspiring, challenging, role-modeling, support, and counseling. This rapport reinforces and bolsters fledgling nurse's commitment to performing to the fullest potential. As a result, the nursing profession, patients, family members, and organizations would benefit from the nursing mentorship program and its opportunities. Hence, to conclude that the mentorship program is one of the solutions to boost the morale and confidence of the transitioning nurses, and increase their intent to stay at their current job, which leads to fortifying the entire nursing profession, would not be an overstatement. Furthermore, the mentoring project enhances the knowledge base regarding mentorship for the new nurse while creating a collaborative and appealing clinical work environment for experienced nurses.

Additionally, the impact mentoring has on the role modeling of new nurses' professional growth would have an encouraging effect on the quality of care they provide to their patients. Lastly, this project adds to the existing body of collaborative partnerships and knowledge sharing in the healthcare organization. Project assists in clarifying processes about the pilot mentoring program, establishing a policy development committee, and implementing and evaluating plan development for planning, employing, and appraising policy processes and outcomes and the initial workings needed to achieve good outcomes.

Health Policy

The pilot project aims to retain novice nurses overlap with a larger health care goal, as expressed by California's Governor Gavin Newsom. One of his inaugural promises was to make available some universal healthcare coverage, aligning with the ethos of the Affordable Care Act (Greenhut, 2019). Regardless of whether or not Governor Newsom is able to deliver his promise, there will be more pressure on the existing health organizations to meet the growing needs of Californians and a greater demand for medical personnel, particularly nurses. Newsom's proposals will worsen a long-running problem in CA: The state's growing shortage of nurses (Greenhut, 2019). According to a 2017 report by the National Center for Health Workforce Analysis, under the U.S. Department of Health and Human Services Agency, predicted the need for registered nurses to grow by 28 percent by 2030. One may posit that this percentage more than likely increased due to the global pandemic.

Overall, the mentorship program with the goal of retaining novice nurses dovetails easily with California's health public policy concern: the shortage of nurses. Ironically, the California Board of Registered Nursing (BRN), the state's nursing-related regulatory agency, imposed a cap on student enrollment in some private nursing programs (Greenhut, 2019), which would only reduce the supply of nurses. To some degree, the replication of this pilot project may have the potential to offset a problematic BRN mandate. As such, the initially conceived mentorship program has broader policy relevance.

Since this project was a relatively small sample size and a two-month time frame, its implication may influence the health policy in near and surrounding acute care settings with government agency support for implementing such projects to foster and retain nurses. The long-term policy implications resulting from increasing retention, improving turnover, and enhancing

job satisfaction are imminent. Extensive research on the mentoring programs and their benefits to new nurses demonstrated an organization's participation in an evidence-based mentorship program showed an increased retention rate, improved turnover rate, and enhanced job satisfaction in the medical-surgical unit. Therefore, this project outcome demonstrated the social change they promote to implementing a mentorship program, which creates a foundation for the facility. This program should provide valuable guidance for an institutional project team to consider evidence-based policies within the institutional setting that support programs. Integrating evidence-based research with an organization's needs is vital to guiding program policies at the organizational level that would increase retention, improve recruitment, and enhance job satisfaction, which, in turn, aid in changing the community's social structure. The facility project team was crucial in making recommendations to the organizational stakeholders regarding the need for a comprehensive policy. The leadership was asked to develop a supportive policy aligning with the mission and philosophy of the facility. The team also helped inform key organizational stakeholders about the urgent need to establish policy guidelines for its nursing mentoring program. Project teams need to consist of professionals who foster trust and respect and collaborate to accomplish shared decision-making, resulting in encouraging outcomes. For the project at hand, interdisciplinary group and subcommittee development was essential in developing implementation and evaluation plans for the adopted mentorship program; such development would be vital for the mentorship program's future expansion efforts.

Chapter VI: Conclusion

The Value and Impact

Establishing a mentoring program for nurses to improve nurse satisfaction, intent to stay, and retention in the organization impacts patient safety and health care outcomes. Job

satisfaction has been known to correlate with retention rate and intent to stay at the current job in acute care settings (ANA, 2015; Brewer & Kovner, 2008). The high turnover rates nurses burden nurses, thus resulting in overworked and dissatisfied nurses.

Amidst the growing evidence of a mentoring program being effective in decreasing retention and turnover and creating an enjoyable work environment for new nurses compared to no such program and interventions, the impact and value of having a mentoring program for nurses are incomparable. The current project data showed the effectiveness of the mentoring program, primarily in the acute care setting. This project has provided verifiable evidence that nurses' mentoring programs could decrease nurses' retention rates, thereby increasing their likelihood to stay in their current position, thus decreasing the turnover rate and increasing satisfaction rate. Subsequently, increasing nurses 'intent to stay in their current job is much needed for patient safety and the facility's ability to serve its ever-growing community, especially in times of COVID-19 pandemic.

Although issues initially arose during the project's implementation, maintaining the project plan, leadership, and steadfast commitment to continue the mentoring program by addressing the COVID-19 mandate for social distancing was overwhelmingly supported. In rolling out the program on a full scale, the leaders must make decisions and result in new policies to incorporate the mentoring program implementation plan into a quality system for the organization. Robust support from leadership is needed for the project to be actualized, affirming that such evidence was put into practice.

Strong internal measures regarding forming committees comprising experienced nurses, educators, and clinical leaders in rolling out the mentoring program should also be prioritized. Creating an oversight board to advocate for nurses during the implementation was suggested to

the organization's leaders. This project has provided the facility a foundation from which quality health care practices may be further improved with adequate nurses to provide a safe health care environment for patients. Developing the project further underlined the necessity of collaborating with other health care disciplines and leadership in addressing health care delivery issues. Overall, using a results-based approach to evaluate the project, it has been established that its objectives were achieved. The pilot mentoring quality improvement project results were promising, implicating that mentoring new nurses in the acute care setting can improve turnover, retention rate, and intent to stay at their current job.

DNP Essentials

The project enhanced my knowledge and skills and added to my growth as a DNP student, project designer, and professional team collaboration and the process of implementing an evidence-based quality improvement project. Furthermore, the project sheds light on the relationship between clinical research, evidence-based practice, and quality improvement projects. The evidence on mentorship in the medical-surgical setting is scant compared to studies done in academic and hospital settings. The subsequent need to evaluate the relevant evidence in the clinical setting through discussions with nurse leaders and nurses is crucial to meeting the project's implementation and completion. The project outcomes also helped fill the gap in evidence-based research in an acute care setting.

Doctor Nurse Practitioner (DNP) prepared nurses are charged to possess skills that would allow them to both design and implement evidence-based projects (AACN, 2015). A DNP-prepared nurse must be able to apply the essentials to their daily practice, synthesize evidence, apply evidence to initiate change, and communicate the best evidence as well as live them (AACN, 2006; Edwards et al., 2018). Healthcare is currently in a state of flux due to the current

COVID-19 pandemic. Healthcare administrators, physicians, nurse practitioners, and nurses of all specialties have been impacted by the current pandemic (Dunbar-Jacob et al., 2020). DNP-prepared nurses must understand the importance of becoming proactive, innovative, and involved with change and the change process.

Essential I. Regarding the competencies based on the practicum design, Essential I was integral in the initial project design and the importance of integrating science-based concepts to evaluate and enhance health care delivery systems to improve patient outcomes (AACN, 2006). Especially when it came to the pilot project's design and implementation, utilizing past evidence-based practice outcomes to foster ideas for its inception was essential. With professional growth, DNP students developed and evaluated different approaches to enhance health care delivery and critically appraise literature to defend the change. Additionally, Essential I gave the framework to develop and evaluate new practices when planning and implementing the project.

Essential II. This impacted my project and professional growth by recognizing the critical skills needed for the development, designing evidence-based interventions, implementing my project, and evaluating outcomes that affect organizational culture (AACN, 2006). Furthermore, it enhanced my knowledge of how to estimate the cost-effectiveness of practice initiatives regarding implementing evidence-based practice by using advanced communication skills and processes to lead a quality improvement project in the health care organization.

Essential III. Furthermore, Essential III helped develop my leadership skills by ensuring that I redefine and fine-tune the skills to facilitate meaningful organization-wide changes in health care delivery in the acute care setting (AACN, 2006). Consequently, interfacing this skill shaped the implementation process at the practice site. The development of leadership skills in assuring accountability of quality care and critically examining data to generate and identify gaps

in practice using technology and scientific research methods to transform project implementation was vital.

Essential IV. Additionally, implementing the project to enhance care systems in the acute care setting and nursing, especially in the current era of the COVID- 19 pandemic, has been an eyeopener. However, it has taught the DNP Student to adapt to rapidly changing dynamics efficiently in leadership skills. Essential IV enhanced my leadership skills in understanding how to select, use, evaluate, and monitor outcomes of care, care systems, and quality improvement (AACN, 2006). Furthermore, Essential IV enriched my conceptual abilities and technical skills to develop and execute an evaluation plan involving data extraction from the project implementation with critical elements of skilled communication in evaluating health care outcomes.

Essential V. Furthermore, Essential V enhanced my leadership skills and competencies based upon the competency for practicum design reassessment by guiding the implementing project, influencing stakeholders, advocating, and educating nurses to affect change at the practice site (AACN, 2006). With the project's implementation, advocating for the nursing profession by ensuring the outcome's sustainability was vital to the project.

Essential VI. Essential VI helped develop leadership skills by allowing the DNP student to lead interprofessional teams to analyze complex organizational issues, employ effective communication and collaborative skills, and develop and implement the pilot project at the practice site (AACN, 2006).

Essential VII. Essential VII impacted my professional growth by sparking my interest in strategies to evaluate care delivery systems and evaluate interventions to address health promotion and prevention due to the recent COVID-19 infection rate and guidelines in

improving health care delivery systems related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and to address gaps in the care of individuals, aggregates, or populations (AACN, 2006).

***Essential VIII*.** Lastly, Essential VIII shaped and impacted my leadership skills to understand system thinking, deliver, and evaluate evidence-based practice to facilitate care for the project implementation. The practicum experience has increased the understanding of how to demonstrate advanced levels of clinical judgment, system thinking, accountability in designing, implementing, and evaluating evidence-based quality improvement program to improve patient care outcomes at the practice site (AACN, 2006). The whole experience has been an incredible and knowledge enriching journey for my professional growth and leadership skills. Self-growth adds to nurses' well-being and, in turn, clearly affects nurses' ability to care for patients efficiently. Furthermore, the project further improved my ability to formulate a plan to organize a workplace for nurses' sustained growth, especially listening to others and facilitating consensus building to retain nurses.

Moreover, the project provided an experience as a team leader in collaborating with participants pre-, during, and post-implementation; the experience made all the more valuable by the COVID-19 pandemic. This enhanced my knowledge and skillset in facilitating and documenting meetings, coordinating activities, communicating timely information to team members, following up on tasks, and interacting with the nursing staff in line with the project plan and implementation. I also practiced skills in conceptualizing a project built on previous skills, understanding the organization, interpreting the literature, using proper frameworks or models, and openness to stakeholders' ideas. The project has made me aware of the need to

advance nurses through evidence-based research and team collaboration with continued practice. One area needing future study is the workplace situation in medical-surgical settings that would help identify organizational and other factors impacting turnover and job dissatisfaction.

Plan for Dissemination

The pilot mentoring project dissemination plan's objective is to ultimately use the project's findings as a blueprint in establishing a mentoring program for nurses in this facility. The project's primary end-users are the said facility's clinical leaders, the nursing staff, and the patients. The secondary end-users are external statutory organizations, especially leading nursing organizations and academia. DNP student plan to disseminate the project findings using multiple vehicles to disseminate face-to-face interactions, electronic media, and publications. In line with face-to-face interactions, the project lead would involve the primary end-users in the dissemination effort by identifying the education director who was part of the planning and implementation team. The education director will assist and arrange methods in disseminating the results of the project by word of mouth and as well as by being a representative during staff meetings. Publishing the results in print is another medium that might be used. Internally, the facility has an official newsletter wherein the nurses, other professionals, patients, and their families would read about the project.

The DNP student also plans to print an infographic of the findings and, with permission, post it on the bulletin board of the facility for a span of three to six months. Furthermore, the DNP student plans to present the research findings to the facility's leadership and a conference platform if the opportunity arises. The DNP student will also present the research outcome in a national poster competition offered by the Midwest Nursing Research Society (MNRS) representing Bradley University. The leading indicator that the dissemination plan was

successful would be acknowledging the leadership in the project's significance by adopting the mentoring program. Thus, the project lead contacted the facility's administrative during the facility's mentoring program's initial implementation.

Attainment of Personal and Professional Goals

This DNP mentoring project's completion has opened avenues to attain personal and professional goals. Personally, the project served as motivation to continue learning as there is so much more to delve into, study, and research with similar topics. The DNP student understands that the pursuit of knowledge is a never-ending development, and even more so is the interpretation of knowledge into practice that solidifies those personal goals. Professionally, the DNP student has noble aspirations and ambitions, such as becoming a director and an advocate for the nursing profession. Thus far, pursuing a doctorate has provided the DNP student a prominent footing to opening more doors and opportunities in the future. The DNP student is presently concentrating on discovering ways to make significant changes in the chosen organization, especially in improving healthcare delivery and patient care outcomes. To actualize this project and ultimately promote its sustainability in the COVID-19 pandemic is already a significant accomplishment.

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Appendix A

Mentor Application

Personal Information

Name: Date :

Contact Phone Number:

Employment History

Date of Initial Employment:

Position Held:

Years of Registered Nursing Experience:

Application Question

Please answer all questions as completely as possible.

1. What are the three characteristics you possess that make you an excellent choice for a mentor?

2. What qualities, skills, or characteristics do you feel you have that will benefit newly hired nurses?

3. How would your co-workers describe you?

Appendix B

Mentee Pre and Post Self-Assessment Survey

Mentee Initials _____ Mentor Initials _____ Date (dd/mm/yy) _____

Job Satisfaction Scale Completed by Mentee								
The following 26 items indicates dimensions of satisfaction with your job. For each item, circle your degree of satisfaction with your work experience according to the scale 1-5								
	Item	Degree of satisfaction						
1.	Importance of Work	Insignificant	1	2	3	4	5	Significant
2.	Responsibility	Little	1	2	3	4	5	Much
3.	Opportunity to use skill and ability	Low	1	2	3	4	5	High
4.	Ability to be creative	Low	1	2	3	4	5	High
5.	Decision making power	Low	1	2	3	4	5	High
6.	Autonomy	Low	1	2	3	4	5	High
7.	Variety of Work	Routine/Monotonous	1	2	3	4	5	Varied
8.	Interest Level	Boring	1	2	3	4	5	Interesting
9.	Complexity	Simple	1	2	3	4	5	Complex
10.	Workload	Light	1	2	3	4	5	Heavy
11.	Staffing	Inadequate	1	2	3	4	5	Good
12.	Working conditions	Poor	1	2	3	4	5	Good
13.	Tension / pressure	Low	1	2	3	4	5	High
14.	On-job stress	Relaxed	1	2	3	4	5	Great
15.	Recognition for work done	Nonexistent	1	2	3	4	5	Given
16.	Opportunity for professional development	Low	1	2	3	4	5	High
17.	Opportunity for advancement	Poor	1	2	3	4	5	Good
18.	Relationship with colleagues	Competitive	1	2	3	4	5	Helpful
19.	Relationship with immediate supervisor	Non-Supportive	1	2	3	4	5	Supportive
20.	Relationship with unit manager	Autocratic	1	2	3	4	5	Fair Treatment
21.	Relationship with VP / Director of Nursing	Autocratic	1	2	3	4	5	Fair Treatment
22.	Satisfaction with patient care given	Low	1	2	3	4	5	High
23.	Enjoyment of work	Low	1	2	3	4	5	High
24.	Status	Not Respected	1	2	3	4	5	Respected
25.	Morale	Low	1	2	3	4	5	High
26.	Motivation to work	Low	1	2	3	4	5	High

Appendix C

Mentorship Program Evaluation

Evaluate the Mentorship Program by check-marking the appropriate box:

	Strongly Disagree	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
The program director was effective in overseeing the mentorship program.					
The orientation facility, conference room, and office were adequate space for the program.					
The content of the orientation as well as the overall program was appropriate and relevant for the organization.					
The orientation materials and handouts were helpful.					
Overall, I am satisfied with the pilot mentorship program.					

Please answer all questions as completely as possible.

1. What did you find to be most useful about this orientation?

2. What did you find to be the least useful?

3. Was there anything missing from the orientation that you would have liked to learn more about?

4. In what other ways can the orientation be improved?

5. Additional Comments:

Appendix D

Permission to Adopt AMSN Tool

Permission to Use AMSN Tool Inbox ×

Sheila Chornow <schornow@mail.bradley.edu> Mar 3, 2020, 9:16 PM (8 days ago)

to amsn

Good Evening,

I am a doctoral student at Bradley University, completing a thesis in Doctorate Nurse Practitioner specializing in Family Practice. I am writing to ask for a written permission to use the Academy of Medical-Surgical Nurses (AMSN) mentor and mentee tool in my pilot mentoring program. The nature of my research is evidenced based implementation project to implement a "Mentoring Program for Nurses in Medical-Surgical unit." Professor Dr. Judith Walloch is supervising my research.

My interest to use the AMSN tool was due to measuring and evaluation of pre-survey and post-survey and the relevance of current retention and turn over among new graduate nurses. I plan to use the majority of the instrument.

I would also appreciate receiving copies of supplemental material that will help to administer the survey and analyze the results.

I want to use the AMSN mentor and mentee tool under the following conditions:

- I will use the tool only for my pilot mentoring program and will not sell or use it for any other purposes.
- I will include a statement of attribution and copyright on all copies of the instrument. If you have a specific statement of attribution that you would like for me to include, please provide it in your response.
- At your request, I will send a copy of my completed thesis to you upon completion of the program and/or provide a hyperlink to the final manuscript.

I would appreciate any information you can provide concerning the proper person I should contact.

If these are acceptable terms and conditions, please indicate so by replying to me through my email at schornow@mail.bradley.edu

Sincerely,

Sheila Chornow, DNP/FNP Student.

Bradley University.

Dear Sheila,

Your research to determine how Implementing mentoring may impact retention and turn-over in med-surg nursing is certainly a worthy study!

We are pleased to hear you will use the AMSN mentoring guides in your research and we hereby grant you specific permission to use our guides in your research. No special copyright notice is required. Just the standard copyright notice as show in the guides.

Copyright (c) 2012 by the Academy of Medical-Surgical Nurses. All rights reserved.

The only supplemental material we have that might guide you in your research is the article written by the original author. Download it here. https://www.amsn.org/sites/default/files/documents/professional-development/mentoring/NNN_MSNJ_Article_2009-Grindel_outcomes_and_lessons_learned.pdf

At this time, we do not have any location to share completed theses. We appreciate the offer but do not a copy or a link.

Best wishes for success.
Maura

AMSN
ACADEMY OF MEDICAL-SURGICAL NURSES
compassion • commitment • connection
AMSN CAREER CENTER JOBS

Maura King
Manager, Professional Development
856.256.2425
maura.king@amsn.org
www.amsn.org
PO Box 56
Pitman, NJ 08071-0056

Appendix E

Poster for Mentor Program

Appendix F

Informed Consent Form

INFORMED CONSENT FOR EXEMPT STUDIES WITH MINIMUM RISK

Mentoring Program for Nurses in Acute Care Setting

You are invited to participate in a pilot mentoring program. The purpose of this project is to implement a mentoring program for new nurses in the medical-surgical unit with the goal of increasing retention rates of nurses. This pilot mentoring program consists of attending an orientation, filling out three surveys rating your experience of the mentorship program, and checking-in with Doctor of Nursing Practice (DNP) once a week. This pilot mentoring program will take place at your place of employment.

Your participation in this pilot mentoring program will take approximately eight weeks in the summer of 2020, and checking-in weekly with the DNP will take no more than 10 minutes. Confidentiality will be strictly enforced with all surveys being anonymous. There will be no link between your name and the program record. Taking part in this mentoring program is voluntary. You may choose not to take part or may leave the mentorship program at any time. When filling out the surveys, you may also skip specific questions.

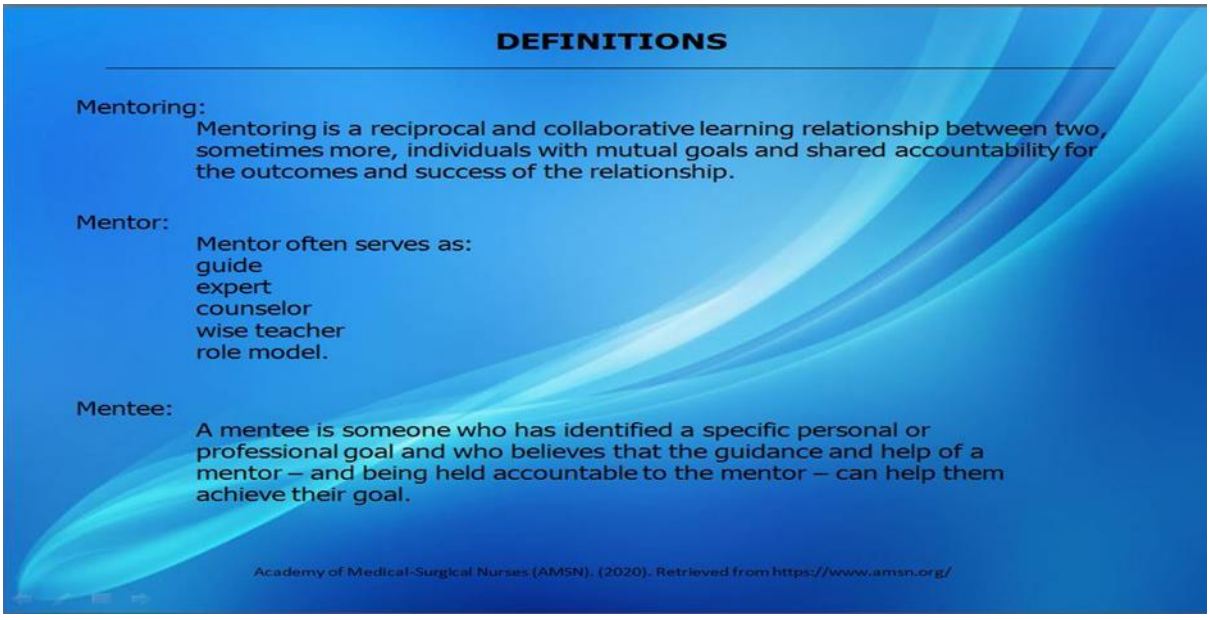
Questions about this pilot mentoring program may be directed to the DNP student, Sheila Chornow, or the research chairperson, in charge of this pilot mentoring program: Dr. Judy Walloch at (309) 677- 3885 or jwalloch@bradley.edu. If you have general questions about being a research participant, you may contact the Committee on the Use of Human Subjects office at (309) 677-3877.

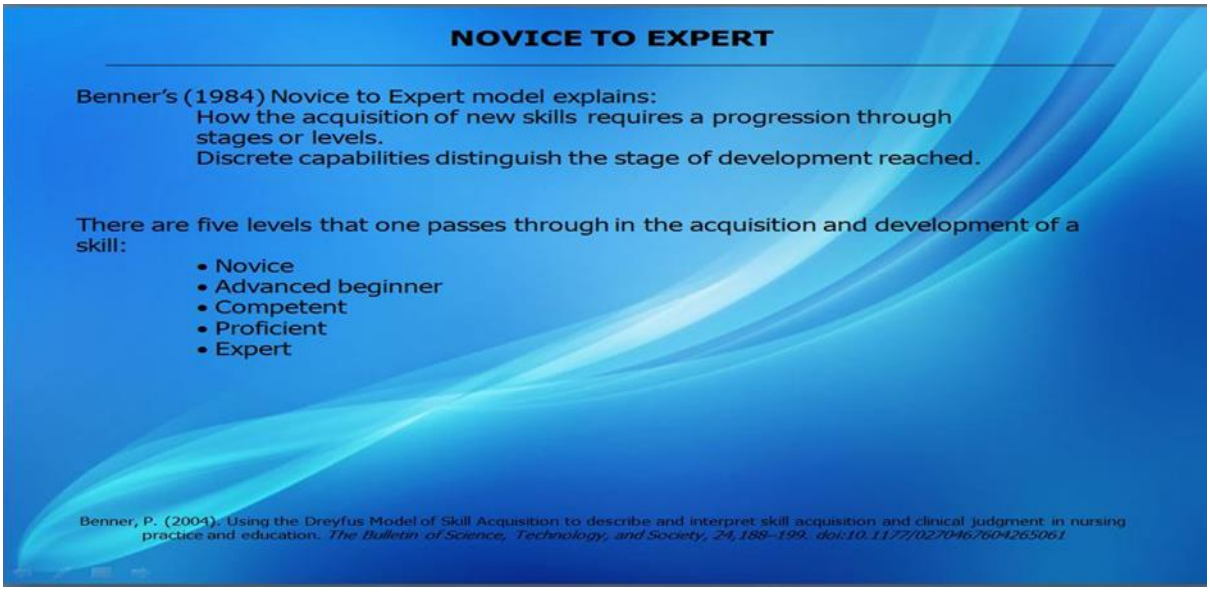
You are voluntarily deciding to participate in this program. Your submission of the survey participation means that you have read and understand the information presented and have decided to participate. Your submission participation also means that all your questions have been answered to your satisfaction. If you think of any additional questions, you should contact the researcher(s).

Appendix G

Pilot Mentoring Program PowerPoint Presentation


PROGRAM AIMS
Promote mentor and mentees' professional development
Ameliorate emotional exhaustion
Improve clinical competency
Ameliorate emotional exhaustion
Improve clinical competency.
Ensuring support for new nurses
Intent to stay
Patient's satisfaction


DEFINITIONS
Mentoring:
Mentoring is a reciprocal and collaborative learning relationship between two, sometimes more, individuals with mutual goals and shared accountability for the outcomes and success of the relationship.
Mentor:
Mentor often serves as:
guide
expert
counselor
wise teacher
role model.
Mentee:
A mentee is someone who has identified a specific personal or professional goal and who believes that the guidance and help of a mentor – and being held accountable to the mentor – can help them achieve their goal.
Academy of Medical-Surgical Nurses (AMSN). (2020). Retrieved from https://www.amsn.org/


NOVICE TO EXPERT
Benner's (1984) Novice to Expert model explains:
How the acquisition of new skills requires a progression through stages or levels.
Discrete capabilities distinguish the stage of development reached.
There are five levels that one passes through in the acquisition and development of a skill:
• Novice
• Advanced beginner
• Competent
• Proficient
• Expert
Benner, P. (2004). Using the Dreyfus Model of Skill Acquisition to describe and interpret skill acquisition and clinical judgment in nursing practice and education. The Bulletin of Science, Technology, and Society, 24,188–199. doi:10.1177/0270467604265061


PHASES OF MENTORSHIP RELATIONSHIP
Beginning Phase
Mentors and mentees focus
Interpersonal relationship building through establishing trust
Nonjudgmental acceptance
Articulating expectations of the relationship and each other
Engaging in meaningful dialogue
Determining well-defined learning goals
Initiating relevant self-disclosure
Middle Phase:
A safe and positive psychological climate is established and nurtured.
Mentors request detailed information from mentees
Offer specific suggestions about current plans and progress achieving goals
Closing Phase:
Formal part of mentoring comes to closure when mentees feel
Comfortable functioning on their own.
Mentors encourage the mentees to reflect critically on outcomes, goal achievements, and future plans.
Academy of Medical-Surgical Nurses (AMSN). (2020). Retrieved from https://www.amsn.org/

BENEFITS OF FORMAL MENTORSHIP PROGRAM

Improve awareness of own learning gaps and renew enthusiasm

Develop the ability to give take constructive criticism

Develop up-to-date organizational and professional knowledge

Offering networking opportunities

Improves leadership, organizational and communication skills

Develop the ability to challenge, stimulate and reflect

Increase job satisfaction

Offer opportunity to pass knowledge, experience and best practices

Provide stimulation and Satisfaction from sharing expertise with others.

MENTEE/MENTOR OVERALL RESPONSIBILITIES

Be non-judgmental.

Be accessible in person, by phone, email, or social media.

Weekly face to face meetings with check-ins

Mentor and mentee decide meetings formation / frequency

Arrange the upcoming dates before the meeting ends.

Show readiness to share abilities, proficiency, and knowledge.

Demonstrate a confident approach and perform role adequately.

Take interest in mentoring of the relationship.

Be accessible to provide encouragement, counseling, and skilled guidance.

Displays enthusiasm for nursing and nursing development.

Encourage continuing learning and development.

TIPS FOR SUCCESSFUL MENTORING

Publicly praise your mentee's accomplishments and abilities.

Recognize and encourage potential.

Meet in an environment with less interruptions.

Exhibit exemplary/role model behavior.

Keep consistent interest, friendliness, and quality time that builds a relationship of trust, wherein positive development occurs.

Monitor mentee's progress

COMMUNICATION ACTIVITIES

Sharing experiences:

Share appropriate life experiences to personalize and enrich the mentoring experience.
Describing mistakes made in a humorous way can be especially helpful ("You wouldn't believe what I did/said...")

Role Playing:

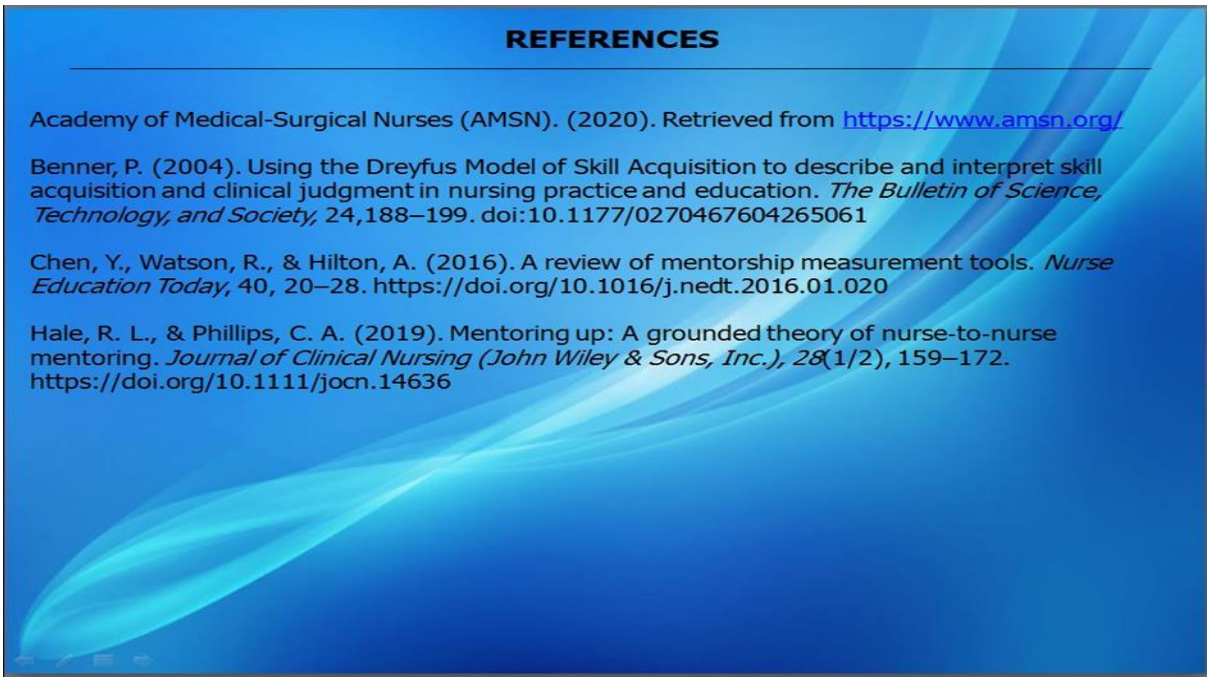
Partner up to role play this scenario: A new nurse who had just started working on the medical surgical unit is having some challenges adjusting to the unit and everyday activities. You as an experienced nurse noticed that when you met her new nurse in the medication room. How will you approach and coach the new nurse to feel confidence in discussing her challenges?

Giving feedback:

Assist in making decisions through listening, support, and feedback.

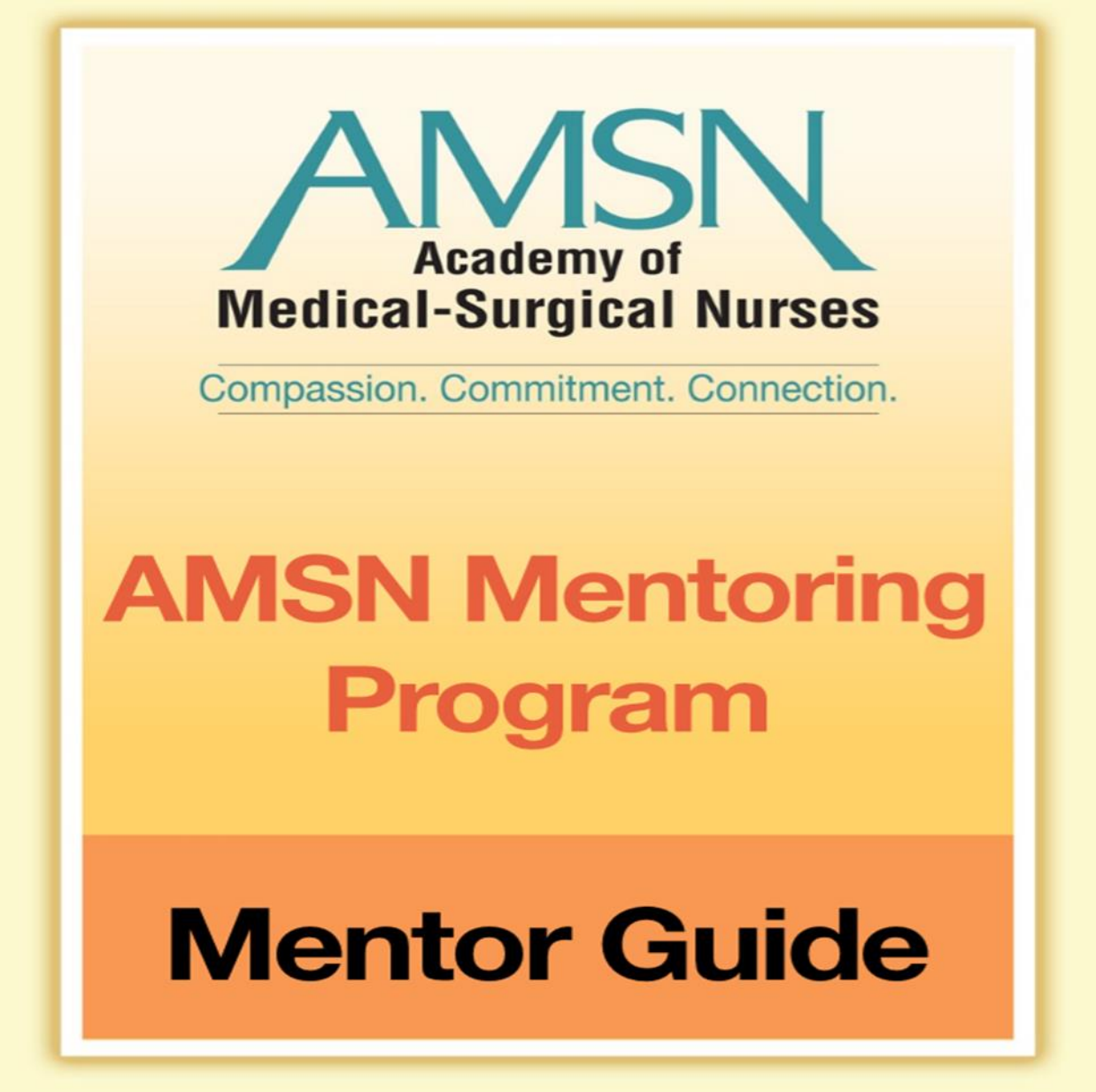

MENTORSHIP OUTCOME
SUCCESS


QUESTIONS???


REFERENCES
Academy of Medical-Surgical Nurses (AMSN). (2020). Retrieved from https://www.amsn.org/
Benner, P. (2004). Using the Dreyfus Model of Skill Acquisition to describe and interpret skill acquisition and clinical judgment in nursing practice and education. The Bulletin of Science, Technology, and Society, 24,188–199. doi:10.1177/0270467604265061
Chen, Y., Watson, R., & Hilton, A. (2016). A review of mentorship measurement tools. Nurse Education Today, 40, 20–28. https://doi.org/10.1016/j.nedt.2016.01.020
Hale, R. L., & Phillips, C. A. (2019). Mentoring up: A grounded theory of nurse-to-nurse mentoring. Journal of Clinical Nursing (John Wiley & Sons, Inc.), 28(1/2), 159–172. https://doi.org/10.1111/jocn.14636

Appendix H

Mentor-Mentee Dyads Guide



Appendix I

Orientation Packet Guide

Project Timeline

Weekly Schedule

Mentor-Mentee Meeting Agenda

Mentor-Mentee Agreement

Tools (Pre-and Post-Self-Assessment Survey, Mentorship Evaluation Survey)

Appendix J

Mentoring Partnership Agreement

As a mentor and mentee in the Pilot Mentoring Program, we agree to abide by the following set of guidelines:

1. Commit to making the time to meet on a regular basis or at least once a week.
2. Keep the content of our conversations confidential.
3. Practice active listening and fluid communication.
4. Make a two months' commitment to work along each other.
5. Inform the project leader of any issues that may arise during the mentorship program.
6. Participate in a positive professional manner throughout the mentorship program.
7. Participate in professional conduct in accordance with facility policy as expected throughout the mentorship program.
8. Provide each other with honest, direct and respectful feedback.
9. Preliminary Goals _____

_____

10. Other Needs: _____

_____

_____

_____ _____

Mentor Initial Mentee Initial

_____

Date Date

Appendix K

Mentor-Mentee Communication Planning Tool

GOALS:

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

What do you want your outcomes to be?

EXPECTATIONS: What are your expectations of each other?

I expect my mentor to

I expect my mentee to

COMMUNICATION AGREEMENT: By what method(s) and how often will you communicate with each other?

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

Mentor Initial Date

Mentee Initial Date

Appendix L

Mentor Mentee 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

Mentor Initial

Date

Mentee Initial

Date

Appendix M

Evaluation of Mentor Relationship

Mentor Initials _____ Mentee Initials _____ Date (dd/mm/yy) _____

Assessment of the Relationship with the Mentee Completed by Mentor

Complete this survey by circling the response that best describes your perceptions about the relationship with your mentee. If some of the situation 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 appointment to talk/meet with you	1	2	3	4	5	6
2.	Initiate 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 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 decision she/he made	1	2	3	4	5	6
15.	Demonstrated that she/he valued your decisions	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

Appendix N

Mentoring Program: Project Timeline

ACTIVITIES	JAN 2020				FEB 2020				MAR 2020				APR 2020				MAY 2020				JUN 2020				JUL 2020			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Submission of Research Proposal to Ethics Committee and Approval						\	\	\	\	\	\	\	\	\	\													
Recruitment of Subjects / residents																\												
Assessment of Data Collection																	\											
Review of Assessment																	\											
Facility Visit by the student (First Visit)																	\											
Facility Visit by the student (Second Visit)																		\										
Facility Visit by student (Third Visit)																			\									
Facility Visit by the student (Fourth Visit)																				\								
Facility Visit by the student (FifthVisit)																					\							
Facility Visit by the student (Sixth Visit)																						\						
Facility Visit by student (Seventh Visit)																							\					
Facility Visit by student (Final Visit)																								\				
Intervention																									\			
Re-assessment Data Collection																									\			
Review of Assessment																										\		
Data Analysis																										\		
Formulation of Chapters 4 and 5																											\	
Presentation of Final Paper and Editing																												\

Planned Milestones:

1. Submission of Research to Ethics Committee

2. Subject Recruitment

3. Data Collection

4. Intervention

5. Data Collection

6. Data Analysis

7. Drafting Results and Discussion

8. Presentation of Final Paper and Editing

Appendix O

DNP Project Site Administration Approval Form

Bradley University
Department of Nursing
Doctor of Nursing Practice Program
DNP Project Site Administrator Approval Form

To be completed by student:

Name of Student: Sheila Chornow

Proposed Scholarly Project Title: Mentoring Program for Novice Nurses in Acute Care Setting

Overview of Project Needs Assessment (current state, how project could address findings, and potential project impact): Currently, the U.S. is projected to experience a shortage of RNs, and this shortage is expected to intensify with the aging population. Also, nursing colleges across the U.S. are struggling to expand capacity to meet the rising demand for care. This project will address high turnover rates of nurses and high retraining costs which can reach $80,000 per nurse. The potential project impact is improved retention and productivity.

Clinical Question: In an acute care setting (P), how does implementation of a mentoring program for new nurses, (I) as compared to a similarly situated nursing unit that does not have any mentoring program, (C) impact job satisfaction – as measured by their level of clinical competency, problem-solving skills, emotional intelligence to name a few – thereby, increasing retention rates, lowering turnover rate, and their willingness to remain in the facility in the following year?

Project Purpose and Objectives: The purpose is to retain new nurses, promote both mentor and mentees' professional development, ameliorate emotional exhaustion, and improve clinical competency. The objective is to alleviate the pressure many experienced nurses in a medical-surgical unit.

Projected Timeline of Project: To begin in May and conclude at the end of June 2020.

Student Signature: _____ **Date:** 01/14/2020

To be completed by site administrator:

Please verify by checking a box below:

☑ I support the implementation of this project at this site.

☐ I support the implementation of this project at this site with the following modifications:

_____

_____

_____

☐ I do not support the implementation of this project at this site.

Site Administrator: UGORJI C. _____ 01/14/2020

Printed Name Signature Date

Appendix P

Budget Table

Projected Period: 6 months

Materials and Supplies	Amount (USD)	Rationale
Poster Supplies	100	To be used to create a poster to generate volunteers
Folders	20	To be used when collecting data from the participants of the study
Lock Box	Provided by facility	To secure any data to ensure privacy and HIPAA compliance
Conference Costs	**Amount (USD)**	**Rationale**
Conference Venue and Equipment	Provided by facility	No cost since the facility is allowing the use of a conference room on the premises
Refreshments	500	Food and snacks distributed for all mentors, mentees, nurse manager, Leadership, and program director at the end of the eight weeks.
Handouts	80	Handouts and materials distributed (e.g., assessments, evaluation forms)

Appendix Q

Pilot Mentorship Grant Approval Letter

Multi Credit *Savings & Loans Limited.*

P.O.BOX 1920 KUMASI, GHANA TEL.: +233 3220 37412 / 8/ 9 FAX: +233 3220 37420 Email: info@mcslghana.com

Multi Credit Savings and Loans

Post Office Box 1920,

Kumasi, Ashanti Region

Accra Ghana

15th June 2020

Bradley University,

Peoria, Illinois

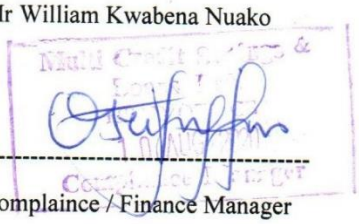
Dear Miss Chornow,

Congratulation! We are pleased to inform you that your grant proposal to implement a pilot mentoring program for nurses in an acute care setting is approved. In light of the recent COVID-19 pandemic, we are pleased to offer our support by honoring your grant request. The grant allocation serves as part of our contribution to our strategic goal to assist in the training and retention of more new nurses, especially in the current pandemic.

We hope you have a successful outcome.

Yours Sincerely

Mr William Kwabena Nuako



Complaince / Finance Manager

Appendix R

IRB Approval Letter

BRADLEY University

DATE: 19 MAY 2020

TO: Sheila Chornow, Judy Walloch
FROM: Bradley University Committee on the Use of Human Subjects in Research

STUDY TITLE: Mentoring program for nurses in an acute care setting
CUHSR #: 20-032-Q
SUBMISSION TYPE: Initial Review

ACTION: Approved
APPROVAL DATE: 19 MAY 2020
REVIEW TYPE: Quality Assurance

Thank you for the opportunity to review the above referenced proposal. The Bradley University Committee on the Use of Human Subject in Research has determined the proposal to be NOT HUMAN SUBJECTS RESEACH thus exempt from IRB review according to federal regulations.

The study has been found to be not human subject research pursuant to 45 CFR 46.102(i), not meeting the federal definition of research (not contributing to generalizable knowledge). Please note that it is unlawful to refer to your study as research. Should you not collect a signature on the consent form, you are approved for a waiver of consent documentation.

Your study does meet general ethical requirements for human subject studies as follows:

1. Ethics training of project personal is documented.
2. The project involves no more than minimal risk and does not involve vulnerable population.
3. There is a consent process that:
    - Discloses the procedures
    - Discloses that participation is voluntary
    - Allows participants to withdraw
    - Discloses the name and contact information of the investigator
    - Provides a statement of agreement
4. Adequate provisions are made for the maintenance of privacy and protection of data.

Please submit a final status report when the study is completed. A form can be found on our website at https://www.bradley.edu/academic/cio/osp/studies/cuhsr/forms/. Please retain study records for three years from the conclusion of your study. Be aware that some professional standards may require the retention of records for longer than three years. If this study is regulated by the HIPAA privacy rule, retain the research records for at least 6 years.

Be aware that any future changes to the protocol must first be approved by the Committee on the Use of Human Subjects in Research (CUHSR) prior to implementation and that substantial changes may result in the need for further review. These changes include the addition of study personnel. Please submit a Request for Minor Modification of a Current Protocol form found at the CUHSR website at https://www.bradley.edu/academic/cio/osp/studies/cuhsr/forms/ should a need for a change arise. A list of the types of modifications can be found on this form.

While no untoward effects are anticipated, should they arise, please report any untoward effects to CUHSR immediately.

This email will serve as your written notice that the study is approved unless a more formal letter is needed. You can request a formal letter from the CUHSR secretary in the Office of Sponsored Programs.

Committee on the Use of Human Subjects in Research – 100 Kauffman
1501 W Bradley Ave.
Peoria, IL 61625

Appendix S

Mentee Thank-You Card