

**Implementing the Academy of Medical-Surgical Nurses (AMSN) Mentoring Program for  
Newly Hired Experienced Nurses: A Pilot Program**

Joke Irene Bamgbopa

Touro University, Nevada

DNPV 763: In partial fulfillment of the requirements for the Doctor of Nursing Practice

DNP Project Team: Dr. Jessica Grimm & Dr. Julie Astrella

February 20, 2024

## Table of Contents

Abstract .....

Problem Identification .....

Project Question .....

Search Methods.....

Review of Literature .....

Project Rationale .....

Project Framework .....

Project Context.....

Interventions.....

Tools.....

Data Collection.....

Ethics and Confidentiality.....

Analysis.....

Conclusion.....

References .....

Appendix.....

## **Implementing the Academy of Medical-Surgical Nurses (AMSN) Mentoring Program for Newly Hired Experienced Nurses: A Pilot Program**

There is a noticeably higher than usual turnover of newly hired experienced nurses in an expanding ambulatory endoscopy center. The physician-owned ambulatory endoscopy center is expanding practice, and the Director of Nursing is recruiting experienced nurses to commensurate with the expansion. Recently, there has been an increase in the turnover of the newly hired experienced nurses. After just one year with the ambulatory center, two of the six recent recruits (33%) have resigned their full-time employment. The turnover constitutes additional costs to the practice. According to the New Jersey State Nurses Association (2020), the average cost of turnover of one bedside registered nurse is \$40,038 as reported by the 2021 NSI National Health Care Retention & RN Staffing Report. The center is also having a hard time filling the full-time nursing positions available. The facility is short of nursing staff which may have a potent adverse impact on nurse/patient ratio, quality of care, and patient safety. The recent nurse turnover also increases incidences of inadequate staffing which may adversely affect the quality of care rendered by staff nurses, patient safety, and nurses' well-being.

According to American Nurses Association (ANA) (n.d.), adequate nurse staffing is best practice that positively impact patient desired outcome and safety. Arriving at what constitutes adequate staffing is not easy to decipher, the availability of different staffing models offers different practices staffing model choices that can work for them (ANA, n.d.). Adequate staffing brings to the forefront the best patient care and safety while supporting a healthy work environment for staff nurses (ANA, n.d.).

The practice hopes to reduce nurse turnover by implementing the Academy of Medical-Surgical Nurses' evidence-based mentoring program. The practice plans to nurture and engage the

newly hired nurses through the nurse mentoring program. The nurse mentoring program has the potential to improve the nurses' intent to stay.

### **Project Question**

Will implementing the AMSN mentoring program for newly hired experienced nurses at the ambulatory center improve the nurses' intent to stay?

### **Search Methods**

EBSCOhost, MEDLINE, GALE, PubMed Central, ProQuest, and ScienceDirect electronic databases were used for literature review. Google Scholar search engine was also utilized. USA and international articles in English language dated 2018 to 2023 were included, older articles of historical significance are also included. *Nurse mentoring, nurse mentor, nurse mentorship, nurse shortage, intent to stay, and nurse retention* search terms were used. Articles that are not applicable to mentoring experienced nurses were excluded. Two hundred eighty-four articles were available, 23 articles were selected for inclusion.

### **Review of Study Methods**

The study methods included in the selected literature are expansive and include scoping review, team approach, systemic review of literature, combination of descriptive comparative and correlational method, classical grounded theory, nursing special report, systemic integrated review, qualitative interview, mixed-methods, descriptive cross-sectional design, development paper, and the use of mentoring effectiveness scale. These methods are relevant to the aim of this DNP project as they support the scholarly research of evidence-based mentoring program, gaps identification, and implementation of evidence-based practice. The study methods also collectively result in mentoring benefits that include nurses' professional development, increased intent to stay, high quality of care, and patient safety.

## **Nurse Shortage**

Nurses, the sight and sound of bedside healthcare, are in insufficient amount at the bedside. Nursing shortage or insufficiency is a global phenomenon (Alharbi et al., 2022; Hu et al., 2022). There is virtually no region that has not been adversely affected by nurse shortage. Richer countries are formulating immigration policy to attract and hire nurses from other countries (Alharbi et al., 2022) and invariably worsening or creating nurse shortage in the home countries of the foreign trained nurses they hired. According to U.S. RN workforce and shortage forecast in 2019, it is expected that nursing shortage will be nationwide until 2030 with considerable shortage in more than half of the states especially in the western region of the U.S. (AACN, 2022).

### **Aging Nurses**

The population of nurses that will soon be due for retirement is growing (National Council of State Boards of Nursing (NCSBN), (2022). The NCSBNs nursing workforce survey 2022 findings indicated that 52 years was the median age of nurses in 2020 and 46 years in 2022. A cascade of nurses' retirements in the near future is projected (AACN, 2022). As these seasoned nurses retire, their nurse positions and roles as bedside nurses, nurse leaders, preceptors, and mentors that are contributory to the growth of the nursing profession and younger nurses (Haddad et al., 2023; Tamata & Mohammadnezhad, 2022) will become vacant. These vacant nurse positions will be mostly left unfilled due to fewer available nurses, thereby having more retirements than available replacements (ANA, n.d). Nurse mentoring is a strategy that can support, nurture, and develop future nurse leaders (Hoover et al. 2020) thereby preparing them to gradually take over from retiring nurses. Leadership mentoring improves productivity, inspires professional development, career enhancement, builds and maintains professional network, and collaboration (Hafsteinsdóttir et al., 2020).

## **Nursing School and Faculty**

Nursing school full enrollment is compromised because of insufficient faculty (AACN, 2022; Haddad et al., 2023; Tamata & Mohammadnezhad, 2022). As nurse faculty retire, there is the characteristic slow replacement. Faculty insufficiency has forced nursing schools to limit the number of applications they accept (AACN, 2022). The new nurses from nursing schools are far from matching nursing shortfall, much more are needed.

## **Leaving the Nursing Profession**

Nursing shortage negatively impacts the stress level of available nurses, as they experience increased workload, and sometimes they work extra hours (Boyle, 2021). The increased stress can result in nurse burnout. Nurse burnout, according to AACN (2022), is adversely affecting nurses' wellbeing and on-the-job satisfaction resulting in early departure from the nursing profession.

## **COVID-19 Pandemic**

The nursing profession has always experienced high turnover and shortage, the recent pandemic has worsened these long-standing nursing issues (Bourgault, 2022; Boyle, 2021). The pandemic caused unprecedented staff burnout (Boyle, 2021). According to AACN (2022), the American Nurses Foundation and American Nurses Association's COVID-19 impact assessment survey findings in 2022 indicated that 52% of nurses intended to leave their position and 60% of acute care nurses endorsed being burnout while 75% endorsed being stressed, frustrated, and exhausted. Survey findings of the American Association of Critical-Care Nurses show 66% of acute care nurses have considered leaving the nursing profession due to their pandemic experiences (AACN, 2022). The NCSBN's nursing workforce survey 2022 indicated 46 years as the median age of nurses in 2022 against 52 years in 2020 and has attributed it to the loss of over 200,000 nurses to early retirements due to the pandemic (NCSBN, 2022; Bourgault, 2022).

## **Nurse Turnover**

Nurse turnover can be defined as the nurse parting ways from a job or healthcare facility (Woodward & Willgerodt, 2022). A turnover can be a change of practice setting within a healthcare organization or it can be farewell to the healthcare organization. High turnover is a long-standing issue in nursing (Woodward & Willgerodt, 2022). Nursing is a stressful profession, and some nurses are transitioning from direct patient care (Boyle, 2021) or are leaving the nursing profession (Bourgault, 2022; Boyle, 2021) primarily because of stress (AACN, 2022). Turnover creates nurse vacancies. Turnover complicates nursing shortage. High turnover is at a critical level globally (Hu et al., 2022). Turnover may be powered by individual, unit, or organizational factors (Woodward & Willgerodt, 2022). Research has shown that many newly hired nurses leave their position within a year (Tucker et al., 2019). It is pertinent for the nursing professionals and the leadership to strategize on ways and means to reduce high nurse turnover. Evidence-based nursing development program fashioned to support newly hired nurses to promote nursing satisfaction at the job is a strategy to decrease nurse turnover (Tucker et al., 2019). Nurse mentoring is an excellent example of an evidence-based nursing development program (AMSN, 2012) that can support, nurture, improve job satisfaction, and reduce turnover intention (Hu et al., 2022).

### **Cost Implications**

High turnover of nurses is global, and it is costly. The pandemic has increased the cost of turnover because of the high incentive and extras hospitals are offering to attract qualified nurses (Boyle, 2021). The cost implications of hiring and training a nurse, and after a few months or a year the nurse leaves, is humongous. According to Bae, 2022, the cost of one nurse turnover is three times the wage. Healthcare organizations, either small or large, are losing money as a result of nurse turnover whenever a nurse resigns after a relatively short stint at the organization.

## **Nurse Retention**

Nurse retention is defined as the nurse that remains in a healthcare facility at a current job or a different practice setting within the facility (Woodward & Willgerodt, 2022). Nurse retention shows a nurse level of loyalty to an organization, it portrays finding sustaining job satisfaction (Disch, 2018). Evidence has shown that education and training influence nurse retention and capacity to provide training, developmental resources, and pertinent support, positively impact nurse retention (Disch, 2018). Nurse mentoring is an accepted component of professional development in healthcare (Disch, 2018). It involves individuals, mentor and mentee, in a long-term professional relationship that focuses on mentee development (Disch, 2018). Retention strategy encourages professional development and socialization, builds skills, supports autonomy and independent problem solving (DiBello, 2020); which are the components of nurse mentoring. Successful nurse mentoring will result in nurse retention.

## **Nurse Mentorship**

Mentoring is described as a teaching relationship (Saletnik, 2018) between two individuals whereby the more experienced individual (mentor) helps the less experienced individual (mentee) attain growth and professional development (Hoover et al., 2020; Miller et al., 2020). Mentoring can also be a group relationship of more than two individuals and the mentee can have more than one mentor (Hafsteinsdóttir et al., 2020; Saletnik, 2018). Mentoring is most effective when predetermined goals of the relationship are set and the individuals involved are diligent to follow through (Davey et al., 2020; Hafsteinsdóttir et al., 2020; Miller et al., 2020). Mentoring is not new in nursing as the foremost nurse, Florence Nightingale was reported to have been a mentor (Lorentzon & Brown, 2003).

Nurse mentoring is a professional development program, if well implemented, will



positively impact nurses, and increase intention to stay while reducing turnover. According to the National League for Nursing (2022), mentoring is a primary strategy for creating a healthy work environment and to facilitate career development. Mentoring can provide means of meeting the needs and professional aspirations of mentee nurses ultimately fostering job satisfaction that positively impacts nurse retention and decreasing nurse turnover.

### **Review Synthesis**

The nursing profession is significant in the healthcare system. Nurses are the largest segment of healthcare professionals in any healthcare system. This means there are more bedside nurses needed to provide safe and quality patient care than other healthcare professions. The inability to safely and adequately staff nursing positions is a nursing shortage. Nursing shortage negatively impacts the stress level of available nurses, and the increased stress can result in nurse burnout (Boyle, 2021; Tamata & Mohammadnezhad, 2022). Nurse burnout, according to AACN (2022), is adversely affecting nurses' wellbeing and on-the-job satisfaction resulting in early departure from a healthcare system or the nursing profession. Nursing leadership, in conjunction with organization leadership and other stakeholders, need to actively work on strategies and interventions that will improve nurse intent to stay and nurse retention. The interventions need to reduce or cause a reversal of nursing shortage and turnover. The Academy of Medical-Surgical Nurses (AMSIN)'s 2003 project, Nurses Nurturing Nurses (N3), was formulated to support new nurses' professional development and retention in the profession by utilizing mentoring program (Grindel & Hagerstrom, 2009). In 2012, the AMSIN mentoring program incorporated the mentoring needs of experienced nurses usually due to change in practice setting and re-entry into practice (AMSIN, 2012). The agenda of the AMSIN mentoring program is adult education in a professional and reciprocal relationship between the more experienced nurse (mentor) and the less

experienced nurse (mentee) (AMSN, 2012).

### **Project Aims**

This project aims to identify the impact of nurse mentoring on nurses' intent to stay in the practice.

### **Project Objectives**

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

1. Implement the evidence-based Academy of Medical Surgical Nurses Mentorship Program.
2. Inspire 100% of the staff nurses to participate in the nurse mentoring program.
3. 75% of the nurses will be satisfied with the mentoring program.
4. Evaluate mentorship program participants' intent to stay pre and post intervention using self-reported AMSN questionnaire and Casey-Fink nurse retention instruments.

### **Implementation Framework**

The IOWA framework underpins this proposed project. The IOWA model was developed by Marita G. Titler and it was published in 2001. The IOWA model aims to guide in implementing evidence-based interventions into practice to promote patient safety practices (Buckwalter et al., 2017). IOWA model is the appropriate choice for the evidence-based project. The Academy of Medical Surgical Nurses Mentorship Program is the evidence-based practice intervention that will be implemented to promote nurses' intent to stay, decrease turnover, and promote quality patient care, and safety. This project is a pilot or initial nurse mentoring program in the project practice site.

### **Application to DNP Project**

The IOWA model of evidence-based practice promotes quality care and patient safety practices. In the proposed project, IOWA model will guide the nurse mentoring implementation

process including the evidence-based guidelines. Initial evidence-based intervention on pilot newly hired nurses. The process and outcome of this pilot group will indicate the need for modifications or adoption of evidence-based practice. Adopted evidence-based practice will be implemented at the system level.

***Identify Triggering Issues/Opportunities.***

Quality of care and patient safety as related to sufficient or safe staffing- Insufficient nurses at the bedside increase's nurses' workload, may impair the quality of care rendered by available nurses, and hinders patient safety. The area of opportunity is the implementation of the AMSN mentoring program and the initiation of the culture of mentoring, starting from the orientation of all newly hired nurses.

***The Question or Purpose***

Will implementing the AMSN mentorship program for newly hired nurses at the ambulatory center improve nurses' intent to stay?

***Is the Topic a Priority?***

Nurse turnover and inadequate staffing impair quality care, patient safety, and nurses' well-being. The topic is a priority as it addresses staffing issues that are inimical to quality patient care and safety.

***Form a Team.***

The team consists of the stakeholders. The stakeholders are the staff nurses, representatives of nursing leadership, healthcare facility management, and the DNP student as the project lead.

***Synthesize the Evidence.***

Monitor and analyze process, outcomes, and other data. Evidence shows evidence-based

nurse mentoring program enrich the mentor and mentee professionally and otherwise as well as meet the organizational goals of reduction of turnover and satisfying professional development.

### ***Pilot a Change***

Collate baseline data, pilot the implementation of the evidence-based AMSN mentorship program. The change in practice will initiate a progressive change in staff professional development at the project site. Process and outcomes are evaluated for desired outcomes. Modify implementation process if needed. Formulate evidence-based guidelines.

### ***Evaluate if Adaptation into Practice is Appropriate***

Evaluate process and outcomes to ascertain the mentoring program meets expectation. If expectations are not met, reassess, note where changes are needed and apply changes or modify. Validated Fink intent to stay instrument will be utilized.

### ***Disseminate***

Guidelines or protocol routinely available to all employees. Start an organizational culture of mentoring by establishing a plan for every new hire to have a mentor, from orientation stage. The project can also be widely shared by presenting it in nursing conferences and submitting it for publication in nursing journals.

## **Population of Interest**

The population of interest in the DNP project refers to all participants directly or indirectly involved in the DNP project, in this case, the pilot nurse mentoring program in a doctor-owned ambulatory surgical center. The participants' participation in the DNP project may be active or passive primarily based on the reasons for participation. In this DNP project site, all nursing staff at the facility form the core of the population of interest, though at varying degrees of participation. The facility clients are also participants of the DNP project.

**Direct Population**

The DNP project's direct population are the staff directly involved in the nurse mentoring program, both projected mentors and mentees. There are twenty-six nurses at the project site, and all have shown interest in the pilot mentoring program, one of which is a newly hired male nurse, all others are females. The nurses' ages range between 30s and 60s with a licensure mix of associate and bachelor's degrees. For this DNP project, a proposed mentee should be an active registered nurse and should have clinically worked at the project site for eighteen months or less. The same inclusion characteristics apply to the proposed mentors except for length of clinical service at the project site, which must have been three years or more. There are currently five newly hired experienced nurses (proposed mentees) and five experienced nurses (proposed mentors) that will be actively working at the project site during project implementation.

**Indirect Population**

The indirect participants of the DNP project are the facility's endoscopy clients, both males and females. The project site boasts of a patient population of diverse ethnicities. The patient population ages range from eighteen to individuals in their 90s. The DNP project site's patient population will be impacted by the implementation of the project interventions.

**Project Setting**

The DNP project setting is an expanding outpatient ambulatory surgical facility specializing in endoscopy located in Glen Falls, New York State. It is a busy Doctors-owned ambulatory surgical center with limited space, limited staff, and a tight budget. The facility is located close to a 410-bed regional hospital. The project site's competitor for staff and business is the regional hospital.

**Stakeholders**

Stakeholders are identified individuals who are members of staff and management at the DNP project site (Reavy, 2016). Their significance and influential interest in the DNP project can influence the implementation and adoption of the evidence-based practice (Reavy, 2016). All the staff at the project site are affected by the nurse's turnover, from the scheduler to the administrator, and the doctor-owners of the facility. The non-nursing staff are indirect stakeholders of the DNP project while the nursing staff and leadership are the direct stakeholders. The Director of Nursing at the project site is instrumental in moving the DNP project forward. The doctor-owners are appreciative of the DNP project and supportive of the nursing leadership but are not directly involved in the project. The nurses at the DNP project site, including the newly hired nurses, are significantly interested in the project and are supportive of the pioneer nurse mentoring program. Permission to complete the DNP project at the site is received with the support from the nursing leadership and the doctor-owners. Formal documentation of permit is not required. Affiliation agreements are not necessary.

### **Interventions**

Implementation of the AMSN mentoring program is a crucial objective of the DNP project. The initial step to implementation of mentoring program is the collaboration of the project team. The project team is made up of the team leader (DNP student), nurse leader/site coordinator, mentees, and mentors. The project team facilitates pairing of mentees with mentors. Utilizing the AMSN mentoring guidelines, the team leader and the nurse leader/site coordinator introduced nurse mentoring to project participants in a scheduled orientation and teachings time. Participant consent, mentor and mentee background or demographic, and intent to stay/nurse retention pre-intervention surveys are taken during this period by the DNP student. The AMSN mentoring program guides are provided to participants by the team leader. The paired mentee and

mentor are encouraged to make their predetermined goals for mentoring relationship, jointly evaluate the goals, and assign when to meet daily.

The mentee and mentor, for the purpose of this project, are expected to meet daily for teaching, learning, and to foster their mentoring relationship, The AMSN tool, mentoring program plan should be evaluated and completed weekly by the mentee and the mentor. The nurse leader/site coordinator meets with the paired mentee and mentor weekly to evaluate the pairing, revise, or continue the mentoring relationship.

The nurse leader/site coordinator completes the AMSN tool, mentee and mentor progress record, on a weekly basis. Findings determine if a change of mentoring plan is necessary or not.

On the last week of the project, the AMSN tools, intent to stay in the job, mentoring program satisfaction, and Casey-Fink nurse retention surveys are completed by the mentees while only the mentoring program satisfaction survey needs to be completed by the mentors.

## **Tools**

### **Consent for Project Participation**

This is an informative tool provided to human participants in the project (see Appendix A). It provides information on the project and that project participation is voluntary. Withdrawal of participation is an option that requires no prior explanation nor consent. Participant's signature on the consent indicates that information provided is well understood. The consent is developed by the DNP student.

### **Background Information**

This is an AMSN developed tool for gathering background information or demographics of both the mentee and the mentor (see Appendix B). This tool, when completed, provides information on participants' years in the project site for the purpose of inclusion or exclusion

criteria, gender, age ranges, years of nursing experience, and demographics of nurses with intent to stay on the job. All AMSN developed tools are available free with the mentoring program.

### **Mentoring Program Plan**

This AMSN tool is the plan that gives direction to the progress of the mentoring program (see Appendix C). The AMSN mentoring program plan is a tool that is intentionally formatted as steps to achieve the goals and purpose of nurse mentoring in the project site. The mentoring plan is designed by the mentor and mentee for mentee' skills acquisition, clinical growth, critical thinking skills development, and confidence in project setting as well as mentor's career development.

### **Mentoring Program Satisfaction Survey**

AMSN tool that shows how satisfied the project participants are (see Appendix D). This tool progressively, weekly, serves as an indicator of participants' perception of the mentoring program. An unsatisfactory survey indicates mentoring plan may need a revision or mentee and mentor pairing is not fitting and may require changes. This satisfaction survey serves as the project evaluation tool.

### **Intent to Stay Survey**

AMSN tool that indicates levels of participants intent to stay (see Appendix E). The project's objective is to have an increased intent to stay among the nurses. This tool assists in identifying the numbers, indicators of what matters for the choice of intent to stay, and what maintains nurses' intent to stay.

### **Mentor/Mentee Progress Record**

AMSN tool used by the Site Coordinator to record the progress of the mentoring plan (see Appendix F). It is the evaluation tool utilized by the site coordinator in collaboration with the



project team leader, to determine if revision of mentoring plan is in need or not.

### **Casey-Fink Nurse Retention Survey 2009**

Validated tool in use with permit (see Appendices G & H). Tool assists in identifying nurses likely to stay retained at the job and the factors that informed that determination.

## **Plan for Data Collection**

### **Program Participation**

The project participation of nursing staff at the project site was secured by direct communication with staff. Permission to approach nursing staff individually during clinic hours was received from the Director of Nursing (DON). Prior to the team leader approaching staff, the DON informed the nursing staff of the proposed encounter. The DNP student solicited for participation in the project by informing individual nursing staff of the project purpose, benefits, and what it aims to achieve. Nurses were also informed of the processes and tools of the project. Questions and concerns were addressed. All nursing staff at the time of encounter were ready to participate in the project. The DON approved ten nursing staff participation, five mentees and five mentors. Participating nursing staff were later approached for consent.

### **Background Information**

This one-time questionnaire will be securely emailed to all project participants to complete during clinic hours or any other time within the timeframe of seventy-two hours. Completed questionnaires are expected to be returned to the project team leader by secure email.

Demographics such as years of nursing experience, gender, years in service at the project site, age, and level of nursing education, will be grouped together securely.

### **Mentoring Program Plan**

This questionnaire will be securely emailed to each pair of mentor/mentee to complete during clinic hours on the first day of project implementation. Participants will be informed that the questionnaire should be completed by collaboration between the mentor and the mentee with a focus on the mentee's learning needs. Participants will be made aware that mentoring program plan collaboration will be a weekly event as goals and needs might change. The site coordinator will meet and review with each pair of mentor/mentee while the DNP student will observe weekly. Weekly program plans in hard copy will be given to the team leader after weekly review. Hard copy program plan will be scanned and sent to designated email while the paper format is securely shredded. Data should show progression of learning needs met during mentoring.

### **Mentoring Program Satisfaction**

This one-time survey will be securely emailed to all project participants to complete during clinic hours or any other time within the last two days of the project implementation. Completed surveys are expected to be returned to the project team leader by secure email within the two days. The survey data displays the level of satisfaction as the mentoring program concludes.

### **Intent to Stay**

This pre and post intervention survey will be hand delivered to the mentees by the team leader during the mentoring orientation and teachings. The post intervention survey will be securely emailed to mentee participants to complete during clinic hours or any other time within the last three days of the project implementation. Completed surveys are expected to be returned to the project team leader by secure email in the last three days of the project implementation. The post implementation survey is expected to indicate the success of the mentoring program.

### **Mentor/Mentee Progress Record**

This weekly survey will be securely emailed to the site coordinator to complete after meeting with

each pair of mentor/mentee. The completed surveys are expected to be returned to the project team leader by secure email weekly. This site coordinator administered tool tracks the progress of each pair of mentor/mentee. The team leader observes and evaluates the participants during weekly meetings.

### **Nurse Retention Survey**

The pre and post implementation survey will be hand delivered to the mentees by the team leader during the mentoring orientation and teachings. The post intervention survey will be securely emailed to mentee participants to complete on or any other time within the last three days of the project implementation. Completed surveys are expected to be returned to the project team leader by secure email in the last three days of the project implementation.. Pre and post program implementation data will be compared.

### **Participant Privacy and Data Protection**

#### ***Secured Computer System***

The mode of transmitting and collecting data will be solely by secured email on a secured computer system. DNP Project participants are encouraged to have an updated and secure computer system on which they can receive secured questionnaires and surveys by email. Completed questionnaires and surveys by participants are also expected to be sent out in this manner.

#### ***Anonymous***

Surveys and questionnaires responses by project participants shall be anonymous. The surveys and questionnaires are formatted not to include individual identifiers. No direct identifiers such as name and date of birth will be utilized. Participants will be anonymous. The consent is the only

form that shall have the participants' legal names to indicate they have been informed about the project, their participation is voluntary, and they can quit at any time during the project.

### ***Confidentiality***

Confidentiality of data collected is maintained by ensuring that there is data integrity. This means that data collected in responses are not exposed. The computer system in use is secured to prevent a breach of data integrity. Two steps authentication will be applied to prevent easy access to secured data.

### **Plan for Analysis**

Surveys and questionnaires data will be analyzed thematically.

Fisher's exact test is one of the statistical analysis tests chosen due to the small sample size of ten participants. Fisher's exact test will be utilized with mentoring program satisfaction survey and intent to stay in the job. Data collection by counts of Yes or No to mentoring program satisfaction.

The paired t-test is another statistical test for the DNP project. Paired t-test will be used for self-reported questionnaire /survey Fink retention instrument, a pre and post intervention survey. Data analysis by paired t-test due to paired data pre and post intervention.

Assumption of independence and normality. Group observation will be independent, the value of one observation will not be influenced by another observation. Assumption of normality, the data distribution will be normal, there will be no deviation. The assumption that each mentee, after this mentoring program, will be satisfied with their job at the facility and desire to stay at their jobs.

Intended software to use is IBM's SPSS. The SPSS software has been judged to be good in analyzing data from surveys and questionnaires.

## **Ethics/Human Subjects Protection**

Participants are registered nurses at an expanding ambulatory endoscopy center. The nurses have been recruited by direct contact and presentation of the project objectives. The participants, as human subjects, are protected by the assurance of informed consent and that they can quit at any time. Participants' identities are anonymous.

Touro University, Nevada does not require IRB for Quality Improvement projects. The DNP project site does not require Institutional Review Board approval.

The only risk envisaged for participants is the time for the weekly meetings for the evaluation of participants. Participants are expected to accrue clinical growth, skills development, better communication, and networking as well as personal job satisfaction and wellbeing. There is no financial compensation or obligation at the time of participation.

## **Analysis of Results**

The AMSN mentoring program was implemented as a pilot program in a doctor-owned ambulatory endoscopy center. The implementation of the AMSN mentoring program aims to reduce the high turnover of newly hired experienced nurses at the ambulatory center. Five newly hired experienced nurses who have worked between two months and nine months at the facility were chosen as mentees and subjects of the pilot program. Five nurses that have worked between one year and twenty years at the facility were selected as mentors that complement the mentees. The nurse mentoring program is a five-week pilot program for the purpose of the DNP project. The facility's nurse leadership and the DNP project team leader facilitated the AMSN mentoring program implementation. In phase 1, pre implementation process, the ten nurse participants, both the mentees and mentors, in the DNP project, gave consent, and were oriented in nurse mentoring

and its benefits (table 1). Guidelines to the AMSN mentoring program were also made available to the DNP project participants before the pilot program implementation. In phase 2, the implementation of the AMSN mentoring program, each pair of mentees and mentors meet weekly for discussion and review of their mentoring plan. The Site Coordinator meets with each pair of mentees and mentors weekly, their progress assessed, and recorded. The project lead and the site coordinator jointly review the mentee and mentor progress with the mentoring plan. Thereafter, the decision to continue with the intervention or to change is made.

The AMSN mentoring program satisfaction survey is solely used to collect data for both the mentees and mentors. One-Sample t-test is used to analyze both the mentees and the mentors' mentoring program satisfaction data respectively. Pertinent questions amongst the survey questions are separated as determinants and source of data (tab 2 & 3) for both the mentees and the mentors.

#### **One-Sample Statistics Program Satisfaction (Mentees)**

	N	Mean	Std. Deviation	Std. Error Mean
Q. To what degree does this program assist you in developing supportive relationships?	5	4.60	.548	.245
Q. To what degree does this program enhance your ability to communicate with your nurse colleagues?	5	4.60	.548	.245
To what degree does this program contribute to your personal growth?	5	4.80	.447	.200

Q. To what degree does this program enhance your ability to problem-solve work-related issues?	5	4.80	.447	.200
Q. Overall, how satisfied are you with this program?	5	4.60	.548	.245

Table A1

Mean (average) and Standard Deviation (to measure the spread of responses) are calculated for each question. The results show a consistent favorable response in several areas. The mean values for questions about how the program helped nurses build supportive relationships and improve communication with their colleagues stand at 4.60 on a 5-point rating system, where 5 represents high satisfaction. In contrast, the mean scores for questions about personal development and problem-solving skills related to work are significantly higher at 4.80. An average score of 4.60 represents the program's overall satisfaction.

#### One-Sample Statistics Program Satisfaction (Mentors)

	N	Mean	Std. Deviation	Std. Error Mean
Q To what degree does this mentoring enhance your professional contributions to professional nursing?	5	4.40	.548	.245
Q To what degree have you been able to develop a supportive relationship with your mentee?	5	4.80	.447	.200

Q. To what degree have you been able to enhance your mentee’s ability to assess and resolve work-related issues?	5	4.80	.447	.200
Q. Overall, how satisfied are you with this mentoring relationship?	5	4.40	.548	.245

Table A2

The AMSN Mentoring program satisfaction survey shows an overall good reaction. When asked how much mentoring improves their professional contributions to nursing, mentors gave a mean score of 4.40 on a 5-point satisfaction scale. Furthermore, mentors' mean score for both their capacity to build a supportive connection with mentees and their influence in improving mentees' capacity to evaluate and address work-related challenges was 4.80. A mean score of 4.40 was assigned to the overall satisfaction with the mentoring relationship.

The AMSN intent to stay at the job survey and Casey-Fink nurse retention survey are the two instruments for data collection for the intent to stay objective of the DNP project. Significant questions in the intent to stay surveys are isolated to be determining parameters. Paired t-test will be used for the pre and post intervention paired data in both surveys.

**Paired Samples Statistics: AMSN Intent to stay.**

**Paired Samples Statistics: AMSN Intent to stay.**

		Mean	N	Std. Deviation	Std. Error Mean
1	Pre My opinion of myself goes up when I do this job well	6.40	5	.894	.400
	Post My opinion of myself goes up when I do this job well	6.60	5	.548	.245
2	Pre Generally speaking, I am very satisfied with this job	6.20	5	.447	.200



	Post Generally speaking, I am very satisfied with this job	6.80	5	.447	.200
3	Pre I usually know whether or not my job is satisfactory on this job	6.00	5	.000	.000
	Post I usually know whether or not my job is satisfactory on this job	6.40	5	.548	.245
4	Pre I feel a great sense of personal satisfaction when I do this job well	6.20	5	.447	.200
	Post I feel a great sense of personal satisfaction when I do this job well	6.80	5	.447	.200
5	Pre The work I do on this job is very meaningful to me	7.00	5	.000	.000
	Post The work I do on this job is very meaningful to me	6.80	5	.447	.200
6	Pre I feel a very high degree of personal responsibility for the work I do on this job.	6.20	5	.447	.200
	Post I feel a very high degree of personal responsibility for the work I do on this job.	7.00	5	.000	.000
7	Pre I frequently think of leaving this job	1.00 <sup>a</sup>	5	.000	.000
	Post I frequently think of leaving this job	1.00 <sup>a</sup>	5	.000	.000

Table 3 a. The correlation and t cannot be computed because the standard error of the difference is 0.

#### Table B1

With a scale from 1 (strongly disagree) to 7 (strongly agree), the average scores show positive changes for several important variables. Notably, mentees report feeling more confident in their ability to perform their jobs, having a higher level of overall job satisfaction, and having more clarity about their job satisfaction after the program. Additionally, participants attest to a greater sense of personal fulfillment and accountability for their work, highlighting the program's beneficial effects. The general trend indicates that mentees' perceptions of their jobs are getting better,

Table 4: Paired Samples Test **AMSN Intent to stay survey**

		Paired Differences					t	df	Sig. (2- tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
1	Pre My opinion of myself goes up when I do this job well – Post My opinion of myself goes up when I do this job well	-.200	.447	.200	-.755	.355	-1.000	4	.374
2	Pre Generally speaking, I am very satisfied with this job – Post Generally speaking, I am very satisfied with this job	-.600	.894	.400	-1.711	.511	-1.500	4	.208
3	Pre I usually know whether or not my job is satisfactory on this job. Post I usually know whether or not my job is satisfactory on this job	-.400	.548	.245	-1.080	.280	-1.633	4	.178
4	Pre I feel a great sense of personal satisfaction when I do this job well – Post I feel a great sense of personal satisfaction when I do this job well	-.600	.894	.400	-1.711	.511	-1.500	4	.208
5	Pre The work I do on this job is very meaningful to me - Post The work I do on this job is very meaningful to me	.200	.447	.200	-.355	.755	1.000	4	.374
6	Pre I feel a very high degree of personal responsibility for the work I do on this job. – Post I feel a very high degree of personal responsibility for the work I do on this job.	-.800	.447	.200	-1.355	-.245	-4.000	4	.016

Table B2

The findings of the paired samples t-test for the mentees' intent to stay, as determined by the AMSN Intent to Stay instrument, show notable changes in a few areas after implementation of intervention. The mentees' conceptions of personal responsibility for their work show a notable

statistically significant drop, with a mean difference of -0.800 (SD = 0.447, SE = 0.200,  $t = -4.000$ ,  $p = 0.016$ ).

Table 1: Paired Samples Statistics <b>Casey-Fink Nurse Retention Survey</b>					
		Mean	N	Std. Deviation	Std. Error Mean
1	Pre I feel supported by my team on my unit	3.40	5	.548	.245
	Post I feel supported by my team on my unit	4.00	5	.000	.000
2	Pre Other nurses are available to assist me during new situations and procedures	3.80	5	.447	.200
	Post Other nurses are available to assist me during new situations and procedures	4.00	5	.000	.000
3	Pre I often think about leaving this organization and finding another job	1.20	5	.447	.200
	Post I often think about leaving this organization and finding another job	1.00	5	.000	.000
4	Pre I feel that my manager follows through with my concerns	3.60	5	.548	.245
	Post I feel that my manager follows through with my concerns	4.00	5	.000	.000
5	Pre I have a mentor I look to for continued guidance and mentoring	3.40	5	.548	.245
	Post I have a mentor I look to for continued guidance and mentoring	4.00	5	.000	.000

Table C1

Positive changes in several areas of the work environment and support systems are evident in the paired samples statistics from the Casey-Fink Nurse Retention Survey. With mean ratings climbing from 3.40 to 4.00, nurses reported a considerable increase in feeling supported by their team on the unit. The availability of other nurses for support in novel circumstances and procedures also showed a slight improvement, with mean scores rising from 3.80 to 4.00.

Table 2: Paired Samples Test **Casey-Fink Nurse Retention Survey**

	Paired Differences	t	df	
--	--------------------	---	----	--

		Mean	Std. Deviation	Std. Error	95% Confidence Interval of the Difference				Sig. (2-tailed)
					Mean	Lower			
1	Pre I feel supported by my team on my unit Post I feel supported by my team on my unit	-.600	.548	.245	-1.280	.080	-2.449	4	.070
2	Pre Other nurses are available to assist me during new situations and procedures - Post Other nurses are available to assist me during new situations and procedures	-.200	.447	.200	-.755	.355	-1.000	4	.374
3	Pre I often think about leaving this organization and finding another job Post I often think about leaving this organization and finding another job	.200	.447	.200	-.355	.755	1.000	4	.374
4	Pre I feel that my manager follows through with my concerns Post I feel that my manager follows through with my concerns	-.400	.548	.245	-1.080	.280	-1.633	4	.178
5	Pre I have a mentor I look to for continued guidance and mentoring Post I have a mentor I look to for continued guidance and mentoring	-.600	.548	.245	-1.280	.080	-2.449	4	.070

Table C2

The results of the paired samples t-test for nurse retention parameters are shown in the table above. The paired sample t-test contrasts the perceptions of nurses before (pre) and after (post) mentoring intervention. The average difference between pre and post scores is shown in the "Mean" column; negative numbers imply a decline in the post-program assessment.

### Summary and Interpretation of Results

The One-Sample t-test of the mentees' program satisfaction indicates a high mean score. The

mean values for questions about how the program helped nurses build supportive relationships and improve communication with their colleagues stand at 4.60 on a 5-point rating system, where 5 represents highest satisfaction. In contrast, the mean scores for questions about personal development and problem-solving skills related to work are significantly higher at 4.80. An average score of 4.60 represents the program's overall satisfaction. These high mean values imply that mentees are quite satisfied with the mentoring program. Standard deviations are relatively low, suggesting that responses are clustered around the mean, indicating a relatively consistent level of agreement among participants. It is important to recognize that the findings might not be as broadly applicable given the small sample size of 5. Despite the small sample size, the mentoring program's potential for success cannot be over-emphasized. A call for more research with a larger participant base to obtain deeper insights.

The AMSN mentoring program satisfaction survey is indicative of nurse mentors' mean score for both their capacity to build a supportive relationship with the mentees and their influence in improving mentees' capacity to evaluate and solve work-related challenges was 4.80. A mean score of 4.40 was the overall satisfaction with the mentoring program. These high mean values point to a good impact of the mentoring program on mentors' giving back professionally and maintaining relationships with mentees, indicating that mentors in the program are rather satisfied. A constant degree of satisfaction among mentors is suggested by the low standard deviations seen in all the significant questions.

The results of the AMSN mentoring program intent to stay in the job survey, are indicative of mentees reporting confidence in their ability to perform their jobs, having a higher level of overall job satisfaction, and having more clarity about their job satisfaction after the program. Participants also attest to a greater sense of personal fulfillment and accountability for their work.

The mentees' low mean ratings of 1.00 before and after the program consistently showed that they had few thoughts of quitting their jobs.

The paired samples t-test for the AMSN intent to stay data shows mentees' conceptions of personal responsibility for their work show a notable statistically significant drop, with a mean difference of -0.800 (SD = 0.447, SE = 0.200,  $t = -4.000$ ,  $p = 0.016$ ). This indicates following program participation, mentees' personal accountability for job responsibilities decreased significantly. However, other intent-to-stay markers, including self-perception, job satisfaction, knowledge of job satisfaction, and personal satisfaction, did not show any statistically significant variations.

The Casey-Fink Nurse Retention Survey with mean ratings at 3.40 that ascended to 4.00, nurses reported a considerable increase in support from their team on the unit. The availability of other nurses to support during new circumstances and procedures also showed a slight improvement with mean scores rising from 3.80 to 4.00. Nurses' mean scores noted to have dropped from 1.20 to 1.00, suggesting a positive effect on retention. The nurses reported less thoughts about quitting the organization. The mean scores for managers' perceived responsiveness to issues also improved, rising from 3.60 to 4.00. Finally, mean scores for nurses increased from 3.40 to 4.00, indicating an improved sense of mentorship. All these results point to the program having a beneficial impact on several variables that are important for nurse retention and creating a more encouraging and fulfilling work environment.

The results of the analysis of the DNP project data produced the desired outcomes as evident in the mentoring program benefits and the DNP project participants outcomes. The mentoring program is beneficial to both the mentees and the mentors as well as the organization

and nursing leadership. The mentoring program was observed to have influenced the upward movement of job satisfaction and intent to stay rates among project participants. The DNP project results corroborate the research findings that state nurse mentoring can inevitably result in better job satisfaction and nurse retention (Kramer et al, 2021). The DNP project findings note the impact of the nurturing support provided to the mentees that result in the mentees' professional growth, enhanced nursing skills, and improved communication. These are some of the benefits and hallmarks of the mentors' professional contribution to the nursing field (Dennis, 2022). The mentoring program has positively impacted the organization culture. Nursing leadership plans to make mentoring the standard protocol after orientation/preceptorship. The mentoring program enables the new nurses or mentees' quick integration into the organization culture. The mentoring program caused a shift in organization culture. Potential forever friendships are in the making.

### **Limitations**

The sample size of five pairs of mentees and mentors is a major limitation of the DNP project. The small sample size does not support the generalizability of the project. A larger participants base is needed for population representation; however, an arbitrary sample size is acceptable in pilot study (Andrade, 2020). The weekly meetings for review and assessments were important parts of the mentoring process. These meetings were sometimes missed because of the workload and dynamics at the recovery area of the endoscopy center. We were able to minimize missed meetings by scheduling them around the staff's downtime. The post implementation data collection process took longer than expected. To get a quick return of data, it was suggested that data collection should be in batches to save time. Privacy and confidentiality were maintained by not collecting participants' data in batches.

### **Conclusion**

The DNP project is a pilot program that aimed to study if nurse mentoring for experienced nurses in a new specialty positively impacted the nurses' intent to stay in the job. Five newly hired experienced nurses (but new in endoscopy specialty) were matched with five experienced nurses for mentorship at the ambulatory center. The mentoring experience was beneficial to the nurse participants and had a positive impact on some variables that are important for nurse retention such as enhancement of nurses problem-solving skills. The mentoring experience also created a supportive and conducive work environment as it improved communication between nurse colleagues. Nurse mentoring is a useful tool for nursing career development. The nurse mentors facilitate the professional development of the nurse mentees. Nurse mentoring also enables nurses' quick induction into the organization culture. The impartation from the nurse mentors is their professional contributions to nursing development. The nurse mentoring program is sustainable in the ambulatory center. The mentoring process is ongoing for the new hires and their mentors, with nursing leadership still reviewing the progress record. The DON supported by the nursing staff plans to incorporate mentoring into the new hire nurses' orientation.

### **Abstract**

**PROBLEM:** The high turnover rate of newly hired experienced nurses at an endoscopy ambulatory center, which contributes to staffing shortages and impaired quality of care.

**BACKGROUND:** Unexplained high turnover of newly hired experienced but new to endoscopy nurses causing increased workload of nurses in an ambulatory center. This study aims to significantly reduce the turnover of newly hired experienced nurses by increasing their level of intent to stay and retention through the implementation of the Academy of Medical-Surgical Nurses mentoring program. The project site is a busy doctor-owned ambulatory endoscopy center. Project participants were five newly hired experienced nurses (the mentees) and five experienced



nurses at the ambulatory care facility (the mentors).

**METHODS:** The Academy of Medical-Surgical Nurses Mentoring Program (AMSN) was the evidence-based mentoring program used for the project. AMSN's intent to stay and Casey-Fink nurse retention surveys assessed the project nurse participants' perceptions before after the intervention.

**INTERVENTION:** The AMSN mentoring program was implemented with five pairs of matched mentees and mentors. The mentees were newly hired experienced nurses, less than one year at the project site, and new to endoscopy. The mentors were experienced nurses in endoscopy and have been with the facility for more than a year. Pre and post intervention AMSN intent to stay in the job survey and Casey-Fink nurse retention survey data collected. Mentoring goals were set by each mentoring pair and mentoring plans to achieve the goals made. The project timeline was five weeks. Each paired mentee and mentor worked towards achieving their set goals. There was a weekly progress review of mentoring plan for four weeks. There was no need to change the course of the intervention.

**RESULTS:** Five weeks after the implementation of the AMSN mentoring program and the review of the pre and post AMSN's intent to stay and Casey-Fink's nurse retention surveys, the results point to the mentoring program as having a beneficial impact on some factors that are important for nurse retention and intent to stay. In the Casey-Fink Nurse Retention Survey, participants gave a mean score of 3.40 for what keeps them working in their current employment when it comes to factors impacting job retention. Participants gave possible reasons for quitting the work a mean score of 1.60, indicating a low chance of quitting. The mean values for questions about how the program improves supportive relationships and improves communication stand at 4.60 on a 5-point rating system, where 5 represents high satisfaction.

CONCLUSION: The implementation of the AMSN mentoring program improved the intent to stay and retention of nurses at the endoscopy ambulatory center. The AMSN mentoring program is a means of reducing nurse turnover and it can be integrated into the health system or facility's new hire orientation protocol. The program is flexible to accommodate varied healthcare settings. The AMSN mentoring program is formatted for a longer duration, but it can also be adapted to a shorter period as in the case of the DNP project.

Keywords. Nurse mentoring, intent to stay, retention, satisfaction.

## References

Academy of Medical-Surgical Nurses. (2012). AMSN Mentoring Program.

[AMSN-Mentoring-Mentee-Guide.pdf](#)

Alharbi, F., Mustafa, Z., & Benoy, M. (2022) Nurses Turnover: Retention of the staff. *Open Journal of Nursing*, **12**, 199-219. doi: [10.4236/ojn.2022.123013](https://doi.org/10.4236/ojn.2022.123013)

American Association of Colleges of Nursing. (2022). Nursing shortage. From

[AACN Fact Sheet - Nursing Shortage \(aacnnursing.org\)](#)

American Nurses Association. (n. d.). Nurses in the workplace. From

[The State of the Nursing Workforce | ANA \(nursingworld.org\)](#)

American Nurses Association (n.d). *Nurse Staffing*. From

[Nurse Staffing | American Nurses Association | ANA \(nursingworld.org\)](#)

Andrade C. (2020). Sample Size and its Importance in Research. *Indian journal of psychological medicine*, **42**(1), 102–103. [https://doi.org/10.4103/IJPSYM.IJPSYM\\_504\\_19](https://doi.org/10.4103/IJPSYM.IJPSYM_504_19)

Bae S. H. (2022). Noneconomic and economic impacts of nurse turnover in hospitals: A systematic review. *International nursing review*, **69**(3), 392–404. <https://doi.org/10.1111/inr.12769>

Bourgault A. M. (2022). The nursing shortage and work expectations are in critical condition: Is anyone listening? *Critical care nurse*, **42**(2), 8–11. <https://doi.org/10.4037/ccn2022909>

Boyle, P. (2021, September 7). *Hospitals innovate amid dire nursing shortages*. Association of American Medical Colleges. [Hospitals innovate amid dire nursing shortages | AAMC](#)

Buckwalter, K. C., Cullen, L., Hanrahan, K., Kleiber, C., McCarthy, A. M., Rakel, B., Steelman, V., Tripp-Reimer, T., Tucker, S., & Authored on behalf of the Iowa Model Collaborative (2017). Iowa Model of Evidence-Based Practice: Revisions and Validation. *Worldviews*

- on evidence-based nursing*, 14(3), 175–182. <https://doi.org/10.1111/wvn.12223>
- Davey, Z., Jackson, D., & Henshall, C. (2020). The value of nurse mentoring relationships: Lessons learnt from work-based resilience enhancement program for nurses working in the forensic setting. *International Journal of Mental Health Nursing*. Vol.29. Issue 5. October 2020 Pages 992-1001. [doi.org/10.1111/inm.12739](https://doi.org/10.1111/inm.12739)
- Dennis, V. (2022). The value of mentorship in nursing. *AORN Journal* Volume116, Issue3 September 2022 Pages 215-21
- DiBello, K. (2020). Building a leadership pipeline, part 3: Nurse leader retention. *AAACN Viewpoint*, 42(6), 10-12. From <https://www.proquest.com/scholarly-journals/building-leadership-pipeline-part-3-nurse-leader/docview/2476864464/se-2>
- Disch, J. (2018). Rethinking Mentoring. *Critical Care Medicine* 46(3):p 437-441, March 2018. | DOI: 10.1097/CCM.0000000000002914
- Grindel, C. G. & Hagerstrom, G. (2009). Nurses nurturing nurses: Outcomes and lessons learned. *Medsurg nursing : official journal of the Academy of Medical-Surgical Nurses*, 18(3), 183–194.
- Haddad, L.M, Annamaraju, P. & Toney-Butler, T.J. [Updated 2023 Feb 13]. Nursing shortage. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK493175>
- Hafsteinsdóttir, T. B., Schoonhoven, L., Hamers, J., & Schuurmans, M. J. (2020). The leadership mentoring in nursing research program for postdoctoral nurses: A development paper. *Journal of nursing scholarship: an official publication of Sigma Theta Tau International Honor Society of Nursing*, 52(4), 435–445. <https://doi.org/10.1111/jnu.12565>
- Hoover, J., Koon, A. D., Rosser, E. N., & Rao, K. D. (2020). Mentoring the working nurse:

A scoping review. *Human resources for health*, 18(1), 52.

<https://doi.org/10.1186/s12960-020-00491-x>

Hu, H., Wang, C., Lan, Y., & Wu, X. (2022). Nurses' turnover intention, hope and career identity: The mediating role of job satisfaction. *BMC nursing*, 21(1), 43.

<https://doi.org/10.1186/s12912-022-00821-5>

Kelly, L. A., Gee, P. M., & Butler, R. J. (2021). Impact of nurse burnout on organizational and position turnover. *Nursing Outlook* Volume 69, Issue 1, January-February 2021, Pages 96-102. <https://doi.org/10.1016/j.outlook.2020.06.008>

Kramer, D.S., McCue, V.Y., Butler, E., Prentiss, A. S, Ojeda, M.M., Tugg, K.K., Fuentes, V., & Bonet, S. (2021). The art of nurse mentoring: A framework of support. *Nursing & Health Sciences Research Journal*, Vol. 4, Iss. 1 [2021], Pg. 16-25

Lorentzon, M. & Brown, K. (2003). Florence Nightingale as 'mentor of matrons': correspondence with Rachel Williams at St Mary's Hospital. *Journal of nursing management*, 11(4), 266–274. <https://doi.org/10.1046/j.1365-2834.2003.00375.x>

Miller, C., Wagenberg, C., Loney, E., Porinchak, M., & Ramrup, N. (2020). Creating and Implementing a Nurse Mentoring Program: A Team Approach. *The Journal of nursing administration*, 50(6), 343–348. <https://doi.org/10.1097/NNA.0000000000000895>

National League for Nursing (2022, March). NLN mentoring toolkit.

[Mentoring Toolkit \(nln.org\)](https://www.nln.org/mentoring-toolkit)

New Jersey State Nurses Association (2020). The cost of nurse turnover. From

[The Cost of Nurse Turnover | | New Jersey State Nurses Association \(njsna.org\)](https://www.njsna.org/cost-of-nurse-turnover)

Reavy, K. (2016). *Inquiry and leadership: A resource for the DNP project*.

F. A. Davis Company, Philadelphia

Saletnik, L. (2018). The importance of mentoring. *AORN journal*. Vol. 108 Issue 4. October 2018  
Pg 354-356. <https://doi.org/10.1002/aorn.12386>

Tamata, A.T. & Mohammadnezhad, M. (2022). A systemic review study on the factors affecting shortage of nursing workforce in the hospitals. *Nursing Open* Volume10 Issue 3, March 2023, p1247-1257. <https://doi.org/10.1002/nop2.1434>

Tucker, S. J., Gallagher-Ford, L., Baker, M., & Vottero, B. A. EBP 2.0: Promoting nurse retention through career development planning. *AJN, American Journal of Nursing* 119(6):p 62-66, June 2019. | DOI: 10.1097/01.NAJ.0000559823.73262.d2

Woodward, K. F. & Willgerodt M. (2022). A systematic review of registered nurse turnover and retention in the United States. *Nursing Outlook* Volume 70, Issue 4, July-August 2022, Pages 664-678. <https://doi.org/10.1016/j.outlook.2022.04.005>

## **Appendix A**

### **Consent Form**

**Title of Scholarly Project:** Implementing the Academy of Medical-Surgical Nurses (AMSN) mentoring program for newly hired experienced nurses: A Pilot Program

**Principal Investigator:** Joke Irene Bamgbopa, R.N., B.S.N., M.S.N., Touro University, Nevada

Contact information: [jbamgbop@student.touro.edu](mailto:jbamgbop@student.touro.edu); 5162056719

You are invited to take part in a pilot program. Kindly take time to read the information for the project below. For further information and clarity, please contact the project leader.

#### **Project Purpose**

The project aims to see a reduction in nurses' turnover and improvement in nurses' intent to stay by nurturing and engaging staff nurses through the implementation of evidence-based AMSN mentoring program.

#### **Benefits of the Project**

The project will provide a planned, conducive, and mutually beneficial environment for teaching relationships between the mentor (the experienced nurse) and the mentee (the relatively new experienced nurse).

#### **Risks and Discomforts**

There are no risks involved in the project. The mentors and the mentees meet with the Site Coordinator once a week for feedback and to evaluate if there is need for change in mentoring

Plan. The weekly meeting also involves completing some assessment tools. This may pose discomfort for some participants.

**Participant's initial:** \_\_\_\_\_

### **Process**

1. Pre project orientation, teachings
2. Consent taken. Demography/pre project survey
3. Paired mentor and mentee meet and evaluate their predetermined goals.
4. Working and teaching relationships evolve/daily meet
5. Clinical skills development, critical thinking, short assignments
6. Regular meetings to network and reassess mentoring relationship.
7. Weekly reassessment meeting and completing assessment tools under the Site Coordinator's oversight.

### **Compensation**

There is no monetary compensation attached to the voluntary participation in the project.

### **Voluntary Participation**

Participation in this project is voluntary. If you happen to change your mind during participation, you may stop at any time. You may choose not to fully participate, answer any survey question, or continue with the project for any reason. If you choose to participate in the project, signing a consent.

form will be required of you. Please note that signing a consent form does not stop you from



withdrawing participation whenever you change your mind. Withdrawing participation in the project will not in any way be detrimental to you, your job, or benefits.

**Participant's initial:** \_\_\_\_\_

### Consent

I have read and I understand the information contained therein. I have also had the chance to ask questions. I am aware that my participation in the project is voluntary and that I can withdraw my participation without providing any reason at any time. I understand that a copy of this consent form will be given to me. I voluntarily agree to take part in this project.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Project Team Leader's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Appendix B

### Background Information

Mentee Tool 3

Mentor Initials: \_\_\_\_\_ Mentee Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Background Information	
Completed by the Mentee	
Personal Information:	Age: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Education relationship for preparation as a registered nurse:	
<input type="checkbox"/> Diploma	<input type="checkbox"/> Other. Please indicate: _____
<input type="checkbox"/> Associate Degree	
<input type="checkbox"/> Baccalaureate Degree in Nursing	_____
Date of graduation from nursing school: Month _____ Year _____	
Education (check highest degree achieved):	
<input type="checkbox"/> Diploma	<input type="checkbox"/> Masters Degree in Nursing
<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Masters Degree in other field
<input type="checkbox"/> Baccalaureate Degree in Nursing	<input type="checkbox"/> Doctoral Degree in Nursing
<input type="checkbox"/> Baccalaureate Degree in other field	<input type="checkbox"/> Doctoral Degree in other field
<input type="checkbox"/> Other. Please indicate: _____	
Practice Setting:	
Current position: _____	Clinical practice specialty: _____
Is this your first position as a registered nurse? <input type="checkbox"/> Yes	
<input type="checkbox"/> No. List your employment history as a registered nurse:	

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

---

How would you like this mentoring program to benefit you?

Mentor Tool 7

Mentor Initials: \_\_\_\_\_ Mentee Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Background Information**  
**Completed by the Mentor**

Personal Information:	Age: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Education (check highest degree achieved): <input type="checkbox"/> Diploma <span style="float: right;"><input type="checkbox"/> Masters Degree in Nursing</span> <input type="checkbox"/> Associate Degree <span style="float: right;"><input type="checkbox"/> Masters Degree in other field</span> <input type="checkbox"/> Baccalaureate Degree in Nursing <span style="float: right;"><input type="checkbox"/> Doctoral Degree</span> <input type="checkbox"/> Baccalaureate Degree in other field <input type="checkbox"/> Other. Please indicate: _____		
Certification: List current certifications: _____		

Practice Setting:

Current position: \_\_\_\_\_ Years in current position: \_\_\_\_\_

Clinical practice specialty: \_\_\_\_\_ Years at current clinical agency: \_\_\_\_\_

Years in nursing: \_\_\_\_\_

Have you mentored other nurses?

No  Yes, please describe: \_\_\_\_\_

How did you become involved with this Mentoring Program?

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

How do you hope to benefit from this program?

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

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

## Appendix C

### Mentoring Program Plan

Mentee Tool 8

Mentor Initials: \_\_\_\_\_ Mentee Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### Mentoring Program Plan

**Completed by the Mentor and Mentee**

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

#### **GOALS:**

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

What do you want your outcomes to be?

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

*I expect my mentor to...*

*I expect my mentee to...*

**COMMUNICATION AGREEMENT:** 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 the relationship. Develop future actions and renegotiate this plan as needed.

## Appendix D

### Mentoring Program Satisfaction Survey

Mentor Tool 12

Mentor Initials: \_\_\_\_\_ Mentee Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### Mentoring Program Satisfaction Survey

Completed by the Mentor

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

Item	Degree of Satisfaction						
1. To what degree does this mentoring enhance your professional contributions to professional nursing?	Little	1	2	3	4	5	Much
2. To what degree does this mentoring contribute to your personal satisfaction as a professional nurse?	Little	1	2	3	4	5	Much
3. To what degree have you been able to develop a supportive relationship with your mentee?	Little	1	2	3	4	5	Much
4. To what degree have you been able to enhance your mentee's ability to assess and resolve work-related issues?	Little	1	2	3	4	5	Much
5. How satisfied are you with communication with your mentee?	Little	1	2	3	4	5	Much

6. How satisfied are you with the discussions at your meetings with your mentee?	Little 1 2 3 4 5 Much
7. To what degree do you think this mentoring helps the nurse transition into the workplace?	Little 1 2 3 4 5 Much
8. Overall, how satisfied are you with this mentoring relationship?	Little 1 2 3 4 5 Much
9. Additional Comments	

Mentee Tool 13

Mentee Initials \_\_\_\_\_ Mentor Initials \_\_\_\_\_ Date \_\_\_\_\_

**Mentoring Program Satisfaction Survey**  
**Completed by Mentee**

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

Item	Degree of Satisfaction
1. To what degree does this program assist you in developing supportive relationships?	Little 1 2 3 4 5 Much
2. To what degree does this program contribute to your professional growth?	Little 1 2 3 4 5 Much



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

## Appendix E

### Intent to Stay in the Job Survey

Mentee Tool 11

Mentee Initials \_\_\_\_\_ Mentor Initials \_\_\_\_\_ Date \_\_\_\_\_

#### Intent to Stay in the Job Survey

Completed by the Mentee

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

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

## Appendix F

### Mentor/Mentee Progress Record

Site: \_\_\_\_\_

Site Coordinator \_\_\_\_\_

### Mentor / Mentee Progress Record

This tool may be used by the site coordinator to track the progress of a group of mentors/mentees.

Mentor / Mentee ID	Names	Date for Evaluations			
		At Start & 2 Weeks	3 Months	6 Months	12 Months
	Mentor:				
	Mentee:				
	Mentor:				
	Mentee:				
	Mentor:				
	Mentee:				
	Mentor:				
	Mentee:				
	Mentor:				
	Mentee:				
	Mentor:				
	Mentee:				
	Mentor:				
	Mentee:				
	Mentor:				
	Mentee:				
	Mentor:				
	Mentee:				
	Mentor:				
	Mentee:				

**Appendix G**

**Casey-Fink Retention Survey**

**Casey-Fink Nurse Retention Survey© 2009**

Kathy Casey, PhD, RN, NPD-BC and Regina Fink, PhD, APRN, AOCN, CHPN, FAAN

**Section I - Work Environment**

The following questions ask about perceptions of your work environment, support, and encouragement. Please respond to the following questions by placing a mark inside the circles.

	STRONGLY STRONGLY DISAGREE AGREE	DISAGREE	AGREE
1. My work challenges me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel that my talents are appreciated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel that I make a difference with patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel that I am a respected member of the healthcare team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel supported by my team on my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel supported by charge nurses on my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Other nurses are available to assist me during new situations and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My charge nurse provides encouragement and feedback about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My educator provides encouragement and feedback about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My manager provides encouragement and feedback about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. I enjoy socializing with other team members outside of working hours.

12. I feel comfortable communicating with patients and families.

13. I feel overwhelmed by my patient care responsibilities and workload.

14. I feel the expectations of me in this job are realistic.

15. I feel supported by the physicians I work with.

16. I have been in my position about as long as I want to be.

17. I often think about leaving this organization and finding another job.

**STRONGLY DISAGREE**      **DISAGREE**      **AGREE**      **STRONGLY AGREE**

18. I feel that my contributions to this organization are acknowledged.

19. I feel that my charge nurse is approachable.

20. I feel that my educator is approachable.

21. I feel that my manager is approachable.

22. I feel that my manager follows through with my concerns.

23. There are positive role models for me to observe on my unit.
24. My manager is helping me to develop confidence in my practice.
25. My manager places a high value on the work I do.
26. My preceptor(s) provided me with a sound foundation to begin my practice.
27. I have a mentor I look to for continued guidance and mentoring.
28. I am satisfied with my chosen nursing specialty.
29. I would encourage other nurses to work at this organization.
30. I would like to be working here 5 years from now.
31. I would consider staying here if offered the option of working shorter shifts.
32. I would like the option of working some shorter shifts (i.e., 4, 6, 8, 10-hour shifts).

## Section II - Stress

I am experiencing stress in my personal life.

- a. Yes
- b. No

                                          

If you chose yes to the question above, please indicate what is causing your stress. (You may circle more than one choice). a. Finances

- b. Childcare
- c. Student loans
- d. Graduate school
- e. Living situation
- f. Personal relationships
- g. Job performance
- h. Other: \_\_\_\_\_

## Section III - Job Satisfaction

Please select the response that reflects your current level of *satisfaction* with the following aspects of your job.

	VERY VERY DISSATISFIED SATISFIED	MODERATELY DISSATISFIED	NEITHER SATISFIED NOR	MODERATELY SATISFIED
Salary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting out of work on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse to patient ratios	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
# Weekends off per month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rotating day/night shifts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to work straight shifts (straight days <b>or</b> nights)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of the schedule being available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schedule is flexible to my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for career advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Amount of encouragement and feedback from manager              

Orientation was adequate for my needs.                              

Quality of care that I can provide                                        

- 1. Please list or describe ways in which you have received praise or recognition for a job well done:**

\_\_\_\_\_

\_\_\_\_\_

- 2. How would you like to receive recognition for a job well done?**

\_\_\_\_\_

\_\_\_\_\_

## **Section IV - Professional Development**

- 1. What are your professional goals for the next:**

One year? \_\_\_\_\_

Five years? \_\_\_\_\_

\_\_\_\_\_

- 2. Is there someone assisting (mentoring) you to achieve these goals?**      a. yes

b. no

- 3. What activities have you participated in during the past two years to enhance your professional development and/or support achievement of your career goals? Please check all that apply.**

a. unit/hospital committee(s)

b. certification in your specialty area

c. member of a professional organization

d. subscribe to a nursing journal

e. enrolled in an advanced degree program

f. other \_\_\_\_\_

---

## **Section V - *Demographics*: Circle the response that represents the most accurate description of your individual professional profile.**

- 1. Age:** \_\_\_\_\_ years



2. **Gender:**
  - a. Female
  - b. Male
  - c. Non-binary, transgender, or gender fluid
  - d. Other (please specify) \_\_\_\_\_
  
3. **Number of years as a Registered Nurse:** \_\_\_\_\_
  
4. **Number of years in your area of specialty:** \_\_\_\_\_
  
5. **Number of years at this organization:** \_\_\_\_\_
  
6. **I am currently employed:**
  - a. full time
  - b. part time
  - c. flex/PRN
  
7. **Select your primary practice setting:**
  - a. Inpatient
  - b. Outpatient/Ambulatory
  - c. Home Health Care
  - d. School Nurse
  - e. Public Health
  - f. Skilled Nursing Facility
  - g. Long-term Care
  - h. Other (please specify) \_\_\_\_\_
  
8. **The name of the unit/specialty area I work on:** \_\_\_\_\_
  
9. **Do you participate in the clinical advancement program at your organization?**
  - a. Yes
  - b. No
  
10. **Highest Nursing Degree Received:**
  - a. Diploma
  - b. Associate Degree
  - c. Traditional Bachelors (BSN)
  - d. Accelerated Bachelors (BSN)
  - e. Master's in Nursing (MSN, MS, MN)
  - f. Doctor of Nursing Practice (DNP)
  - g. PhD
  
11. **Have you functioned as a charge nurse?**

- a. yes
- b. no

**12. Have you functioned as a preceptor?**

- a. yes
- b. no

**13. What is your scheduled work pattern?**

- a. Straight days
- b. Straight nights
- c. Rotating days/nights
- d. Weekends

**14. What keeps you working in your current job? (choose the one most important reason)**

- a. nurses you work with
  - b. patient care or making a difference.
  - c. autonomy
  - d. manager
  - e. educator
  - f. charge nurses
  - g. other nurses
  - h. salary
  - i. time off
  - j. benefits
  - k. opportunities for career advancement
  - l. types of patients in my care area
  - m. continuing education opportunities    n other, please specify
- 

**15. What might cause you to leave this organization?**

---

**16. What do you think this organization can do to improve nurse retention?**

---

---

## Appendix H

### Permission to Use Casey-Fink Survey



August 23, 2023

Dear DNP Adviser,

Joke Bamgbopa has our permission to use the Casey-Fink Retention Survey© (2009) for their DNP Project at an Ambulatory Care Center in Glens Falls, New York.

We give permission to modify the wording in the demographic section to match the healthcare organization and needs of the study population.

Please feel free to reach Kathy Casey at 303.905.4507 if you have any questions.  
Sincerely,

Kathy Casey PhD RN NPD-BC  
Professional Development Specialist  
[kathy@caseyfinksurveys.com](mailto:kathy@caseyfinksurveys.com)

Regina M. Fink, PhD, APRN, AOCN, CHPN, FAAN  
Professor Emerita | School of Medicine and College of Nursing  
Interprofessional MSPC & Palliative Care Certificate Programs  
University of Colorado Anschutz Medical Campus  
12631 E. 17th Avenue, AO1 - Room 8410, Box B-180  
Aurora, CO 80045  
[regina.fink@cuanschutz.edu](mailto:regina.fink@cuanschutz.edu)

**Table 1**  
**Implementation of the AMSN Mentoring Program**

Implementation Phases

Phase 1 Pre implementation	<ul style="list-style-type: none"> <li>• Consent</li> <li>• Teachings on mentoring, nurse mentoring</li> <li>• AMSN guidelines</li> <li>• Pre intervention surveys/questionnaires</li> </ul>
Phase 2 Implementation	<ul style="list-style-type: none"> <li>• Mentee-Mentor matching/pairing</li> <li>• Mentee/mentor mentoring plan/progress</li> <li>• Weekly discussion/assessment</li> <li>• Post intervention surveys/questionnaires</li> </ul>

**Table 2****The AMSN Mentoring Program Satisfaction Survey**

The scale ranges from "little" to "much," with numerical values assigned (1 to 5)

**Mentees' Responses:**

Supportive Relationships	<ul style="list-style-type: none"> <li>• 3 nurse participants rated it as 5</li> <li>• 2 nurse participants rated it as 4</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• 3 nurse participants rated it as 5</li> <li>• 2 nurse participants rated it as 4</li> </ul>
Personal Growth	<ul style="list-style-type: none"> <li>• 1 nurse participant rated it as 4</li> <li>• 4 nurse participants rated it as 5</li> </ul>
Problem-Solving Ability	<ul style="list-style-type: none"> <li>• 1 nurse participant rated it as 4</li> <li>• 4 nurse participants rated it as 5</li> </ul>
Overall Satisfaction	<ul style="list-style-type: none"> <li>• 2 nurse participants rated it as 4</li> <li>• 3 nurse participants rated it as 5</li> </ul>

**Table 3****The AMSN Mentoring Program Satisfaction Survey**

**The scale ranges from "little" to "much," with numerical values assigned (1 to 5)**

**Mentors' Responses**

Professional Contributions	<ul style="list-style-type: none"> <li>• 2 nurse participants rated it as 5</li> <li>• 3 nurse participants rated it as 4</li> </ul>
Supportive Relationship with Mentee	<ul style="list-style-type: none"> <li>• 1 nurse participant rated it as 4</li> <li>• 4 nurse participants rated it as 5</li> </ul>
Enhancing Mentee's Problem-Solving	<ul style="list-style-type: none"> <li>• 1 nurse participant rated it as 4</li> <li>• 4 nurse participants rated it as 5</li> </ul>
Overall Satisfaction with Mentoring	<ul style="list-style-type: none"> <li>• 2 nurse participants rated it as 5</li> <li>• 3 nurse participants rated it as 4</li> </ul>

**Table 4a****Academy of Medical-Surgical Nurses Intent to Stay Survey: Mentees only**

Response scale: disagree strongly (1), disagree (2), disagree slightly (3), neutral (4), agree slightly (5), agree (6), agree strongly (7).

Improved On-the-job Self-Worth	Pre: 1 nurse rates at 5, 1 nurse rates at 6, & 3 nurses rate at 7 Post: 2 nurses rate at 6; 3 nurses rate at 7
Job Satisfaction	Pre: 1 nurse rates at 7; 4 nurses rate at 6 Post: 1 nurse rates at 6; 4 nurses rate at 7
Knowledge of job satisfaction	Pre: 5 nurses rate at 6 Post: 3 nurses rate at 6; 2 nurses rate at 7
Personal Satisfaction	Pre: 1 nurse rates at 7; 4 nurses rate at 6 Post: 1 nurse rates at 6; 4 nurses rate at 7
My Work is Meaningful	Pre: 5 nurses rate at 7 Post: 1 nurse rates at 6; 4 nurses rate at 7
Personal Responsibility	Pre: 1 nurse rates at 7; 4 nurses rate at 6 Post: 5 nurses rate at 7
Thinking of quitting this job	Pre & Post: 5 nurses rate at 1

**Table 4b****Casey-Fink Nurse Retention Survey**

Response scale of strongly disagree, disagree, agree, and strongly agree

Team Support	Pre: 2 nurses rate at strongly agree; 3 nurses rate at agree Post: 5 nurses rate at strongly agree
Other nurses assist	Pre: 1 nurse rates at strongly agree, 4 nurses rate at agree Post: 5 nurses rate at strongly agree
Thought of quitting	Pre: 1 nurse rates at disagree; 4 nurses rate at strongly disagree Post: 5 nurses rate at strongly disagree
Manager cares about my concerns	Pre: 2 nurses rate at agree; 3 nurses rate at strongly agree Post: 5 nurses rate at strongly agree
Continued availability of guidance and mentoring	Pre: 2 nurses rate at strongly agree; 3 nurses rate at agree Post: 5 nurses rate at strongly agree



