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Improving Nurse Mentor Retention Through the Use of Nurse Residency Programs

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This is to certify that the doctoral study by

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Abstract

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Abstract

Graduate nurses beginning their nursing career require a collaborative relationship with an expert nurse mentor to make this transition successful. However, high turnover among these experienced nurse mentors is causing a problematic gap in knowledge transfer, experience, and expertise in the nursing workforce. This project investigated whether nurse mentors who mentored in a Nurse Residency Program (NRP) remained with the organization longer and were more satisfied with their mentoring experience than nurse mentors who mentored outside of a NRP. The diffusion of innovations theory was used to support the project and process of dispersing information on the outcome of the project. Sources of evidence for the project included case-cohort studies, systematic reviews obtained via an exhaustive literature review, and the collection of nurse mentor retention and satisfaction data through the use of a cross-sectional survey. Data were assessed from 214 registered nurses at a hospital in Rapid City, South Dakota and divided into 2 groups: nurse mentor and NRP mentor. When compared to nurse mentors, 10% more NRP mentors reported being employed in their current position with the intent to remain employed for 10 or more years as well as being very satisfied with their mentorship experience, supporting the project question. This project substantiates the need for experienced nurse mentors to prepare new graduate nurses coming into the profession. Contribution to positive social change is as a result of mentorship in nursing that functions as a means of retaining both new graduate and experienced nurses simultaneously.

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Table of Contents

List of Tables

Section 1: Introduction

Nurses play an integral role in the environment of healthcare by providing the

most intimate aspects of patient care in the hospital setting. These include

implementation of nursing care and medical orders, resuscitation and life-sustaining

measures, and chronic disease management through patient education, all while liaising

between the patient and other healthcare professions (McCallin & Frankson, 2010;

Westbrook, Duffield, Li, & Creswick, 2011). Aptitude of nurses is initiated in school,

but it is then largely developed through a nurse mentor and an employment term that

lends itself to the growth and development of expertise, particularly when working in a

hospital setting (Duffy, Blair, Colthart, & Whyte, 2014; McHugh & Lake, 2010). The

United States is currently on the precipice of a substantial nursing shortage, and one of

the root causes of this has been the divergence between the supply and demand of nurses.

Nearly one-third of the current nursing workforce who possess the experience and

expertise to impart to newer, inexperienced nurses are age 55 years and older and will

likely retire within the next ten years (American Association of Colleges of Nursing,

2014b; U.S. Department of Health and Human Services, 2014). Thus, consideration for

the retention of experienced nurses and their expertise is one way to address the nursing

shortage.

Nurse Residency Programs (NRPs) are a learner-focused, formalized mentorship

program targeted towards newly licensed graduate nurses that are designed to support the

development of competency in nursing practice as well as impart the values and ideals of

the employing organization through structured sessions with the new graduate and their

mentor (Herdrich & Lindsay, 2006). Mentors are key to the development of competence by providing guidance during skill acquisition and clinical experiences that build confidence at the time of the experience, something that formal leaders in hospitals, often unit managers and nursing administrators, are not always be able to provide (Park & Jones, 2010; Zinn, Guglielmi, Davis, & Moses, 2012). Mentors should possess a particular skill set that emphasizes competency in the requirements of the profession but also proficiency in their ability to use previous experiences to make holistic decisions, a skillset that requires more than a year of experience to develop (Benner, 1984; Yonge, Myrick, Billay, & Luhanga, 2007). Benner (1984) notes that nursing expertise does depend on the passage of time and nurses employed for more than a year with the same organization hold a greater affinity for expertise. Much of the new graduate nurse transition is stagnated by the lack of experienced nurse mentors to provide guidance, which is exacerbated by the growing expectation to care for more patients with fewer resources (Reinsvold, 2008). Therefore, retaining experienced nurse mentors through an NRP would not only help with new graduation nurse transition and retention but also allow for the development of nursing expertise in these new graduates. This project evaluated whether nurse mentors in an NRP were more satisfied with their mentorship experience and were retained longer than nurse mentors who had not mentored another nurse through an NRP.

Experienced nurses are pivotal to providing quality patient care, and the shortage of experienced nurses makes it increasingly difficult to sustain a knowledgeable, experienced workforce when an organization is in a constant state of instability due to

nursing turnover (Jones & Gates, 2007; McHugh & Lake, 2010). When nursing attrition rates are high, organizations often report poor patient outcomes such as increased patient infection rates (Kelly, McHugh, & Aiken, 2011; Zimmerman, Gruber-Baldini, Hebel, Sloane, & Magaziner, 2002) and increased patient readmissions (Thomas, Mor, Tyler, & Hyer, 2013). When the number of patients a nurse is required to care for rises, turnover for nurses rises as well (Dotson, Dave, Cazier, & Spaulding, 2014; Tourangeau, Thomson, Cummings, & Cranley, 2012). The lack of experienced nurses to provide patient care and higher nurse-to-patient ratios are associated with increased hospital patient mortality rates (Kane, Shamliyan, Mueller, Duval, & Wilt, 2007; Needleman, Buerhaus, Pankratz, Leibson, Stevens, & Harris, 2011). Retaining experienced nurses in and through the use of these NRPs can help mitigate the nursing shortage by facilitating the transfer of nursing expertise to new graduate nurses while directly improving the quality of care to patients that improve patient outcomes (Lartey, Cummings, & Profetto-McGrath, 2014; Twigg & McCullough, 2014; Westbrook et al., 2011).

Mentorship through an NRP helps to facilitate professional and personal relationships between the mentor and mentee, but it also provides an avenue to validate and showcase the nurse mentors' clinical expertise and modelling of professional values, all of which have been proven to contribute to nurse retention (Leners, Wilson, Connor, & Fenton, 2006). Mentorship is associated with not only integrating new graduate nurses into the workplace, but it also serves as a means for career advancement for the nurse mentor (Allen, Lentz, & Day, 2006; Eby, Allen, Evans, Ng, & DuBois, 2008; Thomka, 2007). Of the professional progression variables, the most notable associated with

mentoring have been increased personal job satisfaction, increased promotion rate, and increased salary, all of which lead to sustained organizational employment (Allen, Eby, Poteet, Lentz, & Lima, 2004; Kammeyer-Mueller & Judge, 2008). Further, mentorship has been valuable in constructing the needed skillset for advanced practice roles such as nurse executives, nurse faculty, nurse entrepreneurs, and nurse authors (McKinley, 2004). A structured mentorship experience such as that in an NRP affords the opportunity for a leader-follower relationship that, by default, propels mentors to the leadership position, calling upon their strengths in problem-solving, teamwork, and commitment to the organization (Kanaskie, 2006; Varner, Holland, Hansen, & Leeds, 2014). As nurse mentors mentor, a self-awareness develops that is key to the advancement of interpersonal relationships with colleagues but also as a stimulant to growth in the mentor's professional practice (Funderburk, 2008). Finally, as more NRPs are becoming embedded in organizational cultures, experienced nurse mentors are finding more support is available to them as they pursue advanced practice roles (Burr, Stichler, & Poeltier, 2011). Thus, an NRP can provide the same means of personal and professional development for an experienced nurse as it does for the new graduate nurse.

This project determined that nurses who mentored in an NRP were more satisfied with the mentorship experience and held a higher rate of retention than nurses who did not. With nurse mentors demonstrating a higher rate of retention through an NRP, this could be a valid avenue for organizations to use to retain their experienced nursing staff.

Problem Statement

Experienced nurse turnover creates a lack of available nurse mentors to help transition new graduate nurses into their new position. The departure rate of experienced nurses presents a unique problem because the potential for imparting knowledge is lost (Beecroft, Dorey, & Wenten, 2008; Burritt & Steckel, 2009; Cottingham, DiBartolo, Battistoni, & Brown, 2011; Dotson et al., 2014). While NRPs have contributed to the retention of new graduate nurses and are swiftly becoming adopted by hospitals across the United States, it is becoming necessary to consider the retention of nurses after their first year of employment, particularly as these nurses will be expected to serve in the role of nurse mentor that is so critical to the success of the program. An NRP can, therefore, provide the same means of retention and mentorship satisfaction to experienced nurses by facilitating their preservation with the organization as a nurse mentor, while simultaneously addressing the shortage among new graduate and experienced nurses. Thus, this project evaluated the rate of retention and level of satisfaction of the mentorship experience for nurse mentors in an NRP.

The level of nursing competence and expertise that develops over a period of time has a direct effect on the profession of nursing itself as nurses make treatment decisions and nursing judgment calls based on their own expertise rather than relying on another for guidance (Aiken et al., 2011; Kendall-Gallagher, Aiken, Sloane, & Cimiotti, 2011; Takase, 2012). It is this independent decision-making ability that creates autonomy in the nursing profession and distinguishes it from other healthcare disciplines. The experienced nurse mentor is critical to helping transition the new graduate nurse to a

higher understanding and to develop an ability to cope with occupational stressors (Phillips & Hall, 2014). In the last ten years, the number of experienced nurses has markedly decreased in organizations, which creates a void in the overall level of nursing expertise (Armstrong-Stassen & Stassen, 2013; Cioffi, 2012) and a subsequent loss in the capacity to transition and retain new graduate nurses (Cottingham et al., 2011; Dyer, 2008). Nurses who can mentor through a structured mentorship program can be afforded the time to build and sustain their expertise while subsequently imparting knowledge to a new graduate nurse.

NRPs began in 2002 with a core group of chief nursing officers, deans from baccalaureate schools, and nurse educators from participating hospitals (Goode, Lynn, McElroy, Bednash, & Murray, 2013). This group recruited approximately 31,000 nurses and 86 organizations that represented 100 hospitals to participate in an NRP. The primary intent was to create a program that would retain and transition the new graduate nurses through their initial year in the profession by using conceptual frameworks and structured mentorship (Fiedler, Read, Lane, Hicks, & Jegier, 2014; Fink, Krugman, Casey, & Goode, 2008; Little, Ditmer, & Bashaw, 2013; Remillard, 2013; Trepanier, Early, Ulrich, & Cherry, 2012). An essential element to the success of NRPs is the use of nurse mentors who provide guidance on a regular basis delivered through structured meetings, classes, and clinical experiences (Barton, Gowdy, & Hawthorne, 2005). Guidance by these mentors include events that are vital to new graduate nurse development of experience and expertise: unit orientation, coping skills for the stressors of the job, and an outlet to speak about and gain insight into experiences (Benner, 1984;

Bratt, 2013; Quaas, Berkowitz, & Tracy, 2009). Development of new graduates'

individualized strengths such as leadership, self-direction, ingenuity, and innovation are

fostered by the mentors who also simultaneously improve their own leadership abilities

and become engaged in remaining with the process and with the organization (Hoffman,

Harris & Rosenfield, 2008; Latham, Hogan, & Ringl, 2008; Leners et al., 2006;

McCloughen, O'Brien, & Jackson, 2009). However, NRPs will struggle to function as

they were designed to due to the growing experienced nurse mentor shortage and the

subsequent rise of nurse job vacancies filled by new graduate (Buerhaus, Auerbach, &

Staiger, 2009; Romyn et al., 2009). Therefore, retention of experienced nurse mentors is

needed for the transition of new graduate nurses into the nursing profession but also to

sustain the NRPs.

Purpose

The purpose of this project was to determine whether nurses who mentored new

graduate nurses through an NRP were more satisfied with the mentorship experience and

had a higher retention rate than nurse mentors who did not mentor through an NRP. Lack

of structure and defined roles in NRP compounds the workload for experienced nurse

mentors, leaving them overwhelmed (Hodges, 2009; Linus, Reeder, Bradley, & Polis,

2014; Omansky, 2010). The curricular framework of the NRPs provides inadequate

direction for the mentor and mentee when they diverge from Benner's novice-to-expert

model (1984) or Kramer's (1974) reality shock model (Remillard, 2013; Tourigny &

Pulich, 2005). Often, organizations intermingle the transition of new graduate nurses into

their new role with the initial hiring process and organizational orientation which proves

cumbersome and burdening to the current workload of experienced nurse mentors (Bratt, 2013; Kiel, 2012; Remillard, 2013; Rush, Adamack, Gordon, Lilly, & Janke, 2013). The current workload for nurses has increased substantially in the last 20 years as patient acuity rises. The scope of the nursing role is amplified beyond the bedside to include (a) quality improvement-led patient initiatives such as participating in campaigns that prevent patient falls, (b) leadership development through advanced roles of nursing such as interdisciplinary team leader, and (c) participation in research to evaluate current practice as best supported by evidence (Buffington, Zwink, Fink, DeVine, & Sanders, 2012; McCallin & Frankson, 2010).

Commitment to remain employed with the same organization is lost as the turnover of nurse mentors increases (Halfer, 2011; Mariani, 2012). Pittman, Herrera, Bass, and Thompson (2013) were able to show that hospitals with a structured NRP in place had a higher incidence of training for all nurses for leadership positions who subsequently pursued them, as well as more quality and safety training that resulted in better patient outcomes related to safety and quality. Thus, an NRP can be an opportunity to retain experienced nurses by utilizing their abilities of leadership and the provision of safe, quality care (American Academy of Ambulatory Care Nursing, 2014; Pellico, Kjukic, Kovner, & Brewer, 2009; Pittman et al., 2013). Therefore, this project explored the level of satisfaction with the mentorship experience and the retention rate of nurses serving as a mentor in an NRP and then compared that to nurse mentors who did not mentor in an NRP.

Data for this project was collected from all nurse mentors from a select hospital via a survey to determine if they served in an NRP and, using a Likert scale, what their level of satisfaction was with the mentoring experience, also calculating the length of employment in their current position and by the organization. Given the benefits of an NRP on nurse retention and the structured mentorship opportunity provided through this program, the objective was to determine whether nurses serving as mentors in an NRP had a higher retention rate and greater level of satisfaction with the mentorship experience than those staff nurses who did not serve a mentorship role in an NRP.

Success of NRPs is largely described through retention data of new graduate nurses after one year in the program that is obtained from descriptive studies (Casey, Fink, Krugman, & Popst, 2004; Harrison & Ledbetter, 2014; Salt, Cummings, & Profetto-McGrath, 2008). While this is a measurable improvement, there is little exclusive accounting for these programs on nurse mentor retention. There is, however, ample support that the process of nurses mentoring other nurses leads to the retention of experienced nurse mentors, which are crucial components to not only retaining new graduate nurses but to sustaining a proficient level of expertise on hospital units (Cho, Ramanan, & Feldman, 2011; Cottingham, et al., 2011; Leners et al., 2006; Race & Skees, 2010). There are elements of length and framework to these programs that differ from one to the next, but the persistent variable is the existence of a mentor-mentee relationship between experienced nurse and new graduate nurse. Given the success of NRPs on new graduate nurse retention and the benefits of formalized mentorship, this project measured the retention rates of experienced nurse mentors and their level of

satisfaction in these formal mentorship NRPs to determine if it was higher than nurses who mentored on an informal basis.

Nature of the Doctoral Project

The purpose of this project was to determine whether nurses who mentored new graduate nurses through an NRP had higher retention rates and greater satisfaction with the mentoring experience than nurse mentors who did not mentor through an NRP. To accomplish this purpose, it was necessary to review the evidence that was available regarding NRPs as well as mentorship in general. Peer-reviewed journals from the last ten years were the primary source of evidence, obtained through online databases via the school library. The evidence was discriminated for objectivity and applicability to the outcomes of NRPs and nurse mentorship. Nursing turnover patterns were described, with a concentration on the experienced nurses' employment. The specific outcomes considered were the retention of and satisfaction by experienced nurse mentors as a result of a formalized nurse mentor program.

The approach to the project was a descriptive survey used to elicit information that allowed for the comparison of the retention rates and satisfaction levels of the nurse mentor population that mentored within and without an NRP. The survey was developed by the doctoral student in conjunction with the program director. Once collected, the surveys were divided into the two respective groups to determine which group of nurse mentors were retained longer by the organization and which group sustained a higher level of satisfaction with the mentorship experience. Such findings have closed a gap in

practice by providing evidence of the importance of retaining experienced nurse mentors as an outcome of NRPs.

Significance

Significant stakeholder groups impacted by addressing the local program included nurse managers and nurse administrators at a hospital in Rapid City, South Dakota. This facility was responding to the nursing shortage by utilizing higher patient-to-nurse ratios, hiring temporary, more expensive nurses, or diverting patients to other hospitals. These stakeholder groups will find it a more cost-effective and quality-driven option to retain their experienced nurse workforce and thus the new graduate nurses as well through the use of an NRP (Dunton, Gajewski, Klaus, & Person, 2007). Organizations that have NRPs in place have seen a tremendous improvement in retention rates, but also in overall nursing job satisfaction and organizational allegiance, which is defined by the percentage of engagement outside regular working hours combined with the length of time employed by the organization (Goode et al., 2013; Kramer, Halfer, Maguire, & Schmalenberg, 2012, Weng et al., 2010). Nurses need to remain employed in their positions long enough to gain insight into how their professional role fits within the organization and to then impart that knowledge to colleagues. Decreasing turnover through a 12-month residency program from an average of 27% to 7.1% (Hansen, 2013; Ulrich et al., 2010) demonstrates initiation of the movement for long-term organizational and professional commitment. With such significant changes in retention, NRPs are poised to offer the same means of retention to nurse mentors as they afford to new graduates through its mentorship structure.

Another key stakeholder group potentially affected by the outcome of the project were new graduate nurses. New graduate nurses mentored in an NRP may become more actively involved in their continued personal and professional growth as well as marked organizational involvement by becoming mentors themselves (Fiedler et al., 2014; Weng et al., 2010). The successful retention of new graduate nurses in an NRP is largely reliant upon the role of the experienced nurse mentor assisting the transition through competencies that address patient-centered care, communication and teamwork, evidence-based practice, and quality improvement initiatives (Bratt, 2009; Spector et al., 2015). Finally, the key stakeholders affected by the project outcome were the experienced nurse mentors. As experienced nurse mentors are called upon to lead these new graduate nurses through their initial transition, they are cultivating foundational leadership, teaching, and nursing skills that simultaneously prepare them for advanced practice roles of nursing that use these skills to focus on system-wide influence and patient outcomes (Allen, Eby, & Lentz, 2006; Barker, 2006; Carroll, 2004; Mills & Mullins, 2008). Mentors report feeling more apt to retain their employment positions when life-long learning that serves to introduce new members into the nursing profession without sacrificing patient care is supported by the organization (Allen, Eby et al., 2006; Allen et al., 2004; Block, Claffey, Korow, & McCaffrey, 2005; Buffington et al., 2012; Echevarria, 2013; Hodgson & Scanlan, 2013; Pellico et al., 2009).

The concept of integrating new professionals into a healthcare profession by way of a residency program has been used successfully in medicine to promote personal development, provide career guidance, and research productivity (Andrades, Bhanji,

Valliani, Majeed, & Pinjani, 2013; Quaas et al., 2009; Sambunjak, Straus, & Marusic, 2006). As part of their groundbreaking report, the Institute of Medicine (2009) published recommendations for monitored supervision for new graduate nurses and nurses working in a new specialty area through the use of NRPs. These recommendations are directed towards nursing as the largest workforce area in health care and therefore the best-positioned profession to lead change and advance health (Institute of Medicine, 2009; Porter-O'Grady & Malloch, 2009). Nurses are encouraged to practice to the full extent of their education, achieve higher levels of education and training, function as full partners within the interdisciplinary team, and affect workforce planning and policy (Odom-Forren, 2011). To prepare current and future nurses to participate and lead these pivotal actions, organizations and nursing colleagues must elevate the standard of the profession to include mentorship and succession planning (Kunic & Jackson, 2013). Structured mentorship programs such as NRPs help delineate and potentiate nurse empowerment, workplace civility, and engagement in practice (Kramer et al., 2012). The environment of an NRP parallels academia with the reassurance of learning in a safe environment while improving the tangible practice of patient care (Lombarts, Heineman, Scherpbler, & Arah, 2014; Newton & McKenna, 2007). Nurse residents are allowed and encouraged to evolve from a disciplined pupil seeking reassurance at every turn to a competent practitioner capable of validating critical decisions (Anderson, Hair, & Todero, 2012). When nurse mentors and mentees are employed by hospitals with visible investment opportunities for personal growth, such as that of an NRP, they are more likely to remain employed by that hospital (Nei, Snyder, & Litwiller, 2014). The potential implications

for positive social change are reached when a hospital culture that fosters a formalized mentorship program as part of the educational investment in their employees, such as with NRP mentorship, leads to professional growth, workforce cohesiveness, and, most importantly, retention of individual nurses at both the new graduate and nurse mentor level (Race & Skees, 2010). Utilizing an NRP to provide support to nurse residents can concurrently provide an avenue for experiential growth for nurse mentors to develop skills that will serve them in their work at the bedside but also later in their careers. The potential transferability of the doctoral project to other practice areas lies in the idea of providing a structured mentorship experience towards a less experienced practitioner to integrate that person into a new or newly acquired position. The potential implications of this transferability reinforce the importance of succession planning and preparation of the incoming generation of healthcare workers to achieve the same high level of quality and success as the current workforce.

Summary

Given the importance of nursing in the environment of healthcare, it is vital that the workforce is sustained. The looming nursing shortage becomes a threat to this environment, and the recent efforts to replenish the workforce with new graduate nurses has become a viable option, but only with the presence of experienced nurses to mentor these new graduates into the profession by way of an NRP. The shortage of experienced nurse mentors affects patient care and organizational workflow when the opportunity to transition new graduate nurses into the nursing profession is lost. Experienced nurses impart knowledge of the profession to new graduates and, in so doing, help in building

their expertise. With the development of skills key to mentorship, including leadership, knowledge, and teaching, nurse mentors tend to remain with organizations longer when given the opportunity to mentor. The purpose of the project was to determine whether nurses who mentored new graduate nurses through an NRP remained with the organizations longer and were more satisfied with the mentorship experience than nurses who mentored outside of an NRP. The nature of the project utilized primary evidence to support the purpose with the significance of the project affecting hospitals that employ new graduate and experienced nurses. In the next section, the concepts, models, and relevance to nursing practice will be described within the local context and finalized with the role of the DNP student.

Section 2: Background and Context

Introduction

Turnover among experienced nurses makes the transition of new graduate nurses into their new positions less effective due to the lack of available nurse mentors. The purpose of this project was to measure the retention rates and level of mentorship satisfaction of experienced nurses who mentor new graduate nurses in an NRP versus experienced nurses who mentor other nurses independent of an NRP to determine if the retention and satisfaction rates are higher in an NRP and therefore a means of retaining experienced nurses. Retaining nurse mentors in an NRP can help sustain the workforce by facilitating the transition and subsequent retention of new graduate nurses. This section will outline the theory used to inform the doctoral project, address the relevance to nursing practice, provide information on the local background and context of the project and conclude with the role of the DNP student.

Concepts, Models, and Theories

A conceptual model and/or theoretical framework helps provide a roadmap to the recommendations and processes needed to make a change (McEwen & Wills, 2011) The diffusion of innovations (DOI) model was utilized as a guideline for the dispersal of the information about and the repercussions of the project. Rooted in sociology, the DOI model plays a significant role in the increase in adoption intention and actual adoption of changes in health care (Thakur, Hsu, & Fontenot, 2012). The theory seeks to explain how, why, and at what rate new ideas and technology spread through cultures (Al-Jabri & Sohail, 2012). The DOI model comprises five perceived attributes that influence the

adoption of an innovation: (a) there is relative advantage, or a degree to which an innovation is more beneficial than the idea it supersedes; (b) the presence of compatibility, or a degree to which the innovation is affiliated with existent values, past experiences, and the needs of the potential adopters; (c) the complexity to which the innovation is easily understood and used either as a whole or in part; (d) the trialability, or the degree to which the innovation can be experimented with on a limited basis, and; (e) the observability, or the degree to which the benefits of the innovation are visible to the intended adopters (Emani et al., 2012; Rogers, 2003)

This comprehensive theoretical framework that consists of five stages helps to ensure adequate distribution of information to the population affected by this project, in this case, the nursing workforce within a given organization (Hodges & Videto, 2011). The stages of the framework can promote knowledge and understanding about the function of the program, persuasion of a favorable attitude towards the program, a decision to adopt the program followed by implementation, and confirmation of positive outcomes (Dingfelder, & Mandell, 2011). The first stage of the DOI theory is the dispersal of information to understand the function of an NRP and the role that retention of experienced nurses plays in the success of these programs. Next, using the results of NRPs already in place, it will be essential to persuade key stakeholders of the benefits of a program, with specific emphasis on return-on-investment and the resultant stable nursing workforce. It is here that innovative leaders will be identified to assist and perpetuate the process at their respective units. Innovators are tolerant of risks and appreciate new ideas, so early adoption is swift with this group; however, they will

represent only a small portion of the overall group (White & Dudley-Brown, 2012). On a microsystem level, resistance to change will be expected as change disrupts the equilibrium at this level and may be initially seen as a threat. Having innovator involvement early on will help sustain the overall message of the change as the project managers proceed with recruiting early adopters and, subsequently, the early majority to facilitate the spread of information. Barrier and resistance identification is an important planning step in this part of the process of knowledge translation so that as adopters are recruited, resistance can be mitigated appropriately (McCluskey & Middleton, 2010). With adoption spreading into the late majority, the implementation of an NRP that seeks to develop nurse mentors as well as newly-licensed registered nurses may occur with subsequent confirmation of the positive outcomes that will result (Dingfelder & Mandell, 2011). Transparency will be key at this point to mitigate barriers to implementation, and the reason for the change will need to be restated and reassured (Mathew-Maich, Ploeg, Jack, & Dobbins., 2010), particularly in light of the fact that the positive outcomes of this change may not surface for a period of approximately 12 months after implementation. Having a mutual level of understanding of a current and future state will help efforts to become synergistic and opportunistic rather than antagonistic.

Relevance to Nursing Practice

Turnover among nurses has become more prevalent as the need for competent, experienced nursing care for hospitalized patients has increased and the supply of new graduate nurses establishing and sustaining employment in hospitals has decreased (Bae, Mark, & Fried, 2010; Dotson et al., 2014; Lartey et al., 2014). Turnover has wreaked

havoc on the health care workforce because of its cyclic nature (Bae et al., 2010). Nurses create a void when they leave employment in hospitals, particularly in large numbers, that must be filled by the nurses and assistive personnel who remain employed. The void continues until replacement nurses are hired, which creates difficult working conditions for the remaining nurses who then find solace in leaving employment with the hospital as well. The economic impact of turnover lies not just with the exiting nurse, but with nonproductive time the job vacancy exists, followed by the training of the replacement (O'Brien-Pallas et al. 2006). The professional impact is that when a nurse leaves, they take with them their learned experience and expertise gained from the organization that will take time to replenish in hospital units with new nurses (Lartey et al., 2014). The resultant void created by nurse turnover is proportionate to the amount of experience the nurse leaving possessed (Lartey et al., 2014).

Turnover not only takes its toll on the workforce, but it affects the care delivered to patients and the outcomes of that care (Block et al., 2005; Hayes et al., 2012). Hill (2010) reported that the incidence of patient falls and hospital-acquired pressure ulcers increased with the surge of nurse turnover. Patients were more likely to be discharged and readmitted within 30 days when discharged from an institution experiencing a high degree of nursing turnover (Thomas et al., 2013). Patients describe lower self-reported satisfaction of their care in hospitals with a high degree of turnover (Van Bugaert et al., 2014).

The current state of nursing practice reflects a high degree of turnover and subsequent retention efforts towards new graduate nurses which have come to dominate

more recent literature due to the expectation of this nursing subgroup replacing an aging workforce (Anderson et al., 2012; Rush et al., 2013). In the last ten years, organizations have recorded new graduate turnover rates within their first year to be as high as 70% (Al-Dossary, Kitsantas, & Maddox, 2014). Formal orientation programs began in 2002. Known as NRPs, they relied on experienced nurse mentors to facilitate the process that resulted in an improvement of new graduate attrition rates (Goode et al., 2013; Rush et al., 2013; Ulrich et al., 2010). These experienced nurse mentors were enlisted to provide guidance and feedback to help the new graduate learn skills such as (a) communication with others to address/avoid horizontal violence, (b) facilitating interaction with supervisors, and (c) developing coping mechanisms to deal with impending reality shock and subsequent isolation (Barnett, Minnikc, & Norman, 2014; D'ambra & Andrews; Park, & Jones, 2010; Kramer, Maguire, Halfer, Brewer, & Schmalenberg, 2011). Hillman and Foster (2011) reported a 50% improvement in their new graduate one-year retention rates after the implementation of an NRP in their free-standing pediatric hospital. The statistic increased to 72.5% after five years, which was not the norm in many studies that evaluated the outcomes of these programs.

Despite the benefits of nurse expertise and the benefits of an NRP for new graduates in their first year, there continues to be a high rate of turnover for nurses in their second year of practice and beyond, which is the pool from which experienced nurse mentors will be drawn (Anderson & Linden, 2009; Halfer, 2011). During the first 12 to 18 months in the profession, nurses are beginning to broaden their mastery of skills, deal with multiple patient encounters, and increase the intensity of the nurse/patient

relationship (Halfer, 2011). When a nurse is performing in this phase of their professional growth but is not supported by the organization, the cycle of turnover resumes. While there is a benefit to NRPs for new graduate retention, retention of experienced nurse mentors in these programs should also be a measurable outcome to be improved upon (Phillips & Hall, 2014; Trepanier et al., 2012). In fact, long-term evaluation of NRPs has alluded to a significant drop in hospital involvement such as committee membership, performance improvement activities, and the mentoring of incoming new graduate nurses after the completion of one year in an NRP. Salt et al. (2008) noted that the longer the orientation of nurses, the better the retention rate. Nurse mentor turnover can have a devastating effect on the use of the NRPs for retention of new graduates who require the assistance of mentors trained to facilitate their transition but still familiar with the experience of being a new graduate themselves (Kowalski & Cross, 2010)

The practice environment also suffers when a gap in the level of experience of the nursing workforce on any given hospital unit occurs (Hirschkorn, West, Hill, Cleary, & Hewlett, 2010). Retention of experienced, expert nurses is vital to retaining expertise on the units for patient care and the successful outcomes of that care (Armstrong-Stassen & Stassen, 2013). Kendall-Gallagher et al. (2011) were able to correlate that a higher number of expert nurses on a cardiac unit resulted in a decrease in patient mortality. Dunton et al. (2007) were able to establish a relationship between nurse experience and patient falls: for every one year of experience a nurse possessed, the patient fall rate on that unit decreased by 1%. When nurses are allowed to become familiarized with their

unit and patient population over the course of at least two years, patient readmission rates to hospitals decreased (Park, Andrade, Mastey, Sun, & Hicks, 2014).

Previously used strategies to retain nurses have largely been focused on new graduate nurses as they provide an immediate influx of professionals to the nursing workforce. Hospitals evaluate the success and failure of their retention efforts by measuring the number of employed new graduate nurses and their self-reported intention to sustain employment (Cowden, Cummings, & McGrath, 2011). Authentic leadership and shared decision-making were organizational factors that strongly contributed to nurses' intention to remain in their current positions (Ellenbecker & Cushman, 2011; Laschinger, Wong, & Grau, 2012). More specifically, both new graduate nurses and experienced nurses reported more intention to stay with an organization when given the opportunity to attend educational sessions to build their autonomy, when presented with a career ladder to advance professionally, and when afforded frequently interaction with and support from their direct supervisors (Brunetto et al., 2013; Murrells, Robinson, & Griffiths, 2008). Support from peers was found to be as crucial as support from managers with the formality of a mentorship experience being responsible for not only retaining nurses but improving the work environment (Latham et al., 2008; Weng et al., 2010). Mentoring relationships that were facilitated by the sustained employment of experienced nurses were found to be a strong contributing factor to decreasing new graduate nurse turnover and increasing job satisfaction and retention of the experienced nurse mentor according to Grindel and Hagerstron (2009).

The quantitative need for nurses should not supersede the quality needed in an individual providing nursing care. The quality of nursing care increases with the development of experience, and expertise and must be fostered. This project addressed the problematic gap in the literature of experienced nurse turnover by correlating an increase in mentorship satisfaction and retention of these individuals when mentoring in an NRP as compared to nurse mentors who did not mentor new graduate nurses.

Local Background and Context

Hospitals are the largest employers of nurses and, as a result, are greatly affected by nursing shortages (Bae et al., 2010). The local context of the project reflected one 400-bed, tertiary care hospital that employs over 4,000 individuals, over 700 of which are currently registered nurses. This organization has had experienced significant nurse turnover in the last five years. When calculated to include full-time employees, the organization had 18% registered nurse turnover at the end of 2014 and when compared to the 16.5% national average of registered nurse turnover (Nursing Solutions, Inc., 2014), represents a growing problem. A breakdown of turnover within the organization reveals that the highest rates of turnover are occurring within the more critically acute units, such as intensive care units, emergency departments, and cardiac step-down units. In 2009, an NRP was initiated by the organization to address the high one-year turnover rate among new graduate nurses. Since that time, the retention of new graduate nurses have improved after one year to an average of 80%, but these rates are starting to decline after the second year. Much of the attributable cause of this change is the lack of nurse mentors available to mentor new graduate nurses through the entirety of their first year in

practice. Nurse mentors are finding that they are mentoring multiple new graduates repetitively and trying to balance their mentoring obligations with their professional work duties. As a result, nurse mentors are quickly vacating their positions as staff nurses and nurse mentors, contributing to the overall nurse turnover problem within the organization. The activity of all this turnover resembles an hourglass shape where many new graduates are coming into the organization representing the top of the hour glass, many experienced nurses are leaving or retiring from the organization representing the bottom of the hourglass. The middle and smallest section of the hourglass represents the population of experience nurse mentors who hold enough expertise to mentor new graduates but are still engaged with the organization and committed to learning themselves. Therefore, efforts towards retention within this organization should focus on this population and strive to retain nurse mentors within the organization through the use of an NRP that has historically been successful in retain new graduate nurses.

Role of the DNP student

Mentorship has played a significant role in my professional development and the professional context of this project will look at methods of retention for nurse mentors to provide the same role to future nurses. My role in the project was to collect the information but then disperse it to key leaders within the practicum site. As a former employee of the organization, I was privy to the effects on the nursing workforce when nurse mentors were lacking. As a nurse educator, I was able to witness the change among former students as they transitioned out of their role as a student. Those with strong nurse mentor involvement demonstrated greater affinity to remain employed but

also to continue in their professional development. As a result, I am motivated to facilitate, via the outcome of this project, the retention of the nursing workforce by focusing on nurse mentors in the later stages of their career. Because I have been so ingrained into the organization, either through personal employment or through the completion of my practicum hours, I may be biased towards the population and operations within this single organization. To target my efforts towards nurse mentors in general, I addressed this bias by sustaining anonymity between the frontline staff and myself. Further, I eliminated causative factors of nurse turnover that are exclusive to the organization, such as leadership changes and interaction with the community.

Role of the Project Team

The project team collected data that both supported the project question and also provided context to the project problem. The team members comprised individuals from the Practice Council committee within the organization. The team was presented with background information on the project through a formal presentation at a committee meeting. The committee was allowed to review the evidence collected and verify the contextual information on organizational nurse turnover through monthly meetings. A project mentor was assigned to act as a liaison between the committee and the DNP student that will provide updates and communication to the committee on a weekly basis. Feedback was reported by the committee or project mentor within two weeks of the formation of the doctoral project results.

Summary

Because the retention of experienced nurse mentors is so important to the transition and retention of new graduate nurses, utilizing an NRP as a means to sustain both new and experienced nurses can be a viable, cost-effective option. The next section will outline the literature that substantiates the importance of mentorship on nurse retention as well as the significance of NRPs as a formal mentorship program that results in nurse retention. The project addresses the gap-in-practice by measuring whether experienced nurse mentors who mentor in an NRP were employed longer and had a higher level of satisfaction of the mentorship experience than nurse mentors who did not.

Section 3: Collection and Analysis of Evidence

Introduction

The lack of experienced nurse mentors hinders the development and transition of new graduate nurses into the profession. The purpose of this project was to ascertain whether nurses who mentored new graduate nurses within an NRP had a higher rate of retention and a greater level of mentorship satisfaction than nurse mentors who had mentored outside an NRP. NRPs have been used as a successful tool for increasing new graduate retention while at the same time serving as an opportunity for mentorship. Thus, an NRP would prove a suitable avenue for the retention of experienced nurse mentors. However, in order to understand the significance of nurse retention, it is important to review the pattern of nurse turnover in health care and the corresponding loss of nurse experience that occurs when a nurse mentor leaves a position prematurely. The literature review details nurse turnover and nurse retention and their effects on patient care, followed by the use of NRPs to address nurse turnover and retention. The literature review concludes with a discussion on the use of a structured mentorship experience by way of NRPs as a retention tool for nurse mentors.

Practice-Focused Question

The lack of nurse mentors perpetuates the overall nursing shortage through the loss of experience and the void of nurse mentors to integrate new graduates into the profession. The purpose of this project was to determine whether nurses who mentored graduate nurses through an NRP had higher retention rates and greater satisfaction levels with the mentorship experience than nurse mentors who did not mentor through an NRP.

If nurse mentors are retained, the level of experience on hospital units as and overall nursing workforce can be sustained.

Operational Definitions

30-day readmissions: A rate that is calculated when a patient is readmitted to a hospital within a 30-day timeframe from inpatient discharge that the Centers for Medicare and Medicaid Services may deem unnecessary and therefore withhold reimbursement for services as a penalty. This indicator may serve as a concerning factor on the quality of patient care with the initial hospitalization (Park et al., 2014).

Burnout: A psychological syndrome composed of exhaustion, cynicism, and inefficacy in response to chronic stressors of a job (Laschinger, Leiter, Day, & Gilin, 2009).

Competencies: Qualities of leadership, health policy, system improvement, research and evidence-based practice as well as teamwork and collaboration that are needed to deliver optimal patient care while fulfilling the expanding nursing role and mastering complex technology (Odom-Forren, 2011).

Experienced nurse: An individual within the profession whose knowledge and competence are usually, but not always, consistent with time spent in the profession combined with exposure to key clinical experiences (Takase, 2012). The implication is that both increase over time, although not in a linear fashion.

Interprofessional education: Intervention where members of more than one health and/or social care profession, learn interactively together for the explicit purpose of

improving collaboration or the health and well-being of patients/clients (Reeves, Perrier, Goldman, Freeth, & Zwarenstein, 2013).

Job embeddedness: A set of influences that keep a person on the job that include the fit of the position, the strength of the employee's connections to other people or activities, and the sacrifice in which links can be broken and benefits surrendered if the employee left the organization (Halfer, 2011).

Magnet hospital: A recognition program by the American Nurses Credentialing Center as a hospital that has consistently shown to have better nurse work environments and better nurse and patient outcomes, as well as higher nurse-physician collaboration and a safer work environments (Kelly et al., 2011).

Mentor: Nurses who have strong professional networks that allow them to share their knowledge and foster leadership skills. These individuals hold a measure of experience and expertise within the profession (Metcalfe, 2010)

Mentorship: A reciprocal, long-term relationship, in this case, between two nurses (usually one novice serving as the protégé and one experienced individual that serves as the mentor) that is different from occupational orientation in that it is designed around the basis of mutual respect and compatible personalities that hold a common goal of guiding the new nurse towards personal and professional growth (Block et al., 2005; Mariani, 2012).

New graduate: A nurse who has graduated from nursing school who is employed in their first year (the average term is 12 months) of the profession of nursing (Cho, Lee, Mark, & Yun, 2012; Rush et al., 2013).

Nursing shortage: Lack of available nurses to fill available positions for healthcare needs of the time (Block et al., 2005).

Nurse residency program (NRP): Program that educates new nurses through their first year of practice to transition into the standards of the profession as well as the organization sponsoring the program (Anderson et al., 2012; Herdrich & Lindsay, 2006)

NRP mentor: A reciprocal relationship where the mentor qualification and needs are defined to perpetuate a relationship between a novice and experienced nurse that operates within the confines of an NRP in order to transition the novice into the professional role using transparency, accountability, and communication based on the needs and goals of the novice (Mariani, 2012; Ulrich et al., 2010).

Organizational commitment: A nurse employee's attachment, commitment, and identification within a specified organization that the nurse is willing to make considerable efforts to achieve (Weng et al., 2010). This involvement has been positively correlated to job performance, job satisfaction, and low turnover (Laschinger et al., 2009).

Patient satisfaction: The degree to which nursing care meets the expectations of the patients. Often seen as an indicator of nursing care quality, it is measured by the art, technical quality, physical environment, availability, continuity, and efficacy of that care (Base et al., 2010).

Turnover: An occurrence of a nurse leaving an organization rather than the nursing position, profession, or career, usually calculated by the dividing the number of employees no longer employed by the number of employees still employed at the end of

a reporting period (Brewer, Kovner, Green, Tukov-Shuser, & Djukic., 2011; Hayes et al., 2011).

Sources of Evidence

According to Fineout-Overholt, Melnyk, Stillwell, & Williamson (2010), levels define a hierarchy of evidence for intervention studies. Level I studies consist of systematic review and meta-analysis of all relevant randomized controlled trials. Level II studies consist of randomized controlled trial experiments in which subjects are randomized to treatment or control group. Level III studies consist of controlled trials without randomization in which experiment subjects are assigned to treatment or control group in a nonrandom fashion. Level IV studies comprise case-control or cohort studies in which a comparison is made for those with or without a condition for a group of individuals to determine the development of an outcome. Level V studies comprise systematic reviews of qualitative or descriptive studies in which evidence synthesized from these studies is used to answer a clinical question. Level VI qualitative or descriptive studies gather data on human behavior to understand why and how decisions are made or provide background information on the what, where, and when of a topic of interest. Finally, level VII studies consist of expert opinion consensus by an expert committee.

NRPs lack standardization across the country regarding the length and curriculum of the program. Besides, much of the data collected from and about these programs are largely retrospective and self-reported information based on the experience. Finally, NRPs were designed to retain new graduates, and due to this intent, all eligible new

graduates were enrolled in the program, and therefore there were no studies that measured the retention of a control group versus a treatment group during the same period. Therefore, Level I, II and III evidence are excluded in the literature review with regard to NRPs. Level IV, V, and VI evidence will be used to describe the nature of NRPs and nurse retention as well as the significance of experienced nurse mentor retention to determine if experienced nurse mentors were retained longer after mentoring in an NRP than nurse mentors who mentored outside an NRP. Collection and analysis will support the significance of an NRP on new graduate retention, the importance of experienced nurse mentors to a successful NRP program, and the positive effects of mentorship towards experienced nurses. The final conglomeration will validate the use of NRPs as an avenue to retain experienced nurse mentors.

<div align="center">**Published Outcomes and Research**</div>

Literature Search Strategy

The search strategy began through the use of online databases that included Access Medicine, CINAHL, Cochrane Database of Systematic Reviews, Cochrane Library, ERIC, MEDLINE, OVID full-text, PubMed Health, and Wiley Online Library. Inclusion criteria limited information to English peer-reviewed articles published within the last ten years. Specific keywords used in the search criteria were *nurse residency program (NRP), new graduate nurses, nurse mentors,* and *nurse retention.* The initial search yielded over 800 articles with corresponding subtopics such as job satisfaction, with incivility being the largest subcategory under nurse retention which, itself, produced over 700 articles. To increase specificity, a Boolean search string using nurse mentor

retention narrowed the results further to yield 238 articles. Two dissertations were identified; however, the focus and scope of these works were centered towards the retention of new graduate nurses and therefore detailed little support of nurse mentor retention. Of the 238 articles, 132 were isolated after reviewing for applications towards nurse retention, NRP, and nurse mentorship and are summarized within the literature review matrix. This matrix provides for an organized review of the nature of the evidence as well as criteria such as conceptual framework, findings, research method, strengths and weaknesses of the study, and level of evidence. Eleven articles explored the effects of NRPs and mentorship on cohorts over differing periods of time (from months to up to 3 years after participation in an NRP) at the Level IV criteria. The systematic review of qualitative and descriptive studies on NRPs yielded 19 articles at the Level V condition. Finally, the majority of the literature fell at Level VI as qualitative but mostly descriptive studies. The timeframe of the descriptive studies was limited to the last ten years. The experience of nurse turnover and retention is largely dependent on the context in which it is studied. Because the literature that evaluates and measures the turnover and retention phenomena is largely retrospective, much of the research regarding this activity is reviewed using descriptive studies. However, the use of descriptive studies provides for the identification of factors that have contributed to turnover among nurses (both experienced nurse mentors and new graduate nurses) and factors that have successfully resulted in retention of nurse mentors. These factors are important to identify in an effort to retain nurse mentors using methods that have been proven to be successful in the past. Further, the collection of descriptive studies that have

spanned different times and different cohorts can contribute to the generalizability of the results to a larger population. The search will evaluate all studies that speak to nurse turnover and mentorship with particular attention towards the effect and contribution of outcomes directed towards experienced nurse mentors.

Literature Review

To understand the significance of nurse retention, it is important to review the pattern of nurse turnover in health care and the corresponding loss of nurse experience that occurs when a nurse mentor leaves his or her position prematurely. The literature review will detail nurse turnover and nurse retention and their effects on patient care, followed by the use of NRPs to address nurse turnover and retention. The literature review will conclude with a discussion on the use of structured mentorship experience by way of NRPs as a retention tool for nurse mentors.

Turnover

Turnover among nurses has become more prevalent as the need for competent, experienced nursing care for hospitalized patients has increased while the supply of new graduate nurses establishing and sustaining employment in hospitals has decreased (Bae et al., 2010; Dotson et al., 2014; Lartey et al., 2014). As of 2010, 18.1% of new graduate nurses left their first employer within a year of starting employment with 26.2% leaving in the second year (Cho et al., 2012). But, as Cho et al. (2012) and Hayes et al. (2012) and Brewer et al. (2011) all point out, further longitudinal studies must continue to evaluate the continuum of nurse employment to yield more supportive information on the long-term effects of turnover. Nevertheless, turnover has wreaked havoc on the health

care workforce because of its cyclic nature (Bae et al., 2010). Nurses create a void when they leave employment in hospitals, particularly in large numbers, that must be filled by the nurses and assistive personnel who remain employed. The void continues until replacement nurses are hired which creates difficult working conditions for the remaining nurses who then find solace in leaving employment with the hospital as well. The economic impact of turnover lies not just with the exiting nurse, but with non-productive time the job vacancy exists, followed by the training of the replacement (O'Brien-Pallas et al. 2006). The professional impact is that when a nurse leaves, they take with them their learned experience and expertise gained from the organization that will take time to replenish in hospital units with new nurses (Lartey et al., 2014). The effect of the void created by nurse turnover is proportionate to the amount of experience the nurse leaving had possessed (Lartey). Turnover not only takes its toll on the workforce, but it affects the care delivered to patients and the outcomes of that care (Block et al., 2005; Hayes et al., 2012). Hill (2010) reported that the incidence of patient falls and hospital-acquired pressure ulcers increased with the surge of nurse turnover. Patients were more likely to be discharged and readmitted within 30 days when discharged from an institution experiencing a high degree of nursing turnover (Thomas, Mor, Tyler, & Her, 2013). Patients report lower self-reported satisfaction of their care in hospitals with a high degree of turnover (Van Bugaert et al., 2014).

Because turnover can be so problematic, it becomes necessary to identify patterns that cause turnover to anticipate and then prevent turnover. Factors related to turnover can be subdivided into two categories: organizational (employer) and individual

(employee) categories (Hayes et al., 2012). Organizational factors follow the social exchange theory of reciprocity between employer and employee through the demonstration of commitment with the expectation of receiving committed service from the employed nurse (Trybou, De Pourcq, Paeshuyse, & Gemmel, 2014). Commitment on the part of the employer is demonstrated in the form of offerings that promote professional development by way of mentorship (Block et al., 2005; Buffington et al., 2012; Twigg & McCullough, 2014), and financial incentives such as salary promotion or bonuses based on performance (Buykx, Humphreys, Wakerman, & Pashan, 2010; Kammeyer-Mueller & Judge, 2008; Weidener, Graham, Smith, Aitken, & Odell, 2012). This commitment is negated and the employee subsequently terminates employment when a disconnection is made between what the employer is promising the employee versus what the employer delivers (Dotson et al., 2014; Hinson & Spatz, 2011; Nei et al., 2014; Wisotzkey Bell, & Grim, 2011). The everyday work environments of employees also play a significant role in the incidence of turnover. Twigg and McCullough (2014) define the work environment (most commonly studied in hospitals) that includes actual patient care, interactions with co-workers, and participation in representative councils for the profession (Twigg & McCullough, 2014). Nurses were found to be dissatisfied with their jobs in workplace environments that fostered incivility by co-workers and supervisors as well as ineffectively prevented physical injuries associated with patient care (Brewer et al., 2011; Laschinger et al., 2009; MackKusick & Minick, 2010). Lu, Barriball, Zhan, and While (2012) found in their systematic review that, despite varying levels of job satisfaction, hospital nurse job satisfaction is very closely related to working

conditions and organizational environment. Work environments in Magnet recognized hospitals that foster nurse autonomy were found to have less burnout and job dissatisfaction than work environments in non-Magnet recognized hospitals (Kelly et al., 2011; Kramer et al., 2012).

Individual factors or those factors reported by the employed nurse linked to turnover were the level of job satisfaction and burnout. Giallonardo, Wong, and Iwasiw (2010) were able to identify job dissatisfaction to be a strong predictor of turnover. Similarly, Halfer (2011) found that when hospital leadership promoted relationships with nurses, job satisfaction improved and turnover decreased. Saber (2014) corroborates the connection between job satisfaction and turnover but adds the principle of empowerment in which nurses incorporate the principles of autonomy and leadership to exercise control over their work environment. When nurses feel unvalued by their organization, they become disengaged and cynical about their work duties which Leiter and Maslach (2009) found to be a strong precursor to turnover. Van Bugaert et al. (2014) defined burnout as the depersonalization by the nurse towards patients and co-workers and used a cross-sectional descriptive approach to correlate increases in nurse burnout lead to increases in nurse turnover. The large sample size of this study was valuable in corroborating that organizational factors were present which stresses the repetitious influence of the organizational variable.

Retention

Retention efforts by hospitals occur in response to the variables mentioned earlier related to turnover. Hospitals proactively evaluated the success and failure of their

retention efforts by measuring the number of employed nurses and their intention to sustain that employment through self-reporting of their intention to stay and the contributing factors to that decision (Cowden et al., 2011; Daniels et al., 2012). Authentic leadership and shared decision-making were organizational factors that strongly contributed to nurses intentions to stay in their current positions (Ellenbecker & Cushman, 2011; Laschinger et al., 2012). More specifically, nurses reported more intention to stay with an organization when given the opportunity to attend educational sessions to build their autonomy, when presented with a career ladder to advance professionally and to frequently interact with and be supported by their direct supervisor (Brunetto et al., 2013; Murrells et al., 2008). Support from peers was found to be as crucial as support from managers with the formality of a mentorship experience being responsible for not only retaining nurses but improving the work environment (Latham et al., 2008; Weng et al., 2010). Mentoring relationships were found to be a strong contributing factor to decreasing turnover and increasing job satisfaction according to Grindel and Hagerstron, (2009).

Job Satisfaction

Job satisfaction among nurses (new graduate and experienced) have been linked to longer employment terms and greater affinity for advancement (Cho et al., 2011; Saber, 2014; Weng et al., 2010). Job burnout, as was described previously, holds an inverse relationship with job satisfaction in that the higher degree of burnout, the lesser degree of job satisfaction among nurses (Van Bugaert et al., 2014). New graduate nurses who completed an NRP experienced greater levels of job satisfaction as did the

experienced nurse mentors who mentored these new graduates (Al-Dossary et al., 2014). Nurses empowered through mentorship are more likely to be satisfied in their positions and hold less intent to leave their positions in the future (Laschinger et al., 2009; Lu et al., 2012). In addition, nurse mentors are more likely to exhibit better communication skills and affinity for career advancement (Fox, 2010; McDowall-Long, 2004). Job satisfaction is an important component to turnover because when it is low, it has been shown to predict and increase in absenteeism, burnout, turnover and intent to quit (Giallonardo, Wong, & Iwasiw, 2010; Wisotzkey et al., 2011). Intention to quit speaks to the anticipation of a nurse leaving their current position and is found to be an accurate depiction of what occurs within the nurse workforce (Murrells et al., 2008; Grindel & Hagerstrom, 2009). Job satisfaction is equally important to hospitals. Halfer (2011) found organizations whose available mentorship opportunities created a more satisfied nursing workforce had to allocate fewer funds and resources towards recruitment and retention efforts.

Retention of New Graduate Nurses with an NRP

In evaluating the evidence on retention, the efforts can then be subdivided into its application to two cohesive yet separate groups: New graduate nurses and experienced nurses. Retention of new graduate nurses has dominated more recent literature due to the development of high turnover in this group of nurses (Anderson et al., 2012; Rush et al., 2013). In the last ten years, organizations have recorded new graduate turnover rates within their first year to be as high as 70% (Al-Dossary et al., 2014). Analysis of the reasons for new graduate nurse first-year departure is multifaceted. An organizational

disconnect in the preparation of the new graduate into their new nurse role within the hospital was found to be a key factor in new graduate departure rate after one year (Ulrich et al., 2010). New graduate nurses require a structured orientation program that will transition them into practice and acclimate them as employees into the organization (Salera-Vierira, 2009). In addition, new graduates were experiencing horizontal violence by fellow nurses on their units, poor communication with their peers and supervisors with ensuing isolation by leadership when concerns were brought forward (Curtis, Bowen, & Reid, 2007; D'Ambra & Andrews, 2012; Dyess & Sherman, 2009). Lewis and Malecha (2011) found that when workplace incivility between nurses, new graduates, and managers exists, it interrupts productivity of the nurses in providing patient care. Individual factors reported by new graduates included a cumulative lack of confidence (Beecroft et al., 2008; Dyess) and a growing misperception between what they thought their new profession would be and what the reality became over the course of their first year on the job—a phenomenon known as Reality Shock (Duchscher, 2009; Kramer, 1974).

With the development of formal orientation programs for new graduate nurses in 2002, also known as NRPs, the significance of these retention factors became more apparent as the attrition rates of new graduates improved (Goode et al., 2013; Rush et al., 2013). New graduates who completed an NRP reported an increase in their intention to remain employed, job satisfaction, and co-worker and peer support (Fiedler et al., 2014). Organizations could integrate new graduates into hospital units by way of an experienced nurse mentor (Rush; Ulrich et al., 2010). These experienced nurse mentors were enlisted

to provide guidance and feedback to help the new graduate learn skills such as: communication with others to address/avoid horizontal violence; facilitate interaction with supervisors; coping mechanisms to deal with impending reality shock and subsequent isolation (Barnett et al., 2014; D'ambra et al., 2010; Guidroz, Burnfield-Geimer, Clark, Schwetschenau, & Jex, 2010; Longo & Sherman, 2007). Hillman and Foster (2011) reported a 50% improvement in their new graduate one-year retention rates after the implementation of an NRP in their free-standing pediatric hospital--a statistic that continued to increase to 72.5% after five years. Retention rate measurements for new graduates have typically been limited to one year post-hire, which as Anderson and Linden (2009) testify, the second year of employment continues to report deficiencies in retention. The period of 12 and 18 months in the profession, nurses are beginning to broaden their mastery of skill, deal with multiple patient encounters and increase the intensity of the nurse/patient relationship (Halfer, 2011). When the nurse is performing in this phase of their professional growth and is not supported by the organization, the cycle of turnover resumes. There is no question, however, of the cost-benefit of these programs as being far more productive in retaining new graduates through their first year, than trying to recruit and replace these positions continuously (Phillips & Hall, 2014; Trepanier et al., 2012).

The majority of these programs follows and support Benner's novice to expert model as their guiding framework with the expectation that the new graduate will reach the "competent" stage of this framework (Anderson et al., 2012). To understand the trajectory of a nurse's career from new graduate to nurse mentor, one must delineate the

phases of Benner's model. Benner's novice to expert model is a prescriptive framework that encompasses five stages (novice, advanced beginner, competent, proficient and expert) of professional growth nurses experience as they begin and sustain their employment as a nurse (Altier & Krsek, 2006). This model applies the Dreyfus Model of Skills Acquisition to the nursing profession in which an individual must transition through a series of experiences that build knowledge on skills that range from tangible to interpersonal (Gentile, 2012; Gobet & Chassy, 2008). The model is also key to understanding and predicting the individualized participation in a number of key experiences a nurse must travel through in order to reach the proficient and expert level of nursing practice stages that define the characteristics of an experienced nurse mentor (Anderson; Benner, 2012). According to Benner's work (1982), the model itself contains five stages along the path of professional development, the first being novice where new graduates often fall.

In the novice stage, the new graduate nurse has limited or no experience with situations and often faces the inability to use their own discretion. This stage is characterized by a rigid adherence by the new graduate to taught rules or plans with little situational perception or discretionary judgment. Guidance from the mentor at this stage requires patience to allow the new graduate to repeat the skills that increase competence while providing suggestions to introduce the new graduate to the use of clinical judgment. In order to be effective, a mentor must have developed skills in understanding this stage of development as well as emotional intelligence, patience and a strong belief in the mentee's capability to culminate in the successful transition of the new graduate

into the next stage of development (Gentile, 2012; Hodgson & Scanlan, 2013). The expectation is that a mentor is an individual employed by the organization for at least a year (Meade, 2011; Stenfors-Hayes et al. 2010).

The second stage is characterized by the advanced beginner who can demonstrate marginally acceptable performance. A new level of professional responsibility heightens a new nurse's sense of engagement with the patient and in clinical problems (Benner, 2004). The new graduate is largely dependent on feedback from patients, family members and colleagues in the establishment of moral agency in the professional role. Anxiety and worry are common in this stage and the mentor's role in this stage is to recognize those issues and facilitate the development of setting priorities while encouraging the recognition of subtle aspects of the situation to alleviate these feelings of worry and anxiety while building confidence (Bally, 2007). A competent level nurse is crucial to this stage so as to ensure that important patient needs are not left unattended due to the yet progressing priority judgments made by the advanced beginner.

The third, competent stage is reached typically when a nurse has been in their position one to three years but is particularly dependent on experiential learning—the occurrence of which cannot always be guaranteed in the first years of practice (Benner, 2004; McHugh & Lake, 2010). The competent nurse can see his or her actions regarding the creation and achievement of goals for their patients. Planning is heightened and nurses are more able to predict the immediate future of their interventions. Still, the competent nurse lacks the speed and flexibility of a proficient nurse and may yet require guidance from a mentor or supervisor. It is this stage that NRPs strive to attain at the

conclusion of the program, but this does not necessarily signal the cessation of the mentorship component. Rather, mentorship at this stage would consist of coaching and encouragement of the competent nurse to follow through on vague feelings of foreboding or anxiety that cannot be referenced to rules to guide their actions (Benner, 2004).

The fourth proficient stage is characteristically a capable performer who can perceive a situation as a whole, rather than aspects and, as a result, can often quickly recognize when the expected norm will not be reached and sets out to correct it. This stage is fraught with either confirming or chasing a patient problem that does not hold a normal representation and the experiential learning from what interventions were or were not successful (Benner, 2004). The expert level nurse in this situation needs to assist the proficient performer in grasping the situation with the use of case studies while providing stimulation with context-free principles and rules (Benner, 1982). An expert mentor can provide this stimulating information to facilitate the proficient performer to increase the comfort in decision making.

The fifth and final stage is the expert nurse who no longer relies on an analytical principle to connect understanding to a given situation. Expert performers work in anticipation of events rather than in response to them, which allows them to create innovative applications of theories and practice (Benner, 2004). By thinking of a larger picture and their intuitive grasp of each situation, expert performers make an ideal candidate to mentor individuals at lower performing levels (Hill, 2010). However, this trajectory is terminated when nurses end their employment with an organization without

reaching this stage. This transition is hastened by the use of an NRP that uses Benner's framework as a guide for the development of expertise in nursing (Hill, 2010).

Retention of Nurse Mentors

The nursing workforce is unique because of how the profession is learned. The principles and attributes of the profession are introduced in academia, but much of the application and experiential learning occurs with the application of nursing practice in patient care (Berkow, Virkstis, Stewart, & Conway, 2008; Burritt & Steckel, 2009). The transition from novice to expert is affected by both external and internal motivation, but the constant variable is the requirement of time and the availability and use of a mentor (Fink et al., 2008; Smith, 2012). A nurse must travel through a series of experiences and events to reach a higher level of development on Benner's continuum of practice, much of which may not occur in the first year of practice in the clinical setting (Keller, Meekins, & Summers, 2006). A mentor is key to bridging the gap between academia and practice and the progression through Benner's stages (Duschscher, 2008; Fero, Witsberger, Wesmiller, Zullo, & Hoffman, 2009; Spector et al., 2015). Nurses with experience of more than one year clinically, have more insight into the different phases of professional development (Numminen et al., 2014).

The development and refinement of nursing skills such as assessment and intervention are largely tailored to the patient condition, and thus, the development of nursing expertise through actual experience occurs over a period of time, typically five years (Burritt & Teckel, 2009). Benner (1984) substantiates this time frame by acknowledging that nurses who reach the competent stage typically do so after one to

three years. This time frame is essential for the development of a deeper understanding of the patient condition while emphasizing holistic care, rather than symptom management or task performance (Meretoja, Eriksson, & Leino-Kilpi, 2002; Meretoja, Numminen, Isaho, & Leino-Kilpi, 2014). When nurses were retained for at least a year their reasons for doing so were due to the culture of the workplace and the potential for professional development (Ward-Smith, Hunt, Smith, Teasley, Carroll, & Sexton, 2007). However, it is important to note that the variable of experiential learning is equally as important as the variable of time extension that lends itself to the opportunity for more experiential learning (Burritt & Steckel, 2009; McHugh & Lake, 2010; Takase, 2012).

Fujino, Tanaka, Yonemitsu, and Kawamoto (2014) found a direct relationship between increased years of experience for nurses in hospitals and the increase in emotional intelligence development in nurses. Emotional intelligence refers to the capability to examine feelings and emotions, distinguish between the two and use this information to direct one's actions. This quality is essential when working in highly charged emotional situations in patient care, but, as Benner noted, is also important when it comes to mentoring a new graduate in the novice stage. Evaluations of NRPs call for a mentor who has been specifically trained in working with new graduate nurses in providing feedback and learning opportunities (Beecroft et al., 2006; Chen & Lou, 2014). Willingness to teach, a demonstration in the use of evidence-based clinical practice, emotional intelligence and communication are all essential characteristics needed in a mentor to successfully transition the new graduate nurse (Ferguson, 2011; McDowall-Long, 2004; Spiva et al., 2013).

With the benefits of nurse expertise and the benefits of an NRP for new graduates in their first year, there continues to be a high rate of turnover for nurses in their second year of practice and beyond (Halfer, 2011). In fact, long-term evaluation of NRPs alluded to a significant drop in hospital involvement, such as committee membership, performance improvement activities, and the mentoring of incoming new graduate nurses after the completion of one year in an NRP. Salt et al. (2008) note that the longer the orientation of nurses, the better the retention rate. Experienced nurse mentor turnover can have a devastating effect on the use of the NRPs for new graduate retention who require the use of mentors that have been trained to facilitate their transition but are also still familiar with the experience of being a new graduate themselves (Kowalski & Cross, 2010)

The practice environment also suffers when a gap in the level of experience of the nursing workforce on any given hospital unit occurs (Hirschkorn et al., 2010). Retention of experienced, expert nurses is vital to retaining expertise on the units for patient care and the patient outcomes of that care (Armstrong-Stassen & Stasssen, 2013). Kendall-Gallagher et al. (2011) were able to correlate that a higher number of expert nurses on a cardiac unit resulted in a decrease in patient mortality. Dunton et al. (2007) were able to establish a relationship between nurse experience and patient falls: for every one year of experience a nurse possessed, the patient fall rate on that unit decreased by one percent. When nurses are allowed to become familiarized with their unit and patient population over the course of at least two years, patient readmission rates to hospitals decreased (Park et al., 2014).

Gap Analysis

Gap analyses of these programs detail how the similarities and differences in these programs can affect their success on retention, but more so can affect the ability to objectively compare the efficacy of these programs to retain all nurses across hospitals nationwide (Anderson et al., 2012). Al-Dossary et al. (2014) found great variance in the length of these programs as well as the requirement for the type of clinical rotations. Harrison and Ledbetter (2014) noted that the standardization of terminology in these programs should define and delineate the duty of nurse mentors to pass on the values of the profession, not just the skills. NRPs are deemed successful when new graduates are still employed after one year from their start date, but evaluations of the NRPs success is not completely indicative of overall nurse retention nor is there much evaluation of the mentorship experience noted for the mentor (Salt et al., 2008; Weathers & Raleigh, 2013). Nearly all of the literature on successful NRPs denotes the use of mentors as being nurses with experience, yet there is little, if any, detail of what that experience should entail or the length of employment necessary to fulfill this role (Chen & Lou, 2014). Mion et al. (2006) proposed the use of NRPs to retain experienced nurses (those with at least one year of experience on the hospital unit) as more suitable to retain new graduates, but also as a means of valuing their knowledge and expertise. Chow and Suen (2001) advocate for the use of clinically practicing nurses as nurse mentors because of their use of the latest clinical practice information supported by evidence. Casey et al. (2004) detailed that, many times, nurses were expected to fulfill the role of a mentor after their first year and successful completion of an NRP, yet there was little directive in how

to fulfill that role. Mentees in NRPs also predominantly requested support in their own career planning and use of scientific research from a mentor who possessed relevant experience in these areas (Quaas et al., 2009). While nurse mentors in NRPs reported positive outcomes in the preparation of new graduate nurses, organizations were inconsistent in their expectations of the nurse mentor role, and the added workload of mentoring in addition to clinical patient care became burdensome (Linus et al., 2014; Omansky, 2010; Pietsch, 2012). The competing obligations between mentoring a new graduate nurse and providing patient care are great deterrents for nurses to mentor their fellow professionals (Hurley & Snowden, 2008). Romyn et al. (2009) advocated for the formal position of a mentor in these NRPs that included payment and workload time to devote to the mentee to result in a successful experience for both. Further, specific training that is structured around the mentoring experience in an NRP is essential to a successful pairing between a mentor and mentee (Sambunajak et al., 2006). Succession planning should include guidance on how to self-manage for new graduates once the NRP is over, but also set the expectation that nurse mentoring in an NRP can help foster leadership, growth and nurse retention at all stages of experience (Chappell, Richards, & Barnett, 2014; Olson-Sitki, Wendler, & Forbes, 2012; Krugman, Bretschenider, Horn, Krsek, Moutafis, & Smith, 2006; Pellico et al., 2009).

Mentorship Outcomes

The development of a nurse mentors evolves in much the same way as the evolution of nurse expertise. Nurse mentors reported a greater affinity for mentoring when they, themselves, were mentored (McCloughen, O'Brien, & Jackson, 2013). The

mentoring experience has been significantly associated with an improvement in attitude, interpersonal connections and career outcomes for the mentor (Eby et al., 2008). When nurse mentors are able to influence and train another nurse, such as in a formalize program or NRP, their zest for the profession returns, which, in turn, creates retention (Dyer, 2008; McDonald, Mohan, Jackson, Vickers, & Wilkes, 2010; Ryan, Goldberg, & Evans, 2009). Nurse mentors are more likely to seek and attain job promotions, advanced degrees and financial compensation from organizations than nurses who do not mentor (Allen et al., 2004; Mariani, 2012). Nurse mentoring develops autonomy and leadership skills for the mentor when they must proactively lead a new graduate through the first year in the profession (Kramer et al., 2013; McCloughen et al., 2009). Structuring the mentorship experience for the new graduate based on their individual needs requires vision and imagination, all of which are essential qualities of good leadership for nurse mentors (McCloughen, O'Brien, & Jackson, 2010).

and McDowall-Long (2004) noted that because mentoring relationships required the interactive guidance of another, mentors developed a higher level of expertise in the profession through the perpetuation of life-long learning, the development of professional skills to attain additional education and the self-confidence that increases with these accomplishments. Finally, nurse mentors are key to socializing new graduates into the profession, which illuminates the nurse mentors' own ability to socialize with their professional colleagues and corrects issues such as burnout, horizontal violence and bullying with constructive conversations and interactions (Kramer et al., 2013; Newhouse, Hoffman, Suflita, & Hairston, 2007).

Nurse mentors with at least one year of experience reported increased job satisfaction and improvement in job proficiency when mentoring a new graduate in an NRP (Rhodes et al., 2013). Fox (2010) corroborated the use of mentorship to address turnover when new graduates and nurse mentors reported an increase in job satisfaction and intent to stay in their position. Nurse mentors demonstrated a higher rate of retention than nurses who did not mentor in a formalized program (Huybrecht, Loeckz, Quaeyhaegens, Tobel & Mistiaen, 2011; LaFleur & White, 2010) despite there being no significant connections noted between the retention of experienced nurses and salary (Allen et al., 2006; Bykx et al., 2010;

Yakusheva, Lindrooth, and Weiss (2014) describe the measurement of productivity in a hospital were significantly related to the level of experience of the hospital nurses, more specifically, when the hospital nurses' experience reached proficient and expert levels of Benner's model, productivity increased. Patient falls were found to be lower in hospitals with higher levels of nurse tenure (Choi & Boyle, 2013)

In conclusion, the quantitative need for nurses should not supersede the quality needed in nursing care. Nursing expertise must be fostered through experience and the evolution of time. An NRP can provide an avenue to retain new graduate nurses but also nurse mentors that afford the evolution of time beyond the first introductory year into the profession via a structured program that nurtures experiential learning and personal growth.

Archival and Operational Data

To speak to the current state of nurse retention and the NRP within a hospital in Rapid City, South Dakota, it is necessary to collect information about the structure of the NRP, the retention rate nurses overall. The data for the NRP was obtained through the program director who was responsible for the collection of new graduate enrollment and completion as well as nurse mentor recruitment and retention. This information helped to support the existence of an NRP and the use of experienced nurses to retain new graduate nurses.

Evidence Generated for the Doctoral Project

Participants

Individuals that contributed to the evidence that addressed the practice-focused question were registered nurses employed within a hospital in Rapid City, South Dakota. In order to obtain a reliable sample of evidence, 80% of the 700 registered nurse workforce (including leadership) was the target be included in the data collection. This equates to approximately 560 individuals. Data was collected using anonymous, voluntarily elicited information in the form of a survey. Utilizing this participant group helped to support the notion that experienced nurse mentors who mentor new graduate nurses in an NRP, remain with the organization longer and are more satisfied with the mentorship experience than nurse mentors who mentor nurse in other capacities.

Procedures

After obtaining approval from the Walden Institutional Review Board (IRB; approval number 11-14-16-0201883), as well as the hospital's institutional review board,

the author-developed survey was published to survey monkey with the link sent via e-mail to the 700 registered nurses within the system. A paper survey (Appendix A) was offered for participants to complete with delineation that only one survey be completed per registered nurse. The information was acquired through with the consent of the project mentor and the research council at the hospital. Potential subjects were notified of this survey opportunity through hospital newsletters and e-mail, NRP facilitators, and staff meetings by hospital administrators and unit managers. The survey was made available for a period of three weeks, at which time was no longer be available to the participants. Reminders to complete the survey were sent weekly to participants and leadership at a different time of the day to maximize the response rate of evening and nighttime workers as well. Survey data was compiled on a weekly basis in an excel spreadsheet format that was password protected and was accessible only to this author and the project mentor. Historical measurement of retention of nurse mentors was be calculated using the self-reported years of employment within the organization within the survey.

Protections

IRB approval was obtained followed by the facility's approval prior to initiating any data collection. In order to protect the participants in the doctoral project, the surveys were sent via electronic, secured, organizationally assigned e-mail to all employees. Personally identifiable information was not collected, however, demographic data such as unit worked was elicited. This information was then de-identified when compiled into the excel spreadsheet file. The file was password protected and available

only to the author and project mentor to be retained for a period of five years following the survey participation. Survey monkey was used so that the participants' information and anonymity collected is protected. A paper survey was also dispersed and collected by or mailed to the project mentor in the same anonymous manner to protect participant information. A consent (Appendix B) that detailed the purpose of the study and the anticipated time to complete the study being approximately 15 minutes was fulfilled prior to any attempt at completing the survey. The consent for the electronic survey was signed electronically by the participant by identifying the date they were completing the survey before proceeding. The paper survey followed a paper consent containing the same information. This step was completed, or the survey was not offered to the participant. Should the participants have elected not to participant or withdraw, they simply deleted the e-mail or did not complete the paper survey. All incomplete surveys were removed from final tabulation. The data was tabulated using the excel spreadsheet and compared to the number of registered nurses listed as employed by the organization and was free of any further identifiable information. The role of the Walden IRB, as well as the organization's review board ensured that the project was conducted ethically, the participants' involvement was voluntary and that the data was collected with participant and organizational privacy sustained.

Instruments

The tools used to collect evidence for this project consisted of a survey questionnaire that was author-developed and targeted towards a convenience sample approximately 560 of registered nurses from a designated organization (Appendix). The

purpose of using a convenience sample was to provide a connection between nurse

mentor retention and job satisfaction with the use of an NRP. The limitations of such an

approach were that this measurement might provide a connection but not an explanation

between nurse mentor retention and job satisfaction with the use of an NRP (Salant &

Dillman, 1994). Such a convenience sample survey would only provide historical

context of a phenomenon (Pinsonneault & Kraemer, 1993).

The student-developed survey consisted of a combination of close-ended,

multiple-choice questions, fill in the blank and Likert-scale questions to elicit data on the

number of nurse mentors in the organization, their involvement in an NRP, the

differences between NRP mentoring and non-NRP mentoring, and the length of tenure.

This made the content easy to understand, free from biased language and presented

cumulatively to create measurable data (Johanson, & Brooks, 2010). The survey began

with demographic information to include: the unit where the participant worked, the date

the survey was completed and the number of years employed as a registered nurse.

Familiarity with an NRP was ascertained in the second question with further

demographic information asking whether the participant completed the NRP as a new

graduate nurse. Questions four and five asked about mentorship activities by the

participant that encompassed mentoring another nurse through a particular situation and

skill-set. A fill-in-the-blank question followed asking the participant how they were

prepared to serve in this role, followed by a Likert-scale question asking how satisfied

they were with the mentorship experience. Questions eight, nine and ten follow a similar

pattern in that they ascertained the mentoring experience through an NRP. Questions 11-

14 asked about previous and prospective years of service in their current position and with the organization itself in an effort to determine previous and future retention patterns. Multiple choice questions required only a single answer and the Likert-scale questions will range from "very dissatisfied" to "very satisfied" choices.

The questionnaire was distributed electronically as well as on paper and was self-administered. This distribution created a faster turn-around time for data collection in a cost-effective manner. However, self-reported information was susceptible to bias because of the intentional or unintentional misinterpretation of the questions. To assure validity, clear instructions on the nature and purpose of the survey and the return date and contact information were delineated in the introductory letter and consent form. In addition, the questions were reviewed by the project mentor and members of the facility's Innovations Council and a pilot test of the survey content was conducted on a group of 37 individuals.

Analysis and Synthesis

The data was organized using an excel spreadsheet and compared with the data given by the organization as to the number of employed registered nurses overall. The rows on the spreadsheet house the questions from the survey, the columns from the number of responses. When the surveys were completed, the spreadsheets were separated into two sub-sheets, one for experienced nurse mentors who mentored in an NRP and the other for experienced nurse mentors who mentored outside an NRP to determine which group had a higher percentage of employment greater satisfaction levels with the mentorship experience. To maintain the integrity of the data, verification of the

numbers were completed by the project mentor and securely protected to be viewable by the author and this mentor. Again, surveys that were not elicited from registered nurses or that were missing information within the survey were discarded from this data count. In calculating and comparing percentages between nurse mentors within and without an NRP, the question regarding which group remained employed longer and more satisfied with the mentorship experience was supported. This information is valuable in supporting the focus of the project which was to suggest that experienced nurse mentors are employed longer and are more satisfied with mentoring in an NRP.

Summary and Conclusions

The lack of experienced nurse mentors creates a void when integrating new graduate nurses into the profession. The purpose of this project was to assess whether nurses who mentored new graduate nurses through an NRP have higher retention rates and greater levels of mentorship satisfaction. Simultaneously, the project addressed the gap-in-practice which was the retention and satisfaction of these experienced nurse mentors through the use of an NRP. The largely descriptive sources of evidence support the use of NRPs to retain new graduates and corroborate the use of mentorship as a means of retention. To address the current gap in practice, the current sources of evidence and operational data were reviewed, and retention rates of experienced nurse mentors within and without an NRP were compiled and then compared. The data was synthesized from there to determine if experienced nurse mentors were employed longer and more satisfied with the mentorship experience when mentoring in an NRP as

compared to nurse mentors who did not. Findings, implications, and recommendations will be addressed in the next section based on this data.

Section 4: Findings and Recommendations

Introduction

When a shortage of experienced nurse mentors exists, NRPs may not be able to transition new graduate nurses into the profession as they were designed to do. NRPs can be used as a retention tool for nurse mentors as well as new graduate nurses. As such, the retention of experienced nurse mentors is essential to sustain the NRPs. The purpose of this project was to determine whether nurses who mentored new graduate nurses in an NRP were more satisfied with the mentorship experience and had a higher retention rate than nurse mentors who did not mentor in an NRP.

In addition to peer-reviewed journals supporting the assertions made by the author, the remaining supportive evidence of the project was derived using a student-developed survey that was disseminated to all registered nurses at a hospital in Rapid City, South Dakota. The survey was sent via e-mail directing the participants to an online link in SurveyMonkey as well as via paper surveys dispensed by the project mentor. Participant responses were collected and tabulated for three weeks and categorized into two groups: NRP mentor and mentor for comparison. All surveys that were incomplete were excluded from the final tabulation. Data was organized and categorized using an excel spreadsheet with specific emphasis on the number of nurses within each response group for comparison in the areas of retention time and level of satisfaction.

Findings and Implications

The findings derived from the survey will be elaborated, beginning with the demographic data of the participant body. The survey for this project was made available both online and on paper on Wednesday, November 16, 2016, and continued through Wednesday, December 7, 2016. In that three week period, a total of 253 surveys were accessed or attempted, of which 214 met the inclusion criteria of the study. Participant data was separated into the NRP mentor and mentor groups respectively for assessment and comparison.

Demographics

Because the survey was opened to all registered nurses within the organization, it became necessary to include only those respondents who had completed mentoring activity. Criteria for inclusion in the tabulation of responses for this project required that the participant (a) had completed a mentoring activity, and (b) had either done so within or without an NRP. Questions 4 and 5 were designed to ensure that the participant had completed mentorship activity by asking for confirmation that "I have mentored another nurse through a particular situation" and "I have served as an advisor to another nurse regarding a particular skill set," respectively. All 214 participants answered "yes" to Question 4 or 5 or both. Of note, if both Questions 4 and 5 responses were "no," that participant was excluded from the total count because, by the parameters of this project, they had not taken part in mentoring activity. To separate the responses into two comparative groups, Question 8 asked about whether the individual had or had not mentored in an NRP. From the responses to Question 8, two separate groups were

formulated to compare the length of employment, satisfaction with and preparation for mentoring: nurse mentors and NRP mentors.

Detailed response data by question are located in Appendix C. For the nurse mentor population, a total of 161 ($n = 161$) qualifying responses were collected and 53 ($n = 53$) were collected for the NRP Mentor population. Of the nurse mentor population, the 42% had reported being employed 10 years or longer which was lower than the NRP comparison group with the majority (57%) of their respondents being employed 10 years or longer (Table 1). The average term of employment as a registered nurse was three to seven years in length for nurse mentors, which was lower than NRP mentors' average term of five to nine years of employment.

Table 1

Years of Experience is a Registered Nurse

Year ranges	Nurse mentors N = 161		NRP mentors N = 53	
	n	%	n	%
1 - 2 years	22	14%	2	4%
2 - 4 years	24	15%	4	8%
4 – 7 years	29	18%	8	15%
7 – 10 years	19	12%	9	17%
10+ years	67	42%	30	57%

Mentorship Satisfaction

As part of the project question, it was necessary to elicit information on the level of satisfaction with mentoring by the participants. Question 7 elicited information on the level of satisfaction by the mentor with the mentorship experience. Table 2 illustrates how a higher percentage of NRP mentors were very satisfied with the mentorship experience than the nurse mentors.

Table 2

Reported level of satisfaction with mentoring

	Nurse mentors *N = 161*		*NRP mentors* *N = 53*	
Level of satisfaction	n	%	n	%
Very satisfied	75	47%	30	57%
Somewhat satisfied	58	36%	16	30%
Neutral	24	15%	5	9%
Somewhat dissatisfied	4	2%	1	2%
Very dissatisfied	0	0%	1	2%

Mentorship and Retention

In addition to the level of satisfaction, the project sought to obtain information from mentors on their future employability in their current position and organization. Questions 11 through 14 sought to ascertain the participants' current status and future intention to remain employed in their current position as well as remain with the organization (Table 3). Employment terms were incrementally divided, and 30% of NRP

mentors reported being employed in their current position for 10 or more years compared to 20% of nurse mentors. Equally important was 40% of NRP mentors reported the current employment with the organization being 10 years or longer when compared to 35% of nurse mentors.

Table 3

Current Employment Tenure

	Nurse mentors N = 161		NRP mentors N = 53	
Current position employment	n	%	n	%
1 - 2 years	70	43%	15	28%
2 - 4 years	29	18%	8	15%
4 – 7 years	22	14%	8	15%
7 – 10 years	7	4%	6	11%
10+ years	33	20%	16	30%
Current organizational employment	n	%	n	%
1 - 2 years	36	22%	7	13%
2 - 4 years	24	15%	7	13%
4 – 7 years	26	16%	13	25%
7 – 10 years	18	11%	5	9%
10+ years	57	35%	21	40%

This distinction is an important factor because the fact that the majority of nurse mentors who have worked in their current position for only the last 1 or 2 years but have remained employed with the organization longer than that, indicates their employment in a

different role. Mentorship of a novice nurse requires that the mentor not only hold a level of expertise in the profession that can lend itself to imparting knowledge but also a familiarity with the unit to acclimate the new graduate nurse to the environment as well (Benner, 1982; Benner, 2004; Burritt, & Steckel, 2009; Cioffi, 2012; Hill, 2010). Questions 13 and 14 are used to determine the intention of the participant to remain in their position and with the organization in the future (Table 4).

Table 4

Anticipated Employment Tenure

	Nurse mentors N = 161		NRP mentors N = 53	
Future position employment	n	%	n	%
1 - 2 years	50	31%	15	28%
2 - 4 years	28	17%	9	17%
4 – 7 years	24	15%	6	11%
7 – 10 years	18	11%	4	8%
10+ years	41	25%	19	36%
Future organizational employment	n	%	n	%
1 - 2 years	37	23%	7	13%
2 - 4 years	24	15%	8	15%
4 – 7 years	19	12%	6	11%
7 – 10 years	20	12%	6	11%
10+ years	61	38%	26	49%

Again, the majority of nurse mentors who responded to this survey indicated their intent to remain employed with a hospital in Rapid City, South Dakota, but likely not in their current position. This data gives credence to desire for advancement within the organization by these nurse mentors. By comparison, only 25% of nurse mentors reported an intent to stay for 10 or more years. Again, this comparison demonstrates the intent of NRP mentors to remain employed, not just in their current position, but with their employing organization longer than nurse mentors, which informs the practice-focused question of this project.

Preparation for Mentorship

Question 6 inquired as to the preparation of the mentor for mentorship (Table 5). Of the 161 respondents in the nurse mentor group, 37% stated they were prepared for mentorship using their own clinical experience as a registered nurse, by their preparation to be a nurse through nursing school, or by teaching nursing students for a university. Eight percent of the 37% of nurse mentors who utilized their own clinical experience to mentor another nurse also stated they were told they would be mentoring another nurse by their manager. Finally, 2% of the 161 nurse mentors stated they were not prepared at all. NRP mentors reported slightly different percentages in the way of preparation for mentorship. The percentage of NRP mentors who reported using their experience and the resources offered by the organization was higher than that of the nurse mentor population. 19% reported receiving no preparation whatsoever, which is a higher percentage than what the nurse mentors had reported. Responses that fell into the "other" category included the respondent listing personal qualities they believe pertinent to

mentorship such as leadership and self-direction or identifying resources they utilized outside of the organization.

Table 5

Preparation for Mentorship

	Nurse mentors *N* = 161		*NRP mentors* *N* = 53	
Categorized responses	n	%	n	%
No formal training	31	19%	10	19%
Class	43	27%	21	40%
Experience	60	37%	21	40%
No preparation given	4	2%	0	0%
Other	23	14%	5	1%

This level of experience as a nurse can provide valuable insight to newly graduated nurses in the way of mentorship as well as sustain the level of expertise on the hospital unit (Armstrong-Stassen & Stassen, 2013). 52 of the 53 NRP mentors reported being familiar with an NRP as reflected in question two (the individual that answered "no" to this question did report having mentored in an NRP and remained included in the final count as this question was not used to included or exclude the individual). Approximately 83% of the nurse mentors were familiar with an NRP with 34% individuals in this group having completed the NRP as a new graduate themselves. This percentage is slightly lower than that of the Nurse Mentor group.

Hallin and Danielson (2008) found that mentors reported more satisfaction with the experience when prepared for the role. Because the organization has housed an NRP for ten years and role preparation plays in the level of mentorship satisfaction, NRP mentors were asked about their preparation for their role. NRP Mentors reported on their preparation with mentoring in an NRP was detailed exclusively from the nurse mentor population in table six.

Table 6

Preparation for Mentorship in an NRP

	Nurse mentors N = 161		NRP mentors N = 53	
Categorized responses	n	%	n	%
No formal training	n/a	n/a	10	19%
Class	n/a	n/a	16	30%
Experience	n/a	n/a	21	40%
No preparation given	n/a	n/a	0	0%
Other	n/a	n/a	6	11%

There was some overlap in these answers where NRP mentors stated using both their own experience and the class provided by the organization to prepare themselves for the mentorship experience. Of note, there is no comparative data to the nurse mentor population because questions nine and 10 asked specifically about their activity within an NRP. However, it is important to note that the majority (70% cumulatively) of NRP mentors reported using education and experience as their preparation to mentor another

nurse and nearly as much (79% cumulatively) reported being somewhat or very satisfied with their preparation (Table 7).

Table 7

Level of Satisfaction of Preparation for Mentorship in an NRP

	Nurse mentors N = 161		NRP mentors N = 53	
Level of satisfaction	n	%	n	%
Very satisfied	n/a	n/a	24	45%
Somewhat satisfied	n/a	n/a	18	34%
Neutral	n/a	n/a	8	15%
Somewhat dissatisfied	n/a	n/a	2	4%
Very dissatisfied	n/a	n/a	1	2%

Discussion of Findings

The highest percentage of employment in both Nurse Mentor and NRP groups was 10 or more years (Appendix D). This percentage exemplifies that the organization houses a number of experienced nurses with a registered nurse tenure that lends itself to a high level of expertise. The nurse mentor group had the higher percentage than the NRP mentor group who have been employed in their current position and place within the organization being the last one to two years. Nevertheless, these nurse mentors reported participating in mentorship activity. Given that the number of respondents for the Nurse Mentor group was nearly three times that of the NRP group, it would suggest that there is a large number of nurse mentors working in their position and with the organization with

an employment term that would limit their experience to mentor another nurse. These percentages also demonstrate the organization's use of nurse mentors in their first or second year with their current position (Appendix E). The use of nurse mentors in their first few years in their profession also support the need for succession planning and continuing professional development beyond the first year of employment. With regards to retention, the NRP mentors had the highest percentages of respondents who planned to stay in their position and with the organization for ten or more years. The nurse mentor group had a higher percentage of respondents who answered their intention to remain in their current position and with the organization for only one or two more years. These findings support that NRP mentors intend to remain with the organization longer than Nurse Mentors who mentor outside of an NRP.

In regards to satisfaction with the mentoring experience, a higher percentage of NRP mentors reported "very satisfied" or "somewhat satisfied" with the experience than the nurse mentor group (Appendix F). Approximately six individuals reported being somewhat or very dissatisfied with regards to the mentorship experience in both NRP and Nurse Mentor groups. Nevertheless, the NRP mentors reported greater satisfaction with the mentorship experience than Nurse Mentors.

With regards to preparation, the NRP mentors reported more formal preparation in the way of their experience as a nurse and organizationally sponsored education than the nurse mentors. The largest percentage of nurse mentors that responded reported utilizing their experience as a nurse or nursing student to mentor another nurse. This is not appropriate preparation as Hallin and Danielson (2008) found that nurses find more

security in their role as a mentor and demonstrate more interest in mentorship when formally prepared to do so.

The survey elicited responses from nurses in emergency and intensive care, medical-surgical units, care management, obstetrics and surgical units. The response rate of Nurse Mentors was over three times that of NRP mentors, yet when the group information was compiled, the NRP mentor group reported greater satisfaction and a lengthier employment term in their current positions and with the organization. So, while the entire registered nurse population was not represented by the responses within this survey, it still provides insight into the retention rates of and satisfaction levels of nurse mentors within the organization.

Survey Limitations

Because the Nurse Mentor population had just over three times the response rate as that of the NRP Mentors, the value of Nurse Mentor responses have the potential to be overinflated. Thus, when comparing Nurse Mentors with the NRP mentors, the NRP mentor response could have been greater. The overall raw response rate of 253 individuals was short of the 500 response goal set by the author. 500 responses were set as it represented approximately 80% of the overall registered nurse population within a hospital in Rapid City, South Dakota. As such, the 253 is more representative of approximately 35% of the registered nurse population of this organization, and so the results cannot be completely representative of the status of this population. Questions four and five of the survey were used to determine if the participant had taken part in mentorship activity as guiding another through a skill set or situation is key aspects to a

mentoring relationship (Block et al., 2005; Kiel, 2012). As with any survey of this nature, response rate and quality are subject to interpretation by the reader (Johanson & Brooks, 2010). Despite the attempt to create questions that elicited measurable data, it was necessary to create a question that categorized the respondent into the mentor population exclusive of activities that fall into orientation or teaching. Therefore, the possibility exists that the respondents did not interpret their activities as falling within either of the two activities listed in questions four and five and therefore were excluded from the final tabulation when they may have in fact participated in mentoring activity. To this end, 25 individuals had reported not having mentored another nurse through a situation or skill set. This variable could represent a great untapped resource, particularly in light of the fact that 17 of the 25 excluded respondents reported having been a nurse for two years or more. The demographic data presented on the paper survey was used as a means of avoiding duplicate entry. However, with the use of survey monkey tracking IP addresses, the paper surveys were given numbers and accounted for when the results were tabulated. So, while each survey was assigned a unique number and the instructions clearly stated that only one survey (online or paper) was to be completed by each participant, the possibility of one participant completing both is a small possibility that could not be entirely eliminated with this process.

Organizational Limitations

The organization itself continues to undergo significant change, particularly since the initial planning of this project over a year ago. In the last year, there have been approximately 200 nurses who have vacated their employment with the hospital in Rapid

City, South Dakota and another 100 nurses who have been recruited with anticipation of enlisting another 100 nurses. The NRP is also under review by leadership as a retention tool for new graduates. As part of this evaluation, it has come to light that nurses serving as NRP mentors tend to be the same individuals among multiple cohorts of new graduates, which may be a reason for the response rate of NRP mentors in this survey. Participation in NRP mentorship becomes limited, particularly in light of recent gaps in nursing employment. Further, participation in surveys such as with this project may be limited during times of workforce instability such as during periods of high turnover.

Implications

Implications concerning of individuals as a result of this study support the notion that mentorship is key to the retention of new graduates through an NRP as well as with the organization. A structured mentorship arrangement, such as with an NRP, can also improve satisfaction with the mentoring experience itself (Grindel & Hagerstrom, 2009). Communities can be provided optimal care by nurses who have been continuously and thoroughly prepared for their role. Hospital institutions have a viable means of not only retaining their new graduates but also their nurse mentors through concurrent professional development and mentorship using NRPs (Faron & Poelter, 2007; Funderburk, 2008; Goode et al., 2013; Halfer, 2011). Healthcare systems can mitigate the nursing shortage by retaining nurses, both new graduate and nurse mentor, utilizing existing NRPs to build expertise and longevity that contributes to better patient outcomes (Ellenbecker & Cushman, 2011; Erenstein & McCaffrey, 2007; Hirschkorn et al, 2010). The resultant positive social change from this study contributes to the importance of

mentorship in the development of nurses within and throughout the profession that results in retention of nurse mentors and their increased satisfaction with the mentoring experience when supported by a hospital culture that fosters a formalized program that cultivates a mentorship experience (Hillman & Foster, 2011; Hinson, & Spatz, 2011; Race & Skees, 2010). Succession planning for the next generation of nurses can be in place to sustain the values of the profession when nurses are supported with continuous professional growth beyond the first year of practice (Kanaskie, 2006; Mills, Lennon, & Francis, 2007; Porter-O'Grady & Malloch, 2009; Thomka, 2007).

Recommendations

Given the value of mentorship supported by this study, it is recommended that organizations such as the setting in which the survey took place, sustain their NRPs to retain new graduate nurses as well as the nurse mentors. Through the establishment of NRP protocols, there should be a clear delineation between an orientation and mentorship period for a new graduate (Anderson et al., 2012; Trepanier et al., 2012). In so doing, new graduates can maximize their support systems while nurse mentors within an NRP have a clear definition and succinct role as nurse mentor. Furthermore, activities within the mentorship experience can be demarcated into elements that address: the art of mentoring that is distinguished for orientation or preceptorship, skill transfer, consideration for and management of generational differences, advancement within the profession including the individual journey by both the NRP mentor and the new graduate nurse through Benner's stages of novice to expert knowledge acquisition (Altier, & Krsek, 2006; Anderson et al., 2012; Funderburk, 2008; Remillard, 2013; Wieck, Dols,

& Landrum, 2010). As part of the infrastructure of an NRP, there should be education and training on how to be an effective mentor, advanced skill development, interpersonal abilities and professional advancement opportunities within the organization that is targeted towards nurse in their second year of practice and beyond (Pellico et al., 2009; Reinsvold, 2008; Varner et al., 2014). The proposed layout for such structured education for the NRP mentor will follow the layout of the existing NRP but with more clearly defined objectives for the NRP mentor (Appendix). Managerial and executive support that includes recognition, incentives and schedule flexibility will allow the mentorship program to flourish, maintain enrollment and truly materialize into pertinent outcomes that include nurse retention and cost-saving workforce that strives for excellence (Bratt, 2009; Faron, & Poeltler, 2007; Hillman, & Foster, 2011; Race & Skees, 2010).

Contribution of the Doctoral Project Team

The Doctoral Project Team was integral to the collection of data specific to the organization in which the project occurred. It was important to thoroughly explore and understand the intricacies of the nursing workforce in order to plan a project that looked at an aspect of nursing turnover among a subset of the nursing population: Nurse Mentors. Moreover, the project team helped to supply historical data to analyze trends when formulating the foundation of the project with regards to the NRP as well as in the creation of the survey tool used to measure variables of the doctoral project. The team reviewed the student-developed survey, provided feedback and helped to advertise and distribute the survey to aid in data collection. Finally, the Doctoral Project Team has helped to associate the doctoral student with resources and contacts within the

organization to not only help with data collection but to create a connection to disperse the findings of the project. In the future, the Doctoral Project Team will collaborate to apply the evidence and findings of the project to the existing NRP as well as developing a way to bring the benefits and resources of an NRP to the critical-access hospitals within the region.

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Strengths and Limitations of the Project

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Strengths

The first strength of the project is, while there is abundant literature on the value and benefits of mentorship and the success of NRPs on the retention of new graduate nurses, there are few studies that consider the connection of NRPs on the retention and satisfaction of nurse mentors within these programs. This gap-in-practice created an avenue for the collection of data from the organization but also created a receptive audience for the culmination of the project. A second strength of the project is the timing in which project fell was during a particularly challenging time for the organization in the way of nurse retention that moved stakeholders to consider new or unique options for solutions to address their growing problem of nurse turnover. A third strength of the project was the receptivity of nurses to not only provide information via the survey but to provide suggestions and inquiries to the study demonstrating their desire to mentor or be mentored. This is supported by the response rate to the survey: while the respondents represented only a portion of the nursing workforce, organizational leaders admit that the response rate to any survey among this group have historically been significantly lower. A fourth strength of the project is that the recommendations provided as part of the

project addresses many of the stated concerns or suggestions made by the participants or stakeholders within the organization. This supports the application of evidence that is collected in response to and applied as a result of research that has already been conducted on NRPs and nurse mentorship.

Limitations

The first limitation of the project is, like many studies completed on NRPs, the data is largely retrospective and not diagnostic in nature. Furthermore, issues such as facility size, regulatory designation and location that contribute to nursing turnover continue to be unique to the organization (Bae et al., 2010; Beecroft et al., 2008; Brewer et al., 2011; Cho et al., 2011). In addition, individual aspects such as job satisfaction, generational differences and management styles that have influence nursing turnover (Hayes et al., 2012) but that cannot be addressed by this project. Therefore, the findings and recommendations of the project cannot be generalizable to all hospitals or the general nursing population as a means of addressing retention. The second limitation of the project is the response rate to the survey. While the response rate may have been significantly higher than previous or anticipated surveys, it is still not representative of the majority of the organization's workforce and so application of evidence may miss some elements of nurse retention that were not brought to light by the employees who did participate in the survey. A third limitation of the project was the time frame in which data collection occurred. A three week timeframe was utilized, but a longer timeframe may have resulted in a higher response rate to the survey.

In the future, these limitations could be addressed by following a particular cohort of new graduates and nurse mentors through an NRP to gain more accurate, organizationally specific information. Furthermore, when collecting data on mentorship and/or NRP, having the survey available for a longer period of time may help improve participation in the data collection.

Section 5: Dissemination Plan

To disseminate the project information in a timely but widespread manner, the author will be presenting the information to the research council to close the loop of communication with the committee and doctoral project team. Next, the author will arrange for a presentation of the project to the organization's nursing leadership, NRP facilitators, and key stakeholders to include the chief nursing officer, whose primary focus since starting her position last year was to address the nurse turnover problem in the organization. Specific recommendations as a result of this project will be made available in print to the audience to allow for a focused direction on the part of the author and the part of the organization (Appendix G). Finally, the NRP facilitator and the author will meet separately subsequent to the presentation of the project to implement the recommendations and formulate a plan for disseminating the information and practice to the critical-access hospitals within the system to standardize the delivery of an NRP in order to retain nurse mentors. As part of the dissemination plan, the author and stakeholders will formulate a method of evaluation of the effectiveness of the recommendations at regular intervals to assure the gap-in-practice is addressed as well as to provide the organization with supportive evidence of the return on their investment in nursing mentorship (Appendix H).

Based on the nature of this project, audiences from neighboring hospitals as well as the region's three nursing schools would be appropriate recipients of the information in anticipation of helping to facilitate continuing relationships that provide mutual benefits with regards to nurse mentorship.

Analysis of Self

Scholar

The role of scholar in this project was to use the learned skills of diligent, focused research in a quest for applicable solutions that were based on evidence rather than anecdotal recommendations. The doctor of nursing practice education has provided a method to the retrieve substantiated information that validates the existence of a professional problem and has provided a methodical means of measuring the stated problem as well as addressing and evaluating the response to a stated problem.

Practitioner

As a practitioner in the registered nurse profession, the context and environments in which nurses work is an intimately familiar experience. Thus, the stressors and joys of the profession could be understood and monopolized to seek out resolutions to these problems. Furthermore, the witnessed response by nurses to the job stressors and experienced mentorship by the author helped to focus the efforts of the project on the value and benefits of mentorship as a means to address the stressful problems of the nursing profession that often lead to employment turnover.

Project Manager

The role of project manager was developed through this endeavor by propelling the author into a leadership role in illuminating the problem of nurse turnover and proposing a solution based on extensive literature research and review. The effects of burnout and stress have frequently been witnessed among nursing colleagues; however, the advancement of education and knowledge the problem can be considered from an

objective stance, and change can be created at a systems level to result in a long-term solution. This project allows for a leadership role in addressing the nursing turnover problem in a facility at a local level but also provides the experience and expertise to spearhead solutions for the retention of nurses at multiple system levels in various capacities and experience levels as the demand for nurses will continue to grow.

The completion of the project has been a long, arduous journey. The challenge of keeping contacts at the organization engaged while fulfilling the steps of the program has required frequent education and reassurance on the part of the author. Further, stakeholders within the organization have been eager to learn the results to begin applying the recommendations to their operations. This eagerness required clear definition of the roles, responsibilities, and activities of the DNP student and project team. Completion of an experience at the doctoral level has been a lesson in patience but also an exhaustion of curiosity and, in so doing, has allowed for the association of nursing colleagues in the quest for knowledge and the true application of best practice to enhance the profession of nursing.

Summary

With the looming nursing shortage and the current and future influx of new graduate nurses entering the profession to address this shortage, it is important to sustain employment by nurse mentors who can maintain the level of expertise on hospital units while simultaneously preparing new graduates for the nuances of the nursing profession. Mentorship utilizes a reciprocal, professional relationship that has been associated with increased job satisfaction, retention and professional advancement in nursing. NRPs are

a formal program in which mentorship is the primary activity of knowledge transfer. These programs were initially designed for the retention of new graduate nurses to address the high turnover within this population. Given the value of mentorship and a structured mentorship program encouraging nurse retention, NRPs could, therefore, be a valid avenue for the retention of nurse mentors as well as sustaining satisfaction with the mentorship experience. The purpose of this project was to measure the retention and satisfaction rates of experienced nurse mentors within and without an NRP to determine which group had higher percentages. This project demonstrated that NRP mentors were employed longer and had a higher rate of satisfaction with the mentorship experience than nurses who mentored outside of an NRP. The value of NRPs and mentorship have been supported through the literature review and the significance of the collected data addresses a gap-in-practice in which NRP nurse mentors can be a focus of retention and mentorship satisfaction using an NRP. Thus, the impact of this project on nursing practice substantiates the use of NRPs in the retention of nurses, both novice and expert, to counteract the nursing shortage.

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Appendix A

Nurse Mentor Survey

Unit_____

Date_____

Please read through each statement and then select the most applicable answer.

1. I have been a Registered Nurse for approximately (please choose only one answer):

    a. 1-2 years

    b. 3-4 years

    c. 5-7 years

    d. 8-10 years

    e. 11+ years

2. I am familiar with a Nurse Residency Program (please choose only one answer):

    a. Yes

    b. No

3. I, myself, have completed a Nurse Residency Program as a new graduate registered nurse (please choose only one answer):

    a. Yes

    b. No

4. I have mentored another nurse through a particular situation (please choose only one answer):

    a. Yes

    b. No

5. I have served as an advisor to another nurse regarding a particular skill set (please choose only one answer):

    a. Yes

    b. No

6. How were you prepared to serve in the role of mentor or advisor to another nurse? (Fill in the blank)

7. How satisfied were you to mentor or advise another nurse? (please choose only one answer):

    a. Very satisfied

    b. Somewhat satisfied

    c. Neutral

    d. Somewhat dissatisfied

    e. Very dissatisfied

8. I have formally mentored a new graduate nurse in a Nurse Residency Program. (please choose only one answer):

    a. Yes

    b. No

9. How were you prepared to serve in the role of mentor or advisor to a new graduate nurse in a Nurse Residency Program? (Fill in the blank)

10. How satisfied were you with your experience mentoring a new graduate nurse in an NRP? (please choose only one answer):

    a. Very satisfied

    b. Somewhat satisfied

    c. Neutral

d. Somewhat dissatisfied

e. Very dissatisfied

11. I have worked in my current position for approximately (please choose only one answer)::

   a. 1-2 years

   b. 3-4 years

   c. 5-7 years

   d. 8-10 years

   e. 11+ years

12. I have worked for the current employing organization for approximately (please choose only one answer)::

   a. 1-2 years

   b. 3-4 years

   c. 5-7 years

   d. 8-10 years

   e. 11+ years

13. Excluding unforeseen circumstances, I plan to remain employed in my current position for(please choose only one answer)::

   a. 1-2 more years

   b. 3-4 more years

   c. 5-7 more years

   d. 8-10 more years

   e. 11+ more years

14. Excluding unforeseen circumstances, I plan to remain employed by my current employing organization for (please choose only one answer)::

    a. 1-2 more years

    b. 3-4 more years

    c. 5-7 more years

    d. 8-10 more years

    e. 11+ more years

Appendix B: Participant Invitation Letter

November 16, 2016

Dear Participant:

My name is Morgan Newman and I am a graduate student with Walden University pursuing my Doctorate of Nursing Practice degree. For my final project, I am examining the retention rate of nurse mentors and level of job satisfaction within and without a Nurse Residency Program. Because you are employed with this hospital, I am inviting you to participate in this research study by completing the attached short survey. The following questionnaire will require approximately 10 minutes to complete. There is no compensation for responding nor is there any known risk. In order to ensure that all information will remain confidential, please do not include your name. If you choose to participate in this project, please answer all questions as honestly as possible and return the completed questionnaire promptly to Marvis Custer no later than Wednesday, December 7, 2016 at 11:59 pm. Participation is strictly voluntary and you may refuse to participate at any time, but is restricted to registered nurses. Any report of this research that is made available to the public will not include your name or any other individual information by which you could be identified.

Thank you for taking the time to assist me in my educational endeavors. The data collected will provide useful information regarding the importance of mentorship in nurse retention. Your signature at the bottom of this page will indicate your status as a Registered Nurse and your willingness to participate in this study and must accompany the survey. If you require additional information or have question, please contact me at the number listed below.
Sincerely,

Morgan Newman, MSN, RN

Participant's
signature_____Date_____

Appendix C: Nurse Mentor Survey Responses

Nurse Mentor Survey Reponses

1.   I have been a Registered Nurse for approximately (please choose only one answer):

	Nurse mentors N = 161		NRP mentors N = 53	
Year Ranges	n	%	n	%
1 - 2 years	22	14%	2	4%
2 - 4 years	24	15%	4	8%
4 – 7 years	29	18%	8	15%
7 – 10 years	19	12%	9	17%
10+ years	67	42%	30	57%

2. I am familiar with a Nurse Residency Program (please choose only one answer):

	Nurse mentors N = 161		NRP mentors N = 53	
	n	%	n	%
Yes	133	83%	52	98%
No	28	17%	1	2%

3. I, myself, have completed a Nurse Residency Program as a new graduate registered nurse (please choose only one answer):

	Nurse mentors N = 161		NRP mentors N = 53	
	n	%	n	%
Yes	55	34%	18	34%
No	106	66%	35	66%

4. I have mentored another nurse through a particular situation (please choose only one answer):

	Nurse mentors N = 161		NRP mentors N = 53	
	n	%	n	%
Yes	141	88%	53	100%
No	20	12%	0	0%

5. I have served as an advisor to another nurse regarding a particular skill set (please choose only one answer):

	Nurse mentors N = 161		NRP mentors N = 53	
	n	%	n	%
Yes	151	94%	50	94%
No	10	6%	3	6%

6. How were you prepared to serve in the role of mentor or advisor to another nurse? (Fill in the blank)

	Nurse mentors N = 161		NRP mentors N = 53	
Categorized Responses	n	%	n	%
No formal training	31	19%	10	19%
Class	43	27%	21	40%
Experience	60	37%	21	40%
No preparation given	4	2%	0	0%
Other	23	14%	5	1%

7. How satisfied were you to mentor or advise another nurse? (please choose only one answer):

Level of Satisfaction	Nurse Mentors N = 161		NRP Mentors N = 53	
	n	%	n	%
Very satisfied	75	47%	30	57%
Somewhat satisfied	58	36%	16	30%
Neutral	24	15%	5	9%
Somewhat dissatisfied	4	2%	1	2%
Very dissatisfied	0	0%	1	2%

8. I have formally mentored a new graduate nurse in a Nurse Residency Program. (please choose only one answer):

	Nurse Mentors N = 161		NRP Mentors N = 53	
	n	%	n	%
Yes	0	0%	53	100%
No	161	100%	0	0%

9. How were you prepared to serve in the role of mentor or advisor to a new graduate nurse in a Nurse Residency Program? (Fill in the blank)

Categorized Responses	Nurse Mentors N = 161		NRP Mentors N = 53	
	n	%	n	%
No formal training	n/a	n/a	10	19%
Class	n/a	n/a	16	30%

Experience	n/a	n/a	21	40%
No preparation given	n/a	n/a	0	0%
Other	n/a	n/a	6	11%

10. How satisfied were you with your experience mentoring a new graduate nurse in an NRP? (please choose only one answer):

	Nurse Mentors N = 161		NRP Mentors N = 53	
Level of Satisfaction	n	%	n	%
Very satisfied	n/a	n/a	24	45%
Somewhat satisfied	n/a	n/a	18	34%
Neutral	n/a	n/a	8	15%
Somewhat dissatisfied	n/a	n/a	2	4%
Very dissatisfied	n/a	n/a	1	2%

11. I have worked in my current position for approximately (please choose only one answer):

	Nurse Mentors N = 161		NRP Mentors N = 53	
Current position employment	n	%	n	%
1 - 2 years	70	43%	15	28%
2 - 4 years	29	18%	8	15%
4 – 7 years	22	14%	8	15%
7 – 10 years	7	4%	6	11%
10+ years	33	20%	16	30%

12. I have worked for the current employing organization for approximately (please choose only one answer)::

Current Organizational Employment	n	%	n	%
1 - 2 years	36	22%	7	13%
2 - 4 years	24	15%	7	13%
4 – 7 years	26	16%	13	25%
7 – 10 years	18	11%	5	9%
10+ years	57	35%	21	40%

13. Excluding unforeseen circumstances, I plan to remain employed in my current position for(please choose only one answer)::

Future position employment	Nurse Mentors N = 161		NRP Mentors N = 53	
	n	%	n	%
1 - 2 years	50	31%	15	28%
2 - 4 years	28	17%	9	17%
4 – 7 years	24	15%	6	11%
7 – 10 years	18	11%	4	8%
10+ years	41	25%	19	36%

14. Excluding unforeseen circumstances, I plan to remain employed by my current employing organization for (please choose only one answer)::

| Future Organizational	n	%	n	%

| *Employment*				
1 - 2 years	37	23%	7	13%
2 - 4 years	24	15%	8	15%
4 – 7 years	19	12%	6	11%
7 – 10 years	20	12%	6	11%
10+ years	61	38%	26	49%

Appendix D: Nurse Tenure
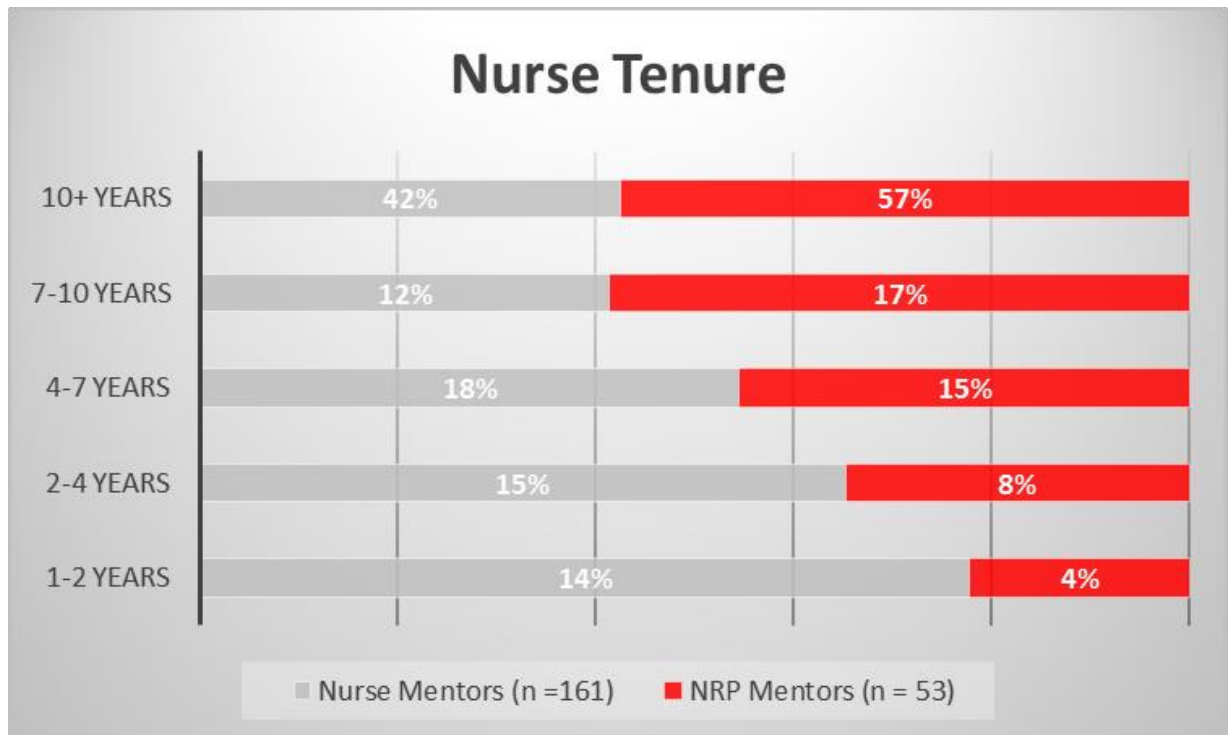
Appendix E: Nurse Retention

Nurse Retention
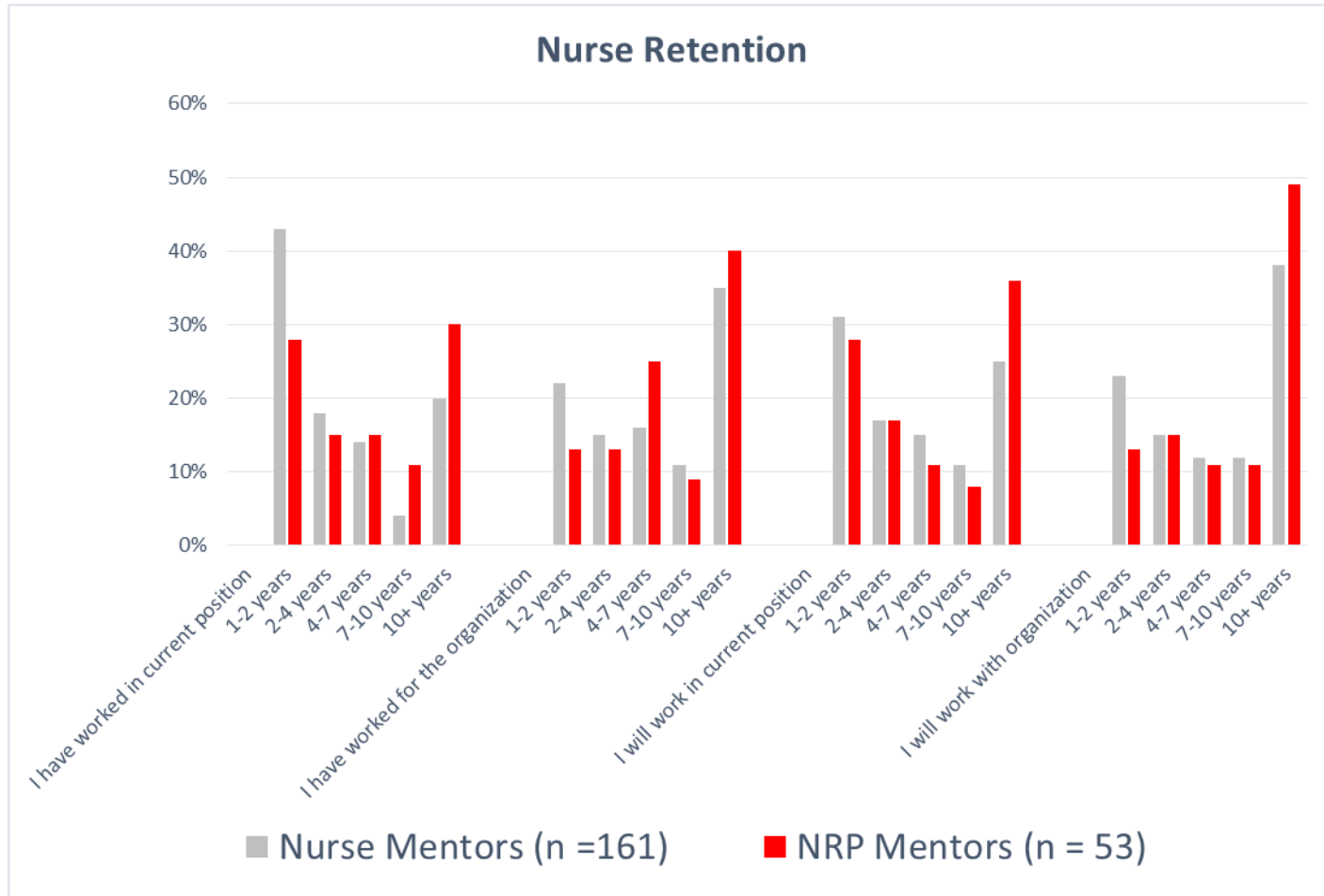
Appendix F: Satisfaction with Mentoring
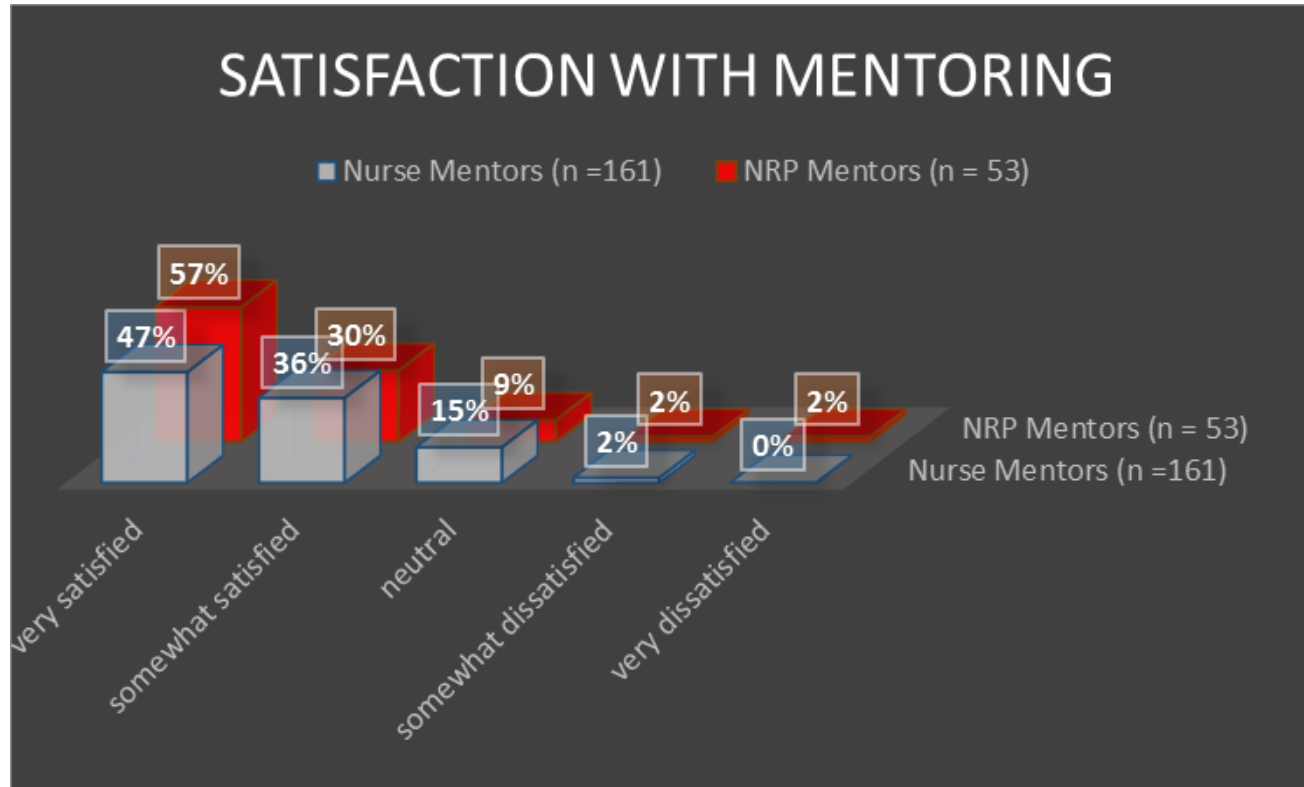
Appendix G: NRP Mentor Learning Objectives

NRP Mentor Learning Objectives

At the completion of the 12 month program, the NRP mentor will be able to:

1. Effectively mentor a new graduate nurse in an NRP as demonstrated by the continued enrollment by the new graduate nurse throughout the program.

2. Participate in continuing education on advanced nurse skills by attending courses offered through the organization on nursing skills that are reserved for nurses in their second year of practice and beyond.

3. Become aware of generational differences and interpersonal skills in the workplace and how to mitigate these differences when working and mentoring by completing sessions on the topic and completing an evaluation before and after attending a workshop on this topic.

4. Be advised of opportunities for professional development and advancement within their current position, within the organization and within the profession by formulating a five year professional development plan.

5. Fulfill succession planning by transitioning the new graduate nurse in an NRP mentorship role by completing the program.

Appendix H: NRP Mentor 12-month Calendar of Events

NRP Mentor 12-month Calendar of Events

Month	Objective	Topic
1	1	Completion of Pre-program evaluation. Effective mentoring: Distinguishing the experience from orientation and preceptorship and understanding the expectations of the new graduate based on Kramer's Reality Shock model
2	1	Mentoring: Development of nursing skills in the new graduate following Benner's Novice to Expert model
3	3	Mentoring: Understanding generational differences in the workplace.
4	Evaluation A	Formative evaluation of the NRP. Introduction of NRP mentors to NRP new graduate nurses
5	3	The use of interpersonal abilities in the workplace: Understanding Emotional Intelligence.
6	2	Advanced skill acquisition by the NRP mentor: Plan for completion of position-specific skills that are targeted towards nurses in their second year of practice and beyond (i.e. Advanced Arrhythmias).
7	Evaluation B	Formative evaluation of the NRP: Status of update of the NRP mentorship experience from both the NRP mentor and new graduate.
8	4	Professional Advancement: Exploring opportunities for advancement within the position (i.e. Trauma Nurse Core Course certification).
9	4	Professional Advancement: Exploring opportunities for advancement within the profession (i.e. Master's degree in nursing)
10	4	Professional Advancement: Exploring opportunities for advancement within the organization and formulation of a five-year career plan (i.e. Career ladder, succession planning).
11	Evaluation C	Evaluation of the NRP. Establishment of information mentorship relationships as part of the fulfillment of the NRP mentor's five-year career plan.

12	5	Transition of the NRP new graduate nurse into a NRP mentor.

Appendix I: NRP Preprogram Survey Evaluation

Summative Evaluation

NRP Pre-program Survey

Date_____

Please read through each statement and then select the most applicable answer.

1. I am familiar with a Nurse Residency Program (please choose only one answer):

    a. Yes

    b. No

2. I, myself, have completed a Nurse Residency Program as a new graduate registered nurse (please choose only one answer):

    a. Yes

    b. No

3. I have mentored another nurse through a particular situation (please choose only one answer):

    a. Yes

    b. No

4. I have served as an advisor to another nurse regarding a particular skill set (please choose only one answer):

    a. Yes

    b. No

5. How were you prepared to serve in the role of mentor or advisor to another nurse? (Fill in the blank)

6. How satisfied are you to mentor or advise another nurse? (please choose only one answer):

    a. Very satisfied

    b. Somewhat satisfied

    c. Neutral

    d. Somewhat dissatisfied

    e. Very dissatisfied

7. How are you prepared to serve in the role of mentor or advisor to a new graduate nurse in a Nurse Residency Program? (Fill in the blank)

8. How satisfied were you with your experience mentoring a new graduate nurse in an NRP? (please choose only one answer):

    a. Very satisfied

    b. Somewhat satisfied

    c. Neutral

    d. Somewhat dissatisfied

    e. Very dissatisfied

9. I have a plan in place for my career with this organization for the next five years. (please choose only one answer):

    a. Yes

    b. No

10. I understand generational differences and interpersonal skills in the workplace (please choose only one answer):

    a. Understand very well

    b. Understand most of it

    c. Neutral

    d. Understand a little

    e. Do not understand at all

11. I understand the differences between mentorship, orientation and preceptorship (please choose only one answer):

    a. Understand very well

    b. Understand most of it

    c. Neutral

    d. Understand a little

    e. Do not understand at all

12. Excluding unforeseen circumstances, I plan to remain employed by my current employing organization for (please choose only one answer)::

    a. 1-2 more years

    b. 3-4 more years

    c. 5-7 more years

    d. 8-10 more years

    e. 11+ more years

Formative Evaluation

NRP Formative Evaluation A

Date_____

Please read through each statement and then select the most applicable answer.

1. I am prepared to mentored another nurse through a particular situation (please choose only one answer):

    a. Yes

    b. No

2. I am prepared to serve as an advisor to another nurse regarding a particular skill set (please choose only one answer):

    a. Yes

    b. No

3. Identify one thing you have learned through experience so far that you were not aware of prior to starting the NRP (Fill in the blank)

4. How satisfied with the NRP so far you to mentor or advise another nurse? (please choose only one answer):

    a. Very satisfied

    b. Somewhat satisfied

    c. Neutral

    d. Somewhat dissatisfied

    e. Very dissatisfied

5. I understand the differences between mentorship, orientation and preceptorship (please choose only one answer):

   a. Understand very well

   b. Understand most of it

   c. Neutral

   d. Understand a little

   e. Do not understand at all

Formative Evaluation

NRP Formative Evaluation B

Date_____

Please read through each statement and then select the most applicable answer.

1. I am prepared as nurse and NRP mentor to utilize advance practice skills (please choose only one answer):

    a. Yes

    b. No

2. I am familiar with the concept of Emotional Intelligence (please choose only one answer):

    a. Yes

    b. No

3. Identify one thing you have learned through experience so far that you were not aware of prior to starting the NRP (Fill in the blank)

4. How satisfied with the NRP so far you to mentor or advise another nurse? (please choose only one answer):

    a. Very satisfied

    b. Somewhat satisfied

    c. Neutral

    d. Somewhat dissatisfied

    e. Very dissatisfied

5. I understand the differences between mentorship, orientation and preceptorship (please choose only one answer):

   a. Understand very well

   b. Understand most of it

   c. Neutral

   d. Understand a little

   e. Do not understand at all

Formative Evaluation

NRP Formative Evaluation C

Date_____

Please read through each statement and then select the most applicable answer.

1. I am prepared to advance my career as a nurse in my current position (please choose only one answer):

   f. Yes

   g. No

2. I am prepared to advance my career as a nurse professionally (please choose only one answer):

   a. Yes

   b. No

3. I am prepared to advance my career as a nurse within my organization (please choose only one answer):

   a. Yes

   b. No

4. Identify one thing you have learned through experience so far that you were not aware of prior to starting the NRP (Fill in the blank)

5. How satisfied with the NRP so far you to mentor or advise another nurse? (please choose only one answer):

   a. Very satisfied

b. Somewhat satisfied

c. Neutral

d. Somewhat dissatisfied

e. Very dissatisfied

6. I understand the differences between mentorship, orientation and preceptorship (please choose only one answer):

a. Understand very well

b. Understand most of it

c. Neutral

d. Understand a little

e. Do not understand at all

Summative Evaluation

NRP Post-Program Survey

Date_____

Please read through each statement and then select the most applicable answer.

1. I am familiar with a Nurse Residency Program (please choose only one answer):

   a. Yes

   b. No

2. I, myself, have completed a Nurse Residency Program as a new graduate registered nurse (please choose only one answer):

   a. Yes

   b. No

3. I have mentored another nurse through a particular situation (please choose only one answer):

   a. Yes

   b. No

4. I have served as an advisor to another nurse regarding a particular skill set (please choose only one answer):

   a. Yes

   b. No

5. How were you prepared to serve in the role of mentor or advisor to another nurse? (Fill in the blank)

6. How satisfied are you to mentor or advise another nurse? (please choose only one answer):

   a. Very satisfied

   b. Somewhat satisfied

   c. Neutral

   d. Somewhat dissatisfied

   e. Very dissatisfied

7. How are you prepared to serve in the role of mentor or advisor to a new graduate nurse in a Nurse Residency Program? (Fill in the blank)

8. How satisfied were you with your experience mentoring a new graduate nurse in an NRP? (please choose only one answer):

   a. Very satisfied

   b. Somewhat satisfied

   c. Neutral

   d. Somewhat dissatisfied

   e. Very dissatisfied

9. I have a plan in place for my career with this organization for the next five years. (please choose only one answer):

   a. Yes

   b. No

10. I understand generational differences and interpersonal skills in the workplace (please choose only one answer):

a. Understand very well

b. Understand most of it

c. Neutral

d. Understand a little

e. Do not understand at all

11. I understand the differences between mentorship, orientation and preceptorship (please choose only one answer):

a. Understand very well

b. Understand most of it

c. Neutral

d. Understand a little

e. Do not understand at all

12. Excluding unforeseen circumstances, I plan to remain employed by my current employing organization for (please choose only one answer)::

a. 1-2 more years

b. 3-4 more years

c. 5-7 more years

d. 8-10 more years

e. 11+ more years

Appendix J: Sample Timeline of Events

January - December

January, February, March, April:

In the first three months, the new graduate begins employment through onboarding and orientation process.

The NRP mentor begins NRP program.

NRP Mentors and new graduates meet at the four-month session.

May, June July

The new graduate nurse and NRP mentor formulate their mentoring relationship. The new graduate nurse begins the first quarter of the NRP curriculum whil the NRP Mentor continues their curriculum exploring advanced skills and interpersonal abilities in the workplace. This section concludes with a formative evaluation.

August, September, October

The new graduate nurse continues in the second quarter of their curriculum. The NRP Mentor continues their curriculum by exploring options for advancement within their position, their profession and the organization.

November, December

Summative evaluations will be completed by NRP new graduates and mentors to measure the effectiveness of the program on both groups. The final month will transition the new graduate nurse into the nurse mentor role and the nurse mentors will create and begin their five- year career plan.