

Implementation of the Mentorship Program in the Emergency Department

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Abstract

This DNP project will discuss mentorship program in the Emergency Department (ED). It was identified that transitioning registered nurses (TRNs) to the ED were having hard time coping with their new role as an emergency nurse. The purpose of the project is to help the TRNs in rapidly adjusting to their new role through a mentorship program. The mentorship program utilized Patricia Benner's theory "The novice to expert" model. The project design was based on quality improvement which followed the focus, analyze, develop, execute, and evaluate (FADE) methodology. The goal of the project was to measure the intent to stay and the confidence levels of the TRNs through Hackman and Oldham Intent to Stay/Leave Job Diagnostic Survey. The effectiveness of the mentors was also measured using Mentoring Competency Assessment (MCA) tool.

Wilcoxon Signed Rank Test revealed that there were no statistically significant results.

However, based on the verbal and written feedback from the participants, the mentorship program created a positive impact on the performance of the TRNs. The confidence level of the TRNs has improved as well as the intent to stay. Thus, the mentorship program was a powerful tool to boost morale and lead to fortifying the nursing practice within the ED.

Implementing Mentorship Program in the Emergency Department

The healthcare industry is constantly changing, and the demand for quality bedside nursing care is becoming more apparent. Amid the turmoil of change and the advances in technology, as newer nurses strive to master their skills, older more experienced nurses retire, quit, or move on to different fields of nursing. This creates a wealth of problems for patients, institution, and for the profession itself.

One of the problems the healthcare industry is facing is the national nursing shortage. This is due to a reduction in the workforce secondary to the retirement of nurses and the reduction of nursing graduates. One way to promote positive outcomes is to encourage the transfer of experienced nurses into other areas of the hospital. These nurses are considered transitioning registered nurses (TRNs). TRNs are nurses that are transferring from different departments such as the intensive care unit (ICU), intermediate care (IMC), and medical surgical units with an average of two to three years' experience in their respective units. As Payne (2015) noted, TRNs deliver excellent care due to experience and have developed the knowledge and skills in the management and prioritization of patient care. These attributes make them ideal candidates for emergency department (ED) nursing. However, the evidence is clear that the TRNs have been struggling to assimilate to their new roles and responsibilities especially in the ED, which can result in poor patient outcomes (Ruan, Kaye, & Kaye, 2016). This doctor of nursing practice (DNP) project will attempt to address this issue by researching, planning, and implementing a mentorship program to improve the transition for registered nurses who transfer to the ED.

Background

The transitional period from nursing in other units to ED nursing can be challenging. Jones (2016) states that novice and advanced beginner nurses who transition to ED experience a rough transition in the few months. Unlike the new graduate nurses, TRNs are expected to rapidly assimilate into their new work environment. Despite their mastery of organization and prioritization in other units, TRNs still require additional training to work in the ED. The ED environment is fast paced and requires registered nurses (RNs) to work quickly to stabilize critical patients. Their critical thinking needs to be sharpened based on the emergency situations and physiologic needs. Experience has shown that even after the orientation phase, a significant percentage of TRNs still struggle in their new roles (Hill, 2016). Due to these challenges, TRNs would benefit from a successful transition period, such as a mentorship program.

Mentorship programs are one of the best approaches that can be taken to ease the TRN's transition from floor nurse to ED nurse (Murdock, 2013). Mentoring programs promote successful transitions for the TRNs into their new roles, responsibilities, and the unit culture. Moreover, due to the greater nurturing role of nursing, a close relationship between TRNs and mentor is perfectly in line with the core of nursing and its levels of the theory. For instance, a TRN can always ask for guidance from a mentor for an unfamiliar procedure or bedside care and the mentor will be there to support. Vatan (2016) explained that mentorship is a powerful tool that creates a special bond, between the mentor and the TRN, which includes teaching, sponsoring, inspiring, challenging, role-modeling, support, and counseling. Additionally, mentors can also foster professional growth. Ruan, Kaye, and Kaye (2016) suggested that a mentorship program significantly improves how quickly a nurse assimilates into the new work environment.

Murdock (2013) proposed that TRN mentoring programs are beneficial and are responsible for a noticeable reduction of turnover rates, as well as an increased proficiency in TRN competencies. Davis (2016) also noted increased nurse retention and increased patient safety because of TRN mentorship programs.

It is important for management to understand the personal qualities and characteristics that are necessary to function in the nurse mentor role. McEwen and Wills (2014) have pointed to a positive attitude, experience, and skills, as well as a personal commitment to act as an educator, as a counselor, and as a sponsor. A mentor/mentee relationship, in other words, is akin to a form of familial or friend relationship.

A comprehensive mentorship program promotes nursing leadership because it helps develop competence, efficiency, and effectiveness in nurses who will one day become leaders. Jones (2016) stated that the TRN will develop into an RN capable one day of assuming the mentor role.

The Robert Wood Johnson Foundation (2013) elaborates that mentorship programs benefit not just the mentor and mentee but the entire profession, including patients, families, outlying hospital staff. Additionally, such programs encourage other staff members to be trained as mentors, as this reflects well in their annual evaluations while incrementally upgrading the entire facility. The success of a mentorship program is predicated upon a mentor ready to impart knowledge and skills to a mentee, who is willing to be trained to higher levels of efficiency (Sanford, 2016).

Problem Statement

TRN orientation to the ED has become an area of concern for the selected practice setting. In this practice setting, TRNs currently participate in a 10-week orientation course,

which includes a critical care didactic course and a clinical component which is supervised by an assigned preceptor. However, TRNs within the ED demonstrate a lack of essential skills, knowledge, and confidence required to function independently even after taking full assignments during the traditional 10-week orientation program. This situation has occurred on several occasions causing great concern and interest from the administration to focus on the mentoring process within the ED.

Zhang (2015), noting that TRNs are overwhelmed, has confirmed the following challenges, occupational stress, interpersonal relationship, and workload which can potentially create a problem in patient safety and bedside care. To identify this problem in the ED, a group of TRNs were interviewed. They acknowledged the problems as a lack of time management skills, fear, anxiety, heavy patient loads, feelings of isolation, less time spent learning clinical skills, and having to concurrently learn about other matters in healthcare situations. These issues mentioned above made the TRNs less effective in the delivery of quality bedside care.

Literature Search

A search of the nursing literature utilizing databases was initiated. The key words used were a mentor, mentee, mentorship, teamwork, preceptor, collaboration, preceptorship, nurse educator were searched and with the time period of 2012 to 2017. Databases searched included CINHALL, ProQuest, EBSCOhost, and PubMed. There were over 800 articles retrieved and after reviewing reports, there were several articles and peer review journals that were utilized as the resources of this DNP project proposal. The articles that directly discussed mentorship in a hospital setting were included.

Literature Review

When a person is new to a job or position, time is required to learn the tasks and nuances of a position in order to perform skills in an accurate and efficient manner. In most professions, it is expected that a novice will improve to an advanced beginner and continue to learn and grow until becoming an expert in the field. TRNs could be considered experts in their previous units; however, when they transition to the ED, they start over as a novice to develop a new skill set.

Experience is needed in order to achieve competency in any position. According to Zhang (2015), TRNs who are new to their positions are not confident in their new work environment because they are unfamiliar with the job description and guidelines. In order to achieve confidence in their new roles, TRNs require time, practice, and support in their new units.

TRNs struggle when communicating with ED providers during the transition period because the providers are very specific, concise, fast paced, and goal oriented. The medical providers have problems relating to the TRNs because of these challenges, causing a communication gap (Ruan, Kaye, & Kaye, 2016). The communication gap happens when the TRNs cannot conceptualize the message quickly and it creates a problem in delivering bedside care according to provider orders. Communication is essential for establishing rapport, extending empathy, and cultivating patient confidence when initiating treatments. If there is a breakdown in communication, there is a potential for poor outcomes.

To facilitate transition among TRNs, a mentorship program is essential because it provides clear communication, guides the action in a structured manner, and it engenders rapid assimilation to the new roles in the sometimes-chaotic environment of the ED. Gray and Brown (2016) emphasize that mentors are nurses who have knowledge and experience working in the

nursing field or specialty area, therefore, they are far more adept in all aspects of their roles and responsibilities. Mentors can demonstrate expert skills and are considered excellent role models from which TRNs could begin to learn how to pattern their behavior. Mentors should be approachable so the TRNs can easily access them when in doubt. Sanford (2016) mentions that when mentors attend training classes prior to participating in the mentorship program, the result yields a higher desirable outcome. Having a mentor, who is considered elevated in status provide guidance in how to care for the patients within the ED helps to boost the confidence of the TRNs (Davis, 2016). Croft (2016), Harrington (2011), and Leggat, Balding, and Shifran (2014) have shown that mentorship promotes career development while enhancing leadership skills.

One attribute of a mentorship program is the confidence gained from the repetition of applications in various circumstances along with the imparting of experiential knowledge, often called "tricks of the trade". This is something new nurses eagerly seek. Vital (2016) and Hayes (2016) highlighted mentorship as a crucial tool that could contribute to the success of the TRNs as well as to the institution.

Leggat, Balding, and Shifran (2014) mentioned that mentorship programs are associated with optimism and promote self-assertiveness with nurses who have great intuition capabilities. Furthermore, this program brings the principles of Benner's (1984) "Novice to Expert" theory to the forefront; this is an accepted theory that has been utilized in different fields. Her identification of the five levels of competency - novice, advanced beginner, competent, proficient, expert - is extremely important and provides a framework for this project.

Wilcox (2016) stated that in a multigenerational workplace, values should match with the needs and desires of the nursing staff. For the mentorship program to work, values and

aspirations of mentors and mentee should fully align. That is that main reason why the pairing of mentor and mentee is very crucial.

Based on the record of National Council of State Boards of Nursing (NCSBN) and the Forum of State Nursing Workforce Centers (FSNWC), 55% of the workforce in the nursing field is at the average of 50 years old and older (Jones, 2013). This figure explained that the loss of most expert nurses is due to retirement. It can be a huge problem in the future and the bedside care will be affected as well. The quality of nursing care is affected by the lack of nurses in the medical arena (American Nurses Association [ANA], 2015). It is not easy to provide appropriate care due to poor staffing. Some staff nurses resign or transfer to other departments because of stress related to poor staffing (Jones, 2013). As a result, retention rate tremendously decreased.

Purpose Statement

The purpose of the project is to assist TRNs in rapidly adjusting to their new role as ED nurses through a mentorship program. Through this mentorship program, TRNs will be given the opportunity to work with experienced nurses whose duty is to guide, nurture, and act as a resource when the unsure or unfamiliar situation arises. This will result in immediate solutions and skill acquisition that will carry forward into the future.

Project Question

The project question is: Would a mentorship program for TRNs improve confidence levels, ability to function independently, and turnover rates in the ED? The inquiry has been formulated upon the population, intervention, comparison, outcome, and time method (PICOT). The population of interest is TRNs transitioning to an ED and the mentors. The intervention is to develop a mentorship program to improve the transition, retention, and increase the confidence of TRNs to work independently. The comparison is to survey TRNs confidence levels, intent to

stay before and after participation in a mentorship program. The outcome would be an improvement in turnover rates as evidenced by the TRNs intent to stay employed in the ED, ability to provide competent care to the patient in the ED, and improved confidence levels. The time period is eight weeks.

Project Objectives

This DNP project seeks to achieve the following objectives:

1. Design, implement, and evaluate a mentorship program for the TRNs in the ED
2. Determine if the mentorship program improves intent to stay and confidence levels of the TRNs in the ED
3. Educate the mentors to improve the knowledge, skill, and attitudes regarding the mentoring process

Theoretical Conceptual Framework

Theory Identification

One of the most popular theoretical frameworks utilized in nursing is, the theory of Patricia Benner, “From Novice to Expert”. Benner’s theory was developed in 1980 as a guide for excellence in clinical practice but was not published until four years later for reasons not entirely disclosed (Mariani, 2012; McEwen & Wills, 2014). Benner’s theory involves a novice nurse new to the workplace who will eventually transition to the status of an expert nurse. Chrism (2010) mentioned that Patricia Benner’s theory is very crucial to the mentorship program. With the guidance of a mentor with an abundance of expertise, the novice nurse will be successful.

Skills Acquisition Theory

Benner adapted and patterned her theory after the Dreyfus and Dreyfus “Skills Acquisition Theory” (Gardner, 2012). This theory commenced with analyses of chess players and airline pilots (Dale et al, 2012). The Dreyfus and Dreyfus theory categorizes the learners into five stages: 1) novice, the learner starts to acquire the basics of the task; 2) competence, wherein the learner begins to think ahead and become proactive, a matter of critical analysis, and then intuition; 3) proficiency, the learner develops the skills to perform an entire tasks strategy while anticipating long term goals; 4) expert, the learner applies enhanced intuition on how to best perform the task in reference to rules, principles, and experiences gained, including innovation; and 5) mastery, the learner gains the highest level of knowledge or experience that produce the best result possible.

Benner applied those principles to the nursing profession. In 2001, she modified the Dreyfus model of skills-acquisition, adjusting the five stages according to her observations in nursing (the ‘novice’, ‘advanced beginner’, ‘competent’, ‘proficient’, and ‘expert’). These modified stages of skills-acquisition proved quite efficient in the development of new nurses (McEwen & Wills, 2014). Benner’s theory has been accepted in the nursing community for a long time because it is simple to follow and very realistic.

Major Tenets of Theory

The principles of Benner’s theory are based on the acquisition of the skills and knowledge from the novice nurse/TRN while progressing to expert level (Dale et al., 2012). TRNs are analytical and rules driven because they do not have enough experience. As the TRNs progress to ‘advanced beginner’, they start to provide adequate bedside care but still have a difficult time fully applying previous experience to the current practice.

Experiencing successes while being exposed to shifting scenarios, the TRN becomes 'competent' and starts to develop skills in prioritization based on patient need. At this point, the TRN can incorporate all previous knowledge learned in providing safe bedside care and proceed confidently. With years more practice and insight, the TRN ratchets up to the level of 'proficient' and can evaluate a patient's condition more comprehensively, thus administering quality care effectively (Dale et al., 2012).

The TRN is adept in the subtleties of his or her art with further application and experience. He or she is then being considered 'expert', whether in specialization or general practice. At that point, TRNs become more intuitive and less rule-driven. As Dale et al. (2012) suggested, expert nurses provide the best quality care with the best outcomes, anticipating the needs of the patient almost instantly while providing top-notch appropriate care in a timely manner.

Application to the DNP Project

The mentorship program patterned through Benner's "From Novice to Expert" theory contributes to the elements of nurses' job satisfaction in terms of mastering the skill sets, such as bedside procedures, communication skills, and time management skills (Bowler, 2011; Ginter, 2014). The TRNs follow through the process from novice to an expert phase, and then they become more stable and more confident in providing quality care leading to job satisfaction. For the purpose of this project, the TRNs are not expected to reach expert level because it typically takes five years for the nurse to reach this level. The mentorship program will assist them in acquiring to a level where the TRNs will provide competent care and function independently.

This DNP project will last for a total of eight weeks. Prior to the mentorship phase, the TRN will undergo a 10-week orientation program as required by the institution. The nurse

manager and the project lead will match the mentor-mentee pairs. During the 10-week orientation program developed and run by the organization, it is understood that not all ED procedures and bedside skills will be experienced. Therefore, the implementation of this mentorship program will support the continuation of learning and ensure that resources needed by the TRNs will be available. The mentor will serve as a resource for the TRN, therefore, their assignments will be located, close to each other for accessibility reasons.

Project Design

A project design serves as a guide for DNP project. The following project will utilize quality improvement (QI) design. The QI design follows the focus, analyze, develop, execute, and evaluate (FADE) methodology.

Focus

The focus of the DNP project is to improve the TRN's transition to the ED. Based on the data collected, the TRNs are not comfortable after transitioning from the different departments to the ED. TRNs require a mentorship program to provide support to transition successfully to their new role.

Analyze

Interviews were conducted with nurses who have both successfully and unsuccessfully transitioned to the ED. Unsuccessful transitioning has caused an increase in turnover rates, feelings of inadequacy, lack of confidence, and poor patient outcomes. These nurses have verbalized that an extension such as mentorship program would improve their comfort level and ability to function independently. The interview results, problems identified, and the data collected will be analyzed using Wilcoxon Signed Rank test. The result should be presented to the stakeholders.

Develop

This project lead designed a mentorship program wherein the TRNs will be paired to a seasoned ED nurse that will serve as a mentor. The mentor will serve as a resource for the TRN to promote confidence, independence, and experiential knowledge.

Execute

The developed mentorship program is based on current evidence and Benner's Novice to Expert nursing theory, which provides guidance throughout the implementation process. This program will be implemented in the ED with the support of the ED staff and management. It will take a total of eight weeks to complete, which will include educating the stakeholders, observational oversight, frequent meetings with stakeholders, data collection, and analysis.

Evaluate

To evaluate the effectiveness of the program, a mentoring competency assessment tool will be utilized. The participants will answer the questionnaires and the results will be analyzed and presented to the stakeholders. It is expected that the mentorship program will improve the retention rate and self-confidence of the TRNs.

The mentorship program is an eight-week program that will be initiated after completion of the 10-week orientation program. The preceptors during the orientation phase will transition to the mentor role. During the first six weeks of the mentorship program, the TRNs will be scheduled to work the same shift as their mentors. Both TRNs and mentors will each have individual patient assignments (four per nurse). The assignments will be located next to each other to facilitate ease in communication and oversight. Weekly meetings will occur to discuss goals, areas of improvement, and any general questions or concerns regarding the ED workload. Attendees will include the mentor, the TRN, and the project lead to ensure all participants are

performing as expected in their roles. During the last two weeks of the mentorship program, the same shifts mentoring process will transition to an e-mentoring phase. The e-mentoring phase will consist of a weekly meeting using a virtual meeting platform. These meetings will last from 30 minutes to one hour unless increased frequency of meetings is indicated. During e-mentoring, the TRN may not work the same shifts as the mentor. The TRN will communicate with the mentor, once a week and as needed for any questions and problems the TRN cannot resolve. During the last week of the mentorship program, the TRN, mentor, project lead, and nurse manager will meet face to face for a final evaluation. Upon completion of the mentorship program, a certificate will be awarded to both mentor and the TRN (see Appendix A).

The one to one mentorship is appropriate because the mentor can monitor the performance of the TRN and the TRN can focus on the mentor's feedback and recommendations. During their weekly meetings, the mentor and TRN will discuss competencies, which include knowledge, skill, and attitude (KSA) the TRN needs to focus on to improve performance and transition successfully into the ED (Vatan, 2016). The mentor will complete a weekly evaluation report that will provide detailed feedback on the satisfactory and unsatisfactory performance of the TRN from week one to week eight. The evaluation form will address the following: areas of strength, opportunities for growth, and the goals for the following week (see Appendix B). If there are areas the TRN needs to improve, an action plan will be initiated and both the mentor and TRN will follow and address in the subsequent week. If there is follow up education or re-evaluation provided, proper documentation should be completed by the mentor in this report.

Additionally, during this period, the TRN can inquire about ED specific procedures, guidelines, policies, and protocols. The TRN can also request a shoulder to shoulder

demonstration of any bedside procedures the TRN has not experienced such as assisting in central line insertion. Aside from the bedside skills, mentors are also expected to provide emotional support to uplift TRNs who are experiencing work related frustrations.

Population of Interest, Setting, and Stakeholders

The target populations for this mentorship project are the mentors and the TRNs working in the ED. The mentors must be competent in active listening, providing constructive feedback, establishing trusting work relationships, and above all, have exemplary communication skills. Additionally, mentors must have a strong knowledge base for the specialty area, demonstrate expert level clinical skills, and competency necessary for imparting skills to others. This mentorship program will not succeed unless competent mentors carry out the mentorship role as intended. The number of mentors varies from three to 10 depending on how many TRNs are hired. They must complete the orientation program for preceptors offered by the institution. The mentors consist of nurses who have been employed in the ED for two years or more. Their ages range from 26 to late 62 and with three to 26 years of ED experience. They are both male and female and have an educational level ranging from an associate's degree in nursing (ADN) to a bachelor's degree in nursing (BSN).

The TRNs in the ED are also considered a population of interest in this project. The TRNs are nurses transferred from different nursing departments to the ED. They have various years of nursing experience working in other nursing departments but not in a fast-paced environment, which the ED is known to have. The TRN population struggles to assimilate to this new environment. The number of TRNs varies depending on the number of nurses hired and participated in the institution's orientation program. They are both male or female from 25 to late 30s with educational background from an associate's degree in nursing (ADN) to a

bachelor's degree in nursing (BSN). The new graduates are excluded from this DNP project because they participate in a separate residency program provided by the institution.

The key stakeholders identified for this project are the TRNs, mentors, the Chief Nursing Officer (CNO), Emergency Department Director (EDD), and Emergency Department Manager (EDM), ED nurses, ED physicians, ER ancillary staff, and, indirectly, ED patients, the hospital clinical nurse educator, the management staff, and organizational educators. The DNP student will serve as a project leader, initiating and procuring permission to implement the project. The implementation process will commence only once the School of Nursing approves.

The project will be implemented in one of the acute care hospitals in the southwest region of the United State (US). This hospital has a 290-bed capacity; the ED has 60-bed capacity with 104 employees including nurses and ancillary staff. The nurse-patient ratio is usually four patients is to one nurse except for the fast track area where the nurse can have a six-patient assignment.

Recruitment Method

The mentors participating in the mentorship program are the same individuals who served as the preceptors in the institution's orientation program. The mentorship program will be initiated after the ED orientation training program for the TRNs is completed. Prior to the mentorship orientation, the mentors will undergo a one-hour training session with the ED manager and the project leader to familiarize themselves with the tools that will be used in the mentorship program. After the mentors' training session, a designated mentorship orientation session that is one hour in length will be conducted. This is where the mentors, TRNs, ED manager, and the project leader will meet. During this session, the ED manager will explain to the participants that it will be mandatory for them to participate in this eight-week mentorship

program as a part of their employment. They will be informed that this DNP project will include the collection of data.

During this orientation class, the project lead will explain the goals, process, and expectations of the entire mentorship program through a Power Point presentation (see Appendix C). A packet guide (see Appendix D) will be given to mentors and TRNs with the forms they will need to complete the entire mentorship program. Aside from the packet guide, an agreement forms for the mentor (see Appendix E) and TRNs (see Appendix F) will be signed by the participants together with the demographic tool (see Appendix G). All the completed forms will be submitted to the project leader and will be locked in a secured sealed box for privacy and confidentiality. These forms will be destroyed after five years from the implementation of the mentorship program. The personal identifiers will be coded accordingly and will be designated a specific number randomly. Only the project lead and the unit manager will be aware of the evaluation results and the personal identifiers.

Tools and Instrumentation

Demographics

The project lead developed a demographic questionnaire (see Appendix G) that will be utilized during the program. It will be given to TRNs and mentors during the orientation class and will serve as the basic information from the participants. Demographic data for the mentor and TRNs will be reported separately. The questionnaire will include the age, nursing education level, years of experience, the previous unit worked, and role delineation of mentor or TRNs.

Intent to Stay/Leave Job Diagnostic Survey by Hackman and Oldham

This project follows a quantitative design that utilizes pre-formulated questions by Hackman and Oldham (1974) that will be answered by project participants. The tool that will be

utilized to measure the TRNs intent to stay is the Intent to Stay/Leave Job Diagnostic Survey by Hackman and Oldham (see Appendix H). The intent to stay tool has 15 Likert style responses from 1 (strongly disagree) to 5 (strongly agree). This tool evaluates the intent to stay by measuring three components: meaningfulness of the work, responsibility for work, and knowledge gained (Jones, 2015). Cronbach's alpha for internal consistency is 0.75 for the survey tool (Hackman & Oldham, 1974). It is expected that mentorship program will increase the confidence levels and work satisfaction therefore mentorship program improves the intent to stay employed in the ED.

Mentorship Effectiveness and Mentoring Competency Assessment

The tool that will be utilized to measure the competency of the mentor is the mentoring competency assessment (MCA) (see Appendix I). The MCA Likert style survey with 26 questions will be utilized to evaluate the six competency levels of the mentors before and after the mentor educational training. The Likert survey categories are 1 (not at all), 2 and 3, (in between the moderately and not at all), 4 (moderately), 5, 6 (in between the moderately and extremely), 7 (extremely) and the last one not observed. It will cover the topics about maintaining effective communication, aligning expectations, assessing understanding, fostering independence, assessing diversity, and promote professional growth (Fleming et al., 2013). Permission to use the tool was granted by Dr. Fleming through a phone call followed by a text message, approving for the use of the MCA tool (see Appendix K). The coefficient self-reported mean score for the completion by the mentee's group was 0.95 (Fleming et al, 2013). It will be emphasized that the TRNs should be honest in completing the tool appropriately or else the outcome will be affected as emphasized by the author Dr. Fleming.

The questionnaire will be answered by the TRNs before and after the implementation of mentor training program. The MCA will measure the competency level of the mentors. The statistical design that will be utilized will be Wilcoxon Signed Rank test, a nonparametric statistical design. The statistics will determine if there is a difference and if the difference is significant. Following the data collection and analysis, results will be presented in a power point presentation and will be disseminated to the ED staff nurses and potentially other departments throughout the hospital system. The results will be shared, but the participants' information will remain confidential.

Data Collection Procedure

The data needed for this program will be collected twice; before the start of the program, and at the end of the program. The Intent to Stay/Leave Job Diagnostic Survey will be completed by the TRNs before and after the mentorship program. The data collected will be analyzed using the Wilcoxon Signed Rank Test. The Wilcoxon Signed Rank Test is indicated for this project, as the population involved will be measured twice, with compared results to determine if there is a significant difference (Pallant, 2013). The data will be analyzed and presented to the stakeholders.

All the initial data, agreement forms, demographic information, Intent to stay/leave job diagnostic survey and the MCA will be collected on the mentorship orientation day. The second data collection about the Intent to Stay/Leave survey will be collected when the TRN completes the mentorship program.

The MCA tool will be introduced to the mentors during the initial meeting, but the survey will be completed by TRNs before the mentorship program and the end of the eight-week program. During this time, the project lead will have an educational training session with the

mentors that will last for an hour. After the training session, the pairing of mentee and mentors will be initiated. A weekly evaluation form will be completed and the project lead will be present to make sure that the TRN and mentor are interacting and completing the forms appropriately.

Mentorship Implementation Timeline

Date	Activity	Responsible Party
Week 1: November 13, 2017	Mentor Orientation Training (1 hour) PowerPoint presentation	Project lead, mentors, TRNs, ED manager, charge nurses
Week 1: November 15, 2017	Mentorship Orientation (1 hour) - PowerPoint presentation Collection of pre-mentorship data	Project lead, ED manager, TRNs & mentors Mentor, TRNs
Week 2: November 20, 2017	The Project lead will meet with the mentor prior to the meeting with TRN to discuss the weekly evaluation and will remain present to observe the meeting. The project lead will observe the communication between TRN and mentor to ensure professional communication is utilized. Weekly progress report meeting with mentor and TRN together will discuss and review goals, accomplishments, identify areas that may need improvement, and formulation of an action plans if needed.	Project lead & mentors Project lead, mentors & TRNs
Week 3: November 27, 2017	Will attend the weekly progress report meeting. Discussions consists of goals and progress of the TRNs and, follow through of any action plans initiated from the previous week. Stakeholder meeting to discuss the progress of the mentorship program.	Project lead, mentors & TRNs ED director, ED manager, educator, & project lead
Week 4 through 6: December 4 th through December 25, 2017	Weekly progress report meeting. To discuss and review any concerns regarding the mentorship program, continued progress in performance, and follow up with action plans if applicable.	Project lead, mentors & TRNs

	Site visit to observe the dynamic relationship between mentors and TRNs.	Project lead
Week 7 and 8: December 25 th through January 1st, 2018	E-mentoring is implemented. The mentors and TRNs are on a different shift. TRNs will be working independently and will contact the mentor through e-mail for any concerns. Mentors should answer to the inquiry within 24 hours. Weekly TRNs rounding is performed to ensure the program is implemented according to the project plan.	Mentors & mentees Project lead
Jan 5, 2017	Conclusive meeting with participants Collection of post mentorship data Distribution of certificates of completion	Mentors, TRNs, ED manager & Project lead Project lead, mentors & TRNs Project lead, ED manager, mentors & TRNs
January 9, 2018 – January 13, 2018	Analysis of data	Project lead
February 8, 2018	Dissemination of results to the stakeholders. PowerPoint presentation	Project lead, ED director, ED manager, ED staffs, CNO, and Educators
February 15, 2018	Dissemination of result to the DNP instructors and colleagues. PowerPoint presentation by the project lead.	Project lead, nursing professors, students, other staffs

Permission was obtained to implement this project in July (see Appendix J 1-3). On October 31, 2017 a mentor training lecture will be initiated at the project site. The project lead and ED manager will invite all the prospective mentors for a meeting that will be one hour in length to review and educate them in all the tools and concepts of the mentorship project.

On November 13, 2017, the mentorship orientation will be launched where the mentors, TRNs, the ED manager, and project lead will meet for an orientation to the mentorship program, which will consist of a Power Point presentation, the completion of agreement forms, and a

review of all evaluation forms (see Appendix L). This initial data will be collected by the project lead. Zhang (2016) stated that participants should be fully aware of what are the expectation to eliminate confusion and it would promote the success of the program.

Beginning on November 15, 2017, the mentor, TRN and the project lead will participate in weekly meetings. The purpose of the weekly meeting is to identify the strengths, the areas of improvement, the weekly goals, and the recommendations or any issues that may arise. The mentor may provide recommendations based on knowledge, skills, and attitudes observed from the TRN throughout the week. The project lead will observe the communication between the mentor and the TRN to determine if the mentor is performing according to the project lead's vision and expectation. The project lead will also observe the TRN to ascertain if he or she is responding appropriately to the mentor's recommendation and in accordance with the agreement signed in the orientation. Wilcox (2017) emphasized that in order for the mentor to give quality feedback, there should be a good relationship between the mentor and mentee which could be reflective of the good pairing process. Feedback will be provided based on the documentation on the weekly progress evaluation, with the presence of the project lead to ensure that the mentor and the TRN are compliance with the process. The mentor's recommendation should be discussed between the project lead and the mentor prior to meeting the TRN.

The process will continue from week three until week six of the mentorship program. Gruber (2016) suggests this is the best time to monitor the knowledge, skills, and attitude of the TRN since this is the plateau of the mentorship program. The project lead will monitor the weekly mentor recommendations and will keep all the information confidential and locked in an office wherein the project lead has the only access to the information.

The project lead will visit the site twice a week to monitor the progress of the TRNs and will be accessible by phone, in case of issues that need an immediate solution. The charge nurses will be a resource for the mentorship program during each shift, and they should report to the ED manager if issues arise. The ED manager and the charge nurses will oversee the daily operations and will provide possible solutions to any issues that may arise during the shift. Review of the issues will be addressed in a confidential manner during the weekly progress report meetings to support the mentorship participants.

In the last two weeks, December 25, 2017 to January 1, 2018 the face to face mentoring on the same shift will transition to the e-mentoring phase, which will give the TRN a chance to be more independent. Aside from promoting independence, e-mentoring promotes academic and professional growth (Dolye, Jacobs, & Ryan, 2016). This will allow the TRN to function independently and email the mentor with any questions or concerns. The mentor should respond to the TRNs inquiry within 24 hours.

In the final week, January 5, 2018 the mentor, TRN, and the project lead will meet with the ED manager for final evaluation of the participants. The final data collection will be initiated and will be analyzed. The mentorship program will be completed, and certificates of completion will be provided to the participants.

The data analysis will be performed between January 9, 2018 to January 13, 2018. This will be followed by the dissemination of the DNP project results, which will be presented to the stakeholders by February 10, 2018. The project lead is willing to disseminate the project outcomes to other departments if needed and requested. The project lead will disseminate the result of the mentorship program to the DNP instructors and DNP students by February 15, 2018.

Ethics and Human Subjects Protection

The institutional review board (IRB) approval form is completed to determine if an IRB review necessary. If there is no risk to human subjects, the project is exempt (Moran, Burson, & Conrad, 2014). This QI project will not involve any direct patient care. It is the belief of this project lead that this DNP project will be classified exempt from IRB review because there is no risk to human subjects and this project utilizes surveys (Moran et al., 2014).

The data collection and filing will be conducted confidentially by storing the information in a secured sealed and locked box in an area where only the project lead has access. The evaluation result will only be shared with the ED manager on the last day of the mentorship program. Additionally, participants will not be financially compensated but will be given tokens of appreciation and a positive mention on their annual evaluation from the charge nurses. The participants will be reassured that the outcome of the mentorship program will not affect their employment status, and everything will be confidential.

Plan for Analysis/Evaluation

To evaluate the impact of the project, intent to stay, confidence, and competency of the TRNs will be analyzed before and after the program using the Wilcoxon Signed Rank Test. The objective is to determine if there is a difference in the TRNs intent to stay, levels of confidence, and competency before and after the mentorship program. This is an established non-parametric statistical test designed to use with the pre-and post-data collection. It is one of the statistical tests used for the IBM Statistical Package for the Social Sciences (SPSS). For this project, the two occasions will be before and after the implementation of the mentorship program. Non-parametric testing was chosen over parametric testing because the data to be collected mostly are ordinal scales and the population involved is quite small. To measure the effectiveness of the mentor training, the MCA tool will be utilized and will be

analyzed using the Wilcoxon Signed Rank Test. If the result will be equal to or less than 0.05, then the mentors were effective in mentoring TRNs during the mentorship program. If the analysis using the Wilcoxon Signed Rank Test shows an increase in competency and confidence level of the nurses, and the significance level is equal to or less than 0.05, then it can be concluded that the program created a significant positive impact on the nurses who underwent the mentorship program.

Significance and Implication for Nursing

The mentorship program is one of the best evidence-based practices that would impact the nursing profession because the program can promote good patient outcomes. It also fosters job satisfaction for the nurse and improves the intent to stay employed in the department as well as in the nursing profession. Providing a mentorship program will promote smoother transitions therefore, the TRNs will become confident, competent, and be willing to become an active team member to improve and advocate for the delivery of quality care within the ED.

Because the mentorship program encourages optimism, promotes self-assertiveness, cultivates competency, efficiency, and effectiveness, it will affect the nursing industry (Jones, 2016). It would create a positive impact on the nursing profession by promoting camaraderie, teamwork, and collegiality among the nurses. There will no longer be “eating of our young” in nursing but support for and nurturing of the new nurses so they will be great team members. The transitioning phase of the TRNs will be smoother because of the support from the experienced mentors.

Furthermore, mentorship programs will encourage professionalism by providing education on how to mentor new nurses effectively and successfully, so they can function to their optimal potential. Supporting nurses to work to their optimal potential will provide positive patient outcomes. It will also encourage job satisfaction.

Finally, the mentorship program will initiate a good reputation among nurses and that of the other medical professions since it embraces the basic cultural foundation of the institution. The relationship among caregivers will be tightened and will become stronger since everybody is accountable, competent, and responsible for their own actions. There is potentially a great benefit to the entire nursing profession, patients, family members, and the institution. Thus, a mentorship program is the answer to most challenges in the clinical area.

Data Analysis

The implementation of the project was successful, although it was not carried out in its original form. It was necessary to change some of the methods to meet the needs of the department. Three TRNs participated in the project initially, but one of the TRNs was advised to move back to the Observation Unit in the second week of the mentorship program. The two other TRNs successfully completed the mentorship program. As mentioned by Moran, Burson, and Conrad (2014), there will be some changes as the project progresses and it is normal to create some changes along the way. There will be some unavoidable instances that could happen during the implementation process.

The analysis of data is an important component of the project proposal, since it gives an overview of how the TRNs and mentors reacted to the implementation of the mentorship program and to determine whether it is beneficial. As Jones (2016) mentioned, analysis of data is not always perfect as proposed. Additionally, Davis (2016) emphasized that the qualitative analysis seeks understanding of the phenomenon rather than a specific answer.

There were seven total mentors from both night and day shifts that were trained when the mentorship program began implementation. This was requested from the project site, to have all mentors properly trained in anticipation for sustainability. During the implementation process

there were only night shift TRNs who met the criteria to participate in the project. Therefore, this DNP project was implemented with the three pairs of TRNs and mentors.

Based on the demographic survey, participants were from 26 to 62 years old with one to 26 years of nursing experience (see Table 1). Among the three TRNs, one of them has a bachelor's degree in nursing and two had an associate degree in nursing. Of the three mentors, one has an associate degree in nursing and two had bachelor's degree in nursing (see Table 2). As indicated by the participants, most of the TRNs started from the medical telemetry unit, orthopedic department, catheterization laboratory, and psychiatric unit. Consistent with Gray and Brown (2016), most of the TRNs transferred from established units then transitioned to the ED. They are experienced nurses, but they wanted to explore another field of nursing. They maybe experts in their previous units but are now novices in the new department (McEwen & Wills, 2014). Most of the mentors were trained from ED, intensive care unit, wound care, nursing home, and medical surgical units.

Table 1

Demographic Information

Variable	N	Minimum	Maximum
Age	6	26	62
RN Years of experience	6	1	26

Table 2

Educational Attainment

Degree Level	Mentor	TRN	Total
Associate Degree	1	2	3
Bachelor's Degree	2	1	3
Master's Degree	0	0	0
Total	3	3	6

Intent to Stay/Leave Job Diagnostic Survey by Hackman and Oldham

The Intent to Stay/Leave Job Diagnostic Survey by Hackman and Oldham has pre-formulated questions that measure the TRNs intent to stay (Hackman & Oldham, 1974). The pre-mentorship survey result showed a median score of 53 and post mentorship survey result showed a median score of 51 (see Table 3). The highest possible score that can be obtained for this survey is 56, that means that TRNs do not have the desire to leave the workplace. The data were analyzed based on Wilcoxon Signed Rank Test. This test was appropriate because the participants were measured on two occasions, before and after implementation (Pallant, 2013). The test revealed there was no significant statistical difference in the intent to stay of the participants before and after the implementation of the program, $z = -1.342$, $p=0.180$ (2-tailed), with a large effect size ($r=0.671$) (Pallant, 2013). The criteria of the effect size were based on Cohen (1988) which means, 0.1= small effect, 0.3= medium effect, and 0.5= large effect.

Table 3

Descriptive Statistics

		Percentiles		
	N	25th	50th (Median)	75th
Presurvey	2	39.00	53.00	40.50
Post Survey	2	36.75	51.00	39.75

Table 4

Test Statistics

	Post Survey- Presurvey
Z	-1.342 ^b
Asymp. Sig. (2-tailed)	0.180

- a. Wilcoxon Signed Ranks Test
- b. Based on positive ranks.

To obtain more data about the intent to stay of the TRNs, the project lead formulated a feedback form for the participants to complete at the end of the program. Murdock (2013) stated that mentorship

program is one of the approaches that is beneficial to the TRNs' success in their transition process. The hospital wanted to know if the participants wanted to continue mentorship program in the future as well. One of the TRNs mentioned that the mentorship program helped improve his confidence level and his intent to stay (see Appendix M).

Mentorship Effectiveness and Mentoring Competency Assessment

Mentors were evaluated by the mentee before and after the implementation of the program. There were six mentor competencies that were measured namely: maintaining effective communication, aligning expectations, assessing understanding, fostering independence, addressing diversity, and promoting professional development (Fleming et al., 2013). The data were analyzed using the Wilcoxon Signed Rank test.

The pre-mentorship survey for maintaining effective communication competency showed a median score of 33.00 and post mentorship survey showed a median score of 42.00 (see Table 5). The highest possible score for this competency is 42. The Wilcoxon Signed Rank test revealed that the increase in maintaining effective communication competency after the program implementation was not statistically significant, $z = -1.000$, $p = 0.317$ (see Table 6), with a large effect size ($r = 0.5$).

Table 5
Descriptive Statistics

	N	Percentiles		
		25th	50th (Median)	75th
PreCommu	2	18.00	33.00	31.50
PostCommu	2	31.5	42.00	31.50

Table 6
Test Statistics

	PreCommu- PostCommu
Z	-1.000 ^b
Asymp. Sig. (2-tailed)	0.317

- a. Wilcoxon Signed Ranks Test
- b. Based on positive ranks.

The pre-mentorship score of aligning expectations competency showed a median score of 20.50 and 28.0 median score post mentorship (see Table 7). The highest possible score for this competency is 35. A Wilcoxon Signed Rank test revealed that the increase in aligning expectation after the program implementation was not statistically significant, $z = -1.342$, $p = 0.180$ (see Table 8), with a large size effect ($r = 0.671$).

Table 7

Descriptive Statistics

		Percentiles		
N		25th	50th (Median)	75th
PreExpect	2	15.00	20.50	15.75
PostExpect	2	15.75	28.00	26.25

Table 8

Test Statistics

		PreExpect- PostExpect
Z		-1.342 ^b
Asymp. Sig. (2-tailed)		0.180

- a. Wilcoxon Signed Ranks Test
- b. Based on positive ranks.

The pre-mentorship score of mentor's competency in assessing understanding showed a median score of 9.00 and the post mentorship median score was 10.50 (see Table 9). The highest possible score for this competency is 21. A Wilcoxon Signed Rank Test revealed that the increase in assessing understanding of the mentor's post implementation of the program was not statistically significant, $z = -0.447$, $p = 0.655$ (see Table 10), with a small effect size ($r = 0.223$).

Table 9

Descriptive 0

Percentiles

	N	25th	50th (Median)	75th
PreUnder	2	4.50	9.00	9.00
PostUnder	2	0.00	10.50	15.75

Table 10
Test Statistic^s

PreUnder- PostUnder	
Z	-0.447 ^b
Asymp. Sig. (2-tailed)	0.655

- a. Wilcoxon Signed Ranks Test
b. Based on positive ranks.

The pre-mentorship score of fostering independence competency of mentors showed a median score of 27.50 and the post mentorship median score of 35.00 (see Table 11). The highest possible score for this competency is 35.00. A Wilcoxon Signed Rank Test revealed that the increase in fostering independence of the mentor's post program implementation was not statistically significant, $z = -1.000$, $p = 0.317$ (see Table 12), with a large effect size ($r = 0.50$).

Table 11
Descriptive Statistics

	N	Percentiles		
		25th	50th (Median)	75th
PreIndep	2	15.00	27.50	26.25
PostIndep	2	26.25	35.00	26.25

Table 12
Test Statistics

PreIndep- PostIndep	
Z	-1.000 ^b
Asymp. Sig. (2-tailed)	0.317

- a. Wilcoxon Signed Ranks Test
b. Based on positive ranks.

The pre-mentorship score in addressing diversity competency showed a median score of 11.00 and 14.00 median score post mentorship (see Table 13). The highest possible score for

this competency is 14. A Wilcoxon Signed Rank Test revealed that the increase in competency of addressing diversity was not statistically significant, $z = -1.000$, $p = 0.317$ (see Table 14), with a large effect size ($r = 0.50$).

Table 13
Descriptive Statistics

	N	Percentiles		
		25th	50th (Median)	75th
PreDiver	2	6.00	11.00	10.50
PostDiver	2	10.50	14.00	10.60

Table 14
Test Statistic^s

PostDiver- PreDiver	
Z	-1.000 ^b
Asymp. Sig. (2-tailed)	0.317

- a. Wilcoxon Signed Ranks Test
- b. Based on positive ranks.

Pre-mentorship score on promoting professional development competency showed a median score of 13.50 and 28.00 median score post mentorship (see Table 15). The highest possible score for this competency is 35. A Wilcoxon Signed Rank Test revealed that the increase in promoting professional development of the mentor's post program implementation was not statistically significant, $z = 1.342$, $p = 0.180$, with a large effect size ($r = 0.671$) (see Table 16)

Pallant (2013).

Table 15
Descriptive Statistics

	N	Percentiles		
		25th	50th (Median)	75th
PreProf	2	5.25	13.50	15.00
PostProf	2	15.75	28.00	26.25

Table 16

Test Statistics

	PreProf- Post Prof
Z	-1.342 ^b
Asymp. Sig. (2-tailed)	0 .180

a. Wilcoxon Signed Ranks Test

b. Based on positive rank

Discussion of the Findings

The Mentorship program was successfully implemented in the target ED. There was a total of six participants, three mentors and three TRNs. In the beginning of the program, however, one of the TRNs was transferred by the management to the Observation Unit in the second week of the mentorship project and was then excluded from the DNP project. The transferred TRN was not replaced since the mentorship program had already begun, thus the program ended with only two pairs of mentor-mentee partnership.

Based on the analysis of the data collected using the Wilcoxon Signed Rank Test, result revealed that there is no statistical significant difference ($p = 0.180$) on the TRNs intent to stay before and after the program implementation with a large effect size ($r = 0.671$). Data also showed that the intent to stay ratings of the TRNs are on the high side, with an average of 53 and 51 out of total 56 for pre-and post - respectively. The no statistical significant difference result on the TRN's intent to stay could be attributed to the fact of a small sample size. Davis (2016) noted that mentoring had increased nurse retention rate. Additionally, Murdock (2013) affirmed that mentorship will lessen the stress during the transition of the TRNs to a new work environment. It has been mentioned from the data collected that this program has the potential to improve retention rates among TRNs.

Mentors were trained in how to improve their capacity in supporting the TRNs prior to the mentorship orientation. To evaluate the effectiveness of the training, TRNs evaluated the performance of the mentors by utilizing the tool mentoring competency assessment (MCA).

There were six competencies that the mentors were evaluated namely: maintaining effective communication, aligning expectations, assessing understanding, fostering independence, addressing diversity, and promoting professional development (Fleming et al., 2013).

There was an increased on the raw scores from the six competencies from pre-implementation to the post implementation but the increased in scores was not statistically significant based on the calculation of the Wilcoxon Signed Rank Test. An explanation for a nonsignificant result could be attributed to the fact that the sample size was small. Ball (2017) mentioned that mentoring can provide genuine support, creates appropriate skills set, and develops suitable attitudes and behaviors. It can further promote team collaboration, gain sufficient knowledge, and procure quality learning experience. Based on the results of the mentorship program, there were increases in the scores of the effective communication, addressing diversity, fostering independence, aligning expectations, assessing understanding and fostering development before and after the implementation. Lastly, according to Cottingham, Dibartolo, Battistoni, and Brown (2011), mentorship can uphold the historical viewpoint the nursing profession can grow on its own. The host site wanted to know if the participants will recommend the mentorship program in the future, so the project lead conducted a survey among the participants. Bryant (2017) stated that mentoring can enhance clinical skills, refines communication techniques, and explores evidence-based practices and it also fosters professional growth. Based on the data collected from the TRNs, the clinical and the communication skills were improved after the mentorship program due to the support from the mentors. Thus, the participants and the manager recommend the mentorship project for the succeeding cohorts.

Significance to the Nursing Profession

Jones (2016) emphasized that mentorship program encourages optimism, upholds self-assertiveness, efficiency, and effectiveness. These are the same outcomes that the TRNs experienced after the mentorship program concluded. The impact of mentorship on the nursing industry creates a great reputation for the nursing profession, because experienced nurses are a support system for nurses who transition to other work environments. Mentors encourage and support transitioning nurses to perform to their optimum potential, promote critical thinking and offer hands on education that is based on current evidence. This creates positive patient outcomes.

Vatan (2016) was strong in claiming that mentorship is a powerful instrument that helped the TRNs and new nurses succeed. It created a unique relationship between the mentors and TRNs, which included teaching, sponsoring, inspiring, challenging, role-modeling, support, and counseling. This relationship supported and strengthened their commitment to perform to the fullest potential. The nursing profession, patients, family members, and the institution will benefit from the mentorship program and the opportunities it provides. Thus, we can conclude that the mentorship program is one of the solutions to boost the morale and confidence of the transitioning nurses which leads to fortifying the entire nursing profession.

Limitations

There were several limitations that were encountered during the implementation process. One important limitation was communication in regard to the nurses' schedule. On the third week of the mentorship program, one of the mentors was scheduled for a vacation. This was not communicated to the project lead by the manager or the mentor prior to implementation. The project lead negotiated with the ED manager to train another mentor from the night shift to cover

the three days that the mentor was on vacation. The project lead successfully trained another mentor to cover the shifts. Another limitation encountered was one of the TRNs was advised by the management to return to the previous unit since the skills were not aligned with the standards of the ED. Jones (2016) stated that scheduling could be a limitation due to different shift between mentors and TRNs preferences.

Project Design

The weekly group meeting with the mentor, TRN, and the project lead was not followed accordingly due to the circumstances of the ED. The project lead visited the mentors and TRNs early in the morning between five to six to avoid pay for the participants. There were some occasions when after talking to the mentor; the TRN was not able to join the meeting due to the influx of patients. On other occasions, the project lead could not meet with one part of the pair either the mentor or the mentee. The purpose of the weekly meeting was to meet as a group, update each other in the progression of the mentee, and the share feedback if needed. The project lead was not permitted to remove the mentor or the mentee when there was a heavy workflow. When participants could not meet at the same time, the project lead usually met with the mentors and relayed feedback to the TRNs.

Recruitment Sample

This project utilized the convenience sampling of participants who were recently hired in the ED. These participants have transferred from other units and have completed hospital orientation for nurses who are transitioning to new work environments. At the time of the project implementation, only three TRNs were hired into the ED. This provided a very small sample size, which was even smaller when one of the TRNs transferred back to their previous

unit. Another limitation was the fact that all newly hired TRNs were placed on the night shift. This limited access to resources that are available during the day shift.

Data Collection Methods

Since the sample size was so small, a nonparametric statistical formula had to be utilized. This resulted in a statistically insignificant result of data. Since the data was statistically insignificant, the ED manager asked to obtain qualitative data from a survey to determine the TRNs confidence level and their feelings regarding the success of the mentorship program. The participants overwhelmingly approved of the program and supported its continuation.

Dissemination

The result of the mentorship program will be disseminated through a poster presentation to the stakeholders in the hospital site in one of their staff meetings. The project lead is scheduled to present February 8, 2018 at 6:30 am. Then, the project results will be shared with the colleagues and instructors at Touro University Nevada (TUN) through a Power Point presentation. Lastly, the project lead was invited to present the mentorship program at the 2nd International Conference of Nursing Science and Practice on August 6 to 8, 2018 at London, United Kingdom.

Sustainability

The ED manager and the nurse educator decided to continue the mentorship program for the subsequent cohorts of TRNs. Several mentors were trained at the beginning of the implementation phase in anticipation of the project sustainability. They were convinced that mentorship positively impacted both mentors and TRNs. Furthermore, the project lead is willing to support the department and will serve as a consultant while the ED continues to build on this mentorship program.

Conclusion

Based on the verbal and written comments from the participants of the mentorship program, they were able to build a stronger team, boost confidence levels, create a lasting relationship, and improve the intent to stay. Lastly, having a reliable resource in the ED helped the TRNs to provide safe and quality care. As mentioned by Vatan (2016), mentorship is a powerful tool that could create a unique bond between the mentors and the TRNs and can foster professional growth. The TRN stated that their relationship with the mentor really helped with their confidence levels. Additionally, Davis (2016), and Croft (2016) noted that mentorship can increase nursing retention rate. One of the TRNs mentioned that his intent to stay was improved after the implementation of this mentorship program.

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Appendix A

Certificate of Completion

This is to certify that

had successfully completed the E.D. mentorship program at Spring Valley Hospital, Las Vegas, Nevada.

Given this ----- day of -----.

Carolyn Hafen, RN – ER Director

Clementine Beerger, RN – ER Manager

Zarah G. Borines, MS/Ed. RN – Project Coordinator

Mentorship Program Weekly Evaluation Form

Name: _____ **Date:** _____

Strength:

Areas for Improvement:

Goals:

Recommendations/Comments:

Follow Up Comments/ Date:

Signatures:

_____ **Mentor** _____ **Mentee/TRN** _____ **Project**

Mentorship Orientation



PHASES OF MENTOR/MENTEE RELATIONSHIP



MENTOR + MENTEE/TRN = JOB SATISFACTION



WHAT IS A MENTORSHIP PROGRAM?

- * Best approach solve problems (SKA)
- * Competency, safety
- * Job Satisfaction
- * Intent to stay
- * Retention rate
- * Professionalism
- * Optimism, good relationship
- * Promote Leadership
- * Patient's satisfaction



TIPS FOR SUCCESSFUL MENTORING

- * Be an active listener
- * Be respectful with each other
- * Be supportive
- * Be flexible
- * Be grateful
- * Recognize the value of the mentor has to give
- * Demonstrate responsible behaviors
- * Share positive thoughts
- * Introduce mentees to coworkers, physicians and peers
- * Participate in sessions/discussions
- * Express interest in the mentee's professional growth
- * Be friendly
- * Be a model

- * Phase I - Introduction
 - Establish trust
 - Sharing (similarities)
- * Phase II - Safe ground (working)
 - Ask questions, share feelings
 - Maintain confidentially
 - Feedback, accept constructive criticism
- * Phase III - Closing of formal relationship
 - Reflection
 - Share rewarding aspects of mentor/mentee relationship
 - Evaluation (exchange feedback in positive way)



TIME LINE OF THE MENTORSHIP PROGRAM

1ST WEEK - ORIENTATION AND COLLECTION OF INITIAL DATA

2ND WEEK – WEEKLY MEETING MENTOR, TRN AND PROJECT LEAD

3RD - 6TH WEEK – WEEKLY MEETING WITH EVALUATION

7TH - 8TH WEEK - E-MENTORING (EMAIL)

DECEMBER 22- COLLECTION OF POST DATA

- CLOSING

- CERTIFICATE OF COMPLETION



REFERENCES

- * Chism, L. (2010). *The Doctor of Nursing Practice: A Guidebook for Role Development and Professional Issues*. Sudbury, MA: Jones and Barrett Learning.
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- Fleming, M., House, S., Hanson, V., Yu, L., Garbutt, J., McGee, R., Kroenke, K., Abendin, Z., & Rubio, D. (2013). The Mentoring Competency Assessment: Validation of a New Instrument to Evaluate Skills of Research Mentors. *Academic Medicine*: 88(7), 1002-1008. Doi: 10.1097/ACM.0b013e318295e298
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- Gruber-Page, M. (2016). The value of mentoring in Nursing: An honor and a gift. *Oncology*

Appendix D

Orientation Packet Guide

Project Timeline

Weekly Schedule

Mentorship Article

Tools (Survey Intent to stay, Program outcomes)

Agreements

Demographic Survey

Appendix E

Mentorship Program

Memorandum of Agreement – Mentor

Name: _____

By participating in the mentorship program, I agree to:

- Be flexible and provide guidance to develop knowledge, skills, attitude and moral support to mentee/TRN
- Make at least a two months' commitment to work along with the mentee
- Meet with my mentee weekly for six weeks while working the same schedule and respond to an email for the last two weeks of the last mentorship program when working assigned schedule.
- Participate in a positive professional manner throughout the mentorship program
- Inform the project leader of any issues that may arise during the mentorship program
- To provide and offer my mentee the support needed as a new ER nurse
- To treat all information confidential.

Signature: _____ Date: _____

Appendix F

Mentorship Program

Memorandum of Agreement – Mentee/TRN

Name: _____

By participating in the mentorship program, I agree to:

- Be flexible and seek support from the mentor as needed
- Make a two months commitment to work the mentor
- Meet with the mentor weekly for six weeks while working the same schedule and communicate via email any questions or concerns during the last two weeks of the mentorship program when working the assigned schedule.
- Participate in professional conduct in accordance with facility policy as expected throughout the mentorship program.
- Inform the project leader of any issues that may arise during the mentorship program
- To treat all the information confidential

Signature: _____ Date: _____

Appendix G

Mentorship Program

Demographic Survey

Instructions: Please answer the following questions.

1. What is your role in the mentorship program?

_____ Mentor

_____ Mentee

2. Age in yrs. _____

3. Educational attainment:

_____ Associate degree in Nursing

_____ Bachelor's degree in Nursing

_____ Master's degree in Nursing

_____ Doctorate degree in Nursing

4. Length of nursing experience. _____ years _____ months

5. What floor did you work prior to ER?

Appendix H

Intent to Stay/Leave Diagnostic Survey for Mentee/TRN

Intent to Stay/Job Diagnostic Survey
 Hackman and Oldham (1974)

Each of the statement below is something that a person might say about his or her job. Please indicate your own personal feelings about your job by marking how much you agree with each of the statements below. Please place an X in the box that corresponds to your response for each statement. Your answers are all confidential.

	Disagree Strongly (1)	Disagree (2)	Disagree Slightly (3)	Neutral (4)	Agree Slightly (5)	Agree (6)	Agree Strongly (7)
1. It's hard, on this job, for me to care very much about whether or not the work gets done right.							
2. My opinion of myself goes up when I do this job well.							
3. Generally speaking, I am very satisfied with this job.							
4. Most of the things I have to do on this job seem useless or trivial.							
5. I usually know whether or not my work is satisfactory on this job.							
6. I feel a great sense of personal satisfaction when I do this job well.							
7. The work I do on this job is very meaningful to me.							
8. I feel a very high degree of personal							

responsibility for the work I do on this job.							
9. I frequently think of leaving this job.							
10. I feel bad and unhappy when I discover that I performed poorly on this job.							
11. I often have trouble figuring out whether I'm doing well or poorly on this job.							
12. I feel I should personally take credit or blame for the results of my work on this job.							
13. I am generally satisfied with the kind of work I do in this job.							
14. My own feelings generally are not affected much one way or the other by how well I do on this job.							
15. Whether or not this job gets done right is clearly my responsibility.							

23. Helping you set career goals								
24. Helping you balance work with your personal life								
25. Understanding his/her impact as a role model for you								
26. Helping you acquire resources (e.g. grants, etc.)								

Appendix J-1

July 27, 2017

Carolyn Hafen, BSN, RN
Director, Emergency Department
Spring Valley Hospital,
Medical Center
5400 South Rainbow, Boulevard
Las Vegas, NV 89118

Dear Carolyn,

Good day!

I am Zarah G. Borines, a DNP student from Touro University and a previous UHS employee for more than a decade. I am doing my practicum hours to complete my requirements for graduation. Part of the curriculum requirement is to conduct a capstone project. My capstone is about mentorship program, an evidence-based approach on how to help our transitioning nurses, be successful. Based on current literature, nurse mentorship can improve job satisfaction and increase retention rate.

I just would like to ask your approval/ permission, to conduct my project proposal in our Emergency Department (ER). I will be working with the Clementine Beerger (manager), Julie Hansen, and Sydney Patton (charge nurses). We will be working as a team to build the mentorship program to improve the performance of the ER transitioning nurses. There is no direct patient care involvement but a nurse to nurse pairing approach. The target date of implementation will be November 2017 and it will last for 8 weeks.

Thank you very much.

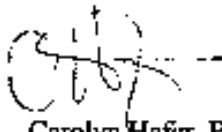

Zarah Gayrath-Borines, MSN, RN

Project Coordinator

Appendix J-2

APPROVAL SHEET

I would like to acknowledge and approve the implementation of the Mentorship Program in the Emergency Department (ER) of Spring Valley Hospital Medical Center.



Carolyn Hafer, BSN, RN


ER Director

Spring Valley Hospital,

Medical Center

5400 South Rainbow, Boulevard

Las Vegas, Nevada 89118

Date 1/27/17
 RN

Appendix J-3

APPROVAL SHEET

I would like to acknowledge and approve the implementation of the Mentorship Program in the Emergency Department (ER) of Spring Valley Hospital Medical Center.



Patricia Gilliano, MSN, RN

Chief Nursing Officer

Spring Valley Hospital,

Medical Center

5400 South Rainbow, Boulevard

Las Vegas, Nevada 89118

Date 7/31/17

Appendix K

Approval of MCA Tool from Dr. Fleming

Great to talk with you

**You have permission
to use the mentee and
mentor version of the
MCA**

Have a great day

**Michael Fleming MD
Scientist that
developed and tested
the MCA**

Appendix L

Mentor Training Program



MENTOR TRAINING PROGRAM

SPRING VALLEY EMERGENCY DEPARTMENT
NOVEMBER 13, 2017

ZARAH GAYRAMA- BORINES, MSN/ED, RN, BSAB
TOURO UNIVERSITY NEVADA

The slide features a blue gradient background with a white circuit-like pattern on the left side. The text is centered and presented in a clean, sans-serif font.



MENTOR + MENTEE (TRNS) = JOB SATISFACTION



The slide has a blue gradient background with white circuit-like patterns on the left and right sides. The text is centered at the top. Below the text is a photograph of two healthcare professionals, a man and a woman, both wearing scrubs and stethoscopes, looking at a document together. In the background, other healthcare workers are visible at a desk with a laptop.

ROLES OF THE MENTORS...

- * adviser, coach
- * role model
- * problem solver
- * teacher, supporter
- * organizer, planner
- * counsellor
- * provide Knowledge, skills and attitude
- * resource for documentation
- * guide for professional growth
- * committed 2- months or more to work with mentee
- * meet with mentee once a week for 8 weeks
- * participate in sessions/discussions
- * inform project leader for any issue

WHAT IS THE DIFFERENCE BETWEEN ...

PRECEPTING

- * New unit – preceptor (clinical)
- * Orientation to culture of the unit
- * Policies, procedures, competencies
- * Model new skills, evaluate new skills
- * Intense time commitment
- * Well-defined outcomes

MENTORING

- * Done with orientation- mentor
- * Encourage, support & guide nurses
- * Professional growth
- * Not responsible of day to day activities
- * Career goals / problem solving
- * Effective relationship

QUALIFICATIONS OF THE MENTORS

- * years of experience
- * full-time status for 6 months
- * excellent interpersonal skills
- * positive attitude
- * good communicator
- * excel in documentation

MENTORSHIP OUTCOME



REFERENCES

- * Chism, L. (2010). *The Doctor of Nursing Practice: A Guidebook for Role Development and Professional Issues*. Sudbury, MA: Jones and Barrett Learning.
- * Davis, A. & Maisano, P. (2016). Patricia Benner: Novice to Expert –A Concept whose time has come (Again). *Oklahoma Nurse*, 61(3), 13-15.
- * Jones, S. (2016). Establishing nurse mentor program to improve nurse satisfaction and intent to stay. Doctor of Nursing Practice Capstone Projects. Retrieved from <http://www.rwjf.org/en/library/articles-and-news/2013/01/mentoring-a-boon-to-nurses-the-nursing-profession-and-patient.html>

QUESTIONS ...

Appendix M

