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Development of a Formalized Mentorship Program for Newly Licensed Registered Nurses at a Large Community Medical Center

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Development of a Formalized Mentorship Program for Newly Licensed Registered Nurses at a

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Abstract

Retention, competency, job satisfaction, and lateral violence are issues facing the nursing workforce, especially newly licensed registered nurses (NLRNs). The United States is facing a nursing shortage; therefore it is important to develop strategies to retain qualified registered nurses (RNs). The Master of Science in Nursing/Clinical Nurse Leader (MSN/CNL) student team conducted a literature review on how to address these issues. A mentorship program is the proposed intervention to assist novice nurses during their transition into the nursing role. The student team performed a needs assessment through surveys and interviews to gain valuable data on the medical center. The assessment informed recommendations for implementation and evaluation of a mentorship program. Results showed that positive responses for a mentorship program from both staff nurses and nursing leadership. Common themes emerged and assisted in the development of the recommendations for the medical center.

Introduction

Statement of the Problem

Healthcare reform in the United States and the increasing complexity of the patient population calls for a demand to meet the needs of the constantly changing healthcare system. As the Baby Boomer population ages and the number of individuals with multiple chronic diseases increases, the need for adequate healthcare continues to grow. With 45% of the population having a chronic medical condition and 83% of the Medicare population having at least one chronic condition, the rising demand for care leads to the necessity of more registered nurses (Deloitte Center for Health Solutions, 2008). However, the current and projected nursing shortage is going to intensify this demand. The Bureau of Labor and Statistics estimates 1.09 million job openings for nurses by 2024 due to growth and replacements, with the South and West projected to experience the most severe RN shortage (American Association of Colleges of Nursing, 2017). A lack of nurses threatens patient safety; therefore, it is imperative to address the reasons that registered nurses leave their place of employment or profession.

Newly licensed registered nurses (NLRNs) struggle with the transition into the RN role. It is estimated that 35- 60% of nurses leave their first place of hire within the year (Van Camp & Chappy, 2017). There are a number of factors that affect NLRNs in the workplace such as lack of self-confidence and ambivalence, fitting in, not getting enough feedback, working with physicians, and inconsistent support that effect work environment and job satisfaction (Kramer, Brewer, & Maguire, 2013). Thus targeting the factors impacting new graduate nurses is essential for maintaining retention, improving competency and job satisfaction, and decreasing lateral violence.

Losing nurses affects the delivery of patient care and stress levels due to an increase in workload and nurse-patient staffing ratios. A heavy workload leads to insufficient time to perform various tasks and the creation of workarounds. Burnout from heavy nursing workloads contributes to stress and affects the ability to perform effectively. This high demand results in poor patient outcomes and nurse turnover (Carayon & Gurses, 2008). Patient care is negatively affected and the fiscal implication of nurse turnover is large; hence addressing retention is vital to an organization. There is a potential loss of $120,000 per nurse that leaves after orientation due to training and replacement (Van Camp & Chappy, 2017).

The Journal of Continuing Education in Nursing identified crucial competencies that NLRNs should be successful in. The six areas that new graduate nurses lack are communication, leadership, organization, critical thinking, stress management, and specific situations. The stressors experienced by NLRNs ultimately result in poor recruitment and retention (Theisen & Sandau, 2013). Developing an intervention to address these areas will help transition novice nurses into competent nurses.

Job satisfaction affects retention and is influenced by work environment and relationships with peers. New nurses feel a lack of empowerment from absence of recognition and control over processes in the health care setting. The working conditions do not match their expectations because they are working independently in a high-stress environment with high patient acuity. NLRNs often feel unsupported and unable to create interpersonal relationships due to their "new nurse" status (Villanueva, 2015).

Lateral violence exists in the health care setting and 80% of nurses experience bullying at various points during their career. These behaviors inhibit learning and growth and are predictive of intent of leave. Lateral violence is linked to high rates of turnover and affects job satisfaction

(Federick, 2014). In order to create a sustainable nursing workforce, it is critical to develop

practices that support NLRNs.

Proposed Intervention

The key to achieving optimal nurse retention is transforming organizational culture into

an environment that supports and empowers nurses. Nurses want to work in a setting where they

feel respected and valued and have input in decisions that affect them (Wieck, Dols, & Landrum,

2010). The proposed intervention is the development of a mentorship program to target retention,

competency, job satisfaction, and lateral violence. The American Nurses Association (ANA)

recognizes that mentorship programs support novice nurses during their transition into practice

and provide opportunities for leadership development (ANA, 2011). The mentor-mentee

relationship is long-term and a more experienced nurse guides a less experienced nurse through

career development and professional growth (Schroyer, Zellers & Abraham, 2016). Mentorship

programs foster interpersonal relationships, maintain emotional and psychological support, and

provide constant feedback from positive role models. Support from coworkers improves self-

efficacy in newly licensed registered nurses, which then affects resilience (Wang, Tao, Bowers,

Brown & Zhang, 2017). Therefore, an approach to promote resilience in nurses during the first

few years of their career and maintain retention is building mentorship programs.

Theoretical Framework

Two theories provide the basis for the development of a formalized mentorship program

created by the CNL student team. The first theory is Patricia Benner's From Novice to Expert.

Benner's theory states that nurses move through five levels of competency: novice, advanced

beginner, competent, proficient, and expert. Nurses advance through each level as they gain

clinical expertise and develop new knowledge through practice (Benner, 1984). To assist novice

nurses transition through the levels, they are paired with nurses at a more experienced stage. The second theory is Everett Rogers' Diffusion of Innovation Theory. Rogers' theory suggests that the initiation and adoption of change is possible because nurses are receptive and aware of the needs for improvement. Members of a system adopt change differently and fall into the following groups: innovators, early adopters, early majority, late majority, and laggards. Innovators develop new ideas, while laggards are "traditional" and the last to embrace change because are suspicious of adopting the new behavior (Rogers, 1995). When implementing a new innovation, it is important to be conscious of how changes spread throughout a system and how to promote change, starting with the innovators.

Literature Review

A literature review was conducted using the electronic databases PubMed and CINAHL to identify the need and impact of mentorship programs and to analyze existing programs.

Chen & Lou (2014) conducted a systematic literature review to assess the effectiveness of mentorship programs on NLRNs. Researchers examined experimental and quasi-experimental studies between 1999 and 2011 and included five studies in the analysis (Cronbach's alpha 0.86-0.96). From the selected studies, sample size ranged from n=19-296 and mentors had more that three years of experience. The mentorship programs lasted from three months to one year. Two studies showed that mentorship reduced turnover rate and one study showed it reduced the medical negligence rate. Four of the studies showed that mentorship programs improved job satisfaction, competency, communication skills, and interpersonal relationships. A limitation of the literature review is that some of the studies did not report the reliability and validity of all of their data collection tools, thereby making the evaluation of the studies challenging.

Wang et al. (2017) performed a cross-sectional descriptive study to investigate the relationship between social support, self-efficacy, and resilience. The sample of 900 nurses achieved a response rate of 93% (n=747). The participants worked at six hospitals located in Shanghai, China. The survey used for data collection included demographic questions, the General Self-Efficacy Scale (Cronbach's alpha 0.884), the Perceived Social Support Scale (Cronbach's alpha 0.933), and the Nurse Resilience Scale (Cronbach's alpha 0.907). The study showed that coworker support had a significant direct effect on self-efficacy, which in turn had an impact on the resilience of new graduate nurses.

Zhang, Qian, Wu, Wen & Zhang (2016) conducted a systematic review to examine the effectiveness of mentorship programs for NLRNs. The review consisted of nine empirical studies between 2001 and 2014 with a majority of the studies being quasi-experimental. Sample size ranged from n=19-450. In four studies, turnover rate was significantly reduced and two studies stated reduced turnover costs. Four studies found an increase in job satisfaction and three studies showed an increase in nursing competency. The studies also demonstrated that mentorship had a positive effect on stress reduction and improved confidence, decision-making, and the work environment.

A descriptive study by Buffington, Zwink, Fink, DeVine & Sanders (2012) examined the factors affecting nurse retention. The survey gathered data from registered nurses with one or more years of experience in an acute care hospital with n=1,250. The Revised Casey-Fink Retention Survey (2009) was distributed with a response from 56%, n=699. Overall, the nurses perceived a lack of support and appreciation from managers. Nurses were dissatisfied from lack of feedback and encouragement from leadership, as well as staffing and stress.

Schroyer, Zellers & Abraham (2017) implemented a quasi-experimental, descriptive, quantitative research study at a 325-bed acute care hospital in the critical care service (CCS) settings. The sample included 70 NLRNs divided into two equal groups. The first group was hired before the implementation of a mentorship program and was not mentored. The second group was hired after the implementation of the program and assigned a mentor. Retrospective measurements to calculate retention rate were taken six months before and six months after implementation. The 32 mentors that participated had a mean of 10.7 years of experience. The retention rate was 91% for the mentored group and 66% for the non-mentored group (Confidence interval 95%, P= 0.009). A limitation of the study is that there was no information on the reason the nurses left.

Burr, Stichler & Poelter (2011) reported outcomes of a formal mentoring program on organizational culture and success of NLRNs. The program was started at a 169-bed tertiary care facility for women and newborns. The structure of the program consisted of monthly 1-hour meetings, mentor and mentee orientation, quarterly workshops, and periodic meetings where mentors shared ideas on how to support mentees. Some topics of the workshops include: effective communication, nurse/physician collaboration, and professional development. To provide support for both mentors and mentees and oversee the program, there was a mentorship committee with unit representatives and a program lead. The 1-year turnover rate for new graduate nurses decreased from 20% to 7% after the first year. After six years, turnover rates continue to be less than 10% every year. The hospital reported program expenses of $58,000 annually and savings of $300,000 after the first year of the program. Evaluation of the program was accomplished through an 11-item written evaluation that consisted of qualitative and quantitative measures (Cronbach's alpha 0.78). The questions were rated on a Likert scale

ranging from 1-5. The mean for two years was M=4.48 for mentors (n=51) and M=4.21 for

mentees (n=43). The highest rated questions were "I believe the mentoring program promotes a

positive atmosphere at work" and "I would recommend the mentoring program to others."

Mentors and mentee were compensated for orientation and monthly meetings.

The studies underscore the importance of mentorship programs for newly licensed

registered nurses. Higher self-efficacy and resilience allows NLRNs to cope with stress and have

confidence in handling challenging tasks. The social support from coworkers creates a positive

work environment and changes the culture of the organization into one that empowers nurses.

Mentorships promote professional engagement and development, which creates a stronger

commitment to an organization. Mentorship is an evidenced- based intervention that can address

retention, competency, job satisfaction, and lateral violence.

Methods

Agency Assessment

The large community medical center is a 384-bed acute care hospital with over 700

nursing staff. Data from Human Resources revealed an increasing turnover rate for NLRNs from

2016 (10%) to 2017 (16.87%). Employment data indicated that in 2017, 83 NLRNs were hired

and 14 left the organization before 12 months. This is an increase from the 30 that were hired

and three that left in 2016. See Appendix A for data from 2015-2017. Turnover rates were

calculated by dividing the number of NLRNs that left by the number that were hired for that year

and converting the number into a percentage. The Director of Education suggested that the

MSN/CNL student team focus on retention, competency, job satisfaction, and lateral violence.

There is no formal mentorship program in place at the medical center. The student team

conducted a 5 P's assessment –purpose, patients, professionals, patterns, and processes to guide the quality improvement project.

Purpose

The purpose of the project is to develop a formalized and standardized mentorship program at the medical center to address retention, competency, job satisfaction, and lateral violence.

Patients

The project is centered on the factors affecting the nursing staff. The patient population is newly licensed registered nurses and the experienced nurses who will act as mentors. To identify trends, data from Human Resources was obtained for the number of NLRNs hired and the number that left before 12 months between 2015 and 2017.

Professionals, Processes, and Patterns

The topic for the quality improvement was presented to the CNL student team by the Chief Nursing Officer with the Director of Education as the point of contact. The students corresponded with the Director of Education through e-mails and in-person meetings. The CNL students conducted surveys and interviews in order to create a mentorship program that meets the needs of the nursing staff and organization. Through the initial presentation to the Director of Education and unit directors, the students learned that the best time to distribute surveys to nursing staff was during huddles at the beginning of a shift and to create surveys that can be completed in five minutes. The units that were surveyed were dependent on response and permission from unit directors. The CNL students arranged a date and time to enter the units with the unit directors via email. In order to interview nursing leadership, the students arranged

a time and date to meet via email. Standardized scripts were created to explain the project before conducting surveys and interviews.

Needs Assessment

The CNL student team conducted a general needs assessment survey, key informant interviews, and focus group interviews in order to assess the needs of the medical center. The assessments gathered data from staff nurses, unit managers/nursing leadership, and NLRNs. The needs assessment conveyed important information regarding stakeholders' thoughts on mentorship. The CNL students used Qualtrics to analyze the data collected. To maintain the privacy of the medical center, identifiers have been removed/edited from the surveys and interviews.

Qualtrics Software Data & Analysis is a survey development tool provided by the university. It is designed for research, assessment, and evaluation. The survey tool allowed the CNL students to view surveys results and analyze the data.

General Needs Assessment and Validation Survey

This survey captured data from all nurses at the medical center (n=141) to measure demographic data, assess staff perceptions, and gather suggestions in order to develop recommendations designed for the specific needs of the nursing staff. The paper surveys were distributed anonymously during huddles, due to a lack of access to the work email by all staff members. See Appendix B for the survey. Data from the paper surveys were entered into Qualtrics.

Key Informant Interviews

The interviews were conducted one-to-one, recorded with permission to transcribe, and results were reported anonymously (n=9). See Appendix C for interview format. The interviews

provided unit specific data and insight on mentorship from the perspective of nursing leadership at the medical center. Data from the interviews were entered into Qualtrics.

Focus Groups

Invitations for the focus group breakfast were sent to unit directors to relay to NLRNs. The focus group participants consisted of NLRNs from recent previous cohorts (n=3). The CNLs conducted the focus group through a breakfast at the medical center. Information from the focus group provided insight on gaps in the new graduate experience that can be addressed through a mentorship program. The focus group was recorded with permission, transcribed anonymously, and results were entered into Qualtrics. See Appendix D for format of focus group.

Timeline

The MSN/CNL students created a project timeline to communicate the plan to nursing leadership. See Appendix E for original timeline. Approval for the quality improvement project was granted before the students began at the medical center. Discussions with the Chief Nursing Officer and Director of Education began on September 29, 2017. A review of literature occurred between September and October 2017. The initial plan called for two months of data collection, however data collection occurred in less than two weeks in November 2017. This allowed for three weeks of data analysis and prep for the presentation to unit directors and the Director of Education.

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Results

</div>

General Needs Assessment

The survey contained qualitative and quantitative measures. A total of 141 nurses responded to the surveys. Participants worked in the Emergency Department, Family Life Center (FLC), Medical-Surgical, Intensive Care Unit (ICU), Skilled Nursing Facility (SNF), and

Telemetry units. Age was organized into groups, with the highest distribution between 40-49

years old (30%, n=42). The majority of the nurses were female (75.18%, n= 106). 71.22%

(n=99) had over five years of experience and 68.79% (n=97) had a bachelor's degree in nursing.

Most of the nurses have worked over five years at the medical center (62.14%, n= 87). 25.53%

(n=36) identified themselves as having a leadership role.

92% believed that mentorship is very important or important and 52.14% would be

willing to mentor a NLRN. 56.06% of the nurses want mentors to have >4 years of experience.

29.23% of nurses wanted the mentorship program to be three months in duration, while 44.62%

believed the program should be six months long. See Appendix F for complete demographic

data.

The majority of nurses reported that a mentorship program would positively impact

retention rates, competency, job satisfaction, and lateral violence. Competency would be

impacted most, while lateral violence would be impacted the least.

Tagging key phrases through Qualtrics analyzed the qualitative portion of the assessment.

The top themes that appeared for motivation to mentor and suggestions for the program are:

Desire to Mentor/Training for Mentors, Expectations and Goals of the Program, Compensation

and Incentives, Commitment from Leadership/Union, and Relationships and Cohesiveness.

Key Informant Interviews

Key phrases were tagged using Qualtrics to identify major themes. Nursing leadership is

in support of a mentorship program and the key themes for initiating a mentorship program were:

Expectations and Goals of Program, Culture Change, Relationships and Cohesiveness,

Compensation and Incentives, and Commitment from Leadership/Union. The interviews also

provided names for potential mentorship champions who can help create a committee.

Focus Groups

Key phrases were tagged using Qualtrics to identify major themes. The top themes that were important to the NLRNs were: Expectations and Goals of Program, Desire to Mentor/Training for Mentors, Psychosocial Support/ Communication, Introspective Reflection and Growth, and Relationships and Cohesiveness.

Recommendation for Implementation

By using the Introduce, Integrate, and Incentivize recommendation a formalized mentorship program can be implemented at the medical center. The organization should introduce the culture of mentorship through the creation of a Mentorship Champion Committee that is led by a Mentorship Program Coordinator. As part of Roger's Diffusion of Innovation Theory, innovators and early adopters exist within a system and can help spread change. The innovators will engage in the committee and lead others to adopt the new innovation. The committee will direct activities, match mentors and mentees, and provide support for the pairs. To integrate mentorship into the organization, the CNL student recommendation is to combine the mentorship program with the NLRN program and to include it as part of the clinical ladder progression. Joining the program with an existing program that is already in place will enhance the success of the mentorship program. To encourage participation in mentorship, the organization needs to incentivize the program. By offering social and networking gatherings, the medical center will create a stronger sense of community and commitment within the organization. The medical center will need to also create a meaningful recognition program to show appreciation for the participants and to promote the program.

Based on the needs assessment, the mentorship program should be at least six months in duration and mentors require at least four years of nursing experience. The organization needs to

create a structured program through formal trainings, guidelines and expectations for mentors, and guidelines for frequency of meetings. To promote interpersonal relationships and professional development, the organization can offer opportunities such as social gatherings and networking outside the medical center.

Cost Analysis

According to Van Camp & Chappy (2017), the potential loss of a new graduate nurse that leaves the organization after training is $120,000 due to training and finding a replacement. Based on the data retrieved from Human Resources that three NLRNs left before 12 months, the loss for 2016 is $360,000. The cost for 2017 is $1,680,000 due to the loss of 14 NLRNs.

Evaluation Plan

Three surveys will be conducted to evaluate the mentorship program: the Casey-Fink Graduate Nurse Experience Survey ©, the Casey-Fink Nurse Retention Survey ©, and the Mentorship Program Satisfaction Survey. The surveys contain both qualitative and quantitative components. Since the mentorship program will start in conjunction with the medical center's new graduate program, the Casey-Fink surveys evaluate both the effectiveness of the NLRN program and the mentorship program. The surveys will inform the committee of the needs of the mentees and how mentors can support the mentee. Permission was obtained for the use of the Casey-Fink surveys.

For the Casey-Fink Graduate Nurse Experience Survey ©, a pre and post-test will be administered during the second week of the NLRN program and at the end of the mentorship program. The survey consists of five sections: skills/procedure performance, comfort and confidence, job satisfaction, transition, and demographic data (Cronbach's alpha 0.89) (UC Health, 2015). See Appendix G for survey.

The Casey-Fink Retention Survey © will be administered at the end of the mentorship program. The survey consists of the following sections: work environment, support, encouragement, stressors experienced by nurses, job satisfaction, professional development, goal setting, mentoring, and demographic data. See Appendix H for survey.

MSN/CNL students will create the Mentorship Program Satisfaction Survey and administer the survey at the end of the mentorship program. The survey will assess satisfaction with the program and inform areas that need improvement.

Discussion

The assessment showed that the nurses at the medical center support the need for a mentorship program. It is essential to note the major themes that were common across the groups: Desire to Mentor/Training for Mentors, Expectations and Goals of the Program, Compensation and Incentives, Relationships and Cohesiveness. Both staff nurses and nursing leadership believed that nurses who desire to mentor should be chosen for the program. Mentors should see the program as an opportunity to support the growth of new graduate nurses. Creating a structured mentorship program will allow mentors to understand what their expectations are and provide consistency. Providing compensation and incentives increases participation in the program. Engagement in the program will assist new graduate nurses in building meaningful relationships and a sense of belonging on the unit. Staff nurses believed that mentors should have more than four years of experience, so according to Benner's theory, mentors need to be at least proficient.

The timeline for the project needed to be changed and pushed back due to difficulty in gaining contact with the unit directors and setting up the focus group breakfast. Retrieving data from Human Resources also required longer time than expected. The student team first decided

on conducting surveys through email, but not every nurse had access to the work email. To avoid

disrupting the nurses' workflow, paper surveys were administered during huddles. The short

window for assessment allowed for a sample size of 141 out of 700+ nurses at the medical

center. Unit directors stressing its importance could improve the sample size for the focus group,

as well as better dissemination of information regarding the breakfast. Implementation and

evaluation of a mentorship program would require more time to achieve.

Nursing Relevance

Mentorship is essential for creating a sustainable nursing workforce. In light of the

nursing shortage, strategies to retain newly registered nurses and transform them into competent

nurses are crucial. Mentors are able to help NLRNs obtain higher education and achieve

professional goals. Having coworker support builds confidence and increases the ability to deal

with stress. Mentorship decreases lateral violence by creating a positive work environment in

which nurses support one another. Working in an environment that empowers and recognizes the

nursing staff increases job satisfaction.

Clinical Nurse Leader Relevance

The Clinical Nurse Leader (CNL) will assess the impact of the mentorship program on

retention, competency, job satisfaction, and lateral violence, and how these issues can affect

patient care. As a systems analyst, the CNL will use the survey tools to analyze success of the

program and inform on areas of improvement.

Next Steps

The CNL student team created the next steps for future students or the medical center.

Mentorship champions from each unit should be identified to form a committee with a program

lead who will coordinate the program. A timeline for implementation and evaluation of the

mentorship needs to be created. Mentorship should also be negotiated into the union contract and clinical ladder progression.

Conclusion

The MSN/CNL students participated in a quality improvement project at a large community medical center. Although the project did not reach the implementation phase, the students were able to assess the medical center and provide a recommendation for implementation and evaluation. The results revealed that both staff nurses and leadership are receptive to a mentorship program. The issues focused on for the project are retention, competency, job satisfaction, and lateral violence, and studies have shown that mentorship is an evidenced-based approach to address these issues. Creating a mentorship program will assist the medical center in providing staff development, promote a positive organizational culture, and ultimately better patient outcomes.

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Appendix A

NLRN Retention

Newly Licensed Registered Nurses (NLRN)
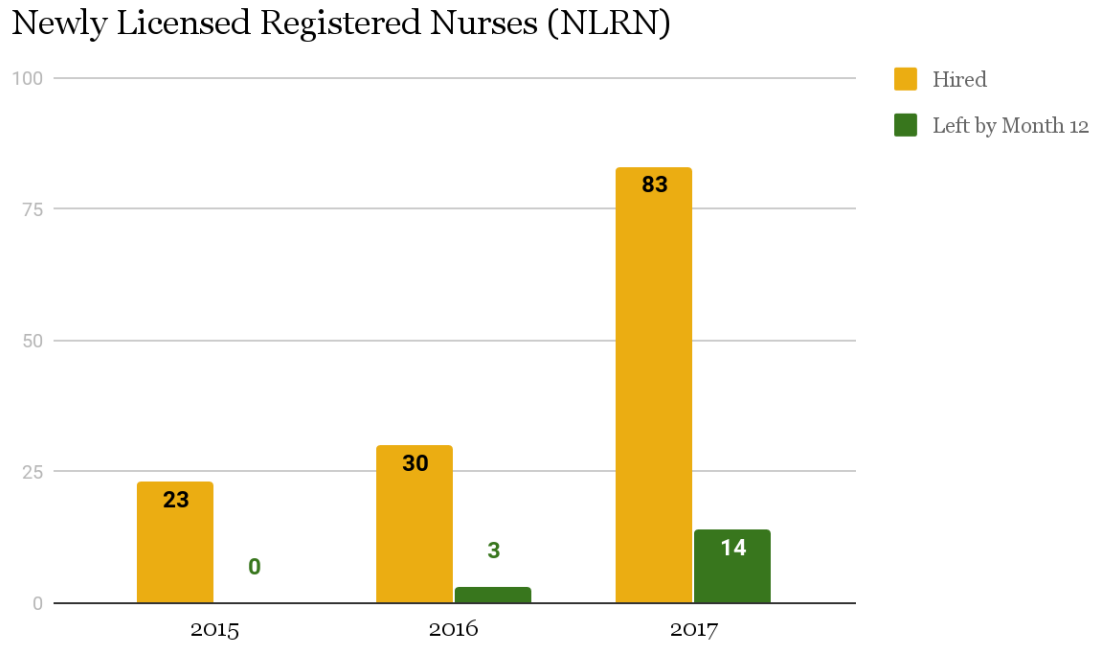
Appendix B

General Needs Assessment and Validation Survey

████████████████ **Mentorship Program Survey for all Registered Nurses**

Please use a pen for filling in your answers. Your answers provided will be anonymous and confidential.

1. General Questions

1.1 Which of the following describes your age?
- ○ 18 to 29 years old
- ○ 30 to 39 years old
- ○ 40 to 49 years old
- ○ 50 to 59 years old
- ○ 60 to 69 years old
- ○ Over 70 years old

1.2 What is your gender?
- ○ Female
- ○ Male
- ○ Nonbinary
- ○ Prefer not to answer

1.3 How many years do you have practicing as a Registered Nurse?
- ○ Less than 1 year
- ○ 1 to 2 years
- ○ 3 to 5 years
- ○ Over 5 years

1.4 What is your highest level of education attained in nursing?
- ○ Diploma Nurse
- ○ Associate Degree in Nursing
- ○ Bachelor of Science in Nursing
- ○ Master of Science in Nursing
- ○ Advanced Practice / Doctorate / PhD

1.5 How many years have you worked at ████████ Medical Center?
- ○ Less than 1 year
- ○ 1 to 2 years
- ○ 3 to 5 years
- ○ Over 5 years

1.6 What is your primary unit at ████████ Medical Center?

[   ]

1.7 Are you currently in a nursing leadership role, such as Nursing Director, Manager, Charge Nurse?
- ○ Yes
- ○ No

2. Core Questions

2.1 How important is mentorship in your nursing practice?
- ○ Very important
- ○ Important
- ○ Neutral
- ○ Least important
- ○ Not important

2.2 Would you be willing to mentor a new nurse in your unit?
- ○ Yes
- ○ Possibly
- ○ Not Sure
- ○ No

Appendix B Continued

General Needs Assessment and Validation Survey

2.3 Do you think a formal mentorship program for new nurses at ▮▮▮▮▮ Medical Center will...

...increase retention rates of new nurses?
- ( ) Yes
- ( ) Possibly
- ( ) Not Sure
- ( ) No

...increase job satisfaction?
- ( ) Yes
- ( ) Possibly
- ( ) Not Sure
- ( ) No

...increase nursing competence?
- ( ) Yes
- ( ) Possibly
- ( ) Not Sure
- ( ) No

...decrease lateral violence (bullying)?
- ( ) Yes
- ( ) Possibly
- ( ) Not Sure
- ( ) No

2.4 In your opinion, how many years of nursing experience should a mentor have?
- ( ) Less than 1 year
- ( ) At least 1 year
- ( ) 2 years
- ( ) 3 years
- ( ) 4 years or more

2.5 How long should a formal mentorship program be?
- ( ) 3 months
- ( ) 6 months
- ( ) 9 months
- ( ) 1 years
- ( ) 1.5 years
- ( ) 2+ years

2.6 What would motivate you to participate as mentor?

[ ]

2.7 What suggestions do you have on what would make a formal mentorship program successful at ▮▮▮▮▮ Medical Center?

[ ]

Thank you for your time!

Appendix C

Key Informant Interviews

Unit Director/ Manager Key Informant Interview Questions

Name :_____

Interviewed by: _____ Recorder:
_____

Questions	Open Ended
Which unit do you manage?	
How long have you been managing this unit?	
How many Newly Licensed Registered Nurses (NLRN) does your unit currently have?	
In the last year, how many Newly Licensed Registered Nurses (NLRN) have left your unit?	
Does your unit currently have a formal or informal mentorship program?	
If so, can you please elaborate on the structure or program currently in place?	

Appendix C Continued

Key Informant Interview

*Do you think having a mentor assigned to a Newly Licensed Registered Nurse (NLRN) can increase retention rates, job satisfaction, competency, and decrease lateral violence?
*Would you be in support of a formalized mentorship program for Newly Licensed Registered Nurses (NLRN) at ▮?
*When establishing a mentorship program, what components do you think are critical to include in the program that are specific to your unit?
*What barriers do you think will exist in implementing a mentorship program?
*Additional information... (Recommendations for Mentorship Champions?)

Appendix D

Focus Group

Previous New Grad Program Participant Focus Group Questions

Questions	Open Ended
What was your experience like under the New Grad program?	
What would you consider as an ideal mentorship?	
What are the gaps that you saw in the preceptorship program?	
How can mentorship fill in those gaps?	
Think back to when you just finished precepting and were on your own for the first time, what if you had a mentor to guide and support you? What could they support you with?	
Are you in support of having a mentorship program after the New Grad program ends?	
Is there anything else you would like to say or add to this topic?	

Appendix E

Timeline

September	October		November	
Assessment			Program Development	

- Review Literature
  - Mentorship Models
  - Retention
  - Competency
  - Job Satisfaction
  - Lateral Violence

- Mentorship Champions

- Sustainability

- Surveys and Data Analysis
  - Unit Directors
  - Newly Licensed Nurses
  - All RN Staff
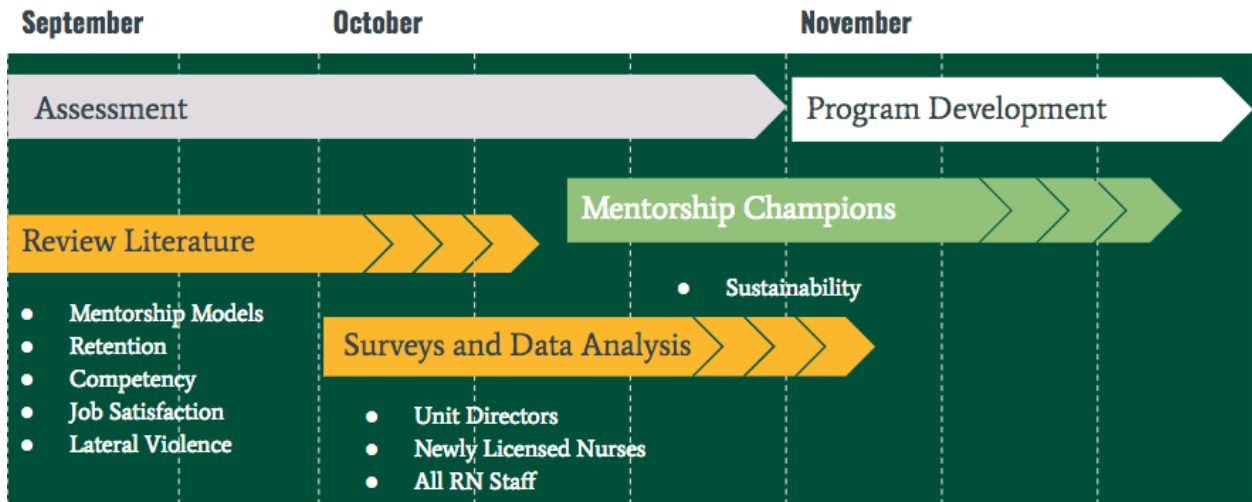
Appendix F

Demographic Data

ALL NURSING STAFF SURVEY RESULTS (n:141)

AGE	%
18-29	17.14%
30-39	26.43%
40-49	30.00%
50-59	15.00%
60-69	11.43%

GENDER	%
Male	24.82%
Female	75.18%

YEARS as RN	%
< 1	5.76%
1 to 2 years	11.51%
3-5 years	11.51%
> 5 years	71.22%

LEVEL OF EDUCATION in NURSING	%
ADN	21.28%
BSN	68.79%
MSN	9.22%
AP	0.71%

EMPLOYMENT	%
< 1 year	19.29%
1-2 years	11.43%
3-5 years	7.14%
> 5 years	62.14%

CURRENTLY in NURSING LEADERSHIP	%
Yes	25.53%
No	74.47%

IMPORTANCE OF MENTORSHIP	%
Very Important	65.96%
Important	26.24%
Neutral	7.09%
Least Important	0.71%

WILLING TO MENTOR A NEW NURSE	%
Yes	52.14%
Possibly	25.71
Not Sure	13.57%
No	8.57%

REQUIRED EXPERIENCE OF A MENTOR	%
<1 year	2.27%
at least 1 year	9.09%
2 years	18.94%
3 years	13.64%
4 years +	56.06%

LENGTH OF A MENTORSHIP	%
3 months	29.23%
6 months	44.62%
9 months	6.15%
1 year	16.15%
18 months	0.77%
2 years +	3.08%

Appendix G

Casey-Fink Graduate Nurse Experience Survey ©

Casey-Fink Graduate Nurse Experience Survey (revised)

I. List the top three skills/procedures you are *uncomfortable performing* independently at this time? (please select from the drop down list)   list is at the end of this document.

1. _____
2. _____
3. _____
4. _____ I am independent in all skills

II. Please answer each of the following questions by placing a mark inside the circles:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. I feel confident communicating with physicians.	O	O	O	O
2. I am comfortable knowing what to do for a dying patient.	O	O	O	O
3. I feel comfortable delegating tasks to the Nursing Assistant.	O	O	O	O
4. I feel at ease asking for help from other RNs on the unit.	O	O	O	O
5. I am having difficulty prioritizing patient care needs.	O	O	O	O
6. I feel my preceptor provides encouragement and feedback about my work.	O	O	O	O
7. I feel staff is available to me during new situations and procedures.	O	O	O	O
8. I feel overwhelmed by my patient care responsibilities and workload.	O	O	O	O
9. I feel supported by the nurses on my unit.	O	O	O	O
10. I have opportunities to practice skills and procedures more than once.	O	O	O	O
11. I feel comfortable communicating with patients and their families.	O	O	O	O

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
12. I am able to complete my patient care assignment on time.	O	O	O	O
13. I feel the expectations of me in this job are realistic.	O	O	O	O
14. I feel prepared to complete my job responsibilities.	O	O	O	O
15. I feel comfortable making suggestions for changes to the nursing plan of care.	O	O	O	O
16. I am having difficulty organizing patient care needs.	O	O	O	O
17. I feel I may harm a patient due to my lack of knowledge and experience.	O	O	O	O
18. There are positive role models for me to observe on my unit.	O	O	O	O
19. My preceptor is helping me to develop confidence in my practice.	O	O	O	O
20. I am supported by my family/friends.	O	O	O	O
21. I am satisfied with my chosen nursing specialty.	O	O	O	O
22. I feel my work is exciting and challenging.	O	O	O	O
23. I feel my manager provides encouragement and feedback about my work.	O	O	O	O
24. I am experiencing stress in my personal life.	O	O	O	O

25. If you chose agree or strongly agree, to #24, please indicate what is causing your stress. (You may circle more than once choice.)

a. Finances
b. Child care
c. Student loans
d. Living situation
e. Personal relationships
f. Job performance
g. Other _____

III. How *satisfied* are you with the following aspects of your job:

	VERY DISSATISFIED	MODERATELY DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	MODERATELY SATISFIED	VERY SATISFIED
Salary	O	O	O	O	O
Vacation	O	O	O	O	O
Benefits package	O	O	O	O	O
Hours that you work	O	O	O	O	O
Weekends off per month	O	O	O	O	O
Your amount of responsibility	O	O	O	O	O
Opportunities for career advancement	O	O	O	O	O
Amount of encouragement and feedback	O	O	O	O	O
Opportunity for choosing shifts worked	O	O	O	O	O

IV. Transition (please circle any or all that apply)

1. What difficulties, if any, are you currently experiencing with the transition from the *student* role to the *"RN"* role?

a. role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge)
b. lack of confidence (e.g. MD/PT communication skills, delegation, knowledge deficit, critical thinking)
c. workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity)
d. fears (e.g. patient safety)
e. orientation issues (e.g. unit familiarization, learning technology, relationship with multiple preceptors, information overload)

2. What could be done to help you feel more supported or integrated into the unit?

a. improved orientation (e.g. preceptor support and consistency, orientation extension, unit specific skills practice)
b. increased support (e.g. manager, RN, and educator feedback and support, mentorship)
c. unit socialization (e.g. being introduced to staff and MDs, opportunities for staff socialization)
d. improved work environment (e.g. gradual ratio changes, more assistance from unlicensed personnel, involvement in schedule and committee work)

3. What aspects of your work environment are most satisfying?

a. peer support (e.g. belonging, team approach, helpful and friendly staff)
b. patients and families (e.g. making a difference, positive feedback, patient satisfaction, patient interaction)

Appendix G Continued

Casey-Fink Graduate Nurse Experience Survey ©

c. ongoing learning (e.g. preceptors, unit role models, mentorship)
d. professional nursing role (e.g. challenge, benefits, fast pace, critical thinking, empowerment)
e. positive work environment (e.g. good ratios, available resources, great facility, up-to-date technology)

4. What aspects of your work environment are least satisfying?
a. nursing work environment (e.g. unrealistic ratios, tough schedule, futility of care)
b. system (e.g. outdated facilities and equipment, small workspace, charting, paperwork)
c. interpersonal relationships (e.g.gossip, lack of recognition, lack of teamwork, politics)
d. orientation (inconsistent preceptors, lack of feedback)

5. Please share any comments or concerns you have about your residency program:
_____
_____

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

1. Age: _____ years

2. Gender:
a. Female
b. Male

3. Ethnicity:
a. Caucasian (white)
b. Black
c. Hispanic
d. Asian
e. Other
f. I do not wish to include this information

4. Area of specialty:
a. Adult Medical/Surgical
b. Adult Critical Care
c. OB/Post Partum
d. NICU
e. Pediatrics
f. Emergency Department
g. Oncology
h. Transplant
i. Rehabilitation
j. OR/PACU
k. Psychiatry
l. Ambulatory Clinic
m. Other: _____

5. School of Nursing Attended (name, city, state located): _____

6. Date of Graduation: _____

7. Degree Received: AD: _____   Diploma: _____   BSN: _____   ND: _____

8. Other Non-Nursing Degree (if applicable): _____

9. Date of Hire *(as a Graduate Nurse)***:** _____

10. What previous health care work experience have you had:
a. Volunteer
b. Nursing Assistant
c. Medical Assistant
d. Unit Secretary
e. EMT
f. Student Externship
g. Other *(please specify)*: _____

11. Have you functioned as a charge nurse?
a. Yes
b. No

12. Have you functioned as a preceptor?
a. Yes
b. No

13. What is your scheduled work pattern?
a. Straight days
b. Straight evenings
c. Straight nights
d. Rotating days/evenings
e. Rotating days/nights
f. Other *(please specify)*: _____

14. How long was your unit orientation?
a. Still ongoing
b. ≤ 8 weeks
c. 9 – 12 weeks
d. 13 – 16 weeks
e. 17 - 23 weeks
f. ≥ 24 weeks

15. How many *primary* **preceptors have you had during your orientation?**
_____ number of preceptors

16. Today's date: _____

Drop down list of skills

Assessment skills
Bladder catheter insertion/irrigation
Blood draw/venipuncture
Blood product administration/transfusion
Central line care (dressing change, blood draws, discontinuing)
Charting/documentation
Chest tube care (placement, pleurovac)
Code/Emergency Response
Death/Dying/End-of-Life Care
Nasogastric tube management
ECG/EKG/Telemetry care
Intravenous (IV) medication administration/pumps/PCAs
Intravenous (IV) starts
Medication administration
MD communication
Patient/family communication and teaching
Prioritization/time management
Tracheostomy care
Vent care/management
Wound care/dressing change/wound vac
Unit specific skills _____

Appendix H

Casey-Fink Nurse Retention Survey ©

Revised Casey-Fink Nurse Retention Survey

I. Please answer each of the following questions by placing a mark inside the circles:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. My work challenges me.	O	O	O	O
2. I feel that my talents are appreciated.	O	O	O	O
3. I feel that I make a difference with patient care.	O	O	O	O
4. I feel that I am a respected member of the healthcare team.	O	O	O	O
5. I feel supported by my team on my unit.	O	O	O	O
6. I feel supported by my charge nurse.	O	O	O	O
7. Other nurses are available to assist me during new situations and procedures.	O	O	O	O
8. My charge nurse provides encouragement and feedback about my work.	O	O	O	O
9. My educator provides encouragement and feedback about my work.	O	O	O	O
10. My manager provides encouragement and feedback about my work.	O	O	O	O
11. I enjoy socializing with other team members outside of working hours.	O	O	O	O
12. I feel comfortable communicating with patients and families.	O	O	O	O
13. I feel overwhelmed by my patient care responsibilities and workload.	O	O	O	O
14. I feel the expectations of me in this job are realistic.	O	O	O	O
15. I feel supported by the physicians I work with.	O	O	O	O
16. I have been in my position about as long as I want to be.	O	O	O	O
17. If the economy was better, I would think about finding another job.	O	O	O	O
18. I feel that my contributions to this organization are acknowledged.	O	O	O	O
19. I feel that my charge nurse is approachable.	O	O	O	O
20. I feel that my educator is approachable.	O	O	O	O
21. I feel that my manager is approachable.	O	O	O	O
22. I feel that my manager follows through with my concerns.	O	O	O	O
23. There are positive role models for me to observe on my unit.	O	O	O	O
24. My manager is helping me to develop confidence in my practice.	O	O	O	O
25. My manager places a high value on the work I do.	O	O	O	O
26. My preceptor(s) provided me with a sound foundation to begin my practice.	O	O	O	O
27. I have a mentor I look to for continued guidance and mentoring.	O	O	O	O
28. I am satisfied with my chosen nursing specialty.	O	O	O	O
29. I would encourage other nurses to work at UCH.	O	O	O	O
30. I believe nurses should be rewarded based on seniority rather than clinical performance.	O	O	O	O
31. I would like to be working here 5 years from now.	O	O	O	O
32. I would consider staying here if offered the option of working shorter shifts.	O	O	O	O
33. I would like the option of working some shorter shifts (i.e. 4, 6, 8, 10 hours).	O	O	O	O

34. If you agree to question 33, what is your preference of shift length
    a. 4 hour
    b. 6 hour
    c. 8 hour
    d. 10 hour

| 35. I am experiencing stress in my personal life. | O | O | O | O |

36. If you chose agree or strongly agree, to #35, please indicate what is causing your stress. (You may circle more than once choice).
    a. Finances
    b. Child care
    c. Student loans
    d. Graduate school
    e. Living situation
    f. Personal relationships
    g. Job performance
    h. Other: _____

II. How *satisfied* are you with the following aspects of your job:

	VERY DISSATISFIED	MODERATELY DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	MODERATELY SATISFIED	VERY SATISFIED
Salary	O	O	O	O	O
Benefits	O	O	O	O	O
Getting out of work on time	O	O	O	O	O
Nurse to patient ratios	O	O	O	O	O
# Weekends off per month	O	O	O	O	O
Rotating day/night shifts	O	O	O	O	O
Opportunity to work straight shifts (straight days or nights)	O	O	O	O	O
Timeliness of the schedule being available	O	O	O	O	O
Schedule is flexible to my needs	O	O	O	O	O
Opportunities for career advancement	O	O	O	O	O
Amount of encouragement and feedback from manager	O	O	O	O	O
Orientation was adequate for my needs.	O	O	O	O	O
Quality of care that I am able to provide	O	O	O	O	O

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

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

Appendix H Continued

Casey-Fink Nurse Retention Survey ©

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III. Professional Development

1. What are your professional goals for the next:
One year?_____
Five years?_____

2. Is there someone assisting (mentoring) you to achieve these goals?
   a. yes
   b. no

3. What activities have you participated in during the past two years to enhance your professional development and/or support achievement of your career goals? Please check all that apply.
   a. unit/hospital committee(s)
   b. certification in your specialty area
   c. member of a professional organization
   d. subscribe to a nursing journal
   e. enrolled in an advanced degree program
   f. other _____

IV. *Demographics:* Circle the response that represents the most accurate description of your individual professional profile.

1. Age: _____ years

2. Gender:
   a. female
   b. male

3. Number of years as a Registered Nurse: _____

4. Number of years in your area of specialty: _____

5. Number of years at UCH: _____

6. I am currently employed:
   a. full time
   b. part time
   c. flex

7. I work in the following setting:
   a. inpatient
   b. ambulatory

8. The unit I work: _____

9. UXCEL Level: I   II   III   IV

10. Highest Degree Recd: AD: ____ Diploma: ____ BSN: ____ ND: ____ Master's:____ DNP:____

11. Have you functioned as a charge nurse?
    a. yes
    b. no

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12. Have you functioned as a preceptor?
    a. yes
    b. no

13. What is your scheduled work pattern?
    a. Straight days
    b. Straight nights
    c. Rotating days/nights
    d. Weekends

14. What keeps you working in your current job? (choose the one most important reason)
    a. nurses you work with
    b. patient care or making a difference
    c. autonomy
    d. manager
    e. educator
    f. charge nurses
    g. other nurses
    h. salary
    i. time off
    j. benefits
    k. opportunities for career advancement
    l. types of patients in my care area
    m. continuing education opportunities
    n. other, please specify _____

15. What might cause you to leave UCH?_____

16. What do you think UCH can do to improve registered nurse retention? _____