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Mentorship for Newly Licensed Nurses: A Pilot Program

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Nursing

DOCTOR OF NURSING PRACTICE (DNP) PROGRAM

TITLE: Mentorship for Newly Licensed Nurses: A Pilot Program

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Abstract

Background: The turnover rate for newly licensed nurses is high, posing financial and resource challenges for healthcare organizations. Transition to practice programs are an effective means of supporting retention. Mentorship is a best practice within such programs as it promotes job satisfaction, professional growth and development, and retention.

Objectives: The purpose of this project was to implement and evaluate a pilot mentor program with new nurses. Outcomes were: development of a structured program, enhancement of mentees knowledge about the value of mentorship, and assessment of mentee and mentor satisfaction with the program through a final satisfaction survey.

Methods: Participants were scheduled to meet/connect at least monthly for six months. Mentees and mentors were given a relevant pre-reading article and guides to help structure the meetings/connections. Both groups were asked to complete a final satisfaction survey that measured eight items related to the mentor relationship, professional growth and development, and transition to the workplace. Surveys were conducted online.

Results: A structured mentor pilotprogram was developed and implemented. Eight mentee/mentor pairs were recruited and matched. Thirty-eight percent of mentees and mentors completed all program requirements. The satisfaction survey results for both mentees and mentors demonstrated positive outcomes in terms of satisfaction with the program and help with transition to the workplace. Mentee survey results also demonstrated that the program had a positive impact on their professional growth and development. Comments offered by participants also indicate opportunities to build more structure into the program, solidify the mentee-mentor relationship, and enhance program engagement.

Conclusions: Implementation of a mentor program during the COVID-19 pandemic was challenging for both participant recruitment and engagement. While most mentees and mentors

reported a high degree of satisfaction with the professional development opportunities, others reported barriers to staying connected. These results suggest the importance of mentorship and the need to create innovative communication methods for mentor relationships as a formal mentor program is developed.

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Introduction

The process for new nurses to transition to independent practice is of heightened importance given projected demands for nurses. Coupled with the resources dedicated to training and onboarding and subsequent high turnover rates for nurses in the first year of practice, hospitals and healthcare organizations are investing in formal, long-term transition to practice programs that include components that have been established as best practices – including mentorship. The benefits of mentorship include increased job satisfaction, promotion of professional growth and development, and positive impact on retention (Africa, 2017; Gelinias, 2020; Jakubik, Elaides and Weese, 2017).

The setting for this pilot mentor program was an urban academic medical center in Boston, Massachusetts that has an accredited transition to practice program. The hospital is fortunate to have historically strong retention rates among new nurses. However, a gap analysis revealed an opportunity to create a formal mentor program to further enculturate and support professional development among new nurses. The purpose of this project was to implement and evaluate a pilot mentor program with new nurses who completed a transition to practice program within one year. The mentor program was based on best practices from the literature and used tools and surveys from the Academy of Medical-Surgical Nurses Mentor Program (AMSN, 2020). The outcomes of the program will inform the organization as the transition to practice Program Director and related stakeholders plan to develop a formal mentor program for all newly hired nurses.

Background and Significance

In recent years, much attention in the nursing profession has been focused on the orientation, development, and retention of newly licensed nurses. The need to recruit and retain new nurses is essential to meet workforce demands for professional nursing practice and to promote quality patient care (Thew, 2019). The high turnover rates for new nurses are a challenge for hospitals as the recruitment and orientation costs are significant and costs are reported to range from \$60,000 - \$90,000 (Cline, Frentz, & Fellman, 2017; Silvestre et al, 2017). As a result, many hospitals and health care organizations are implementing structured transition to practice programs for new nurses that extend beyond the traditional short-term orientation process. Among many elements of best practices to promote job satisfaction and retention of new nurses, mentoring is identified as an important component (Chant and Westendorf, 2019, ANCC, 2020, Cochran, 2017, Glassman, 2020; Pennington and Driscoll, 2019). Mentoring professionals who are new in their careers is not a novel concept and is commonly practiced in other industries with more formality and structure. While mentoring is cited as a benefit for new nurses, there is relatively less standardization around models and processes for this group of emerging clinicians.

Transition to practice is a commonly used term in nursing to describe the process of a newly licensed nurse acclimating to independent nursing practice in any practice setting. The term, in contemporary use, incorporates more than a general orientation and onboarding. The traditional hiring and onboarding processes, it is widely argued, have fallen short of adequately preparing new nurses both in clinical competence and in attending to the needs beyond skill acquisition, such as enculturation to new organizational cultures, ongoing professional development, mentoring, and well-being among others. (Church, Cosme and O'Brien; 2019; Goode, C., Reid-Ponte, P., Havens, D. 2016). Formal transition to practice programs (also

referred to as nurse residencies) are well supported by leading healthcare organizations and their benefits are well documented in the literature. Among the positive outcomes of these programs are decreased turnover rates for newly licensed nurses and enhanced and supportive transition process from the academic setting to the practice environment (Church, Cosme and O'Brien, 2019; Africa, 2017, Cochran, 2017). Other key outcomes that contribute to retention are job satisfaction and enhanced professional growth and development which are influenced by having a mentor. Mentorship is frequently cited as an important part of professional growth and advancement (Gelinias, 2020; Jakubik, Elaides and Weese, 2017; Williams, Scott & Tyndall, 2018). Especially in a fast-paced learning and practice profession such as nursing, promoting mentorship early in one's career is important. Incorporating mentorship through transition to practice program is an ideal means of fostering the concept among new nurses.

Needs Assessment

In the spring of 2019, a formal gap analysis was performed at the practice site as they prepared to apply to the American Nurses Credentialing Center (ANCC) for accreditation of their transition to practice program. The results of the gap analysis revealed many strengths and several areas of opportunity relative to transition to practice "best practices." The major strengths included: strong financial and philosophical commitment from nursing and organizational leadership to support new nurses' successful transition to practice; engaged, well-educated and experienced nursing leaders who support professional growth and development among nursing staff; low turnover rates for new and seasoned nurses compared to national statistics; rich resources in nursing education and professional development. Major opportunities included: consistency and standardization among structure and process among the units that welcomed new nurses in the transition to practice program; the development of a mentor program to

support a culture of mentorship for new nurses; and education among all nurses about the role of mentors, mentees, and related benefits.

Following the gap analysis and subsequent submission for accreditation, the Program Director and her leadership team became very interested in creating a formal mentor program for new nurses to address the gap in the program. An environmental scan of the literature and best practices at other organizations verified the need to pursue a more substantial mentorship component. The Program Director and the leadership team believed that instituting such a program within the six-month residency was premature and supported a program that begins after the orientation phase of acquiring new knowledge, skills, and behaviors needed for independent professional nursing practice. The focus of this transition phase is to build clinical skills and confidence with the support of their preceptor. The focus of the mentor program is to build enculturation, support, and advancement of professional development plans and goals following the six-month orientation.

Problem Statement

The literature demonstrates that newly licensed nurses have a high turnover rate within the first year of hire (Africa, 2017; Belgen, Spector & Lynn, 2017; Thew, 2019). High turnover rates are costly to the organization and disrupt continuity of patient care (Silvestre, Ulrich & Johnson, 2017; Blegen et al, 2017). Formal transition to practice programs is one recommended solution to increase retention rates of this population of nurses (Church, Cosme, O'Brien, 2019; Africa, 2017). Mentoring is identified as an important element of transition to practice programs (ANCC, 2020; Chant and Westendorf, 2019). Mentoring is defined as “a professional relationship in which an experienced person assists another typically less experienced person or

nurse in developing specific skills and knowledge that will enhance the less experienced person's professional and personal growth" (Kowalski, 2019). The literature demonstrates that mentoring among nurses, including newly licensed nurses, is a supportive practice that has positive outcomes on socialization, job satisfaction, and retention (ANCC, 2020; Gazaway, Gibson, Schumacher and Anderson, 2019). A comprehensive evaluation of the transition to practice program for newly licensed nurses in an urban academic medical center revealed a lack of a formal mentor program.

Purpose

The purpose of this project was to implement and evaluate a pilot mentor program with new nurses to inform the organization as they develop a formal mentor program for new nurses.

Aims/Objectives

This project had both short and long term aims. The short-term aims were to increase nurses' knowledge about mentoring and its value, to introduce nurses new to the profession to a mentor, and to measure the mentors' and mentees' satisfaction with the mentorship program. The results will inform the organization and the Program Director as they fully develop a comprehensive, formal mentor program for all newly licensed nurses. The long-term aims are to demonstrate sustained, positive mentor-mentee relationships among nurses who participated in the transition to practice program, positively impact retention rates, and create a mentoring culture for newly hired nurses within the organization. The long-term aims are not within the scope of this DNP project but will be part of the plans for sustainability.

Objectives

There were several objectives associated with this project:

1. Development of the structure and process of a pilot mentor program to provide insightful guidance towards the creation of a broadly-based mentor program for all new nurses hired by the organization.
2. At least 80% of the newly licensed nurses who have completed the transition to practice program within the past year will have participated in the mentor program starting in September 2020.
3. 100% of program participants will have been matched with a mentor in September 2020
4. 90% of those who participate will have completed the mentor program.
5. 95% of those who participate in the program will have completed a mentor plan and a final satisfaction survey as part of their program fulfillment.

Review of Literature

Search Strategy

Literature was searched within and outside of the nursing profession in February 2020. Within the nursing literature, the key words “mentor,” “mentorship” AND “new nurse,” “newly licensed nurse,” and/or “new hire” were used as search terms in the CINAHL database. The term “mentor program” was also searched in CINAHL. The terms “transition to practice” and “nurse residencies” were also used to review current best practices within these programs. The term “mentorship” was used to search the Scopus database to review relevant articles outside of the nursing profession. Search results were refined to include full text articles, in English, between January 2015 and February 2020.

Evidence and Quality Appraisal

There was a total of 122 articles to initially evaluate for relevance and applicability. Through scanning titles and abstracts, the list was pared down to 36 articles. There were very few research studies on mentorship and those that had been published were qualitative, quasi-experimental mixed methods studies. Most fell into the following categories: systematic review of the literature, expert opinion, or quality improvement.

Literature Review

The purpose of this synthesis was to further investigate and summarize the literature related to mentorship for newly licensed nurses and includes: the definition of mentorship and how it differs from precepting and/or coaching; identified evidence-based best practices in a mentorship program; demonstrated benefits to a mentor program for newly licensed nurses; and when best to introduce a formal mentor program. The review of the literature and subsequent synthesis supported an identified gap in best practice for an existing transition to practice program which does not currently include a mentoring component.

Mentoring: definition and distinction from other roles

There are inconsistent definitions, meanings and usages of the word mentor in the nursing literature when discussing transition to practice for newly licensed nurses. Several authors provide definitions and distinctions among other roles, such as preceptor. Several authors used common phrases and words to describe mentoring including the following: professional relationship, experienced nurse with a less experienced nurse, focus on professional growth and development, guidance and feedback, trusting relationship, role model, holistic approach, long-term, career development, development-driven (Kowalski, 2019 ; Jakubik, Elaides and Weese, 2017; ANCC, 2020, Association of Medical-Surgical Nurses, 2012). Other authors used words

and phrases that are more aligned with the role of a preceptor when discussing mentorship, and others clearly delineated the differences between preceptor and mentor. They emphasized the importance of understanding the distinction and using terms appropriately. The roles of a preceptors are to teach another new skills, focus on competency development and assessment, work with another nurse for a defined period of time and guide another towards specific performance targets. The emphasis is on the teaching-learning process. Mentoring goes deeper, and the mentor takes a holistic approach with the mentee in a trusted, long-term relationship (Scott-Herring and Singh, 2017; Kowalski, 2019; Jakubic, Elaides and Weese, 2016).

The importance of these definitions and distinctions was relevant to the development of a mentor program for a transition to practice program. Using a clear and comprehensive definition of the role of a mentor supported the basis of the program and aligned all stakeholders in understanding this role. Most importantly, for the newly licensed nurses. It also separates the mentor role from the well-established role of the preceptor, which is often confused by new nurses as their mentor.

Benefits of Mentoring

Much of the literature supported the use of mentors with newly licensed nurses who are transitioning to professional practice. Frequently studied outcomes included socialization, job satisfaction, attention on professional development, and a link to retention. Intent to stay and retention was among the most common benefit linked to transition to practice programs due to the financial importance to organizations and the investment made in hiring and orienting newly licensed nurses (Africa, 2017; Chant and Westendorf, 2019). This synthesis, however, focused on the benefits of mentoring as part of the transition process. Specific to mentoring, there were

numerous expert opinions, quality improvement projects, and quasi-experimental studies that demonstrated numerous benefits. Jones (2017) and Kostrey Horner (2017) both identified increased job satisfaction with links to intent to stay and retention in their published work on mentoring of newly licensed nurses. Glassman's (2020) quality improvement project with mentoring new nurses in an intensive care unit also linked mentoring to retention. Jones' results were based on a pilot study with emergency room nurses and Kostrey Horner's work included nurse practitioners. Gazaway and colleagues (2019) found that mentoring had a positive impact on new nurse socialization and reported increased confidence, comfort and competence among nurse leaders who were new to their role. Williams and team (2018) conducted a retrospective study of more than 3,000 newly licensed nurses in a transition to practice program and identified the positive influences of mentoring on transition to practice, professional development, stress management and turnover intention. These authors used different approaches and different samples to explore the value of mentoring. Some had common results, others focused on different outcomes. Amidst the variations, all were able to demonstrate positive outcomes of mentoring.

Being able to demonstrate the value of mentoring and measurable benefits were of high importance to this project. Support from the literature helped identify outcomes and showed the value of adding a mentor program to the organization's transition to practice program. The benefits also aligned with organizational and departmental mission, vision and values and are persuasive in attaining support and buy-in from key stakeholders.

Best practices in a mentor program

The literature on transition to practice and mentor programs for nurses revealed some best practices as a new mentor program is being developed and evaluated. There were also mentor program guidelines from at least one national nursing organization that can help build a framework, structure, and evaluation tools. The AMSN (2020) has published a comprehensive mentor guide that discusses the role of the mentor, provides document templates to guide mentor-mentee activities and evaluation tools. This guide was also a framework for a mentor program that was developed for new nurses at a major Children's hospital who expressed a desire for additional support following their orientation and residency. Verret and Lin's (2016) description of their mentor program at Children's Hospital of Los Angeles, which included how it evolved over time, included structural elements such as an overview of the program, expectations, role definitions, guidelines, timelines, suggested conversation topics and activities, and evaluation forms for the mentees. Several additional authors offered that best practices of transition to practice programs include a mentor element, apart from well-prepared preceptors among other key components (Chant and Westendorf, 2019; Williams, et al. 2018; Cochran, 2017). Mentoring in these articles, some of which included extensive literature reviews, is cited as a valuable component to a structured transition to practice program for newly licensed nurses. As discussed in the definition section of this synthesis, authors identified the mentor role as a long-term one, focused on professional growth and development, and different from the role of the preceptor.

The information gathered from the literature on best practices in mentoring is applicable to this project in two ways. A structural framework, including evaluation tools, from a national nursing organization and leading hospital, were adapted and modified for a new mentor program that meets the needs of the organization and the nurse residents. Additionally, the validation of

having a mentor component in a transition to practice program supported the development of a new mentor program within the existing transition to practice program.

When to Introduce a Mentor Program

There was conflicting information in the nursing literature on best timing to introduce a mentor program. Some have done so within the orientation process for newly licensed nurses and some authors and opinion leaders recommend that mentoring is most appropriately arranged after the first year. The articles that included extensive reviews of the literature and identified mentoring as a best practice in transition to practice programs did not specify the timeframe for when the mentoring program was implemented. Several authors, however, presented and discussed mentoring as a mandatory part of the orientation period for new nurses and relied on a one-to-one matched relationship to provide additional support to the new nurse (Jones, 2017; Pennington and Driscoll, 2019; Kostrey Horner, 2017). Others contended that mentoring is an added support that fills a gap following orientation – when new nurses are closely supervised and supported through preceptors and when they are mainly focused on acquiring new knowledge and skills. With this perspective, mentoring was initiated following initial orientation. Jubrik and colleagues (2017) proposed that mentoring starts after one year of practice through retirement. They asserted that the first steps of onboarding, orientation and residency should last up to 18 months, and that once the residency (transition to practice) concludes, the new nurse is then able to start focusing on professional growth and development and career goals. Similarly, Verret and Lin (2016) described the mentor program at Children’s Hospital Los Angeles as taking place following the nurse residency. The mentor program at this organization filled a need for added support once the skills-based education and training is complete.

The timing and appropriate introduction of a mentor program are important considerations. Mentoring is an investment and use of resources and deciding when to implement one is essential to maximize the impact. The needs of the newly licensed nurses must be considered as should evidence-based recommendations from the literature. This information informed the timing of a new mentor program as it is developed for the organization.

Summary from the literature

Mentoring is distinguished from precepting as a long-term relationship that enhances one's professional growth and development. There was ample literature on transition to practice programs for newly licensed nurses that included mentoring as a valuable component. Mentoring as a best practice for optimal outcomes for newly licensed nurses was validated. This synthesis of the literature revealed common benefits, themes and guidelines that will help inform the development of a new mentor program for the organization. The contradictory recommendations on when a mentoring program has most value for the newly licensed nurses is an area worth further exploration and the implementation of a pilot mentor program will result in additional insights as the transition to practice program evolves.

EBP Translation Model

The model used for this DNP project was the Johns Hopkins Evidence-Based Practice Model (Dang & Dearholt, 2017) which aligns with the model adopted by the organization for all quality and practice improvement initiatives. The model, represented below, highlights the practice improvements as they apply in the clinical, learning, and operational settings.

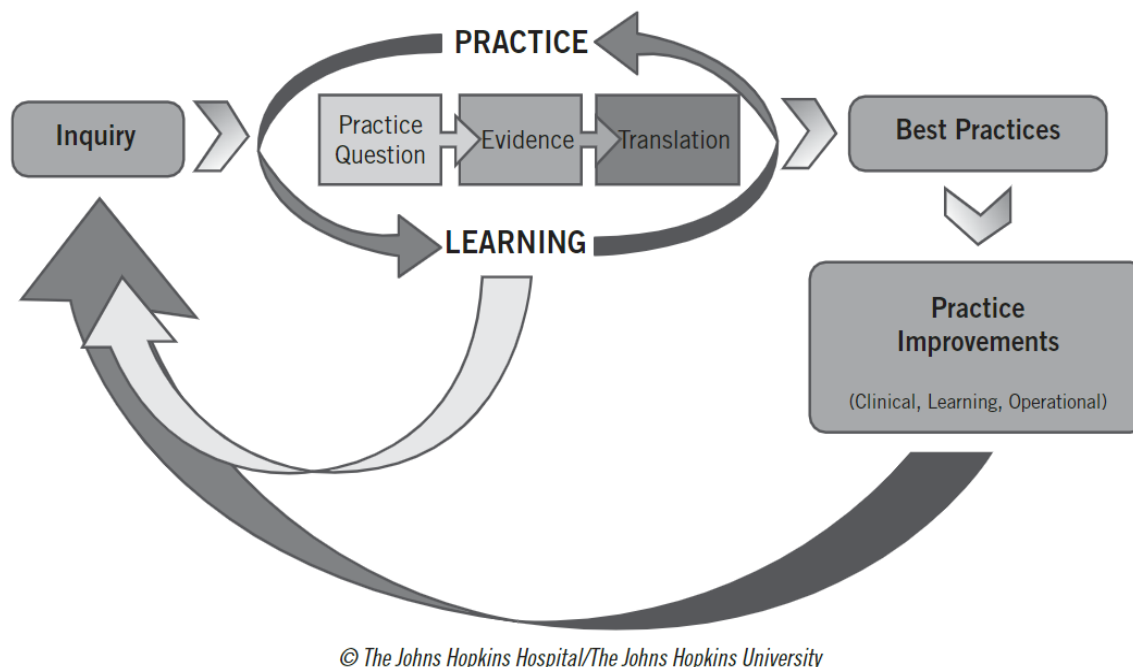


Figure 3.1 The Johns Hopkins Nursing Evidence-Based Practice Model (2017).

Methods

Project design

The purpose of this project was to implement and evaluate an evidence-based, pilot mentorship program to inform the organization as it plans to develop a formal mentor program for new nurses. The project design was Program Implementation and Evaluation. This project was aligned with Moran and colleagues' (2019) description of this type of project design as the goal is: "to make judgements regarding the program, improve its effectiveness, and guide further development" (p. 157). The outcomes of this project will inform the Program Director of the transition to practice program and her leadership team in developing a formal, comprehensive mentor program for all newly licensed nurses hired by the organization.

The pilot program was designed based on evidence-based support and best practices from the literature on mentorship for new nurses and used structural elements from the Academy of Medical-Surgical Nurses (AMSN) Mentoring Program. The AMSN mentoring resources include articles, guides, templates, and survey tools that are available for use and customization to the nursing industry (AMSN, 2020). The Mentor Program and its tools are reliable and valid (Grindel & Hagerstrom, 2009). The program started in September 2020 with email recruitment and mentor-mentee matching, included a series of scheduled interventions (detailed in the interventions section) over six months and concluded in February 2021 with the completion of satisfaction surveys.

Setting

The setting for this project was a large, urban, academic medical center in Boston, Massachusetts. The nurses who were eligible to participate practiced in either oncology or critical care practice, which are the current two practice settings for nurse residents. There was a total of ten units represented in the recruitment sample which each typically welcome one to two nurse residents in each cohort (fall and spring).

Participants

The participants in this project included nurses who completed the transition to practice program within the past year. The mentor program was offered as an extension to this current six-month orientation process. They included two cohorts who began in the following timeframes: fall 2019 and spring 2019. Participants were recruited by the DNP student via email to participate in this voluntary pilot mentor program. Every nurse who had completed the residency within the past year was eligible. They had agreed to the program elements

(interventions) in advance to be included. Nurses who were currently in a residency program or who had not completed a residency program within the past year were excluded.

Mentor participants were either mentors that new nurses have already identified and/or experienced nurses in clinical or leadership roles who volunteered to participate. They were also recruited by the DNP student via email from a list of recommended nurses from the established transition to practice Advisory Committee by the Program Director. The Program Director shared recommended characteristics of a good mentor, based on the literature, and solicited recommendations from the Committee members. The Program Director shared the list of thirty potential mentors with the DNP student and facilitated the connections.

The sample size was a convenience sample of all potential participants (those who had completed the transition to practice program within one year) who agreed to participate. The total potential sample was 35 nurses. It was estimated that 80% of this sample will agree to participate, which was 28 nurses. There was the possibility that some may not complete the program for various reasons and minimal attrition was expected. The expected completion for all who initially agree to participate was at least 90%, or 25 nurses. The convenience sampling method, and subsequent small sample size, was noted as a limitation to the project.

Recruitment

Recruitment took place by email via the DNP student, who has been involved with the organization's transition to practice program. The recruitment email messages were first sent on September 1, 2020 to all former nurse residents that met inclusion criteria and invited them to voluntarily participate in the pilot mentor program. The message outlined the details, expectations, and benefits. The same email was sent one week later to those who had not yet

responded as a final reminder/recruitment attempt. Nurse leaders also received an email making them aware of the pilot program and that their staff members were being asked to participate as an extension of their nurse residency. The same process was used to recruit nurse mentors.

Consent Procedure

There was not a formal consent process or consent to participate document given as this was not a research study and there was very low risk involved. Consent was implied when a participant responded that they were interested and agreed to engage in the pilot program.

Risks/Harms

There were minimal/very low risk or harm to participants. One risk was the potential that a match between a mentor and mentee was not ideal. The DNP student encouraged mentees and mentors to approach her in either situation once the matching was established so she could facilitate and find a new match if needed. A further risk potential was a negative experience between mentee and mentor as revealed in the satisfaction survey at the end of the program. The consequences of a negative experience could influence a new nurses' thoughts about mentorship and result in resistance to seek such a relationship in the future. Careful consideration of who participates as mentors, based on characteristics found in the literature, and mentors' voluntary, genuine interest in participating, mitigated this risk.

Costs

The costs involved with implementing and evaluating this program included the time commitment from several stakeholders: The Program Director, the mentee, and the mentor. To maximize efficiency with everyone's time, most interventions and data collection was done electronically and allowed for completion at one's convenience (within a defined timeframe). The organization regularly uses REDCap® for surveys and the time involved in creating,

sending, and collecting survey data was relatively minimal. The time and method (in person for the first meeting, subsequent to be determined) in making monthly connections between mentees and mentors was mutually agreed upon to balance the value of the connection with convenience. Given the organization's interest in the program and the value to both mentees and mentors, it was anticipated that those involved will willingly make the time commitment.

Project Interventions

Interventions took place over six months and included the following: recruitment, journal articles review on mentoring for mentee and mentors who participate, pairing with a mentor, initial meeting to begin to establish a relationship, development of a mentor plan, monthly meetings and a review of the mentor plan after six months to document progress and future steps. The pilot program concluded with surveys for both the mentor and mentee to complete, which were adapted from the AMSN's Mentor and Mentee Guides. A more detailed description of the interventions is provided below.

Steps (in order)	Intervention details
1	Email recruitment by Program Director, including a description of the pilot program, timeline and required elements.
2	Matching of mentee with mentor. Mentee may have one identified or we will pair them with an appropriate seasoned nurse in clinical or leadership practice.
3	Sharing with mentors and mentees, via email, two relevant articles to read as preparation. 1. Kowalski, K. (2019). "Differentiating Mentoring from Coaching and Precepting." <i>The Journal of Continuing Education in Nursing</i> , 50(11), 493-494. 2. Nowicki Hnatiuk, C. (2012). "Mentoring Nurses Towards Success." <i>Minority Nurse Magazine</i> , 43-45.
4	Completion of Mentor Development Plan by mentee and mentor.
5	Initial meeting in person to review and agree upon a plan and discuss best options for connecting (in person, online, phone, text).
6	Monthly (at a minimum) connections between mentee and mentor with agenda items for discussion.
7	Final review of mentor plan and document progress and next steps.
8	Completion of mentor and mentee satisfaction survey via REDCap® online survey sent by email.

Outcomes Measured

There were several outcome measures for this pilot program including:

1. The development of the structure and process for a mentor program between new nurses and mentors within the organization
2. The participation and completion rates of mentees and mentors
3. The rate of those who complete a mentor plan between mentees and mentors
4. The rate of completion of monthly (or more) contacts between mentees and mentors
5. Satisfaction survey results from mentees and mentors, which measure:
 - a. Contributions to professional growth and development
 - b. Mentee-Mentor relationships and communication
 - c. Transition to the workplace
 - d. Ability to solve work-related issues and problems
 - e. Overall satisfaction with the program

Instruments

Multiple guides and tools were used for this program which were directly, or adapted, from the AMSN Mentor Program to best meet the organization's needs and goals of the project. The AMSN gives permission for free use of all resources and tools directly on the website (AMSN, 2020) and was confirmed via email correspondence (R. Donahue, personal communication, April 13, 2020). The ones used for this program are outlined below, and the actual tools are provided in the Appendices F, G,H and I. The satisfaction survey results were the most informative in terms of measuring the success of the program, if it met its intended purpose, and any areas of improvement for the development of a formal mentor program for all new nurses.

1. Mentor Program Plan: this guide was to help establish goals for the mentor relationship and meet the needs of mentee. The plan included goals to advance the mentees professional development.
2. Mentor/Mentee meeting agenda template: this helped both the mentor and mentee plan for scheduled meetings (in person, by phone, online, texting and/or combination) to maximize the time together and to keep the focus on the development plan.
3. Program satisfaction survey for mentees and mentors: these survey tools, adapted from the AMSN surveys measured several aspects of the program via Likert scale responses.

Project Timeline

The project started in September 2020 with recruitment and pairing of mentees and mentors. Interventions and data collection continued through February 2021. Data analysis took place in March 2021 and initial dissemination of findings begin in April 2021 with future plans for professional internal and external publication.



Resources

The resources needed to conduct this pilot program were all available internally at the practice site's Center for Clinical and Professional Development (Center). The Program Director was a key partner in this project, is highly vested, and was a strong resource to assist with the evaluation and dissemination. The organization uses REDCap[®] and this system was readily available to help develop the electronic version of the survey questions and tools, and to evaluate the interventions. The Center has a REDCap[®] SME who assisted as needed with the technology and data management. The hospital also has a department of nurse researchers which was accessible for assistance and vetted the project for approval versus the Institutional Review

Board. In addition, the secondary advisor holds a leadership position within the Center and has served as such on other DNP projects. He was vested in the project and in my success. There were no costs associated with this project except the time involved for the DNP student, participants, and the advisors.

Evaluation Plan

The program was fully evaluated by the DNP student and the Program Director while the program was being implemented for opportunities to adjust and improve processes if necessary and at completion. A logic model was used to evaluate this project. Logic models are used by leading organizations and agencies as a useful tool that graphically represents the elements of a project (such as resources, interventions, outcomes) and the relationship among them and the anticipated effects (CDC, 2018). The logic model for this pilot program is included in the Appendix D.

Data Analysis

Data was collected using online surveys via REDCap[®] (Research Electronic Data Capture) through the practice site. REDCap[®] is a secure, web-based application designed to support data capture for research studies, providing 1) an intuitive interface for validated data entry; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4) procedures for importing data from external sources. Participant data was collected by tracking the numbers of potential participants and email responses/confirmations of those who agreed to participate. Data that was captured via REDCap[®] surveys included:

1. At the end of September (month 1) a short online survey was sent to mentees asking if they:

- a. met with their mentor (Y/N and if N what was the barrier?)
 - b. did they complete a mentor development plan with their mentor (Y/N and if N what was the barrier?)
 - c. is this a good match for you? (Y/N and if N “you will be contacted by the Program Director to discuss.”)
2. At the end of each subsequent month, a short online survey was sent to mentees asking if they:
- a. met with their mentor that month (Y/N and if N what was the barrier).
 - b. how many times they met
 - c. how did the meeting take place (phone, online, in person, text, other – choose all that apply).
3. The appropriate program satisfaction survey for mentors and mentees was sent to each mentee and mentor at the completion of the program (month 6).

Descriptive statistics was used to report on participants. Responses to the check-in monthly surveys was documented (Yes/No) and any comments were reviewed closely to identify barriers and common themes. The survey results were analyzed for mean Likert scale responses for each question. Comments and feedback were reviewed thoroughly for common themes that informed areas of opportunity and improvement. Because surveys were completed online via REDCap®, the capability of sorting and reporting on data was relatively easy with the software tools.

Results

The DNP student had REDCap® access to develop, edit, distribute, and view the surveys and the results, and to use tools within the system to create charts. An excel spreadsheet was used to capture the data for each monthly survey and the final satisfaction survey results for each participant. The spreadsheet did not contain any personal information on participants and was kept on the DNP student's laptop which was password protected and only used by the student. The data and results were reviewed and confirmed by the Program Director for the Transition to Practice Program who is also on the DNP project advisor team at the practice site.

The results of the pilot program were as follows:

- A structured pilot program was developed and implemented over six months, including monthly (at a minimum) mentee-mentor connection, creation of an individual plan for the mentee, and completion of a final satisfaction survey.
- Mentee demographics: 88% (7) were female and 12% (1) was male. 100% have a BSN, have been a nurse for one year or less and work on inpatient units as a staff nurse.
- Mentor demographics: 88% (7) were female and 12% (1) were male. Years in nursing ranged from 6 to 40 years with the average of 12.5 years of experience. All worked on inpatient units in leadership roles and all have graduate degrees in nursing.

By measuring participation and engagement in the program and results of the satisfaction survey, the DNP student aligned results with the project aims. To evaluate the first aim of increasing mentees' knowledge and value in mentorship, the frequency and consistency of monthly meetings/connections were analyzed: 100% of mentees met with their mentors in

October (the first month), 38% met in November, 25% met in December, 38% met in January, and 25% met in February.

To evaluate the aim of overall satisfaction with the program, the survey results were analyzed: 63% of mentees and 75% of mentors completed a final satisfaction survey. Eighty percent of mentees strongly agreed or agreed to satisfaction with the program. Sixty-seven percent of mentors strongly agreed or agreed with satisfaction with the program.

To evaluate the objective of 80% successful recruitment of new nurses who completed a transition to practice program, recruitment and participation rates were analyzed.

- Eight mentees were recruited and paired with a seasoned nurse mentor. This represents a 22% participation rate of all new nurses (36) who were included in the recruitment efforts.

To evaluate the remaining objectives, completion rates were analyzed:

- Three mentees (38%) completed the full program and met with their mentors every month.
- The following percentage of mentor/mentee meetings took place by month: 100% the first month and 38% each consecutive four months.

Satisfaction survey results for mentors and mentees are below:

- Mentee Satisfaction Survey Results: 63% of mentees completed the survey and there was no missing data as all questions were answered on all surveys. The following table presents the questions and responses.

Question	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The program assists with developing supportive relationships	40%	40%	20%	0%	0%
The program contributes to professional growth	40%	40%	20%	0%	0%
The program enhances ability to problem-solve work issues	20%	60%	20%	0%	0%
Satisfied with communication with mentor	40%	40%	20%	0%	0%
Satisfied with meetings with mentor	40%	40%	20%	0%	0%
The program was helpful to transition to the workplace	20%	60%	0%	20%	0%
Overall satisfaction with the program	40%	40%	0%	20%	0%

The survey results indicate strong satisfaction with the program and that, for most mentees, the program was helpful with transition to the workplace. The results also reveal opportunities to strengthen the mentor/mentee relationships and meetings.

In addition to the quantitative survey results, the mentee participants provided comments on both the surveys and in emails to the DNP student. Because the mentee sample size was small, the DNP student offered participants the opportunity to also provide feedback through a Zoom, phone call, or email in addition to the surveys. Comments included:

- “This was super helpful. My mentor helped me come up with different career goals in nursing based on exploration through conversation. She gave me some concrete ways to reflect and how to start taking small steps to grow myself as a nurse.”
- “More structure and guidance were needed. I think it was too much for me to try and develop future career goals when just starting and not even knowing the job well yet. I think overall more structure for the mentee and mentor would be ideal. Also think this would have been more beneficial in non-covid times with group meetings, activities, etc.”
- “I have lost touch with my mentor. We formed a good bond, but I feel as though communicating online was a barrier along with the current circumstances of COVID. I apologize. I appreciated the opportunity to participate in this pilot.”
- “Having someone outside of my work unit who is objective is really helpful, someone who is not my boss or my co-worker. It is really hard to communicate in a virtual world and would have been much better if we had met all the time in person.”
- “Everyone is sadly burned out.”
- “Our unit has a Facebook page that we all love. It’s hard to stay on top of emails. We don’t always read them.”
- “A nursing director sees nursing through the lens of a career, where I am still a beginner bedside nurse, learning how to anticipate signs of symptoms of potential problems before they start. I am grateful for (my mentor’s) wisdom she shared with me. The format she suggested reflecting on nursing annually will make me a better nurse both bedside and career wise. But, being a novice, I think a proficient nurse would have served me better than an expert at this time in my career.”

Mentor satisfaction survey results: 75% of mentors completed the survey and there was no missing data as all questions were answered. The following table presents the questions and responses.

Question	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The program enhances my contributions to the nursing profession	33.3%	50%	16.7%	0%	0%
The program contributes to my personal satisfaction as a nurse	33.3%	50%	16.7%	0%	0%
Developed a supportive relationship with mentee	33.3%	16.7%	33.3%	16.7%	0%
Enhanced mentees ability to solve work-related issues?	0%	50%	50%	0%	0%
Satisfied with communication with mentee	33.3%	16.7%	33.3%	16.7%	0%
Satisfied with discussions at meetings with mentee	33.3%	33.3%	33.3%	0%	0%
This mentoring helps the nurse transition to the workplace	20%	60%	20%	0%	0%
Overall satisfaction with the program	33.3%	33.3%	33.3%	0%	0%

The mentor survey results are similar to the mentee survey results in terms of overall satisfaction with the program and help with transitioning the new nurse to the workplace. Most respondents also strongly agreed or agreed that the program contributed to positive professional

satisfaction in their nursing practice. Based on the results, there are opportunities to enhance the mentee/mentor relationship.

Mentor participants were also invited to share comments and feedback in the survey and via email, phone, or Zoom. They included:

- “In speaking with my mentee I think she would have like a little more structure in terms of the form she was given...I think she had some trouble with some of the open ended ness of the discussion topics and questions. Otherwise I think we had a pretty good rapport and we're able to talk through some issues. I would love to be considered for the program moving forward.”
- “In true transparency, I wish I made this more of a priority. I truly believe the covid climate and restrictions made meeting more difficult. We were able to connect a few times via e-mail and text but were unable to progress past these modes of communication.”
- “I hope others are having as positive an experience as we are.”
- “We only met once. I encouraged her to reach out with follow up meeting times but did not hear from her.”
- “Things are going well with my mentee and we have been meeting every couple of weeks or so. I wanted to say that this is an incredible experience and I think has been very valuable for us both. Perhaps my mentee just really needs this, but I think it is generally a great thing for these new nurses.”

The tools and satisfaction surveys used in this pilot program were adapted from the AMSN Mentor Program and have been used extensively by the organization and others who have developed nurse mentor programs.

Discussion

This pilot mentor program was planned prior to the unforeseeable changes that the global COVID-19 pandemic would have on the practice site and the implementation and evaluation processes. The pandemic impacted organizational priorities, staff nurse and leader workload, levels of engagement, access to personal connections, and access to the practice site for several months. As a result, slight changes were made, and expectations were adjusted to proceed with implementation. Changes include an extended recruitment period, a smaller sample size, a pivot to virtual connections, additional email reminders to encourage participation, and additional means of gathering qualitative feedback. The recruitment of new nurses proved to be far more difficult than expected. Nurse engagement was challenged throughout the organization as the hospital continued with high volumes of patients with COVID-19. Despite the challenges and pivots, valuable insights were gained. Overall, participants reported satisfaction with the program and several commented on the value of and need for mentorship. These findings validate a gap in transition to practice for new nurses. The relative lack of engagement to complete the program suggests opportunities to develop additional engagement strategies and innovative ways to support mentee and mentor connections. Lastly, additional structure and direction may benefit participants. It is unclear if the virtual environment in which this program was delivered was a barrier, and a blended program for convenience and flexibility may be the best option.

Limitations

There were several limitations to the project. The climate of the global pandemic posed many restrictions on the implementation plan as previously stated. The resulting small sample size and attrition rates impact the ability to generalize the findings to a broader audience. The inability to personally meet with mentees and mentors to explain the program hindered relationship-building. The virtual connections between mentees and mentors also appear to have negatively impacted building solid relationships, which is a hallmark of successful mentorship.

Implications for Practice

The results of this mentor program support the organization's need to develop a formal, structured mentor program to incorporate into the transition to practice program for new nurses. Through such a program, new nurses will gain added support and enculturation that fosters retention and planning for their individual professional development. Mentorship also benefits the mentor. A formal mentor program will bring added value to seasoned nurses and their practice through professional contributions to nurturing new nurses.

Implications for Policy

There are many ways that the demands for competent nurses are being addressed on local and national levels through policy. The projected supply of qualified nurses to deliver care to the aging US population is questioned (AACN, 2020). The US labor statistics predicts that nursing jobs are projected to grow by 7% between 2019 and 2029, faster than all other professions (BLS, 2021). Given the current and looming shortages, coupled with anecdotal suggestions that more nurses will exit the workforce following the extreme working environments during COVID-19, interventions to retain nurses are imperative to implement. Mentorship, demonstrated to promote

job satisfaction and retention, is one effective intervention that can be incorporated into language in policies on nursing workforce issues. As an example, the state of Maryland became the first to require that all new nurses complete a nurse residency program (also referred to as transition to practice) as a means of promoting competence, confidence and long-term retention of new nurses. Mentorship is an important element of such programs (ANPD, 2019). Other states may follow suit with similar policy. In addition, the revised and soon to be published Nursing Scope and Standards of Nursing Practice, 4th edition (ANA, 2021) includes a new section on mentorship and the importance of “paying it forward” to new nurses. This further underscores the importance of mentorship in nursing practice.

Implications for Executive Leadership

Staff nurse engagement and retention are pressing priorities for nurse leaders during this time of post COVID-19 recovery plans and profound change. Leadership competencies must continue to evolve. Amid the global COVID-19 pandemic, a looming nursing shortage, and shifting nurse demographics, the need for nurse leaders who can successfully engage their staff members and teams is essential. Having a strong mentor who can provide support and guidance will be valuable towards promoting engagement, especially for new nurses who entered the profession during the global pandemic as well as for those who are entering a time of continued strain and change during the recovery phase. The financial implications of engagement and related staff turnover is of great importance to nurse leaders. Mentorship should be highly valued and supported by executive leaders.

Implications for Quality and Safety

Healthcare providers all have patient safety and quality as a primary aim and are also held to achieve quality patient outcomes by regulatory agencies such as The Joint Commission and the Centers for Medicare & Medicaid Services. Having competent nursing staff, including new nurses, is essential to achieve these outcomes. New nurses move through the advance beginner to competent stages through ongoing training and education in a supportive, nurturing environment. Mentorship, through building supportive relationship, has been demonstrated to improve competence, quality of care and improved patient outcomes (Mason, 2015) thus contributing to meeting patient safety and quality aims.

Plans for Sustainability and Future Scholarship

There is strong interest from the practice site in the results of this pilot program, and plans are already in place to implement some of the recommendations. The next cohort of nurse residents will have an interactive learning session on mentorship during their transition to practice program, which will emphasize the distinction between their preceptor(s) and a mentor. Elements of mentorship are being incorporated into the organization's current preceptor development program. The plans for a formal, structured mentor program are in development and the findings and recommendations from the pilot program are being integrated. The subsequent mentor program will also be evaluated for continued opportunities for improvement and will include new best practices from environmental scanning and the literature. Given the lack of research studies on nurse mentorship, future work in this area is needed to augment the expert opinions and quality improvement projects that have demonstrated positive outcomes.

Conclusion

This pilot mentor program, modeled after best practices from the literature, was implemented with a convenience sample of former nurse residents who had recently completed a transition to practice program. The anticipated outcomes varied from the actual outcomes due to many challenges resulting from the COVID-19 pandemic. Despite the challenges, important findings and insights were achieved. Currently, the organization is planning for new nurse residents' cohorts and expansion of their transition to practice program to include additional clinical specialties. The outcomes of this pilot program are being used to guide the development of a comprehensive, formal mentor program for all new nurses who enter the transition to practice program and further evaluation of its success will be ongoing.

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Appendix A: SWOT Analysis

SWOT Analysis

	Helpful To achieving the objective	Harmful To achieving the objective
Internal Origin {Attributes of the organization}	Strengths <ul style="list-style-type: none"> • Culture of learning and professional growth • Strong leadership • High level of engagement among peers and colleagues • Positive reputation with patients, clinicians, community • Financial stability • Low turnover rates for new and seasoned nurses 	Weaknesses <ul style="list-style-type: none"> • Consensus vs. Majority regarding decision making can impact timeliness and forward movement • Limited expertise among all nurse leaders on shared vision for mentorship with newly licensed nurses • Limited consistency among nursing practice settings on process and best practices on transition to practice • Competing demands and priorities among many improvement initiatives can dilute focus and sustainability
External Origin {Attributes of the organization}	Opportunities <ul style="list-style-type: none"> • Broad depth of national and international relationships with other health organizations resulting in new ideas, synergies • Innovative trends and models in health care can leverage nursing skills and talents • Use of technology to expand care and access • Relationships with schools of nursing 	Threats <ul style="list-style-type: none"> • Competition, new value-based payment models focused on quality relative to costs • Living up to external perceptions and expectations as “the best/a leader” – little room for imperfection • Consumerism and shopping around for best value • New technologies and innovations that challenge inpatient acute care models of care

Appendix B: Evidence Table

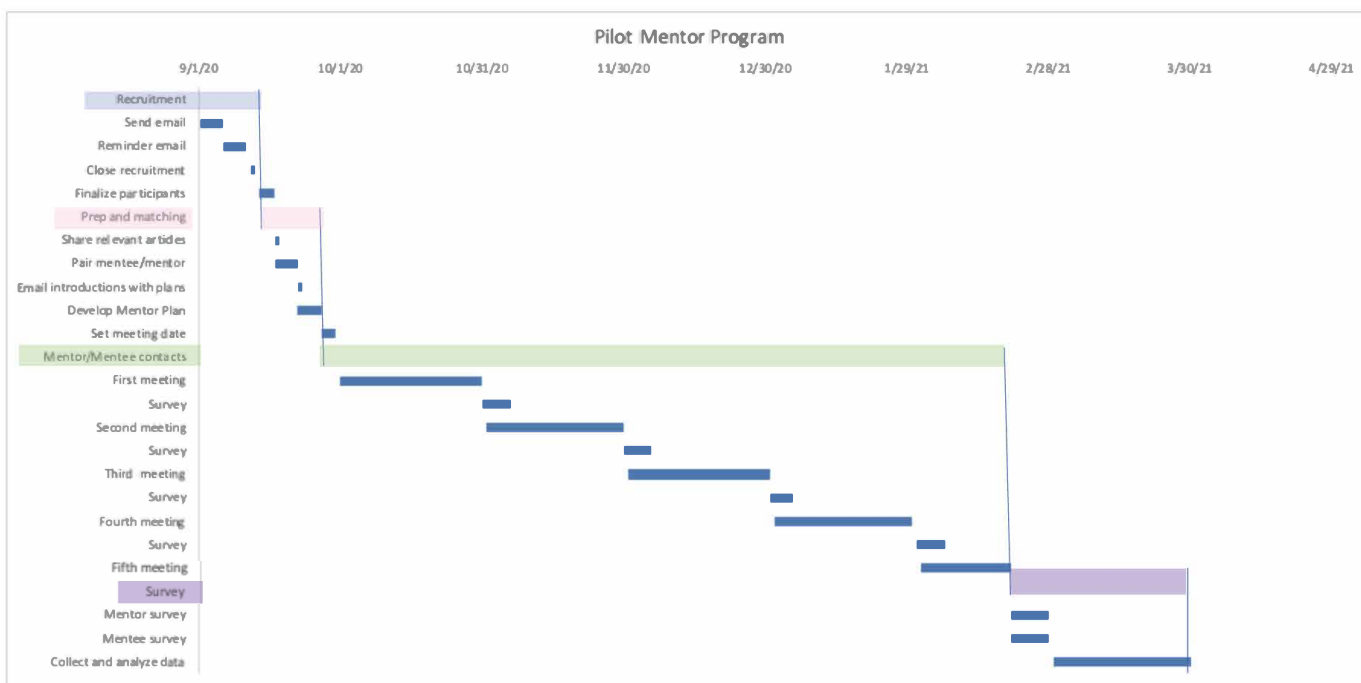
Article #	Author & Date	Evidence Type	Sample, Sample Size, Setting	Study findings that help answer the EBP Question	Observable Measures	Limitations	Evidence Level & Quality
1	Academy of Medical-Surgical Nurses (AMSN) (2012)	Program Guideline	The target audience is those intending to implement mentoring with new nurses	Newly licensed nurses should be engaged in a formal mentoring program with evidence-based elements to support their professional growth, retention, and careers	N/A	No research findings, 8 years old and needs updating to reflect contemporary practice	Level IV Quality A
2	Chant & Westendorf (2019)	Systematic Literature Review	N/A	Mentoring was frequently cited (5 articles) as a best practice for nurse residency program	N/A	No research article included in the reviews, limited to 18 articles	Level V Quality A
3	Cochran (2017)	Systematic Literature Review	N/A	Effectiveness of nurse residency programs is well documented. Many identified mentoring as a best practice in several articles.	Outcomes measured included turnover, retention, critical thinking, communication and confidence	Lit review included very few experimental studies, only included 15 articles, several older articles in the review	Level V Quality B
4	Gazaway, Gibson, Schumacher & Anderson (2019)	Focus Group/ Qualitative	7 novice nurse leaders in 1 st year of employment, focus groups held in school of nursing	Positive impact of mentoring on professional socialization	Common themes identified among subjects' responses: competence, comfort, confidence	Small sample size, convenient sample, did not provide details of the mentor relationship or how structured	Level III Quality C

5	Glassman (2020)	Case study of a best practice	Newly hired nurses in a MICU. No sample size provided.	Mentor program resulted in new nurses feeling supported and positively impacts retention	Positive survey results about the mentor program	No sample size or description of survey respondents. Limited information about survey – was not included	Level V Quality C
6	Jakubik, Weese, Eliades, Huth (2017)	Expert Opinion, Case studies	N/A	Definition, purpose, timing, value of mentoring is supported by the authors		Limited citations to support claims and arguments, dated references	Level V Quality B
7	Jakubik, Eliades, Weese, (2016).	Expert opinion	Target audiences are staff nurses and organizations	Mentoring is a best practice for nursing and adapted from other industries – first article of a “how to” best practices series	N/A	Limited citations and older references – high reliance on main author’s prior work, not replicated. References many articles with best practices but minimal offered	Level V Quality C
8	Jones (2017)	Pilot: quasi-experimental	Convenience sample of Emergency Department nurses in one hospital with 1 year experience, recommendation from manager	Statistically significant increase in several aspects of job satisfaction pre and post mentoring program using a valid tool: McCloskey / Mueller Job Satisfaction Scale	Intent to Stay/Leave Job Job Satisfaction	Sample size not included, limited description of results, measurements at 3 months too limiting	Level II Quality B
9	Kostrey Horner (2017)	Non-experimental, mixed methods	Convenience sample of 69 nurse practitioners in an urban health center	All participants reported positive impact of mentoring on job satisfaction using pre and post nurse practitioner	Level of job satisfaction Retention (as influenced by	Small, convenience sample	Level III Quality A

				job satisfaction scale	job satisfaction)		
10	Kowalski (2019)	Expert Opinion	Targeted to professional development and clinical nurses	Important distinctions among mentor, preceptor and coach with clear definitions of each.	N/A	Limited references	Level V Quality B
11	Pennington & Driscoll (2019)	Quality Improvement	New hire nurses in a home health agency	Increased retention rates after implementing a new orientation program that included mentoring	First year retention rates of newly hired nurses in the home care agency	Lacks specifics on the sample size/participants, dated references	Level V Quality B
12	Scott-Herring & Singh (2017)	Quality Improvement	5 newly hired nurse anesthetists 12 preceptors CRNA practice in a large academic medical center	Overall satisfaction with the preceptor/mentor experience via post survey and increased post scores by participants in satisfaction, comfort and confidence	Satisfaction with mentor experience, confidence with abilities and comfort with new role.	Small sample size, changes in leadership during the project impacted implementation, difficult to ascertain sustainable benefits to the new hire	Level V Quality B
13	Verret & Lin (2016)	Quality Improvement	Newly hired pediatric nurses in a complex pediatric unit at a major medical institution	Newly hired nurses reported increased confidence, belonging, comfort in their role, sense of belonging	Increased confidence, belonging, comfort in role among newly hired nurses in pediatrics	Small sample size, not all participants completed surveys, limited to one unit and need to expand	Level V Quality B
14	Williams, Scott, Tyndall, Swanson (2018)	Retrospective cross-sectional	3,484 newly licensed nurses who participated in the Versant RN residency	Mentoring demonstrated high responses on surveys for ease of transition to	Group mentoring vs. one-to-one on ease of transition,	Outcomes were explored in only one transition to practice model, lack of	Level III Quality A/B

			model (124 US hospitals in 14 states throughout the country). 43% BSN, 40% AD female.	practice, professional growth and ease of stress. No significant impact on turnover intention and development of skills related to mentoring.	professional development, stress, turnover intent and comfort for new nurses measured via analysis of Versant survey tools.	qualitative data from new nurses to expound on perceived value of mentorship.	
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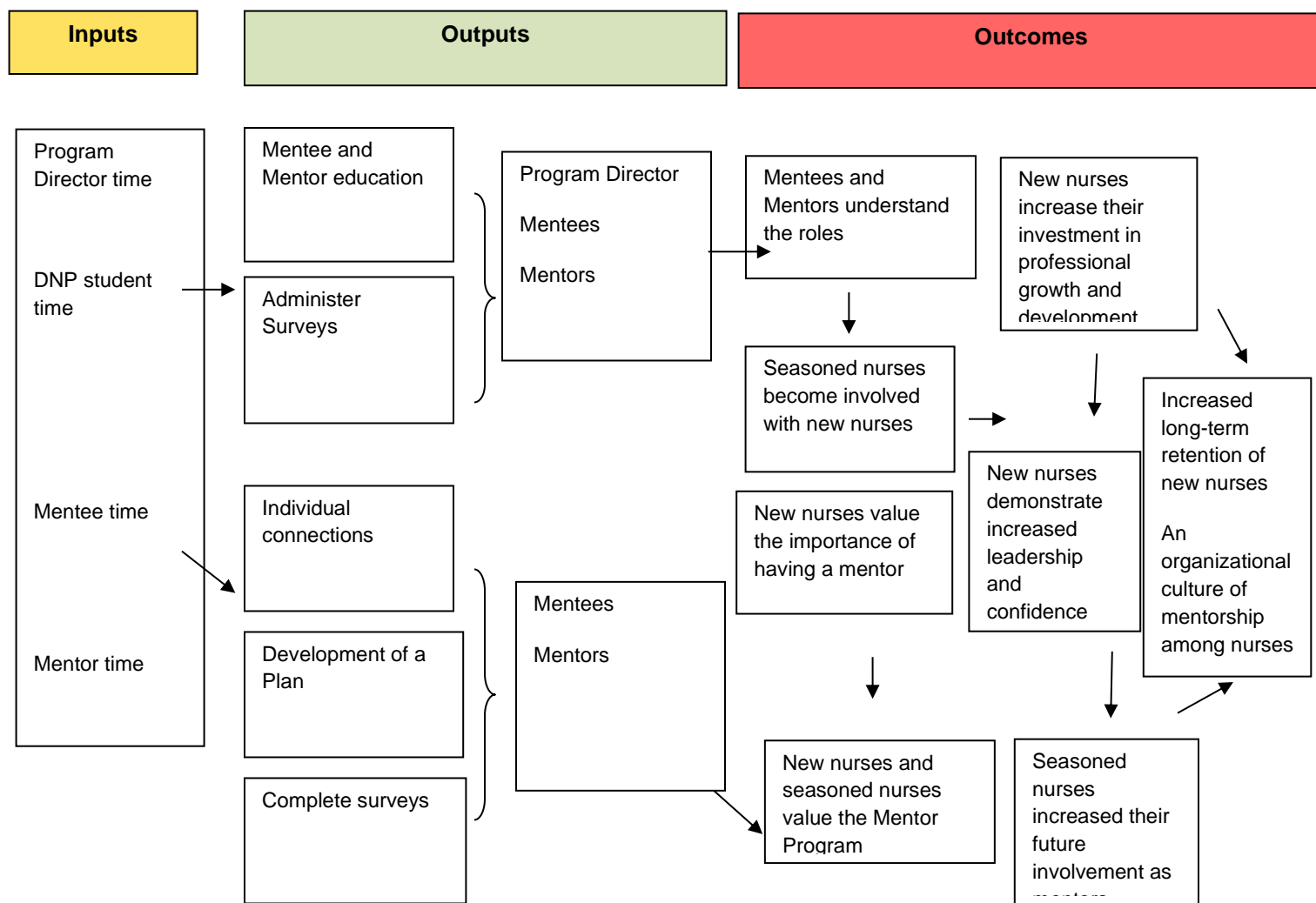
Appendix C: Gantt Chart: timeline of interventions



Appendix D: Logic Model

Situation: An established transition to practice program for newly licensed nurses lacks a mentor component. Mentorship is demonstrated to have positive impact on nurses' job satisfaction, professional growth and development, and retention.

Program Goal: Implement and evaluate a pilot mentor program for new nurses who have completed the transition to practice program within one year. Results will inform the development of an organizational program for all new nurses.



Assumptions

Mentorship has positive outcomes such as retention, increased focus on professional growth and development, and job satisfaction. New nurses lack adequate mentorship after completing their onboarding and

External Factors

National high turnover rates for new nurses

Increases in transition to practice programs, including

Appendix E: Email recruitment message

Dear former nurse resident,

I'm pleased to offer you the opportunity to extend your successful nurse residency experience by participating in a pilot mentor program. We recognize the value of mentorship as you begin to contemplate your professional growth and development with our hospital, and your engagement in this pilot program will support you in this effort.

This program, beginning in September 2020 and ending in February 2021, will involve several interventions: learning about the role of mentorship and how it differs from the role of your preceptor(s), matching you with a more seasoned nurse mentor, facilitating monthly meetings/connections, developing a mentor plan, and completing a series of short monthly surveys and one final satisfaction survey.

This is a completely voluntary program. Your participation and input will help inform the transition to practice Program Director and other key stakeholders as they develop a formal, comprehensive mentor program for all newly hired nurses at the hospital. The only cost to you is your time. You will not be financially compensated for your participation. The benefit is gaining support and guidance from a nurse mentor who will assist you with your professional goals.

Please respond to this email by xxxx to indicate your interest in participating. I am available to answer any questions via email, by phone, or in person.

Appendix F: Mentoring Program Plan

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

GOALS: What do you both want to achieve with this mentoring program? What do you want your outcomes to be?

EXPECTATIONS: What are your expectations of each other? (Refer to the Introduction to Mentoring Article for assistance in developing expectations.) I expect my mentor to... I expect my mentee to...

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

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

Appendix G: Meeting Agenda Guide

This tool is used to create an agenda for meetings with the mentor. Complete 1 and 2 in advance of the meeting. Complete 3-6 during / following the meeting.

1. Goals for This Meeting:

2. Topics/Issues to Discuss:

3. Accomplishments During This Meeting:

4. Tentative Goals for Next Meeting:

5. Other:

Appendix H: Mentor Satisfaction Survey Questions

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

1. To what degree does this mentoring enhance your professional contributions to professional nursing?

Little 1 2 3 4 5 Much

2. To what degree does this mentoring contribute to your personal satisfaction as a professional nurse?

Little 1 2 3 4 5 Much

3. To what degree have you been able to develop a supportive relationship with your mentee?

Little 1 2 3 4 5 Much

4. To what degree have you been able to enhance your mentee's ability to assess and resolve work-related issues?

Little 1 2 3 4 5 Much

5. How satisfied are you with communication with your mentee?

Little 1 2 3 4 5 Much

6. How satisfied are you with the discussions at your meetings with your mentee?

Little 1 2 3 4 5 Much

7. To what degree do you think this mentoring helps the nurse transition into the workplace?

Little 1 2 3 4 5 Much

8. Overall, how satisfied are you with this mentoring relationship?

Little 1 2 3 4 5 Much

9. Additional comments and feedback:

Appendix I: Mentee Satisfaction Survey Questions

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

1. To what degree does this program assist you in developing supportive relationships?

Little 1 2 3 4 5 Much

2. To what degree does this program contribute to your professional growth?

Little 1 2 3 4 5 Much

3. To what degree does this program enhance your ability to problem-solve work-related issues?

Little 1 2 3 4 5 Much

4. How satisfied are you with communication with your mentor?

Little 1 2 3 4 5 Much

5. How satisfied are you with the discussions at your meetings with your mentor?

Little 1 2 3 4 5 Much

6. To what degree do you think this program is helpful in your transition to the workplace?

Little 1 2 3 4 5 Much

7. Overall, how satisfied are you with this program?

Little 1 2 3 4 5 Much

8. Additional comments and feedback: