Establishing a Nurse Mentor Program to Improve Nurse Satisfaction and Intent to Stay

Sara Jane Jones
Eastern Kentucky University, sarajane_jones227@mymail.eku.edu

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Establishing a Nurse Mentor Program to Improve Nurse Satisfaction and Intent to Stay

Submitted in partial fulfillment of the requirements for the degree of Doctor of Nursing Practice
at Eastern Kentucky University

By
Sara Jane Jones
Princeton, Kentucky
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Abstract

Retention of new graduate registered nurses (RNs) is a problem within the healthcare system negatively impacting patient safety and health care outcomes. The problem of retention of qualified RNs is compounded by the potential shortage of RNs, the aging RN workforce and the aging US population. During a period of transition, a novice RN requires the guidance of others to learn to apply theoretical knowledge to real life clinical experiences. In the linear progression of Benner’s levels of clinical competency, the beginning two levels of nurses need a resource person to guide their progression in clinical practice. A mentoring relationship can help the nurse accelerate through the novice to expert continuum. Mentoring is an intervention to foster support and socialization of new RNs to an organization or unit. A nurse mentor program was developed and implemented with the purpose to improve nurse satisfaction and intent to stay. A pre and post intervention design was implemented in a rural Emergency Department to evaluate nurse job satisfaction and intent to stay in the job. Intent to stay in the job mean scores increased and the RN participants reported program satisfaction through verbal and written feedback.

Keywords: retention, mentor, turnover, new RN, nurse mentor program
Establishing a Nurse Mentor Program to Improve Nurse Satisfaction and Intent to Stay

By

Sara Jane Jones
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Establishing a Nurse Mentor Program to Improve Nurse Satisfaction and Intent to Stay

Retention of new graduate registered nurses (RNs) is a problem within the healthcare system negatively impacting patient safety and health care outcomes. Study findings report 18 – 30% of new RNs leave practice within the first year following graduation (Bowles & Candela, 2005; Kovner, Brewer, Greene & Fairchild, 2009). Attrition rates for the first two years of practice are as high as 57% (Ulrich et al., 2010). Compounding the retention problem is the increased demand for RNs at a time when a national shortage of RNs threatens the delivery of safe patient care across the United States (Needleman et al., 2011). Fewer RNs result in insufficient staffing levels negatively impacting patient outcomes and decreasing nurse job satisfaction.

Job satisfaction has been linked to retention and adequate staffing in acute care settings (ANA 2015; Brewer & Kovner, 2008). The high turnover rates can decrease the number of RNs available for direct patient care and consequently limit the number of experienced RNs serving as clinical leaders and mentors for new RNs. Lack of experienced RNs has been shown to decrease the quality of care and negatively impact patient outcomes (Jones, 2008; Needleman et al., 2011). Additionally, costs for replacing one RN are estimated at 1-3 times the annual salary further escalating health care costs and economic burden on the health care system (Abualrub, Omari, & Al-Zaru, 2009; Jones, 2008). Poor retention of qualified RNs is a problem affecting the quality of patient care and a contributor to escalating health care costs.

The problem of retention of qualified RNs is compounded by the potential shortage of RNs, the aging RN workforce and the aging US population. The average age of the RN population is 47.0 years, which has increased from 46.8 years of age in 2004 (U. S. Department of Health and Human Services Health Resources and Services Administration [HRSA], 2010).
According to the National Council of State Boards of Nursing and The Forum of State Nursing Workforce Centers, 55% of the RN workforce are age 50 or older (Budden, Zhong, Moulton, & Cimiotti, 2013). The loss of RNs through retirement will decrease the supply of expert RNs in the workforce. At the same time the increasing age of the baby boomer population will increase the demand for health care services (Centers for Disease Control [CDC], 2013). The loss of expert RNs has threatening implications for patient care quality because the expert RN is equipped with experiential knowledge and clinical judgment skills needed for clinical management of patients (Benner, 1984; Bleich et al., 2009). Because newer RNs lack the experience-based knowledge, the quality of patient care in the absence of seasoned RNs has the potential to be lessened.

Losing RN manpower through turnover raises the level of stress, impacts job satisfaction, decreases the amount of time nurses can spend with their patients and decreases quality of patient care (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2006; Rafferty et al., 2007). Kovner et al. (2007) reported that 37% (n = 3,266) of RNs felt ready to change jobs. Additionally, lack of intent to stay has been linked to decreased retention rates (El-Jardali, Dimassi, Dumit, Jamal, & Mouro, 2009; Zeytinoglu et al., 2006). Aiken, Clarke, Sloane, Sochalski, & Silber (2002) found a 23% (OR, 1.23; 95% CI, 1.13-1.34) increase in nurse burnout and dissatisfaction was related to nurse workload. With fewer RNs available to share the workload, nurse-patient staffing ratios increase leading to decreases in job satisfaction (Rothberg, Abraham, Lindenauer, & Rose, 2005). In the absence of job satisfaction, RNs are leaving positions creating a decrease in the available nurse manpower, which negatively impacts the quality of patient care delivered (ANA, 2015; Brewer & Kovner, 2008; Needleman et al., 2011).
While quality of patient care is affected by the lack of nurses available to care for patients (ANA, 2015), another consequence of poor RN retention is the negative affect on organizational costs. The fiscal implication of nurse turnover can be detrimental to an organization and to the nursing profession as a whole. Trossman (2013) reported the average cost of turnover for a bedside RN is between $36,000 to $48,000. With current cost estimates of $82,000 to $88,000 to replace and retain one specialty RN, a reduction in turnover equates to substantial savings (Jones, 2008). Ultimately, lack of nurse job satisfaction leading to turnover can cause an organization high replacement cost. This economic burden can result in increases in patient care costs and lowered bottom lines because of decreases in profitability, productivity, efficiency and quality (Joint Commission on Accreditation of Healthcare Organizations, n.d.). As a profession, nursing recognizes the negative implications resulting from high nurse turnover rates and this problem requires intentional action.

More specifically, retention of RNs in the Emergency Department (ED) is a problem (Buerhaus et al., 2000) with an estimated 20% turnover rate annually in emergency departments in the United States (Gillespie, 2008). New graduate RNs are often hired into these specialty areas in the absence of available experienced RNs (Race & Skees, 2010). Unpredictable shifts, high patient acuity and volume lead to workplace stress and RNs often perceive the environment as unmanageable (Adriaenssens et al., 2010). Emergency nurses often move from one emergent situation to another with very little recovery time with the consequence of burnout and turnover (Gates, Gillespie, & Succop, 2011; Hooper et al., 2010). Registered nurse turnover poses a challenge for ED leaders who strive to build and preserve a seasoned and competent workforce. Emergency Departments can require up to six months to orient new RNs and to fully recover from one RN staffing vacancy (Tang, 2003). Tang (2003) reported this lengthy orientation
period is related to the competency required to work in the highly acute ED environment. Quality of care is most successful when the RNs are experienced, maintain current work competencies and are satisfied in their work place (Tang, 2003). Satisfied RNs are focused on quality and patient centered care leading to higher performance (Needleman et al., 2011). Retention of qualified RNs is critical and nurse leaders are challenged to look for strategies to create a sustainable nursing workforce in the midst of a predicted RN shortage.

**Proposed Evidence-based Intervention**

Wieck, Dols & Landrum (2010) reported the key to retention is developing policies and practices that focus on using the strengths and skills of RNs to create a workplace environment in which RNs across all generations feel supported and valued. Healthcare organizations struggle with the best way to integrate new staff members, including novice and experienced RNs, into the organization. Mueller & McCloskey (1990) identified that social integration is an important concept to the job satisfaction of RNs, particularly those newly employed. Nurturing support in the workplace is an important aspect for RN satisfaction (Ho, 2006). One approach found to increase RN job satisfaction and retention is the use of trained mentors paired with newly hired or new graduate RNs to provide ongoing support, guidance and assistance (Fox, 2010; Ho, 2006; Mills & Mullin, 2008). According to the 2010 Institute of Medicine report on the future of nursing, mentoring is an effective way to strengthen the nursing workforce and improve the quality of care and patient outcomes.

The literature supports nurse mentor programs as an intervention to improve nurse satisfaction, patient satisfaction and as an organizational cost containment strategy (Greene & Puetzer, 2002; Halfer, Graf, & Sullivan, 2008; Ho, 2006; Jones, 2008; Fox, 2010). The purpose
of this project was to develop and implement a nurse mentor program to improve nurse satisfaction and intent to stay.

**Theoretical Framework**

Patricia Benner introduced her theory *From Novice to Expert* in 1984 and stated that clinical expertise is necessary for the advancement of nursing practice (1984). Benner’s (1984) novice to expert theory utilized Dreyfus’s five levels of competency to describe skill acquisition in clinical nursing practice. The novice to expert model theorizes that individuals, while acquiring and developing skills, pass through five levels of proficiency: novice/beginner, advanced beginner, competent, proficient, and expert. Benner (1984) stated as an individual progresses through the five levels of competency, it is clinical experience combined with knowledge development that appears to move the nurse from one level to the next.

**Stages of Clinical Competence**

Benner (1984) defined the novice as a beginner with no experience of the situation in which he/she is expected to perform. The advanced beginner is a nurse “… who can demonstrate marginally acceptable performance, one who [has] coped with real enough situations to note the recurring meaningful situational components” (p. 22). The competent nurse is “…a nurse who has gained two to three years of experience in the same work area or in similar day to day situations” (p. 23). Nurses who are proficient view situations as a whole instead of parts and use maxims to guide their performance. The expert nurse is one who has a deep connection and understanding of the situation. The gradual progression of the nurse through the stages of clinical competence constitutes a theoretical framework for understanding the mastery levels of practicing nurses and their ability to make clinical decisions.
Theoretical Application

Benner, Tanner, & Chesl (2009) described the novice and the advanced beginner nurse as someone who still requires a mentor or experienced nurse to assist with defining situations, to set priorities and to integrate practical knowledge. According to Benner (1984), when a nurse assumes a new role, they become novice again. In the linear progression of Benner’s levels of clinical competency, the beginning two levels of nurses need a resource person to guide their progression in clinical practice. Benner, Tanner, & Chesl (2009) described this resource as a mentor. A mentoring relationship can help the nurse accelerate through the novice to expert continuum. Benner suggested implementing transition programs to increase competency, confidence and satisfaction for new RNs in efforts to maintain a healthy work environment, which supports experienced RNs serving as mentors for novice RNs (Benner, Tanner, & Chelsa, 2009).

Review of Literature

Mentoring is an intervention to foster support and socialization of new RNs within an organization or unit (Ho, 2006; Fox, 2010; Mills & Mullins, 2008). During a period of transition, a novice RN requires the guidance of others to learn how to apply theoretical knowledge to real life clinical experiences (Benner, 1984). Given the challenges new RNs face in the initial transition to practice phase nurse mentor programs have been found to increase nurse job satisfaction, clinical proficiency and nurse confidence as well as provide structure, support and guidance (Fox, 2010; Ho, 2006; Mills & Mullins, 2008). Multiple studies were reviewed to analyze nurse mentor programs. Common findings emerged among the studies.

Mills & Mullins (2008) reported outcomes of a pilot-mentoring program designed to increase new RN job satisfaction and professional confidence and decrease attrition.
Recruitment focused on retaining a diverse population of RNs to include multicultural, multilingual and male nurses. A total of 450 newly hired RNs providing direct patient care were recruited from four acute care hospitals in California. The pilot program was implemented with the intent to develop a statewide program to improve RN retention and decrease cost.

The California Nurse Mentor Project (Mills & Mullins, 2008) included a formal 12-month mentor program. Newly hired RNs were paired with mentors to provide guidance during the early stages of their careers. The program included a certification for RN mentors and oversight of the mentor/mentee matching. The evaluation process focused on the process of the program and implementation and qualitative and quantitative measures of the effect of the mentorship experience on job satisfaction and professional confidence. Specific quantitative survey data were not provided. RN attrition rate was followed throughout the program.

Program participants had lower attrition rates than non-participants. The average attrition rate of the four hospitals was 8% (n=450). Net cost savings were estimated at $1.4 million to $5.8 million using RN salary estimates. Qualitative data gathered in project focus groups confirmed that mentors reported increased job satisfaction. Mentees reported the program had an effect on their professional confidence with an increased confidence score for two survey questions: “I have the skills to carry out my job responsibilities” and “I am good at what I do.” Mentees also reported the relationship with the mentor increased their professional confidence. The study report is limited by the lack of reported demographic data, identified survey instruments and statistical data.

Grindel & Hagerstom (2009) conducted a cohort study using a repeated measures design on the implementation of a formal 12-month nurse mentor program. This study implemented the Academy of Medical-Surgical Nurses mentorship program, Nurses Nurturing Nurses (N3), with
the purpose of enhancing nurses’ job satisfaction and intent to stay in the agency of employment. A total of 129 mentors and 96 mentees from 15 hospitals participated in the program. Nurse mentee participants were new graduate RNs providing direct patient care. The majority of the mentee sample was female (95.9%) with an average age of 30.66 years (range: 21 to 53 yrs). More than half of the sample (53.7%) was prepared at the associate’s degree level. The majority of mentors were female (96.2%) with an average age of 41.64 years with a bachelor’s degree (38%). Both mentors and mentees were employed in various nursing departments such as medical-surgical, critical care, labor and delivery, surgical services, pediatrics, and education.

Mentors and mentees were oriented to their role and provided monthly tips for mentoring success and tips for conversation starters by a program coordinator. The coordinator was responsible for matching the mentee/mentor dyads. Evaluation materials were collected four times over the 12-month period: at the beginning (time 1), at 3 months (time 2), 6 months (time 3) and 12 months (time 4). The mentee participants completed the nurse job satisfaction and new nurse confidence scale at the beginning of the program. At 3, 6, and 12-month intervals, the participants completed the new nurse confidence scale, intent to stay/job diagnostics, nurse job satisfaction, relationship with the mentor survey and the satisfaction with the N3 program survey.

Intent to stay was measured using part 3 of the Job Diagnostic Survey (Cronbach’s alpha 0.77), a 15-statement survey measuring the meaningfulness of the work, responsibility of the work and knowledge of the results. Responses were measured on a 7-point Likert scale (1, disagree strongly to 7, agree strongly) with a maximum total score of 105. Intent to stay peaked at 12 months suggesting participants were likely to remain in their current position. The authors evaluated the impact of the nurse mentor program on nurses’ intent to stay in the job. Intent to
stay was measured at times, 2, 3, and 4 with participants’ score moderately high throughout the first 6 months. Intent to stay in the job slightly increased from the 6-month evaluation (time 3) (Mean = 72.0, SD = 7.6, range = 60-93) to the 12-month (time 4) evaluation (Mean = 78.3, SD = 8.8, range = 65-91). There was no statistically significant difference between participants scores on intent to stay at time 2 (Mean = 72.7, SD = 7.3, range = 57-94) and time 3 (Mean = 72.0, SD = 7.6, range = 60-93) [t(25) = -0.38, p=0.970].

Job satisfaction was measured using the Nurse Job Satisfaction Scale (Cronbach’s alpha 0.83), a 26 item Likert scale (1, high satisfaction to 5, low satisfaction) questionnaire grouped into categories to address pertinent job satisfaction concepts such as perceptions of work, work conditions, autonomy, recognition, development, relationship with co-workers and management. The maximum total score is 130. Job satisfaction results were moderately high and remained stable thought the study. A one way repeated measures ANOVA was conducted to compare scores of job satisfaction at time 1 (beginning), time 2 (3-months) and time 3 (6 months). The ANOVA-RM indicated no change over the first six months of employment [F(2)=0.195; p=0.824]. Retention data were not reported. Limitations of this study included a small size (10 out of 96) at evaluation time 4 as a result of participant attrition and lack of reported data from the hospital program coordinators.

Fox (2010) also implemented a 12-month nurse mentor program with the purpose of increasing nurse satisfaction and decreasing turnover. The sample included 12 pairs of mentor/mentee matches from various units within a Catholic hospital. Mentees within the first year of their RN practice were recruited. Mentors and mentees were employed in adult inpatient, pediatric, medical-surgical, oncology, cardiac care, neonatal intensive care, joint and spine, bone marrow/transplant and emergency departments providing direct patient care.
The mentor program required a mentor and mentee training session, contract between mentors and mentees, mentors/mentees meetings at 1, 2, 4, 5, 8, 10 and 12 months, and evaluation forms. Nurse managers paired the mentors with a mentee based on educational background, shift similarity, similar work schedule, and similar personality style. A program specific evaluation survey was created by the author to measure program outcomes. The evaluation survey included 11-statements rated on a 4-point Likert scale (1, strongly agree to 4 disagree). The maximum total score is 44. Data were collected at 4-to-6 months and 6-to-9 month interval. Satisfaction scores improved in 75% of the participants with scores moving from agree to strongly agree on the Likert scale. Fox reported 100% of nurses participating in the mentor program were retained for a period of at least 1 year. Turnover rates for RNs at the organizational level decreased from 32% to 16.60% (n = 200) in the first year of the program. Low turnover rates were estimated to decrease organization costs by 6.29% for a total savings of $1,040,153 annually. Limitations for this study also included a sample size of 12 mentor/mentee pairs, lack of reporting demographic data and use of an author developed evaluation tool.

Halfer, Graf & Sullivan (2008) compared job satisfaction and retention of new graduate nurses before and after implementation of a formal 12 month Pediatric RN Internship. The sample included 296 new graduate RNs employed at a 270-bed urban Magnet-designated hospital. Eighty-five percent of the nurses employed were prepared at baccalaureate or higher level. The pre-implementation group included 84 nurses and 212 nurses participated in the Pediatric RN Internship program.

Job satisfaction and retention were measured via the Job/Work Environment Nursing Satisfaction Survey (Pearson-Brown split/half reliability of 0.89) developed by the investigator and used in previous studies (Halfer & Graf, 2006). The job satisfaction tool includes 21
statements with Likert scale responses (1, strongly disagree to 4, strongly agree) and four open ended questions. The survey was mailed to participants at 3, 6, 12, and 18 months of employment. The return rate for the mailed surveys was 79% (n = 296). Data were analyzed using a repeated measures mixed linear model. Mentees in the program reported an increase in job satisfaction in the post mentor internship evaluation as compared to the pre-internship evaluation. The post mentor evaluation revealed a mean average for all questions ranging between 3.11 and 3.79 indicating nurses agreed or strongly agreed with each statement.

Retention was monitored after the implementation of the Pediatric RN Internship Program. Voluntary turnover was calculated for the cohort prior to program implementation and the cohort after program implementation. Post program implementation turnover averaged 12% (n = 212) compared to the pre-program turnover rate of 20% (n = 84).

Similarly, Burr, Stichler, & Poeltler (2011) conducted a cohort study to examine the effects of a nurse mentor program on nurse retention. The formal 12-month program matched new graduates, re-entry RNs, or RNs new to a specialty area with experienced RN mentors. The mentor program was implemented in a 169-bed tertiary care hospital for women and newborns. The program included monthly 1-hour formal mentoring meetings. Both the mentors and mentees received a 3-hour orientation to the program as well as on going support from the mentor program leader.

A written evaluation was completed at the conclusion of the mentor program with the measurement of qualitative and quantitative data. The Final Mentoring Program Evaluation was an 11-item 5-point Likert-type scale (1, strongly disagree to 5, strongly agree) evaluation (Cronbach’s alpha 0.78) and had a mean score for the mentees of 4.21 a positive mentor experience. The total mean score for the evaluation tool for 2 years was $M = 4.48$ for mentors
Retention of new graduate RNs improved from a turnover of 20% to a 7% turnover after implementation of the nurse mentor program. A reduction in turnover rates led to substantial savings of more than $300,000 after the first year of implementation after consideration of the estimated program cost of $58,000 annually. Limitations of this study included the use of an author developed evaluation tool and lack of reported demographic data.

**Synthesis of the Literature**

Evidence in this review of literature supports the implementation of a nurse mentor program. Study findings validate the organizational impact of a nurse mentor program. Widespread uses of nurse mentor programs have been employed to produce positive outcomes and decrease RN turnover. The evidence included in this literature review is comprised of five studies. While there was no consistency in the specific type of nurse mentor program, there were common components among the studies.

Registered nurses in all studies were employed in hospital settings. Nurses in the studies were either new graduate RNs or new RNs to a specific unit and were responsible for providing direct patient care. Mentoring was used as an intervention to foster support and socialization of new RNs to an organization or unit (Fox, 2010; Grindel & Hagerstom, 2009; Mills & Mullins, 2008). In all of the studies, the nurse mentor programs made an intentional assignment of a nurse mentor to the new graduate or newly hired RN employee for a specific unit. The mentor-mentee match was established by a designated person within the facility (Grindel & Hagerstom, 2009; Fox, 2010; Mills & Mullins, 2008). All of the studies implemented the mentor-mentee as a one-to-one relationship for the program’s 12-month time frame (Burr, Stichler, & Poeltler,
Four of the studies reported using a formal mentor/mentee training session to orient the RNs to their respective roles and to the program components (Fox, 2010; Grindel & Hagerstom, 2009; Halfer, Graf & Sullivan, 2008; Mills & Mullins, 2008). Three studies found that monthly support sessions were an effective component for socialization of the nurses (Burr, Stichler, & Poeltler, 2011; Fox, 2010; Grindel & Hagerstom, 2009). All of the studies reported specific program outcomes and a defined evaluation process to evaluate the effectiveness of various components of the program (Burr, Stichler, & Poeltler, 2011; Fox, 2010; Grindel & Hagerstom, 2009; Halfer, Graf & Sullivan, 2008; Mills & Mullins, 2008). Each of the studies used a different measurement instrument. Job satisfaction was an outcome measure in three studies (Fox, 2010; Grindel & Hagerstom, 2009; Halfer, Graf & Sullivan, 2008).

Even though the studies in this integrative review varied in design, the nurse mentor programs were implemented using a formal process including mentor/mentee matching, a defined 12-month time frame and mentor/mentee support. The studies reported a designated program facilitator or coordinator who ensured detailed implementation of the program components. Registered nurses eligible to participate, as mentees, were mainly new graduate nurses. The nurse mentor programs were used as an intervention to prevent nurse turnover and assess job satisfaction. The evaluation processes varied but mentees were evaluated multiple times during the majority of the nurse mentor programs reviewed.

**Agency Description**

Jennie Stuart Medical Center (JSMC) is a private, non-profit, acute-care community hospital whose mission is committed to excellence in service and exists to promote; to preserve
and to accommodate the growing healthcare needs of the service community (2014). In recognition of its mission, JSMC strives to passionately pursue a culture of exceptional service and of continuous quality improvement (2014). The values of JSMC are service, quality, financial, people and growth. JSMC is licensed for 194 beds and serves multiple counties in a rural region of the United States. Along with the acute-care hospital, patients are cared for in six outpatient ancillary service locations. The hospital maintains national accreditation through The Joint Commission.

The mission and commitment to quality by JSMC is congruent with implementation of a nurse mentor program as it aims to enhance healthcare delivery and quality care for patients. Well-prepared, confident and committed newly employed nurses have the potential to improve quality of patient care and enhance patient safety. Nurse mentoring promotes a culture of excellence in nursing (North et al., 2006) which is congruent with JSMC’s mission. The target population for the nurse mentor program was newly hired ED RNs. Correspondence with the Vice President of Clinical and Nursing Services verified the need for intervention to retain and support nurses in the current work environment. The ED, where the project was implemented, currently has the highest nurse turnover rate in the facility.

A review of data (January 2014-December 2014) from the hospital’s executive leadership revealed a 58.65 percent turnover of the ED nursing staff in the year 2014. JSMC defined turnover as the voluntary or involuntary termination of employment with JSMC as a RN. The 2014 organization established benchmark for nurse turnover in the ED was 16.5 percent. Thus, JSMC recognized a critical need to implement an intervention to retain the ED nursing staff.

The key stakeholders involved in the implementation of a nurse mentor program included the following corporate officers: President/Chief Executive Officer and Vice-President of
Nursing and Clinical Services. Corporate officers were important to provide influence and resource support for the development and implementation of a nurse mentor program. The ED nurse manager and the nursing education department were also vital contributors in designing the nurse mentor program uniquely tailored for the needs of JSMC. Most importantly, the ED bedside nurses were the key individuals serving as mentors, providing input, and evaluating the nurse mentor program for success.

During the initial assessment period, multiple factors were recognized establishing the facility as vested in quality patient care resulting in positive patient outcomes. JSMC was chosen as one of 50 hospitals nationwide to participate in the recently launched Transforming Care at the Bedside program initiated by the American Organization of Nurse Executives. JSMC is also a recognized accredited program by the Centers for Medicare and Medicaid Services (CMS). JSMC strives to provide care according to national standards and national quality improvement goals. Nurses are included in the decision making process through a shared governance approach with nurses, bedside and management, serving on councils such as clinical practice council, fall risk and management committee, and restraints committee. Evidenced-based practices are incorporated in the daily routines at JSMC such as use of SBAR reporting, use of medical emergency teams, use of electronic health records, electronic medication and bar code scanning, hourly nurse rounding, beside report and pharmacist counseling at the bedside. These practices are a few examples demonstrating that JSMC is an organization, which promotes change and the use of best practices leading to better patient outcomes. A Statement of Mutual Agreement was signed by the JSMC Vice President of Nursing & Clinical Services, the project leader and the EKU faculty advisor (Appendix H).
Project Design

The project used a pre and post intervention study design. JSMC’s Vice President of Nursing & Clinical Services granted approval for project implementation and deferred Institutional Board Review approval to Eastern Kentucky University. The project leader obtained permission from Eastern Kentucky University Institutional Review Board prior to project implementation. After project planning, RN mentor recruitment occurred, followed by project implementation in October 2015, and final evaluation in February 2016. Analysis and dissemination of data occurred in March 2016. The data were entered and analyzed by the project leader.

Project Methods

The project leader attended 2 unit meetings in September of 2015. ED nurses were offered the opportunity to participate in the nurse mentor program as a mentor. A flyer (Appendix A) was used to recruit nurses to serve as mentors. The project leader introduced the nurse mentor program during the ED unit meetings and explained the role of mentor and the application process for voluntary participation as a mentor. The project leader explained the mandatory participation of mentees in the nurse mentor program as a requirement of employment and reinforced that participation in the capstone project (completion of the data collection instruments) was voluntary. An application deadline was established and provided to the ED nurses. Following the application deadline, the JSMC nurse mentor workgroup met to select nurse mentors. The JSMC nurse mentor workgroup is an interprofessional workgroup comprised of a representative from customer service, a representative from Human Resources, the ED nurse educator, hospital clinical educator, the VP of Nursing & Clinical Services, the ED nurse manager, and the project leader. Mentor selection was based on the established criteria for
a mentor. The eligibility criteria for a mentor included 1-year experience as a RN, a positive recommendation from the nurse manager, and an active RN license. While the evidence supports a mentor be an experienced nurse (Ho, 2006; Mills & Mullins, 2008), the internal availability of experienced ED nurses at JSMC with more than one-year experience was limited.

Once the mentors were selected, each mentor participated in the required mentorship orientation. During the orientation, the nurse mentor received a packet of information introducing the role of mentor, effective interpersonal communication, role expectations, and signed a memorandum of agreement (Appendix D). The packet of information included two evidence-based articles by Smith-Trudeau (2014) and Hnatiuk (2012), the Demographic Survey (Appendix F), a JSMC nurse mentor handbook (G); and the project leader’s contact information. During the orientation, the mentors completed the Demographic Survey.

Newly hired ED RNs were recruited to participate in the project during their 12-week orientation period. A verbal script (Appendix B) and cover letter (Appendix C) was provided to each of the newly hired RNs. The project leader explained the mandatory participation of mentees in the nurse mentor program as a requirement of employment and reinforced that participation in the capstone project (completion of the data collection instruments) was voluntary. Mentees participated in a required mentor program orientation. During the orientation, the nurse mentee received a packet of information introducing the role of mentee, effective interpersonal communication, role expectations, and signed a memorandum of agreement (Appendix E). The packet of information contained two evidence-based articles by Smith-Trudeau (2014) and Hnatiuk (2012), a JSMC nurse mentor handbook (Appendix G), the data collection instruments, and the project leader’s contact information.
During the orientation, the mentees completed four subscales of the McCloskey/Mueller Satisfaction Scale (MMSS), the Intent to Stay/Leave Job Diagnostic Survey and the Demographic Survey (Appendix F). A unique identifier was listed on the measurement instruments for statistical pairing of data. The project leader maintained a spreadsheet identifying the participant with the unique identifier. After 3-month data were entered into the project database for analysis the spreadsheet was shredded by the project leader.

Next, each mentor was paired with a mentee. The ED nurse educator and nurse manager collaborated and were responsible for matching the mentor with a mentee based on shift and schedule similarities. The ED nurse manager and the project leader provided mentees and mentors their assignments verbally and in written form via JSMC secure email. During the initial three months of the nurse mentor program, one support session per month was offered to the mentor/mentee dyads. Each session focused on an evidence-based topic selected by the nurse manager and the project leader. The session was scheduled for one hour. Each participant received copies of the information provided during the sessions. JSMC clinical education department offered continuing education credits for the nurses who attended the sessions.

At the 3-month interval, the mentees completed four subscales of the MMSS survey and the Intent to Stay/Leave Job Diagnostic Survey. An anonymous evaluation of the nurse mentor program was completed as requested by the agency nurse mentor workgroup and was not included in project data. The data surveys were locked in a cabinet located in the office of the project leader. Data were entered by code number into a data file created in the Statistical Package for Social Sciences (SPSS) version 23 on a computer that is password protected. After the data were entered, the code sheet was shredded and no information remained to link the participant to the information provided.
**Instruments**

Demographic data were collected at the beginning of the nurse mentor program using the project leader developed Demographic Tool (Appendix F). The survey included age, nursing education level, years of nursing experience and role delineation of mentor or mentee. The nurse mentor program mentees were evaluated at the beginning of the nurse mentor program and 3-months after implementation of the mentor program. All surveys were paper/pencil forms.

The nurses’ satisfaction with their job was assessed using the McCloskey/Mueller Job Satisfaction Scale (MMSS). The MMSS is a 31 item survey with Likert scale responses from 1 (Very dissatisfied) to 5 (Very satisfied). Higher scores indicate higher levels of satisfaction. The survey captures eight types of satisfaction including: satisfaction with extrinsic rewards, scheduling, family/work balance, co-workers, interaction, professional opportunities, praise/recognition, and control/responsibility. Cronbach's alpha for the global scale internal consistancy is 0.89. Permission to use the scale was granted by the University of Iowa (Appendix J). The mentees completed 4 subscales of the instrument: satisfaction with co-workers, satisfaction with interaction opportunities, satisfaction with praise and recognition, and satisfaction with control and responsibility. Cronbach’s alpha for internal consistency using 4 subscales for this project is 0.94. The respondent burden for this instrument was approximately 5 minutes.

The nurses’ intent to stay in the job was assessed using the Intent to Stay/Leave Job Diagnostic Survey at the beginning of the mentor program and at the 3-month interval. The Intent to Stay/Leave Job Diagnostic survey is a 15 item survey with Likert scale responses from 1 (strongly disagree) to 7 (agree strongly). This survey evaluates personal feelings about the job, therefore, intent to leave/stay with the organization by measuring three components: the
meaningfulness of the work, responsibility for the work, and knowledge of the results.

Cronbach's alpha for internal consistency is 0.77 (Grindel & Hagerstrom, 2009). Cronbach’s alpha for internal consistency for this project is 0.75. The respondent burden for this instrument was approximately 5 minutes.

**Results**

Data were analyzed using Statistical Package for Social Sciences (SPSS) Version 23. A total of 8 mentors and 4 mentees participated in the project. The nurses in the project ranged in age from 25 years to 51 years, with a mean age of 35.75 years, n=12 (Table 1). The participants’ (n=12) years of nursing experience ranged from 3 months to 25 years of RN experience. Mentors’ (n=8) years of nursing experience ranged from 1 year to 25 years of RN experience with a mean of 8.65 years. Mentees’ (n = 4) years of nursing experience ranged from 3 months to 7 months of RN experience with a mean of .5 years. The majority (58.3%, n=12) of nurses were prepared at the associate degree level of education (Table 2). One mentee was unable to meet job requirements and was no longer employed at the 3-month evaluation. Analysis of outcome data includes the mentees in the program at 3 months (n = 3).

Table 1

*Descriptive Statistics*

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>12</td>
<td>25</td>
<td>51</td>
<td>35.75</td>
<td>9.37</td>
</tr>
<tr>
<td>RN Years of Experience</td>
<td>12</td>
<td>.3</td>
<td>25</td>
<td>5.93</td>
<td>8.64</td>
</tr>
</tbody>
</table>

Note. This is demographic data from mentors and mentees.
Table 2

*Frequency of Educational Attainment*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid %</th>
<th>Cumulative %</th>
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<tbody>
<tr>
<td>Associate Degree</td>
<td>7</td>
<td>58.3</td>
<td>58.3</td>
<td>58.3</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>3</td>
<td>25.0</td>
<td>25.0</td>
<td>83.3</td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>2</td>
<td>16.7</td>
<td>16.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Note. This represents data from mentors and mentees.
McCloskey/Mueller Job Satisfaction Scale

A paired samples *t*-test was conducted to evaluate the participant’s job satisfaction at the beginning of the nurse mentor program and at the 3-month interval of the program. Four subscales of the global MMSS instrument were evaluated: satisfaction with co-workers, satisfaction with interaction opportunities, satisfaction with praise and recognition, and satisfaction with control and responsibility. There was no statistically significant increase in satisfaction scores in three of the four subscales from initial evaluation to the 3-month evaluation.

The initial scores for satisfaction with co-workers ranged from 8-9 with a maximum of 10; 3-month evaluation scores ranged from 8-10. There was no statistically significant increase in satisfaction with co-workers from the initial (M = 8.67, SD = .58) to the 3-month evaluation (M = 8.67, SD = 1.15), *t*(2) = .000, *p* = 1.0 (two-tailed). The mean increase in satisfaction with co-workers was .00 with a 95% confidence interval ranging from -2.48 to 2.48.

Table 3

*Paired t-test Comparison of Satisfaction with Co-workers*

<table>
<thead>
<tr>
<th>Variable Group</th>
<th>Mean ± SD</th>
<th><em>t</em></th>
<th><em>df</em></th>
<th><em>p</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial (n=3)</td>
<td>8.67 ± 3</td>
<td>.000</td>
<td>2</td>
<td>1.00</td>
</tr>
<tr>
<td>3- month (n=3)</td>
<td>8.67 ± 3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The initial scores for satisfaction with interaction opportunities ranged from 16-18 with a maximum of 20. Three-month evaluation scores ranged from 17-20. There was no statistically significant increase in satisfaction with interaction opportunities from the initial (M = 17.33, SD = 1.15) to the 3-month evaluation (M = 18.33, SD = 1.53), \( t(2) = -1.732, p = .225 \) (two-tailed). The mean increase in satisfaction with interaction opportunities was 1.0 with a 95% confidence interval ranging from -3.84 to 1.48. The eta squared statistic (.60) indicated a large effect size.

Table 4

*Paired t-test Comparison of Satisfaction with Interaction Opportunities*

<table>
<thead>
<tr>
<th>Variable Group</th>
<th>Mean ± SD</th>
<th>( t )</th>
<th>( df )</th>
<th>( p )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial (n=3)</td>
<td>17.33 ± 3</td>
<td>-1.73</td>
<td>2</td>
<td>.225</td>
</tr>
<tr>
<td>3-month (n=3)</td>
<td>18.33 ± 3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The eta squared statistic (.60) indicated a large effect size.
The initial scores for satisfaction with praise and recognition ranged from 10-17 with a maximum of 20. Three-month evaluation scores ranged from 12-18. There was a statistically significant increase in satisfaction with interaction opportunities from the initial (M = 13.67, SD = 3.51) to the 3-month evaluation (M = 15.33, SD = 3.05), t(2) = -5.00, p = .038 (two-tailed).

The mean increase in satisfaction with praise and recognition was 1.67 with a 95% confidence interval ranging from -3.10 to -2.32. The eta squared statistic (.93) indicated a large effect size.

Table 5

Paired t-test Comparison of Satisfaction with Praise and Recognition

<table>
<thead>
<tr>
<th>Variable Group</th>
<th>Mean ± SD</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial (n=3)</td>
<td>13.67 ± 3</td>
<td>-.500</td>
<td>2</td>
<td>.038</td>
</tr>
<tr>
<td>3-month (n=3)</td>
<td>15.33 ± 3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The eta squared statistic (.93) indicated a large effect size.
The initial scores for satisfaction with control and responsibility ranged from 13-21 with a maximum of 25. Three-month evaluation scores ranged from 19-24. There was no statistically significant increase in satisfaction with interaction opportunities from the initial (M = 17.0, SD = 4.00) to the 3-month evaluation (M = 20.67, SD = 2.89), t(2) = -3.051, p = .093 (two-tailed).

The mean increase in satisfaction with interaction opportunities was 3.67 with a 95% confidence interval ranging from -8.84 to 1.50. The eta squared statistic (.82) indicated a large effect size.

Table 6

*Paired t-test Comparison of Satisfaction with Control and Responsibility*

<table>
<thead>
<tr>
<th>Variable Group</th>
<th>Mean ± SD</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial (n=3)</td>
<td>17.00 ± 3</td>
<td>-3.051</td>
<td>2</td>
<td>.093</td>
</tr>
<tr>
<td>3-month (n=3)</td>
<td>20.67 ± 3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The eta squared statistic (.82) indicated a large effect size.
**Intent to Stay/Leave Job Diagnostic Survey**

A paired samples $t$-test was conducted to evaluate the participant’s intent to stay in the job at the beginning of the nurse mentor program and at the 3-month interval of the program. The initial scores ranged from 77 to 82 points; 3-month evaluation scores ranged from 75-93. There was no statistically significant increase in intent to stay in the job scores from initial ($M = 79.33, SD = 2.52$) to the 3-month evaluation ($M = 86.67, SD = 10.12$), $t(2) = -1.24$, $p = .341$ (two-tailed). The mean increase in intent to stay in the job scores was 7.33 with a 95% confidence interval ranging from -32.83 to 18.16. The eta squared statistic (.44) indicated a large effect size.

Table 7

*Paired t-test Comparison of Initial and 3-month Intent to Stay in the Job*

<table>
<thead>
<tr>
<th>Variable Group</th>
<th>Mean ± SD</th>
<th>$t$</th>
<th>df</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intent to Stay, Initial (n=3)</td>
<td>79.33 ± 2.52</td>
<td>-1.24</td>
<td>2</td>
<td>.958</td>
</tr>
<tr>
<td>Intent to Stay, Time 3-month (n=3)</td>
<td>86.67 ± 10.12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The eta squared statistic (.44) indicated a large effect size.
Discussion

This evidence-based project supports evidence found in the literature indicating nurse mentor programs can improve job satisfaction and intent to stay. Three of the four subscales on the MMSS instrument had an increase in mean scores, as did the intent to stay survey. Satisfaction with co-workers mean score stayed the same at the initial and 3-month evaluation interval. Although not statistically significant, the project findings show an increase in job satisfaction and intent to stay similar to the Halfer, Graf & Sullivan (2008) study.

The nurse mentor program was established as a formal 12-month program similar to all studies in the integrative review of literature. Grindel & Hagerstrom (2009) suggested establishing a program coordinator responsible for program facilitation. The project leader served as the program coordinator during the initial development, implementation, and evaluation phases. Mentees and mentors were oriented to their respective roles in the program similar to the Grindel & Hagerstrom (2009) and Fox (2010) studies. A repeated measures design was not used and data were collected at the beginning and the 3-month intervals (Fox, 2010; Grindel & Hagerstrom, 2009; Halfer, Graf & Sullivan, 2008). Data were collected at the 3-month interval because continued collection of data at later intervals can result in lower survey responses due to the lapse of time.

Information gathered in the program satisfaction feedback surveys indicated RNs serving as mentees were satisfied with the nurse mentor program similar to the Mills & Mullins (2008) study. One mentee stated, “My mentor has saved me several times.” Mentor participants as well as mentee participants provided positive feedback about the nurse mentor program and the need to continue the program as a formal process in the Emergency Department. Both mentors and mentees said the information learned in the orientation session explaining the difference of
serving as a preceptor and mentor was valuable to their respective role in the nurse mentor program. Mentors and mentees reported, through monthly session feedback and surveys, that the program impacted their overall perceptions of the position as a RN in the ED.

Unique challenges presented during the project implementation that yielded positive teamwork and collaboration between JSMC leaders and the project leader. In October of 2015, the clinical ED educator transferred positions and a new clinical ED educator was selected. Soon thereafter, a new ED nurse manager was selected and new leadership ensued. Even with the change in ED leadership, the nurse mentor program continued to be implemented without interruption. Both new leaders were instrumental in the program continuation and were supportive of the nurse mentor program.

Mentee attrition was a limitation for this project. During program implementation, one mentee participant was lost due to inability to meet professional workplace standards. Prior to program implementation, one mentee participant was lost due to active duty requirements with the National Guard. Another mentee participant was not eligible for project inclusion because the project included newly hired RNs and not licensed paramedics. Therefore, a limitation of this project was the small sample size.

**Sustainability**

Results of this project support continuation of the nurse mentor program for improvement in nurse job satisfaction and intent to stay. Three additional cohorts of mentees have been oriented to the nurse mentor program in January, February and March of 2016. Data received in the form of verbal and written feedback from the mentees, mentors, the nurse manager and the clinical educator indicated the desire to continue the program without interruption including the
monthly session component of the program. Mentees suggested scheduling the monthly sessions in the afternoon hours to allow the ED team leaders to be present in the ED for staff coverage.

In order for the nurse mentor program to successfully continue, the program coordinator will become the clinical educator responsible for the ED and the Intensive Care units at JSMC. The most critical factor for success of mentor programs is organizational support (Grindel, 2004). Mentorship must be part of the culture of the organization and it must be a recognized structure with formalized processes, follow up and evaluation (Grindel & Hagerstrom, 2009). The clinical educator will continue the nurse mentor program and the formal process of all program components. Future plans to expand the nurse mentor program to the intensive care unit are in the initial phases of process improvement.

**Conclusion**

Transition to practice for new RN graduates is challenging for acute care agencies especially in specialty areas such as the ED. A nurse mentor program has been validated in the literature as a strategy to help retain RNs and can also be used to help recruit RNs to an organization. Mentoring has been an effective strategy for nurturing nurses in the increasingly stressful and challenging health care work environment. This project used Benner’s novice to expert theory to develop and implement a tailored nurse mentor program in the Emergency Department. The majority of nurses in this project provided positive feedback, both written and verbally, about the experience of the nurse mentor program. A nurse mentor program can uphold the historical philosophy that the profession of nursing should ‘grow its own’ (Cottingham et al., 2011).
References


Appendix A

Recruitment Flyer

Jennie Stuart Medical Center

Nurse Mentor Program

Emergency Department

~Registered Nurses~

You are invited to participate in the nurse mentor program! The nurse mentor program is a capstone project focused on improving nurse satisfaction and intent to stay.

The purpose of the nurse mentor program is to increase nurse job satisfaction and intent to stay.

- Eligibility criteria include being a registered nurse, at least 1 year of nursing experience, and a positive recommendation from your direct supervisor.
- The nurse mentor program is required for all newly hired Emergency Department nurses.
- The mentor will serve as a role model, teacher, coach, sponsor, guide, and advisor for the assigned newly hired registered nurse.
- Monthly support sessions will focus on interpersonal communication, time management, professional growth, and conflict resolution.

For more information contact the Project Leader:
Eastern Kentucky University DNP Student
Sara Jane Jones, MSN, RN, CNE
sarajane_jones227@mymail.eku.edu
Appendix B

Verbal Script for Participant Recruitment

I am currently a Doctor of Nursing Practice (DNP) student at Eastern Kentucky University. As part of the program requirements, I am conducting a capstone project to determine if the implementation of a Nurse Mentor Program can improve nurse job satisfaction levels and intent to stay in the job. The Nurse Mentor Program will include an intentional assignment of a newly hired Emergency Department nurse with a nurse mentor who has been oriented to serve in the mentor role. The Nurse Mentor Program will include 3 monthly mentor/mentee support meetings and will be 12 months in length.

Participation in the Nurse Mentor Program is a requirement of your position at Jennie Stuart Medical Center. Completion of the data collections instruments to evaluate program outcomes is voluntary. If you choose to participate, you will be asked to complete a demographic survey and two evidence-based instruments. The two evidence-based instruments will be completed twice: once at the beginning of the program and three months after the program begins. No identifiable information will be noted on the instruments and individual responses will not be shared in any way. The survey results are anonymous. Only aggregate (group) results of the project will be presented in written and oral form.

Participation in this project is voluntary and is not linked to your job status, benefits or evaluations. Withdrawal from the project is permitted at any time.

Your participation is greatly appreciated. What questions do you have?
Hello,
I am a Doctor of Nursing Practice student at Eastern Kentucky University’s Department of Baccalaureate and Graduate Nursing. You are invited to participate in an evidence-based capstone project. This project will fulfill some of the requirements necessary for my degree completion. The purpose of the project is to implement a nurse mentor program to improve job satisfaction and intent to stay employed as a RN in the Emergency Department.
You will be paired with a nurse oriented to serve as your mentor. You will attend monthly information meetings for the first three months and continue to participate in support meetings and communicate with your assigned mentor for a one-year period. The Nurse Mentor Program will be a requirement of your current employment as a RN at Jennie Stuart Medical Center.
As a participant in the Capstone Project, you will be asked to complete brief demographic information to include your role in the Nurse Mentor Program (Mentee or Mentor), age, education and years and months of experience as an RN. You will also be asked to complete two surveys at the beginning of the Nurse Mentor Program and at 3-month point following initiation of the Nurse Mentor Program. The surveys will take approximately 15 minutes to complete. Your responses will be anonymous and study results will be reported only as aggregate (group) data with no identifying information. The aggregate results from the project will be shared in written and oral presentation about the project.

- Your participation in this project is voluntary. You are under no obligation to participate and you may withdraw from the project at any time. Your participation, completion of the surveys is not a requirement or a condition employment, benefits or services from Jennie Stuart Medical Center. The project involves no foreseeable risks or harm to you or your position within the organization.

If you have any questions about this project, please contact me at 270-315-9076 or my faculty advisor, Dr. Donna Corley at 859-622-6316. Questions or concerns about your rights as a study participant may be directed to the office of Sponsored Programs, Jones 414/Coats CPO 20, Eastern Kentucky University, Richmond, KY.
I look forward to working on this project and appreciate your consideration as a future participant.

Sincerely,
Sara Jane Jones, MSN, RN, PLNC, CNE
Eastern Kentucky University
DNP Student
Appendix D

Memorandum of Agreement for Mentor

Memorandum of Agreement - Mentor
Nurse Mentor Program

Name: _________________________________________

By choosing to participate in the Nurse Mentor Program, I agree to:

- Be flexible and provide needed support in my role as a mentor
- Make a one-year commitment to being matched with my mentee
- Meet with my mentee during the scheduled monthly sessions
- Make at least weekly contact with my mentee
- Be on time for scheduled monthly sessions
- Inform the project leader of any difficulties or areas of concern that may arise in the mentor/mentee relationship
- Participate in a positive manner during each interaction with my mentee

I agree to follow the above stipulations of this program and will strive to offer my assigned mentee the support needed as a new Emergency Department nurse.

___________________________________  ____________________
Signature                                      Date
Appendix E

Memorandum of Agreement for Mentee

Memorandum of Agreement – Mentee
Nurse Mentor Program

Name: _________________________________________

By choosing to participate in the Nurse Mentor Program, I agree to:

• Be flexible and engage in the interactions with my mentor
• Make a one-year commitment to being matched with my mentor
• Meet with my mentor during the scheduled monthly sessions
• Make at least weekly contact with my mentor
• Be on time for scheduled monthly sessions
• Inform the project leader of any difficulties or areas of concern that may arise in the 
  mentor/mentee relationship
• Participate in a positive manner during each interaction with my mentor

I agree to follow the above stipulations of this program and will strive to offer my assigned 
mentee the support needed as a new Emergency Department nurse.

___________________________________  _______________________
Signature                                    Date
Appendix F

Demographic Survey

Nurse Mentor Program - Project Demographic Survey

Instructions: Please respond to each of the following questions.

1. What is your role in the Nurse Mentor Program?
   o Mentor
   o Mentee

2. What is your age in years?
   o ______ Years

3. Education: What is the highest nursing education level you have completed?
   o Associate degree in nursing
   o Bachelor’s degree in nursing
   o Master’s degree in nursing
   o Doctorate degree in nursing

4. Experience: How long have you worked as a Registered Nurse?
   o ______ Years ______ Months
Appendix G

JSMC Nurse Mentor Handbook
Mentor Handbook

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I. Overview

Mentoring has been proven an effective strategy for nurturing nurses in the increasingly stressful and challenging health care work environment. Nurse mentor programs are one way to address the nursing shortage, increase quality of patient care and reduce costs of nurse turnover. A nurse mentor program can uphold the historical philosophy that the profession of nursing should "grow its own" (Cottingham et al., 2011). The profession of nursing benefits from a culture of mentoring as does the patients and families who are recipients of care. Nursing is a profession founded on principles of caring and that very concept must be carried into our professional interactions with one another. The JSMC nurse mentor program is designed to guide a mutual relationship between an experienced nurse and a new nurse or a transitioning nurse. The formal nurse mentor program will last a period of 12 months.
Definitions

Mentoring
Mentoring can be defined as “an intense relationship between a novice and expert practitioner that promotes role socialization, creates a supportive environment, fills the gap between didactic and real-world experience and results in ultimate role success of the novice” (Hill & Sawatzky, 2011, p. 161).

Mentor
Mentor is a supportive, facilitative partner who works with a mentee in an evolving and learning relationship that is focused on meeting mentee learning goals to foster professional growth (Latham, Hogan, & Ringl, 2008). Fawcett (2002) defined mentor as a “professional nurse who understands mentees, are cognizant of how they communicate, follow standards and policies, and are certain of the role of the professional nurse” (p. 950).

Mentee
Mentee is a term used to describe a new or novice nurse in specific discipline of nursing.

Confidentiality
The mentor/mentee relationship is confidential. Mentees or mentors may choose to share sensitive information. Neither mentors nor mentees should disclose any of the shared information with exception of:

- Violation of hospital policy;
- Lack of participation with scheduled appointments; or
- Lack of participation with mentor program components.
Theoretical Framework
Patricia Benner’s Novice to Expert Theory
The novice to expert model theorizes that individuals, while acquiring and developing skills, pass through five levels of proficiency: novice/beginner, advanced beginner, competent, proficient, and expert. Benner’s (1984) theory was based on the belief that nurses develop and accrue global sets and paradigms about patients, and these paradigms develop intuition and are not readily apparent to the outside observer.

Stages of Clinical Competence
Benner (1984) defined the novice as a beginner with no experience of the situation in which he/she is expected to perform. The advanced beginner is a nurse “... who can demonstrate marginally acceptable performance, one who [has] coped with real enough situations to note the recurring meaningful situational components” (p. 22). The competent nurse is “…a nurse who has gained two to three years of experience in the same work area or in similar day to day situations. Nurses who are proficient view situations as a whole instead of parts and use maxims to guide their performance. The expert nurse is one who has a deep connection and understanding of the situation.

Theoretical Application
Benner, Tanner, & Chelsa (2009) described the novice and the advanced beginner nurse as someone who still requires a mentor or experienced nurse to assist with defining situations, to set priorities and to integrate practical knowledge. **According to Benner (1984), when a nurse assumes a new role, they become novice again.** In the linear progression of Benner’s levels of clinical competency, the beginning two levels of nurses need a resource person to guide their progression in clinical practice. Benner, Tanner, & Chelsa (2009) described this resource as a mentor. A mentoring relationship can help the nurse accelerate through the novice to expert continuum. Benner suggested implementing transition programs to increase competency, confidence and satisfaction for new RNs in efforts to maintain a healthy work environment, which supports experienced RNs serving as mentors for novice RNs (Benner, Tanner, & Chelsa, 2009).
II. Mentor Section

Eligibility Criteria

- Registered nurse
- At least 1 year of experience
- Positive recommendation from nurse manager

Role Expectations
The mentor's primary purpose is to help the mentee learn the ropes, adapt to their new role, learn the political environment and culture of the organization. Effective interpersonal communication is key to being a successful mentor. Mentors should offer support but challenge the mentee while they guide the mentee to new levels of achievement.

- Meet with the mentee at least biweekly for the first 3 months of the nurse mentor program
- Demonstrate kind and caring behaviors to your mentee
- Establish a trusting relationship with the mentee
- Be committed to the mentor/mentee relationship
- Offer ongoing support to your assigned mentee
- Complete the biweekly coaching form and submit to the nurse manager

Tips for Successful Mentoring

- Be an active listener
- Be respectful of your mentee
- Recognize the value your mentee has to offer
- Share positive thoughts
- Demonstrate responsible behaviors
- Express a genuine interest in the mentee’s professional progression
- Make appointments for meetings in advance and keep them!
- Introduce your mentee to coworkers, physicians and peers.
- Be friendly!!
**Mentor Application**

**Personal Information**

Name: ________________________________ Date: ______________

Street Address: ____________________________________________________________

City: __________________________ State: _____ Zip: ________

Contact Phone Number: ______________________________

Gender: ____ Male  ____ Female

**Employment History**

Date of Initial Employment: __________________________

Position Held: _______________________________________

Years of Registered Nurse Experience: ______________

**Application Questions**

Please answer all questions as completely as possible. You may use the back of the paper if necessary.

1. Why do you want to become a mentor?

2. What qualities, skills or characteristics do you feel you have that would benefit newly hired nurses?

3. How would your co-workers describe you?

4. Are you willing to communicate regularly and openly with the project leader, provide feedback about your experience as a mentor, and receive feedback regarding any difficulties during your participation in this program?

5. Are you willing to attend an initial mentor orientation and attend at least 3 monthly meetings with your mentee?
Mentor Handbook

**Mentor Orientation Outline**

---

**Session Title: Making Mentoring Work!**

This orientation workshop will include materials to help you assume your new role as mentor and introduce to the roles and expectations of both mentees and mentors. The objectives of this orientation are:

- Develop a deeper understanding of mentor roles and expectations
- Develop a deeper understanding of the mentee role
- Understand basic concepts of Benner’s Novice to Expert Theory
- Learn strategies for effectively mentoring a newly hired nurse
- Understand the program components

**Session Orientation Agenda**

1. Introductions
2. Purpose of the Program
3. Program Handbook
   a. Overview
   b. Definitions
   c. Confidentiality
4. Review of Benner’s Novice to Expert Theory
5. Role of a Mentor (page 6)
6. Trust and Relationship Building
7. Role of a Mentee (page 10)
8. Memorandum of Agreement
9. Components of the Program
   a. Monthly sessions for the 1st mentee cohorts
10. Evaluations
11. Wrap Up – What’s Next?
   - Matching Process
   - Questions
Memorandum of Agreement

Memorandum of Agreement - Mentor
Nurse Mentor Program

Name: ________________________________

By choosing to participate in the Nurse Mentor Program, I agree to:

- Be flexible and provide needed support in my role as a mentor
- Make a one-year commitment to being matched with my mentee
- Meet with my mentee during the scheduled monthly sessions
- Make at least weekly contact with my mentee
- Be on time for scheduled monthly sessions
- Inform the project leader of any difficulties or areas of concern that may arise in the mentor/mentee relationship
- Participate in a positive manner during each interaction with my mentee

I agree to follow the above stipulations of this program and will strive to offer my assigned mentee the support needed as a new Emergency Department nurse.

_________________________________________  ________________
Signature                                           Date
III. Mentee Section

Eligibility Criteria

- Registered nurse
- Newly hired in the designated unit

Role Expectations

Successful mentees are willing to accept responsibility for their own growth and learning. The mentee role will require a substantial expenditure of time and energy. Mentees should seek challenging assignments and responsibilities. Mentees should be receptive to feedback and coaching from the mentor.

- Meet with the mentor at least biweekly for the first 3 months of the nurse mentor program
- Be kind to your mentor
- Establish a trusting relationship with the mentor
- Be committed to the mentor/mentee relationship

Tips for Successful Mentoring

- Be an active listener
- Be respectful of your mentor
- Recognize the value your mentor has to offer
- Offer thanks to your mentor for their support
- Demonstrate responsible behaviors
- Keep your scheduled appointments with your mentor!
- Be friendly!!
**Phases of Mentor/Mentee Relationship**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Guidance</th>
</tr>
</thead>
</table>
| **Beginning Phase** | - Introduce yourself! Be confident and smile.  
- Begin establishing a trusting relationship with non-judgmental acceptance.  
- Share your experiences that have helped create who you are.  
- Find similarities. They will exist.  
- Remain positive. Don’t let negativity guide your conversations. |
| **Middle Phase**    | - A safe climate is established and nurtured.  
- Ask questions and share thoughts and feelings.  
- Maintain confidentiality!  
- Mentees should determine goals for growth and share with mentor.  
- Mentor offers feedback to the mentee – positive and constructive.  
- Remain positive. Don’t let negativity guide your conversations. |
| **Closing Phase**   | - At the close of the formal relationship, the mentee should reflect on their achievements.  
- Mentors should offer praise for overcoming any difficulties along the journey.  
- Offer thanks.  
- Share the most rewarding aspect of the mentor/mentee relationship.  
- Exchange feedback in a positive manner. |
Memorandum of Agreement

Memorandum of Agreement – Mentee
Nurse Mentor Program

Name: ____________________________________________

By choosing to participate in the Nurse Mentor Program, I agree to:

• Be flexible and engage in the interactions with my mentor
• Make a one-year commitment to being matched with my mentor
• Meet with my mentor during the scheduled monthly sessions
• Make at least weekly contact with my mentor
• Be on time for scheduled monthly sessions
• Inform the project leader of any difficulties or areas of concern that may arise in the mentor/mentee relationship
• Participate in a positive manner during each interaction with my mentor

I agree to follow the above stipulations of this program and will strive to offer my assigned mentee the support needed as a new Emergency Department nurse.

__________________________________________  ____________________________
Signature                                      Date
IV. Evaluations

Program Evaluations

Mentor Program Satisfaction Survey
Completed by the Mentor

Your satisfaction with the nurse mentor program is important for the future success of the nurse mentor program. Please rate your satisfaction by selecting a rating from 1 – 3 on each of following statements.

Rating Scale
1 = Not satisfied
2 = Needs Improvement
3 = Satisfied

<table>
<thead>
<tr>
<th>Item</th>
<th>Degree of Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what degree does this mentoring contribute to your personal satisfaction as a professional nurse?</td>
<td>1 2 3</td>
</tr>
<tr>
<td>To what degree have you been able to develop a supportive relationship with your mentee?</td>
<td>1 2 3</td>
</tr>
<tr>
<td>How satisfied are you with the discussions at your meetings with your mentee?</td>
<td>1 2 3</td>
</tr>
<tr>
<td>How satisfied are you with the process of mentor/mentee matching?</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Overall, how satisfied are you with the mentor program?</td>
<td>Yes No</td>
</tr>
<tr>
<td>Do you think this mentoring helps the nurse transition into the workplace?</td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:
Mentor Handbook

Mentor Program Satisfaction Survey
Completed by the Mentee

Your satisfaction with the nurse mentor program is important for the future success of the nurse mentor program. Please rate your satisfaction by selecting a rating from 1 – 3 on each of the following statements.

Rating Scale
1 = Not satisfied
2 = Needs Improvement
3 = Satisfied

<table>
<thead>
<tr>
<th>Item</th>
<th>Degree of Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what degree does this mentoring contribute to your personal satisfaction as a professional nurse?</td>
<td>1 2 3</td>
</tr>
<tr>
<td>To what degree have you been able to develop a supportive relationship with your mentor?</td>
<td>1 2 3</td>
</tr>
<tr>
<td>How satisfied are you with the discussions at your meetings with your mentor?</td>
<td>1 2 3</td>
</tr>
<tr>
<td>How satisfied are you with the process of mentor/mentee matching?</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Overall, how satisfied are you with the mentor program?</td>
<td>Yes No</td>
</tr>
<tr>
<td>Do you think this mentoring program has helped you transition into the workplace?</td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:
Mentor Orientation Evaluation

1. What did you find to be most useful about this orientation workshop?

2. What did you find to be least useful?

3. Was there anything missing from this workshop that you would have liked to learn more about?

4. In what other ways could we improve this workshop?

5. Please rate the following:

<table>
<thead>
<tr>
<th>Effectiveness of Trainer</th>
<th>Poor</th>
<th>Average</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation Room</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Orientation Content</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Orientation Materials</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Overall Rating</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

6. Additional Comments:
## Mentor Handbook

### Nurse Satisfaction Scale

McCloskey/Mueller Satisfaction Scale (MMSS)  Copyright 1989

How satisfied are you with the following aspects of your current job?

Please circle the number that applies.

<table>
<thead>
<tr>
<th>1. Salary</th>
<th>Very Satisfied</th>
<th>Moderately Satisfied</th>
<th>Neither Satisfied nor Dissatisfied</th>
<th>Moderately Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Vacation</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Benefits package (insurance, retirement)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. Hours that you work</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. Flexibility in scheduling your hours</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. Opportunity to work straight days</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7. Opportunity for part-time work</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. Weekends off per month</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9. Flexibility in scheduling your weekends off</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>10. Compensation for working weekends</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>11. Maternity leave time</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>12. Child care facilities</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>13. Your immediate supervisor</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>14. Your nursing peers</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>15. The physicians you work with</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>16. The delivery of care method used on your unit (e.g. functional, team, primary)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>17. Opportunities for social contact at work</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>18. Opportunities for social contact with your colleagues after work</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Mentor Handbook</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-----------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>19</td>
<td>Opportunities to interact professionally with other disciplines</td>
<td>Very Satisfied: 5</td>
<td>Moderately Satisfied: 4</td>
<td>Neither Satisfied nor Dissatisfied: 3</td>
<td>Moderately Dissatisfied: 2</td>
</tr>
<tr>
<td>20</td>
<td>Opportunities to interact with faculty of the College of Nursing</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>21</td>
<td>Opportunities to belong to department and institutional committees</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>22</td>
<td>Control over what goes on in your work setting</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>23</td>
<td>Opportunities for career advancement</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>24</td>
<td>Recognition for your work from superiors</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>25</td>
<td>Recognition of your work from peers</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>26</td>
<td>Amount of encouragement and positive feedback</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>27</td>
<td>Opportunities to participate in nursing research</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>28</td>
<td>Opportunities to write and publish</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>29</td>
<td>Your amount of responsibility</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>30</td>
<td>Your control over work conditions</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>31</td>
<td>Your participation in organizational decision making</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
**Intent to Stay/Leave Job Diagnostic Survey**

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

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


Appendix H

Statement of Mutual Agreement

Statement of Mutual Agreement for Capstone Project
Eastern Kentucky University
Department of Baccalaureate and Graduate Nursing
Doctor of Nursing Practice Program

I. **General Information**

Student Name: Sam Jane Jones, MSN, RN, CNE

Project Title: Establishing a Nurse Mentor Program to Improve Nurse Satisfaction & Intent to Stay

Agency: Jennie Stuart Medical Center

Agency Contact: Beth McCraw, Vice President of Nursing & Clinical Services

II. **Brief Description of Project**

Nurse mentor programs are designed to provide professional support to ease the transition of the new nurse and provide ongoing support, guidance and assistance to the newly hired or new graduate nurse. The Doctor of Nursing Practice (DNP) student will plan to implement a nurse mentor program in the Emergency Department. The purpose of the nurse mentor program is to increase job satisfaction and intent to stay. The DNP student will introduce the nurse mentor program during the Emergency Department unit meeting and explain the role of mentor and the application process for voluntary participation. The DNP student will explain the mandatory participation of mentees in the nurse mentor program as a requirement of employment and will reinforce that participation in the capstone project (completion of the data collection instruments) is voluntary. An application deadline will be established and provided to the ED nurses. The JSMC nurse mentor workgroup will select nurse mentors.

Each mentor will participate in the required mentorship orientation. The DNP student will present the orientation. During the orientation, the nurse mentor will receive a packet of information introducing the role of mentor, effective interpersonal communication, role expectations, and sign a memorandum of agreement. The packet of information will contain two evidence-based articles; a JSMC nurse mentor handbook; and the DNP student’s contact information.

Newly hired ED nurses will be provided an opportunity to participate in the project during their 12-week orientation period. During the mentor program orientation, the nurse mentee will receive a packet of information introducing the role of mentee, effective interpersonal communication, role expectations, and sign a memorandum of agreement. The packet of information will contain two evidence-based articles; a JSMC nurse mentor handbook; the measurement instruments; and the DNP student’s contact information. During the orientation, the mentees will complete the initial Job Satisfaction Scale and Intent to Stay in Job Survey. All responses will be anonymous, but coded with a unique identifier only known to the participant and the DNP student.
Next, each mentor will be paired with a mentee. The ED nurse educator will be responsible for matching the mentor with a mentee based on shift and schedule similarities. During the subsequent three months, one professional support session per month will be required of the mentor/mentee. Each session will be focused on an evidence-based topic such as effective interpersonal communication, conflict resolution, and time management. The DNP student will conduct the support sessions. The session will be scheduled for one hour. Each participant will receive copies of the information provided during the sessions.

At the beginning of the program and at the 3-month interval, the mentee will complete the McCloskey/Mueller Satisfaction Scale and Intent to Stay/Leave Job Diagnostic Survey. After the 3-month measurement has been completed the DNP student will destroy the spreadsheet identifying the participant name with unique identifier. An anonymous evaluation of the nurse mentor program will be completed as requested by the agency ED nurse educator and will not be a part of the project data.

III. Agreement of Written and Oral Communication

The DNP Student will be allowed to use the name of Jennie Stuart Medical Center and hospital specific data in the student’s academic work. The student requests permission to present and/or publish the aggregate data for dissemination of evidence-based project results.

IV. Requires Signatures:

Student  
9. 25. 2015
Date

Capstone Advisor  
9. 25. 15
Date

Agency Representative  
9. 22. 2015
Date
Appendix I

Institutional Board Review Approval

NOTICE OF IRB EXEMPTION STATUS
Protocol Number: 16-064
Institutional Review Board IRB00002836, DHHS FWA00003332

Principal Investigator: Sara Jane Jones
Faculty Advisor: Dr. Donna Corley

Project Title: Establishing a Nurse Mentor Program to Improve Nurse Satisfaction and Intent to Stay

Exemption Date: 10/23/15

Approved by: Dr. Pat Litzelfelner, IRB Member

This document confirms that the Institutional Review Board (IRB) has granted exempt status for the above referenced research project as outlined in the application submitted for IRB review with an immediate effective date. Exempt status means that your research is exempt from further review for a period of three years from the original notification date if no changes are made to the original protocol. If you plan to continue the project beyond three years, you are required to reapply for exemption.

Principal Investigator Responsibilities: It is the responsibility of the principal investigator to ensure that all investigators and staff associated with this study meet the training requirements for conducting research involving human subjects and follow the approved protocol.

Adverse Events: Any adverse or unexpected events that occur in conjunction with this study must be reported to the IRB within ten calendar days of the occurrence.

Changes to Approved Research Protocol: If changes to the approved research protocol become necessary, a description of those changes must be submitted for IRB review and approval prior to implementation. If the changes result in a change in your project's exempt status, you will be required to submit an application for expedited or full IRB review. Changes include, but are not limited to, those involving study personnel, subjects, and procedures.

Other Provisions of Approval, if applicable: None

Please contact Sponsored Programs at 859-622-3636 or send email to tiffany.hamblin@eku.edu or lisa.royalty@eku.edu with questions.
Appendix J

Permission to use MMSS Survey

Permission to use form:

This gives permission to use the McCloskey/Mueller Satisfaction Scale (MMSS) to Sara Jane Jones for the purpose as stated in the request dated 09/03/2015.

The instrument may be reproduced in a quantity appropriate for this project.

Signed:

Sue Moorhead, Associate Professor, College of Nursing

Date: September 10, 2015