UNITING SAUC AND BENNER: A PROSPECTIVE NURSE MENTORSHIP PROGRAM

A DOCTORAL PROJECT
Submitted in Partial Fulfillment of the Requirements
For the degree of
DOCTOR OF NURSING PRACTICE

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ABSTRACT

The purpose of this project is threefold. First, a mentorship program (toolbox) to meet the needs of an organization that has a high RN attrition rate (e.g., 46% leave within the first 3 years of employment) will be developed. Second, a mentorship program will be implemented, and, third, the mentorship program will be evaluated to determine its effect on RN job satisfaction, engagement, and retention.

Phase one of this project will consist of the development and implementation of a nurse mentorship program. This phase will include mentor/mentee recruitment strategy, inauguration of the mentorship program, and a 3-hour mentor educational course for selected mentors in the pilot cohort. Finally, phase one reports baseline descriptive statistics for mentors and mentees. Evaluative follow-up will continue for 12-months, after this time, survey data analysis and reporting to the organization’s leadership is planned. This project does not report on phase two of the program.

The theoretical tenets of this mentorship program include mentors and mentees in a mutually beneficial reciprocal relationship of learning and support. Patricia Benner’s novice to expert model and Gustafsson and Pörn’s SAUC model will be adapted to demonstrate synergism. For example, the SAUC model strengthens the novice’s personal perception through self-reflection, while Benner’s acquisition of skill and intuition imparts the technical knowledge required for competency. Together these interactions demonstrate the importance of interrelationships in mentorship development.
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It is with immense gratitude, honor, and humility that I acknowledge Dr. Gail Washington and Dr. Ayman Tailakh for their vision, guidance, support, and patience. Dr. Washington, you have an incredible gift of insight and a kind and thoughtful soul; thank you for showing me the way!

I am dedicating this project to my mother. She taught my siblings and me the importance of hard work, the value of family, respect, humility, and the ability to love deeply. I would like to thank my brother, Javier, for teaching me the meaning of true courage; my sister, Georgina, for her unwavering love; and my little brother, Robert, for always making me laugh.

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To my grandkids, Zack, Isabella, Benjamin, and Anais, remember to dream big, work hard, and never give up. You can do anything you set your mind on!

I also wish to thank Dr. Robert Beart, Barbara Shubin-Galif, and Marianne Singleton for being some of the best mentors that a person could ever have. You have taught me so much and will always have a special place in my heart.

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BACKGROUND

Nurse dissatisfaction and high turnover rates continue to be a problem in many organizations. The inability to retain nursing staff and fill open registered nurse (RN) positions have adverse effects on organizations (Hayes et al., 2006). Having fewer available RNs results in RNs working extra shifts to meet staffing needs, which, in turn, decreases RN job satisfaction and increases burnout and turnover (Brewer & Kovner, 2008; Juraschek, Zhang, Ranganathan, & Lin, 2012).

Because RN engagement and satisfaction ratings have steadily declined, retention of nurses in many organizations has waned (Fink, Krugman, Casey, & Goode, 2008; Pfaff, Baxter, Jack, & Ploeg, 2014). Although preceptorship programs for new RNs exist, many entering the field are questioning their career choice and, in some cases, leaving nursing entirely. Concerns regarding appropriate patient care and lack of support from nursing colleagues are two of the reasons that new RNs leave (Bowles & Candela, 2005; Kovner, Brewer, Fatehi, & Jun, 2014). In addition, many experienced RNs feel dissatisfied, overworked, unappreciated, and uninspired and end up leaving clinical nursing due to burnout (MacKusick & Minick, 2010; Strachota, Normandin, O’Brien, Clary, & Krukow, 2003).

Statement of the Problem

The existing nurse shortage is due, in part, to an aging RN workforce, attrition of new and experienced RNs, and dissatisfaction and burnout of those available for hire (Buerhaus, Staiger, & Auerbach, 2000; Kuehn, 2007). Ultimately, unmet staffing needs negatively affect patient care delivery and outcomes (Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005).
The U.S. Bureau of Labor Statistics (2018) anticipates that by 2026 almost 440,000 new RN positions will be added to the current RN workforce levels. In order to fill open RN positions and retain nurses hired, several factors must be considered. First, the capacity of RN education programs to provide an adequate number of new graduates needs to increase. Second, the retention of newly trained RNs in the profession needs to increase. However, literature reports that in the first 2 years of employment as many as 57% of these RNs leave the profession (Bowles & Candela, 2005; Cowin, 2002; Ulrich et al., 2005). This is of particular concern since the average cost of replacing a bedside RN ranges from $82,000 to $88,000. Therefore, it imperative for healthcare organizations to reduce RN turnover (Burr, Stichler, & Poeltler, 2011; Dowdle-Simmons, 2012; Winfield, Melo, & Myrick, 2009).

It is critical for healthcare organizations to invest in programs to help retain experienced RNs by supporting the transition from novice to expert RN. Factors that increase turnover that result in fewer RNs available for staffing must be addressed. Literature suggests that the implementation of a well-structured mentorship program is mutually beneficial for the nurse and the organization. This project postulates that a mentee and mentorship program will improve RN job satisfaction, engagement, and increase RN retention within the organization. Moreover, mentors will gain additional leadership skills, acknowledgment and validation.

**Purpose**

The purpose of this project is threefold. First, a mentorship program to meet the needs of an organization that has a high RN attrition rate (e.g., 46% leave within the first 3 years of employment) will be adopted; second, the mentorship program will be
implemented; and, third, the mentorship program will be evaluated to determine its effect on RN job satisfaction, engagement, and retention. The theoretical tenets of a mentorship program include mentors and mentees in a mutually beneficial reciprocal relationship of learning and support. The mentor is the experienced-expert nurse and the mentee is the novice nurse. Research states that the mentee will feel supported, learn from the expert nurse’s experiences, build self-confidence, and gain understanding of the organizational structure and cultural environment (Allen, Eby, Poteet, Lentz, & Lima, 2004). In one case, mentorship lowered attrition rates from about 33% to less than 10% (Schroyer, Zellers, & Abraham, 2016). The conceptual framework for this project represents the fusion of two theoretical models. The sympathy-acceptance-understanding-competence model (SAUC) and Benner’s novice to expert model was adapted to illustrate the synergism and continuum of growth that occurs during the mentoring process (Benner, 1982; Gustafsson & Willman, 2003).

**Significance of Study**

The availability of a developed mentorship toolbox will be beneficial for healthcare organizations to increase nurse satisfaction and decrease attrition. The cost of replacing a bedside RN is expensive. It is essential for healthcare organizations to reduce RN turnover (Burr et al., 2011; Dowdle-Simmons, 2012; Winfield et al., 2009). The onboarding costs for a participant in the hospital’s new graduate residency program is approximately $250,000 per resident for a 20-week period. This figure consists of a new graduate nurse’s salary costs and the program’s expenses. Moreover, with the increasing demand for RNs and high attrition rates, it is vital for the organization to retain their nursing staff. This mentorship program has been developed to improve job satisfaction
and decrease attrition. Although it will be impossible to evaluate attrition in the 3-month pilot period, the financial benefits to the organization will be realized if there is a decrease in attrition for nurse mentorship participants from the hospital’s historic number of 46% at the 3-year point.

**Supporting Framework**

As with most professions, student nurses have formal education courses and hands-on experience while working toward an RN degree. However, students only have rudimentary exposure to the nurse role, so there is little frame of reference for what it takes to become competent clinical professionals. Benner (1982) hypothesized that RNs must pass through stages of experiential growth to become competent. Transitional growth involves gaining clinical experience and insights while providing patient care with support from more experienced colleagues. If this collegial interaction is positive and enhances the less experienced individual’s self-confidence, the interaction creates a mentor and mentee culture that improves the learning and transitional experience. As introduced by Gustafsson and Pörn (1994) in the SAUC model, the mentor-mentee interaction demonstrates the confirmation and importance of sympathy, acceptance, understanding, and competence in the mentoring process (Ronsten, Andersson, & Gustafsson, 2005). This DNP project will integrate Benner’s model and Gustafsson and Pörn’s model to develop and support the continuum of growth in the mentorship process. The models will function synergistically as the SAUC model will strengthen the novice’s personal perception through self-reflection, while Benner’s acquisition of skill and intuition imparts the technical knowledge required for competency. Figure 1 depicts the
integrated model developed and demonstrates the interrelationship between SAUC and Benner.

**The Casagrande Mentorship Model**

*SAUC enhances Benner from Novice to Expert*

- **EXPERT**
  - Acquired through process and self reflection
- **PROFICIENT**
- **COMPETENT**
- **BEGINNER**
- **NOVICE**

**SELF-ASSESSMENT**

- Sympathy
- Acceptance
- Understanding
- Competence (SAUC)

*Figure 1. The Casagrande mentorship model.*

**Novice to Expert Model**

The novice to expert model asserts that a novice nurse must pass through a continuum of five levels in order to develop as expert nurse with intuition gained from experience. Listed below are the five levels of nursing experience as described by Benner (1982).

1. Novice—Beginner with no experience. The beginning of skill acquisition.
3. Competent—A nurse with 2 to 3 years of experience in the same area. Understands principles and uses analytical thinking.
4. **Proficient**—Understands from experience what to expect in certain situations.

5. **Expert**—Has an intuitive understanding of clinical situations.

Since novice nurses learn through experience, performing tasks in real-life situations must be continued to achieve the expert phase. Consequently, mentoring of a novice nurse should begin early into a nurse’s career (Benner, 1982). Ronsten et al. (2005) also established the value and importance of a mentor’s role through positive interrelationships with the mentee while transitioning to the nurse role.

**SAUC Model**

The SAUC model is based on an action-theoretic and dynamic process (Gustafsson & Pörn, 1994). This model theorizes that interactions between a mentor and mentee can strengthen or weaken the mentee’s perception of himself or herself. Moreover, this perception can shape future outcomes in a positive or negative manner. Positive interactions are also important for a novice nurse to progress to an expert. Therefore, the Benner model and the SAUC model are complementary in nature. The Benner model provides the steps needed to traverse the path in becoming a competent clinical professional, while the SAUC model identifies the optimal way a mentor should interact with a mentee. This is of particular importance, as it will shape the mentoring program.

The SAUC model consists of four connected phases. Each phase has a parallel process of self-reflection for the mentor and the mentee. The model is predicated on the assumption that a key factor in human motivation is positive self-assessment (Gustafsson & Willman, 2003). The four phases are:
1. Sympathy expressing (S-phase). In this phase, the mentor’s involvement relates to the process of strengthening the mentee’s experiences of security and confidence. By showing empathy and understanding of a mentee’s lack of experience and uncertainty with clinical skills, the mentor is addressing this dimension of the model. Expressing sympathy and understanding of a mentee’s situation can be present in all phases of Benner’s model from novice to expert. This component increases the likelihood of acceptance and trusting the advice the mentor is providing to the mentee as professional competency occurs.

2. Acceptance (A-phase). In this phase, the process of strengthening comfort and openness is established. By showing respect and taking the mentee’s feelings and concerns seriously, the mentor is demonstrating acceptance. Likewise, expressing acceptance of a mentee’s situation can also be present in all phases of the Benner model. Feeling of acceptance strengthens the mentee’s self-determination and self-reflection by establishing a partnership with the mentor.

3. Understanding (U-phase). This phase deals with strengthening professional uniqueness by individualizing the mentoring development by using the nursing process. Exhibiting an understanding of the mentee’s feelings of insecurity and vulnerability in a new situation, the mentor is addressing this dimension. Expressing understanding for a mentee’s situation is present in all phases of the Benner model.
4. Competence (C-phase). This phase relates to the process of strengthening the mentee’s professional development and personal growth. By showing support of the mentee’s competence and resources in a clinical situation, the mentor is addressing the competency dimension. Expressing support for a mentee’s competence can also be present in all phases of the Benner model.

Gustafsson and Willman (2003) acknowledged the first use of the SAUC model in the context of a nurse mentorship program. The intent was to gain an understanding of how nurses view themselves as influenced in connection with the implementation of the SAUC model for nursing in elder care. The results demonstrated that the SAUC model leads to positive consequences by strengthening the foundation of nursing values and self-esteem. This study established the value of using the SAUC model for mentorship programs in nursing.

Ronsten et al. (2005) conducted a follow-up study confirming nursing mentorship using the SAUC model. The premise of this model is that subjects act in a goal-directed manner based on self-perception. Findings from the study demonstrated that the clinical environment is key to learning professionalism and that mentors facilitate clinical skills and reflective introspection. Mentorship, according to Ronsten et al., may also increase novice nurses’ self-confidence and possibly help them improve care. Mentorship provides positive reinforcement that can increase an individual’s capacity to develop and maintain quality standards throughout his or her career.

Larsson, Nilsson, Runeson, and Gustafsson (2007) also evaluated the use of the SAUC model in the care of suicidal patients. The aim was to evaluate the effectiveness of nurses as empathic listeners, thereby increasing treatment time for suicidal patients and
decreasing suicides. Although not directly related to mentorship, this study confirmed that the SAUC model is an effective framework for facilitating the mentor and mentee interaction because of empathetic listening.
REVIEW OF LITERATURE

The search for articles to review the use of a mentorship program for nursing utilized the Cumulative Index to Nursing and Allied Health (CINAHL), PubMed, and Google Scholar databases. The search strategy used the following terms and combinations: *nurse mentor, nursing mentorship, mentorship, nurse mentee, nurse job satisfaction, nurse satisfaction, nurse engagement, retention, nurse retention, nurse burnout, nurse attrition, nurse turnover, nurse mentoring toolkit, and nurse mentorship toolkit*. Search strategies for the theoretical frameworks required the following additional search terms: *Benner, Benner’s novice to expert, Interactive Confirmation Model, Interactive Confirmation, Sympathy-Acceptance-Understanding-Competence Model, and SAUC model*. The search was limited to English language, peer-reviewed articles and a date range from 2005 to 2017.

The literature search followed a systematic approach. As shown in Tables 1, 2, and 3, each database and search term generated a specific number of retrieved articles. As illustrated in Table 3, a search of the Google Scholar database resulted in a larger number of articles than those retrieved from CINAHL and PubMed. For the search topic of nurse job satisfaction, there were 199 articles retrieved through CINAHL, there were 4,414 articles in PubMed, and there were 44,900 articles in Google Scholar. The options to filter results in the Google Scholar search for peer-reviewed and English language articles were not present. Exclusion of articles consisted of relevance to project topic, duplication, and PDF availability. Appendix A, B, and C summarizes the Table of Evidence (TOE).
Table 1

*Cumulative Index of Nursing and Allied Health Literature Database Search*

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*Note. Articles excluded based on title, PDF availability, and relevance to project topic.*
Table 2

*PubMed Database Search*

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*Note.* Articles excluded based on title, PDF availability, and relevance to project topic.
Table 3

Google Scholar Search

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Note. Articles excluded based on title, PDF availability, and relevance to project topic.

Synthesis of the Literature

Research defined mentoring as the interaction between two people having the goal of increasing professional development and personal skills. Moreover, a mentor is an experienced person who shares knowledge, experience, and advice through a structured mentorship program (Mills & Mullins, 2008). Synthesis of the literature review was clustered into three main categories: the benefits of nurse mentorship programs, factors that increased nurse job satisfaction, and nurse retention. The benefits
of positive reinforcement through mentorship is the action-theory framework of Gustafsson and Pörn (1994). The literature supports the premise that no one mentorship program is more effective than another is. This is especially true since mentorship programs are dependent on the setting, purpose, and the program objectives. The literature is therefore reflective of mentorship programs in general with the purpose of job satisfaction that will ultimately lead to nurse retention.

**Benefits of Nursing Mentorship Programs**

Evidence in the literature supports the use of structured nurse mentor programs to help foster shared knowledge, increase nurse job satisfaction, increase nurse retention, and improve clinical proficiency (Duffield, Roche, O'Brien-Pallas, Catling-Paull, & King, 2009; McDonald, Mohan, Jackson, Vickers, & Wilkes, 2010; Ronsten et al., 2005; Schroyer et al., 2016).

Several publications have summarized the results of nurse mentoring programs, but little has been reported on the actual content of the mentoring programs used (Grindel & Hagerstrom, 2009; Schroyer et al., 2016). Several limitations were identified in the studies, such as not having designated mentor and mentee meeting times, mentor and mentee working opposite shifts, and inadequate mentor training (McDonald et al., 2010; Schroyer et al., 2016; Vatan & Temel, 2016). An exception to McDonald et al. (2010) was Schroyer et al. (2016) who used a structured program that was the Mentor Guide from the Academy of Medical-Surgical Nurses (AMSN; 2012). This guide will serve as the basis for mentor training and program developed for this project. The AMSN Mentoring Program has three separate booklets: a site coordinator guide, a mentor guide, and a mentee guide. The booklets include an overview of mentorship, timeline
checklists, and validated questionnaires for both the mentors and mentees. The AMSN provides permission to use their questionnaires for projects such as this on the first page of each booklet (see email confirmation of this in Appendix D).

In summary, nurse mentorship programs are beneficial for mentors, mentees, patients, healthcare organizations, and the nursing profession. There are reciprocal benefits for both the mentor and mentee, with each gaining from each other the experience of sharing or gaining knowledge and support (McDonald et al., 2010; Schroyer et al., 2016). Healthcare organizations, in general, can benefit financially from well-conducted nurse mentorship programs. Increased job satisfaction and subsequently improved retention of the nurse workforce is conservation of human resources (Allen et al., 2004; Gray & Brown, 2016; Schroyer et al., 2016; Van den Heede et al., 2013). For example, patient satisfaction, patient safety, and patient care have been shown to improve as a result of a successful nurse mentorship program (Mills & Mullins, 2008; Schroyer et al., 2016). The nursing profession benefits overall due to increased pride in the profession, more long-term commitment to the profession, and less likelihood to leave nursing for another career option (Allen et al., 2004; McDonald et al., 2010).

**Factors That Increase Nurse Job Satisfaction**

Job satisfaction is an important factor in influencing a nurse’s commitment to the profession and his or her organization. Studies demonstrate that job satisfaction can affect career direction, retention, and the quality of care that is provided (Lartey, Cummings, & Profetto-McGrath, 2014). Additional factors affecting nurse job satisfaction include practice environment, interpersonal relationships, teamwork, organizational culture, and management (Duffield et al., 2009; Van den Heede et al.,
2013). Consistently, mentorship programs provide positive results for both the mentors and mentees by improving job satisfaction and increasing expertise and professional confidence (Mills & Mullins, 2008).

Factors That Influence Retention

An estimated 30% to 58% of new nurses either change positions or leave nursing within 3 years (Lartey et al., 2014; MacKusick & Minick, 2010). Mentoring of new nurses improves the chances of nurses not leaving the organization or the nursing profession early in their career (Allen et al., 2004; Bowles & Candela, 2005; Gray & Brown, 2016; Schroyer et al., 2016). Since the aging workforce has an impact on retention, it is important to retain older nurses in the profession by having them delay their retirement. Therefore, mentorship programs can also result in increased retention of experienced, older nurses (Camerino, Conway, Estryn-Béhar, Costa, & Hasselhorn, 2008).

Summary of Literature Review

Overall, the literature reviewed suggests that mentorship programs improve nurse retention and work satisfaction. Although not quantifiable, if nurses feel better about their work, one could assume they will be better at their jobs, which will consequently improve patient outcomes. Thus, the result is also a concomitant reduction in overall healthcare costs. Although beneficial, the literature is sparse in providing prescriptive guidelines for successful mentorship programs. While a structured plan is not needed, the mentorship program does require a measurement plan to determine if the program is effective in meeting its general purpose.
METHODS

Setting

The setting for this project is an urban university-owned 401-bed tertiary-quaternary care hospital in Los Angeles, California. Approximately 1,300 multiethnic RNs with multiple levels of education are currently employed by the hospital in both inpatient and outpatient services. Twice per year, the hospital accepts approximately 15 to 20 nursing graduates into an 18- to 20-week new nurse residency program. Although this residency program has been in place for several years, the hospital’s nurse attrition rate is historically high. In 2016, the attrition rate for nurses during their first 3 years of employment was 46%.

Project Overview

Phase one of this project focuses on the development of a mentorship program (toolbox), the recruitment of mentors and mentees, and the inauguration of the program. This phase will report the descriptive statistical information captured at baseline. Phase two, and not part of this paper, will use longitudinal comparative data to evaluate the effectiveness of the nurse mentorship program. The timeline for the mentorship program is 3 months, with careful monitoring of job satisfaction, confidence, and attrition at 3, 6, and 12 months.

Organizational investments are required to establish and sustain a mentorship program. These investments include approval and support from executive leadership, nursing educators, and human resources to allocate time for the mentors, mentees, and project leader. Implementation of the mentoring program is multifaceted and as such requires a document that provides a timeline for essential steps (Table 4). Activities
include the development of study surveys, solicitation and recruitment of mentors and mentees, development of educational and informational PowerPoint presentations for mentors and mentees, and the delivery of curricula through in-services. Various newsletters and word of mouth within the organization will introduce the mentoring program. There will be regular meetings with key organizational members to discuss the efficacy and efficiency of the mentoring program. Project outcomes will help to improve processes and outcomes. Institutional Review Board (IRB) approval was granted from the hospital (Appendix E) and educational institution (Appendix F) prior to implementation of the project. Participants will need to sign an informed consent (Appendix G). Table 4 provides the timeline for this project.

**Mentor Recruitment**

As a mechanism to recruit mentors, a solicitation flyer (Appendix H) attached to an email (Appendix I) will be sent to all RNs within the organization. Mentors will self-identify to express interest in participating. Several additional emails will be sent to them. First, they will receive an informed consent; once signed and returned, an additional email will be sent with a link (Appendix J) that directs them to the baseline data survey. This survey (Appendix K) will include descriptive statistics. All mentors must attend a 3-hour educational class (Appendix L) to familiarize them with the mentor role and expectations. To incentivize the mentors, continuing education units (CEU) will be awarded for attending the workshop.

Mentor inclusion criteria consist of the following:

- Submission of mentor application and demographic questionnaire to the project leader
Table 4

*Timeline for Mentorship Program Project*

<table>
<thead>
<tr>
<th>Task Name</th>
<th>Start Date</th>
<th>Finish Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revise Problem Statement</td>
<td>4/1/2017</td>
<td>5/1/2017</td>
</tr>
<tr>
<td>Revise Theoretical Framework Graphic</td>
<td>4/1/2017</td>
<td>9/28/2017</td>
</tr>
<tr>
<td>Discuss Project with Hospital Executive Team</td>
<td>5/4/2017</td>
<td>-</td>
</tr>
<tr>
<td>Develop Surveys</td>
<td>5/20/2017</td>
<td>7/1/2017</td>
</tr>
<tr>
<td>Add Surveys to RED-Cap</td>
<td>6/15/2017</td>
<td>9/3/2017</td>
</tr>
<tr>
<td>Create Recruitment Flyer</td>
<td>4/20/2017</td>
<td>9/27/2017</td>
</tr>
<tr>
<td>Defend Program to Chair &amp; Committee members</td>
<td>9/12/2017</td>
<td></td>
</tr>
<tr>
<td>Develop Mentor Education Materials</td>
<td>6/15/2017</td>
<td>9/25/2017</td>
</tr>
<tr>
<td>Submit Mentor Course for CEU approval</td>
<td>9/18/2017</td>
<td>9/28/2017</td>
</tr>
<tr>
<td>Submit IRB Proposal Education Institute’s IRB &amp; Hospital’s IRB Approval Hospital—IRB Approval Educational Institute—IRB</td>
<td>10/25/2017</td>
<td>2/19/2018</td>
</tr>
<tr>
<td>Present Program at Unit Staff Meetings</td>
<td>2/20/2018</td>
<td>3/20/2018</td>
</tr>
<tr>
<td>Present Program to New Nurse Residency Program Coordinator</td>
<td>2/20/2018</td>
<td>2/20/2018</td>
</tr>
<tr>
<td>Begin Recruitment process for Nurse Mentors and Mentees</td>
<td>2/20/2018</td>
<td>4/18/2018</td>
</tr>
<tr>
<td>Randomly Select Mentors once Informed Consents are signed</td>
<td>Pending recruitment</td>
<td>4/18/2018</td>
</tr>
<tr>
<td>Assign Mentee to Mentor after informed consent signed by recruits</td>
<td>2/18/2018</td>
<td></td>
</tr>
<tr>
<td>Train Nurse Mentors (Educational Course)</td>
<td>4/21/2018 (cohort # 1)</td>
<td>4/21/2018</td>
</tr>
<tr>
<td>Start 3-Month Mentorship Program</td>
<td>4/21/2018</td>
<td>7/21/2018</td>
</tr>
<tr>
<td>Begin analysis of survey data from RED-Cap</td>
<td>Pending recruitment</td>
<td></td>
</tr>
<tr>
<td>Analyze pre &amp; post data</td>
<td>One week after data export</td>
<td>4/2019</td>
</tr>
<tr>
<td>Produce preliminary results</td>
<td>One week after preliminary results finalized</td>
<td>5/2019</td>
</tr>
<tr>
<td>Share Results with Hospital Executives</td>
<td>Throughout program</td>
<td>Throughout Program</td>
</tr>
</tbody>
</table>
At least 3 years of RN experience within the hospital organization, preferably those who were also graduates of the hospital’s new graduate training program. According to Benner (1982), nurses gain greater perception and efficiency after working in the same field for at least 2 years.

Approval from the unit manager/supervisor

Agrees to the time commitment of attending a 3-hour mentor preparation class and at least 3 hours per month (45 minutes per week) of face-to-face meetings with the assigned mentee for 3 months (Gray & Brown, 2016; Vatan & Temel, 2016)

Commitment to communicate regularly with project leader

Commitment to complete program satisfaction survey (Appendix M)

Participate in a 1½-hour post mentorship focus group for mentors.

Mentor exclusion criteria consist of the following:

Suspension or disciplinary action within previous 2 years

Scheduled to retire prior to the conclusion of the 3-month mentoring period

Objection by the supervisor.

Mentee Recruitment

Recent participants (within the last 2 years) of the new graduate residency program will be recruited as mentee nurses. A recruitment email (Appendix N) to these recent graduates will be sent. If interest in participation is expressed, several additional emails will be sent to them. First, they will receive an informed consent (Appendix G); once signed and returned, they will receive an additional email with a link (Appendix O) that directs them to the baseline data survey. In addition, attached to the final email is a brief informational PowerPoint presentation regarding mentorship (Appendix P). All mentees are instructed to review the PowerPoint presentation regarding the value of mentorship, the role of a mentor, and the expectations of the mentee during the program.

Mentee inclusion criteria consist of the following:
• Newly hired nurses in the hospital’s new graduate residency program
• Agreement to the time commitment of at least 3 hours per month (45 minutes per week) for face-to-face meetings with the mentor for 3 months
• Commitment to complete pre and postprogram surveys and evaluations (Appendices Q, R, S, and T)
• Participate in a 1½-hour post mentorship focus group for mentees.

Mentee exclusion criteria consist of the following:

• Lack of completion of the new graduate residency program.
• Participation in a nursing mentoring program previously.
• Disciplinary action during the graduate residency program.
• Supervisor objection.

Program Development and Implementation

After initial contact of potential participants (mentors and mentees), interested nurses will complete the steps necessary for their participation within 6 weeks. This includes the following: respond to the recruitment emails/flyer, sign the informed consent, and complete the online baseline survey. Mentors will be randomly assigned to mentees using RED-Cap. The final list of mentors/mentees will be used to send a final assignment email to mentees to inform them of their assigned mentor for the initial cohort at the end of the 6-week recruitment period.

Once the mentors have been assigned a mentee, they will be required to attend a 3-hour educational class that the project leader developed. The objectives of this class will be to define mentorship and the role of the mentor; establish program guidelines; discuss the importance of a theoretical framework for the program; and learn the benefits to the mentors, mentees, and the organization. The hospital’s in-house educators will review the curriculum for content structure and validity. The project leader will deliver
all educational programs. The mentors will receive three CEUs upon completion of the mentor education class. Nurses attending the class will be presented with a badge identifying them as mentors (Appendix U) and an informational 3-ring binder (Appendix V) that includes references, educational information regarding mentorship, a timeline, contact information for the project leader, and an area for note taking.

**Measures**

Evaluation of the mentorship program will be based on anecdotal and quantitative comparisons. Survey data will be collected at four timepoints over a 12-month period: at baseline, 3 months, 6 months, and 12 months. The results of the project will be assessed and analyzed using multiple comparative measures. However, for phase one of this project, only descriptive data at baseline will be reported.

**Mentor Application and Demographic Data—Phase One of Project**

This survey (Appendix I) will be provided to those RNs responding to the mentor recruitment flyer. The mentor demographic data collected will include years of experience, nursing specialty, level of education, unit where employed, and shift worked (a.m. or p.m.). There are two narrative questions included in the survey, asking why they would like to be a mentor and if they have had a good mentor during their career. This data will be collected at the time of recruitment and prior to the beginning of the mentoring process.

**New RN Intent to Stay/Leave—Phases One and Two of Project**

Surveys used in this pilot study have been determined to be reliable and valid by previous researchers and have been widely used. The Intent to Stay/Leave instrument (Appendix Q) will measure how mentees might feel about their job, the organization, and their intent to stay. For this 15-item survey, a Likert scale will be used to measure
agreement with each question on the scale from 1 = disagree strongly to 7 = agree strongly. The survey will be used at the start of the program and at 3 months, 6 months, and 12 months. Analysis will be conducted after all follow-up timepoints.

**New RN Confidence—Phases One and Two of Project**

This survey (Appendix R) examines the level of confidence in performing a list of different activities and scenarios as a new nurse, such as reporting incidents of physician harassment or inappropriate nurse behaviors to the nurse manager. This is a 26-item survey using a Likert scale ranging from 1 = not at all confident to 5 = very confident. This survey will be analyzed at the beginning of the program and at all follow-up timepoints.

**New RN Job Satisfaction—Phases One and Two of Project**

Since job satisfaction is paramount to increased engagement and retention of staff, this survey (Appendix S) indicates the dimensions of mentee job satisfaction. This is a 26-item survey using a Likert scale from 1 to 5. The survey will be given to the mentee at the start of the program and at 3 months, 6 months, and 12 months. This survey will be analyzed at the beginning of the program and at all follow-up timepoints.

**Mentoring Program Satisfaction Survey—Phase Two of Project**

This survey (Appendices M & T) will evaluate the effectiveness of the program. Both the mentors and mentees will receive this survey at the end of the 3-month pilot project. The survey includes 12 questions and an additional comment component to capture an individual’s narrative comment.
Phase Two—Data Capture

All data will be collected using the hospital’s Research Electronic Data Capture system called RED-Cap. RED-Cap is a secure web application used for building and managing online survey data. Only authorized users of this project will have access to the survey data. The project leader will monitor survey completion; a 2-week grace period will be allowed for participants to complete surveys. If either a mentor or mentee fails to complete a study survey within the grace period, the project leader will directly contact him or her to remind them of the agreed upon commitment. Post study focus groups for mentors and mentees will be held to obtain in-depth qualitative data. Five open-ended reflective questions will be asked during the focus group sessions (Table 5). The focus group discussion questions have been designed to obtain qualitative data with the intent of identifying opportunities for improvement in subsequent mentorship cohorts. As such, these qualitative data will be reported descriptively with point estimates and confidence intervals. If appropriate, graphical summaries will be presented to visualize any patterns or themes. Finally, the review of focus group discussions will assist in identifying themes and using those themes to complement quantitative results from the various surveys being conducted.
Table 5

*Reflective Questions for Focus Group*

<table>
<thead>
<tr>
<th>Reflective Questions for Mentors and Mentees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What did you accomplish as a participant?</td>
</tr>
<tr>
<td>2. What did you learn from the experience?</td>
</tr>
<tr>
<td>3. What will you do with what you learned?</td>
</tr>
<tr>
<td>4. What would you have done differently?</td>
</tr>
<tr>
<td>5. What went well with the mentorship experience?</td>
</tr>
</tbody>
</table>

**Phase Two—Data Analysis**

All survey data will be analyzed using SPSS version 24 software. The demographic characteristics of participants will be analyzed using descriptive statistics including means, ranges, and standard deviations. Differences between these variables will be assessed using the appropriate parametric or nonparametric statistics tests, *t* test or chi-square, depending on the nature of the measurement. Descriptive statistics will be used to portray changes in the study variables. A *p*-value of 0.05 will be used for statistical significance. A paired *t* test will be performed on the pre and post study surveys given to the nurses in the new graduate residency program to evaluate intent to stay/leave, confidence, and job satisfaction at 3, 6, and 12 months. Historical data regarding retention rates from the hospital’s 2015 and 2016 new graduate residency nurses will be used for comparison of the mentored nurses at the 12-month study endpoint.
RESULTS

The most significant result was the development of a theoretical framework for nurse mentoring by integrating the Benner (1982) novice to expert model with Gustafsson and Pörn’s (1994) SAUC model as shown in Figure 1.

Further results were the development of a mentor toolkit. The toolkit includes the following items:

1. Informed Consent (Appendix G)
2. Recruitment Flyer (Appendix H)
3. Recruitment Email to Mentors # 1 (Appendix I)
4. Recruitment Email to Mentors # 2 (Appendix J)
5. Mentor—Application & Demographics Survey (Appendix K)
6. Mentor Education PowerPoint (Appendix L)
7. Mentor—Program Satisfaction Survey (Appendix M)
8. Recruitment Email to Mentees # 1 (Appendix N)
9. Recruitment Email to Mentees # 2 (Appendix O)
10. Mentee In-Service PowerPoint (Appendix P)
11. Mentee Intent to Stay in Job Survey (Appendix Q)
12. Mentee New RN Confidence Survey (Appendix R)
13. Mentee New RN Job Satisfaction Survey (Appendix S)
14. Mentee Program Satisfaction Survey (Appendix T)
15. Created a Mentor Badge (Appendix U)
16. Complied a Mentor Educational Binder (Appendix V)
Another result was the development of web-based data collection instruments for Appendices K, M, Q, R, S, and T using RED-Cap. The lengthy IRB process resulted in a delay of the implementation of the mentorship program within the organization.

After 14 days, the initial recruitment emails and flyer sent to 1,200 potential mentor nurses resulted in 75 (6.25%) nurses showing interest in being mentors. Although these are only preliminary recruitment results and the response rate appears low, it provides a sufficient number of mentors to initiate the pilot cohort. Mentee recruitment has been ongoing for 4 weeks and of the 68 contacted, 10 (14.7%) have completed all steps necessary for participation. Data collection for phase two will occur at the beginning of the mentorship program (baseline), and comparison data and analysis will be done at the 3-, 6-, and 12-month timepoints.
DISCUSSION

Literature supports the benefits of mentoring programs. Allen et al. (2004) determined subjective outcomes of mentoring included increased job satisfaction, intent to stay, and organizational commitment. Mentoring during early stages of a career has been associated with higher job satisfaction and retention rates (Schroyer et al., 2016). Many corporations utilize mentorship programs; however, in nursing we struggle to develop, implement, and maintain such programs (Vatan & Temel, 2016). The purpose of phase one of this project is to develop and implement a nurse mentorship program (toolbox). Data collection will continue for 12 months in order to confirm or refute the benefits of such a program in improving job satisfaction and intent to stay and decreasing RN attrition. This analysis will be completed as phase two of this project.

Limitations

This longitudinal study requires incremental assessments and evaluations that will continue beyond the scope of this project. IRB approval from the hospital and educational institution prior to implementation of the project was required. Due to the duration of the IRB approval process and the length of time necessary to collect valuable data, there was insufficient time available to capitulate the reporting of follow-up survey data/retention rates for this project.

Future Implications

Mentoring is an important area for future research as the need for RNs increases and as their availability decreases. Moreover, there is a need for further studies investigating the longitudinal benefits of mentoring programs. Additional analysis will be reported on this project to the organization’s leadership after the 12-month point.
Conclusion

Literature validates the value of nurse mentorship programs as a strategy to decrease RN attrition and improve job satisfaction. Mentoring may be an effective strategy for nurturing and supporting novice nurses and demonstrating an experienced nurse’s value to the profession. Mentoring is valuable to the mentee, mentor, organization, and the nursing profession.

A minimum of a 1-year period should be allotted in order to properly evaluate the benefits of a nurse mentorship program. Increasing job satisfaction is subjective in nature, but RN attrition is objective. Therefore, we do not want to lose sight of the big picture by not investing in the future of the nursing profession.
REFERENCES


**APPENDIX A**

**TABLE OF EVIDENCE**

*Mentorship Programs*

<table>
<thead>
<tr>
<th>Purpose (Author(s), year)</th>
<th>Design &amp; Key Variables</th>
<th>Sample &amp; Setting</th>
<th>Measurements, Methods</th>
<th>Results or Findings</th>
<th>Author’s Conclusions; Study Limitations &amp; Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculate retention rates after implementation of a “mentor” program in a community hospital in Indiana. Schroyer, Zellers, &amp; Abraham (2016)</td>
<td>Quantitative research method</td>
<td>70 newly hired RNs defined as new grads, re-entry nurses, or nurses new into 3 critical care units in a 325-bed hospital in Indiana</td>
<td>Variables for leaving: -Aging workforce -Feeling overwhelmed -Job dissatisfaction -Workplace violence -Overtime -Poor communication</td>
<td>Positive effects: -Career development -Teamwork building -Improved leadership skills -Trust building -Increased confidence &amp; competence -↑ increased job satisfaction -↑ retention -Transfer knowledge from one generation to the next</td>
<td>↑ nursing retention rates</td>
</tr>
<tr>
<td></td>
<td>Retrospective calculations 6 m. prior to start of mentor program &amp; 6 m. after</td>
<td>7/2013-3/2014 not mentored—pre-comparison group</td>
<td>Pairing a new nurse w/ experienced nurse mentors = experienced nurses Mentees = new grad, re-entry, new to critical care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nurse retention after start of mentor program</td>
<td>4/2014-9/2014 mentored—postintervention group</td>
<td>AMSN Mentoring Program</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Theories: -Constructivist theory -Benner’s novice to expert continuum -Kolb’s experiential learning theory</td>
<td></td>
<td>HR provided termination data Satisfaction Surveys</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>↑ pt. satisfaction</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>↑ Organizational cost savings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Limitations: ↓ mentor training ↓ designated meeting time Opposite shifts ↓ meeting times</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Recommendation for future studies include pairing “mentor” program with new nurse residency program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Notes: AMSN Mentoring program</td>
</tr>
<tr>
<td>Purpose</td>
<td>Design &amp; Key Variables</td>
<td>Sample &amp; Setting</td>
<td>Measurements, Methods</td>
<td>Results or Findings</td>
<td>Author’s Conclusions; Study Limitations &amp; Notes</td>
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<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Reviewing benefits associated with mentoring for protégé. Allen, Eby, Poteet, Lentz, &amp; Lima (2004)</td>
<td>Meta-analysis</td>
<td>43 studies were included</td>
<td>Subjective career success—job satisfaction, career commitment, intent to stay</td>
<td>Objective Career Success ↑ compensation ↑ promotions</td>
<td>Benefits associated with mentoring. Additional research on different styles of mentoring needed.</td>
</tr>
<tr>
<td>Explain the effects of a formal mentoring program</td>
<td>Quasi-experimental, action research approach</td>
<td>20 nurses (10 mentors &amp; 10 mentees All ♀) Attrition 1 mentor + 1 mentee</td>
<td>Mentor/mentee shared personal SWOT</td>
<td>Positive effects: ↑ well-planned mentoring program contributes Nurse &amp; Organization ↑ learning ↑ skills ↑ insight of personal life &amp; work effects ↑ effective communication ↑ institutional culture</td>
<td>↑ findings for a well-structured program</td>
</tr>
<tr>
<td>Vatan &amp; Temel (2016)</td>
<td>Mentors Unit managers Mentors w/10 yrs. exp. ≥</td>
<td>University hospital—Turkey (2,000 beds) Staff = 1,076 nurses</td>
<td>Data sources: Questionnaires -Sociodemographic characters of nurses -Learning style -Transformational leadership inventory -Personal learning measure -Structured reflection forms</td>
<td>Mentors = two 4-hour learning sessions</td>
<td>Recommendations for well-structured program for novice nurses Allocate funding</td>
</tr>
<tr>
<td></td>
<td>Mentees w/ ≤ 10 yrs. exp. Theories: Benner’s model</td>
<td>6 month mentoring period</td>
<td></td>
<td>SPSS used for analysis</td>
<td>Limitations: ↓ # participants Variations of shift hours between mentor/mentee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Recommendation future studies evaluating pt. &amp; nurse satisfaction &amp; organizational commitment</td>
</tr>
<tr>
<td>Purpose</td>
<td>Design &amp; Key Variables</td>
<td>Sample &amp; Setting</td>
<td>Measurements, Methods</td>
<td>Results or Findings</td>
<td>Author’s Conclusions; Study Limitations &amp; Notes</td>
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<td>------------------------------------------------</td>
</tr>
<tr>
<td>Evaluating a nurse mentor preparation program (NMC)</td>
<td>Qualitative study - Understand how experience mentors viewed a new program →↑ knowledge factors that enhanced or inhibited role as mentor -evaluate mentors perception of new program personal effect</td>
<td>12 mentors (5 trainee mentors) (7 experienced mentors) Nurses in secondary care settings</td>
<td>Four focus groups, reflective interviews via audio-recording, verbatim transcriptions Six-step approach data analysis using Braun and Clarke’s thematic analysis.</td>
<td>Revealed common themes: -Intellectual facets → growth of self-awareness for mentors -Contextual perceptions → factors inhibiting the mentors ability to carry out their role -Personal investment → emotional impact of mentorship</td>
<td>Combining experiential understanding with theory &amp; critical analysis was advantages to developing mentors. Suggests leadership &amp; supported culture benefit a mentor program. Managers need to actively promote and support mentors Note: A well structure mentor training program is vital the success of mentorship programs</td>
</tr>
<tr>
<td>Gray &amp; Brown (2016)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retired and senior nurse mentors</td>
<td>Qualitative interviews</td>
<td>15 mentoring partnerships</td>
<td>Mentor recruitment–local newspaper &amp; articles in retired nurses’ association, word of mouth, invitation letters Participant packet &amp; consent sent</td>
<td>3 major themes for mentors -Facilitating work &amp; life decisions *mentors excellent resource -Benefits of helping other nurses *stay connected</td>
<td>Mentoring programs that pair younger nurses with retired or older working nurses offers professional, personal benefits to both. Vital for longevity &amp; continuing development of nursing profession Limitations: unfamiliar program to participants</td>
</tr>
<tr>
<td>McDonald, Mohan, Jackson, Vickers, &amp; Wilkes (2010)</td>
<td>Mentees attended six workshops &amp; paired w/mentor for 6 months Mentors—retired or working nurses with newer nurses</td>
<td>3 mentors partnered with mentees/project life 12 Mentors = 10♀, 2♂—4 retired, 2 semi-retired, 6 working, ages 40 to70, 20 – 50 yrs. in nursing</td>
<td>Contacted via telephone/email</td>
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</tr>
<tr>
<td>Purpose</td>
<td>Design &amp; Key Variables</td>
<td>Sample &amp; Setting</td>
<td>Measurements, Methods</td>
<td>Results or Findings</td>
<td>Author’s Conclusions; Study Limitations &amp; Notes</td>
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<tr>
<td>↑ retention of older nurses</td>
<td>Tertiary referral hospital in large Australian city</td>
<td>Mentor attended informational day</td>
<td>Monthly informal meetings held</td>
<td>*feel purposeful</td>
<td>Note: Shared journey Importance of developing trust early in mentoring relationship</td>
</tr>
<tr>
<td>Rewarding experience for older nurses</td>
<td></td>
<td>Mentors &amp; mentees interviewed @ 6 months by researcher—audiotaped, transcribed for thematic analysis</td>
<td>-Adapting to role &amp; mentee</td>
<td>*challenge to create trusting relationship w/mentee</td>
<td></td>
</tr>
<tr>
<td>↑ support of newer nurse (mentee)</td>
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<td>*mentee—time constraints</td>
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<tr>
<td>↑ professional development</td>
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</tbody>
</table>
# APPENDIX B

## TABLE OF EVIDENCE

**Nurse Retention**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Design &amp; Key Variables</th>
<th>Sample &amp; Setting</th>
<th>Measurements, Methods</th>
<th>Results or Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job environment factors that impact nursing job satisfaction, intention to leave, &amp; retention</td>
<td>Survey data using Nursing Work Index-Revised (NWI-R)</td>
<td>80 medical &amp; surgical units in New South Wales, Australia</td>
<td>Regression analysis done using hierarchical linear modelling (HLM)</td>
<td>↑ indicators-control over practice nurse autonomy strong nursing leadership in the ward Distinctions between Satisfaction w/ job vs w/ nursing identified ↓ satisfaction w/ emotional abuse ↑ satisfaction if positive nurse-physician relationships</td>
</tr>
<tr>
<td>The role of the nurse unit manager</td>
<td>5 factors: autonomy control over practice nurse-doctor relationships leadership resource adequacy</td>
<td>Collected in 2004/5 Overall there was an 80.9% response rate—no actual # given</td>
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<td>Purpose</td>
<td>Design &amp; Key Variables</td>
<td>Sample &amp; Setting</td>
<td>Measurements, Methods</td>
<td>Results or Findings</td>
<td>Author’s Conclusions; Study Limitations &amp; Notes</td>
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</tr>
<tr>
<td>Provides BP data regarding ↑ nurse retention in acute hospitals</td>
<td>Quantitative data from survey of nurses. Qualitative analysis of CNO interviews Semi-structured interview was done</td>
<td>3,186 bedside nurses from 272 randomly selected nursing units CNO’s from 3 high and low performing hospitals interviewed</td>
<td>surveys used to determine association between nursing environment, staffing, educational profile and intention to leave.</td>
<td>Median yrs. of experience was 15 90% of nurses surveyed were ♀</td>
<td>nurse ratio influence nurses to leave an organization</td>
</tr>
<tr>
<td>Effective interventions &amp; strategies used for ↑ retention of experienced nursing staff in organizations &amp; profession</td>
<td>Systematic review of 12 quantitative research studies measuring nurse retention with pre &amp; post-data Experienced nurse w/ formal education plus ≥ 1 yr. in a “particular” area or additional training/certification in specialty</td>
<td>Canadian Study Database search: CINAHL, PsycInfo, EMBASE, Medline, Cochrane library, SCOPUS yield 2199 studies -36 reviewed for inclusion/exclusion criteria</td>
<td>Retention measured by % of nurses leaving position voluntarily.</td>
<td>58% ↑ retention ↑ nurse accountability &amp; shared governance</td>
<td>Implementation of programs that include teamwork, leadership &amp; practice models at the individual, unit, &amp; organizational level may: - ↓ nursing turnover - ↑ retention</td>
</tr>
<tr>
<td>Lartey, Cummings, &amp; Profetto-McGrath (2014)</td>
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Positive Influences:
<table>
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<th>Purpose</th>
<th>Design &amp; Key Variables</th>
<th>Sample &amp; Setting</th>
<th>Measurements, Methods</th>
<th>Results or Findings</th>
<th>Author’s Conclusions; Study Limitations &amp; Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A longitudinal study investigating the importance of attracting new nurses and retaining older (≥ 45 yrs. of age) nurses in the profession or delay retirement in order to help ↓ nursing shortage and ↑ nurse retention.</td>
<td>Intervention = an organizational program implemented to ↑ retention of experienced nurses</td>
<td>-14 reviewed for detail -12 retained = 9- North America, 1-Canada, 1-Sweden, 1-Italy</td>
<td>- Teamwork approach - Leadership practice - Organizational &amp; individual strategies - Interventions from 6 mos. to 4 yrs., average 1 yr.</td>
<td>-Flexible schedules -Money -Health benefits -Mentorship -organizational retention focus -mgmt./recognition -work environment -retirement plans</td>
<td>Additional studies partnering w/ researchers, Note: Mentorship, work environment &amp; leadership = ↑ influences</td>
</tr>
<tr>
<td>Camerino, Conway, Estryn-Béhar, Costa, &amp; Hasselhorn (2008)</td>
<td>A prospective study of 5504 Italian nurses</td>
<td>Italian Study</td>
<td>Measured: 1. NEXT Study 2. Turnover rates of nurses from each facility 3. Age 4. WAI (Work ability Index) 5. Job dissatisfaction 6. Organization commitment 7. Emotional exhaustion-CBI Inventory</td>
<td>78.4% of the nurses surveyed were ≤ 45 yrs. of age. ↑# of younger nurses: -Thinking about quitting -Changing job -Giving-up nursing -Emotional exhaustion ↑ # of older nurses w/ perception of organizational commitment</td>
<td>Factors deferring exit of older nurses: - Pension reforms - ↓ early retirement pathways - Incentives for working longer - ↑age-friendly workforces to ↑retention Provide opportunities for younger nurses to learn from older nurses Note: Opportunities for mentorship</td>
</tr>
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## APPENDIX C

### TABLE OF EVIDENCE

**Theoretical Models**

<table>
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<tr>
<th>Purpose (Author(s), year)</th>
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<th>Measurements, Methods</th>
<th>Results or Findings</th>
<th>Author’s Conclusions; Study Limitations &amp; Notes</th>
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</thead>
<tbody>
<tr>
<td>Theoretical model confirming nurse mentorship SAUC model</td>
<td>Quantitative &amp; qualitative data collected</td>
<td>Sweden</td>
<td>Questionnaires, personal interviews, video-recorded, &amp; tape-recorded focus groups data collection 2 yrs. post completion of 1-yr mentorship</td>
<td>Clinical environment key to learn professionalism</td>
<td>Positive reinforcement through mentorship may help an individual’s capacity to develop &amp; maintain quality standards in nursing</td>
</tr>
<tr>
<td>Ronsten, Andersson, &amp; Gustafsson (2005)</td>
<td>Confirmation of SAUC model for mentorship</td>
<td>16 nurses participants</td>
<td>Mentor facilitates clinical skills/reflection</td>
<td>Mentorship may ↑ novice nurses self-confidence and possibly help them develop ↑ quality standards in nursing</td>
<td>Mentorship process may be a way to prepare future nurses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mentors = 8 experienced nurses (5 ♀, 3 ♂) Ages 25-49 1 to 30 yrs. experience</td>
<td>Hermeneutic interpretation</td>
<td>Material read &amp; interpreted separately by each author</td>
<td>Note: Reflection &amp; positive reinforcement in mentorship</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medium size hospital in Sweden</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gain understanding of how nurses view of themselves as influenced in connection with implementation of SAUC model</td>
<td>Qualitative</td>
<td>Sweden</td>
<td>Handwritten (219) statements analyzed from 6 group interactions</td>
<td>Implementation of SAUC model + positive consequences for nurses’ self-relation</td>
<td>Demonstration that implementation of SAUC model useful &amp; ↑ nurses’ self-relation</td>
</tr>
<tr>
<td></td>
<td>Confirmation of SAUC model for nursing in elder care</td>
<td>22 ♀ nurses working in elder care</td>
<td>Hermeneutic interpretation &amp; hypothetic-deductive method (HDM) used for analysis</td>
<td>Strengthened foundation of values in nursing &amp; strengthened self-esteem</td>
<td>Note:</td>
</tr>
</tbody>
</table>
Gustafsson & Willman (2003) - values of the SAUC model -Nursing competence/SAUC principles -confirmation SAUC principles -holistic view & nursing ideality -professional & personal development 9 = assistant nurses Age 28 to 61 Employment yrs. in elder care 3-42 Established mentorship value Reflection & positive reinforcement in mentorship

To describe psychiatric nursing care of suicidal pts using SAUC model Qualitative Evaluate nurses as empathic listeners ↑ treatment time of suicidal patients & ↓ suicides in Sweden Stockholm Sweden Psychiatric-mental—13 inpatient wards Every 3rd nurse selected for study 27 nurses (23 ♀, 6 ♂) Age 27-64 Experience in psychiatric nursing 6 mons-34 yrs. Tape-recorded interviews read & analyzed by authors. Text about nursing actions extracted & compiled. Analysis divided into – or + subthemes w/ SAUC model. 82.7% person support 16.5% self-support used in nursing goals/actions .80% self-perspective was ↓ Nurses regarded their suicidal patients equally in SAUC phases Person-supported care & self-care in accordance to SAUC model for confirming nursing Limitations: Missing actions/goals for patients Note: SAUC model clearly explained

Larsson, Nilsson, Runeson, & Gustafsson (2007) Confirmation of SAUC model for nursing S = Sympathy A = Acceptance U = Understanding C = Competence

Stockholm Sweden Psychiatric-mental—13 inpatient wards Every 3rd nurse selected for study 27 nurses (23 ♀, 6 ♂) Age 27-64 Experience in psychiatric nursing 6 mons-34 yrs. Tape-recorded interviews read & analyzed by authors. Text about nursing actions extracted & compiled. Analysis divided into – or + subthemes w/ SAUC model. 82.7% person support 16.5% self-support used in nursing goals/actions .80% self-perspective was ↓ Nurses regarded their suicidal patients equally in SAUC phases Person-supported care & self-care in accordance to SAUC model for confirming nursing Limitations: Missing actions/goals for patients Note: SAUC model clearly explained

Note. AMSN = Academy of Medical-Surgical Nurses; BP = best practice; CNO = chief nursing officer; Demo = demographics; grads = graduates; HAI = hospital-acquired infections; HLM = hierarchical linear modelling; LVN = licensed vocational nurse; mgmt. = management; NEXT = Nurses Early Exit Study; NF = nurse-friendly; NWI-R = Nursing Work Index-Revised; PES-NWI = Practice Environment Scale of the Nursing Work Index; pt. = patient; Q1 = quality indicators; RN = registered nurse; TNA = Texas Nurses Association; ttl = total; UTI = urinary tract infection; w/ = with; WAI = Work Ability Index; yrs. = years; ♀ = female; ♂ = male; ↑ = increase; ↓ = decrease; → = leads.
APPENDIX D

AMSN AUTHORIZATION

Victoria DeFrance <victoria.defrance@amsn.org>

Re: Requesting permission to use the AMSN Mentoring Guidelines

Hello Yolee,

It states on the first page of each booklet, Copyright (c) 2012 by the Academy of Medical-Surgical Nurses. All rights reserved. Authorization to duplicate and personalize items for internal agency and personal use is granted by AMSN.

If no cost is associated just duplication, you are in the clear to duplicate and change to suit your program.

Thank you for thinking of AMSN when organizing your program.

Victoria DeFrance
Association Services Coordinator
Academy of Medical-Surgical Nurses (AMSN)
East Holly Avenue, Box 56, Pitman, NJ 08071-0056
P: 856-256-2306  E: Victoria.defrance@amsn.org

Connect with us!
# APPENDIX E

## IRB APPROVAL—HOSPITAL

---

University of Southern California Health Sciences Campus  
Institutional Review Board  
LAC-USC Medical Center, General Hospital Suite 4-700  
1230 North State Street, Los Angeles, CA 90033  
(213) 232-2110  
Fax: (213) 746-5991  
IRB@usc.edu

**Date:** Oct 23, 2017  
**To:** Yolanda Gourmand, RN  
**Nurse Director**  
**Nursing USC**  

**From:** Health Sciences Institutional Review Board

**TITLE OF PROPOSAL:**  
Using EAC to Assist: A prospective Nurse Monitoring Program (Nurse Mentor Program)

<table>
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<tr>
<th>Action Date: 10/25/2017</th>
<th>Action Taken:</th>
<th>Approves</th>
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</thead>
<tbody>
<tr>
<td>Committee: Institutional Review Board</td>
<td></td>
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</tbody>
</table>

**Note:** Your IRB application and attachments were reviewed by the IRB on October 23, 2017.

- The project was APPROVED.

The materials submitted and considered for review of this project included:
1. Initial application dated 8/15/17  
2. Study protocol dated 9/10/17  
3. Faas Group grade  
4. Survey Latou to Story/Bio/BS Graduates, OSU BS Graduates, Master Program Students, Master Program Students, Mentor Program Students, Mentor Program Students, Mentor Program Students  
5. Recruitment Materials (Flyer, email script)  
6. Information sheet dated 10/20/17

Based on the information submitted for review, this study is exempt from 45 CFR 46 according to (45 CFR 46) in category 1, 2.
Office Memorandum

DATE: February 19, 2018
TO: Gail Washington, DNS
FROM: California State University, Los Angeles (Cal State LA) IRB

PROJECT TITLE: [1044020-1] Nurse Mentorship
REFERENCE #: 17-23
SUBMISSION TYPE: New Project
ACTION: APPROVED
APPROVAL DATE: February 19, 2018
EXPIRATION DATE: February 18, 2019
REVIEW TYPE: Expedited Review
REVIEW CATEGORY: Expedited review category # 7

Thank you for your submission of New Project materials for this project. The California State University, Los Angeles (Cal State LA) IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on the applicable federal regulation.

Please make sure that you follow the procedures for informed consent outlined in the APPROVED proposal as required by federal regulations.

Please note that any modification to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate modification forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to irb@calstatela.edu using the "Adverse Effects Report Form." All federal and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project has been determined to be a project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of February 18, 2019.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Claire Bakewell at irb3@calstatela.edu or irb@calstatela.edu. Please include your project title and reference number in all correspondence with this committee.
APPENDIX G

INFORMED CONSENT

Informed Consent

Title of Project: Uniting SAUC and Benner: A Prospective Nurse Mentorship Program

Dear Nurse:

You are invited to take part in a research project conducted by Yolanda (Yolee) Casagrande, a doctorate student at California State University, Los Angeles. In this study, we hope to learn more about the benefits of participating in a nurse mentorship. You were selected to participate in this study because you are either an experienced nurse or a new nurse. We hope that our research will confirm benefits of participation in a nurse mentorship program by increasing job satisfaction and decreasing nurse attrition.

Each mentor nurse will be required to attend a 3-hour mentorship-training course (3 hours of Nursing CEU’s will be awarded to each mentor for completion of Mentor Class). Each mentor and mentee nurse will require approval from their unit manager/supervisor, agree to at least 3-hours per month of face-to-face meetings for a total of 3-months, commit to complete both pre- and post-program surveys, and participation in a focus group after the completion of the mentorship.

Reports resulting from this study will not identify you as a participant. All information gathered in this study will remain confidential and be given out only with your permission or as required by law. If you give us permission by signing this consent form, we will protect your confidentiality. Confidentiality will be kept by numbered cross-references and keeping the files locked up. Consent forms, audio- or videotapes, numbered cross-references and data will be kept in separate locked locations for a minimum of three years following completion of the study.

If you have any questions about this research at any time, please call Gail Washington at 323 343 4718 or write her at gwashington@exchange.calstatela.edu - 5151 State University Drive, Los Angeles, CA 90032. You can also call Yolanda (Yolee) Casagrande 323 559 2194 or write her at Yolee.casagrande@csu.fullerton.edu – 1500 San Pablo Street, Los Angeles, CA 90033.

By signing this consent form, you indicate that you have read the form and agree voluntarily to participate in the study. If you choose not to take part there will be no penalty or loss of benefits to which you are entitled. If you agree to take part, you are free to withdraw from it at any time. Likewise, no penalty or loss of benefits to which you are otherwise entitled will occur.

I agree to participate in, Uniting SAUC and Benner: A Prospective Nurse Mentorship Program.

Signature __________________________ Date ________________

THIS PROJECT HAS BEEN REVIEWED BY THE CALIFORNIA STATE UNIVERSITY, LOS ANGELES INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH. ADDITIONAL CONCERNS AND COMPLAINTS, OR QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH PARTICIPANT, SHOULD BE DIRECTED TO THE ASSOCIATE VICE PRESIDENT FOR RESEARCH (Phone number: 323-343-3798).
Nurse Mentorship Program

Exploring opportunities for mentors and mentees in an academic medical center.
Mentorship programs have been found to help with RN job satisfaction, engagement and retention.

Who is eligible to be a Mentor?
Criteria consists of a registered nurse who has:
♦ At least 3 years of experience
♦ Agree to time commitment:
♦ Attend a 3 hour mentor class (CEU’s)
♦ Commit to at least 3-hours/month of face-to-face meetings with mentee for 3 months
♦ Attend a 90 minute Focus Group Interview after the completion of mentorship program.

Why are we developing a Nurse Mentorship Program?
I am currently a Doctor of Nursing Practice (DNP) student at Southern California CSU, DNP Consortium (California State Universities at Fullerton, Long Beach, and Los Angeles)

As part of the program requirements, I have developed a capstone project to determine if the implementation of a Nurse Mentorship Program can improve nurse job satisfaction and intent to stay in the job/profession.

For more information please contact
Yolee Casagrande at:
Yolee.casagrande@med.usc.edu
USC-IRB HS-17-00785

This project has been reviewed by the CALIFORNIA STATE UNIVERSITY, LOS ANGELES INSTITUTIONAL REVIEW BOARD for the protection of human subjects in research. Additional concerns and complaints, or questions regarding your rights as a research participant, should be directed to the Associate Vice President for research (Phone number: 323-343-3798).
APPENDIX I

RECRUITMENT EMAIL TO MENTORS # 1

Dear Nurses,

Interested in expanding your nursing and leadership skills? Join our new Mentoring Program!

We are looking for experienced nurses to join this program. Your participation is vital to maintain the quality of nursing leadership. Not only will you help our medical center continue to provide high quality service to our patients, but you will also play a key role in shaping the future of our nursing profession. Each nurse mentor will be paired with a recent new graduate nurse.

Criteria for Mentors: We are looking for RNs with at least 3 years of experience within the medical center who are willing to:

- Attend an introductory 3-hour session (3 CEUs awarded)
- Spend at least 3 hours per month for the duration of the 3-month program providing career advice, sharing knowledge, providing support to an assigned mentee
- Complete pre- and post-surveys to measure the program effectiveness
- Attend a focus group meeting after the completion of the Mentorship Program

Please see the flyer included below for more details on how you can become a mentor.

Best Regards,

Yolee Casagrande, MSN, RN, NE-BC
APPENDIX J

RECRUITMENT EMAIL TO MENTORS # 2 (LINK)

PROJECT TITLE: Nurse Mentorship Program

Study Contact: Yolee Casagrande

You are invited to participate in a study of Nursing Mentorship. We hope to learn the benefits gained for both new and experienced nurses through a nurse mentorship program. You were selected as a possible participant in this study because you are an experienced nurse.

If you decide to participate, this is what will happen:

As a mentor, you will be asked to complete an on-line application and demographic survey that will included in an email that is sent to you. Seventeen mentors will be randomly selected. If you are selected, you will be invited to attend a three-hour mentorship class prior to the beginning of the mentorship process. At the end of the program, you will complete a questionnaire to evaluate the mentorship program. We will also ask you to participate in a focus group where you can share your experiences as a mentor.

Any information obtained in connection with this study that can be identified with you will remain confidential. In any written reports or publications, you will not be identified or be identifiable and only aggregate data will be presented.

If you decide to participate, you are free to discontinue participation at any time without any consequences to you. Please make note of the Participant ID that has been assigned to you. It will be required at the time of survey completion.

Mentor Link: https://redcap.sc-ctsi.org/surveys/?s=R4KCR5WPLC

If you have any questions, you can contact the study contact, Yolee Casagrande at 323 550 2194.

If you have questions about the research and are unable to contact the study contact, or if you want to talk to someone independent of the study contact, you may contact the Health Sciences Institutional Review Board at 1-323-222-2340 or e-mail at irb@usc.edu regarding project HS-17-00785. You may also write them at Health Sciences IRB Office, General Hospital, Suite 4700, 1200 North State Street, Los Angeles, CA 90033.

THIS PROJECT HAS BEEN REVIEWED BY THE CALIFORNIA STATE UNIVERSITY, LOS ANGELES INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH. ADDITIONAL CONCERNS AND COMPLAINTS, OR QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH PARTICIPANT, SHOULD BE DIRECTED TO THE ASSOCIATE VICE PRESIDENT FOR RESEARCH (PHONE NUMBER: 323-343-3798).

If requested, you can be given a copy of this form.

Regards,

Yolee Casagrande
## Nurse Mentorship Program Application

Dear Nurse of USC,

Thank you for your interest in being a part of the Nurse Mentorship Program. Please complete the form below.

Thank you!

Yoloe Casagrande

### Contact Information

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<tbody>
<tr>
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<td>Last Name</td>
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<tr>
<td>Email address</td>
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<td>Date of Birth (DOB)</td>
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<tr>
<td>Gender</td>
<td>Female/Male</td>
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<tr>
<td>Select the option that applies to you</td>
<td>Mentor/Mentee</td>
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<tr>
<td>Home Address</td>
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<tr>
<td>City</td>
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### Education

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If Other, please specify which area?

Adapted with permission from Academy of Medical-Surgical Nurses (AMSN)
### Employment History

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<td>Current Unit</td>
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<td>Nurse Residency Program Graduate</td>
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### Experience

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<td>If ICU, which specialty?</td>
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<td>Years of RN Experience</td>
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### Application Questions

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</thead>
<tbody>
<tr>
<td>Why do you want to become a mentor?</td>
<td></td>
</tr>
<tr>
<td>Why do you feel that you would be a good mentor?</td>
<td></td>
</tr>
<tr>
<td>Can you provide candid feedback to the Program Leader on your experience as a mentor?</td>
<td>Yes</td>
</tr>
<tr>
<td>Can you commit to at least 3 hours per month for 3 months of 1:1 meetings with your mentee?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are you able to commit to attending a 3 hour mentor preparation class?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are you able to commit to complete both a pre- and post-study survey?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Adapted with permission from Academy of Medical-Surgical Nurses (AMSN)
APPENDIX L

MENTOR—EDUCATION POWERPOINT

Mentorship Program
Mentor

UNITING SAUC AND DENNER: A PROSPECTIVE NURSE MENTORSHIP PROGRAM

Doctoral Project
Yolee Casagrande, MSN, RN, NE-BC

Objectives

• Understand what mentorship is
• Recognize the role of a mentor
• Understand the importance of developing positive interactions with the mentee as defined in the SAUC model
• Verbalize the importance of establishing positive-assessment for the mentee in mentorship
• Gain understanding of the benefits achieved from mentorship
Mentoring

https://www.youtube.com/watch?v=wrJ-uc WMc

What is Mentoring

- Voluntary relationship
- Within an organization
- Semi-structured
- A more experienced person guiding and encouraging another
- An opportunity to explore new ideas, practice new behaviors, confront issues in a confident manner
- A rich source of learning for both mentors and mentees
What is Mentoring

Definition:
A reciprocal & collaborative relationship between two individuals who share mutual responsibility and accountability for helping a mentee work toward achievement of clear and mutually defined learning goals. It is self-directed and driven by the needs of the mentee.

Lois J. Zachary 2005

Mentoring

Is:  
- One to one  
- Off line  
- Confidential  
- Person Oriented  
- Developmental  
- Partnership  

Is Not:  
- Task oriented  
- Sponsorship  
- Recruiter  
- Therapist  
- Secret  
- Remedial
Coaching

- Increasing professional field with certification
- Hired from an outside organization
- Usually has a predetermined cost
- Focus:
  - Boosting performance
  - Professional development
  - One-way learning venue

Preceptor

- Orient to unit
- Orient to policy
- Gain clinical competence
- Analysis competency gap
- Remediate competency gap
- Validate competency
The Role of a Mentor

- Helps mentee to find their solutions
- Encourages the mentee to drive the relationship
- Meets regularly with mentee
- Supports, listens, and challenges the mentee
- Demonstrates enthusiasm, patience, & respect

“Remember When” Exercise
(Group discussion)

- When you first became a professional nurse, what was difficult for you?
- What were some of your immediate fears?
- What were some of your needs as a new nurse?
- Was there a person who was especially helpful to you?
- What particular strength did you have that helped you?
- What motivates you now to stay in a nursing role?
Benefits for Mentees

- Confidence building
- Teamwork building
- Job satisfaction
- Knowledge
- Organizational culture
- Career commitment
- Intent to stay

Benefits for Mentee

“...You mentioned that new nurses shouldn’t be afraid to ask questions, so I have a few. I hope you have a few hours to spare.”
Benefits for Mentors

- Confidence building
- ↑ Teamwork building
- ↑ Job satisfaction
- ↑ Knowledge ‘transfer from one generation to another’
- ↑ Organizational culture
- ↑ Career commitment
- ↑ Intent to stay/retention
- ↑ Leadership development

A mentor empowers a person to see a possible future, and believe it can be obtained.
- Shawn Hochrek
Benefits for Organization

• ↑ Teamwork building
• ↑ Job satisfaction
• ↑ Knowledge ‘transfer from one generation to another’
• ↑ Organizational culture
• ↑ Career commitment
• ↑ Intent to stay/retention
• ↑ Leadership development
• ↓ Bottom line

Mentoring Meeting Agenda (tool)

Mentor Initials: ___  Mentee Initials: ___  Date: ______
1. Goals for this meeting
2. Topics/Issues to discuss
3. Accomplishments during this meeting
4. Tentative goals for next meeting
5. Other
6. Next meeting date and time
Mentoring Program Plan (tool)

- Goals:
  - What do you both want to achieve with this mentoring program?
  - What do you want your outcomes to be?
- Expectations:
  - Mentor
  - Mentee
- Communication Agreement:
  - What method, when, & where

Mentorship Project
Why a Mentoring Program

- ↓ RN job satisfaction, ↑ turnover, fewer available RNs
- Aging workforce
  - 45% of current RN workforce is over the age of 50
- New RNs leave employment/nursing within 2 years
  - As high as 57%
- Overall ↑ RN attrition

Why is Mentoring Important

- Employment of RNs projected to grow 16 – 19% by 2024*
- ↑ 500,000 RN positions
- ↑ 500,000 RNs retiring
- Aging population

*United States Department of Labor - https://www.bls.gov/ooh/healthcare/registered-nurses.htm#tab-6
Problem Cycle

Purpose

• Implement an RN mentorship program
• Share knowledge & experience
• ↑ Job satisfaction
• ↑ Caring & supportive culture
• ↓ RN attrition
**Novice to Expert** – Nursing Competencies (Precepting)

- Nurses pass through 5 levels of competency to gain intuitive understanding of clinical care through experience

![Novice to Expert Diagram]

**SAUC Model** – Interpersonal Relationship (Mentoring)

- Strengthen or weaken mentee’s self-perception (assessment)
- Identifies the optimal way to interact w/mentee
- Assumption – key factor in human motivation is positive self-assessment
- Linked w/ ↑outcomes
- Shaping the future for mentee

Gustafsson & Pärn (1994), Ronstén, Andersson, & Gustafsson (2005)
SAUC Model

<table>
<thead>
<tr>
<th>interpersonal Relationship Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sympathy</td>
</tr>
<tr>
<td>empathy for an individual’s lack of experience</td>
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<tr>
<td>understanding of the individual’s newness to an experience or situation</td>
</tr>
<tr>
<td>Competence</td>
</tr>
<tr>
<td>strengthening support for the individual’s professional development &amp; personal growth for the individual</td>
</tr>
</tbody>
</table>

SAUC Model

- **Sympathy (S-phase)** - relates to the process of strengthening the mentee’s experiences of security and confidence. Show empathy and understanding for the mentee’s lack of experience.

- **Acceptance (A-phase)** - the process of strengthening comfort and openness is established. By showing respect and taking the mentee’s feelings and concerns seriously, the mentor is addressing this dimension of the model. Feeling of acceptance strengthens the mentee’s self-determination and self-reflection by establishing a partnership with their mentor during this phase.
SAUC Model

**Understanding (U-phase)** - Strengthening professional uniqueness by individualizing the mentoring process in relation to the application of the nursing process. By exhibiting understanding of the mentee’s feelings of insecurity and vulnerability in an unfamiliar environment or new situation.

**Competence (C-phase)** - The process of strengthening the mentee’s professional development and personal growth. By exhibiting support of the mentee’s competence and resources in a clinical situation, the mentor is addressing this dimension of the model. Expressing support for a mentee’s competence should also be present in all phases of the Benner model, from Novice to Expert.

---

**Uniting SAUC & Benner**

The Casagrande Mentorship Model

SAUC enhances Benner from Novice to Expert

- Expert
- Proficient
- Competent
- Beginner
- Novice

SELF-ASSESSMENT

Sympathy, Acceptance, Understanding, Competence (SAUC)
Data

• Data collection @ beginning of program & at 3, 6, & 12 months
• Mentees – pre- & post-study surveys
  • Paired T-test
    • Intent to stay/leave
    • Confidence survey
    • Job Satisfaction survey
• Mentors & Mentees - Mentorship program evaluation survey

No Super Chickens

Role-playing

• Handle future scenarios  
  • The story?
• Interpersonal skills  
  • Positive  
  • Negative
• Empathy
• Reflection
• Drive results for mentee

Role-playing (Scenarios)

• # 1 - Never enough time to meet – Nelly
• # 2 - Overwhelmed - Olivia
• # 3 - Negative Nancy
• # 4 - Know-it-all – Kirk
• # 5 - Too much time – Tabitha
• # 6 - Gossiping – Gertie
• # 7 – Incompatible - Ivy
Role-playing (Scenarios Discussion)

Developing Expectations

- Share & discuss work experiences
- Define role expectations
- Formulate expectations of each other
- Plan for a successful relationship
  - Open
  - Trust
  - Respect
- Develop a timeline
Developing Expectations

- Mentor:
  - Be committed
  - Encourage independence, but provide guidance & feedback in a constructive manner
  - Keep all information confidential
- Expect mentee to:
  - Be willing to try new ideas, make mistakes, & learn from the experience
  - Accept guidance & feedback
  - Keep all information confidential

Evaluate the Mentoring Relationship

- Interpersonal relationship
- Check progress
  - Both to mentor & mentee
- Areas for improvement
- Feedback regarding overall mentoring program
SWOT Analysis & Vision

• Share & discuss experiences
• Strengths
• Weakness
• Opportunities
• Threats
• Vision for future

Mentor Program
Mentor Program

This project has been reviewed by the California State University, Los Angeles Institutional Review Board for the Protection of Human Subjects in Research. Additional concerns and complaints, or questions regarding your rights as a research participant, should be directed to the Associate Vice President for Research (Phone number: 323-343-3738).

If you have questions about the research and are unable to contact the study contact, or if you want to talk to someone independent of the study contact, you may contact the Health Sciences Institutional Review Board at 1-323-223-2340 or e-mail at irb@usc.edu. You may also write them at Health Sciences IRB Office, General Hospital, Suite 4700, 1200 North State Street, Los Angeles, CA 90033. This project has been granted an exemption by the IRB. HS-17-00785

Mentor Course Test

1. Mentorship is a reciprocal & collaborative relationship between two individuals:
   A. False
   B. True

2. The mentor supports & listens to the mentee. The mentor demonstrates enthusiasm, patience & respect.
   A. False
   B. True

3. In your own words, please define the importance of developing positive interactions with your mentor.

4. In your own words, please explain the importance of establishing positive assessment for the mentee.

5. List 3 beneficiaries from a mentorship program
   A. 
   B. 
   C. 


APPENDIX M

MENTOR—PROGRAM SATISFACTION SURVEY

Mentor Program Satisfaction Survey

Please complete the survey below.

Thank you!

Mentor ID

Mentor - Program Satisfaction Survey

As your participation in this mentoring program progresses, it is important to evaluate the effectiveness. For each item, select your degree of satisfaction according to the scale of 1-5 where 1 = "Little" and 5 = "Much".

1. To what degree does this program assist you in developing supportive relationships?
   
   - 1
   - 2
   - 3
   - 4
   - 5
   (1 = "Little", 5 = "Much")

2. To what degree does this program contribute to your professional growth?
   
   - 1
   - 2
   - 3
   - 4
   - 5
   (1 = "Little", 5 = "Much")

3. To what degree does this program contribute to your personal growth?
   
   - 1
   - 2
   - 3
   - 4
   - 5
   (1 = "Little", 5 = "Much")

4. To what degree does this program enhance your ability to communicate with your nurse colleagues?
   
   - 1
   - 2
   - 3
   - 4
   - 5
   (1 = "Little", 5 = "Much")

5. To what degree does this program enhance your ability to communicate with patients?
   
   - 1
   - 2
   - 3
   - 4
   - 5
   (1 = "Little", 5 = "Much")

6. To what degree does this program enhance your ability to communicate with physicians?
   
   - 1
   - 2
   - 3
   - 4
   - 5
   (1 = "Little", 5 = "Much")

Adapted with permission from Academy of Medical-Surgical Nurses (AMSN)
7. To what degree does this program enhance your ability to communicate with other health care providers?

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

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

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

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

12. Overall how satisfied are you with this program?

Adapted with permission from Academy of Medical-Surgical Nurses (AMSN)
APPENDIX N

RECRUITMENT EMAIL TO MENTEES #1

Dear New Nurses,

Last year, while you were in the New Graduate Residency program, we talked about an important Mentorship program that you would be invited to join. I am very excited to invite you to participate in the first cohort of Mentees in the Mentorship program. If you decide to participate, you will receive 1:1 mentorship with an experienced nurse for 3-months.

Mentee inclusion criteria:

- Newly hired nurses in the hospital's New Graduate Residency program.
- Agreement to the time commitment of at least 3-hours per month (45 minutes per week) for face-to-face meetings with their mentor for three months.
- Commitment to complete pre- and post-program surveys and evaluations

The goal of this program is to understand if a Mentorship program that pairs a new nurse with an experience nurse improves RN job satisfaction and increases RN retention within the organization.

Your participation is vital to maintain the quality of nursing in our organization. As you gain knowledge and support from your mentors, you will grow as an individual and nurse. Moreover, you will also play a key role in shaping the future of our nursing profession.

If you are interested in participating, please sign the attached informed consent and return to Yolee Casagrande at Yolee.casagrande@med.usc.edu.

THIS PROJECT HAS BEEN REVIEWED BY THE CALIFORNIA STATE UNIVERSITY, LOS ANGELES INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH. ADDITIONAL CONCERNS AND COMPLAINTS, OR QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH PARTICIPANT SHOULD BE DIRECTED TO THE ASSOCIATE VICE PRESIDENT FOR RESEARCH (Phone number: 323-343-3798).

If you have questions about the research and are unable to contact the principal investigator, or if you want to talk to someone independent of the principal investigator, you may contact the Health Sciences Institutional Review Board at 1-323-223-2340 or e-mail at irb@usc.edu. You may also write them at Health Sciences IRB Office, General Hospital, Suite 4700, 1200 North State Street, Los Angeles, CA 90033. This project has been granted an exemption by the IRB.

IHS – 17-00785

Kind regards,

Yolee
APPENDIX O

RECRUITMENT EMAIL TO MENTEES #2 (LINK)

PROJECT TITLE: Nurse Mentorship Program

STUDY CONTACT: Yolee Casagrande

You are invited to participate in a study of Nursing Mentorship. We hope to learn the benefits gained for both new and experienced nurses through a nurse mentorship program. You were selected as a possible participant in this study because you are a new nurse.

If you decide to participate, this is what will happen:

As a mentee, you will be asked to complete surveys about your intent to stay/leave USC, your confidence in your job, and your degree of job satisfaction. You will receive the surveys via an email that will include links with the surveys to complete. You will be asked to complete each survey four times during a one-year period: at baseline, 3-months, 5-months, & 12-months. We will also ask you to participate in a focus group where you can share your experiences as a mentee. Participation in the focus group is voluntary. You can still be in the mentee program even if you do not join the focus groups. At the end of the study, you will complete a questionnaire to evaluate the mentorship program.

Any information obtained in connection with this study that can be identified with you will remain confidential. In any written reports or publications, you will not be identified or be identifiable and only aggregate data will be presented.

If you decide to participate, you are free to discontinue participation at any time without any consequences to you. Please make note of the Mentee ID that has been assigned to you. It will be required at the time of survey completion.

Mentee link: https://redcap.sc-csl.org/surveys/?s=NR34DAEL4T

If you have any questions, you can contact the study contact, Yolee Casagrande at 323 559 2154.

If you have questions about the research and are unable to contact the study contact, or if you want to talk to someone independent of the study contact, you may contact the Health Sciences Institutional Review Board at 1-323-222-2340 or e-mail at irb@usc.edu regarding project HS-17-00785. You may also write them at Health Sciences IRB Office, General Hospital, Suite 4700, 1200 North State Street, Los Angeles, CA 90033.

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If requested, you can be given a copy of this form.

Kind Regards,

Yolee Casagrande
APPENDIX P
MENTEE IN-SERVICE POWERPOINT

Mentorship Program
Mentee

UNITING SAUC AND BENNER. A PROSPECTIVE NURSE MENTORSHIP PROGRAM

Doctoral Project
Yolee Casagrande, MSN, RN, NE-BC

Objectives

• Understand what mentorship is
• Recognize the role of a mentor
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What is Mentoring

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Let's try it once without the parachute.

Lois J. Zachary 2005
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*Is:*  
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- Off line  
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- Person Oriented  
- Developmental  
- Partnership

*Is Not:*  
- Task oriented  
- Sponsorship  
- Recruiter  
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- Helps mentee to find their solutions  
- Encourages the mentee to drive the relationship  
- Meets regularly with mentee  
- Supports, listens, and challenges the mentee  
- Demonstrates enthusiasm, patience, & respect
Benefits for Mentees

- Confidence building
- Teamwork building
- Job satisfaction
- Knowledge
- Organizational culture
- Career commitment
- Intent to stay

Benefits for Mentee

“About a Nurse

“You mentioned that new nurses shouldn’t be afraid to ask questions, so I have a few. I hope you have a few hours to spare.”
Why a Mentoring Program

• ↓ RN job satisfaction, ↑ turnover, fewer available RNs
• Aging workforce
  • 45% of current RN workforce is over the age of 50
• New RNs leave employment/nursing within 2 years
  • As high as 57%
• Overall ↑ RN attrition

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• Employment of RNs projected to grow 16 – 19% by 2024*
  • ↑ 500,000 RN positions
  • ↑ 500,000 RNs retiring
  • Aging population

*United States Department of Labor - https://www.bls.gov/ooh/healthcare/registered-nurses.htm#tab-6
Problem Cycle

Purpose

- Implement an RN mentorship program
- Share knowledge & experience
- ↑ Job satisfaction
- ↑ Caring & supportive culture
- ↓ RN attrition
**Novice to Expert** – Nursing Competencies (Precepting)

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Uniting SAUC & Benner

The Casagrande Mentorship Model

SAUC enhances Benner from Novice to Expert

- Sympathy
- Acceptance
- Understanding
- Competence (SAUC)

- Expert
- Proficient
- Competent
- Beginner
- Novice
Developing Expectations

- Share & discuss work experiences
- Define role expectations
- Formulate expectations of each other
- Plan for a successful relationship
  - Open
  - Trust
  - Respect
- Develop a timeline

Evaluate the Mentoring Relationship

- Interpersonal relationship
- Check progress
  - Both to mentor & mentee
- Areas for improvement
- Feedback regarding overall mentoring program
Mentor Program
APPENDIX Q
MENTEE—INTENT TO STAY SURVEY

<table>
<thead>
<tr>
<th>Intent To Stay In The Job Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please complete the survey below.</td>
</tr>
<tr>
<td>Thank you!</td>
</tr>
<tr>
<td>Mentee ID</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It is hard for me to care very much about whether or not the work gets done right.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. My opinion of myself goes up when I do this job well.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Generally speaking, I am very satisfied with this job.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Most of the things I have to do on this job are useless or trivial.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I usually know whether or not my work is satisfactory on this job.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Each of the statements below is something that a person might say about his or her job. Indicate your own personal feelings about your job by selecting the degree of agreement with each statement according to the scale of 1-7.

Adapted with permission from Academy of Medical-Surgical Nurses (AMSN)
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>

Adapted with permission from Academy of Medical-Surgical Nurses (AMSN)
14. My own feelings are generally not affected much one way or the other by how well I do on this job.

- 1- Strongly Disagree
- 2- Disagree
- 3- Disagree Slightly
- 4- Neutral
- 5- Agree Slightly
- 6- Agree
- 7- Agree Strongly

15. Whether or not this job is done right is clearly my responsibility.

- 1- Strongly Disagree
- 2- Disagree
- 3- Disagree Slightly
- 4- Neutral
- 5- Agree Slightly
- 6- Agree
- 7- Agree Strongly
APPENDIX R

MENTEE—NEW RN CONFIDENCE SURVEY

Confidential

New RN Confidence

Please complete the survey below.

Thank you!

Mentee ID

Complete this tool as a self-examination of your confidence in performing the following activities.
For each item, select your degree of confidence according to the scale of 1-5.

1. Working with nurses on the unit.
   - 1: Not at all confident
   - 2: A little confident
   - 3: Fairly confident
   - 4: Confident
   - 5: Very confident

2. Functioning independently in providing patient care.
   - 1: Not at all confident
   - 2: A little confident
   - 3: Fairly confident
   - 4: Confident
   - 5: Very confident

3. Taking care of a regular assignment of patients.
   - 1: Not at all confident
   - 2: A little confident
   - 3: Fairly confident
   - 4: Confident
   - 5: Very confident

4. Performing patient care activities (i.e., bathing, feeding, medication administration, wound care, etc).
   - 1: Not at all confident
   - 2: A little confident
   - 3: Fairly confident
   - 4: Confident
   - 5: Very confident

5. Discussing the patient’s condition with the physician.
   - 1: Not at all confident
   - 2: A little confident
   - 3: Fairly confident
   - 4: Confident
   - 5: Very confident

6. Interpreting laboratory tests.
   - 1: Not at all confident
   - 2: A little confident
   - 3: Fairly confident
   - 4: Confident
   - 5: Very confident

7. Making clinical decisions about my patient’s care.
   - 1: Not at all confident
   - 2: A little confident
   - 3: Fairly confident
   - 4: Confident
   - 5: Very confident

Adapted with permission from Academy of Medical-Surgical Nurses (AMSN)
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Delegating appropriate patient care activities to unlicensed assistance.</td>
<td>1: Not at all confident, 2: A little confident, 3: Fairly confident, 4: Confident, 5: Very confident</td>
</tr>
<tr>
<td>9. My ability to refuse to follow a physician's order if I question its correctness for the patient.</td>
<td>1: Not at all confident, 2: A little confident, 3: Fairly confident, 4: Confident, 5: Very confident</td>
</tr>
<tr>
<td>10. Teaching patients about their disease.</td>
<td>1: Not at all confident, 2: A little confident, 3: Fairly confident, 4: Confident, 5: Very confident</td>
</tr>
<tr>
<td>11. Teaching patients about their diagnostic procedures.</td>
<td>1: Not at all confident, 2: A little confident, 3: Fairly confident, 4: Confident, 5: Very confident</td>
</tr>
<tr>
<td>12. Teaching patients about their medications.</td>
<td>1: Not at all confident, 2: A little confident, 3: Fairly confident, 4: Confident, 5: Very confident</td>
</tr>
<tr>
<td>14. Responding to a code on the unit.</td>
<td>1: Not at all confident, 2: A little confident, 3: Fairly confident, 4: Confident, 5: Very confident</td>
</tr>
<tr>
<td>15. Initiating consults with the physician if your assessment indicates such a need.</td>
<td>1: Not at all confident, 2: A little confident, 3: Fairly confident, 4: Confident, 5: Very confident</td>
</tr>
<tr>
<td>16. Withholding a medicine that is contraindicated for a patient despite pressure from nursing peers to carry out the order.</td>
<td>1: Not at all confident, 2: A little confident, 3: Fairly confident, 4: Confident, 5: Very confident</td>
</tr>
<tr>
<td>17. Assuming complete responsibility for my own professional actions without expecting to be protected by the physician or the hospital in the case of malpractice.</td>
<td>1: Not at all confident, 2: A little confident, 3: Fairly confident, 4: Confident, 5: Very confident</td>
</tr>
</tbody>
</table>

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Adapted with permission from Academy of Medical-Surgical Nurses (AMSN)
APPENDIX S

MENTEE—NEW RN JOB SATISFACTION

New RN Job Satisfaction

Please complete the survey below.

Thank you!

Mentee ID

The following 25 items indicate dimensions of satisfaction with your job. For each item, select your degree of satisfaction with your work experience according to the scale of 1-5.

1. Importance of work.
   - 1
   - 2
   - 3
   - 4
   - 5
   | 1 = "Insignificant", 5 = "Significant"

2. Responsibility
   - 1
   - 2
   - 3
   - 4
   - 5
   | 1 = "Little", 5 = "Much"

3. Opportunity to use skills and abilities.
   - 1
   - 2
   - 3
   - 4
   | 1 = "Low", 5 = "High"

4. Ability to be creative
   - 1
   - 2
   - 3
   - 4
   - 5
   | 1 = "Low", 5 = "High"

5. Decision-making power
   - 1
   - 2
   - 3
   - 4
   - 5
   | 1 = "Low", 5 = "High"

6. Autonomy
   - 1
   - 2
   - 3
   - 4
   - 5
   | 1 = "Low", 5 = "High"

Adapted with permission from Academy of Medical-Surgical Nurses (AMSN)
<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Variety of work</td>
<td>Routine/ Monotonous</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Interest level</td>
<td>Boring</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Complexity</td>
<td>Simple</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Workload</td>
<td>Light</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. Staffing</td>
<td>Inadequate</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Working Conditions</td>
<td>Poor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. Recognition for work done</td>
<td>Nonexistent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. Opportunity for professional development</td>
<td>Low</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. Opportunity for advancement</td>
<td>Poor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Adapted with permission from Academy of Medical-Surgical Nurses (AMSN)
### 18. Relationship with colleagues
- 1
- 2
- 3
- 4
- 5
(1="Competitive", 5="Helpful")

### 19. Relationship with immediate supervisor
- 1
- 2
- 3
- 4
- 5
(1="Non-Supportive", 5="Supportive")

### 20. Relationship with unit manager
- 1
- 2
- 3
- 4
- 5
(1="Autocratic", 5="Fair Treatment")

### 21. Relationship with VP/Director of Nursing
- 1
- 2
- 3
- 4
- 5
(1="Autocratic", 5="Fair Treatment")

### 22. Satisfaction with patient care given
- 1
- 2
- 3
- 4
- 5
(1="Low", 5="High")

### 23. Enjoyment of work
- 1
- 2
- 3
- 4
- 5
(1="Low", 5="High")

### 24. Status
- 1
- 2
- 3
- 4
- 5
(1="Not Respected", 5="Respected")

### 25. Morale
- 1
- 2
- 3
- 4
- 5
(1="Poor", 5="Good")

### 26. Motivation to work
- 1
- 2
- 3
- 4
- 5
(1="Low", 5="High")
APPENDIX T
MENTEE—PROGRAM SATISFACTION SURVEY

Confidential

Mentee Program Satisfaction Survey

Please complete the survey below.

Thank you!

1) Mentee ID

Mentee - Program Satisfaction Survey

As your participation in this mentoring program progresses, it is important to evaluate the effectiveness. For each item, select your degree of satisfaction according to the scale of 1-5 where 1="Little" and 5="Much".

2) 1. To what degree does this program assist you in developing supportive relationships?
   - 1
   - 2
   - 3
   - 4
   - 5
   
   (1="Little", 5="Much")

3) 2. To what degree does this program contribute to your professional growth?
   - 1
   - 2
   - 3
   - 4
   - 5

   (1="Little", 5="Much")

4) 3. To what degree does this program contribute to your personal growth?
   - 1
   - 2
   - 3
   - 4
   - 5

   (1="Little", 5="Much")

5) 4. To what degree does this program enhance your ability to communicate with your nurse colleagues?
   - 1
   - 2
   - 3
   - 4
   - 5

   (1="Little", 5="Much")

6) 5. To what degree does this program enhance your ability to communicate with patients?
   - 1
   - 2
   - 3
   - 4
   - 5

   (1="Little", 5="Much")

7) 6. To what degree does this program enhance your ability to communicate with physicians?
   - 1
   - 2
   - 3
   - 4
   - 5

   (1="Little", 5="Much")

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8) 7. To what degree does this program enhance your ability to communicate with other health care providers?  

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

10) 9. How satisfied are you with communication with your mentor?  

11) 10. How satisfied are you with the discussions at your meetings with your mentor?  

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

13) 12. Overall how satisfied are you with this program?
APPENDIX U

MENTOR BADGE

NURSING IS THE ART OF:

Caring, Compassion, Collaboration, and Science.

MENTOR
APPENDIX V

MENTOR BINDER

Nurse Mentorship Program
Keck Medical Center of USC