

**The Development of a Nursing Mentorship Program for Registered Nurses Working With
New Graduate Nurses Transitioning into Surgical Practice**

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Abstract

Background: The challenges and stressors new graduate nurses face as they transition into practice, is intertwined with the constructs of professionalism and socialization. One way to support their professional growth and enhance practice is through a mentorship program.

Purpose: The purpose of this project was to develop a mentorship program for registered nurses working with new graduate nurses transitioning into surgical practice.

Methods: Developing a mentorship program for registered nurses was accomplished through the identification of relevant sources of evidence and the subsequent structuring of that evidence into a program manual. A needs assessment was completed that included a literature review, consultations with key stakeholders and an environmental scan of mentorship programs in Canada. Consultations were conducted with key nurse leaders including a clinical nurse educator, nursing managers, a nursing consultant and RNs in surgical practice.

Results: The needs assessment validated and directed the development of the program, which includes a self-directed mentorship manual and a power point presentation for mentors and mentees. The manual includes strategies to create a mentoring culture, and how to build a trusting and respectful relationship. A suggested process for matching mentors with mentees is outlined along with an example of a mentorship agreement, a learning plan template, and a program evaluation tool.

Conclusion: A mentorship program for registered nurses could be an effective strategy to inspire a passion for professional involvement and growth, and to create a positive and supportive work environment for new graduate nurses transitioning into practice.

Keywords: mentorship, mentor, mentee, new graduate nurse, graduate transition

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Introduction

Many factors can influence the work environment for new graduate nurses transitioning into practice including workload, nursing shortages, increased patient acuity, rapid technological change, and health care restructuring. Additionally, there has been a loss of clinical leadership and expertise at the practice level, possibly resulting in a loss of senior mentoring opportunities for new graduates. These factors can compound as stressors, particularly for the new graduate and can have a negative effect on the quality and safety of nursing care. For these and other reasons, new graduate nurses often struggle with transitioning into confident and competent nurses. Mentorship programs are one approach to creating a positive and supportive work environment for new graduates to help them transition into practice. The following report details the assessment and development of the Mentorship Program for Registered Nurses, outlines the next steps for implementation and evaluation of the program, and discusses how the activities of this practicum demonstrated the Advanced Nursing Practice Competencies as defined by the Canadian Nurses Association (CNA, 2008).

Mentorship programs for new graduate nurses could be one way to support learning, promote professional growth, and enhance the quality of the nursing practice environment (CNA, 2004). Mentoring can be defined as “a voluntary, mutually beneficial and long-term relationship where an experienced and knowledgeable leader supports the maturation of a less experienced nurse” (CNA, 2004, p. 63). The Association of Registered Nurses of Newfoundland and Labrador (ARNNL) recommends formal mentoring and preceptoring relationships for new graduate nurses, in addition to comprehensive orientation programs, to encourage new graduates to feel welcome, safe, valued and nurtured, as well as ease their transition and

enhance satisfaction (ARNNL, 2003). Mentoring programs have been shown to ease role transition, enhance engagement and satisfaction, and promote safety and quality care.

Mentorship programs could contribute to the development of social networks and support systems, which are important factors in job satisfaction. Mentorship programs have been shown to improve job satisfaction, and increase retention of both new graduates and experienced nurses in the workforce (Fox, 2010). Retaining experienced nurses is an important consideration for the safety and quality of nursing care, because new graduate nurses need experienced mentors to help them to transition in a way that develops proficiency, and fosters job satisfaction and retention (Scott, Engelke, and Swanson, 2008).

Objectives

The goal of this practicum was to develop a nursing mentorship program for both registered nurses and new graduate nurses employed in the Surgery Program of Eastern Health in St John's, Newfoundland (Appendix A). The mentorship program is in keeping with Eastern Health's institutional strategy to create a supportive learning environment for nurses to improve employee engagement, enhance quality care and patient outcomes, and improve the sustainability of the organization (Eastern Health, 2013; 2014). The specific outcome objectives for the practicum were:

- I. Upon completion of the practicum I will demonstrate that in accordance with organizational policies and standards, I am able to develop a mentorship program based on the needs, priorities, and resources of the organization.
- II. After conducting a needs assessment, according to practicum guidelines, I will evaluate the needs of the registered nurses and new graduate nurses in the Surgery Program in Eastern

Health in relation to the development of a mentorship program for RNs and new graduate nurses.

- III. In completing a mentorship program manual for registered nurses, consistent with other mentorship programs, I will demonstrate my contribution to the Eastern Health organizational culture that supports professional growth and collaborative practice.
- IV. After conducting an environmental scan, according to practicum guidelines, I will evaluate policies and the elements of existing mentorship programs in relation to the development of a mentorship program for RNs and new graduate nurses in Eastern Health.

Methods

Several methods were used to achieve the practicum objectives. The primary method involved a detailed needs assessment, which included a literature review, consultations with key stakeholders, and an environmental scan. Detailed reports on each of the methods of assessment are presented in the Appendices with a summary of each method presented in this report. The literature review was conducted to gain an understanding of mentorship, analyze characteristics of mentors and mentees, and identify mentorship programs for new graduate nurses (Appendix B). Consultations were conducted with key stakeholders to assess the needs of the RNs and new graduate nurses in the surgery program in relation to a mentorship program (Appendix C). The purpose of the environmental scan was to explore existing resources and mentorship programs, and to use that information to inform the design of the mentorship program for new graduate nurses transitioning into surgical practice in Eastern Health (Appendix D). These activities also provided an opportunity to envision a plan of nursing

mentorship within Eastern Health. Following are summaries of the findings from these detailed needs assessments.

Summary of Literature Review

The literature review was conducted to gain an understanding of accepted definitions of mentorship, to analyze characteristics of mentors and mentee, and to identify implications for the development of a mentorship program for RNs and new graduate nurses. The literature review began by searching the Cumulative Index of Nursing and Allied Health Literature (CINAHL), PubMed, and Google Scholar. Search terms included mentorship, new graduate nurses, transition, outcomes, mentorship program development, and mentorship evaluation. The search was limited to the English language, and research articles published in the past 5 years. Two dissertations were also included. Critical appraisal of articles was conducted using the Public Health agency of Canada's Infection Prevention and Control Guidelines Critical Appraisal Tool Kit (PHAC, 2014). The major findings from the literature review are summarized as they relate to the mentorship role, the benefits of mentorship programs and research on the evaluation of mentorship programs for new graduate nurses.

The Mentorship Role

The mentorship role has been identified as a critical element in the successful transition of new graduate nurses to independent practice (Ferguson, 2011). Mentoring is "a voluntary, mutually beneficial and long-term relationship where an experienced and knowledgeable leader supports the maturation of a less experienced nurse" (CNA, 2004, p. 63). The mentorship role is a long-term, one-to-one interpersonal relationship that facilitates personal and

professional development of new graduate nurses (Chen and Lou, 2014; Zachary, 2012). It can occur informally in the workplace or formally as part of a transition program. Mentoring contributes to the development of social networks and support systems, which are important factors for job satisfaction and increased retention of both new graduates and experienced nurses (Fox, 2010).

Benefits of Mentorship Programs

Mentorship programs “occur in addition to a general and/or specific unit orientation and are designed specifically to assist new nurse graduates with their transition into practice” (Rush, et al., 2013, p. 347). Mentorship programs for new graduate nurses have been shown to improve nursing competency, enhance leadership skills, improve communication skills and interpersonal relationships, create a positive workplace environment, and improve job satisfaction (Chappell, Richards, and Barnett, 2014; Chen and Lou 2013; Dyess and Parker, 2012; Latham, Ringl, and Hogan, 2013; Sheridan, Murdoch and Hodder, 2015). Mentorship programs can help to create a positive, supportive work environment for new graduate nurses (Latham, Ringl, and Hogan, 2013; Rush, Adamack, Gordon and Janke, 2015) and decrease the stress associated with transition (Spiva, Hart, Pruner, Johnson, Martin, Brakovich, McVay, and Mendoza, 2013). There are also many organizational benefits of mentorship including improved retention rates for new graduates, reduced human resources costs, and facilitated collaborative practice (Chen and Lou, 2013; Chappell, Richards, and Barnett 2014; Dyess and Parker, 2012).

Evaluation of Mentorship Programs

Program evaluation research on nursing mentorship programs has shown many positive outcomes. Henderson, Ossenberg, and Tyler (2015) evaluated a clinical support program designed to meet the needs of novice nurses. Three aspects of that program that emerged as helpful were education, or 'study' days, and positive relationships with preceptors. Study days were identified as an opportunity to clarify knowledge but also as an opportunity to network. Myler, Buch, Hagerty, Ferrari, and Murphy (2014) also evaluated a mentorship program and found that mentors and mentee were satisfied with the program partly because they were involved in the design of the program.

Reid Tinio (2012) evaluated the outcomes of two different mentoring interventions for new graduate nurses in relation to job embeddedness meaning the forces that keep a person in their job. They found that group-mentoring interventions had a positive impact on the new graduate's perception of group cohesion, work empowerment, and intention to stay. Van Patten (2014) evaluated the effectiveness of a transition programs and found that it reduced stress. Each of these studies examined an indicator of success of a mentorship programs and all reported positive outcomes from mentorship. These findings support the development of a mentorship program for RNs.

Summary of Consultations

The purpose of the consultations was to assess the needs of the RNs in the surgery program and to inform the development of the teaching and learning approaches of the mentorship program. The consultations helped to acquire the opinions of nursing managers, leaders and

RNs in the surgery program, on the need for a mentorship program. The consultations also helped to assess the learning needs of RNs and new graduates in relation to the development of the mentorship program. The overall purpose of the consultations was to collect and analyze the best available evidence to inform the development of a mentorship program for new graduates transitioning into surgical practice at EH (Appendix C).

Nursing Leaders and Managers

At the time of consultations, there was agreement among managers, leaders, RNs and new graduates that there was a need for a mentorship program. Nurse leaders reported that new graduate nurses could benefit from a mentor, but the mentor role could be exhausting. The benefits of mentorship were recognized including employee engagement, a happier and supportive work environment and decreased staff turnover rates. Recommendations around the content of the program included education and support for the mentor as well as an explanation of the characteristics, expectations, and relationship required of both mentors and mentees. Nurse leaders envisioned a mentor, mentee relationship that could possibly extend outside of work hours if needed, and if it was mutually agreed upon.

Registered Nurses

Eighteen RNs on the surgery unit (90% response rate) completed a questionnaire to assess the learning needs of mentors and mentees. Eight-nine percent of RNs agreed that there is a need for a mentoring program for new graduate nurses and 89% agree that they would participate in a mentoring program. There were two major themes that arose from the content analysis of the qualitative comments, including clinical competency, and leadership and

interprofessional practice. Comments related to clinical competency, focused on the need for new graduates to develop unit specific surgical nursing knowledge and skills (e.g. personal-controlled analgesia pumps and epidurals, wound care including types of dressings, VAC dressings, types of drains, and tractions, splints, and pins), to observe unit specific procedures (e.g. ERCPs) and to improve their knowledge of common medications. A second theme was related to nursing leadership and interprofessional practice, specifically learning the unit-specific culture; gaining confidence, assertiveness, and independence. Suggestions were also made to match the mentor and mentee, choose mentors who are interested and motivated for the role, and develop a guide or checklist of how to be a good mentor.

Summary of Environmental Scan

In addition to the consultations, an environmental scan was completed to assess mentorship strategies that were being implemented in other healthcare organizations, review EH organizational resources that were available to support a mentorship program, and to generate ideas on effective teaching learning strategies. Conducting the environmental scan also provided an opportunity to envision and plan the future of nursing mentorship within EH. Results of the environmental scan indicated that nursing leaders across Canada recognize the need for, and strongly support mentorship programs for new graduates. Health care organizations also recognize that the creation of a positive and supportive work environment must be a priority for the recruitment and retention of RNs. The environmental scan also revealed that a mentorship program must address the needs of both the mentor and mentee and include: philosophy of mentorship; benefits of mentorship; phases of the mentorship relationship; competencies, roles, and responsibilities of mentor; expectations of mentee; self-

assessment for mentor readiness; guidelines for matching mentor and mentee; partnership agreement or rules for the mentor-mentee relationship; how to give feedback; workshops, critical thinking exercises, problem based learning, and active listening.

A variety of adult teaching and learning strategies were used in the identified mentorship programs including: lectures; on-line resources; informal mentoring; workshops; coaching; role modeling; self-assessment; self-reflection; setting SMART goals; critical thinking exercises, problem based learning, and active listening. Each of these strategies are appropriate for adult learners in a mentorship program, but costs, available resources, educator expertise and time are all factors that influence the choice of the teaching and learning strategies used in a mentorship program.

Recommendations for mentorship programs arising from the environmental scan include: assess the readiness and the commitment of the organization to support mentorship; develop communication and support structures within the mentorship program; provide education on the mentor and mentee roles; provide a means of recognition for those who participate in the program and provide the option for online or independent learning modules.

Summary of the Mentorship Program for Registered Nurses

The comprehensive needs assessment (literature review, consultations and environmental scan) served to guide the development of The Mentorship Program for Registered Nurses (Appendix A). The scope and format of that program was developed to fit within the organization's resources and to be implemented a part of the organization's orientation program. The mentorship program includes a self-directed learning manual designed for RNs as a resource to support both mentors and mentees as they engage in the mentorship program. It

also includes a power point presentation that can be used by the educator in education sessions, or be made available on the intranet for easy access by RNs in the workplace.

The objectives of the mentorship program include: create positive and supportive work environments, enhance communication and teamwork, strengthen competency in surgical nursing practice, instill a mindset for leadership, and support the growth and continuing competency of RNs. Key features of the manual include describing what is mentorship, how to create a mentoring culture, relationship building including building trust and professional development, a guide for mentor-mentee meetings including developing SMART goals (Lee, 2010), creating a learning plan, and self-reflection activities and evaluation survey. A self-evaluation in the manual serves two purposes: as a reflection activity for mentors and mentees and as an evaluation tool for the program.

Advanced Nursing Practice Competencies

The document titled *Advanced Nursing Practice: A National Framework* (CNA, 2008) details the core competencies of advanced nursing practice (ANP). Competencies are defined as “the specific knowledge, skills, judgement and personal attributes required for a registered nurse to practice safely and ethically in a designated role and setting” (CNA, 2005, p22). These core competencies exhibited by all advanced practice nurses are separated into four categories: clinical, research, leadership, consultation and collaboration (CNA, 2008). Although divided into categories these competencies are executed simultaneously and in congruence with each other. It was the goal of this practicum to develop and demonstrate these ANP competencies.

Clinical competency was demonstrated in this practicum by developing partnerships with members of the surgery program health-care team, and nurse managers at EH to develop the

mentorship program. Extensive clinical experience, both in critical care and education settings helped to guide interactions with the RNs and assess their learning needs. Knowledge and experience with theories of adult teaching and learning, and research pertaining to mentorship were applied to develop the mentorship program. Previous experience as a nursing instructor provided a deeper understanding of the needs of new graduate nurses, which was then applied to the development of the mentorship program.

Research competency was demonstrated through the generation, synthesis, and utilization of research evidence related to mentorship of new graduate nurses. The generation of research was accomplished through a comprehensive needs assessment, which included a literature review, consultations with key stakeholders, and an environmental scan. The synthesis of research was accomplished with the application of the Precede-Proceed Model of Program Development (Li et al., 2009; Mackenzie, McKenzie, Neiger and Thackeray, 2013; Whitehead, 2003; Yeo, 2006). Dissemination of research was accomplished through presentation of the Mentorship Program for Registered Nurses, to MUNSON faculty and students and the development of an abstract and presentation for the Eastern Health Education and Research Day 2018.

As leaders, advanced practice nurses are agents of change, seeking to improve the delivery of care and to shape their organization (CNA, 2008). Leadership skills were strengthened throughout this project with the opportunity to act as a change agent to promote formal mentorship within EH. The change agent role included communication and engaging others in the development of the program. Leadership has been demonstrated throughout the development of this program, specifically in choosing strategies and interventions. One very

important element of this program was consideration of how the program would be implemented. While much of the literature references a Mentorship Facilitator, this program will be started by the clinical educator during the orientation period and then carried on by the mentor and mentee. There was careful consideration of resource allocation and cost-effectiveness of implementation strategies for the program. Growing in this competency is ongoing and will extend beyond the practicum itself.

An important aspect of advanced nursing practice is the ability to consult and collaborate with colleagues across sectors and at various levels of the system including organizational, provincial, national and international levels (CNA, 2008). Participation in a collaborative project such as this has contributed to personal and professional growth in these skills. Informal consultation expanded into formal consultations. Collaboration will likely continue through the next steps of this program.

Next Steps of Implementation and Evaluation

The next step of implementation of the Mentorship Program will begin with the clinical educator and management team of the Surgery Program at Eastern Health reviewing and validating the program for implementation on the surgery unit. Implementation strategies could include sharing the manual and presentation with all RNs on the unit and identifying a “mentorship champion”. The mentorship program could be implemented during the orientation program with mentors attending the education session with the mentees as needed. Once the mentors and mentees have received the presentation, a coffee break could be arranged between the mentors and mentees to connect and begin to develop the relationship. Management should also provide recognition to all those who agree to be

mentors and continue to support and grow the mentorship program over time. A Mentorship Program Evaluation Survey is included in the program manual to facilitate evaluation of the program by the mentors and mentees.

Conclusion

This practicum demonstrates the process of a needs assessment and the development of the Mentorship Program for Registered Nurses working with new graduate nurses. Beginning with identifying practicum objectives, a comprehensive needs assessment facilitated an understanding of the needs of staff nurses within the surgery program of Eastern Health. The results of the needs assessment combined with an environmental scan guided the structure and content of the final product. The undertaking and completion of this project was possible through development and application of advanced nursing practice competencies.

A mentoring program can be a satisfying way for staff to be involved in professional development. The goals of this program are to inspire that passion, to increase nurse's engagement in practice and to create a positive and supportive work environment. This innovative program will hopefully inspire a new passion for nursing practice that will improve staff morale and quality of care in nursing practice.

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Welcome to Mentorship!

Eastern Health's Mentorship Program for RNs is based on the principles of effective mentorship including creating a mentoring culture, mentoring clinical leadership, mentor and mentee self-assessment, mentor-mentee matching, and mentoring circles.

This Mentorship Manual and accompanying presentation, is designed for RNs as a self-directed resource to support both mentors and mentees as they engage in the Mentorship Program.

Eastern Health recognizes that its greatest resource is its people. Supporting a Mentorship Program will provide opportunities for RNs to role model the core values of Eastern Health including:

- ✓ **Respect:** Recognizing, celebrating and valuing the uniqueness of each patient, client, resident, employee, discipline, workplace and community that together are Eastern Health.
- ✓ **Integrity:** Valuing and facilitating honesty and open communication across employee groups and communities as well as with patients, clients and residents of Eastern Health.
- ✓ **Fairness:** Valuing and facilitating equity and justice in the allocation of our resources.
- ✓ **Connectedness:** Recognizing and celebrating the strength of each part, both within and beyond the structure, that creates the whole of Eastern Health.
- ✓ **Excellence:** Valuing and promoting the pursuit of excellence in Eastern Health.

Objectives of the Program

- ❖ Create positive and supportive work environments.
- ❖ Enhance communication and teamwork.
- ❖ Strengthen competency in surgical nursing practice.
- ❖ Instill a mindset for clinical leadership.
- ❖ Support the growth and continuing competency of RNs.

What is Mentorship?

“Mentoring is a voluntary, mutually beneficial and long-term relationship where an experienced and knowledgeable leader (mentor) supports the maturation of a less experienced nurse” (CNA, 2004, p. 18).

The aim of nursing mentorship is to connect new RNs with experienced RNs. Mentoring relationships encourage nurses to feel welcome, safe, valued and nurtured, as well as ease their transition into practice and enhance job satisfaction. Ongoing support and education through mentorship can assist in building a trusting and supportive relationship between mentors and mentees. Mentoring relationships contribute to a positive work environment, which enhances patient safety and improves nursing care outcomes.

Creating a Mentoring Culture

“Organizations that continuously create value for mentoring achieve amazing results. They report increased retention rates, improved morale, increased organizational commitment and job satisfaction, accelerated leadership development, better succession planning, reduced stress, stronger and more cohesive teams, and heightened individual and organizational learning” (Zachary, 2007, p. 7)

The principles for creating and sustaining a mentoring culture include the following:

- ❖ Clinical nurse managers and leaders actively support mentorship activities.
- ❖ The scope and form of the mentoring program fits within the organization.
- ❖ Mentors and mentees are open to feedback and change.
- ❖ Understanding that it will take time for the effects of mentorship to be seen.
- ❖ Keeping mentorship strategies simple and manageable.
- ❖ Celebrating small successes and growing mentorship plans over time.

Mentoring Clinical Leadership

Mentorship programs can have a significant impact on the development of clinical leadership. Mentors and mentees can use the principles of Kouzes and Posner's leadership model to guide the development of strategies for promoting clinical leadership skills as follows:

- **Model the Way:** build commitment by setting an example e.g. become a mentor!
- **Enable others to act:** create an atmosphere of trust; involve others in planning and decision-making as the relationship develops e.g. attend Mentor Circles.
- **Challenge the process:** challenge the current workplace culture on mentorship and support a positive work environment by supporting mentorship activities on the unit.
- **Inspire a shared vision:** have a positive outlook; generate enthusiasm for mentorship.
- **Encourage the heart:** encourage and motivate others by celebrating the successes of those who participate in the mentorship program e.g. coffee breaks.

(Abu-Tineh, Khasawneh, and Omart, 2009).

Mentor Self Assessment

Creating a mentoring culture involves helping the mentor to reflect on his or her capabilities and beliefs about mentorship. In an effort to prepare for the role it is recommended that the mentor complete the self-assessment tool found in Appendix A. That tool will help to assess interest and experience in relation to the mentoring role.

Mentee Self Assessment

It is also important for the mentee to prepare for their role. It is recommended that the mentee complete the self-assessment tool found in Appendix B. That tool will help to identify areas of interest to work on in consultation with the mentor. It will also help with completing an individualized learning plan.

Mentors and Mentees

It is recommended that mentors and mentee be matched for compatibility; however, this is not a strict requirement of a mentorship program. Many mentors and mentees naturally "find" each other and develop effective and lasting relationships. If mentors and mentees would like to be "matched", it is recommended that they complete the Mentor and Mentee Matching Questionnaire found in Appendix C.

Mentoring Circles

Mentoring circles can help to foster a mentoring culture. A mentoring circle typically includes 5-6 people, with one or two mentors and multiple mentees. The mentor can lead the circle and ask open-ended questions to prompt discussion (Box 1). The mentoring circles can meet on the unit at regular intervals (e.g. once a week, or as needed). The circle employs active learning and self-reflection to facilitate professional growth. The mentees are encouraged to ask questions, engage in self-reflection, and are offered peer support. The circle provides a wider source of support, generation of ideas, and help with problem solving. Circle communication builds a network of relationships and sense of community (Michaels, 2002; Palermo, Hughes and McCall, 2011). Mentoring Circles can be formally scheduled at specific times during the shift, or they can occur informally as the need arises. Mentors and mentees are encouraged to ask questions.

Box 1

Does anyone have an experience they would like to share?
Have you recently interacted with the health care team?
Was it a positive experience?
Are you adjusting to the pace of the unit?

Benefits of Mentorship

For the Mentor

- Enhanced self-fulfillment
- Increased job satisfaction and feeling of being valued
- Increased learning, personal growth and leadership skills
- Motivation for the generation of new ideas
- Potential for career development e.g. teaching

For the Mentee

- Increased competence
- Increased confidence
- Decreased stress
- Increased job satisfaction
- Expanded networks
- Leadership development
- Insight in times of uncertainty

For the Organization

- Improved quality of care
- Increased ability to recruit RNs
- Decreased attrition rates of RNs
- Increased commitment to the organization
- Development of partnerships and leaders

Reflection Activity

What do you think are the top 3 benefits of mentorship? Discuss these with your colleagues and

Characteristics of Effective Mentors

Enthusiasm!

- Willing to give time and energy to the mentor-mentee relationship
- A role model of the standards of practice and Eastern Health's values
- Displays respect and trustworthiness in working relationships
- Understand the dynamics of the organization and health care systems
- Strong interpersonal skills
- Knowledgeable in the clinical realm
- Nurturing and supportive
- Able to provide guidance and advise wisely

Mentor Responsibilities

- Commit to building a positive mentoring relationship
- Be accessible to the mentee during work hours
- Assist mentee to create realistic goals and an action plan for learning
- Create a positive, supportive and respectful learning environment
- Assess learning needs and plan learning experiences
- Provide adequate and timely constructive feedback in a safe environment that maintains the mentee's integrity
- Help mentee feel connected to the unit, team, and organization
- Help integrate the mentee into the social culture;
- Share professional experiences to help solve work-related problems
- Participate in mentoring circles and ongoing mentor development and education
- Model competent practice

Characteristics of Mentees

- Enthusiastic about learning and professional growth
- Demonstrates a positive attitude
- Willing to be a team player
- Displays respectful working relationships
- Provides support and encouragement to others
- Able to follow through on commitments

Reflection Activity

Think of a time when you were a novice and someone helped you learn something new. What made it a good or bad experience?

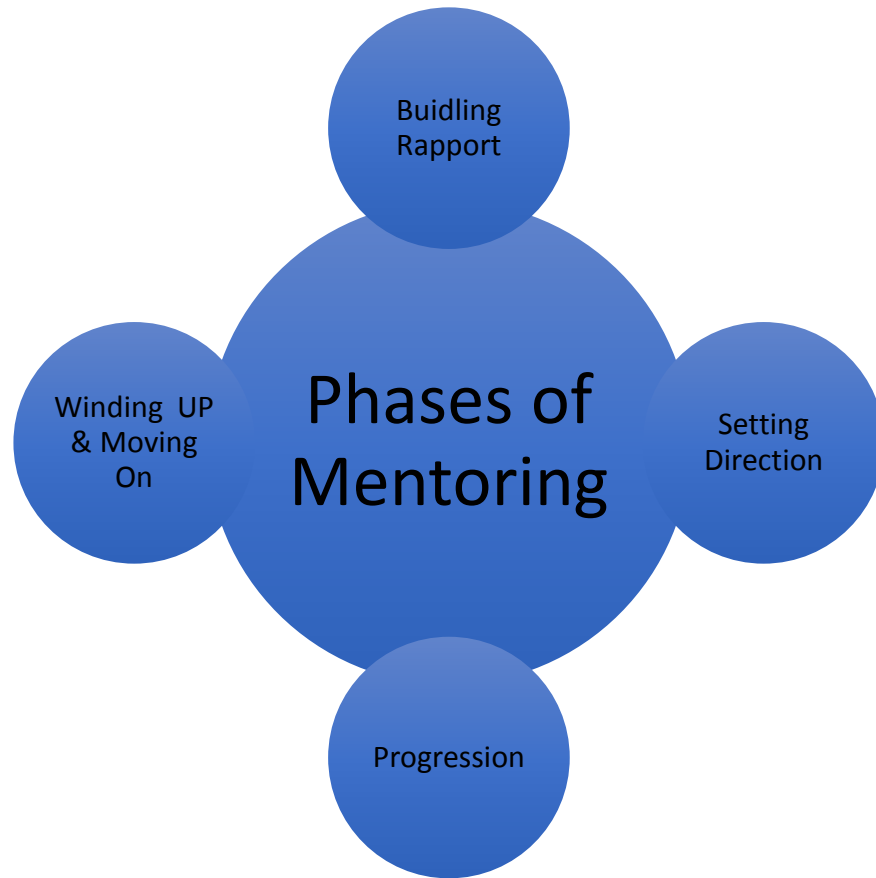
Mentee Responsibilities

- Commit to developing a relationship with mentor
- Maintain contact with mentor on a regular basis
- Create personal and professional goals
- Work with mentor to create a learning plan to achieve goals
- Ask for guidance, feedback, support, and advice
- Reflect on personal and organizational factors that contribute to motivation and performance
- Fully participate in professional socialization
- Take responsibility for decisions and actions
- Through reflection identify gaps between desired and acquired competency
- Participate in mentoring circles and ongoing professional development and education

Relationship Building

An important part of mentoring is building the relationship between mentor and mentee. Of course, this takes time. It is helpful to understand the phases of the mentoring relationship. Four phases are briefly described here, followed by a brief introduction to the seven layers of mentoring (Figure 1). During the phases of the mentoring relationship, dialogue increases in depth and impact. The seven layers of dialogue represent increasing depth of reflection on practice on the part of the mentee (Figure 2).

Figure 1. The Four Phases of Mentoring



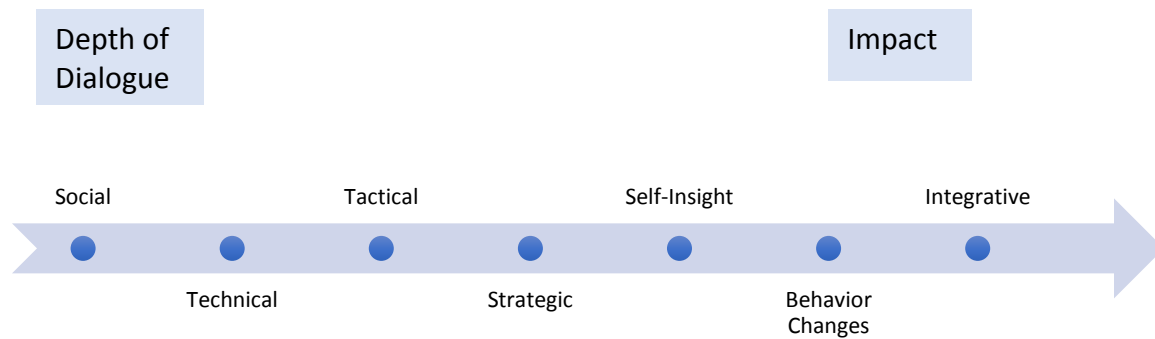
Building Rapport: The mentor and mentee are forming their relationship, establishing roles and expectations, setting boundaries, exploring values and creating a mutual respect and trust.

Setting Direction: The mentor and mentee make a mentor agreement, set goals, and develop a learning plan.

Progression: This phase is the longest. The mentor and mentee experience mutual learning, challenge each other's perceptions and explore issues deeper. The mentee increasingly takes more leadership in the relationship and mentoring process.

Winding Up and Moving On: The mentee is planning how to continue on their professional journey independently (Zachary, 2012).

Figure 2. The Seven Layers of Dialogue in Mentoring



1. **Social Dialogue:** develop friendship and provide support and encouragement e.g. go to coffee or lunch together ☺
2. **Technical Dialogue:** clarify and meet the mentors' learning needs about work processes, policies, standards of practice e.g. personal-controlled analgesia pumps and epidurals, wound care including types of dressings, VAC dressings, types of drains, and tractions, splints, and pins, colonoscopies, ERCP and common medications on the unit.
3. **Tactical Dialogue:** help the mentor work out practical ways of dealing with professional or personal issues e.g. conflict resolution
4. **Strategic Dialogue:** help the mentor envision what they want to achieve and put together a plan e.g. observe procedures and diagnostic tests
5. **Self-Insight Dialogue:** this conversation is about the mentor discovering their own drives, ambitions, , limitations and thinking patterns e.g. clinical leadership.
6. **Behavior Change Dialogue:** encourage the mentor to merge tactics, strategy, and insight into a plan for personal adaptation.
7. **Integrative Dialogue:** allow the mentor to gain a clear sense of self, how they fit in, and what they contribute to the nursing unit.

(Clutterbuck Associates, 2010; Lancer, Clutterbuck, & Megginson, 2016)

Trust and Respect in the Workplace

Building trust and being respectful are important components of positive and supportive mentoring relationships. Being respectful involves being present and actively listening to each other, being a team player and encouraging each other in a positive manner. Table 1 outlines trust building behaviors that mentors and mentees can practice to strengthen their relationship.

Trust Building Behaviors

Trust Building Behaviors

Encourage and support each other

Speak honestly and with respect

Focus on positive behaviors

Provide consistent verbal and nonverbal messages

Treat people as unique individuals

Cooperate with others

Remain calm under stress

Empower others to be independent and accountable

Be open to new ideas and information

Share thoughts, opinions and ideas openly

Resolve conflicts and problems together

Generational Differences

The current nursing work force consists of four different generations of nurses. Understanding the differences between these generations may help with understanding mentors' and mentees' perspectives and experiences. Viewing the workplace through a generational lens will empower nurses to work together and to maximize each other's talents, strengths, and skills.

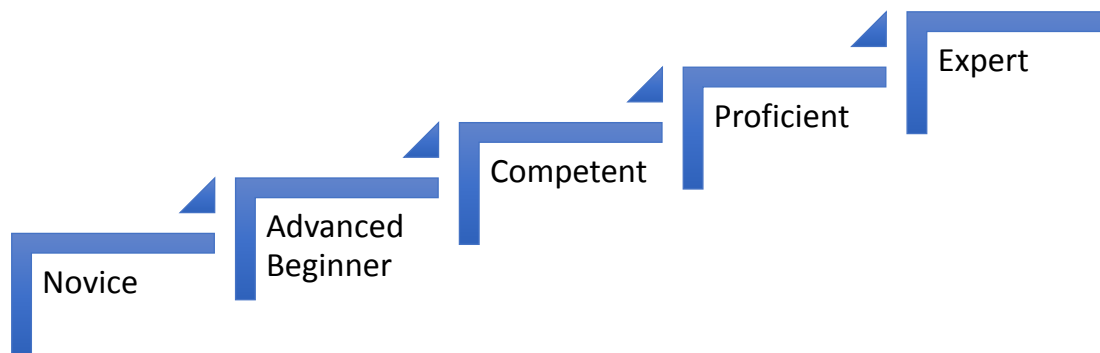
Generation	What They Want	Strategies
Traditionalist Born 1925-1942	Less demanding schedules Reduced stress or workload Recognition for a job well done	Use a personal touch Provide traditional rewards Mentorship Offer less demanding schedules
Boomer Born 1943-1960	Recognition for experience and excellence Positive work environment Good pay and benefits Continuing education	Give public recognition Find opportunities to share expertise Mentorship
Xer Born 1961-1981	Career advancement Shared governance Autonomy and independence Work/life balance	Provide opportunities for skill development and leadership Involve in decision-making Mentorship
Millennial Born 1982-2000s	Meaning in work Stimulation, engagement, involvement Opportunities for multitasking Skill development Socializing and networking	Encourage teamwork Offer a supportive work environment Begin leadership development early Provide feedback Provide access to social networks Build on technology strengths Develop skill base

(Stokowski, 2013)

Patricia Benner's Novice to Expert Theory

It is important to understand the normal development of RNs as they move through their nursing career. Benner's Novice to Expert theory explains the stages of developing clinical competence. By understanding these stages, mentors are better able to understand the learning needs of their mentees (Figure 3). Each of the stages is briefly explained below.

Figure 3. Benner's Novice to Expert Theory



Novice

A novice nurse is a student nurse who does not have any nursing experience. The novice nurse learns general rules to perform tasks and govern behavior. The novice nurse is task oriented. To improve the novice needs monitoring and instructional feedback.

Advanced Beginner

The advanced beginner is still dependent on rules but demonstrates acceptable performance. As the advanced beginner gains real life experiences they begin to make more meaningful connections. They are less task-oriented and begin to formulate principles to guide their actions. Advanced beginners can be students nearing the end of their program, RNs transitioning into new areas of clinical practice or new graduate RNs.

Competent

The competent nurse has gained perspective from planning their own actions, and uses problem solving to achieve greater time management and organization. They can bring their own judgment to situations. Typically, the competent nurse has 2-3 years' experience.

Proficient

At the proficient level, the nurse understands the “bigger picture” and uses a holistic understanding when making decisions. They have learned what to expect and how to modify their plans. The proficient nurse sees what needs to be done and decides how they will do it.

Reflection Activity

Consider when you were an advanced beginner. How did you feel when faced with the unknown in your practice?

Expert

The expert nurse has an intuitive understanding of clinical situations that dictate appropriate actions. Relying on a great deal of real life experience, the expert nurse knows what needs to be achieved and knows how to achieve it. Their performance is flexible and efficient (Kaminski, 2010).

Mentor – Mentee Meetings

Initial Meeting

1. Outline expectations of mentor and mentee relationship.
2. Review and complete the Mentorship Agreement (Appendix D). The mentorship agreement emphasizes professional commitment and encourages accountability for both the mentor and mentee. It can be used to clarify expectations, roles, and determine a framework for the relationship.
3. Agree to frequency, length, and location of meetings.
4. Discuss each other’s self-assessment.
5. Develop a **learning plan**: (Appendix E): a learning plan is a practical and useful way for the mentor and mentee to determine the learning goals to be achieved. SMART goals should be developed to guide the learning experience (Box 1.). Following are examples of possible learning goals.

Possible Learning Goals

By the end of the Mentorship Program I will demonstrate:

- Increased independence in surgical practice.
- Client centered care.
- Increased knowledge of surgical procedures (examples)
- Increased knowledge of surgical treatments (examples)
- Enhanced knowledge of common medications used on the unit.
- Improved surgical skills in the area of
- Improved time management skills
- Improved ability to prioritizing care
- Evidence-based practice
- Enhanced coping related to death and dying
- Practicing within standards of care
- Improved conflict resolution skills
- Enhanced ability to give and receive constructive feedback
- Self-reflection on my clinical practice
- Enhanced team-building skills
- Increased understanding of the roles of the healthcare team
- Improves delegation skills
- Enhanced clinical leadership skills

The *Orientation framework for internationally educated nurses* developed by Department of Health and Community Services Newfoundland and Labrador (2010) includes a clinical skills assessment checklist, and an Eastern Health generic competencies self-assessment tool for Registered and Graduate Nurses which is available online and can aid in directing learning goals.

Subsequent Meetings

1. Discuss what has been going on since last meeting
 - a. shifts
 - b. insights
 - c. relationships
 - d. decision making
 - e. clinical leadership
2. Review the learning plan and acknowledge achievements and developments.
3. Look at remaining goals
 - a. Are there any barriers to goals?
 - b. How can the mentor help?
4. Next Steps: What is the next learning outcome?

Giving and Receiving Feedback

Timely feedback is essential as it communicates information that is intended to improve performance. Feedback can be supportive, which helps focus on good performance and the best way of doing things. Feedback can also be corrective which focuses on how to change or improve performance.

The Value of Feedback

Feedback is essential to developing skills and ideas. People who receive feedback, both supportive and corrective, perform at a higher level, demonstrate improved judgment, and have improved knowledge retention.

Receiving Feedback

- Take control of the process – seek out feedback instead of just waiting for feedback
- Remain positive and open to feedback
- Listen actively
- Stay on task
- Clarify
- Remember your goals
- Seek advice about how to change
- Establish a plan of action for making change

Giving Feedback

- Address the behavior that can be changed
- Establish a helping attitude – be supportive, considerate, and thoughtful
- Choose an appropriate time and place, maintaining trust and integrity
- Reinforce positive behavior
- Focus on the behavior, be descriptive and specific
- Be respectful, always
- Be careful when giving advice, respecting diversity

Reflection Activity

Think about when you have received criticism and feedback in your career. Was the feedback helpful? Was it hurtful? Consider why constructive feedback is important.

Program Evaluation

Evaluation of the mentoring experience, through personal reflection activities, is an important component of adult learning. It helps connect the dots between knowledge, experience, and growth. Evaluation also serves to inform the leadership team of the efficiency and effectiveness of the mentorship program. It is a source of information for improving the program itself. An anonymous final evaluation survey can be found in Appendix F.

Summary

Implementing a mentoring program can be one way to create a positive and supportive work environment for RNs transitioning into surgical practice. The mentor - mentee relationship can also be an exciting way of inspiring a new passion for professional involvement and growth at Eastern Health. The goals of this program are to increase engagement in practice and create positive and supportive work environments.

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Appendix A

Mentor Self Reflection

The following list of questions and statements is for self-exploration purposes and is meant to highlight your qualities and interest in the mentor role.

1. What does it mean to be a mentor?
2. What kind of time commitment are you willing to make?
3. Do you have any special skills or knowledge that you can offer the mentee?
4. Do you know what it is like to have worries or frustrations about work?
5. Do you find that others seek you out to talk about their worries or frustrations?
6. Do you recall a time when someone gave you the encouragement you needed to deal with challenges at work or in your personal life?
7. Has anyone ever helped you develop your nursing competence?
8. Do you have an inspiring quote or story about nursing that you would like to share?
9. Can you think of a time when someone provided you with an “aha!” moment, that gave you a deep insight to the meaning of your practice or something in yourself?
10. Has anyone in your life had a profound and positive effect on your practice?
11. Have you ever reached out to a person in need and felt you made a difference?
12. Have you been inspired by a nurse in a positive way?
13. Do you recall what it is like to be new to a clinical area?
14. Can you recall a time when a nurse helped you?
15. Are you ready to be a mentor?

Appendix B

Mentee Self Reflection

The following list of questions and statements is for self-reflection purposes and is meant to highlight your expectations of the mentorship program. A successful mentee is empowered to take action and make the most of the mentoring relationship.

1. What do you hope to gain from the mentoring relationship?
2. What kind of time commitment are you willing to make?
3. Do you think you have anything to offer to a mentor?
4. What goals do you want to achieve?
5. What experiences do you think will help you achieve your goals?
6. Should a mentor provide advice or assistance with professional and personal matters?

The following would be beneficial to me:

Yes

No

Learning how to manage shift work		
Workload management and prioritizing care		
Gaining independence		
Learning to ask for help		
Understanding shift responsibilities (day vs night)		
Understanding the RN's accountability		
Learning to be cooperative and collaborative		
Growing in empathy and understanding of others		
Giving and receiving feedback		
Learning conflict resolution		
Identifying and reducing negative habits		
Growing in confidence		
Learning to speak up, to be assertive		
Learning the unit culture		
Learn to " <i>fit in</i> "		
Dealing with difficult patients and families		
Coping with death and dying		
Accessing continuing education		
Choosing a career path		
Developing knowledge of surgical procedures		
Developing clinical skills used in surgical patients		
Gaining knowledge of pharmacology specific to surgical population (ie Neurosurgery, Orthopedics, Thoracic, Vascular Surgery)		

Appendix C

Mentor Mentee Matching Questionnaire

These questions can be used to help identify similar professional interests and values. The questionnaire is intended only to aid in the matching process. Once you have answered the questions below, discuss your answers with potential mentors or mentees to spark discussion about the mentoring relationship.

	Mentee	Mentor
Clinical area(s) or specialty		
Previous experience with mentorship, preceptorship or other transition programs		
Professional goals		
Educational goals		
Interest in mentorship		
List attributes of a good mentorship relationship		
What would you like to gain from mentorship?		
Interests or hobbies		

Appendix D

Mentorship Agreement

This mentorship agreement is between _____ & _____

As mentor, I think the most important parts of our agreement are:

- 1.
- 2.
- 3.

As mentee, I think the most important parts of our agreement are:

- 1.
- 2.
- 3.

Conditions of agreement on meetings:

When:

Where:

How long:

Frequency:

Agreed method of contact (face to face/cell/email/web):

We agree that we will at times be sharing personal information. We agree to honor and respect each other's confidentiality and privacy. If at any time for any reason, either one of us wishes to withdraw from the relationship, we agree to move directly into the winding up phase of the relationship.

Mentor Name:

Mentor Signature:

Date:

Mentee Name:

Protégé Signature:

Date:

Appendix E

Developing a Learning Plan

SMART Goals	Learning How will I gain/build/develop?	Target date	Evidence of Goals Knowledge, skills, behaviors
Knowledge to Gain			
a.			
b.			
c.			
Skills to Build			
a.			
b.			
c.			
Other...			
a.			
b.			

Appendix F

Mentorship Program Evaluation Survey

1. How were you linked with your mentor / mentee?
 - ☐ Assigned
 - ☐ Chosen
2. How often did you meet with your mentor / mentee?
 - ☐ Daily
 - ☐ Weekly
 - ☐ Monthly
 - ☐ Other _____
3. How often would you recommend meeting with a mentor / mentee?
 - ☐ Daily
 - ☐ Weekly
 - ☐ Monthly
 - ☐ Other _____
4. Did you establish SMART goals and a learning plan?
 - ☐ Yes
 - ☐ No

Overall, do you feel that you benefitted from participation in the mentorship program?
Please Explain:

The following is a list of statements about the benefits of the mentorship program for the mentee. Read each statement carefully. Then indicate your agreement with the statement using the scale of:

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

<i>After participation in the mentorship program the mentee:</i>	1	2	3	4	5
Enhanced their communication and teamwork skills					
Strengthened their competency in surgical nursing practice					
Improved their clinical leadership skills					
Helped to create a positive and supportive work environment					
Became fully integrated into the workplace environment					
Felt supported in and connected to the workplace					
Improved their workload and time management skills					
Increased their confidence					

Appendix B. Literature Review Report

Literature Review

The Development of a Nursing Mentorship Program for Registered Nurses and
New Graduate Nurses Transitioning into Surgical Practice

Kara Noseworthy

February 2017

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Abstract

New graduate nurses transitioning into practicing face many issues, including nursing shortages, financial restraint, an aging population, increased patient acuity and a lack of support in the clinical setting. Additionally, new graduates are faced with the complex problem of transitioning from beginning nurses, to competent and proficient expert nurses. Support for the transition of nurses from beginning practice to competency is crucial to providing quality nursing care. Transition programs that include mentorship have been shown to provide an effective approach to support new graduate nurses as they adjust to their professional roles and responsibilities. The development of a mentorship program for registered nurses and new graduate nurses transitioning into surgical practice at Eastern Health is in keeping with the mandate of the organization to create a supportive working environment. A mentorship program could help to ease the transition of nurses into surgical practice. Mentorship programs can contribute in a positive way to the quality of care and sustainability of services within the health care organization. This literature review serves to assess the need for and explore the best practices of mentorship programs as the beginning phase of developing a mentorship program for new graduates transitioning into surgical practice.

Key Words: Mentorship, Mentor, Mentee, Transition, New Graduate Nurse

Background

As new graduate nurses enter into practice, they face many challenges such as major nursing shortages, increased patient acuity, rapid technological change, and limited funding for continuing education. Health care restructuring has also resulted in a loss of clinical leadership and expertise at the practice level (ARNNL, 2003). These issues compound as stressors, particularly on new graduate nurses trying to transition into confident and competent nurses, and can have a potential negative effect on the quality of nursing care.

The process of transition for new graduate nurses is intertwined with the constructs of professionalism and socialization, however it is differentiated as a process of adjustment to changing personal and professional roles. It has been described as a non-linear experience that moves new graduate nurses through a predictable array of emotional, intellectual, physical, sociocultural and developmental stages that feed a progressive pattern of professional development (Duchscher, 2008). Benner's novice to expert model describes how an individual begins as a novice nurse and progresses through stages to become an expert nurse. The five stages of the model are: novice, advanced beginner, competent, proficient, and expert (Davis and Maisano, 2016).

The period of transition for a new graduate nurse, or novice nurse, lasts roughly one year. During this time the new graduate nurse requires guidance to develop and apply knowledge. Many organizations employ transition programs to help new graduate nurses with the development and application of knowledge as they transition beyond a novice nurse. A transition program can be defined as "a program that occurred in addition to a general and/or specific unit orientation and was designed specifically to assist new nurse graduates with their

transition into practice” (Rush, Adamack, Gordon, Lilly, and Janke, 2013, p347). These programs can take the form of preceptorship, mentorship, and even nurse residency programs.

It is the proposal that a mentorship program could positively contribute to the mission of Eastern Health, which is to “have improved programs and services to increase its safety, quality, accessibility, efficiency and sustainability and to contribute to the overall health of the population” (Eastern Health, 2014, p13). The quality indicators to measure progress toward this vision include: “increased safety and quality, increased rate of client satisfaction, improved access to services, improved employee engagement, balanced budgets, and monitored outcomes in selected areas of population health” (Eastern Health, 2014).

Mentorship programs could improve transition into practice improve nurses engagement, reduce stress, improve employee satisfaction and engagement, encourage retention and reduce turnover and attrition, thus contributing to balanced budgets. This is a crucial strategy for organizations to avoid the costs associated with high turnover and attrition by implementing mentorship programs for nurses transitioning into the surgical program., Cost savings is fundamental for EH to have the capacity to improve services and progress in their vision. Eastern Health’s budget for 2012-2013 was \$1.3 billion; the fiscal year ended with \$8.3 million deficit (Eastern Health, 2013). Stewardship of health care spending and cost-effective care is priority. The ARNNL also recommends formal mentoring and preceptoring relationships, in addition to comprehensive orientation programs, to encourage new nurses to feel welcome, safe, valued and nurtured, as well as ease the transition and enhance satisfaction (ARNNL, 2003).

A literature review serves to demonstrate what is known, to identify gaps in the literature, and to convey strengths and weaknesses of studies presented (Cope, 2014). In this context, the literature review partially contributes to the needs assessment. As a secondary survey, the literature review contributes to phase 1 of the PRECEDE model for health promotion planning used to guide development of this program. In this case the literature review was done to gain understanding of mentorship, to analyze characteristics of mentorship, and to identify implications for development of a mentorship program. This report presents the literature review related to mentorship programs for new graduate nurses transitioning into practice. The results are organized as they relate to the new graduate nurse, the mentor, the health care organization, and finally models for the evaluation of mentor programs.

Methods

The literature review began by searching the Cumulative Index of Nursing and Allied Health Literature (CINAHL), PubMed, and Google Scholar. Search terms included mentorship, new graduate nurses, transition, outcomes, mentorship program development, and evaluation. The search was limited to the English language, and research articles published in the past 5 years. Two dissertations were also included. Pertinent articles were chosen based on a review on title and abstract. A few articles about preceptorship surfaced in the literature search and were included as they were found to relate to the development of a transition program. Much of the literature uses the terms preceptorship and mentorship interchangeably. Critical appraisal of articles was done using the Public Health agency of Canada's Infection Prevention

and Control Guidelines Critical Appraisal Tool Kit (PHAC, 2014). Articles are summarized in table form in Appendix A.

Results

Mentorship vs Preceptorship

As stated, much of the literature uses the terms preceptorship and mentorship interchangeably. In some literature, the recommendation is often that transition programs include either preceptorship or mentorship, signaling that there is little difference between them or that they are equal in what they offer to new graduate students. However, it is a worthwhile endeavor to clarify and differentiate these two roles.

Mentorship has been identified as a critical element in the successful transition of new nurses (Ferguson, 2011). It can occur informally in the workplace or formally as part of a transition program. Mentoring contributes to the development of social networks and support systems, which are important for job satisfaction; improved satisfaction decreases turnover for both new graduates and experienced nurses (Fox, 2010). It is a long-term, one-to-one interpersonal relationship that facilitates personal and professional development of newly qualified nurses, in terms of knowledge and skills (Chen and Lou, 2013).

While preceptorship offers many if not all of these components, preceptorship differs from mentorship mainly in terms of time commitment, the degree of closeness and seniority. Through a brief literature review, Chen and Lou (2013) summarize that preceptorship implies a short-term relationship. The preceptor-preceptee dyad is not as deep as with mentorship. Preceptors often lack experience, possess less seniority, and may lack relevant experience. While not synonymous, both preceptorship and mentorship offer a supportive role which

assists in the transition process. Dyess and Parker (2012) add to the discussion by explaining that despite major differences in structure and content, numerous programmes have similar objectives and focus on improving skill and providing safe, high-quality nursing care.

Support beyond basic orientation is necessary in today's health care system. Management and educators must aid graduate nurses to transition in a way that develops proficiency, fosters staff satisfaction and encourages retention given the current economic constraints (Scott, Engelke, and Swanson, 2008). It is proposed that mentorship offers the time commitment, the depth of relationship, the communication skills and experience necessary to successfully support new graduate nurses in transition. For the purposes of this project, mentoring is defined as "a voluntary, mutually beneficial and long-term relationship where an experienced and knowledgeable leader supports the maturation of a less experienced nurse with leadership potential (CNA, 2004, p63).

Mentorship for New Graduates

Chen and Lou (2013) were able to establish, through a systematic literature review that nursing competencies, job satisfaction, communication skills, and interpersonal relationships were improved through mentorship programs. The studies all reported results of self-assessments completed by recently registered nurses in mentorship programs. A lack of description regarding the reliability or validity of data collection tools makes determining the true effectiveness of programs difficult.

The general evaluation question from Dyess and Parker (2012) was what would be the new nurse related outcomes as a result of participation in a transition program? The Nursing Evaluation Competency Assessment instrument, a self-report tool, was used to measure

practice related to five subscales: planning and evaluation; patient care, communication, member of the discipline, and leading care. Participation in a transition program led to statistically significant increases in skills in all of the subscales except communication.

Leadership

Bedside nurses must use clinical leadership skills to ensure safe, high-quality patient care. Clinical leadership in bedside nurses improves identification of clinical problems, activating change, and evaluation of patient outcomes. Chappell, Richards, and Barnett (2014) explore the relationship between clinical leadership skills and new graduate nurse transition programs. Of interest is the relationship between leadership skills and transition programs that included mentor support. This study was based on Bandura's Self-Efficacy Theory and Benner's Novice to Expert Framework. Based on Benner's Novice to expert framework, it was hypothesized that there would be a relationship between components of the transition program, such as assigned mentor/quality of mentor support, and clinical leadership skill. Surveys were analyzed using hierarchal regression modeling. Quality of mentor support was found to positively correlate with perceived overall quality of the transition program and with clinical leadership skill.

Dyess and Parker (2012) utilized the Student Leadership Practice Inventory to explore leadership competencies after participation in a transition program. The self-report instrument assesses five elements of leadership including model the way, inspire a shared vision, challenge the process, enable others to act, and encourage the heart. Statistically significant changes were noted for all elements except for 'enable others to act.' The authors note that successful transition initiatives can contribute to ongoing growth of nurse leaders of the future.

In examining the relationships between components of new graduate transition programmes and overall transition experiences, Rush, Adamack, Gordon, Janke, and Ghement (2015) found that leadership was gained through participation in a formal transition program. Two factors that contributed to improvement in leadership skills were dedicated preceptored shifts, and transition programs of four weeks or more. This lends support to a mentorship program as mentorship by definition fulfills both these requirements.

Horizontal Violence

Latham, Ringl, and Hogan (2013) aptly state “hospitals are complex organizations with hierarchal structures that can be breeding grounds for miscommunication and maladaptive behavior, which can lead to workplace violence” (p30). The phrase ‘nurses eat their young’ is well known within the profession and arguably well established. The literature is rich with research relating to what is termed ‘horizontal violence’ or ‘bullying.’ These authors discuss mentoring as a means of facilitating positive workplace problem solving and creating a supportive environment for nurses. This study builds on previous articles about an established mentoring program ‘Nurses Supporting Nurses’ employed in various hospitals throughout the United States. This study shares evidence of ongoing horizontal violence and the value of mentoring to attenuate new nurses’ perceptions of these experiences. This study indicates that new graduates do experience a “variable amount of negativity ranging from intimidation, bullying, and outright aggression” (Latham, Ringl, and Hogan, 2013, p34). However, data indicates that mentoring helps allay negative perceptions and instills new ways of dealing with negative situations.

The was also studied by Rush, Adamack, Gordon, and Janke (2014) who examined the relationship between bullying and access to support in context of new graduate transition programs. The results of this comprehensive assessment were significant. Thirty-nine percent of new graduate participants reported the experience of bullying. For those who participated in a transition program, 69% of those who were bullied were able to access support compared with 38% of new graduates who did not participate in a transition program. Participation in a new graduate transition program was found to be a statistically significant moderator of the relationship between bullying, access to support, and overall transition score. A higher transition score is associated with a greater ability to access support for nurses who were bullied and those who were not however, the positive relationship was stronger for those participating in a transition program. The researchers note that an important finding of this study was the helpfulness of preceptors and mentors in supporting new graduates, and that transition programs should include formal support through the use of mentors.

Perceptions of the New Graduate Nurse

In a qualitative study by Malouf and West (2011), the desire to *fit in* was identified as an important element of the new graduate nurse experience. Through a series of interviews, participants described their transition experiences. Several participants expressed anxiety about their interactions with staff. The new graduate nurses placed emphasis on *fitting in* and about being part of the social group. Participants also expressed concern about appearing 'stupid.' In this context this meant being uninformed about nursing practices, concerns about unsafe care, or ignorant of the social knowledge. In this study transition was defined as "a process in which an individual bridges two environments or states of being" (Madjar et al, 1997,

as cited by Malouf and West, 2011, p.489). It seems that new graduate nurses instinctively understand the benefits of establishing social relationships to becoming a nurse.

Kumaran and Carney (2014) also explore the experience of transition for new graduate nurses. Their purpose was to gain a holistic view of what is experienced during this role transition using Heideggerian Hermeneutic phenomenology, which focuses on the experience of understanding. The method of analysis was Van Manen's thematic analysis where the researcher searches for the whole and the essence, the selective and the accentuated, and the details. An existential concept, this can be understood as "how the nurse views the world" (Kumaran and Carney, 2014, p607). Data collection was retrospective and gained in a single interview. There were two emergent themes: initial feelings and experiences and standing on their own two feet. The first theme encompasses initial feelings of excitement, and feeling nervous and vulnerable, becoming visible as a member of the multidisciplinary team, anxiety and stress, and increasing confidence. The second theme of standing on their own feet encompasses being responsible and accountable, and developing in competence. From this study, independent responsibility can be understood as the biggest step in role transition. New graduate nurses need time and support to adjust to this new role. The authors identify that supportive preceptorship from experienced staff is needed to facilitate transition.

Another qualitative study by Spiva, Hart, Pruner, Johnson, Martin, Brakovich, McVay, and Mendoza (2013) echoes the previous sentiments that new graduate nurses need guidance and support as they transition into practice. In this study, new graduate nurses participated in an extensive orientation program that consisted of a nurse residency program and included preceptorship. Through interviews and data analysis themes emerged as follows: preceptor

variability, professional growth and changing confidence, a sense of being nurtured, and enhancing the transition. Preceptorship was identified as critical to their transition however; several noted that a mentorship program would be beneficial. The authors conclude that formal and informal use of mentors may improve orientation and may help decrease the stress of transition.

The Mentor Role

Kaihlanen, Lakadmaa, and Salminen (2013) describe the mentor's role as a supporter. The transition period is a nonlinear process, unpredictable and challenging, and influenced by personal experiences and meanings. In this qualitative descriptive study, narratives were used to examine this process. The findings were that the mentor's role was to act as a supporter of role change. This study was conducted with nursing students entering their final clinical rotation before graduation. On the cusp of graduation, it was assumed that their experience and perspective would be comparable to that of a new graduate in terms of the mentor relationship and therefore worthy of examining here. In this study, students felt that the relationship with a mentor was crucial to their role change as it affected their confidence and enthusiasm when beginning their careers. Of significance was the mentor's ability to identify with the student in their professional development and the role change process. Students viewed the mentor as a role model for their own professional identity development. Students did note that a mentor's motivation to act as a mentor was also important in providing the needed support. This is an important consideration for program planning and implementation.

Mentor Protégé Dyad

In a qualitative study of the mentor-protégé dyad, Eller, Lev, and Feurer (2014) identify the key components of an effective mentoring relationship. In this study they identify the needs and desirable personal qualities of both the protégé and the mentor. Exploring this relationship is crucial to program implementation. The results yielded eight themes of an effective mentoring relationship: open communication and accessibility, goals and challenges, passion and inspiration, caring personal relationship, mutual respect and trust, exchange of knowledge, independence and collaboration, and role modeling. While protégés and mentors expressed similar expectations in their relationship, two specific differences were noted. In terms of open communication protégés focused on their need for encouragement and positive feedback whereas mentors felt providing positive and negative feedback was important. In terms of a caring personal relationship protégés often used the word 'friendship.' In contrast the mentors identified the need for healthy personal boundaries. This does somewhat overlap with the theme of role modelling where protégés expressed the importance of the mentor sharing their story of their own struggles. Two problems identified in this study were lack of time and personality mismatch.

Ferguson (2011) also explores nurses' perspectives on effective mentors and mentoring relationships. In this study mentorship was defined as an informal relationship. It is worth examining as informal mentoring relationships are not uncommon in the literature and still serve as point of comparison in terms of establishing effective relationships as a facilitating factor in the transition of new nurses. Dyess (2012) also references a transition program in which new graduates were expected to select their own mentor. The findings of this study

relate to a relational connection and the quality of the mentor's practice. New graduates wanted mentors who were "good practitioners" (Ferguson, 2011, p120). Those who had been preceptored during orientation expressed a desire for a longer supportive relationship such as could be found with a mentor. Interestingly, because of the relational aspect of mentorship new graduates felt that an informal mentor arrangement was reasonable. This reflects the new graduates desire for a role model who practiced in a way they admired. New graduates also expressed the importance of social interactions and integrating into the work group and the larger organization. Other effective attributes were noted to be supportive behaviors, sharing knowledge, and trust in the relationship.

Organizational Benefits

In a systematic literature review of five empirical studies, Chen and Lou (2013) found that mentorship programs significantly reduced the turnover rate, and thus turnover costs related to newly graduated nurses. A quasi-experimental pre-test and post-test design was adopted for review of five selected studies. The review concludes that the retention of newly graduated nurses is essential for reducing human resource costs, and improving patient safety and the quality of nursing care.

In their study of transition programs and clinical leadership skills, Chappell, Richards, and Barnett (2014) demonstrate a relationship between longer transition programs and increased new graduate nurse retention. New graduates participating in transition programs that were twenty-four weeks in length were 21 times more likely to stay in the organization. With the understanding that mentorship programs can last up to one year, a mentorship program can result in a significant return on investment. Involvement in a transition program

was demonstrated to have a positive impact on retention (Dyess and Parker, 2012). Their quantitative research established that 80% of nurses who participated in a transition program remained with their employer compared to retention of 65% of nurses who did not participate in a transition program, thus contributing to a return on investment and significant cost savings.

It is clear in the literature that investing in transition programs results on a return on investment and cost savings for the organization. Pfaff, Baxter, Ploeg, and Jack (2014) explore what are the team and organizational factors that facilitate collaborative practice. A mixed method design was chosen, as it is both exploratory and explanatory. Team factors include respect, team support, and face-to-face interactions; organizational factors include supportive leadership and participation in preceptorship or mentorship programs. Formal mentorships were found to facilitate engagement in collaborative practice. Mentors supported new graduate nurses in practical ways such as navigating the interprofessional reporting structure, by seeking out opportunities for interacting with members of the team, and by guiding new nurses in articulating information to be conveyed to other professionals.

In consideration of how the organization can optimize transition, Rush, Adamack, Janke, Gordon, and Ghement (2013) examine the relationship between new graduate transition and transition program education. Education that is planned and structured is a key component of transition programs. Data was collected using an online questionnaire and analyzed using inferential statistics. Analysis demonstrated no significant relationship between timing of educational experiences and organizing/prioritizing, communication/leadership, support, stress, or professional satisfaction scores. However, there was a significant positive linear relationship between ability to access support and total transition score. In conclusion, findings

demonstrate that the helpfulness of educational opportunities enhanced transition. By extension of that logic, where mentorship has been demonstrated to be helpful, educational and supportive, mentorship will enhance transition.

In a systematic review, Edwards, Hawker, Carrier, and Rees (2015) aim to determine the effectiveness of strategies and interventions to improve transition. In this review multiple support strategies were reported including nurse internship/residency programmes, orientation programmes, mentorship/preceptorship and simulation-based programmes. Of interest in this review are the results relating to mentorship/preceptorship. Mentorship was demonstrated to positively impact competence and confidence. Mentors were also found to moderate stress levels and this significantly increased when the mentor and mentee held regular meetings. Retention relating to mentorship/preceptorship was inconclusive. This review highlights that the type of support is not as important as the fact that support exists. All support strategies led to successful outcomes. The conclusion is that the focus on and investment in new graduate transition by the organization is important. It communicates that the new graduate is important.

Evaluation of Mentorship Programs for New Graduates

The literature provides sufficient evidence that the transition period for newly graduated nurses is a time of significant stress. While several aforementioned studies examine the opinions of newly graduated nurses who participated in transition programs, neither of the studies evaluated a specific program. Henderson, Ossenberg, and Tyler (2015) set out to do that. Their study explores novice nurses' perceptions of a structured clinical support program

undertaken in accordance with the literature. The program under evaluation was designed to meet the needs of novice nurses. It begins with an intense support system, including preceptorship, that tapers over 12 months. A survey and focus group discussion was used to identify the value of elements of the program. Three aspects of the program that emerged as helpful were education, or 'study' days, positive relationships with preceptors, and the positive contribution of the team to transition. Study days were identified as an opportunity to clarify knowledge but also as an opportunity to network. Participants also acknowledged the importance of the team in supporting them. Preceptors were identified as "instrumental" in making them comfortable and "central" in assisting them to engage with other team members (Henerson, Ossenberg, and Tyler, 2015, p239). However, there was variation in the novice-preceptor relationships. Some began when the novice was still a student; others described their relationship as very purposeful and centered on orientation to specific practices. The study concludes with a recommendation for effective preceptorship through relationship building, where relationship building fosters individual learning needs.

Myler, Buch, Hagerty, Ferrari, and Murphy (2014) also evaluated a mentorship program, but from the perspective of mentor satisfaction. This descriptive study examines an academic-practice partnership that utilizes a new innovative model of clinical education for nurses. In this model staff nurse mentors are staff nurses who practice within the scope of a registered nurse, which includes modeling a professional role and participating in the clinical education of students. Subsequently, the majority of the nurses were mentors, and responsible for "educating, evaluating, and coaching students" (Myler, Buch, Hagerty, Ferrari, and Murphy, 2014, p368). Survey results demonstrate that most mentors were satisfied with this model of

clinical care. Satisfaction was reflected by expressing that it was rewarding to be a mentor, and that being a mentor encouraged self-reflection and striving for improvement. The evaluation also highlights that satisfaction was likely related to the inclusion of staff nurses in project development, including role description and education.

Reid Tinio (2012) evaluated the outcomes of two different mentoring interventions for new graduate nurses in relation to job embeddedness. Job embeddedness is defined as “the combined forces that keep a person from leaving his or her job (Mitchell, Holtom, Lee, Sablynski, and Erez, 2001, as cited by Reid Tinio, 2012, p.7). An exploratory comparative cross analysis was used to assess the effect of one-on-one mentoring and group mentoring on new graduate nurses’ intent to leave using the theory of job embeddedness. The study reveals that group-mentoring interventions positively impact the new graduate’s perception of group cohesion, work empowerment, and intention to stay. The results provide findings that are important for nurse leaders in that group-mentoring interventions should be considered for program planning and implementation.

Van Patten (2014) identifies that the effectiveness of transition programs is an important predictor of outcomes related to job performance. Determining the characteristics of an effective program will guide program coordinators in implementing the program. The purpose of this study was to identify factors that enhance nurse-residency programs. The research identifies that common elements of nurse-residency programs are preceptorship, mentorship, and debriefing. This quantitative study employed a survey-based design. Results were statistically tested toward direct and moderating effects. Of interest here is that residency ratings were significantly related to preceptor experiences. Participants found preceptorship,

mentorship, and debriefing to be beneficial. Also, mentorship was shown to reduce stress. The results highlight the importance of providing supportive elements of preceptorship, mentorship, and debriefing as part of transition programs.

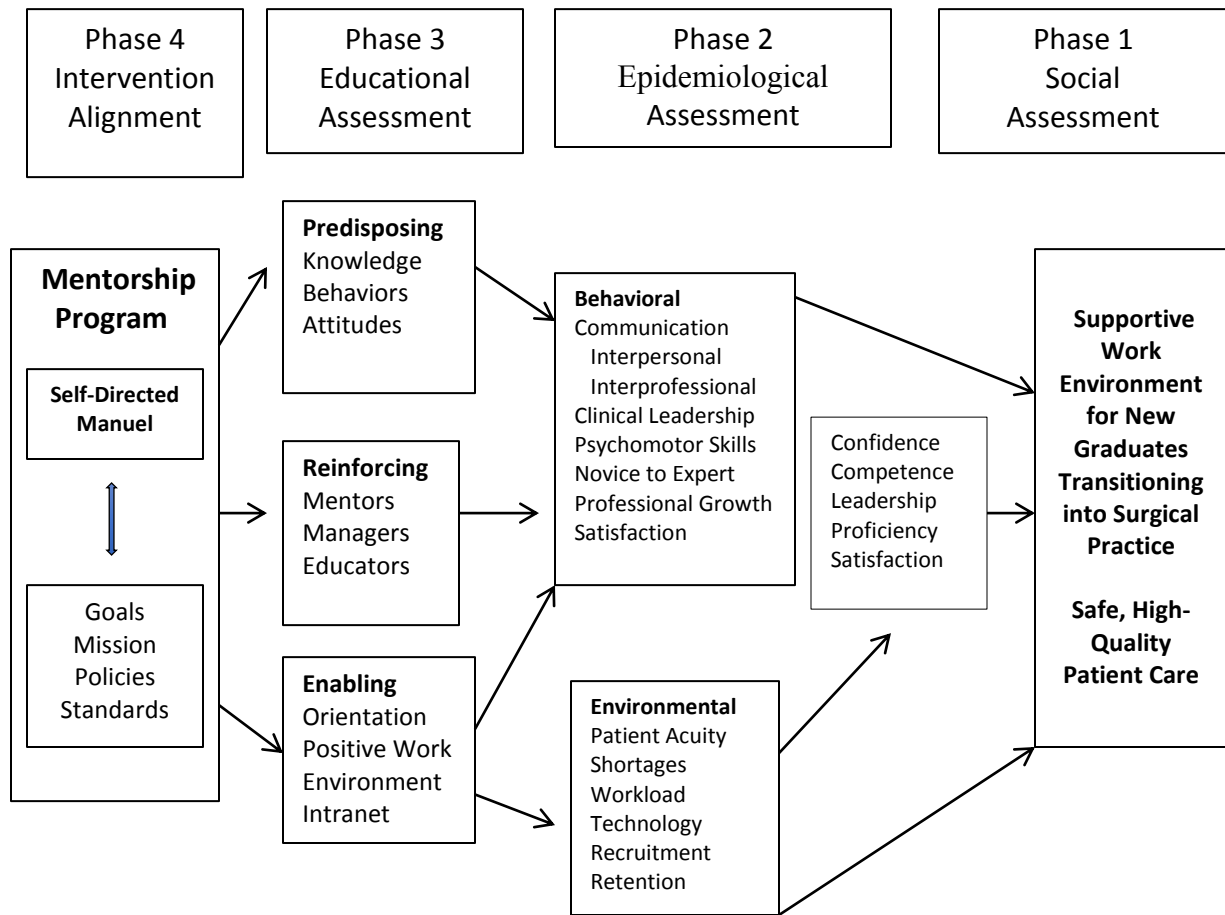
The identification of best practices is important for organizations in their development of formal transition programs for newly graduated nurses. Rush, Adamak, Gordon, Lilly, and Janke (2013) perform an integrative review to find such best practices. Cooper's five-stage approach to integrative review was used to guide the process. This approach entails problem formation, data collection, evaluation of data points, data analysis and interpretation, and presentation of results. As with other reviews, transition programs included residencies, internships, mentorships, preceptorships, and generic programs. Common features found in these programs include a defined resource person, a positive impact on retention and turnover, which contributed to a cost-benefit of program implementation, a strong educational component, support in the form of preceptorship, improved satisfaction and improved competency. Mentorship was identified as a common type of resource within formal transition programs. However, evaluation was limited to retention. Mentor selection, training, and matching were not assessed. Older mentors and regular meetings with mentors positively influenced the likelihood that mentors would be stress reducers, and would provide guidance and support. A structured mentorship program also improved satisfaction ratings.

A Model for Planning a Mentorship Program

The PRECEDE-PROCEED model for health promotion and health education was used to develop the mentorship program for RNs and new graduate nurses orienting to the surgery program at Eastern Health. PRECEDE is an acronym for predisposing, reinforcing, and enabling constructs in educational diagnosis and evaluation, and PROCEED is an acronym for policy, regulatory and organizational constructs in educational and environmental development (Ransdell, 2001). The model helps to guide the development of programs that can enable people to control and improve behaviors and the environment and create conditions where people can be healthy (Li et al., 2009; Mackenzie, McKenzie, Neiger and Thackeray, 2013; Porter, 2016; Whitehead, 2003; Yeo, 2006)

The model represents a series of planned assessments that generate information used to guide decisions about program design, implementation and evaluation (Green and Kreuter, 2005; McKenzie, Neiger and Thackery, 2013). This model begins with the final consequences or desired outcomes and works backwards to the causes. The planned assessments occur in 4 phases. Each phase is briefly presented, including an analysis of the predisposing, reinforcing, and enabling factors. These factors are useful in explaining behavior, and then developing responsive strategies for health promotion (Li et. al, 2009). Once causes are identified, interventions can be designed (McKenzie, Neiger and Thackery, 2013).

Figure 1. The Precede-Proceed Model Applied to a Mentorship Program



Phases 1 through 3 are completed through the primary and secondary surveys. Phase 1 is a social assessment and situational analysis that seeks to define the quality of life of the priority population. In the context of this program, a social assessment and situational analysis seeks to describe the quality of work life for registered nurses and new graduate nurses. The secondary analysis is conducted through a literature review.

Phase 2 is an epidemiological assessment that planners use to identify and rank the goals or problems that contribute to the problems identified in phase 1, including statistics, behavioral and environmental factors. Ranking problems is critical as resources are often limited (McKenzie, Neiger and Thackery, 2013). Demographics such confidence, competence and proficiency in surgical skills are factors that could influence the development of a mentorship program for new graduate nurses. Behavioral factors include leadership, communication, skills and RN satisfaction. Environmental factors include patient acuity, staffing, workload, technology, recruitment and retention.

Establishing priorities for program development can be accomplished through use of a prioritization matrix (Figure 1.). This matrix is by no means exhaustive but it is based on a secondary survey and the primary survey completed with RNs.

Figure 1. Prioritization Matrix for Mentorship

Prioritization Matrix	More Important	Less Important
<i>More changeable</i>	High Priority for program <ul style="list-style-type: none"> - Knowledge of Mentor and Mentee needs - Education in Mentorship 	Low Priority <ul style="list-style-type: none"> - On-line access to databases
<i>Less Changeable</i>	Priority for program; Evaluation crucial <ul style="list-style-type: none"> - Attitude towards Mentorship - Perception of own ability - Policies relating to surgical 	No program <ul style="list-style-type: none"> - Layout of surgical unit - Availability of resources e.g. classrooms, photocopying - Noise levels

Phase 3 is the educational and ecological assessment, which identifies and classifies the factors that potentially influence a given behavior. Factors are divided into three categories,

predisposing, enabling, and reinforcing factors (McKenzie, Neiger and Thackery, 2013). These factors are useful in explaining behavior, and then developing responsive strategies (Li et. al, 2009). There is a hierarchal order in the sequencing of the modifiable factors where predisposing factors must be changed before enabling factors and then reinforcing factors (Yeo, Berzins and Addington, 2006).

Predisposing factors include knowledge, attitudes, beliefs, values and perceptions that facilitate or inhibit health behaviors; enabling factors are barriers or facilitators to health behavior created by societal systems or environmental resources; reinforcing factors are the consequences of action that can positively or negatively support the behavior (Li et. al, 2009). The following predisposing factors were identified as having an impact on the outcomes of the mentorship program: knowledge of mentorship, attitudes towards the mentorship role, attitude and beliefs about mentorship, perception of own ability to meet the needs of surgical patients, and knowledge of personal learning needs. The following enabling factors were identified as facilitators to mentorship: the existing orientation program, positive work environment, access to information resources such as library or on-line databases, physical environment of the surgical unit, existing policies and procedures relating to care of surgical patients, and administrative support for mentorship

Finally phase 4 comprises intervention alignment, which matches strategies and interventions with projected changes and outcomes, and administrative and policy assessment, where planners determine if the necessary resources are available to develop and implement the program (McKenzie, Neiger and Thackery, 2013). The Mentorship program could be supported in the existing orientation program so resources are available. The final four phases

of the program planning model, comprise the PROCEED portion and include program implementation and evaluation. Phase 5 overlaps with phase 4 as they both involve implementation. In phase 5, after determination of available resources, planners select appropriate interventions and strategies (McKenzie, Neiger and Thackery, 2013).

The final phases of this model involve process evaluation (phase 6), impact evaluation (phase 7) and outcome evaluation (phase 8). Process evaluation examines the extent to which planned activities are implemented (Fink, 2014), if protocols were followed, and how these factors contributed to the success or failure of the program (McKenzie, Neiger and Thackery, 2013). Impact and outcomes evaluation, together referred to as summative evaluation, are used to determine the effectiveness of the intervention. Impact evaluation focuses on behaviors changes such as attitude, knowledge and awareness; outcome evaluation focuses on the extent to which end points such as diseases are decreased (McKenzie, Neiger and Thackery, 2013).

For the Mentorship Program, process evaluation would consider the educational processes; impact evaluation would be used to determine a change in nurses' attitudes, knowledge and awareness of mentorship. Outcomes would be evaluated using nurses' satisfaction scores. Evaluation of the program is as essential as planning and implementation and should be considered from the beginning. Failure to incorporate an evaluation activity may render a program ineffective and unsuccessful (Whitehead, 2003). The Precede-Proceed Model for education planning provided a framework for planning the design on the Mentorship Program for RNs as well as guidance on implementation and evaluation.

Summary

New graduates transitioning into practice face many challenges. These challenges may include personal challenges, role transition, and stressful work environments. Easing transition has the potential to have a positive impact on nursing practice and improve outcomes.

Improving outcomes and retention of experienced nurses are important fiscal considerations in today's health care system. Formal transition programs such as mentorship are a means of easing transition into practice. There are a limited number of studies with strong scientific rigor demonstrating the impact of mentoring interventions, illustrating a significant and important gap in nursing research. However, this literature review served to highlight what was known and provided a foundation on which to build and develop the mentorship program for RNs

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Appendix A
Literature Review Summary Table

Author (Year) Study Design	Relevant Methods and Outcome Measures	Results	Conclusions Comments Rating of Study
Chappell, K. B., Richards, K. C., & Barnett, S. D. (2014). Non-experimental retrospective	Country: United States 23 US acute care hospitals 306 participants recruited with 24 months or less experience Surveys were completed using the online survey tool Survey Monkey using Clinical Leadership Survey (CL) to examine 5 practices: Challenging the process; Inspiring a shared vision; Enabling others to act; Modeling the way; Encouraging the heart Data analyzed using hierarchical regression analyses after evaluation of correlations Validity not addressed	Results are relevant to key question; the strongest predictors of clinical leadership skills were overall quality and length of transition program Almost half (49.7%) of the transition programs included mentor support Quality mentor support correlated positively with quality of transition program ($r = .278, P = .000$) and clinical leadership skills ($r = .278, P = .01$)	STRONG Design HIGH quality A strength of this study was diverse sample making results generalizable Feasibility of mentorship is supported by retention and return on investment in new nurses

<p>Chen, C., & Lou, M. (2014). Systematic Literature Review</p>	<p>Country: Taiwan</p> <p>Medline, CINAHL, PubMed, Index to Taiwan Periodical Literature System, Chinese Electronic Periodical Services, & National Digital Library of Theses & Dissertations in Taiwan Target period: 1999-2011</p> <p>Original studies only; Experimental or quasi-experimental; One-to-one mentor; New graduate nurses</p> <p>Final selection $n = 5$</p>	<p>Mentorship significantly reduced turnover rate</p> <p>Mentorship improved nursing competencies, job satisfaction, communication skills, and the development of interpersonal relationships</p>	<p>STRONG design</p> <p>Generalizability limited due to representation of US and Asia in results</p> <p>Strong application of results</p>
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<p>Dyess, S., & Parker, G. (2012).</p> <p>Quantitative</p>	<p>Country: Canada</p> <p>Setting: 13 mid-sized community health care organizations and a University college in the South-eastern US</p> <p>Sample: Convenience sample ($n = 109$) of participants of the transition program; final sample ($n = 89$)</p> <p>Quantitative data collected at the beginning and part way through the transition program using. Skill set was measured using the Nursing Evaluation Competency Assessment survey measuring 5 dimensions of practice: Planning & Evaluation; Patient Care; Communication; Member of the discipline; Leading Care</p> <p>Leadership development measured using Student Leadership Practice Inventory to assess: Model the way; Inspire a shared vision; Challenge the process; Enable others to act; Encourage the Heart</p> <p>Internal reliability and predictive validity of both tools well established</p>	<p>Statistically significant results were found in skills acquisition planning & evaluation ($P < 0.001$) member of the discipline ($P = < 0.001$), leading care ($P < 0.001$), and patient care ($P < 0.05$)</p> <p>Leadership skills that showed significant changes included model the way ($P < 0.05$), inspired a shared vision ($P < 0.05$), challenge the process ($P < 0.01$), and encourage the heart ($P < 0.05$)</p> <p>Additional results include 100% retention of participants</p>	<p>Results are not generalizable. Participants were selected by their employers. And each participant selects their own mentor</p> <p>STRONG design MODERATE quality</p> <p>The intervention is still feasible and the results lend support for a mindful transition support process</p>
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<p>Eller, L. S., Lev, E. L., & Feurer, A. (2014).</p> <p>Qualitative Study</p>	<p>Country: Canada</p> <p>Setting: 12 Universities throughout the US</p> <p>Sample: Purposive sampling of a range of academic disciplines; 31% participants were from nursing</p> <p>Participants took part in a 4-hour workshop led by the Technology of Participation Consensus Workshop method. The goal was a forced discussion which followed 5 steps: Context, Brainstorming, Clustering, Naming, & Resolving.</p> <p>Workshops were audiotaped; Content analysis revealed themes</p> <p>Methodological rigor ensured trustworthiness of findings.</p>	<p>Findings revealed 8 themes relating to effective mentoring relationships: Open communication & Accessibility; Goals & Challenges; Passion & Inspiration; Caring Personal Relationships; Mutual Respect & Trust; Exchange of Knowledge; Independence & Collaboration; Role Modelling</p>	<p>Participation by invitation therefore selection bias limits generalizability of results.</p> <p>Discussion was limited to effective mentoring relationships and did not include negative characteristics</p> <p>STRONG design MODERATE quality</p> <p>Results are feasible for inclusion in development of a mentorship program</p>
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<p>Edwards, D., Hawker, C., Carrier, J., & Rees, C.</p> <p>(2015)</p> <p>Systematic Literature Review</p>	<p>Country: United Kingdom</p> <p>Electronic databases: CINAHL, MEDline, British Nursing Index, Cochrane Library, EMBASE, Psychlit, PsychINFO, PsychARTICLES, Web of Science, EBM reviews, BioMed, TRIP, ERIC, SCOPUS.</p> <p>Inclusion criteria were quantitative studies that studies the effectiveness of support strategies for new qualified graduate nurses</p> <p>Sample ($n = 30$)</p> <p>The Joanna Briggs Institute Levels of Evidence FAME (feasibility, appropriateness, meaningfulness, effectiveness) scale was used to rank each study into 1 of 4 levels (High-Moderate-Low-Very Low)</p>	<p>Four different types of support strategies were reported: Nurse Internship/residency; Graduate Nurse Orientation; Mentorship/preceptorship; Simulation-based programmes</p> <p>Common element of mentorship programmes is that qualified nursing staff were trained and allocated to support new qualified staff; findings report improvements in individual levels of confidence, competence, decreased stress, and reduced turnover</p>	<p>HIGH quality review</p> <p>Quality of studies varied considerably, limited by outcomes measurement tools, small samples, and lack of comparison groups</p> <p>Firm conclusions about effective strategies is difficult.</p> <p>This review does highlight that rather than a specific type of support, it is the focus on and investment in support of transition that is important.</p>
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<p>Ferguson, L.M. (2011)</p> <p>Study Design: Grounded Theory</p>	<p>Country: Canada</p> <p>Setting: Graduates working in rural and urban hospitals; working in medicine, surgery, peds, obs, or psych</p> <p>Participants: 25 RNs from 2 provinces recruited through letters of invitation & met 3 criteria: full time practice since graduating a BN program; working 2-3 years;</p> <p>Data Collection: Recorded interviews that were coded and analyzed for themes Measured over 16-month period</p> <p>Measures: The study explored nurses' perception of effective mentors and how they engaged in mentoring relationships</p> <p>Reliability and validity not addressed</p>	<p>Mentoring relationships were highly valued. Some new nurses even sought out experienced nurses as mentors based on specific characteristics. Integration into the organizational culture was facilitated with a mentor, as well as establishing a social interaction</p>	<p>STRONG design HIGH quality</p> <p>Strong support for the importance of and need for mentoring new graduate nurses</p>
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<p>Henderson, A., Ossenberg, C., & Tyler, S.</p> <p>(2015)</p> <p>Mixed-methods design</p>	<p>Country: Australia</p> <p>Setting: Large tertiary hospital South-East Australia</p> <p>Participants: 78 surveys (43.3%) were returned; 10 participants attended the focus group</p> <p>Survey participants were novices at completion of their first year of practice; Focus group participants were a convenience sample from part one.</p> <p>Data Collection: Survey –Clinical Learning organizational culture survey which measured: Recognition; Affiliation; Accomplishment Influence; Dissatisfaction; Engagement</p> <p>The focus discussion was scheduled during a shift</p> <p>Data Analysis:</p>	<p>Results indicated that novice nurses valued belonging (affiliation), accomplishment, sense of worth (recognition), and sense of engagement (active participation).</p> <p>All participants identified preceptors as instrumental in making them feel comfortable and assisting them to engage with the team</p>	<p>Strong design</p> <p>Moderate quality</p> <p>Conclusion is that novices place importance on intangible aspects of support such as emotional support and collegiality</p>
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<p>Kaihlainen, A., Lakanmaa, R., & Salminen, L.</p> <p>(2013)</p> <p>Qualitative Descriptive</p>	<p>Country: Finland</p> <p>Setting: Finnish Polytechnic</p> <p>Participants: Convenience sample ($n = 16$) graduating nursing students</p> <p>Data Collection: Students wrote essays related to the transition to registered nurse and the significance of the mentor in the role change</p> <p>Data was analyzed using sequencing analysis; text was coded and themes formed</p>	<p>The student-mentor relationship was viewed as crucial to the role change and it affected the students' self-confidence and enthusiasm. The mentor was viewed as a role model and a future colleague.</p>	<p>MODERATE design</p> <p>MODERATE quality</p> <p>While the results are limited due to a small sample from a single institution, the results can be utilized in program planning.</p>
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<p>Kumaran, S., & Carney, M.</p> <p>(2014)</p> <p>Retrospective phenomological</p>	<p>Country: Ireland</p> <p>Setting: Dublin's Academic teaching hospital</p> <p>Participants: Purposive sampling of 10 newly qualified nurses</p> <p>Data Collection: 10 interviews explored role transition and lasted 45-60 minutes; a Heideggerian Hermeneutic approach was used</p> <p>Data Analysis: Van Manen's thematic analysis of data</p> <p>Validity and reliability was enhanced using an experienced qualitative researcher to review transcripts and analyze data</p>	<p>Two themes emerged: Initial feelings and experiences and inherent highs and lows of qualifications; standing on their own two feet</p> <p>Newly graduated nurses experienced satisfaction and achievement, and nervousness and apprehension.</p> <p>New nurses also felt assimilation anxiety and fear of making mistakes, lack of knowledge and lack of organizational skills</p> <p>Independent responsibility is the biggest transition process; strong supportive preceptorship is needed to facilitate this transition</p>	<p>Small sample and potential selection bias limit generalizability</p> <p>Results support a supportive transition program</p>
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<p>Latham, C. L., Ringl, K., & Hogan, M.</p> <p>(2013).</p> <p>Descriptive Exploratory</p>	<p>Country: United States</p> <p>Setting: Partnership between a university faculty team and management from 2 hospitals in California</p> <p>Participants: 105 formal mentor-mentee teams who volunteered to participate were followed for 5 years</p> <p>Semi-structured journals were used to record mentee meeting content and outcomes; Three sets of qualitative data were gathered from journaling, mentor support meetings, and Governance Board meetings</p> <p>Content analysis was subjected to validity and reliability processes</p>	<p>The data indicate that new graduates perceive a variable amount of negativity ranging from lack of support to bullying and outright aggression.</p> <p>Peer mentoring helps alleviate negative perceptions and instill ways of dealing with negative situations</p> <p>Mentoring also mediated the effects of stress, change, lack of confidence, emotions of fear and rejection, lack of preceptor support, disillusionment and the dichotomy between ideal and real world of nursing</p>	<p>MODERATE design</p> <p>MEDIUM quality</p> <p>The results of this study are directly useful in supporting the development of a mentorship program as well as guiding elements of the program; Mentoring is demonstrated to mitigate new nurses' negative perceptions of workplace violence</p>
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<p>Malouf, N., & West, S. (2011).</p> <p>Study Design: Grounded Theory</p>	<p>Country: Australia</p> <p>Setting: Acute Care Tertiary hospitals in Sydney</p> <p>Nine New Graduate Nurses within the first 12 months of practice</p> <p>Data Collection: Three in-depth interviews during first year of practice</p> <p>Measures: Constant Comparative Analysis identified themes</p> <p>Data collection, analysis, & interpretation occurred concurrently in keeping with grounded theory method.</p>	<p>Results are relevant to key area of interest – how Australian New Graduate Nurses experience their transition into practice.</p> <p>The desire to <i>fit in</i> or secure social bonds with ward staff is an important element of the transition experience.</p> <p>Findings indicate that new graduate nurses felt anxiety about <i>fitting in</i> with staff members and not wanting to <i>appear stupid</i>.</p>	<p>This study strengthens the argument for a transition program in addition to orientation to help new graduates <i>fit it</i>.</p> <p>Strength of study: WEAK</p> <p>Quality of Study: STRONG</p>
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<p>Myler, L. A., Buch, C. L., Hagerty, B. M., Ferrari, M., & Murphy, S. L.</p> <p>(2014)</p> <p>Descriptive Study</p>	<p>Country: United States</p> <p>Setting: The University of Michigan Health Care System</p> <p>Participants: Mentors were invited to participate in a survey and yielded 65 responses for analysis; practice settings were varied including adult, peds, and women's health</p> <p>Data Collection: Descriptive analysis were used to analyze survey results</p> <p>Survey items showed high internal consistency (Cronbach's alpha = .93)</p>	<p>Mentors felt satisfied with the mentorship program being used.</p> <p>Mentors reported satisfaction with being a mentor and that it makes them strive for improvement</p> <p>There was no significant relationship between mentor's level of education and satisfaction with mentorship</p> <p>Mentor's with less experience were more satisfied than those with more experience.</p>	<p>WEAK design MEDIUM quality</p> <p>Small sample size and single study make generalizability of results very limited</p> <p>The results are directly applicable as they do indicate that mentorship is valuable to the mentor as well as the mentee</p>
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<p>Pfaff, K. A., Baxter, P. E., Ploeg, J., & Jack, S. M. (2014).</p> <p>Mixed-methods exploratory and explanatory research</p>	<p>Country: Canada</p> <p>Setting: Mailing list obtained from the College of Nurses of Ontario</p> <p>Participants: In phase one all new graduates in the province were invited by email; the final sample ($n = 514$); Phase two employed purposeful sampling ($n = 16$). The sample included nurses from various geographical locations and who were employed in a range of settings and sectors</p> <p>Data Collection: Phase one was an exploratory cross-sectional survey of new graduates in Ontario; /the Collaborative Practice Assessment Tool was used to measure perceived engagement in collaborative practice across 9 domains: General relationships; Team leadership; General role responsibility; Communication & information exchange; Community linkage & coordination of care; Decision-making; Conflict management; Perceived effectiveness; Patient involvement Responses measured using a Likert-type scale</p> <p>Phase two was a qualitative study to explain the findings of the quantitative</p>	<p>The study concludes that new graduate satisfaction and engagement in collaborative practice is enhanced.</p> <p>Formally connecting the new graduate with organizational leadership is a key strategy to facilitate collaborative practice, including role-modeling & socialization support</p>	<p>STRONG design</p> <p>STRONG quality</p> <p>Results are relevant to a broad range of settings</p> <p>Results direct organizations to implement interventions that enhance engagement of new graduates in collaborative practice such as participation in preceptorship or mentorship programs</p>
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<p>Reid Tinio, G.</p> <p>(2012, January).</p> <p>Exploratory Comparative Cross sectional design</p>	<p>Country: United States</p> <p>Setting: Various General Acute Care Hospitals and Pediatric Hospitals around the US</p> <p>Participants: Convenience sample 2032 participants who graduated from Versant RN residency programs around the country; participation was voluntary with informed consent</p> <p>Data Collection: A modified CWEQ (Conditions for Work Effectiveness Questionnaire) was used to measure: Opportunity, Job Activities, Information, & Coaching & Support; Items from the four subscales are summed to provide an overall work empowerment score</p> <p>A Group Cohesion questionnaire was administered during week 12 and the final week of program</p> <p>A Turnover Intention questionnaire was also administered during the final week</p> <p>Reliability and Validity were confirmed through a literature search</p>	<p>This study found support for group mentoring over one-to-one mentoring which supports its theoretical framework of job embeddedness; individuals remain at an organization because they feel connected to a social web.</p> <p>This dissertation also highlights a concept analysis of mentorship which suggests quantitative measurement of mentoring interventions and outcomes is needed.</p>	<p>MODERATE design</p> <p>MODERATE quality</p> <p>The results of this study support mentorship and offer direction for implementing mentorship (group mentoring) as it positively impacts new graduate's perceptions of group cohesion, empowerment, and retention</p>
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<p>Rush, K. L., Adamack, M., Gordon, J., & Janke, R. (2014).</p> <p>Study Design: Quantitative; Part of larger Mixed-methods study</p>	<p>Country: Canada</p> <p>Setting: Setting: Seven health authorities in British Columbia</p> <p>Sample of 245 new graduates from BC</p> <p>The Casey-Fink survey instrument used to quantify new graduates transition experience using a summative scale, on 5 subscales: Organizing/prioritizing; Communication/leadership; Support; Stress; Professional Satisfaction</p> <p>Descriptive and inferential statistics used to analyze quantitative data; Linear regression used to elucidate relationships between transition score and</p> <ul style="list-style-type: none"> - Transition program participation - Ability to access support - Bullying/harassment 	<p>Bullying attenuated the relationship between access to support and transition in relation to organizing/prioritizing, communication/relationships, stress, and professional satisfaction.</p> <p>39 % (N =242) report experience pf bullying/harassment; For program participants 69% of bullied nurses were able to access support in contrast to only 38% among non-program participants.</p> <p>New nurses participating in transition programs would experience greater access to support, less bullying, and an enhanced transition experience.</p> <p>This study highlights the positive impact of supportive staff and the helpfulness of preceptors and mentors in supporting new graduates</p>	<p>STRONG design</p> <p>HIGH quality</p> <p>Data is limited due to self-report</p> <p>The intervention (transition program) is applicable and feasible given its positive impact on personal and professional development of new graduate nurses</p>
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<p>Rush, K. L., Adamack, M., Gordon, J., Janke, R., & Ghement, I. R.</p> <p>(2015)</p> <p>Study Design: Quantitative; Part of larger Mixed-methods study</p>	<p>Country: Canada</p> <p>Setting: Seven health authorities in British Columbia</p> <p>Sample of 245 new graduates from BC recruited (26% response rate).</p> <p>Descriptive statistics used to summarize demographic variables</p> <p>The Casey-Fink survey instrument used to quantify new graduates transition experience using a summative scale, on 5 subscales: Organizing/prioritizing; Communication/leadership; Support; Stress; Professional Satisfaction</p> <p>Validity & Reliability confirmed</p>	<p>New nurses total transition scores were significantly associated with length of orientation ($P = 0.0002$) where a longer orientation resulted in higher transition scores</p> <p>Longer orientation was also associated with higher communication/leadership scores ($P = 0.0152$), support scores ($P < 0.0001$), and professional satisfaction ($P < 0.004$)</p> <p>There was no statistical association between preceptored shifts and transition scores.</p> <p>Participation in a new graduate transition program did result in significantly higher transition scores</p>	<p>STRONG design</p> <p>HIGH quality</p> <p>Participation in transition programs clearly benefits new graduate transition. This study suggests that the value of preceptorship lies less in the quantity and more in the quality of time spent with preceptor.</p> <p>These results can direct mentor program planning as an extension of orientation.</p>
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<p>Rush, K. L., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2013).</p> <p>Integrative Literature Review</p>	<p>Setting: Canada</p> <p>Participants: None</p> <p>Intervention: Cooper's five-stage approach to integrative review</p> <p>Data Collection: A literature search was conducted using key terms new graduate nurse and transition or orientation programs resulting in over 3000 articles. Several inclusion and exclusion criteria were applied to reduce the review to 47 articles.</p> <p>Measures: A standardized charting form was used and papers were categorized into four major themes: Education; Support/Satisfaction; Competency & Critical Thinking; Workplace Environment</p>	<p>This review concludes that the presence of a transition program results in improved new graduate retention and costs benefits, as well as improved competency.</p> <p>Common Features: Impact on Retention Education Support/Satisfaction Competency & Critical Thinking Workplace Environment</p>	<p>Variability in multiple research designs limits the conclusions about best practices in transition programs.</p> <p>STRONG design</p> <p>HIGH quality</p> <p>Supports transition program as extension of orientation</p>
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<p>Rush, K. L., Adamack, M., Janke, R., Gordon, J., & Ghement, I. R. (2013).</p> <p>Mixed-Methods Design</p>	<p>Country: Canada</p> <p>Setting: Seven health authorities in a western Canadian province</p> <p>Sample: 144 new graduates participating in formal transition programs; sample recruitment with a 26% response rate</p> <p>Descriptive statistics were used to summarize data about the sample.</p> <p>Quantitative data collected using Casey-Fink Graduate Nurse Experience Survey which quantifies transition experience on 5 subscales: Organizing/prioritizing; Communication/leadership; Support; Stress; Professional Satisfaction</p> <p>Validity & Reliability confirmed</p>	<p>Results were very relevant to key questions.</p> <p>New graduates reported hands-on/bedside learning and in-service programs/workshops as being most helpful education methods during transition ($t=1.978$, $df = 142$; $p=.0499$).</p> <p>There was no significant difference in transition scores whether educational opportunities occurred during orientation or throughout the first year ($t=-0.1237$, $df=142$, $p=.9017$).</p> <p>There was a significant positive relationship between total transition score and ability to access support when needed ($p=.0496$).</p>	<p>The study concludes that the helpfulness of education enhances transition and that education is viewed as a form of support within the context of transition. Timing of education was not found to be significant.</p> <p>Limitations include lack of a comparison group and low response rate.</p> <p>STRONG design</p> <p>MEDIUM quality</p> <p>Supports transition program education</p>
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<p>Spiva, L., Hart, P. L., Pruner, L., Johnson, D., Martin, K., Brakovich, B., & ... Mendoza, S. G. (2013).</p> <p>Study Design: Grounded Theory</p>	<p>Country: United States</p> <p>Setting: One Acute Care Hospital</p> <p>New graduate nurses participate in a year-long nurse residency program that includes preceptorship</p> <p>A convenience sample of new graduate nurses who had completed the program were recruited for a total of 21 participants</p> <p>Unstructured, one-to-one interviews took place in person or by telephone</p> <p>Constant Comparative Analysis was used for data analysis</p>	<p>Results indicate that preceptorship was viewed as critical to transition to a clinical setting. New graduates valued hands-on clinical experiences but felt that preceptor development, standardized learning approaches, and a mentorship program would be beneficial.</p>	<p>Overall the study points to the importance of competent preceptors, and a supportive environment.</p> <p>MODERATE design</p> <p>MEDIUM quality</p>
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<p>Van Patten, R. R.</p> <p>(2014, January).</p> <p>Quantitative Descriptive Analysis</p>	<p>Country: United States</p> <p>Participants: Convenience sample of RNs in the nurse residency programs across the US; participation was by invitation ($n = 1078$).</p> <p>Data Collection: The RN Residency survey administered during the final week of nurse residency was used to measure constructs: Mentorship; Preceptorship; Debriefing; Ratings for the residency program.</p> <p>The Demographic Information Survey administered during week 2 of the nurse residency program</p> <p>Internal & external validity confirmed</p>	<p>High residency ratings were statistically associated with high preceptor score, high mentorship scores and high debriefing scores.</p> <p>Decreased stress due to mentorship was not found to moderate the relationship between preceptor ratings or debriefing ratings and residency ratings.</p> <p>Mentorship was shown to reduce stress and help new graduates feel more competent and prepared.</p> <p>Participants found residency programs with mentorship, preceptors, and debriefing to be significantly beneficial.</p>	<p>STRONG design HIGH quality</p> <p>Results are generalizable due to large sample across a variety of demographics</p> <p>Results support mentorship as beneficial to transition.</p>
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Appendix C. Consultation Report

Memorial University of Newfoundland

School of Nursing

Master of Nursing Program

Practicum: Consultation Report

The Development of a Nursing Mentorship Program for

Registered Nurses Working with Graduate Nurses Transitioning into Surgical Practice:

Kara Noseworthy

January 2017

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Brief Overview of the Project

Nurse leaders and managers working in the Surgery Program at Eastern Health have identified the need to develop a mentorship program for registered nurses working with new graduates transitioning into practice. They recognized the struggle of new graduates transitioning into practice and approached Memorial University of Newfoundland, School of Nursing about developing a mentorship program to be implemented as a continuation of the orientation program for new graduate nurses. Originally proposed for RNs working in the Surgery Program, with some minor modifications this program could potentially be used by any RN in any unit or program where new graduate nurses may enter into practice. This program is in keeping with Eastern Health's institutional strategy to create a supportive learning environment for nurses. A supportive learning environment will help to improve employee engagement, enhance quality care and patient outcomes, and improve the sustainability of the organization.

The purpose of these consultations was to assess the needs of the RNs and new graduates in the Surgery Program to inform to the development of a mentorship program. These consultations helped to acquire the opinions of staff nurses, new graduates, nurse managers and leaders and the ARNNL on the content and the teaching and learning approaches of a mentorship program. The overall objective of this project was to use the best available evidence to inform the development of a mentorship program for new graduates transitioning into practice. This program will help to increase new graduates confidence and competence, and increase job satisfaction for registered nurses working with new graduates. This could

ultimately create a supportive working environment for new graduates transitioning into practice and promote high quality nursing care.

Specific Objectives for the Consultations

The specific objectives for the consultations were:

- Determine nurse managers', staff nurses, and nurse educators' views on the design of the mentorship program.
- Identify current mentorship programs, either formal or informal, within the organization.
- Explore current resources available for a mentorship program.
- Determine appropriate educational strategies for a mentorship program.
- Identify the predisposing, reinforcing and enabling factors for that could impact on the design of a mentorship program.
- Determine the current needs of new graduates including the need for:
 - Classroom and clinical orientation
 - Preparation for independent practice
 - Feedback on performance
 - Mentorship support system
- Examine the needs of new graduates after orientation as they adjust to their new role.
- Explore what could improve the transition period for new graduate nurses.

Setting and Sample

The setting for the consultations was the surgery unit and relevant offices at the Health Sciences Center in St. John's. The sample consisted of key stakeholders within the surgery unit including three nurse managers, and the nurse educator who conducts the orientation program within the organization. A representative with nursing education expertise from the ARNNL was also interviewed. All key stakeholders were contacted initially by email with information on the project (Appendix A). The nurse managers and nurse educator consented to face-to-face meetings in their offices at the HSC. The representative at the ARNNL consented to a telephone interview. The interviews were guided by three open-ended questions that provided the nurses with an opportunity to present their views on the design of a mentorship program for surgery nurses working with graduates transitioning to practice (Appendix B).

Although the nurse leaders were also interviewed, it was the Registered Nurses on the Surgery unit who were the primary focus of the consultation component. The rationale for developing the program was to support RNs as mentors and mentees, therefore they were a major focus of the consultations. RNs were asked for their opinions on the mentorship content in the current orientation program, including adequate classroom and clinical experience, the provision of feedback and support systems, and how the period of transition could be improved. Staff nurses and new graduates were contacted via email and face-to-face to request their participation. Permission was obtained from the primary contact for the project, the Divisional Manager, prior to contacting the nurses.

Data Collection

With permission from the Divisional Manager, an information session was held with key stakeholders and staff nurses on both sides of the shift to introduce the project and encourage participation in the consultation process. Prior to that session, information about the project was posted on the units (Appendix C). Once permission was obtained from the Divisional Manager to consult with the nursing staff, an information letter was distributed either in person or via email (Appendix A).

Data was collected from key stakeholders by verbal interviews either face-to-face or via telephone. Three nurse managers, a nurse educator, and a representative of the ARNNL were interviewed. Three broad, open-ended questions were used to guide the interviews to ask about the need for a mentorship program, whether any mentorship programs currently exist within the organization, and how should a mentorship program be designed (Appendix B).

Data was collected from the RNs by self-report on the Mentorship Assessment Questionnaire (MAQ) (Appendix D). The MAQ asked for their opinions on the current orientation program, including classroom and clinical experience, the provision of feedback and support systems, and how the period of transition could be improved. Demographic data was obtained including number of years working, level of education, and participation in a mentorship program. Each questionnaire provided space for participants to share their own thoughts.

Data Management and Analysis

Qualitative data collected during the key informant interviews with nurse managers, educators and the ARNNL were analyzed for comment themes and subthemes. Completed

MAQ questionnaires were analyzed using descriptive statistics of frequencies and means.

Qualitative comments from the MAQ were analyzed for common themes and sub themes.

Ethical Considerations

The consultation process was informal in nature, and part of a program evaluation project, therefore ethical permission was not a requirement. The Health Research Ethics Authority Screening Tool (HREA, 2011) was used to determine if review by an ethics board was necessary. Using this tool, it was deemed that review by the ethical board was not necessary (Appendix E). Notes taken during the key informant interviews were used to analyze the content of the interviews and then destroyed. The MAQ was free of any identifying information and was submitted in plain envelopes to maintain confidentiality. The completed questionnaires were seen only by the primary investigator and are stored in a locked cabinet in the primary investigator's home, to be destroyed within two years of this practicum.

Prior to distribution of the MAQ a request was made that managers notify staff via email of this project and the data collection that would be required. Additionally, posters were placed around the units to inform the staff nurses of the purpose and goals of the project. With permission from the manager, a questionnaire was distributed to staff nurses in person, and was collected at the end of the week. The nurse educator accompanied the primary investigator during the distribution of the questionnaire to demonstrate support and encourage participation with this project.

Consultation Results

Results are presented in two sections: Key Informant Interviews and Mentorship Assessment. Analysis of the major themes emerging from the interviews and the MAQ provided support for a mentorship program within the organization, and provided evidence upon which to plan the design, implementation and evaluation of a mentorship program. A total of four key informant interviews were conducted with three nurse managers, a nurse educator, and a representative of the ARNNL. All were contacted initially by email, with a follow up phone call as needed. The nurse managers and nurse educator consented to face-to-face meetings, and the representative of the ARNNL consented to a telephone interview. These nurse leaders were asked for their comments on the need for a mentorship program, knowledge of mentorship programs, and suggestions for potential content of a mentorship program.

Key Informant Interviews

At the time of consultation, neither the managers nor the educator knew of a formal mentoring program within the organization, although two nurses did reference informal supportive relationships between new graduate nurses and senior “more approachable” nurses. There was agreement among the nurse leaders who were interviewed that a mentorship program was needed. The reasons why they felt a mentorship program was needed related to the needs of both new graduate nurses and senior nurses. For new graduate nurses it was identified that the surgical program is a point of entry into practice for a large number of nurses each year. It was felt that new graduate nurses lacked confidence and are often not assertive enough to reach out for help. This can lead to delays in patient care as they struggle through their shift. The nurse leaders also expressed a concern that new graduate nurses are

“task-oriented”, that there seems to be a theory-practice gap and that new graduates often miss “the bigger picture.” Nurse leaders felt that the reasons new graduates may be having difficulty transitioning into practice is because new graduate nurses may feel they are on their own, left to “sink or swim” and without help from those with more experience. Nurse leaders also expressed a concern that experienced nurses, who are supportive and offer help to the new graduates, can become exhausted and this can lead to burnout. This exhaustion is part of the reason why only a few senior nurses take on the mentorship role.

The nurse leaders consulted for this practicum all agreed that a mentorship program would contribute to employee engagement, a happy and supportive work environment and decrease staff turnover rates. It was also mentioned several times that in creating a positive and supportive environment, an anticipated outcome of the program would be to prevent bullying.

Nurse leaders suggested many elements to be included in the program, surprisingly mostly elements related to the senior nurse in the mentor role. Education and support for the mentor was seen as a priority, where one manager identified that the program will “flop” if the mentor is not given the appropriate tools. Nurse leaders expressed the need for mentors to be positive, enthusiastic, and prepared. It was also mentioned that mentors should have a choice as to whether or not they take on this professional role and responsibility. The program should also outline the qualities of a good mentor as well as the expectations of the mentee. The relationship between mentor and mentee should be clearly explained, that it would not be similar to preceptorship or being co-signed during orientation. Nurse leaders stressed the importance of creating a long-term relationship where the mentee could feel safe to seek

advice, guidance, and support. Nurse leaders envisioned a mentor, mentee relationship that could possibly extend outside of work hours if needed and if it was mutually agreed upon.

In terms of the need of a mentorship program, the consultant with the ARNNL felt that the Bachelor of Nursing program in NL, provides extensive practice hours and is robust enough that after orientation, graduates should be able to provide fundamental nursing care. However it is recognized that graduates clinical experience and sequencing of courses varies, so adjusting to different unit cultures and routines is a normal element of transition to practice. The consultant envisioned mentorship, as a natural process where a new graduate gravitates toward a more senior nurse so that the mentor is self-selected by the mentee. However, the consultant stated that a mentor is a positive resource to aid in the transition of a new graduate, by evaluating performance and offering support for managing workload.

The ARNNL consultant offered that a mentorship program begins with a model of the program that includes a philosophy of mentorship. Because it is a long-term relationship there should be not only a willingness to participate but also selection criteria in terms of personality and fit, where the mentor will uphold fundamental mentorship and nursing values. The mentorship program should include not just new graduates but also those who are new to the practice environment, as both are learning new competencies. Important for the mentor is to formally acknowledge that new graduate nurses have experience and current knowledge to bring and teach. One such example is the use of technology in practice.

Mentorship Assessment Questionnaire

A total of 20 registered nurses were given the Mentorship Assessment Questionnaire (MAQ) and 18 returned the questionnaire for an excellent response rate of 90%.

Demographics: Twelve of the respondents (67%) reported working for 3-5 years; Four (22%) reported 6-10 years of experience; One reported 11-20 years of work experience and one reported 21-30 years of work experience. All of the respondents reported their initial nursing education to be a Bachelor of Nursing degree; one reported having completed the Masters of Nursing degree and one was working towards the Masters of Nursing degree.

Orientation Programs: A majority (56%) of RNs agreed that the current orientation program meets the needs of new graduates transitioning into practice, with 50% agreeing with adequate clinical orientation and 56% agreed that the unit orientation did prepare new graduates for independent practice. RNs identified a strong support system for new graduates (78%), support for continued learning (61%), and they agreed (72%) that new graduates felt they were part of the team. A large majority of RNs agreed that there is a need for a mentoring program for new graduate nurses (89%) and they agree that they would participate in a mentoring program (89%).

Some statements were met with low agreement. Only 39% of RNs agreed that there was adequate classroom instruction. While 44% of RNs agreed that new graduates receive adequate and timely feedback about their performance, 33% disagreed. In terms of satisfaction, only 44% of RNs agreed that they were satisfied with the orientation program and that they were satisfied with the support provided for working with new graduates.

Needs of New Graduates: RNs were given the opportunity to share their own thoughts and comments on the needs new graduates transiting into practice. Five major themes arose from the content analysis including: clinical competency, client-centered practice, efficiency, interprofessional practice, and leadership

Clinical Competency The first main theme was related to clinical competency, including the need for new graduates to have unit specific surgical nursing knowledge and skills. Nurses stated that the learning needs of new graduates included unit specific policies, procedures and skills (e.g. personal-controlled analgesia pumps and epidurals, wound care including types of dressings, VAC dressings, types of drains, and tractions, splints, and pins). Additional needs included exposure to the common procedures that patients undergo such as colonoscopies and ERCPs. Some suggested that opportunities to observe these procedures would be beneficial to prepare new graduates for practice. One RN indicated that observing procedures would be helpful in terms of assessing the patient's condition and identifying possible complications. Two respondents indicated that there was a need to review common medications and medication order forms for the unit.

Client Centered Practice and Efficiency The second and third major themes that arose related to client-centered practice and the efficient provision of care. RNs stated that new graduates needed help to improve the efficiency of their care by improving their time management and organization skills. In addition, many of the RNs indicated that the new graduate's transition to client-centered practice could be improved with more clinical time during orientation. Under client centered practice, responsibility and accountability were minor emerging themes relating to new graduate transition. Two RNs specifically identified the need for new graduates to learn the responsibilities of the day shift versus the night shift, including stating it would be helpful to have a policy to guide nursing responsibility and accountability on day and night shifts.

Leadership and Interprofessional Practice The final two themes related to nursing leadership and interprofessional practice. One RN identified that learning the unit-specific culture of interprofessional practice is a need of new graduates; two RNs identified that gaining confidence, assertiveness, and independence were needs of new graduates.

Several practical suggestions to improve the transition were provided and included co-signing new graduates with RNs who did not have a heavy workload; being co-signed for a longer period of time, and beginning independent practice with low-acuity patients and building to high acuity. Specific suggestions for a mentoring program included matching personalities of the mentor and mentee, choosing mentors who are interested and motivated for the role, and developing a guide or checklist of how-to become a good mentor.

Conclusion

Results from the consultations with nurse managers and leaders, and the questionnaires with staff nurses indicate that there is a recognized need for a mentorship program for registered nurses working with new graduates, and new graduates transitioning into surgical practice. The struggle of the new graduate nurse is clear, but also identified is the burden on the experienced nurses when becoming a mentor. Consultations revealed that it is often only a few senior nurses repeatedly taking on the mentor role and thus they become “burned-out” trying to support and guide the new graduates. Additionally, it was clear that all respondents agreed that mentorship is viewed as a means of creating a positive and supportive work environment.

These consultations support the development of a mentorship program that addresses the needs of both the mentors and the mentees. Summary of the major findings that have

implications for program development include: strong support from RNs to help new graduates transition into practice; the need for new graduates to develop unit-specific skills, time management and organization skills, and clinical leadership skills. Finally, it was clear from the consultations that both mentors and mentees need support and education on the role.

Mentors must be supported and given information and guidance on the learning needs and professional development of new graduate nurses. For the mentees, the program should address their need for the development of clinical knowledge, procedure and skills, provide feedback on performance, enhance their time management and organization skills, develop beginning clinical leadership skills and improve their ability to engage in interprofessional practice. All of the nurses, nurse managers, and the clinical educator agreed there was a need for a mentorship program for registered nurses working with new graduates transitioning into practice. It is hoped that the Mentorship Program for RNs developed in the practicum project will address that need.

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Appendix A Information Letter

To whom it may concern:

I am writing to request your participation in my Master of Nursing final practicum project. Your participation would help me obtain data by giving me your opinion. The topic of my project is developing a mentorship program. The nursing mentorship program will be designed for registered nurses of Eastern Health who are mentoring new graduate nurses. Your view on new graduate nurses and their transition during their first year of practice is highly valued. Your participation would be helpful for the development of this program and would be greatly appreciated.

You can help me by agreeing to a brief telephone interview (approximately 15 minutes). Please respond to this email and let me know when you are available and I will accommodate your schedule.

I look forward to hearing from you,

Kara Noseworthy BN RN

Appendix B
Open-Ended Questions to Guide Consultation with Key Stakeholders

1. Do you know of any mentorship programs, either formal or informal, within the EH organization?
2. How do you think a mentorship program should operate?
3. Do you think there is a need for a mentorship program within EH? Why or why not?

Appendix C

Text of Recruitment Poster

Invitation for REGISTERED NURSES (RNs) to talk about
how new graduate nurses integrate into the workplace.

“Mentorship.”

**Considering the continued learning needs of new graduate nurses
as they integrate into the workplace.**

Your participation would involve a short questionnaire that will take about
10-15 minutes to complete.

For more information about this project, please contact:

**Kara Noseworthy BN RN
(709) 697-2001
Master of Nursing Student
Memorial University of Newfoundland and Labrador**

This project has been approved by Eastern Health.

Appendix D

Mentorship Assessment Questionnaire

Please Note: All answers are confidential. There are no identifiers with this questionnaire.

Part 1

Age:

Number of years working as RN:

0-2 years 3-5 years 6-10 years 11-20 years 20-30 years 30 + years

What was your initial nursing education? LPN Diploma Degree BScN

What is your highest level of nursing education? Diploma Degree Masters

Part 2

Read each statement carefully . Then indicate whether you (1) strongly disagree, (2) disagree, (3) feel neutral, (4) agree, (5) strongly agree.

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Questions:					
1. The current unit orientation met all my learning needs.	1	2	3	4	5
2. There is adequate classroom instruction in the current program.	1	2	3	4	5
3. There is adequate clinical orientation in the current program	1	2	3	4	5
4. The unit orientation prepared my for independent practice.	1	2	3	4	5
5. I received adequate and timely feedback about my performance during orientation.	1	2	3	4	5
6. I felt there was a strong support system during orientation.	1	2	3	4	5
7. I feel there is a strong support system for my continued learning needs.	1	2	3	4	5
8. I feel I am part of the team.	1	2	3	4	5
9. I feel competent in my role as a Registered Nurse.	1	2	3	4	5
10. I feel satisfied in my role as a Registered Nurse	1	2	3	4	5

See Back

Part 3

1. What do you think are the needs of new graduates after orientation as they adjust to their new role?

2. How do you think the transition period from can be improved for new graduate nurse?

Appendix E

Screening Tool for Determining the Appropriate Route for Ethics Review

	Question	Yes	No
1	Is the project funded by, or being submitted to, a research funding agency for a research grant or award that requires research ethics review		x
2	Are there any local policies which require this project to undergo review by a Research Ethics Board?		x
	IF YES to either of the above, the project should be submitted to a Research Ethics Board. IF NO to both questions, continue to complete the checklist.		
3	Is the primary purpose of the project to contribute to the growing body of knowledge regarding health and/or health systems that are generally accessible through academic literature?		x
4	Is the project designed to answer a specific research question or to test an explicit hypothesis?		x
5	Does the project involve a comparison of multiple sites, control sites, and/or control groups?		x
6	Is the project design and methodology adequate to support generalizations that go beyond the particular population the sample is being drawn from?		x
7	Does the project impose any additional burdens on participants beyond what would be expected through a typically expected course of care or role expectations?		x
	LINE A: SUBTOTAL Questions 3 through 7 = (Count the # of Yes responses)	0	
8	Are many of the participants in the project also likely to be among those who might potentially benefit from the result of the project as it proceeds?	x	
9	Is the project intended to define a best practice within your organization or practice?	x	
10	Would the project still be done at your site, even if there were no opportunity to publish the results or if the results might not be applicable anywhere else?	x	
11	Does the statement of purpose of the project refer explicitly to the features of a particular program, Organization, or region, rather than using more general terminology such as rural vs. urban populations?	x	
12	Is the current project part of a continuous process of gathering or monitoring data within an organization?	x	
	LINE B: SUBTOTAL Questions 8 through 12 = (Count the # of Yes responses)	5	

Appendix D. Environmental Scan

The Development of a Mentorship Program for Registered Nurses and New Graduate Nurses

Transitioning into Surgical Practice

Environmental Scan

Kara Noseworthy

February 2017

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Introduction

The purpose of this environmental scan was to explore existing mentorship programs in health care organizations, to inform the design of a mentorship program for new graduate nurses transitioning into surgical practice in Eastern Health. Recognizing the struggle of new graduate nurses transitioning into practice, nurse leaders and managers working in the Surgery Program at Eastern Health have identified the need to develop a mentorship program to ease this transition. This mentorship program will be implemented as a continuation of the orientation program for new graduate nurses. The Mentorship Program is in keeping with Eastern Health's institutional strategy to create a supportive learning environment for nurses and could potentially help to improve employee engagement, enhance quality care and patient outcomes, and improve the sustainability of the organization.

As previously stated, the goal of this practicum is to design a nursing mentorship program for both registered nurses and new graduate nurses employed in the Surgery Program of Eastern Health in St John's, Newfoundland. In an effort to assess the needs of the organization and RNs, consultations were conducted with both nursing leaders and registered nurses practicing in the surgical program. In addition to the consultations, an environmental scan was completed to assess mentorship strategies of other healthcare organizations, review organizational resources that are available, and to get ideas of what teaching learning strategies work with surgical nurses. It also provided an opportunity to envision and plan for the future of nursing mentorship within Eastern Health.

The environmental scan was conducted through a Google search guided by information gained through the consultations. Because of this online search, several available resources

were found, mainly guidelines to develop mentoring programs from other provinces in Canada. *Orientation Programs for Registered Nurses: Best Practice Guidelines* (2003) by the ARNNL was included because this mentorship program is intended to be an extension of orientation and thus is worth examining. A comparison of these programs is summarized in Appendix A.

Key Findings

Results of the environmental scan indicate that nursing leaders across the country recognize the need for, and strongly support mentorship programs for new graduates. Health care organizations recognize that the creation of a positive and supportive work environment must be a priority for the recruitment and retention of nurses. The environmental scan also revealed that a mentorship program must address the needs of both the mentor and mentee. A summary of the major findings that have implications for program development include the content of existing programs, the teaching and learning strategies used, and general considerations for the development of a mentorship program.

Content in Existing Programs

This environmental scan revealed that the common content of mentorship programs included: philosophy of mentorship; benefits of mentorship; phases of the mentorship relationship; competencies, roles, and responsibilities of mentor; expectations of mentee; self-assessment for mentor readiness; guidelines for matching mentor and mentee; partnership agreement or rules for the mentor-mentee relationship; how to give feedback; workshops, critical thinking exercises, problem based learning, and active listening. Each of these content areas was considered when designing the mentorship program for this practicum.

Teaching-Learning Strategies

A variety of adult teaching and learning strategies were used in the identified programs including: lectures; on-line resources; preceptorship; informal mentoring; workshops; coaching; role modeling; self-assessment; self-reflection; setting SMART goals; critical thinking exercises, problem based learning, and active listening. Each of these strategies are appropriate for adult learners in a mentorship program, but costs, available resources, educator expertise and time are all factors that will influence the choice of the teaching and learning strategies used in a mentorship program. The program developed for this practicum used a self-directed teaching learning approach with self-assessments, self-reflection, and setting SMART goals.

Summary of Recommendations

The following recommendations arose from the environment scan related to the development of a mentorship program: assess the readiness of the organization for mentorship; the organization must be committed to ensuring adequate resources for mentorship; mentorship must be recognized as a shared responsibility; communication and support structures must be in place for mentors and mentees including education on their roles; those who participate as mentors should be recognized and there should be option for self-directed learning modules for both mentors and mentees.

Summary

The environmental scan provided sufficient support and examples of content to be included in the mentorship program for registered nurses and new graduate nurses

transitioning into surgical practice. The purpose of the environmental scan was to find useful resources to be used in the development of the program and this was successfully achieved. The results of this scan can be combined with the literature review and consultations in choosing program content, teaching and learning approaches and designing an implementation and evaluation plan.

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Appendix A

Comparison of Mentorship Programs

Name of Program	Purpose	Key Content	Teaching & Learning	Evaluation Focus	Considerations for Program
ARNNL - Orientation Programs for Registered Nurses: Best Practice Guidelines (2003)	Provide guidelines and direction about the elements of orientation, Promote EBP, and Ensure a quality orientation.	Nine essential elements or components that set the standards for orientation programs	Orientation Program	The quality of the existing orientation program	Shared responsibility between key stakeholders is fundamental to ensure quality programs that reflect nurses' needs
CNA - Achieving Excellence in Professional Practice: A Guide to Preceptorship and Mentorship (2004)	To assist professionals develop preceptorship and mentorship programs to enhance the quality of nurses' work environment and the quality of nursing practice.	Principles of coaching, role modelling preceptorship, and mentorship Competencies for the roles of preceptor and mentor	Preceptorship Mentorship Coaching Role Modeling	Quality of work environment Costs, benefits, Mentor and preceptorship roles and responsibilities	Nurses, educators, managers, and decision-makers use this guide to build programs to help nurses define and achieve their goals of excellence in practice.
College of Registered	To provide a resource for	Orientation, preceptorship and	Includes ideas for employers	Creation of the resources Successful	Successful mentorship programs need

Nurses of Nova Scotia - Mentorship Resource Guide (2008)	developing mentorship programs	mentoring; Benefits of mentoring; Steps to develop a mentoring program, Qualities and characteristics of mentors, and Generational considerations.	on how to incorporate formal and informal mentoring	transition through mentorship	organizational commitment, sound nursing leadership, and adequate resources.
Orientation Framework for Internationally Educated Nurses (IEN) (2010) NL Provincial Program	To supplement existing orientation program and prepare IEN for nursing practice in NL.	Daily Orientation Template; Orientation checklist; “Need-to-know” Checklist; Clinical Skills Assessment Evaluation Form; Workplace Integration Questionnaire	Orientation Self-Assessment	Skills Assessment Workplace Integration	A supplemental orientation program can be used to enhance recruitment, retention, and facilitate transition of IEN nurses.
Nova Scotia Provincial Program - Let’s Go Make a Difference (2011)	Designed to support the transition of healthcare professionals. Can be tailored to needs and resources Utilizes the knowledge and expertise of health care professionals.	Stages of New Graduate Transition; What is Mentoring; Giving feedback; Multigenerational workplace; Conflict Management; Coaching; Mentor Profiles; Matching Personalities; Self-Assessment; Partnership	Workshop	Successful transition of new graduates	Assess the readiness of organization to develop and support transition and mentorship programs

		Agreements			
PEI - Provincial Nursing Mentorship Program (2012)	To guide mentors and mentees To provide a supportive environment To retain new graduates in the workforce To assist nurses in their transition	Understanding Mentorship; Self-reflection Survey; Tools for Matching Mentor and Mentees; Ground Rules for Mentoring Relationship; Methods of Communication; Step-by-Step Guide; Learning Plan; Agreement Form; Self-Empowerment Checklist; Mentor Competencies; How to end the mentoring relationship	Transition Stages Model; Principles of Adult Learning; Setting SMART goals	Supportive Environment Retention of New Graduates Ease of transition into practice	Mentors and mentee should be matched Mentor and mentee competencies should be identified and supported A positive mentoring relationship is critical to success
Ontario Nurses Association - Mentor's Toolkit (2013)	A tool kit to help mentors and mentees develop a positive relationship to enable the development of skills and knowledge	Self directed guides: Mentor & Mentee Responsibilities; Questions to ask a mentee; Problem-solving guide; Guide for Giving and Receiving Feedback; Key Elements of Mentoring Relationship	Self directed learning	Positive Mentor-Mentee Relationships	Match mentor and mentee
Caring, Connecting, Empowering	Mentorship program designed to promote a	Mentor characteristics and role; Phases of mentoring relationship;	Adult learning strategies including:	Self reflection using The Nursing Mentorship Resource	Mentorship should be voluntary; Establish a structure that includes

(2014) Association of Public Health Nursing Managers in Ontario (ANDSOOHA)& Public Health Research, Education & Development (PHRED) (ON)	positive mentor- mentee relationship	Self-reflection forms; “Context” guide for mentor detailing adult learning principles and teaching strategies; Becoming a mentee guide; Establishing a structure for Mentorship program; Providing Training; Evaluation; Proposed Framework and Outcome Indicators	critical thinking exercises, problem based learning, and active listening.	Guide (NMRG)	a directing leader, communication mechanisms, and clearly defined expectations; Plan for training; Schedule meetings during the initiation phase; Establish recognition for participants
Mentorship Program Polytechnic School of Nursing, Saskatoon	Enhance student learning, support faculty and professional services staff growth and enrich the organization’s mentorship culture	Mentorship phases, styles, and model; Readiness Checklists; Mentor Essentials; Competencies, and Team Work	Online program divided into five learning outcomes (about 10 hours to complete)	Checklists Self-reflection Competency Teamwork	Identify Formal Mentorship Roles; Use Mentoring Foundations, Resources and Theory; Implement Mentoring Strategies; Describe Mentorship Culture

