

Fall 12-15-2017

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

Javier Moreno
jmoreno10@usfca.edu

Follow this and additional works at: <https://repository.usfca.edu/capstone>

 Part of the [Nursing Administration Commons](#)

Recommended Citation

Moreno, Javier, "Development of a Formalized Mentorship Program for Newly Licensed Registered Nurses at a Large Community Medical Center" (2017). *Master's Projects and Capstones*. 719.
<https://repository.usfca.edu/capstone/719>

This Project/Capstone is brought to you for free and open access by the Theses, Dissertations, Capstones and Projects at USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. It has been accepted for inclusion in Master's Projects and Capstones by an authorized administrator of USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. For more information, please contact repository@usfca.edu.

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

Javier Moreno, M.A., RN

University of San Francisco

Abstract

With mentorship being a key to addressing several issues at a large community medical center, the leadership of the institution engaged with students of a Clinical Nurse Leader (CNL) Program to conduct a thorough assessment. This paper addresses the charge for a standardized and formalized evidence-based approach to a nurse mentorship program to address key areas that enhance not only the work environment but also the quality of care. These key areas include the 1) promotion of professional development and engagement via 2) acquisition of skills necessary to achieve nursing competence, 3) address lateral violence, 4) increase in staff retention rates and 5) increase in job satisfaction.

A systematic needs assessment was conducted, along with a literature review, to inform a recommendation for the development of a formalized mentorship program that would coincide with an already in place new grad residency program for newly licensed registered nurses (NLRN) at the large community medical center. The root cause analysis indicated that individuals that were hired into the new grad residency left their position within twelve months at a significant rate. As such, the outcomes of the literature review and needs assessment indicated that a formalized mentorship structure would help not only with creating a more healthy work environment but also create significant cost savings for the institution. While the program was not implemented at the institution, evaluation tools are proposed for the appropriate ongoing assessment and growth of the quality improvement project.

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

Across the United States, the nursing profession is experiencing transition. According to the Bureau of Labor Statistics (2017), the job outlook for Registered Nurses between 2016 and 2026 is expected to see a growth of 15%. With this comes increased enrollment in schools and new graduate nurses entering the workforce to practice as Registered Nurses. It is estimated that 35% to 60% of nurses leave their first place of employment within one year of hire and the loss per trained employee is on average, \$120,000 (Van Camp, J., & Chappy, S., 2017). Many hospitals are faced with issues of retention of this newly trained staff, which leads to a loss of the investment made. The reasons for why NLRN decide to leave their roles are varied, however one of the programmatic mechanisms which has demonstrated to increase retention is the incorporation of a formalized mentorship program coupled with a clinical preceptorship to guide the growth of the new nurse in order to establish an environment supportive of nurses and nursing (Block, L. M., Claffey, C., Korow, M. K., & Mccaffrey, R., 2005). This quality improvement project aims to recommend a structure for a formalized mentorship program to affect four key areas that are critical in the ability to provide excellence as an institution: nursing competence, lateral violence, job satisfaction, and ultimately, staff retention.

The Macrosystem

While the role of the Clinical Nurse Leader is best utilized at the microsystem level, a small, interdependent group of people who work together regularly to provide care for specific groups of patients and is often embedded in a larger

organization (Institute for Healthcare Improvement, 2017), this quality improvement project impacts the macrosystem, in other words the entire community medical center. This particular macrosystem is a large metropolitan community acute care medical center with 384 beds. There are over 1900 associates employed by the institution which includes more than 780 Registered Nurses (FTE) and their employment practices are guided by a union contract.

In 2016, there was significant turnover in Executive Leadership as the hospital was sold to a new parent company and has also resulted in additional leadership changes at the microsystem level on the units. In surveying 9 individuals in nursing leadership positions for this project, the average time spent in their role was just over one year. The CNL Student Team worked under the permission of the Chief Nursing Officer and under the guidance of the Director of Clinical Education, as well as an Academic Advisor from the University of San Francisco.

Current Structures

Currently, the medical center has a residency program for newly licensed registered nurses that is approximately 12 weeks in duration. There are four units that report having an informal mentorship program in place, but the mentor and the preceptor are one in the same and mentorship is ultimately a continuation of the preceptorship. The Clinical Ladder is part of the union contract and includes precepting a new nurse as a way to move up on the clinical ladder.

Problem Identification: Retention

The overall project and CNL student team were assigned by the University of San Francisco faculty in coordination with hospital leadership. An initial meeting was

hosted by the Chief Nursing Officer to get a general idea of the problem related to mentorship before initiating a further analysis and needs assessment. The problem identified was the increased turnover of Registered Nurses, particularly NLRN. This led to the identification of the purpose of developing a formalized and standardized evidence-based nurse mentorship program for Newly Licensed Registered Nurses in order to promote professional development and engagement, foster and promote nursing competence, address lateral violence, increase retention rates, and increase job satisfaction.

An increase in nurses retiring and the growth of newly licensed nurses entering the clinical setting results in a lot of change in the workplace and new team dynamics. According to Norris (2003), the nursing shortage is not isolated to the increased retirement of nurses with the “silver tsunami” but is also a result of negative work environments and unattractive compensation. It is ultimately the work environments that area cultivated not only by the staff but also the culture that is established by the leadership of the organization. During the first year of practice as a nurse, turnover arises from high job stress brought about by long work hours with durations of 12 hours or more per shift, coupled with a high patient acuity, requiring complex nursing care (Villanueva, 2015). New nurses may feel defeated and un-empowered within their own workplace causing them to desire leaving their job.

The environment that the nurse works within is also the same environment in which ill patients are cared for. The Institute of Medicine (2014) calls for attention to this environment given then need for the provision of optimal, safe, quality patient care and has requested that nurses’ work environments be improved. A healthy work

environment is defined as “an interrelated system of people, structures, and practices that enable nurses to engage in work processes and relationships essential to the provision of quality care to patients in hospitals” (Kramer, Brewer, & Maguire, 2013). A regular and thorough assessment of the work environment and mitigating any of the stressors that may be present, as identified previously, are important to ultimately cultivate safety and optimal patient outcomes. The literature indicates that while mentorship is not the only solution to creating a healthier work environment, henceforth increasing retention, it is one of the ways of a multi-pronged approach to affect the work environment and in turn retention of NLRN.

Retention at the Large Community Medical Center

Data from the Human Resources Department (Table 1.1) demonstrates that new nurses, both experienced and NLRN, have been hired into the clinical setting of the large community medical center regularly between 2015 and 2017, but there is also an increasing number of NLRN that are leaving, especially before they hit their 1 year of employment. Data was not obtained on experienced nurses that have left prior to their one year of employment given the focus of the quality improvement project is the Newly Licensed Registered Nurses. The staffing numbers shared by human resources indicate a NLRN turnover rate of 10% for 2016 and 16.87% for 2017, with the obvious significant increase from one year to the next. This paves the way for the need for a solution to this critical and potentially exacerbating issue. The medical center mentioned having recently undergone a staff satisfaction survey process however the CNL Student Team was not able to review those results during the project timeline. This data would be

valuable in adding to the measurement of quality of the work environment as it relates to job satisfaction.

Table 1.1. New Registered Nurses Hired and Retention 2015-2017			
	2015	2016	2017
NLRN Hired	23	30	83
NLRN Hired and left before 12 months	0	3	14
NLRN Hired and left before 18 months	0	8	1
New RNs Hired	75	57	83

Timeline

The timeline set forth by the CNL Student Team kicked off after the meeting with the Chief Nursing Officer on August 24, 2017. The timeline (See Appendix A) included a concurrent assessment and literature review starting in September. Survey and Data Analysis was anticipated to begin in October while the previous two efforts were continuing. A sustainability committee was proposed to begin meeting and incorporating into the program development process from mid-October 2017. Program Development was scheduled to begin in early November 2017 with a proposed structure due in early December. Given the timeline was significantly compressed the CNL Students were caused to push back the Surveying due to unforeseen circumstances with communication. Surveying eventually kicked off on November 10, 2017, and it was completed by November 20, 2017, in order to be able to draft a proposed structure in time for the project completion date.

Literature Review

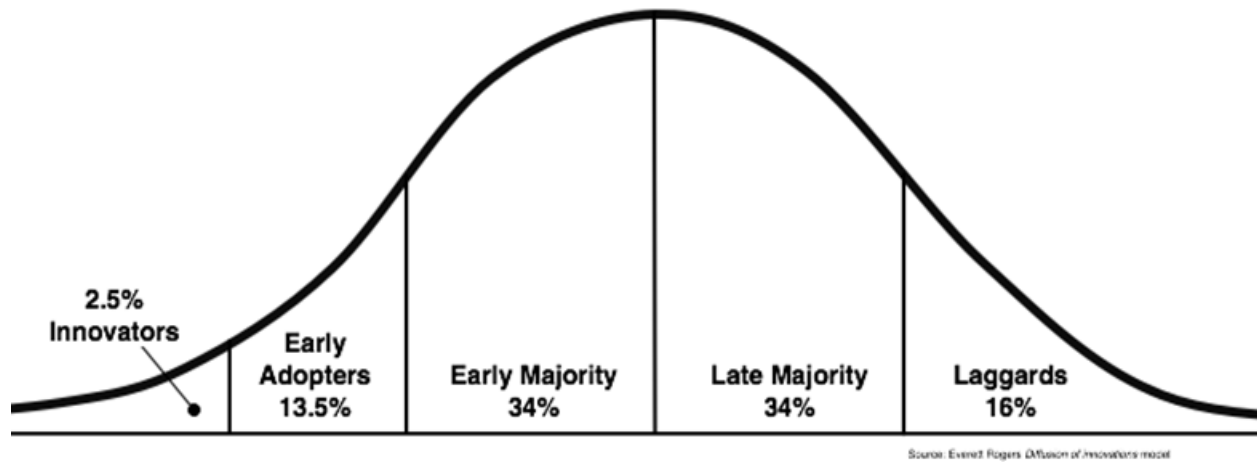
A literature review was conducted to find the best evidence in support of mentorship for newly licensed registered nurses. The databases used were the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and PubMed. The primary search terms included *mentor*, *mentorship*, *new graduate*, *nursing*, and *retention* with results restricted to English language peer-reviewed and research publications. A wealth of articles resulted in a significant amount of sorting required by the CNL Student Team. The articles included providing the backbone for this Quality Improvement Project all encompassed analysis of mentorship as a successful tool to increase retention, decrease lateral violence, increase job satisfaction, promote professional development & engagement and competence.

In one study, Schroyer, C. C., Zellers, R., & Abraham, S. (2016) nurses with a mentor were retained at a 25% higher rate than those not mentored. This implementation of a mentor program also reduced the training cost of the facility and increased retention and morale. There are six key stressor areas that were identified in a study by Theisen & Sandau (2013) in which NLRNs lacked in communication, leadership, organization, critical thinking, stress management and specific situations. These stressors discussed here ultimately result in poor recruitment and retention of new graduate nurses. Incorporating mentorship to ease these stressors would increase recruitment and retention. Wang, L., Tao, H., Bowers, B. J., Brown, R., & Zhang, Y. (2017) discuss the relationship that is built on a mentoring relationship (emotional) and how that differs from a preceptor (technical/transitional). Allowing this positive co-worker relationship to flourish results in a healthy work environment and improved general self-

efficacy and self-confidence, which has an ultimate impact on resilience and allow the NLRN to adjust to their new role. In the meta-analysis by Villanueva (2015), it demonstrates that mentors had greater satisfaction and commitment and less turnover intent than non-mentors, and also included self-reports that job performance and career success were also higher among mentors than non-mentors. This indicates the benefit for not only the NLRN but also the mentees and the effect that role modeling had a strong association with job performance. In the qualitative study by Eller, Lev, & Feurer (2014) the relationship of the mentor and protégé are described to require and involve (1) open communication and accessibility; (2) goals and challenges; (3) passion and inspiration; (4) caring personal relationship; (5) mutual respect and trust; (6) exchange of knowledge; (7) independence and collaboration; and (8) role modeling.

Theoretical Framework

The theoretical frameworks that were employed by this Quality Improvement Project focused on mentorship include the Everett Rogers' "Diffusion of Innovation Theory" and Benner's Theory "From Novice to Expert". The Diffusion of Innovation Theory is applied to facilitate initiation and adoption of change transformation in the medical center. The theory suggests that there is an existing opportunity to enact change because nurses are receptive and aware of the need for innovation (Rogers, 1995). There are five categories of the theory as demonstrated in Figure 1. Each of these categories distinguishes the different types of individuals and the roles they hold when adopting a major change. The most critical group within this subset is are the "Early Adopters" as they are the champions of the efforts and will mobilize the masses to jump on board.

Figure 1. Diffusion of Innovation (Rogers, 1995).

The second theory that was employed to guide the quality improvement project was Benner's "From Novice to Expert". This model suggests that nurses evolve through different levels of development as they advance and progress through their career (Benner, 1984). The model distinguishes 5 levels of capabilities as seen in Table 1.2. The more experience held by the nurse the more knowledge they hold which would allow the provision of more holistic, competent care to the patient.

Level of Development	Experience & Characteristics
Novice	No Experience. Practice is driven by rules and tends to provide task focused care
Advanced Beginner	Limited Experience (Less than 2 years). Have developed safe practice but lack a strong knowledge base to found their practice and management skills.
Competent	2-3 years. Can prioritize and begin to use past experiences to form their care.
Proficient	3-5 years. Have a good sense of what their patient situation is and can prioritize needs and routinely predict accurate outcomes.
Expert	5-10 years. Are confident, have an extensive knowledge base and will be able to quickly grasp complex patient situations.

Methods

The team of clinical nurse leader (CNL) students developed a multifaceted approach to acquiring data that informed the quality improvement project at the large community medical center. The methods included a literature review, key informant interviews, focus groups, surveys and data directly from the organization which ultimately resulted in a thorough needs assessment coupled with evidence from the literature. All of the tools described below that would be used with hospital staff required approval from the Director of Clinical Education and the Chief Nursing Officer. The key informant interviews, general surveys, and focus groups were all conducted within a ten day period with all seven members of the CNL student team actively involved in the process.

Key Informant Interviews

The key informant interviews were used to gather data from nursing leadership to inform the development of a program. Nursing leadership was identified by the Director of Education and emails were obtained. The team of CNL students first drafted a set of questions (Appendix B) which would guide the conversations with each of the individuals that were interviewed. Appointments were coordinated via email and questions were shared with leadership in advance of their interview. Each interview was conducted by two members of the CNL student team, one person leading the conversation and the second person recording and keeping time to 30-minutes. Each interview commenced with a standard statement outlining the purpose of the interview and ended with permission to record. Key informants had the option to opt out of being

recorded, however, conversations were recorded to be able to transcribe and accurately deduce key themes.

General Survey

The general surveys were conducted to collect data from all Registered Nurse (RN) staff on all units of the hospital. The general surveys (Appendix C) included information on demographic data and an assessment of mentorship needs by the individuals that would be directly impacted by the mentorship program.

RN staff was accessed by connecting and gaining permission to interview by the nursing leadership on the unit, many of whom had already been interviewed. Surveys were short and limited due to the need to administer surveys in short time periods of approximately five minutes during team huddles at change of shift on each unit of the hospital. Appointments to visit each unit were coordinated via email with the unit manager or supervisor. Unit leadership buy-in was necessary to allow the CNL students on the unit and allow for time to disseminate surveys. Each unit's survey was conducted by one member of the CNL student team, initiating with a brief introduction regarding the purpose of the survey, providing instructions and encouraging participants to read further about the quality improvement project on the letter attached to the survey.

Focus Group

The purpose of the focus group segment of the needs assessment was to assess impressions from newly licensed registered nurses that have participated in New Grad Program. This focus group was organized to take place as a breakfast that was provided and was done over the span of two days to allow for participants to choose one of two days to attend. The focus group was scheduled for two hours in duration.

Participants were informed of the focus group breakfast via flyers (Appendix D) that were posted on the units and shared with unit leadership. The CNL student team also made sure to inform participants of the General Survey that the focus group was taking place for NLRN that had previously gone through the new grad program.

Focus groups were led by the entire team of CNL students. The facilitation of the discussion was conducted by two members of the CNL student team, one person leading the conversation and asking questions while the second person was recording and keeping time to 60-minutes. Each focus group commenced with a standard statement outlining the purpose of the interview and ended with permission to record. Focus group members had the option to opt out of being recorded, however, conversations were recorded to be able to transcribe and accurately deduce key themes from the qualitative data.

Results

Once data were collected, the CNL student team used Qualtrics, a web-based survey tool to conduct survey research, evaluations and other data collection activities, to input both the qualitative data and the quantitative data that had been obtained from the interviews and paper surveys. Given the general surveys were completed as paper surveys, the CNL student team numbered and manually input each of the surveys into Qualtrics in order to have all the data stored in one secure database and be able to analyze the data more thoroughly.

The focus group interviews and the key informant interviews and the qualitative questions in the general survey were also inputted into Qualtrics once they were reviewed and transcribed by the CNL student team. Major themes from qualitative data

were identified by utilizing the Qualtrics Software Data & Analysis function. The tagging function of Qualtrics was incorporated to identify key themes from the responses given by the participants of each survey tool.

Qualitative Data

The CNL team narrowed down the responses to the qualitative data, as described previously, to a set of themes for each survey tool. While the General Survey only contained two qualitative questions (See Appendix C), the Key Informant Interviews and the Focus Group were all comprised of qualitative data. The quantitative components of the General Survey will be addressed in subsequent sections. Table 1.2 demonstrates the key themes gleaned from each of the survey tools responses with the three distinct groups: key informant interviews, general survey and focus group. The themes that all of the respondents from all the survey tools combined most frequently mentioned included the following: Desire to Mentor/ Training for Mentors, Expectations & Goals of Program, Compensation & Incentives, Commitment from Leadership/ Union and Relationships & Cohesiveness. These five themes provide a summary of the issues that are not only prevalent from the survey tools but provide an overview of the general morale related to mentorship for the institution.

Expectations & Goals of Program

The lead theme across the board in all survey tools used was the need to have a program that was clearly outlined, all expectations for all involved were clearly laid out and goals would be set to assess participant and program success. This theme encompassed issues such as developing a standardized program for the hospital, ensuring that both mentees and mentors commit to and fulfill their clearly outlines

expectations and enabling a “good structure” for optimal outcomes. This theme was mentioned 14 times in the key informant interviews, 36 times in the general nursing survey and 10 times in the focus group. According to Villanueva (2015), “Having a formal framework ensures that the objectives, guiding principles, role expectations, and activities are fulfilled in mentorship [and] a structured program also has mechanisms for planning, initiating, cultivating, monitoring, concluding, and documenting the relationship to meet individual mentee and organizational needs, assess effectiveness and satisfactoriness, as well as confront challenges that arise.”

Desire to Mentor/ Training for Mentors

A significant amount of energy was voiced, with 36 mentions in the general survey and 8 mentions in the focus group, related to the implementation of a mentorship program with mentors that actually want to mentor and equipping mentors with the necessary tools and training in advance and during the mentorship program. As demonstrated in Table 1.4, the general survey revealed that over 52% of Registered Nurses would be willing to mentor a new nurse on their unit. In their survey response, one nurse explicitly stated, “I want to be able to mentor a new nurse, but I am not ready to take on that role yet since I am still new.”

Compensation & Incentives

The theme of compensation and incentives registered frequently as respondents voiced a desire to be acknowledged and rewarded for the work they were doing. While this theme includes the areas of commendation for participation and acknowledgment of carrying the additional workload in mentoring a new nurse, there were also mentions of monetary compensation, inclusion in the clinical ladder and hosting social gatherings

and events as part of a mentorship program. In the General Survey, respondents stated that a key motivator for participating as a mentor would be related to compensation and incentives. This theme was mentioned 12 times in the key informant interviews, 28 times in the general survey and once in the focus group.

Table 1.3. Key Themes from Qualitative Responses

Key Informant Interviews (n=9)			
<i>Key Theme</i>	<i>Mentions</i>	<i>Key Theme</i>	<i>Mentions</i>
Expectations and Goals of Program	14	Staff Buy-In	7
Culture Change	13	Desire to Mentor	7
Relationships and Cohesiveness	12	Shared Governance	6
Compensation and Incentives for Mentorship	12	Psychosocial support	5
Commitment from Leadership/ Union	11	Clinical Ladder	4
Retention as an Issue	10	Evidence Based Program	3
Limitation in Resources	8	Attention to systemic processes	3
Mentorship is Critical	7		
General Nursing Survey (n=141)			
<i>Key Theme</i>	<i>Mentions</i>	<i>Key Theme</i>	<i>Mentions</i>
Desire to Mentor / Training for Mentors	36	Staff Buy-In	11
Expectations and Goals of Program	32	Culture Change	6
Compensation and Incentives for Mentorship	28	Evidence Based Program	6
Commitment from Leadership/ Union	17	Attention to systemic processes	5
Relationships and Cohesiveness	12	Mentorship is Critical	2
More Information Required re Mentorship	11		
Focus Group (n=3)			
<i>Key Theme</i>	<i>Mentions</i>	<i>Key Theme</i>	<i>Mentions</i>
Expectations and Goals of Program	10	Positive New Grad Experience	2
Desire to Mentor / Training for Mentors	8	Attention to systemic processes	1
Psychosocial Support/ Communication	7	Compensation and Incentives for Mentorship	1
Introspective Reflection and Growth	6	Mentorship is Critical	1
Relationships and Cohesiveness	3	Culture Change	1
Staff Buy-In	2		

Commitment from Leadership/ Union

Given the fact that there has been a significant change in leadership at the institution, several individuals voiced concern with the commitment from leadership and buy-in from the union as key to the success of a mentorship program. This theme includes a sentiment of a general disconnect between leadership & administration and the nursing staff. During the key informant interviews, this theme was touched upon during all the questions asked (See Appendix C for questions) for a total of 11 mentions, which was significant given all key informant survey participants are individuals in leadership roles themselves. There were an additional 17 mentions during the general survey.

Relationships & Cohesiveness

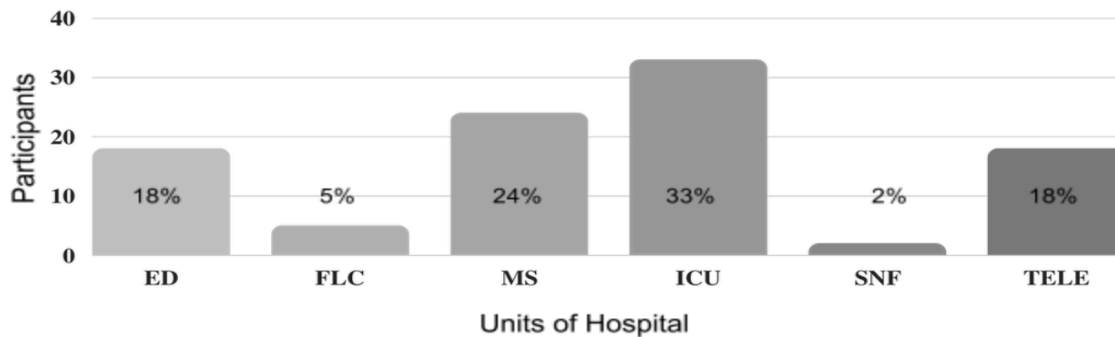
The theme of Relationships & Cohesiveness included mentions of mentorship creating more unity and cohesiveness on the units and throughout the hospital, “eliminating silos”, the distinct roles of mentors and preceptors, and overwhelmingly a push for ensuring appropriate mentor/mentee pairings for the program. This theme had 12 mentions in the key informant interviews, 12 mentions in the general survey and 3 mentions in the focus group.

Quantitative Data

The quantitative data of the survey tools resulted exclusively from the General Survey that was administered throughout the hospital. There were a total of 141 registered nurses that participated in the survey. This makes up approximately 18% of the total RN staff at the hospital. Surveys were administered in 6 out of 9 units. The

units that were able to participate in the survey were well represented as demonstrated in Table 1.4.

Table 1.4 Distribution of Participants by Unit



Demographics of General Survey

The survey results were organized into two distinct parts: the demographics of the sample, as seen in Table 1.5 and the mentorship responses, as seen in Table 1.6. The demographics of the sample demonstrate that there is a wide age distribution among the nursing staff with a large majority reporting female gender (75%). This gender division is significant because across the United States, males make up 11% of the RN workforce (Buerhaus, P.I., 2017), while at this large community medical center there is nearly 25% of the surveyed staff that is male. With regard to nursing experience and nursing education, a majority of participants had over 5 years of experience as a Registered Nurse (71%) and had attained a Bachelor's of Science in Nursing (68%). 21% received Associates Degrees in Nursing and another 9% received Masters of Science in Nursing. When asked about the longevity of employment at this specific large community medical center, 62% have worked there for over 5 years and 19% have less than one year of employment at this institution. There are self-identified

leaders among the respondents with 36 individuals (25%) stating that they currently hold some type of leadership role in their unit. As is noted, the demographics of the respondents paint a picture of the potential participants of a mentorship program. The responses to the mentorship portion of the survey (Table 1.5), as detailed below, indicate the willingness of the organization to participate in a mentorship program, as reported by the general survey sample.

Responses to Mentorship

When asked about the importance of mentorship, over 90% reported that mentorship is important or very important in nursing practice. This is coupled with 52% of respondents indicating that they would be interested in mentoring a NLRN on their unit, with another 25% indicating they would possibly be interested in mentoring. As expressed in the themes from the qualitative data, there is a desire for mentors that actually want to mentor and for the mentorship program to train the mentors to be good mentors. In the quantitative data, respondents agreed that they want mentors to have significant experience as a nurse in order to act as mentors. 56% stated that a mentor should be a registered nurse for 4 years or more before becoming a mentor. This aligns with the “Proficient” stage of Benner’s “Novice to Expert” stages that was discussed in the theoretical framework. The timeframe of a formalized mentorship program was favored at 3 months by 29% of respondents and 6 months by 45% of respondents.

The efforts of this quality improvement project and root cause analysis reflect the impacts on not only retention as the key result of mentorship but also the acquisition of skills necessary to achieve nursing competence, address lateral violence (bullying), and job satisfaction. When asked about the potential impact unto each of these areas with

the implementation of a mentorship program, respondents indicated that all areas would indeed be impacted, as shown in Table 1.5, with increase in retention at 62%, increase in nursing competence at 83%, decreased lateral violence at 51%, and increase job satisfaction at 62%.

What unit do you work on?	Emergency Department Family Life Center Medical-Surgical Intensive Care Unit Skilled Nursing Telemetry	25 (18%) 7 (5%) 33 (24%) 45 (33%) 2 (1%) 25 (18%)
Which of the following describes your age?	18-29 30-39 40-49 50-59 60-69 Over 70	24 (17%) 37 (26%) 42 (30%) 21 (15%) 16 (11%) -
What is your gender?	Male Female Nonbinary Prefer not to answer	35 (25%) 106 (75%) - -
How many years do you have practicing as an RN?	Less than 1 Year 1 to 2 Years 3 to 5 Years Over 5 Years	8 (6%) 16 (11%) 16 (11%) 99 (70%)
What is your highest level of education attained in nursing?	Diploma Nurse Associate Degree in Nursing Bachelors of Science in Nursing Master of Science in Nursing Advanced Practice/ Doctorate/ PhD	- 30 (21%) 97 (68%) 13 (9%) 1 (<1%)
How many years have you worked at the hospital?	Less than 1 Year 1 to 2 Years 3 to 5 Years Over 5 Years	27 (19%) 16 (11%) 10 (7%) 87 (62%)
Are you currently in a nursing leadership role, such as Nursing Director, Manager, Charge Nurse?	Yes No	36 (26%) 105 (74%)

Table 1.6. Mentorship Responses from General Survey (n=141)		
How important is mentorship in your nursing practice?	Very Important Important Neutral Least Important Not Important	93 (66%) 37 (26%) 10 (7%) 1 (<1%) -
Would you be willing to mentor a new nurse in your unit?	Yes Possibly Not Sure No	73 (52%) 36 (26%) 19 (14%) 12 (9%)
Do you think a formal mentorship program for new nurses at St. Francis Medical Center will...		
...increase retention rates of new nurses?	Yes Possibly Not Sure No	82 (58%) 34 (24%) 14 (10%) 2 (1%)
...increase job satisfaction?	Yes Possibly Not Sure No	82 (58%) 33 (23%) 14 (10%) 3 (2%)
...increase nursing competence?	Yes Possibly Not Sure No	111 (79%) 16 (11%) 3 (2%) 3 (2%)
...decrease Lateral violence (bullying)?	Yes Possibly Not Sure No	66 (47%) 41 (29%) 18 (13%) 4 (3%)
In your opinion, how many years of nursing experience should a mentor have?	Less than 1 Year At least 1 Year 2 Years 3 Years 4 Years or more	3 (2%) 12 (8%) 25 (18%) 18 (13%) 74 (52%)
How long should a formal mentorship program be?	3 months 6 months 9 months 1 year 1.5 years 2+ years	38 (27%) 58 (41%) 8 (6%) 21 (15%) 1 (<1%) 4 (3%)

Program Implementation

A formal mentorship program can be implemented through the Introduce, Integrate, and Incentivize recommendations as shown in Table 1.7. The recommendation is based on medical center specific assessment data and guidance from the literature review and theoretical frameworks. The components of the mentorship program include beginning in conjunction with the New Grad Program, be at least 6 months in duration, require at least 3 years of nursing experience to be a mentor, offer formal training to set guidelines and expectation of mentors, set concrete guidelines regarding frequency of meetings, and offer opportunities outside of the medical center, such as social activities, gatherings, and networking.

Table 1.7. The Three I's	
The Three I's	Components
<p>INTRODUCE Culture of Mentorship</p>	<ul style="list-style-type: none"> • Mentorship Champion Committee • Mentorship Program Coordinator
<p>INTEGRATE Programs and Clinical Ladder Progression</p>	<ul style="list-style-type: none"> • Combine Mentorship Program with NLRN Program to enhance success • Formal Mentorship Program into Clinical Ladder Progression
<p>INCENTIVIZE Participation</p>	<ul style="list-style-type: none"> • Offering social and networking gatherings to encourage a stronger sense of community within St. Francis • Through an established meaningful recognition program

Additionally, a mentorship committee should be established with one representative from each unit. This committee and the program will be the responsibility of the mentorship program coordinator and this person would work in conjunction with the New Grad Program Coordinator or the role would be converted to manage both

programs to run concurrently. The mentorship program coordinator would be responsible for coordinating and organizing ongoing mentorship training as continuing education in conjunction with the education department.

A mentor nomination would result in completing a standard application and the nomination can be from an individual in a unit leadership role. Mentors would require at least 3 years of experience as a nurse, which would place them at Benner's proficient level. A contract would require signing and the contract would fully detail the role, expectations, interpersonal communication standards, and an agreement. The mentees are all required to participate when they come on board as Newly Licensed Registered Nurses into the New Grad Program. The mentees would also require a signed contract and would be part of the same kick-off orientation as the mentors. Mentor/ mentee pairing would require a thoughtful and organized process to include unit placement, desires from the program and overall personality.

Given the feedback from the survey, the mentorship program would be 6 months in duration. The program would start alongside the New Grad preceptorship and would have a meeting scheduled for all participants. For the first two months, the mentor/ mentee pairs would meet and connect every 2 weeks with the first meeting consisting of a general hospital acclimation and tips on becoming a new employee at the medical center. The second and subsequent meetings would revolve around specific topics and serve as a social gathering for those involved in the mentorship program. Topics may include ways of navigating processes and events in the hospital such as end-of-life care and code blue (what to do, what to expect). The mentor/ mentee pair would meet

monthly from month two to month six and conclude the formal component of the mentorship with a debrief, evaluation and ideally a celebration.

Opportunities to Continue Momentum

While the initial timeline anticipated accomplishing a significant amount more related to the mentorship program, the realistic nature of this Quality Improvement Project, as with others, resulted in unfinished business. Some of the low hanging fruit that can be carried out in the near future is to establish the mentorship committee and to initiate a conversation with Human Resources and the labor union regarding mentorship. The mentorship committee would serve as a stronghold for sustainability moving forward. During the Key Informant interviews unit leadership were already primed to recommend individuals on their units that may serve on the “Committee of Champions”. Additionally, working with the union to attempt to make mentorship and precepting a like task on the clinical ladder would incentivize participation in the program and would allow nurses a choice to participate in one or the other.

Financial Impact

As mentioned in the introduction, there is up to 60% of new nurses leave their first place of employment within one year of hire and the loss per trained employee is on average, \$120,000 (Van Camp, J., & Chappy, S., 2017). This price tag not only includes the salaries or differentials of the new grad, the preceptor and the additional staffing required to cover the remaining workload but it also covers the cost of training and orientation materials, events and staffing. In analyzing the data provided by the medical center in Table 1.1, a potential cost savings of \$360,000 in 2016 for the 3 new grad staff that separated and \$1,680,000 in 2017 for the 14 new grad staff that separated.

Schroyer, Zellers, & Abraham's study (2016) concludes that attrition is costly and can negatively affect the quality of patient care when looking at the bottom lines in healthcare, which includes patient safety and outcomes.

Evaluation

Evaluation tools to demonstrate the success of the mentorship program incorporated into the new grad residency have been vetted as evidence-based approaches to assessment. Evaluation will also provide an opportunity for mentors to learn about the needs of the mentees with topics to address and support. Three surveys with quantitative and qualitative components will be administered for evaluation of the program. The first is the Casey-Fink Graduate Nurse Experience Survey © (Appendix E). This would require a pre- and post-test will be administered the second week of the New Grad program and at the end of the Mentorship Program. This survey consists of 5 sections: skills/procedure performance, comfort and confidence, job satisfaction, transition, and demographic data. The second tool is the Casey-Fink Nurse Retention Survey © (Appendix F). The survey will be administered at the end of the Mentorship Program and consists of the following sections: work environment, support, encouragement, stressors experienced by nurses, job satisfaction, professional development, goal setting, mentoring, and demographic data. The final tool would provide feedback directly to the mentorship program with the Mentorship Program Satisfaction Survey.

Discussion

Empowering nurses to be and see themselves as leaders on their units and in their place of work is critical. In the Future of Nursing Report, The Institute of Medicine

(2011), elaborated that nurses taking on leadership roles that involve them working with others as full partners with mutual respect is needed and is associated with improved teamwork and patient outcomes, a reduction in medical errors and costs, increased job satisfaction and retention among nurses. Empowering nurses to mentor other nurses as a means of demonstrating leadership is one way to accomplish this. Given the many factors that influence job satisfaction, recruitment and retention, establishing a mentorship program alone are inadequate (Derby-Davis, 2014). Nurse mentorship needs to be coupled with other programs and systemic changes to result in a healthy work environment. Mentorship programs must be part of a set of strategies that address various barriers such as high workloads, inflexible assignments, uncompetitive pay, and disempowerment. This requires an honest internal assessment with input and participation from seasoned and novice nurses who will benefit the most from the program, as well as organizational leadership (Suplee & Gardner, 2009).

Nursing Relevance

Taking into consideration the various themes gleaned from the literature, mentorship is critical in the development of the Newly Licensed Registered Nurse in several areas. Promotion of professional development and engagement has the mentor working collaboratively to help guide the NLRN into obtaining higher education and becoming more engaged with mentorship and other programs at the Medical Center. Fostering and promotion of nursing competence will allow the mentor to help build confidence by providing encouragement and support to the NLRN. The mentor will also act as an additional resource by aiding in inter-professional communication and skill development. Addressing lateral violence will be targeted by creating a more healthy

work environment and by providing emotional and transitional support to the NLRN. Increase in job satisfaction will occur as a result of building healthy relationships that lead to a more positive work environment. The positive support of the mentor increases self-efficacy and self-confidence of the NLRN which also creates increased job satisfaction. Lastly, increase retention rates will occur as a result of the positive effect of competency, job satisfaction, and a decrease of lateral violence. This leads to the increased loyalty of NLRNs to their coworkers, unit and medical center.

Clinical Nurse Leader Relevance

The Clinical Nurse Leader will be able to assess the microsystem and the impact of a mentorship program on retention, lateral violence, job satisfaction, and nursing competence. In addition, the CNL can identify how these issues relate to improved patient care outcomes and quality of care. As a systems analyst and risk anticipator, the CNL will evaluate the qualitative and quantitative survey tools and inform the development of a mentorship program that meets the needs of the medical center. The Clinical Nurse Leader will also be able to keep a pulse on how mentorship is being implemented and rolling out at the microsystem level and assess the impacts on the macrosystem in an effort to maintain a well-structured and focused program for the various benefits that it would provide the medical center.

Conclusion

Healthcare systems are becoming incredibly complex and the role of the nurse is becoming a more encompassing role as a member of the care team. Nurses need to be set up for optimal outcomes and success not only for their patients but also for themselves as a nurse. Unhealthy work environments require nursing leadership and

Clinical Nurse Leader intervention. As demonstrated in the research healthier work environments cause a domino effect ultimately resulting in happy employees and optimal patient outcomes. Mentorship not only benefits the mentor and mentee but also the hospital organization, in a significant manner.

References

- Benner, P. (1984). From novice to expert: excellence and power in clinical nursing practice. Menlo Park: Addison-Wesley, 13-34. Retrieved from <http://www.health.nsw.gov.au/nursing/projects/Documents/novice-expert-benner.pdf>
- Block, L., Claffey, C., Korow, M., & McCaffrey, R. (2005). The value of mentorship within nursing organizations. *Nursing Forum*, 40(4), 134-140. doi:10.1111/j.1744-6198.2005.00026.x
- Buerhaus, P. I. (2017). State of the Registered Nurse Workforce as a New Era of Health Reform Emerges. *Nursing Economic\$,* 35(5), 229-237.
- Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Registered Nurses, Retrieved on December 10, 2017 from <https://www.bls.gov/ooh/healthcare/registered-nurses.htm>
- Eller, L. S., Lev, E. L., & Feurer, A. (2014). Key components of an effective mentoring relationship: A qualitative study. *Nurse Education Today*, 34(5), 815-820. doi:10.1016/j.nedt.2013.07.020
- Institute for Healthcare Improvement (IHI). (2017). Clinical Microsystem Assessment Tool. Retrieved on December 10, 2017 from <http://www.ihl.org/resources/Pages/Tools/ClinicalMicrosystemAssessmentTool.aspx>
- Institute of Medicine. (2004). Keeping patients safe: Transforming the work environment of nurses. Washington, DC: National Academies Press.

Institute of Medicine. (2011). The Future of Nursing: Leading Change, Advancing Health. Retrieved from

<http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health/Infographic.aspx>

Kramer, M., Brewer, B. B., & Maguire, P. (2013). Impact of Healthy Work Environments on New Graduate Nurses' Environmental Reality Shock. *Western Journal Of Nursing Research*, 35(3), 348-383. doi:10.1177/0193945911403939

Norris, D. (2003). The nursing shortage and RN salaries. Retrieved from <http://www.medscape.com/viewarticle/457362>

Rogers, E. (1995). Diffusion of Innovations. Retrieved from <https://web.stanford.edu/class/symbysys205/Diffusion%20of%20Innovations.htm>

Schroyer, C. C., Zellers, R., & Abraham, S. (2016). Increasing Registered Nurse Retention Using Mentors in Critical Care Services. *The Health Care Manager*, 35(3), 251-265. doi:10.1097/hcm.0000000000000118

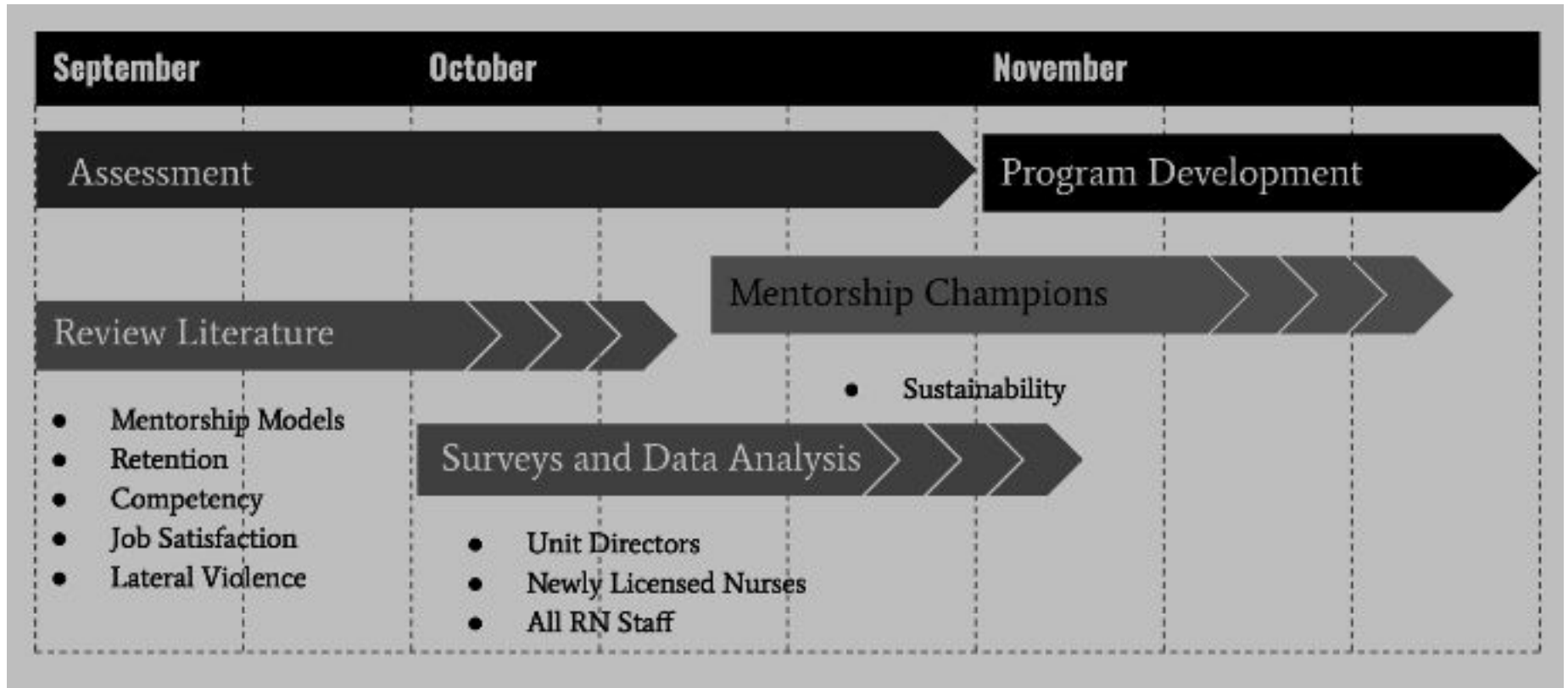
Theisen, J. L., & Sandau, K. E. (2013). Competency of new graduate nurses: a review of their weaknesses and strategies for success. *The Journal of Continuing Education in Nursing*, 44(9), 406-414. DOI: 10.3928/00220124-20130617-38

Van Camp, J., & Chappy, S. (2017). The Effectiveness of Nurse Residency Programs on Retention: A Systematic Review. *AORN Journal*, 106(2), 128-144. doi:10.1016/j.aorn.2017.06.003

Villanueva, E. (2015). Evidence-based mentorship program: overview, review of evidence, and approach. *Walden Dissertations and Doctoral Studies*. Retrieved from <https://pqdtopen.proquest.com/doc/1725140931.html?FMT=AI>

Wang, L., Tao, H., Bowers, B. J., Brown, R., & Zhang, Y. (2017). Influence of social support and self-efficacy on resilience of early career registered nurses. *Western Journal of Nursing Research*, , 193945916685712.
doi:10.1177/0193945916685712 [doi]

Appendix A



APPENDIX B. Key Informant Interviews

Confidentiality Script.

Unit Leadership.

Edited October 16, 2017

Hello my name is {NAME} and I am a Graduate Nursing Student at the University of San Francisco in Orange County. Thank you for being here today and participating in this survey process. This survey is part of an assessment that will inform the development of a Formalized Nurse Mentorship Program here at this Medical Center. This project is under the guidance of your Chief Nursing Officer, Dr. Derek Drake, Sue Singleton, the Director of Learning, Education, Research & Development, and University of San Francisco Clinical Nurse Leader Faculty, Michael Bueno. This is not a research study, rather a quality improvement project for the hospital.

This project is currently in the assessment phase where we are collecting data in an effort to make informed recommendations coupled with evidence based practice from the literature. Upon completion of the assessment, data will be analyzed and a Nurse Mentorship Program Structure recommendation will be presented to Nursing Leadership. Given your leadership role on your unit, your input in this process is extremely valuable.

The following questionnaire will require approximately 30 minutes to complete and will be conducted as an **anonymous informant interview**. There is no compensation for responding nor is there any known risk. We request that you

Confidentiality Script.
Unit Leadership.
Edited October 16, 2017

please answer all questions as honestly as possible. Participation is strictly voluntary and you may refuse to participate at any time. Please know that I will do everything I can to protect your privacy. Your identity or personal information will not be disclosed in any publication that may result from this assessment. Notes that are taken during the interview will be stored in a secure location.

Would it be okay if I audiotaped our interview? Saying no to audio recording will have no effect on the interview.

Do you have any other questions, before we begin the survey?

Unit Director/ Manager Key Informant Interview Questions

Questions	Open Ended
Which unit do you manage?	
How long have you been managing this unit?	
How many Newly Licensed Registered Nurses (NLRN) does your unit currently have?	
In the last year, how many Newly Licensed Registered Nurses (NLRN) have left your unit?	
Does your unit currently have a formal or informal mentorship program?	
If so, can you please elaborate on the structure or program currently in place?	
Do you think having a mentor assigned to a Newly Licensed Registered Nurse (NLRN) can increase retention rates, job satisfaction, competency, and decrease lateral violence?	
Would you be in support of a formalized mentorship program for Newly Licensed Registered Nurses (NLRN) at SFMC?	
When establishing a mentorship program, what components do you think are critical to include in the program that are specific to your unit?	
What barriers do you think will exist in implementing a mentorship program?	
Additional information...	



CHANGE THE WORLD FROM HERE

School of Nursing
and Health Professions
2130 Fulton Street
San Francisco, CA 94117-1080
Tel 415.422.6681
Fax 415.422.6877
usfca.edu/nursing

Dear Participant:**November, 2017**

The University of San Francisco, Orange County Campus' Clinical Nurse Leader Program has partnered with this Medical Center. We are conducting an assessment that will inform the development of a Formalized Nurse Mentorship Program at this Medical Center. This project is under the guidance of CNO, Director of Learning, Education, Research & Development, and USF Clinical Nurse Leader Faculty, Michael Bueno.

Because you are a nurse here, we are inviting you to participate in this quality improvement project by completing the attached anonymous survey, which **will require approximately 5 minutes to complete**. Your feedback is extremely valuable in shaping the development of this mentorship program. There is no compensation for responding nor is there any known risk. If you choose to participate in this project, please answer all questions as honestly as possible. Once completed, you can return the survey directly to the USF CNL Graduate Student on the unit or to the envelope at the nursing station. Participation is strictly voluntary and you may refuse to participate at any time.

The project is currently in the assessment phase where we are collecting data in an effort to make informed recommendations that use evidence based practice. Upon completion of the assessment, data will be analyzed and a Nurse Mentorship Program Structure recommendation will be presented to Nursing Leadership.

Thank you for taking the time to assist us in our educational endeavors. The data collected will provide useful information regarding the mentoring culture here in addition to gauging the desire of nursing staff to participate in such a program.

As part of this process, a group of staff will serve as "**Mentorship Champions**" who will help guide the program moving forward. If you are interested in participating, please get in touch with Javier Moreno via email jmoreno10@usfca.edu.

If you require additional information or have any questions, please contact us at jmoreno10@usfca.edu or through our faculty advisor, Michael Bueno at mbueno2@usfca.edu.

Sincerely,

University of San Francisco, MSN Clinical Nurse Leader Students

Rozlyn Bauer
CNL Student

Mindy Gaw
CNL Student

Denise Kwan
CNL Student

Farrah Ku
CNL Student

Javier Moreno
CNL Student

Quynh-Hoa Nguyen
CNL Student

David Reynoso
CNL Student

Michael Bueno
Faculty Advisor
mbueno2@usfca.edu

Medical Center Mentorship Program Survey for all Registered Nurses

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

1. General Questions

- 1.1 Which of the following describes your age? 18 to 29 years old 50 to 59 years old
 30 to 39 years old 60 to 69 years old
 40 to 49 years old Over 70 years old
- 1.2 What is your gender? Female Nonbinary
 Male Prefer not to answer
- 1.3 How many years do you have practicing as a Registered Nurse? Less than 1 year 3 to 5 years
 1 to 2 years Over 5 years
- 1.4 What is your highest level of education attained in nursing? Diploma Nurse
 Associate Degree in Nursing
 Bachelor of Science in Nursing
 Master of Science in Nursing
 Advanced Practice / Doctorate / PhD
- 1.5 How many years have you worked at this Medical Center? Less than 1 year 3 to 5 years
 1 to 2 years Over 5 years
- 1.6 What is your primary unit at this Medical Center?
-
- 1.7 Are you currently in a nursing leadership role, such as Nursing Director, Manager, Charge Nurse? Yes
 No

2. Core Questions

- 2.1 How important is mentorship in your nursing practice? Very important
 Important
 Neutral
 Least important
 Not important
- 2.2 Would you be willing to mentor a new nurse in your unit? Yes Not Sure
 Possibly No

2.3 Do you think a formal mentorship program for new nurses at St. this dical Center will...

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

...increase job satisfaction? Yes Not Sure
 Possibly No

...increase nursing competence? Yes Not Sure
 Possibly No

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

2.4 In your opinion, how many years of nursing experience should a mentor have?

- Less than 1 year
- At least 1 year
- 2 years
- 3 years
- 4 years or more

2.5 How long should a formal mentorship program be?

- 3 months 1 years
- 6 months 1.5 years
- 9 months 2+ years

2.6 What would motivate you to participate as mentor?

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

Thank you for your time!

Confidentiality Script.

New Grad Nurses.

Edited October 16, 2017

Hello my name is {NAME} and I am a Graduate Nursing Student at the University of San Francisco in Orange County. Thank you for being here today and participating in this survey process. This survey is part of an assessment that will inform the development of a Formalized Nurse Mentorship Program here at this Medical Center. This project is under the guidance of your Chief Nursing Officer, Dr. Derek Drake, Sue Singleton, the Director of Learning, Education, Research & Development, and University of San Francisco Clinical Nurse Leader Faculty, Michael Bueno. This is not a research study, rather a quality improvement project for the hospital.

This project is currently in the assessment phase where we are collecting data in an effort to make informed recommendations coupled with evidence based practice from the literature. Upon completion of the assessment, data will be analyzed and a Nurse Mentorship Program Structure recommendation will be presented to Nursing Leadership. Given your participation in the New Grad Program and/ or being a Newly Licensed Registered Nurse, your input in this process is extremely valuable.

The following questionnaire will require approximately 30 minutes to complete and will be conducted as an **anonymous informant interview**. There is no

Confidentiality Script.
New Grad Nurses.
Edited October 16, 2017

compensation for responding nor is there any known risk. We request that you please answer all questions as honestly as possible. Participation is strictly voluntary and you may refuse to participate at any time. Please know that I will do everything I can to protect your privacy. Your identity or personal information will not be disclosed in any publication that may result from this assessment. Notes that are taken during the interview will be stored in a secure location.

Would it be okay if I audiotaped our interview? Saying no to audio recording will have no effect on the interview.

Do you have any other questions before we begin the survey?

Previous New Grad Program Participant Focus Group Questions

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

Medical Center & USFCA Presents

.....

Are you a **Newly Licensed Registered Nurse?**

Do you love to **eat?**

Come join us for..

focus group breakfast

Location TBD

Time TBD

University of San Francisco graduate nursing students would like to invite YOU, Newly Licensed RNs, to a focus group breakfast. We want to hear your thoughts on mentorship.

No vouchers, gifts, or incentives will be provided in exchange for your participation.

.....



UNIVERSITY OF
SAN FRANCISCO

480 S. Batavia St.
Orange, CA 92868

Medical Center & USFCA Presents

.....

You're Invited

to a

*focus group
breakfast*

Hosted by University of San Francisco graduate nursing students for Newly-Licensed Registered Nurses, NLRNs. We want your input for development of a formalized mentorship program at Medical Center. Your participation will help us create a program that's best for. Looking forward to meeting you all!

Date:

Location:

Time:

Contact:

No vouchers, gifts, or incentives will be provided in exchange for your participation.

.....



**480 S. Batavia St.
Orange, CA 92868**

Casey-Fink Graduate Nurse Experience Survey (revised)

© 2006 University of Colorado Hospital. All rights reserved.

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

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

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

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

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
12. I am able to complete my patient care assignment on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I feel the expectations of me in this job are realistic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I feel prepared to complete my job responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I feel comfortable making suggestions for changes to the nursing plan of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I am having difficulty organizing patient care needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I feel I may harm a patient due to my lack of knowledge and experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. There are positive role models for me to observe on my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My preceptor is helping me to develop confidence in my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I am supported by my family/friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am satisfied with my chosen nursing specialty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I feel my work is exciting and challenging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I feel my manager provides encouragement and feedback about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am experiencing stress in my personal life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. If you chose agree or strongly agree, to #24, please indicate what is causing your stress. (You may circle more than once choice.)				
a. Finances				
b. Child care				
c. Student loans				
d. Living situation				
e. Personal relationships				
f. Job performance				
g. Other _____				

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

	VERY DISSATISFIED	MODERATELY DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	MODERATELY SATISFIED	VERY SATISFIED
Salary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vacation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits package	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hours that you work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekends off per month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your amount of responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for career advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of encouragement and feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity for choosing shifts worked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

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

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

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

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

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

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

4. What aspects of your work environment are least satisfying?

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

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

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

1. Age: _____ years

2. Gender:

- a. Female
- b. Male

3. Ethnicity:

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

4. Area of specialty:

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

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

6. Date of Graduation: _____

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

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

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

10. What previous health care work experience have you had:

- a. Volunteer
- b. Nursing Assistant
- c. Medical Assistant
- d. Unit Secretary
- e. EMT
- f. Student Externship
- g. Other (please specify): _____

11. Have you functioned as a charge nurse?

- a. Yes
- b. No

12. Have you functioned as a preceptor?

- a. Yes
- b. No

13. What is your scheduled work pattern?

- a. Straight days
- b. Straight evenings
- c. Straight nights
- d. Rotating days/evenings
- e. Rotating days/nights
- f. Other (please specify): _____

14. How long was your unit orientation?

- a. Still ongoing
- b. \leq 8 weeks
- c. 9 – 12 weeks
- d. 13 – 16 weeks
- e. 17 - 23 weeks
- f. \geq 24 weeks

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

_____ number of preceptors

16. Today's date: _____

Drop down list of skills

Assessment skills

Bladder catheter insertion/irrigation

Blood draw/venipuncture

Blood product administration/transfusion

Central line care (dressing change, blood draws, discontinuing)

Charting/documentation

Chest tube care (placement, pleurovac)

Code/Emergency Response

Death/Dying/End-of-Life Care

Nasogastric tube management

ECG/EKG/Telemetry care

Intravenous (IV) medication administration/pumps/PCAs

Intravenous (IV) starts

Medication administration

MD communication

Patient/family communication and teaching

Prioritization/time management

Tracheostomy care

Vent care/management

Wound care/dressing change/wound vac

Unit specific skills _____

Revised Casey-Fink Nurse Retention Survey

©2009 Kathy Casey and Regina Fink. All rights reserved.

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

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. My work challenges me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel that my talents are appreciated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel that I make a difference with patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel that I am a respected member of the healthcare team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel supported by my team on my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel supported by my charge nurse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Other nurses are available to assist me during new situations and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My charge nurse provides encouragement and feedback about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My educator provides encouragement and feedback about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My manager provides encouragement and feedback about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I enjoy socializing with other team members outside of working hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I feel comfortable communicating with patients and families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I feel overwhelmed by my patient care responsibilities and workload.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I feel the expectations of me in this job are realistic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I feel supported by the physicians I work with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have been in my position about as long as I want to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. If the economy was better, I would think about finding another job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
18. I feel that my contributions to this organization are acknowledged.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I feel that my charge nurse is approachable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I feel that my educator is approachable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I feel that my manager is approachable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I feel that my manager follows through with my concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. There are positive role models for me to observe on my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. My manager is helping me to develop confidence in my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. My manager places a high value on the work I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. My preceptor(s) provided me with a sound foundation to begin my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I have a mentor I look to for continued guidance and mentoring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I am satisfied with my chosen nursing specialty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I would encourage other nurses to work at UCH.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I believe nurses should be rewarded based on seniority rather than clinical performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I would like to be working here 5 years from now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I would consider staying here if offered the option of working shorter shifts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I would like the option of working some shorter shifts (i.e. 4, 6, 8, 10 hours).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. If you agree to question 33, what is your preference of shift length				
a. 4 hour				
b. 6 hour				
c. 8 hour				
d. 10 hour				
35. I am experiencing stress in my personal life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. If you chose agree or strongly agree, to #35, please indicate what is causing your stress. (You may circle more than once choice).

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

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

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

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

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

III. Professional Development

1. What are your professional goals for the next:

One year? _____

Five years? _____

2. Is there someone assisting (mentoring) you to achieve these goals?

a. yes

b. no

3. What activities have you participated in during the past two years to enhance your professional development and/or support achievement of your career goals? Please check all that apply.

a. unit/hospital committee(s)

b. certification in your specialty area

c. member of a professional organization

d. subscribe to a nursing journal

e. enrolled in an advanced degree program

f. other _____

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

1. Age: _____ years

2. Gender:

a. female

b. male

3. Number of years as a Registered Nurse: _____

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

5. Number of years at UCH: _____

6. I am currently employed:

a. full time

b. part time

c. flex

7. I work in the following setting:

a. inpatient

b. ambulatory

8. The unit I work: _____

9. UXCEL Level: I II III IV

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

11. Have you functioned as a charge nurse?

a. yes

b. no

12. Have you functioned as a preceptor?

- a. yes
- b. no

13. What is your scheduled work pattern?

- a. Straight days
- b. Straight nights
- c. Rotating days/nights
- d. Weekends

14. What keeps you working in your current job? (choose the one most important reason)

- a. nurses you work with
- b. patient care or making a difference
- c. autonomy
- d. manager
- e. educator
- f. charge nurses
- g. other nurses
- h. salary
- i. time off
- j. benefits
- k. opportunities for career advancement
- l. types of patients in my care area
- m. continuing education opportunities
- n other, please specify _____

15. What might cause you to leave UCH? _____**16. What do you think UCH can do to improve registered nurse retention? _____**
