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Mentoring Nurses After Specialty Training or Orientation in Labor and Delivery

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KP11-N670 Internship: Quality Improvement Project

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Mentoring Nurses After Specialty Training or Orientation in Labor and Delivery

Abstract

**Background:** The setting for this project was a northern California hospital-based healthcare system referred to as “Hospital KV.” Hospital KV is a non-profit, integrated hospital that operates to improve the community’s health. Hospital KV’s maternal child health (MCH) department comprises a labor and delivery (L&D) unit, a mother and baby unit (MBU), also referred to as a postpartum unit, and an intermediate nursery (IMN).

**Problem:** The hospital KV MCH department faced the challenge of a nursing shortage. The nursing shortage was associated with substantial challenges to Hospital KV, its management, nurses, and patients. Hospital KV was aware of the challenges posed by the nursing shortage and had implemented some initiatives, like the nurse residency program and nurse specialty training program, to mitigate the adverse effects of the nursing shortage. However, more support was needed to minimize the enormous challenges of the nursing shortage, especially for novices and nurses who recently transferred to Hospital KV MCH department from other hospitals or other departments.

**Interventions:** This project mentored nurses new to the Hospital KV MCH department to expand their skill sets and clinical knowledge, develop a professional network with their new colleagues of expert obstetric nurses, and make them feel team support in their new role. The project aimed to increase the retention rate of novice and newly transferred nurses in the Hospital KV MCH department.

**Outcome Measures:** The specific aim of this project was to increase the retention rate of specialty-trained nurses who transferred to the Hospital KV MCH department from other hospitals and nurses who completed the Hospital KV Specialty Training within the last twelve months from a baseline retention rate of 40% to the target of 75% by July 2023 in Hospital KV.
L&D Department. The primary process measure was 90% of mentees utilizing mentors’ expertise and support, as evidenced by weekly follow-ups and post-survey feedback.

**Results:** Seven newly hired nurses completed the pre-implementation formative and post-implementation summative assessments via survey monkey. All seven mentees responded affirmatively to the thought; Assigning a newly hired nurse to a mentor immediately after orientation would positively impact the transition to the obstetric nursing specialty. All seven nurses affirmed a higher degree of job satisfaction from the support provided through mentorship, meeting and surpassing the project’s target goal of 75%. The outcome measure was met at 86%.

**Conclusion:** Implementing the mentorship program greatly benefitted the team, patients, mentees, and mentors by ensuring everyone had a stake in making new team members feel welcomed and supported and ensuring that retention rates among new team members progressively increased in the Hospital KV MCH department.

**Keywords:** nursing shortage, nurse residency program, nurse mentorship program, nurse retention, nurse turnover, nurse burnouts, nurse job satisfaction
Supporting Nurses After Specialty Training or Orientation in Labor and Delivery

I possess five known leadership strengths: learner, achiever, relator, intellectual, and developer. As a learner, I take great pride in my educational journey and see myself as an exemplary lifelong learner, a characteristic of a clinical nurse leader. As an achiever, I value hard work and believe in working toward accomplishing my dreams. I count on my hard work as the bedrock for ascending from nurse assistant to nurse leader. As a relator, I believe teamwork yields better results than silos. In leadership, I encourage team cohesiveness. Team connectedness allows members to collaborate efficiently to approach complex tasks effectively. My strength of intellect empowers me to employ effective listening in leadership to give me clear perspectives. I learn more about my direct reports through conversations with them. Nurful et al. (2022) found evidence that “in-person communication is more likely to reduce burnout and job dissatisfaction compared to other forms of communication infrastructure in primary care settings” (p.7). I take pride in coaching my team and helping individuals develop their fullest potential. The feedback I often receive from peers is that I am overly optimistic and see the good in others. In this regard, I see myself as a transformational leader. “Transformational leaders change followers’ awareness of issues. They inspire others and expect them to put extra effort into achieving goals” (King et al., 2019, p. 22).

During the COVID pandemic, the Hospital KV MCH department lost approximately seven nurses due to job dissatisfaction and the pursuit of an ideal work-life balance. In discussions with those leaving and others on the unit, we found the team needed to be more attractive to new nurses for hiring as we needed to develop practical support to help guide new nurses in their transition to MCH workflow to make new nurses feel supported in their new role. I intended to use my leadership strengths to correct this gap and provide more efficient care for
our patients and our nurses to improve their job satisfaction and care experiences, all of which are linked closely to organizational priorities. I used my skills to communicate my quality improvement project through a detailed timeline to motivate my team to get a collective buy-in (see Appendix A for Project Timeline). Through a collaborative endeavor, my team identified evidence-based approaches my microsystem implemented to increase staff retention among nurses who transferred to us from other specialty departments and hospitals within the last eleven months from the implementation date (see Appendix B for Evaluation Table). I am passionate about the nursing mentorship project because it improved nurse engagement, retention, and care in my microsystem, referenced as Hospital KV Labor and Delivery.

**Problem Description**

The setting for this project was a northern California hospital-based healthcare system, which we will refer to as “Hospital KV.” Hospital KV is a non-profit, integrated hospital that operates to improve the community’s health. Its forty-six-bed maternal child health (MCH) department comprises a labor and delivery (L&D) unit of ten beds, a mother and baby unit (MBU), also known as the postpartum unit, of twenty beds, and an intermediate nursery unit (IMN) of sixteen beds. Hospital KV MCH department faced the challenges of a nursing shortage. The nursing shortage was associated with substantial financial losses from the accumulation of incremental over time, the cost associated with high turnovers, the burden of legal liabilities from erroneous care, and the frequent hiring, onboarding, and training to supply nurses to meet the demand for care, all of which were significant metrics in Hospital KV MCH department (see Appendix C for Financial Analysis). “The current nursing shortage and increased turnover intentions are a global problem. For this reason,
nurse managers must plan strategies to improve nurses’ job satisfaction” (Niskala et al., 2020, p. 1505).

The nursing shortage in the Hospital KV MCH department created significant quality gaps in job dissatisfaction, intention to leave, and quality of care (see Appendix D for Gap Analysis). Nurses’ vacation requests or personal time off requests were frequently denied. Nurses were living and working with inadequate work-life balance. Nurses were often asked to work overtime or extra shifts. Many nurses were silently experiencing fatigue. More nurses were leaving the bedside and relocating to outpatient OBGYN clinic nursing positions creating further gaps in the supply of nurses and leading to the risk of erroneous care.

Hospital KV MCH department hired ten nurses in February 2022. By November 2022, two nurses relocated to OBGYN clinic positions, and two transferred to other hospitals or MCH departments, accounting for a turnover rate of forty percent in nine months. “The estimated turnover rate in the nursing workforce is 18.2%, with the average turnover estimated at $49,500 per nurse and an estimated cost per percent turnover of $337,500. Amid this turnover, an estimated 2.3 million new RNs will enter the workplace” (McDonald et al., 2019).

The Hospital KV MCH department lost seven nurses and hired four additional nurses in January 2023 to address the impact of a forty percent turnover rate. However, there was a potential for more nurses to leave due to increased job dissatisfaction. There was also a potential for more newly hired nurses to stay if the department implemented strategies to improve job satisfaction. In a qualitative study that used semi-structured telephone interviews of twenty-three nurses to determine the impact of organizational and personal factors on newly qualified nurses’ experiences, Ho et al. (2021) found that the concept of job embeddedness turned out to be a valuable lens to explain the complex web of factors that acted as positive support for nurses to
stay as opposed to leaving (p. 2383). Job embeddedness makes employees more connected to both the organization and the community. It portrays a significant foundation that helps employers and employees reflect on how their environment supports job satisfaction and retention. The United States Health and Human Services projected a deficit of 44,500 in the supply and demand curve of nurses in California by 2030 (Supply and Demand, 2017). The nursing shortage represents a common issue across all levels of nursing. “Globally, healthcare institutions are striving to address nursing shortages…” (Marufu et al., 2021, p. 307).

Available Knowledge

PICOT Question

A PICOT question was created to aid in a literature search to find evidence that supported this project. The PICOT question for this project was: Among nurses new to the obstetrics specialty and nurses who transferred within the last eleven months in Hospital KV Labor and Delivery Department (P), how does a short-term structured mentorship program (I) increase work engagement and improve retention (O) among the same cohort pre- and post-program implementation (C) within a four weeks’ time frame (T)?

Search Strategy

The project leader conducted a systematic electronic search of articles from different databases: CINAHL, PubMed, and Scopus. The search keywords were a nursing shortage, nurse residency program, nurse mentorship program, nurse retention, nurse turnover, nurse burnouts, and nurse job satisfaction. The search strategy was focused on the challenges, impacts, and solutions to the nursing shortage and nursing retention in hospital inpatient units. The search was limited to articles published within the last seven years, from 2017 to 2023. There were about forty articles gathered from various databases. The project leader reviewed the articles and
selected the top five by elimination based on relevance to the topic. The project leader critically appraised the pieces using the Johns Hopkins Nursing Evidence-Based Practice Research Evidence Appraisal Tool (see Appendix B for Evaluation Table).

**Critique of Evidence**

In the first piece, Ackerson and Stiles (2018) explored literature findings regarding nurses’ retention as an outcome of structured nurse residency programs. Most pieces in this systematic review of twenty-six articles used descriptive designs, mixed methods, and quasi-experimental designs. Structured nurse residency programs that span at least twelve months were slightly more effective at retention. However, the evidence did not support sustained retention in year two. This study’s level and quality ratings are level III, good quality, based on the Johns Hopkins Nursing Evidence-Based Practice Research Appraisal Tool, due to the small sample size. This systematic review supported the need to provide structured mentorship for nurses beyond orientation or the Hospital KV six months of specialty training.

Daw (2017) presented strategies to mitigate Maryland’s nursing workforce shortage in the second piece of evidence. The study portrayed the collaborative approach to mitigating Maryland's looming nursing workforce shortage through a quasi-experimental design. The interventions led to a successful outcome by increasing the pool of highly educated nurses, nursing faculty, and nursing workforce. This study’s level and quality ratings are level III, good quality, based on the Johns Hopkins Nursing Evidence-based Practice Research Appraisal Tool, due to adequate sample size and consistent results that can be generalized to an entire population of new graduate BSN-prepared nurses. This study supported the need for a collaborative approach to address the nursing shortage in the Hospital KV MCH department.
In the third piece of evidence, Gilland (2019) highlighted through a quasi-experimental study design the partnership between an academic healthcare system in the southeastern United States (U.S.) and a university school of nursing to develop an undergraduate curriculum and ambulatory nurse residency program (ANRP). The outcomes data showed positive results demonstrating a successful change in routine and increased retention of the new graduate RNs after graduation from an ANRP. The ANRP yielded additional unanticipated benefits, including a rigorous infrastructure of experienced nurse preceptors, professional development, and a strengthened partnership between the healthcare system and the nursing school. This study’s level and quality ratings are level II, low quality, based on the Johns Hopkins Nursing Evidence-based Practice Research Appraisal Tool, due to the small sample size and consistent results that may be generalized to an entire population of new graduate BSN-prepared nurses. This study supported the need for collaboration with external entities to address the Hospital KV MCH department nursing shortage. This study also proved the enormous benefits the Hospital KV MCH department’s new and experienced nurses stand to achieve from a mentorship program.

In the fourth piece of evidence, Mijares & Radovich (2020) presented a descriptive non-experimental study that portrayed the efficacy of a mentorship program. After completing the initial pilot, the organization found the program practical and expanded the mentorship program. Based on the Johns Hopkins Nursing Evidence-based Practice Research Appraisal Tool, this study’s level and quality ratings are level V, good quality. This study is an evidence-based quality improvement project like this nurse mentorship quality improvement project. This study provided valuable insights that validated the benefits of a nurse mentorship program.

In the fifth piece of evidence, Schroyer et al. (2020) presented a quasi-experimental, descriptive, quantitative research that separated 70 newly hired RNs into two equal groups. The
study identified the first group as not mentored and the second group as those who were mentored. The study solicited the expertise of 32 mentors. The retention rate of nurses with a mentor was 91%, a significant increase from 66% for the not-mentored group. The confidence interval was 95%, proving the alternate hypothesis that nurses are retained when a mentor program is used. This study’s level and quality ratings are level II, high quality, based on the Johns Hopkins Nursing Evidence-based Practice and evidence of consistent results, sufficient sample size, adequate control, and definitive conclusions in the research. This study aligned with this project because it demonstrated the relationship between a mentorship program like ours and nurses’ retention.

These five articles demonstrated significant benefits for supporting nurses transitioning to new nursing specialties. The articles portrayed the enormous benefits of nursing mentorship programs and the impacts of support from nursing management and stakeholders. Additionally, these articles presented evidence that well-structured nurse support initiatives like mentorship have great potential to increase work engagement and satisfaction among hospital nursing staff. Nursing management is well situated to implement, sustain, and expand clinical support initiatives to facilitate increased nursing job satisfaction, employee retention, and quality care.

**Rationale**

This quality improvement project utilized the Plan, Do, Study, Act (PDSA) cycle as the structured model to organize quality improvement work to achieve the desired result with minimum expense, time, and effort. The PDSA cycle is the Institute for Healthcare Improvement (IHI) model for improvement to accelerate quality improvement work by designing change in an effective and organized way that enhances learning and leads to the desired outcomes. The
PDSA cycle presented rapid temporary testing opportunities with minimum failure consequences for the team to learn what worked and what needed to be modified or abandoned.

This quality improvement project utilized Benner’s from Novice to Expert Model. “Patricia Benner’s model stands on how a nurse develops nursing skills, clinical competence, and comprehension of patient care through complete theoretical training and experiential learning from novice to expert stage” (Davis & Maisano, 2016, as cited in Ozdemir, 2019, p. 2). Benner’s Model guided this quality improvement project to empower relationships and career development among Hospital KV L&D Department nurses through competence, skill acquisition, experience, clinical knowledge, and practical knowledge.

**Specific Project Aim**

The specific aim of this project was to increase the retention rate of specialty-trained nurses who transferred to our department from other hospitals and nurses who completed the Hospital KV Specialty Training within the last twelve months from a baseline retention rate of 40% to the target of 75% by July 2023 in Hospital KV L&D Department (see Appendix A for Project Timeline).

**Context**

A microsystem assessment was completed for this project. Hospital KV MCH department was led by a clinical services director, a manager, a nursing professional development specialist, and six assistant nurse managers. The clinical services director, manager, nursing professional development specialist (NPDS), and social worker were in-house in the department during business hours on Mondays to Fridays except holidays. After hours, these leaders were on-call and easily reached via phone. An obstetrician-gynecologist (OBGYN), a pediatrician, and a certified nurse midwife (CNM) were on duty per twelve-hour shift. An Assistant nurse manager
was regularly present on all shifts. Still, occasionally when absent, a relief in higher classification (RHC) nurse led the unit and reported directly to the nurse manager.

In the Hospital KV MCH department, the Labor and Delivery unit required an average of eight registered nurses to be adequately staffed per eight-hour shift. The Postpartum unit required an average of four registered nurses to be adequately staffed per eight-hour shift. The Intermediate Nursery unit required an average of four registered nurses to be adequately staffed per eight-hour shift. All these disciplines, including the director, the manager, the nursing professional development specialist, the social worker, and the registered nurses, contributed directly and indirectly to the patient's care team.

The patient population in the Hospital KV Labor and Delivery unit comprised women of childbearing ages who were pregnant or laboring or had recently given birth. Newborn babies within the first two hours of life were also patients in labor and delivery. The population of patients in Hospital KV Postpartum unit comprised women of childbearing ages who were recovering after recently giving birth and newborn babies who were healthy and stable to room in with their mothers. Typically, these mothers and babies get discharged to home in stable conditions within twenty-four to seventy-two hours after birth. In the Intermediate Nursery unit, the patient population comprised newborn babies born after thirty-four weeks of gestation with complications needing observation or specialty care.

Hospital KV Nurse Scholars Academy provided intervention to the global nursing shortage through a specialty training program that offered a pathway for staff nurses to expand their practice into a new specialty, including intensive care unit (ICU), perioperative, and labor and delivery (L&D). The nurse specialty training spanned six months in the L&D unit, after which the newly transferred nurse was expected to be proficient in L&D competency. It was
reported that 50% of the newly transferred nurses attested that the specialty training duration was ideal for some nurses, but others completed the training and still needed further support. As a result of needing further mentoring after the completion of the specialty training, amid the challenges of providing nursing care on a high census, high acuity L&D nursing unit, half of the new L&D nurses quickly experienced physical, emotional, and mental distress leading to the risk of lower morale in practice, risk of lower rates of retention, and higher turnovers in Hospital KV L&D department (see Appendix D for Gap Analysis).

**Culture Assessment and SWOT Analysis**

The unit's strengths included that the Hospital KV MCH department's culture embraced change (see Appendix E for SWOT Analysis). Nursing management empowered staff nurses to lead quality improvement changes. Nursing management encouraged staff nurses to pursue specialty certifications and lead quality improvement committees. The Hospital KV MCH department nurses were self-motivated to pursue Staff Nurse III/IV recognition and other career advancement distinctions to excel in clinical practice, leadership, and professionalism. The Hospital KV MCH department had strong teamwork and collaboration among key stakeholders, managers, and the nursing staff. There also existed collective buy-in from management and care team members to improve job satisfaction, improve work/life balance, decrease burnout, and decrease turnovers. Hospital KV MCH department also had a culture that valued excellence in healthcare services and desired increased job attractiveness to new graduates and obstetric specialty nurses.

Weaknesses in the Hospital KV MCH department included the recent mass exodus of new and experienced nurses, which could create a reluctance to hire or mentor new nurses due to the suspicion that they would not remain in the department. Amid these weaknesses, the Hospital
KV MCH department embraced the trial of an envisioned successful mentorship quality improvement project. Weaknesses also included suspicion of prohibitive costs to implement a nurse retention program, reluctance to new nurses due to the misconception that it was not cost-effective, and unwillingness to mentor new nurses due to the suspicion that they would not remain in the department.

Several factors influenced the microsystem’s implementation of the nurse retention program. Hospital KV MCH department collaborations with nursing students and their schools were significant external opportunities to exploit amid the looming threat of other hospitals hiring those students before graduation or upon graduation and registered nursing licensure. Data from the RN Interfacility and Interdepartmental Transfer Record showed increased turnover given the massive exodus of nurses from Hospital KV MCH department to other units or hospitals. This project would improve outcomes for the MCH department, nurses, and patients if successful. The MCH department would save millions through lower turnovers and a higher retention rate. The MCH nurses would have higher morale and increased productivity. The patients would benefit from having happier nurses providing them with a higher quality of care (see Appendix E for SWOT Analysis).

**Return on Investment**

The monthly cost avoidance for incremental overtime and using travelers amounted to as much as $1,670,400 per year. Improvement costs included two hours of mentorship training equaling $1,700.00, plus the additional hourly incentive of $1.50 for 10 RN equaling $5,100. With miscellaneous costs, the quality initiative was projected to be $40,800 for the first year, with a project savings/cost avoidance of $1,629,600 (see Appendix C for Financial Analysis; a detailed breakdown of return on investment and cost avoidance).
**Communication Plan**

The team completed a power interest grid (see Appendix F for Power Interest Grid and Appendix G for Communication Plan). Based on the results, we planned monthly meetings with the providers, the director, the nurse manager, and the assistant nurse managers to keep them informed and obtain ongoing support. We had weekly meetings with the nurse educator to get support for the project. We met weekly and as needed with mentors and mentees to provide information on implementation issues in shift huddles and via email. We also met with the team weekly and as necessary to provide information on the project and work through any problems.

**Interventions**

This quality improvement RN support project included five phases: preparation, incorporation, goal-directed mentoring, direct and timely two-way feedback, and ongoing support. In the Preparation Phase, the nurse leader selected mentors with clinical expertise and the ability to teach and evaluate mentees. Seven L&D nurses, three who graduated from the Hospital KV Specialty Training, and four who transferred to the Hospital KV MCH department from other hospitals were initially assigned a designated mentor (see Appendix H Table 1 for Project Charter). Hospital KV staff, director, and manager received monthly updates from the project team during this phase. In the Incorporation Phase, the team disseminated information to Hospital KV staff, director, and manager through huddle messages to create a work environment that welcomed new nurses and embraced building collaborative relationships and teamwork to support team ownership of new nurses and enhance their job satisfaction (see Appendix G for Communication Plan). In the Goal-Directed Mentoring Phase, the nurse leader worked with the mentors and mentees to create weekly individualized benchmarks to guide mentoring activities (see Appendix H, Table 2 for Measures). In the Direct and Timely Two-Way Feedback Phase,
the nurse leader met with the mentors and the mentees every week to provide opportunities for both the mentors and the mentees to give feedback on their progress. The nurse leader met with the director and manager separately to communicate progress and solicit their input. In the Ongoing Support Phase, the mentor and the mentee developed and will continue to nurture a collaborative relationship as professional buddies for ongoing and future support through professional feedback and peer-to-peer evaluation (see Appendix H, Table 3 for Driver Diagram).

The nurse leader engaged with stakeholders, mentors, and mentees to ensure that all parties stayed participatory and motivated during the phases (see Appendix F for Power Interest Grid). Our quality improvement team prioritized putting enough effort into remaining engaged with Hospital KV MCH director and manager, our highest power and highest interest stakeholders, knowing that our quality improvement project is nonviable without their support. Our team prioritized input and feedback from the providers, doctors, midwives, and our low-interest and high-power partners to make timely adjustments that kept them satisfied and motivated to remain engaged during the project. Our team updated all staff about the progress of this program to monitor those staff members known to be resistant to changes and to provide information to all staff members, including those known to be receptive to changes and those known to be resistant to changes. Staff members who resisted change were our low-power, low-interest colleagues, and those who supported changes, including the mentors and mentees, were our low-power, high-interest colleagues.

**Study of the Interventions**

To determine the success of implementing the nurse mentorship program, the team created a family of measures, including an outcome, a process, and a balancing measure. We
measured our long-term effects against metrics such as the percentage of reduction in cost from all forms of overtime, the percentage of reduction in cost from high turnovers and onboarding of experienced nurses, and the rate of decline in the utilization of travel nurses. Given the short-term nature of this quality improvement project, we measured through surveys the degree of job satisfaction and the number of nurses who intended to stay pre & post-implementation to evaluate the short-term impacts of our interventions. “Gathering feedback and data from program stakeholders is critical to evaluating the program’s impact on the organization and measuring outcomes” (Casey & Cosme, 2022). Other valuable indicators of the measurable success of the nurse mentorship program included the percentage of mentees who completed all phases of the mentorship program and the rate and description of satisfaction or dissatisfaction from experienced nurses and other stakeholders regarding the effects and their perception of the nurse mentorship program.

The project leader recruited seven newly hired nurses to create a cohort of mentees. Before the four weeks of mentorship, the seven newly hired nurses completed an eleven-question formative assessment via survey monkey (see Appendix H, Table 4 for Changes to test and Appendix I for Mentee Pre-Implementation Survey). The themes of the survey questions ranged from the introduction of the mentees, the level of support received after orientation, and the perception of how different onboarding into the obstetric specialty would be with a mentorship program.

Data retrieved from the mentee’s pre-implementation formative survey presents all seven mentees responding affirmatively to the thought; Assigning a newly hired nurse to a mentor immediately after orientation will positively impact the transition to the obstetric nursing specialty. Five of the seven mentees responded affirmatively to the thought; A transition to an
obstetric nursing specialty without a mentor is difficult. Six of the seven nurses responded affirmatively to the idea; A transition to obstetric nursing specialty without a mentor is a potential risk to the patients’ and nurses’ safety. Six of the seven mentees responded affirmatively to the thought; A structured mentorship program would enhance job satisfaction and nurse retention and promote high-quality patient care. Six of the seven mentees had a Bachelor of Science in nursing credential, and one had an associate degree in nursing credential. Each of the seven mentees initially nominated a nurse as a mentor. Nurses in the Labor and Delivery department for longer than one year but preferably two years were illegible to qualify as mentors (see Appendix J for Mente Pre-Survey Responses).

Based on nominations from mentees, the project leader initially onboarded seven mentors. Each mentor completed an eleven-question formative assessment via survey monkey (see Appendix K for Mentor Pre-Implementation Survey). The themes of the questions on the survey for mentors were identical to those of the mentee’s survey.

Data from the mentor’s pre-implementation formative survey presents all seven mentors responding affirmatively to the thought; Assigning a newly hired nurse to a mentor immediately after orientation would positively impact the transition to the obstetric nursing specialty. Six of the seven mentors responded affirmatively to the thought; A transition to obstetric nursing specialty without a mentor was difficult. All seven mentors responded affirmatively to the idea; A transition to obstetric nursing specialty without a mentor was a potential risk to the patients’ and nurses’ safety. All seven mentors responded affirmatively to the thought; A structured mentorship program would enhance job satisfaction and nurse retention and promote high-quality patient care. Six of the seven mentors had a Bachelor of Science in nursing credential, and one of the seven mentees had an associate degree in nursing credential. Regarding years of
experience as an obstetrics nurse, one mentor had greater than two years of experience, one mentor had greater than three years of experience, three mentors had greater than five years of experience, one mentor had greater than twenty years of experience, and one mentor had greater than thirty years of experience.

The MCH department director, manager, assistant nurse managers, nurse professional development specialist (NPDS), and all mentees and mentors attended a two-hour training session in which the project leader discussed the mentorship program's aim, objectives, and structure. The mentors and mentees declared acceptance to participate in the mentorship program. The nursing management made a total commitment to support the nurse mentorship project. Hospital KV Labor and Delivery unit rolled out the four weeks nurse mentorship quality improvement project on June 15th, 2023, with overwhelming embracement from mentors and mentees and enormous support from the nursing management and staff.

**Plan Do Study Act**

The team utilized the plan-do-study-act (PDSA) method for tests of change to ensure the mentorship program was effective. Primarily the team created education (P) and utilized it in training sessions (D). We measured the effectiveness of the training through feedback obtained after the training from mentors and mentees (S) and found the training to be effective. The team adopted this two-hour training (A) for future sessions.

The second PDSA was to (P) assign one mentee to one mentor. We implemented this practice (D) and found quickly that the mentors and mentees were often on different shifts (S). We altered the (A) assignment using the same pool of seven mentors and assigned each mentor multiple times to more than one mentee. This was found to be successful and was adopted. We continued this process to refine the mentor/mentee relationship as needed.
Family of Measures

**Outcome Measures:** The specific aim of this project was to increase the retention rate of specialty-trained nurses who transferred to our department from other hospitals and nurses who completed the Hospital KV specialty training in the last twelve months from a baseline retention rate of 40% to the target of 75% by July 2023 in Hospital KV L&D Department (see Appendix A for Project Timeline and Appendix H, Table 2 for Measures).

**Process Measure:** A process measure was to see the percentage of nurses who responded affirmatively to needing further support or mentorship after graduating from the Hospital KV Specialty Training. The primary process measure was to have 90% of mentees utilize mentors’ expertise and support, as evidenced by weekly follow-ups and post-survey feedback.

**Balancing Measure:** The team tracked the percentage of incremental overtime incurred by mentors and mentees due to coaching, evaluation, and feedback.

**Ethical Considerations**

To ensure the genuineness of outcomes from our interventions, the nurse leader assembled a team of mentors comprising experienced obstetrics nurses who volunteered their expertise and services to nurture novice nurses. The team sought the voluntary participation of new and recently hired nurses in the Hospital KV MCH department. The nurse leader assumed backstage supervision as nurses, mentors, and mentees drove further interventions. Given the voluntary participation of these union-represented nurses and the backstage role of the nurse leader, the likelihood of conflict of interest among nurses, the management, and the nursing union was minimized.

This quality improvement RN mentorship project aligned with transformational leadership and a passion for coaching and helping others pursue their fullest potential. These
values are characteristics of mentors. A good mentor creates friendly and nonjudgmental opportunities that facilitate learning, provide support, and guide new nurses as they grow in their roles. These values are characteristics of mentors that associate with moral competence in nursing. “Moral competence can be used as a tool to improve care in nursing practice because it makes nurses think critically, make decisions, and solve ethical and clinical problems as they discharge their day-to-day duties in nursing practice” (Maluwa et al., 2019, p. 1). Through mentorship, a mentee and a mentor embarked on a professional relationship; a journey on which the mentee was humble to seek support and the mentor was cautious about providing guidance. This intervention aligned with the vision and modus operandi of St. Ignatius, the founder of the Jesuits, who offered holistic care for people through preaching the word of the Almighty God and caring for the poor and the sick. St. Ignatius recognized his lack of formal education and training and pursued educational advancement in his 30s. Jesuits are grounded in love for Jesus Christ. Jesuits are motivated to help others and seek the Almighty God in all things. Jesuits are committed to the service of faith and the promotion of social justice. All these values are attributes of nursing ethics; nursing and mentorship align with the Jesuits' values.

Nurse managers and leaders can decrease turnover by intentionally embracing benevolent and principled ethical climates. “The benevolence construct is based on concern for others, while the principled construct is based on adherence to rules and laws” (Simha & Pandey, 2021, p. 715). Nurse managers and leaders in a benevolent climate give nurses reasons to believe that they sincerely care not just for productivity and outcomes but also for employees’ wellbeing. Nurse managers and leaders in a principled climate strive to create cultures that adhere to best practices and professional codes of ethics.
The American Nurse Association's ethical standards embrace the approach of effective collaboration, which, combined with benevolence, helped the team provide an effective working and project environment. “Nurses thrive when they experience caring from their colleagues. The principles relating to authentic relationships give nurses a guide for developing these types of interactions with one another and cultivate the nurse’s sense of being cared for that promotes their ability to do the same for patients” (ANA/AONE, 2018). Nurses also seek care from their leadership. Nurses quickly cultivate a sense of belonging when they know nursing leadership prioritizes mutual kindness and have well-meaning intentions to foster team cohesiveness and a conducive work environment.

This quality improvement nurse mentorship program represented a tool for demonstrating nursing management’s concern for nurses by working towards mitigating the nursing shortage. This quality improvement nurse mentorship program also indicated that nursing management strived to adhere to the rules and laws by creating a work environment that valued adequate staffing ratios and evidence-based quality improvement standards. This project had been approved as a quality improvement project by faculty using Quality Improvement (QI) review guidelines and did not require Internal Review Board (IRB) approval.

**Outcome Measure Results**

After four weeks of implementation, on July 15th, 2023, this quality improvement nurse mentorship project ended with rewarding results. Each of the seven newly hired nurses completed a four-question summative assessment via survey monkey (see Appendix L for Mentee Post-Implementation Survey). The themes of the questions ranged from level of satisfaction as a labor and delivery registered nurse, level of commitment to staying in current
role as a labor and delivery registered nurse, and intent to leave the hospital or nursing department due to job dissatisfaction within the next twelve months.

Data retrieved from the mentee’s summative assessment presented all mentees attesting to be satisfied in their role as labor and delivery registered nurses and committed to staying in their current role in Hospital KV MCH department as labor and delivery registered nurses. Six of the seven mentees denounced intentions to leave Hospital KV MCH department within the next twelve months due to job dissatisfaction, and one of the seven mentees admitted intentions to leave Hospital KV MCH department within the next twelve months due to reasons unrelated to job satisfaction or dissatisfaction. These results are evident of an 86% retention rate of newly hired nurses in Hospital KV L&D department surpassing the specific aim of this project which was to increase the retention rate of specialty-trained nurses who transferred to the L&D unit from other hospitals and nurses who completed the Hospital KV Specialty Training within the last twelve months from a baseline retention rate of 40% to the target of 75% by July 2023 in Hospital KV L&D unit.

Each mentor completed a four-question summative assessment via survey monkey (see Appendix M for Mentor Post-Implementation Survey). The themes of the questions on the survey for mentors were identical to those of the mentee’s survey. Data retrieved from the mentor’s summative assessment presented all mentors attesting to be satisfied in their role as labor and delivery registered nurses and committed to staying in their current position in the Hospital KV MCH department as labor and delivery registered nurses. Six of the seven mentors denounced intentions to leave Hospital KV MCH department within the next twelve months due to job dissatisfaction, and one of the seven mentors admitted intentions to leave the Hospital KV
MCH department within the next twelve months due to personal reasons that were unrelated to job satisfaction or dissatisfaction.

Results from the Mentor Post-Implementation Survey were favorable and like results from the Mentee Post-Implementation Survey. These results showed an eighty-six percent retention rate for all seven mentors and seven mentees who participated in this quality improvement project (see Appendix N for Retention Tracking Rate). As expected, these favorable results correlated to the hypothesis and conclusions from Schroyer et al. (2020) “It was hypothesized that by implementing a mentorship program and pairing each new nurse with an experienced nurse, the RN retention rate would increase” (p. 89). Hence, mentorship increases retention and reduces costs from incremental overtime and high turnovers. Mentorship expands the professional knowledge of mentors and mentees.

Discussions

Summary

Key Findings

An initial challenge presented immediately after implementation was having the mentors on the same shift as the mentees. To address this challenge, the team allowed the mentees to select more than one mentor so that on each shift the mentee worked, a mentor would be present during the implementation period. Given this adjustment to the initial structure, which was designed to have one mentee to one mentor, a mentor could be assigned to more than one mentee. This adjustment did not significantly change the number of mentors, as no additional mentor was on boarded. This is because each mentee chose more than one mentor from a pool of seven expert nurses, even though they were allowed to select from the general population of Hospital KV Labor and Delivery nurses.
Lessons Learned

Within less than two weeks of implementation, all mentees and mentors affirmed that they felt supported by management through this mentorship project. Similarly, Hospital KV MCH management expressed a desire to assume ownership of this mentorship program and extend its duration beyond four weeks for all future newly hired nurses. The four weeks duration of this project was a significant limitation but availed a substantial foundation upon which the hospital KV MCH department can improve. With fourteen participants comprising seven mentees and seven mentors, we anticipated a generalizable result. Within two weeks of implementation, the prospects of this mentorship initiative already seemed successful. We anticipated the timely completion of this quality improvement project on July 15th, 2023, with more favorable results. Given the buy-in from Hospital KV MCH management, the overwhelming embracement from mentees and mentors, and the enormous scholarly evidence that supports mentorship programs for nurses, we remain convinced that this quality improvement project will prove sustainable in Hospital KV MCH department with a very high potential of extending beyond to other departments in Hospital KV (see Appendix M for Statement of Non-Research Determination).

Conclusion

The Usefulness of the Work

This quality improvement project focused on supporting nurses through mentorship after they completed specialty training or orientation in Labor and Delivery. This project achieved and surpassed its aim to increase the retention rate of specialty-trained nurses who transferred to Hospital KV L&D unit from other hospitals and nurses who completed specialty training within the last twelve months from a baseline retention rate of 40% to the target of 75% by July 2023 in
Hospital KV L&D unit. Through a collaborative endeavor, the team identified evidence-based interventions. It implemented a mentorship program Hospital KV MCH microsystem can use as a model and improve upon to increase staff retention among nurses who transferred to MCH from other specialty departments and hospitals.

**Sustainability & Potential for Spread**

A detailed literature review and a microsystem assessment showed causative factors of high turnovers, such as inadequate work-life balance, burnout, and inability to attract new nurses, all of which are implications of the nursing shortage, a global challenge. Given the rewarding result of this quality improvement project and the enormous support from nursing management and nurses, the sustainability prospect of this mentorship initiative is very high. Nursing mentorship is supported by massive evidence-based literature as a tool for mitigating the nursing shortage. Nursing mentorship has the potential to be adopted as a culture in different units and departments of the Hospital KV.

**Implications for Practice**

This quality improvement nurse mentorship program was a tool for demonstrating nursing management’s concern for nurses' well-being and job satisfaction. This quality improvement nurse mentorship program also showed that nursing management strived to adhere to the rules and laws by creating a safe work environment that values adequate staffing ratios and evidence-based quality improvement standards. This quality improvement project demonstrated the rewarding impacts of collaboration among novice and expert nurses and other stakeholders, including providers and nursing management.
References


https://doi.org/10.1097/01.NUMA.0000547835.95083.a0


### Appendix A

#### Project Timeline

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Lead</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct microsystem assessment</td>
<td>Project Leader</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>Select project focus and define the aim statement</td>
<td>Project Leader</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Completed</td>
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<tr>
<td>Identify team members and key stakeholders.</td>
<td>Project Leader</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Draft project plan</td>
<td>Project Leader</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>Meet with the team to outline an implementation strategy</td>
<td>Project Leader</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>Conduct 2-hour Mentorship Training</td>
<td>Project Leader &amp; Leadership Team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>Implement Support Program</td>
<td>Project Leader &amp; Team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>Collect and analyze data.</td>
<td>Project Leader &amp; Team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>Update team and stakeholders with results</td>
<td>Project Leader</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>Evaluate and re-evaluate project outcomes.</td>
<td>Project Leader and Team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>Finalize Support Program implementation</td>
<td>Project Leader &amp; Team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Completed</td>
</tr>
</tbody>
</table>
Appendix B

Evaluation Table

**PICOT Question:** Among nurses new to the obstetrics specialty and nurses who transferred within the last eleven months in Hospital KV Labor and Delivery Department (P), how does a short-term structured mentorship program (I) increase work engagement and improve retention (O) among the same cohort pre- and post-program implementation (C) within a four weeks’ time frame (T)?

<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Sample</th>
<th>Outcome/Feasibility</th>
<th>Evidence Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ackerson, K., &amp; Stiles, K. (2018). Value of nurse residency programs in retaining new graduate nurses and their potential effect on the nursing shortage. <em>Journal of Continuing Education in Nursing</em>, 49(6), 282-288. <a href="https://doi.org/10.3928/00220124-20180517-09">https://doi.org/10.3928/00220124-20180517-09</a></td>
<td>Systematic Review</td>
<td>26 out of 42 Peer-Reviewed Articles</td>
<td><strong>Findings:</strong> Twenty-six articles met the inclusion criteria, most of which were descriptive. Established programs with at least 12 months were slightly more effective at retention. However, retention was not sustained in year two. <strong>Strengths:</strong> Peer-reviewed Articles (26 out of 42) – through a search of the Cumulative Index to Nursing and Allied Health Literature, Ovid Nursing Journals, and ProQuest Health and Medical Complete Databases, the 42 articles were selected for a full review. Well-structured inclusion and exclusion criteria. <strong>Limitations:</strong> The levels of evidence in this review were limited, and the methods used to evaluate the programs needed to be stronger. Many studies used descriptive designs. Although some studies had a comparison group, which provides information, they do not inform us whether the NRPs’ effect is significant.</td>
<td>JHNEBP Level Level III – a systematic review of 26 out of 42 peer-reviewed articles. Some studies were randomized and had control as well as comparison groups. <strong>Quality Rating:</strong> Low-quality rating The sample size was sufficient for the study design. The study needed more evidence for a solid conclusion to be drawn.</td>
</tr>
</tbody>
</table>
Only one study in this review conducted a quasi-experimental study with a control group. Several studies included retention and turnover rates pre-NRP with post-NRP initiation. However, no study reported any statistics on the differences between the two time points.

This systematic review supports the need to provide structured mentorship for nurses beyond orientation or the KP six months specialty training.

<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Sample</th>
<th>Outcome/Feasibility</th>
<th>Evidence Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daw, P. (2017).</td>
<td>Quasi-experimental</td>
<td>Nursing Programs Nursing Faculty Between 2006 and 2015, 109 competitive institutional grants were funded at 27 nursing programs across Maryland. 950 faculty received awards through</td>
<td><strong>Findings:</strong> Data collected presented an increase in the following areas: The number of graduates from Maryland Schools of Nursing. The number of graduates at every level, from an associate degree in nursing (ADN) to a Doctor of Nursing Practice (DNP). The number of graduates from Master of Science in Nursing to Doctor of Nursing Practice (DNP). The pool of competent nursing faculty. <strong>Strengths:</strong> The Johns Hopkins evidence-based practice tools, guided the prosecution of the evidence. Collaborative initiatives that included providers and</td>
<td>JHNEBP Level III Quality Rating</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Good quality rating The sample size was sufficient for the study design. The study produced good consistent results that can be generalized to an entire population of new graduate nurses.</td>
<td></td>
</tr>
</tbody>
</table>
fellowship, scholarships, and grants.

**Setting:**
Maryland Nursing schools in Maryland Nursing faculty in Maryland receivers of care and stakeholders and educators to bring about effective strategies to mitigate the nursing workforce shortage.

**Duration** – A comprehensive program spanning ten years.

**Evaluation Framework** – the program evaluation was structured using Patton’s Utilization-Focused Evaluation (UFE) process and a logical model.

**Limitations:**
Need for more information on employment, the effectiveness of workforce interventions, and return on investment in education.
Different schools used different operational definitions, which prevented rigorous evaluation.
Sophistication with data management and analysis varied across the 109 grant projects at 27 schools.
Organizational changes proved challenging. There were many changes to faculty responsibilities and availability to husband projects through to completion. Handoffs resulted in fragmentation and lack of fidelity to the original project plan.

Program staff evaluations and faculty volunteers who are familiar with the program conducted the NSPII program evaluation. An external evaluator might have added different approaches or perspectives. Time and budget

| BSN-prepared nurses. |
constraints limited the opportunity to engage an external evaluation professional.

This study supports the need for a collaborative approach to address the nursing shortage in the Hospital KV MCH department.

<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Sample</th>
<th>Outcome/Feasibility</th>
<th>Evidence Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gilland, D. (2019). Building a workforce pipeline: Development of an ambulatory nurse residency program. <em>Nursing Management</em>, 50(7), 3–37. <a href="https://doi.org/10.1097/01.NUMA.0000558520.60241.1f">https://doi.org/10.1097/01.NUMA.0000558520.60241.1f</a></td>
<td>Quasi-experimental</td>
<td>Two cohorts comprised sixteen new graduate BSN-prepared nurses. The second cohort began six months after the first cohort. <strong>Setting:</strong> An extensive academic healthcare system in the southeastern US and a University school of nursing</td>
<td>Findings: Survey results of the two cohorts were compared at baseline and six months to measure trends over time and differences among the two groups and compared with national benchmarks. The data show positive results, demonstrating a successful transition into practice and increased retention of the new graduate RNs. Positive changes were seen in support, professional satisfaction, organization and prioritization, and communication and leadership for the second cohort from baseline to six months. The stress level for the second cohort was below the national comparison score. After the first year of the ANRP, the retention rate was 94% among the residents, exceeding reported ratios for new graduates of 83% nationally. The ANRP had unexpected benefits, including developing</td>
<td>JHNEBP Level Rating Level II Quality Rating • Low-quality rating The sample size was small for the study design. The study produced good, consistent results that can be generalized to an entire population of new graduate BSN-prepared nurses.</td>
</tr>
</tbody>
</table>
New graduates were recruited biannually from BSN programs at the school of nursing associated with the healthcare system.

The infrastructure included trained preceptors, available and supportive leaders, and service lines budgeted for new graduate nurse positions. The ambulatory surgery centers, ambulatory infusion centers, and oncology and cardiology clinics were the

| a rigorous infrastructure of experienced nurse preceptors, enhancing preceptors’ professional development, adding new ambulatory nursing leadership roles, strengthening the partnership between the healthcare system and the school of nursing, and highlighting the role of RNs within ambulatory care practice. |
| **Strengths:** Evidence-Based Theoretical Model – Dorothy del Bueno’s competency-based development model provided a framework for the ANRP. Robust Infrastructure – an academic healthcare system with a tripartite mission of research, education, and clinical care. A strong partnership existed between an extensive educational healthcare system and a university nursing school. A dedicated nurse educator position to plan, implement, and oversee the program, including coordinating preceptor training and functioning as the liaison between the healthcare system and the school of nursing. Experienced RNs as preceptors |
| **Limitations:** Short time frame limits of the study. Only twelve months of comparison of the first and second cohorts. Small sample size – There were sixteen residents in the two cohorts. |
Limited specialty departments – because the ANRP is an inaugural program in this healthcare system, the departments eligible to take new graduates were purposely narrowed to ambulatory surgery, oncology, and cardiology to confirm that the infrastructure was entirely in place to help ensure the residents’ and program’s success.

This study also provides evidence of the enormous benefits Hospital KV MCH department’s new and experienced nurses stand to achieve from a mentorship program.

<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Sample</th>
<th>Outcome/Feasibility</th>
<th>Evidence Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mijares, A., &amp; Radovich, P. (2020).</td>
<td>Descriptive Non-experimental</td>
<td>Eleven nurses volunteered to participate in the study, although only nine completed the program.</td>
<td><strong>Findings:</strong> A mentorship program using the organization’s clinical ladder criteria was established where nurses could participate and complete selected professional development activities based on personal interests and perceived strengths. The clinical nurse specialist provided guidance and advice based on each participant’s identified activity. After completing the initial pilot, the organization found the program practical and expanded the mentorship program. The evidence-based project demonstrated that a mentorship program using an</td>
<td>JHNEBP Level Rating Level V</td>
</tr>
</tbody>
</table>
established clinical ladder could increase elements of work engagement and satisfaction with the mentor and program among hospital nursing staff. Sustaining and expanding the program can facilitate increased nursing job satisfaction and employee retention.

**Strengths:** Wagner’s Caring Mentorship Model was the theoretical framework. This model is ideal because it was designed to empower relationships among nurses. The literature review was sufficient and provided indisputable evidence that emphasized the effects of well-structured mentorship programs on staff retention. Other components that facilitated the project were strong hospital and unit leadership support.

**Limitations:** Small sample size, small setting, short duration

This study is an evidence-based quality improvement project very similar to our quality improvement project and provides valuable insights that validate the benefits of a nurse mentorship program.
<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Sample</th>
<th>Outcome/Feasibility</th>
<th>Evidence Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schroyer, C., Zellers, R., &amp; Abraham, S. (2020). Increasing registered nurse retention using mentors in critical care services. <em>Health Care Manager</em>, 39(2), 85–99. <a href="https://doi.org/10.1097/HCM.0000000000000293">https://doi.org/10.1097/HCM.0000000000000293</a></td>
<td>Quasi-experimental, descriptive, quantitative research method</td>
<td>Seventy newly hired RNs divided into two equal groups for the study. The study identified the first group as not mentored and the second group as those who were mentored. The study solicited the expertise of 32 mentors.</td>
<td><strong>Findings:</strong> The retention rate of nurses with a mentor was 91%, a significant increase from 66% for the not-mentored group. The confidence interval was 95%, proving the alternate hypothesis that nurses are retained when a mentor program is used. <strong>Strengths:</strong> The researchers conducted a systematic literature review using the Boolean search method across several electronic databases, including CINAHL, OVID, PubMed, Google, and Google Scholar, to inform their hypothesis. The framework for the mentor program was based on Benner’s Novice to Expert theory. The sample size was adequate, with 70 newly hired RNs. The study was conducted across three diverse microsystems in a 325-bed facility, namely, Critical Care Center (CCC), Intermediate Care Center (ICC), and Progressive Care Unit (PCU). The three inpatient units had a combined 87 beds. <strong>Limitations:</strong> The study was focused on retrospective quantitative data. The need for more information regarding why not-mentored nurses were retained.</td>
<td>JHNEBP Level Level II – a Quasi-Experimental Study <strong>Quality Rating:</strong> High quality – consistent results, sufficient sample size, adequate control, and definitive conclusions.</td>
</tr>
</tbody>
</table>
nurses left was a study limitation.

This study applies to this project because it demonstrates the relationship between a mentorship program like ours and nurses’ retention.
## Appendix C

### Financial Analysis

**Financial Analysis of the Nursing Shortage: The Challenges, Impacts, & Solutions**

<table>
<thead>
<tr>
<th>Improvement Revenue (Cost Avoidance)</th>
<th>Hours/d</th>
<th>Days per Month</th>
<th>Cost per Month</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost for incremental overtime</td>
<td>32</td>
<td>30</td>
<td>32 x 30 = 960 hours x $85.00 = $81,600.00</td>
<td>$81,600 x 12 = $979,200.00</td>
<td>$979,200.00 x 2 = $1,958,400.00</td>
</tr>
<tr>
<td>Cost of coverage, using Traveler RNs</td>
<td>16</td>
<td>30</td>
<td>16 hours x 30 days = 480 hours / month x $120.00 = $57,600.00</td>
<td>$57,600.00 x 12 = $691,200.00</td>
<td>$691,200.00 x 2 = $1,382,400.00</td>
</tr>
<tr>
<td><strong>Total Cost:</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$139,200.00</strong></td>
<td><strong>$1,670,400.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Improvement Costs</th>
<th></th>
<th></th>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two Hours Mentorship Training Costs for 10 Experienced RN at the base rate of $85.00/hour.</td>
<td></td>
<td></td>
<td>10 RNs x 2 hours x $85.00 = $1,700.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The additional hourly incentive of $1.50 for 10 RNs</td>
<td></td>
<td></td>
<td>10 RNs x 160 hours/month x $1.50 = $2,400.00</td>
<td>$2,400.00 x 12 = $28,800.00</td>
<td>$2,400.00 x 24 = $57,600.00</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td>$1,000.00</td>
<td>$12,000.00</td>
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<tr>
<td><strong>Total Cost:</strong></td>
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<td></td>
<td></td>
<td><strong>$5,100.00</strong></td>
<td><strong>$40,800.00</strong></td>
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### Project Savings/Cost Avoidance (ROI)

<table>
<thead>
<tr>
<th>1 Month Annual Cost Savings</th>
<th>Year 1 Annual Cost Savings</th>
<th>Year 2 Annual Cost Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net savings = Cost avoidance - Improvement cost</td>
<td>$139,200.00 - 5,100.00 = $134,100</td>
<td>$1,670,400.00 - 40,800.00 = $1,629,600.00</td>
</tr>
<tr>
<td><strong>$139,200.00</strong></td>
<td><strong>$1,670,400.00</strong></td>
<td><strong>$3,340,800.00</strong></td>
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</table>
## Appendix D

### Gap Analysis

**Area Under Consideration:** Implementation of a nurse residency program in Hospital KV MCH Department

<table>
<thead>
<tr>
<th>Desired State</th>
<th>Current State</th>
<th>Action Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses new to the department will be satisfied to retain employment with Hospital KV L&amp;D based on the supportive environment from management and staff. Nurses’ staffing will be adequate for nurses to take their meal and rest breaks on time, leave work on time, have approved vacations, have an excellent work/life balance, and be rejuvenated to provide quality patient care.</td>
<td>Nurses new to the Hospital KV L&amp;D department expressed needing further clinical and emotional support from management and staff after completing specialty training or onboarding orientation.</td>
<td>The project leader worked with the area financial officer, the department director and manager, the assistant nurse managers, the healthcare providers, and the nurses and staff on the MCH unit to plan and implement a nurse mentorship program. The project leader initially engaged the team through in-service and process mapping to understand the department's current state regarding the nursing shortage and nurses’ job satisfaction. The project leader involved them in tests of change and held monthly meetings to share results.</td>
</tr>
<tr>
<td>New and transferred nurses’ job satisfaction and desire to stay will improve. Their retention rate will increase from 50% to 75%. Nurses will incur less incremental overtime due to adequate staffing and appropriate workload.</td>
<td>Nurses incurred incremental overtime at an alarming rate due to inadequate staffing and excessive workload.</td>
<td>Seven experienced nurses received two hours of mentorship training. Each new or transferred nurse participating in the mentorship program was assigned designated mentors for four weeks.</td>
</tr>
<tr>
<td>Nurses will experience less burnout due to working long shifts and extended overtime. Less nurse burnout will lead to less staff turnover and reduced microsystem costs.</td>
<td>Nurses were experiencing burnout and job dissatisfaction. The MCH department was experiencing a high turnover rate of nurses due to numerous factors, including burnout, low morale, and low quality of care.</td>
<td>The project leader emphasized enhancing the nurse mentorship program to reduce nurse overtime, burnout, and turnover. The team measured the project’s outcome against cost reduction results, descriptions of satisfaction or dissatisfaction from nurses regarding the effects, nurses’ perception of the nurse mentorship program, and intentions to leave or stay.</td>
</tr>
</tbody>
</table>
Appendix E

SWOT Analysis

<table>
<thead>
<tr>
<th>Internal Factors</th>
<th>Weaknesses (-)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths (+)</strong></td>
<td><strong>Prohibitive cost to implement a nurse mentorship program.</strong></td>
</tr>
<tr>
<td>• Strong teamwork and collaboration among key stakeholders and the nursing staff</td>
<td>• Reluctance to hire new nurses due to the misconception that it is not cost-effective.</td>
</tr>
<tr>
<td>• Collective buy-in from management and care team members to improve job satisfaction, improve work/life balance, decrease burnout, and decrease turnovers.</td>
<td>• Reluctance to mentor new nurses due to the suspicion that they will not remain in the department.</td>
</tr>
<tr>
<td>• Values of excellence in healthcare services and commitment to quality improvement</td>
<td>• Human Resource and MCH department perception and culture regarding hiring new graduates.</td>
</tr>
<tr>
<td>• Values of evidence-based clinical outcomes</td>
<td>• Nurses may be burned out and seek to work at other hospitals with innovative solutions to adequate staffing.</td>
</tr>
<tr>
<td>• Desire to increase job attractiveness to new graduates and obstetric specialty nurses.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>External Factors</th>
<th>Threats (+)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opportunities (+)</strong></td>
<td><strong>Other hospitals may be more proactive and innovative in attracting new graduate nurses.</strong></td>
</tr>
<tr>
<td>• Partnerships with nursing schools</td>
<td></td>
</tr>
<tr>
<td>• Nursing students who complete clinical rotations on our units.</td>
<td></td>
</tr>
<tr>
<td>• The increased pool of recent graduates from nursing schools.</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix F

### Power Interest Grid

<table>
<thead>
<tr>
<th>Power</th>
<th>High Power, Low Interest</th>
<th>High Power, High Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers:</td>
<td>Doctors and Midwives</td>
<td>Director, Manager, Assistant Nurse Managers, and Nursing Professional Development Specialist, NPDS</td>
</tr>
<tr>
<td>High</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Keep Satisfied</td>
<td>• Manage Closely</td>
</tr>
<tr>
<td></td>
<td>• Put in enough effort to remain engaged and portray the project’s significance.</td>
<td>• Make the most significant efforts to get buy-in from the director, manager, and nursing professional development specialist (NPDS).</td>
</tr>
<tr>
<td></td>
<td>• Ensure the communication is adequate.</td>
<td>• Communicate regularly.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Solicit their input.</td>
</tr>
<tr>
<td>Low Power, Low Interest</td>
<td>Staff</td>
<td>Low Power, High Interest</td>
</tr>
<tr>
<td>Low Power</td>
<td></td>
<td>Mentors and Mentees</td>
</tr>
<tr>
<td></td>
<td>• Monitor</td>
<td>• Keep informed</td>
</tr>
<tr>
<td></td>
<td>• Connect with staff and provide updates about the progress of the mentorship project.</td>
<td>• Keep mentors and mentees adequately informed.</td>
</tr>
<tr>
<td></td>
<td>• Take note of feedback</td>
<td>• Make sure issues that arise are resolved.</td>
</tr>
<tr>
<td></td>
<td>• Seek to resolve challenges and improve the process.</td>
<td>• Be aware that mentors and mentees are interested in successful outcomes and that they possess helpful project details.</td>
</tr>
</tbody>
</table>

Interest

---

*Note: The grid above illustrates how power and interest interact to influence engagement and success in projects.*
## Appendix G

### Communication Plan

<table>
<thead>
<tr>
<th>Communication</th>
<th>Who</th>
<th>Frequency</th>
<th>Goal</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>Updates, feedback, and questions</td>
<td>Unit Nurse Manager</td>
<td>Monthly</td>
<td>Ongoing support from the Nurse Manager</td>
<td>In-person meetings</td>
</tr>
<tr>
<td>Updates, feedback, and questions</td>
<td>Nurse Educator</td>
<td>Weekly</td>
<td>Ongoing support from Nurse Educator</td>
<td>Shift huddles, meetings, Email</td>
</tr>
<tr>
<td>Updates, feedback, and questions</td>
<td>Mentors &amp; mentees</td>
<td>Weekly and as needed</td>
<td>Information on implementation issues</td>
<td>In-person meetings, Email</td>
</tr>
<tr>
<td>Updates, feedback, and questions</td>
<td>CNL &amp; Team</td>
<td>Weekly and as needed</td>
<td>Information on implementation issues</td>
<td>In-person, shift huddles, meetings, Email</td>
</tr>
</tbody>
</table>
# Appendix H, Table 1

## Project Charter

<table>
<thead>
<tr>
<th><strong>Background (Global Aim)</strong></th>
<th>To improve job satisfaction of the recently graduated specialty-trained nurses from the Hospital KV Specialty Training by July 2023 in Hospital KV Labor and Delivery (L&amp;D) department.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population Criteria:</strong></td>
<td>Nurses who graduated from the Hospital KV Specialty Training and those who transferred to Hospital KV Labor and Delivery (L&amp;D) department in the last eleven months.</td>
</tr>
<tr>
<td><strong>Data Collection Method:</strong></td>
<td>Data was obtained from Formative Surveys at the beginning and middle of the four weeks of the RN Mentorship Program. After baseline data were received, each mentee and designated mentor met with the project leader weekly to record Direct and Timely Two-Way Feedback to assess the need for further support or mentorship. The Incremental Overtime Report and the weekly Direct Two-Way Feedback data were reviewed for weekly project measures. Data were obtained from a Summative Survey at the end of the fourth week to evaluate the program’s effect.</td>
</tr>
</tbody>
</table>
Appendix H, Table 2

**Measures**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Source</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The specific aim of this project was to increase the retention rate of specialty-trained nurses who transferred to our department from other hospitals and nurses who completed the Hospital KV Specialty Training within the last eleven months from a baseline retention rate of 40% to the target of 75% by July 2023.</td>
<td>Survey of participants regarding intent to stay pre- and post-support program.</td>
<td>75%</td>
</tr>
<tr>
<td>% Of retention of nurses who graduated from the Hospital KV Specialty Training in August 2022 at 75% by July 2023.</td>
<td>Post Survey and RN Interfacility and Interdepartmental Transfer Record</td>
<td>75%</td>
</tr>
<tr>
<td><strong>Process</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Of nurses who respond affirmatively to needing further support or mentorship after graduating from the KP Specialty Training.</td>
<td>Survey Results</td>
<td>&gt; 75%</td>
</tr>
<tr>
<td>The primary process measure was to have 90% of mentees utilize mentors’ expertise and support, as evidenced by weekly follow-ups and post-survey feedback.</td>
<td>Data from Direct and Timely Two-Way Feedback</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Balancing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Of incremental overtime incurred by mentors &amp; mentees due to coaching, evaluation, and feedback.</td>
<td>Incremental Overtime Report</td>
<td>&lt; 1 hr/week</td>
</tr>
</tbody>
</table>

**Team**

<table>
<thead>
<tr>
<th>Clinical Services Director Family Birth Center</th>
<th>Mrs. D. U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager Family Birth Center</td>
<td>Ms. M. B</td>
</tr>
<tr>
<td>Nursing Professional Development Specialist</td>
<td>Mrs. A. H</td>
</tr>
<tr>
<td>Assistant Nurse Managers</td>
<td></td>
</tr>
<tr>
<td>Nursing Staff</td>
<td></td>
</tr>
<tr>
<td>Mentors</td>
<td></td>
</tr>
<tr>
<td>Mentees</td>
<td></td>
</tr>
</tbody>
</table>
Appendix H, Table 3
Driver Diagram

TO IMPROVE THE RATE OF RETENTION OF SPECIALTY-TRAINED NURSES TO 100% FROM A BASELINE OF 50% DURING THE FIRST TWO YEARS AFTER GRADUATION FROM KP SPECIALTY TRAINING IN HOSPITAL KP VAL L&D

Assess

Identify Sponsors, Team Members, and Key State Holders

To support nurses who are new to L&D after completion of specialty training.

Problem Focus

To improve the rate of retention of specialty-trained nurses to 100% by July 2003.

Preparation: Select mentors with clinical expertise and the ability to teach and evaluate mentees.

Plan

Meet with the team to outline an implementation plan.

Conduct formative assessment, implement Goal-Directed Mentoring, and weekly Direct and Timely Two-Way Feedback.

Implement

Repeat formative assessment at midpoint of the program and implement ongoing support.

Evaluate

Conduct summative surveys at the end of the project.

End project and transition mentor & mentee to a peer to peer professional relationship.
Appendix H, Table 4

Changes to Test:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Data were obtained from the RN Interfacility and Interdepartmental Transfer Record to test the rate of retention or transfer of nurses following graduation from the L&amp;D Specialty Training.</td>
<td></td>
</tr>
<tr>
<td>Data were obtained from participants through formative and summative surveys of participants’ intent to stay before, during, and after the support program.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix I

Mentee Pre-Implementation Survey

Mentee Pre-Survey:
Nurse Mentorship Project - Supporting Nurses After Specialty Training or Orientation
Pre-Survey: Formative Assessment of the Need for and Benefits of Mentorship

Thank you for agreeing to participate in this eleven-question survey that assesses the need for and the benefits of a nursing mentorship program in our nursing specialty departments. Your responses and the project's success will be used to retrieve relevant data to guide the development of a structured mentorship program.

**Question Title**
1. What is your nursing specialty department?
   - Labor and Delivery
   - Postpartum
   - Intermediate Nursery
   - Labor and Delivery and Postpartum
   - Labor and delivery and Intermediate Nursery
   - Intermediate Nursery and Postpartum

**Question Title**
2. How long has it been since you got hired in this department?
   - 1 month
   - 2 months
   - 3 months
   - 4 months
   - 5 months
   - 6 months
   - 7 months
   - 8 months
   - 9 months
   - 10 months
   - 11 months
   - 12 months
   - Greater than 12 months but less than two years

**Question Title**
3. If you were assigned to an expert nurse as your mentor immediately after your orientation, what level of positive impact would it have on your transition?

- A great deal
- A lot
- A moderate amount
- A little
- None at all

**Question Title**

4. How challenging is transitioning to this specialty department after orientation without a mentor or a designated person to listen, answer questions and support development?

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult

**Question Title**

5. What is your highest nursing degree?

- Associate degree in nursing (ADN)
- Bachelor of Science in Nursing (BSN)
- Master of Science in Nursing (MSN)

**Question Title**

6. A transition into this nursing specialty without an expert, friendly, & approachable mentor is a potential risk to patients’ & nurses' safety.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**Question Title**

7. In this department, a structured nursing mentorship program will enhance job satisfaction and nurse retention and promote high-quality care for our patients.

- Strongly agree
- Agree
- Neither agree nor disagree
Disagree
Strongly disagree

Question Title
8. In this department, a structured nursing mentorship program will lead to a steady supply of new and experienced nurses and mitigate the challenges of the nursing shortage.
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

Question Title
9. In this department, a structured nursing mentorship program will attract new nurses and nurses from other departments knowing that we welcome and support new team members in their transition to success.
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

Question Title
10. Do you agree to participate in a four-week nurse mentorship quality improvement project as a mentee?
Yes
No

Question Title
11. What is your first name and the name(s) of the expert nurse(s) whom you prefer to be your mentor?
This nurse must have been in this department longer than one year but preferably two years.

Done
Appendix J
Mentee Pre-Implementation Survey Responses

If you were assigned to an expert nurse as your mentor immediately after your orientation, what level of positive impact would it have on your transition?

Answered: 7  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal</td>
<td>42.86%</td>
</tr>
<tr>
<td>A lot</td>
<td>57.14%</td>
</tr>
<tr>
<td>A moderate amount</td>
<td>0.00%</td>
</tr>
<tr>
<td>A little</td>
<td>0.00%</td>
</tr>
<tr>
<td>None at all</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
</tr>
</tbody>
</table>
How challenging is transitioning to this specialty department after orientation without a mentor or a designated person to listen, answer questions and support development?

Answered: 7   Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very easy</td>
<td>0.00%</td>
</tr>
<tr>
<td>Easy</td>
<td>0.00%</td>
</tr>
<tr>
<td>Neither easy nor difficult</td>
<td>28.57%</td>
</tr>
<tr>
<td>Difficult</td>
<td>57.14%</td>
</tr>
<tr>
<td>Very difficult</td>
<td>14.29%</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>
A transition into this nursing specialty without an expert, friendly, & approachable mentor is a potential risk to patients' & nurses' safety.

Answered: 7  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>71.43%</td>
</tr>
<tr>
<td>Agree</td>
<td>14.29%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>14.29%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>
In this department, a structured nursing mentorship program will enhance job satisfaction and nurse retention and promote high-quality care for our patients.

Answered: 7   Skipped: 0

**Answer Choices**

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>42.86%</td>
</tr>
<tr>
<td>Agree</td>
<td>42.86%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>14.29%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

**Total** 7
Appendix K
Mentor Pre-Implementation Survey

**Mentor Pre-Survey:**
*Nurse Mentorship Project - Supporting Nurses After Specialty Training or Orientation*

Pre-Survey: Formative Assessment of the Need for and Benefits of Mentorship

Thank you for agreeing to participate in this eleven-question survey that assesses the need for and the benefits of a nursing mentorship program in our nursing specialty departments. Your responses and the project’s success will be used to retrieve relevant data to guide the development of a structured mentorship program.

**Question Title**

1. What is your nursing specialty department?

- [ ] Labor and Delivery
- [ ] Postpartum
- [ ] Intermediate Nursery
- [ ] Labor and Delivery and Postpartum
- [ ] Labor and delivery and Intermediate Nursery
- [ ] Intermediate Nursery and Postpartum

**Question Title**

2. How long has it been since you got hired in this department?

- [ ] 2 + years
- [ ] 3+ years
- [ ] 4+ years
- [ ] 5+ years
- [ ] Greater than 5 years but less than 10 years
- [ ] Greater than 10 years but less than 15 years
- [ ] Greater than 15 years but less than 20 years
- [ ] Greater than 20 years but less than 30 years
- [ ] Greater than 30 years

**Question Title**

3. If you were assigned to a new nurse or a nurse new to our department as a mentor immediately after orientation, what level of positive impact would it have on the nurses’ transition?

- [ ] A great deal
- [ ] A lot
Question Title
4. How challenging is transitioning to this specialty department after orientation without a mentor or a designated person to listen, answer questions and support development?
- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult

Question Title
5. What is your highest nursing degree?
- Associate degree in nursing (ADN)
- Bachelor of Science in Nursing (BSN)
- Master of Science in Nursing (MSN)

Question Title
6. A transition into this nursing specialty without an expert, friendly, & approachable mentor is a potential risk to patients' & nurses' safety.
- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Question Title
7. In this department, a structured nursing mentorship program will enhance job satisfaction and nurse retention and promote high-quality care for our patients.
- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
8. In this department, a structured nursing mentorship program will lead to a steady supply of new and experienced nurses and mitigate the challenges of the nursing shortage.
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree

**Question Title**
9. In this department, a structured nursing mentorship program will attract new nurses and nurses from other departments knowing that we welcome and support new team members in their transition to success.
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree

**Question Title**
10. Do you agree to participate in a four-week nurse mentorship quality improvement project as a mentor?
   - Yes
   - No

**Question Title**
11. What is your name and the name of the new nurse you prefer to be your mentee? Preferably, this nurse must have been in this department for less than one year.

   Done
Appendix L
Mentee Post-Implementation Survey

SHOWING: 7 of 7 Responses

1. Having completed a four-week mentorship project in which you were assigned to mentors of your choice to listen to your concerns and provide expert feedback, how satisfied are you in your current role as a labor and delivery registered nurse?

<table>
<thead>
<tr>
<th>Response</th>
<th>Skipped</th>
<th>Answered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>0%</td>
<td>3</td>
</tr>
<tr>
<td>Satisfied</td>
<td>43%</td>
<td>3</td>
</tr>
<tr>
<td>Neither satisfied nor dissatisfied</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>0%</td>
<td>0</td>
</tr>
</tbody>
</table>
Appendix M

Mentors Post-Implementation Survey

SHOWING: 7 of 7 Responses

4. Having completed a four-week mentorship project in which you were assigned to mentors of your choice to listen to your concerns and provide expert feedback, do you intend to leave this hospital or nursing department within the next twelve months?

Skipped: 0   Answered: 7

<table>
<thead>
<tr>
<th></th>
<th>Skipped</th>
<th>Answered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14%</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>86%</td>
<td>6</td>
</tr>
</tbody>
</table>

SHOWING: 7 of 7 Responses

1. Having participated in a four-week mentorship project in which you mentored a new nurse, how satisfied are you in your current labor and delivery registered nurse role?

Skipped: 0   Answered: 7

<table>
<thead>
<tr>
<th></th>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Dissatisfied</th>
<th>Very dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>71%</td>
<td>29%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

|
4. Having participated in a four-week mentorship project in which you mentored a new nurse, do you intend to leave this hospital or nursing department within the next twelve months?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14%</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>86%</td>
<td>6</td>
</tr>
</tbody>
</table>
Appendix N

Retention Tracking Rate

Retention Rate for Project

- Project Started: 46%
- Mentorship partnering: 86%
- Post-survey: 86%

[Graph showing retention tracking rates over months from January to July 2023]
Appendix M

CNL Project: Statement of Non-Research Determination Form

Student Name: Benjamin J. Worji
**Title of Project:**
Supporting Nurses After Specialty Training or Orientation in Labor and Delivery

**Brief Description of Project:** This quality improvement project spanned four weeks utilizing Benner's from Novice to Expert Model to provide clinical and emotional support to novice and expert nurses new to the Hospital KV Maternal Child Health (MCH) department. The mentees were the novice or expert nurses transferred or hired within the last eleven months. Each mentee was assigned to a designated mentor who supported our new team members’ transition and professional development.

A) **Aim Statement:** The specific aim of this project was to increase the retention rate of specialty-trained nurses who transferred to our department from other hospitals and nurses who completed the Hospital KV Specialty Training within the last twelve months from a baseline retention rate of 40% to the target of 75% by July 2023 in Hospital KV L&D Department.

B) **Description of Intervention:** This Nurse Mentorship Project included the following phases:

1. **Preparation:** The nurse leader selected mentors with clinical expertise and the ability to teach and evaluate mentees. Seven L&D nurses, including three who graduated from the Hospital KV Specialty Training and four who transferred to the Hospital KV MCH department from other hospitals, were assigned designated mentors whose work schedules were identical to the work schedule of the mentee.

2. **Incorporation:** The team disseminated information through huddle messages to create a work environment that welcomed new nurses and embraced building collaborative relationships and teamwork to support team ownership of new nurses and enhance their job satisfaction.

3. **Goal-Directed Mentoring:** The nurse leader worked with the mentor and mentee to create weekly individualized benchmarks to guide mentoring activities.

4. **Direct and Timely Two-Way Feedback:** The nurse leader met with the mentor and the mentee every week to provide opportunities for both the mentor and the mentee to give feedback on their progress.

5. **Ongoing Support:** The mentor and the mentee developed a collaborative relationship as professional buddies for ongoing and future support through professional feedback and peer-to-peer evaluation.

C) **How will this intervention change practice?** These interventions made the Hospital KV MCH department more welcoming to newly hired or transferred nurses by providing guidance and support for novice and expert nurses new to our department. These interventions supported our goals of having happier nurses providing quality care to patients, optimizing nurses' time towards increased face-to-face presence with patients, reducing costs from incremental overtime and potential negligence from medical errors that are due to fatigue and overworked staff, reducing fees from high turnovers and frequent hiring and onboarding of nurses, increasing new nurses' confidence & job satisfaction, and reducing nurse turnover. Furthermore, these interventions expanded the repertoire of professional knowledge of the mentors through the instruction of others.
From these interventions and results, the Hospital KV MCH department achieved the capability and expertise to further expand the nurse mentorship program to its Intermediate Nursery and Postpartum departments and further disseminate the wealth of knowledge to other macrosystems.

D) Outcome measurements: The specific aim of this project is to increase the retention rate of specialty-trained nurses who transferred to our department from other hospitals and nurses who completed the Hospital KV Specialty Training within the last eleven months from a baseline retention rate of 40% to the target of 75% by July 2023.

% Of retention of nurses who graduated from the Hospital KV Specialty Training in August 2022 at 75% by July 2023.

To qualify as an Evidence-based Change in Practice Project rather than a Research Project, the criteria outlined in federal guidelines will be used: (http://answers.hhs.gov/ohrp/categories/1569)

☒ This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

☐ This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *
Instructions: Answer YES or NO to each of the following statements:
<table>
<thead>
<tr>
<th>Project Title: Supporting Nurses After Specialty Training or Orientation in Labor and Delivery</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>The project aims to improve the process or delivery of care with established/accepted standards or to implement evidence-based change. There is no intention of using the data for research purposes.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>The specific aim is to improve performance on a specific service or program and is a part of usual care. ALL participants will receive standard of care.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>The project is NOT designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control. The project does NOT follow a protocol that overrides clinical decision-making.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does NOT develop paradigms or untested methods or new untested standards.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does NOT seek to test an intervention that is beyond current science and experience.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>The project has NO funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., not a personal research project that is dependent upon the voluntary participation of colleagues, students and/or patients.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: “This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board.”</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

**ANSWER KEY:** If the answer to **ALL** of these items is **yes**, the project can be considered an Evidence-based activity that does **NOT** meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to **ANY** of these questions is **NO**, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.*

**STUDENT NAME (Please print):**

Benjamin J. Worji

**Signature of Student:**

__________________________

**DATE:** July 30th, 2023

**SUPERVISING FACULTY MEMBER NAME (Please print):** David Ainsworth, DNP

**Signature of Supervising Faculty Member:**

__________________________

**DATE:** 7/31/23