

Implementation of a Nurse Mentorship Program

by

Lauren E. Dawson

Under Supervision of

Renee Franquiz, DNP, RN, CNE

Second Reader

Amy Daniels, PhD, RN, CHSE

A DNP Project Manuscript
Submitted in Partial Fulfillment of the Requirements for the
Doctor of Nursing Practice Degree

University of Maryland School of Nursing
May 2020

Abstract

Problem & Purpose: The Institute of Medicine's (IOM) report, "The Future of Nursing: Leading Change, Advancing Health", supports the need for nurses to engage in lifelong learning opportunities. A 72-bed community hospital identified a gap in mentoring support for nurses after their first year of employment in order to support their professional development. Value for mentoring was evident in the existence of a mentoring committee at the project site, however, the committee has been inactive. The purpose of the quality improvement (QI) project was to develop, implement and evaluate the effects of a nurse mentorship program (NMP).

Methods: Seven mentees were recruited, all who expressed an interest in being mentored and were part of the most recent cohort of the organization's Maryland Nurse Residency Collaborative (MNRC). Five of the seven mentors were experienced nurses recruited at a hospital sponsored event, while the other two mentors were experienced nurses recommended by their mentee. The NMP was developed with best mentoring practices provided by the Academy of Medical-Surgical Nurses. At the beginning of implementation, educational sessions were provided to participants to establish requirements of the program to include initiating goal contracts and professional development plans and documenting engagements. Engagement and professional development activities were monitored through data collection.

Results: As a result of the program, 100% of dyads who engaged, completed a goal contract and professional development plan along with meeting at least one professional development goal.

The program received 100% overall satisfaction for mentors, and 66% for mentees.

Conclusion: Although small, all dyads achieved levels of satisfaction with the NMP and achieved a portion of professional development goals set. The NMP promoted a culture in the organization of support for professional development and career advancement among nurses.

Introduction

The Institute of Medicine's (IOM) landmark report, "The Future of Nursing: Leading Change, Advancing Health", referred to nursing as a complex profession that changes rapidly with evolving technology and emphasized that in order to achieve improved patient outcomes, healthcare organizations need to support an expectation and culture of lifelong learning (Institute of Medicine [IOM], 2011). There is a demand for nursing leaders to mentor the next generation as the nursing workforce deals with concerns facing decreased retention (Robert Wood Johnson Foundation [RWJF], 2016). Nursing Solutions, Inc (NSI, 2019) measured the national turnover rate in 2018 to be 17.2%, up from 16.8% in 2017 and 14.6% in 2016. Mentoring is an evidence-based approach that positively impacts satisfaction for both the mentor and mentee and assists in career development, learning and growth (Jakubik, 2008; Jakubik, Eliades, Gavriloff & Weese, 2011, Schroyer, Zellers & Abraham, 2016, Burr, S., Stichler, J., Poeltler, D. 2011).

The community hospital which served as the site of the program identified a gap in mentoring support for nurses enrolled in the MNRC. An assessment for nurses enrolled in the MNRC indicated a lack of professional development knowledge and activity. Value for mentoring was evident in the existence of a mentoring committee, however the committee had not been active and did not have a structured program. The purpose of the quality improvement (QI) project was to develop, implement and evaluate the effect of a nurse mentorship program (NMP) on completing engagement contracts, professional development plans, as well as mentor influence on increasing professional development knowledge. Satisfaction levels of dyads with the NMP and its ability to create a supportive relationship were also evaluated.

Literature Review

A literature review was conducted to identify the benefits of mentoring, as well as best practices on developing a nurse mentorship program (Appendix A). Benefits included improving nursing retention and satisfaction, a sense of belonging, career optimism, and increased professional growth and leadership. Best practices for the development of a mentorship program considered experience of the mentor, mentoring type (formal versus informal), mentoring quantity and mentoring quality. Significant benefits of mentoring found in the literature were the positive effects on nursing retention, nursing satisfaction, intent to stay with an organization and professional growth (Foster & Hill, 2019; Burr, Stichler & Poeltler, 2011; Jakubik, 2008). Foster & Hill (2019), reported a significant relationship between psychosocial role mentoring and career satisfaction in mentees. Other benefits included a sense of belonging in the workplace and career development engaging the mentee in future professional planning. Mentee's garnering confidence in taking on new challenges, improving decision-making skills, and increasing perception on the profession of nursing promotes professional growth (Jakubik, 2008, Jakubik 2012).

Several mentoring models were described in the literature including dyad, triad, peer, group, distance, learning partnership, highly relevant, and constellation mentorships (Nowell et.al, 2017; Jakubik 2012; Burr et. al, 2011). The dyad model of mentoring requires a relationship between two people, the mentor and the mentee. The triad relationship includes the mentor, the mentee and the organization. (Jakubik, 2008, Jakubik 2012). The dyad model of mentorship was the most common among the literature with an appropriate fit between mentor and mentee (Nowell et. al, 2017; Burr et. al, 2011, Jakubik, 2008, Jakubik, 2012). The matching of dyads is an important aspect for creating a successful mentoring relationship to include

matching by professional interests, common demographics and prior established relationship. However, no one selection process was deemed better than the other (Nowell et. al, 2017, Jakubik, 2008). The quality of mentoring was the best predictor of mentoring benefits (Nowell et. al, 2017, Jakubik, 2008, Jakubik, 2012). Six mentoring practices identified as statistically predicting relationships of mentoring benefits included welcoming, mapping the future, teaching, supporting the transition, providing protection and equipping for leadership (Weese, Jakubik, Eliades, & Huth, 2015).

Theoretical Framework

Michael Zey's "Mutual Benefits Model" (1991) was utilized as the theoretical framework for the QI project. In his mid-range theory, the act of mentoring is a triad relationship between the organization, the mentor and the mentee where each party benefits. Although initially proposed as a business model, it is applicable to nursing because nurses assume new roles in an organization and would benefit from mentored guidance that can lead to career development and satisfaction. The organization and mentor also benefit; the organization benefits through a lower turnover rate thus decreasing costs and the mentor achieves personal satisfaction as they can positively impact the practice of a novice nurse while gaining professional leadership experience to support advancing their own professional trajectory. Figure 1 depicts a visual representation of Zey's (1991) mutual benefits model.

In Zey's model (1991), the functions of a mentor are structured as a hierarchy from lowest commitment of the mentor to the highest commitment. The functions each have their own mentoring benefits, including teaching with the benefit of knowledge attainment, personal support with the benefit of personal growth, organizational intervention with the benefit of protection and promotion through career advancement. Zey's (1991) comparison of mentored

versus non-mentored individuals explains that mentored individuals excel in several areas, including knowledge of the organization, job satisfaction, career planning and commitment to the organization.

Methods

The QI project setting was a rural, not-for-profit, full-service community hospital located in Maryland. The organization is licensed for 72 inpatient beds and employs approximately 287 registered nurses (RN). Bi-annually, the hospital accepts up to 20 new nurses into their nurse residency program, which is part of the Maryland Nurse Residency Collaborative (MNRC). The participants in the project included RNs in the role of mentors and mentees, paired as a dyad. Mentees were recent graduates of the MNRC who all held an Associate Degree of Science in Nursing, did not belong to a professional organization, were not certified in any specialty and expressed interest in being mentored (Appendix B). Mentors were nurses recruited from the existing hospital workforce who had at least two years of nursing experience, excellent communication and interdisciplinary working relationships, met annual performance standards and were recommended by their manager (Appendix C). Seven mentor/mentee dyads were initially paired for participation by interest levels as; however, four mentor/mentee dyads completed the program (Appendix D). Unbeknownst at the start of the project, during the project the organization announced a merger restructure which limited prioritization of the project understandably due to more urgent organizational aims. This sudden organizational change may have limited moral and interest in the program, impacting the ultimate number of participants.

The Academy of Medical-Surgical Nurses (AMSN, 2012) mentoring best practices was utilized in the development of the NMP to include curriculum, activities and program evaluations. Descriptive statistics were collected on all participants at baseline and then dyads

were matched together by common nursing interests indicated on a mentorship application. Mentors and mentees had separate orientation kickoffs that provided an introduction and overview of the NMP. Dyads were introduced to each other by email and encouraged to engage in order to facilitate the NMP goal contract and professional development plan (Appendix E). During implementation, after each engagement, mentors were required to submit an electronic engagement tracking tool that outlined goals worked on and plans for the next meeting (Appendix F). Dyads were consulted on a bi-weekly basis to monitor adherence with the goal contract and progress on goal achievement. Engagement and goal progress were facilitated with bi-monthly newsletter emails on best practices for mentoring and developing meaningful relationships.

Data was collected post-implementation using self-reported likert-scored surveys to measure satisfaction with the dyad relationship, satisfaction with the NMP, and professional development knowledge and engagement (Appendices G, H, I). Academy of Medical-Surgical Nurses (AMSN) developed surveys were utilized to measure satisfaction while the professional development survey was created by the QI project lead. The nursing professional development knowledge and engagement survey was a self-report, 18-item survey on knowledge and professional development activities. Frequencies and percentages were calculated for dyad engagements. Percentages were calculated for assessments on satisfaction with relationships, satisfaction with the NMP and measurement of professional development knowledge and engagement. Run charts were created to monitor dyad interactions, formally and informally. Achievement of goals were evaluated through monthly tracking of dyad engagements and surveys at post implementation on satisfaction with the program, the mentoring relationship, and professional development knowledge and activity.

The data collection and measurement process initially posed a barrier related to a delay in dyads engagement and untimely documentation of engagements. Through a gap analysis and 1:1 outreach, communication and engagements gaps were managed with resolution strategies.

Results

Structural changes included the addition of an orientation kick-off, bi-weekly consultation with dyads, and bi-monthly newsletters on best practices in mentoring. Processes changed included new actions taken by mentors and mentees. These processes included the mentor electronically documenting engagements that occurred and mentees completing a professional development plan and working towards goals they set. The dyads engaging to discuss goals were an additional process change. Over the 14-week implementation period, all dyads who fully engaged in mentoring as designed by the program successfully completed a goal contract and professional development plan. See Figure 2 for a run chart of engagements. During implementation, four of the seven (57%) mentees fully engaged in a mentorship relationship as designed by the program. Of the three mentees that did not fully engage, two unexpectedly left the organization during the first few weeks of the program and the last mentee decided not to participate after attending the orientation kickoff for unknown reasons. As documented on the goal contract and professional development plan, 75% of mentees listed at least five professional goals they sought to achieve, while 25% of mentees listed one goal. At the end of the program, all (100%) of mentees achieved at least one goal they set.

Response rates for the post-implementation mentor satisfactions surveys were 100%. Data analysis of the dyad relationship, as reported by the mentor, revealed that all mentees participated in strategizing about activities to meet professional goals, discussed long-term goals, discussed their immediate learning needs and were overall participatory in the program.

However, 25% of mentors reported that the mentee was not always open to expressing their feelings about the nature of their work, including challenging patients and situations, and advocacy. Analysis of the mentor's satisfaction with the NMP revealed that all mentors were generally satisfied with the program, however areas for improvement were identified as communication with mentee and the ability to enhance the mentors own development.

Response rates for the Pre- and Post-Implementation Mentee Surveys were 100% and 66%, respectively. The most notable result revealed from the post-implementation professional development knowledge and activity survey was no mentees belonged to a professional nursing organization prior to the NMP and 75% of mentees joined a professional nursing organization by the end of the program. Another positive result was 67% of participants demonstrated good knowledge on professional development resources provided by the organization, including employee educational benefits, professional development ladder guidance, the benefit of professional organizations, academic progression options, and a process for becoming a mentor and preceptor. Areas of improvement (33%) included knowledge on how to create and present professional presentations/posters, how to develop evidence-based research skills, and knowledge of health-related mobile health applications (Table 2).

Response rates for the post-implementation mentee satisfactions surveys were 75%. Data analysis of the dyad relationship, as reported by the mentee, revealed that all mentors were available to talk and meet about professional development goals, helped identify strategies to achieve goals, allowed open conversation to express feelings, expressed confidence in the mentees ability to achieve goals, and were positive role models. Analysis of the mentee's satisfaction with the NMP revealed two-thirds of mentees were satisfied, with areas for

improvement identified as developing supportive relationships, problem-solving work-related issues, and development of personal growth (Table 1).

Discussion

Improvement in professional development knowledge and engagement is often attributed to meaningful relationships through regular interactions with a mentor. Consistent with the literature, the quality of mentoring is a main factor that contributes to career development and satisfaction with mentor and mentee (Nowell et. al, 2017, Jakubik, 2008, Jakubik, 2012; Weiss et. al, 2015). The quality of mentoring may have been affected by the ability to develop meaningful relationships as half of the dyads matched had previously known each other; while the others did not. Initial program kick-off was beneficial for participants to learn the program requirements; however, the sessions were held separately for mentor and mentees. There would be increased value in holding a joint kick-off session to establish a platform for dyads to connect face-to-face sooner as they could have been actively engaging and discussing the goal contract and professional development plan as it was being explained by the DNP project lead.

Communication helps solidify relationship building which was identified as an area needing improvement during implementation of this project. At the onset, there was lagging participation and a loss of three dyads, two unavoidable through resignation from the organization. Lag in initial engagement by the remaining dyads was attributed to poor communication and time constraints. Facilitation and support by members of the QI team boosted dyad engagements and activities which ultimately lead to greater achievement of professional development goals. The support provided by mentors serves to guide newer nurses through the stages of professional development, which was most evident from the increase in

mentees joining a professional organization during implementation and with all mentees achieving some level of professional goal achievement.

Conclusion

Mechanisms for sustainability were initiated by introducing the NMP to an existing mentoring committee at the organization. One of the members of the mentoring committee served as a mentor in the NMP and therefore has first-hand knowledge of the program and can serve as a champion for continuation. A major strength of the QI project was the project team members value for and facilitation of the program.

A nurse mentorship program is an evidence-based strategy to increase professional development knowledge and engagement through support and guidance offered by an experienced mentor. All dyads in this project achieved levels of satisfaction with the NMP and achieved a portion of pre-determined professional development goals. This QI project adds to other implementations supporting evidence demonstrating that the mentoring process among nurses can create a culture of change that contributes to lifelong learning. Keys to this success were dependent on clear expectations of the program and dyads creating a relationship of trust while establishing short- and long-term goals. The unexpected merger restructure served as a healthy reminder of the importance of timing and organizational availability as requisite to the successful planning and implementation of any system-wide initiative. Application of the NMP to additional nursing units with multiple cohorts throughout the year is suggested to see if results are consistent. Future areas of research within the organization include the impact of NMP's on nurse's intent to stay with the organization, job satisfaction and the long-term results on the implementation of a nurse mentorship program.

References

- Academy of Medical-Surgical Nurses. (2012). AMSN mentoring program. Retrieved from <https://www.amsn.org/sites/default/files/documents/professional-development/mentoring/AMSN-Mentoring-Coordinator-Guide.pdf>
- Burns, N. and Grove, S. K. 2009. *The Practice of Nursing Research: Appraisal, Synthesis and Generation of Evidence*. Maryland Heights, Missouri: Saunders Elsevier.
- Cleary, M., Horsfall, J. (2015). Coaching: Comparisons with mentoring. *Issues in Mental Health Nursing*, 36(3), 243 – 245. <https://doi.org/10.3109/01612840.2015.1002344>
- Cochran, C. (2017). Effectiveness and best practice of nurse residency programs: A literature review. *MEDSURG Nursing*, 26(1), 53–63.
- Institute of Medicine [IOM], (2011). (2010) *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press. Retrieved from <http://www.iom.edu/Reports/2010>.
- Jakubik, L.D. (2008). Mentoring beyond the first year: predictors of mentoring benefits for pediatric staff nurse protégés. *Journal of Pediatric Nurses*, 23(4), 269–281.
- Jakubik, L.D. (2012). Development and testing of the jakubik mentoring benefits questionnaire among pediatric nurses. *Journal of Nursing Measurement*, 20(2), 113-122. <http://dx.doi.org/10.1891/1061-3749.20.2.113>
- Jakubik, L. D., Eliades, A. B., Gavriloff, C. L., & Weese, M. M. (2011). Nurse mentoring study demonstrates a magnetic work environment: Predictors of mentoring benefits among pediatric nurses. *Journal of Pediatric Nursing*, 26(2), 156-164.

<http://dx.doi.org/10.1016/j.pedn.2010.12.006>

Nowell, L. Norris, J. M., Mrklas, K., White, D.E. (2017). A literature review of mentorship programs in academic nursing. *Journal of Professional Nursing*, 33(5), 334 – 344.

Nursing Solutions, Inc (NSI). 2018 National Health Care Retention & RN Staffing. Retrieved from <http://www.nsinursingsolutions.com/files/assets/library/retention-institute/nationalhealthcarernretentionreport2018.pdf>

Robert Wood Johnson Foundation [RWJF]. (2015). *Future of nursing scholars: Strengthening nursing leadership of the health and health care systems*. Retrieved from <http://futureofnursingscholars.org/>.

Schroyer, Coreena C., Zellers, R., Abraham, S. (2016). Increasing registered nurse retention using mentors in critical care services. *The Health Care Manager*, (35)3, 251-265. doi: 10.1097/HCM.0000000000000118

Weese, M. M., Jakubik, L. D., Eliades, A. B., & Huth, J. J. (2015). Mentoring Practices Benefiting Pediatric Nurses. *Journal of Pediatric Nursing*, 30(2), 385–394. <https://doi-org.proxy-hs.researchport.umd.edu/10.1016/j.pedn.2014.07.011>

Zey, M.G. (1991). *The mentor connection*. Transaction Publishers, New Brunswick London

Table 1

Assessment of Relationship with Mentee (Completed by Mentor)	1 - NOT AT ALL	2 - A LITTLE	3 - SOMEWHAT	4 - QUITE A BIT	5 - VERY MUCH	6 - N/A	TOTAL	WEIGHTED AVERAGE
Kept appointments to talk/meet with you	0.00%	0.00%	0.00%	25.00%	75.00%	0.00%	4	4.75
Initiated contact for engagement	0.00%	25.00%	50.00%	0.00%	25.00%	0.00%	4	3.25
Participated in strategizing about activities to meet professional goals	0.00%	0.00%	25.00%	0.00%	75.00%	0.00%	4	4.5
Openly expressed feelings about the current work environment	0.00%	25.00%	50.00%	0.00%	25.00%	0.00%	4	3.25
Been willingly to constructively evaluate the environment	0.00%	0.00%	75.00%	0.00%	25.00%	0.00%	4	3.5
Followed up with introductions you provided to people who could help them professionally	25.00%	0.00%	25.00%	0.00%	50.00%	0.00%	4	3.5
Seemed confident in you and your abilities to guide	0.00%	0.00%	25.00%	25.00%	50.00%	0.00%	4	4.25
Discussed the long-range career planning with you	0.00%	0.00%	0.00%	0.00%	75.00%	25.00%	4	5.25
Discussed with you ways to handle challenging patient situations	0.00%	0.00%	50.00%	0.00%	25.00%	25.00%	4	4.25
Discussed with you ways to handle difficult situations with co-workers	25.00%	0.00%	50.00%	0.00%	0.00%	25.00%	4	3.25
Discussed with you ways to handle difficult situations with providers	25.00%	0.00%	25.00%	0.00%	25.00%	25.00%	4	3.75
Discussed with you ways to handle difficult situations with unit managers	50.00%	0.00%	25.00%	0.00%	0.00%	25.00%	4	2.75
Talked with you about their ability to act as a patient advocate	25.00%	0.00%	0.00%	0.00%	75.00%	0.00%	4	4
Demonstrated that they valued your discussions	0.00%	25.00%	0.00%	25.00%	50.00%	0.00%	4	4
Allowed you to advocate for them in the workplace	0.00%	25.00%	50.00%	0.00%	0.00%	25.00%	4	3.5
Gave you feedback on the assessment of themselves as a nurse	0.00%	25.00%	0.00%	25.00%	50.00%	0.00%	4	4
Discussed their ability to act independently as a nurse	0.00%	0.00%	25.00%	25.00%	50.00%	0.00%	4	4.25
Openly communicated with you about issues in the workplace	0.00%	25.00%	50.00%	0.00%	25.00%	0.00%	4	3.25
Discussed with you their immediate learning needs with you	0.00%	0.00%	0.00%	25.00%	75.00%	0.00%	4	4.75
Talked with you about human behaviors in the workplace	25.00%	0.00%	50.00%	0.00%	25.00%	0.00%	4	3
Discussed with you their assessment of future potential	0.00%	0.00%	0.00%	0.00%	75.00%	25.00%	4	5.25
Been participatory in the mentor-mentee program	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	4	5

Mentorship Satisfaction (Completed by Mentor)	▼ 1 - NOT AT ALL-▼	▼ 2 - A LITTLE-▼	▼ 3 - SOMEWHAT-▼	▼ 4 - QUITE A BIT-▼	▼ 5 - VERY MUCH-▼	▼ 6 - N/A-▼	TOTAL-▼	WEIGHTED AVERAGE-▼
-								
	1-	2-	3-	4-	5-	TOTAL-	WEIGHTED AVERAGE-	
-								
-	0.00%	0.00%	0.00%	75.00%	25.00%			
To what degree does this mentoring enhance your professional contributions to the nursing profession	0	0	0	3	1	4	4.25	
-	0.00%	0.00%	0.00%	75.00%	25.00%			
To what degree does this mentoring contribute to your personal satisfaction as a professional nurse	0	0	0	3	1	4	4.25	
-	0.00%	0.00%	0.00%	75.00%	25.00%			
To what degree have you been able to develop a supportive relationship with your mentee	0	0	0	3	1	4	4.25	
-	0.00%	25.00%	25.00%	25.00%	25.00%			
To what degree have you been able to enhance your mentee's ability to assess and resolve work-related issues	0	1	1	1	1	4	3.5	
-	0.00%	0.00%	25.00%	25.00%	50.00%			
How satisfied are you with communication with your mentee	0	0	1	1	2	4	4.25	
-	0.00%	0.00%	0.00%	50.00%	50.00%			
How satisfied are you with the discussions at your meetings with the mentee	0	0	0	2	2	4	4.5	
-	0.00%	0.00%	0.00%	75.00%	25.00%			
To what degree do you think this mentoring helps the nurse transition into the working place	0	0	0	3	1	4	4.25	
-	0.00%	0.00%	0.00%	50.00%	50.00%			
Overall, how satisfied are you with this mentoring relationship?	0	0	0	2	2	4	4.5	

Table 2

Mentoring Program Satisfaction ▼ 1 - NOT AT ALL ▼ 2 - A LITTLE ▼ 3 - SOMEWHAT ▼ 4 - QUITE A BIT ▼ 5 - VERY MUCH ▼ 6 - N/A ▼ TOTAL ▼ WEIGHTED AVERAGE ▼								
Survey (Mentees)								
-								
-	33.33%	0.00%	33.33%	0.00%	33.33%			
To what degree does this program assist you in developing supportive	1	0	1	0	1	3	3	
-	33.33%	0.00%	33.33%	0.00%	33.33%			
To what degree does this program contribute to your professional growth?	1	0	1	0	1	3	3	
-	33.33%	0.00%	33.33%	0.00%	33.33%			
To what degree does this program contribute to your personal growth?	1	0	1	0	1	3	3	
-	33.33%	0.00%	33.33%	0.00%	33.33%			
To what degree does this program enhance your ability to communicate	1	0	1	0	1	3	3	
-	33.33%	0.00%	66.67%	0.00%	0.00%			
To what degree does this program enhance your ability to communicate	1	0	2	0	0	3	2.33	
-	33.33%	0.00%	33.33%	33.33%	0.00%			
To what degree does this program enhance your ability to communicate	1	0	1	1	0	3	2.67	
-	33.33%	0.00%	33.33%	33.33%	0.00%			
To what degree does this program enhance your ability to problem-solve	1	0	1	1	0	3	2.67	
-	33.33%	0.00%	33.33%	0.00%	33.33%			
How satisfied are you with communication with your mentor?	1	0	1	0	1	3	3	
-	33.33%	0.00%	33.33%	0.00%	33.33%			
To what degree do you think this program is helpful in your transition to	1	0	1	0	1	3	3	
-	33.33%	0.00%	33.33%	0.00%	33.33%			
Overall, how satisfied are you with this program?	1	0	1	0	1	3	3	
-								

Assessment of	1 - NOT AT ALL	2 - A LITTLE	3 - SOMEWHAT	4 - QUITE A BIT	5 - VERY MUCH	6 - N/A	TOTAL	WEIGHTED AVERAGE
Relationship with Mentor (Completed by Mentee)								
	1 - NOT AT ALL	2 - A LITTLE	3 - SOMEWHAT	4 - QUITE A BIT	5 - VERY MUCH	6 - N/A	TOTAL	WEIGHTED AVERAGE
Been available to talk/meet with you when you wanted to talk/meet	0	0	0	1	2	0	3	4.67
Talked with you about your professional development	0	0	0	1	2	0	3	4.67
Helped you strategize activities to meet your professional goals	0	0	0	2	1	0	3	4.33
Allowed you to openly express your feelings about your current work environment	0	0	0	2	1	0	3	4.33
Been non-judgmental when listening to your evaluation of the workplace	0	0	0	2	1	0	3	4.33
Assisted with introductions to people who could help you professionally	1	0	0	1	0	1	3	3.67
Expressed confidence in you and your abilities as a nurse	0	0	0	2	1	0	3	4.33
Assisted you with long-range career planning	0	0	0	1	2	0	3	4.67
Discussed with you ways to handle challenging patient situations	0	1	0	1	1	0	3	3.67
Discussed with you ways to handle difficult situations with co-workers	0	1	0	1	1	0	3	3.67
Discussed with you ways to handle difficult situations with providers	0	1	0	1	1	0	3	3.67
Discussed with you ways to handle difficult situations with unit managers	0	1	0	1	1	0	3	3.67
Talked with you about their ability to act as a patient advocate	0	1	0	1	1	0	3	3.67
Encouraged you to act as a patient advocate	0	1	0	1	1	0	3	3.67
Advocated for you in the workplace	0	0	1	1	1	0	3	4
Gave your feedback on your assessment of your performance as a nurse	0	1	0	1	1	0	3	3.67
Fostered your independence as a nurse	0	1	0	1	1	0	3	3.67
Communicated in such a way as to enhance your self-esteem	0	0	0	2	1	0	3	4.33
Guided you in assessing your immediate learning needs	0	0	0	2	1	0	3	4.33
Offered you insight into human behavior in the workplace	1	0	0	1	1	0	3	3.33
Guided you in assessing your future potential	0	0	0	1	2	0	3	4.67
Been a role model for you	0	0	0	1	2	0	3	4.67
Been supportive of you overall	0	0	0	1	2	0	3	4.67

Figure 1

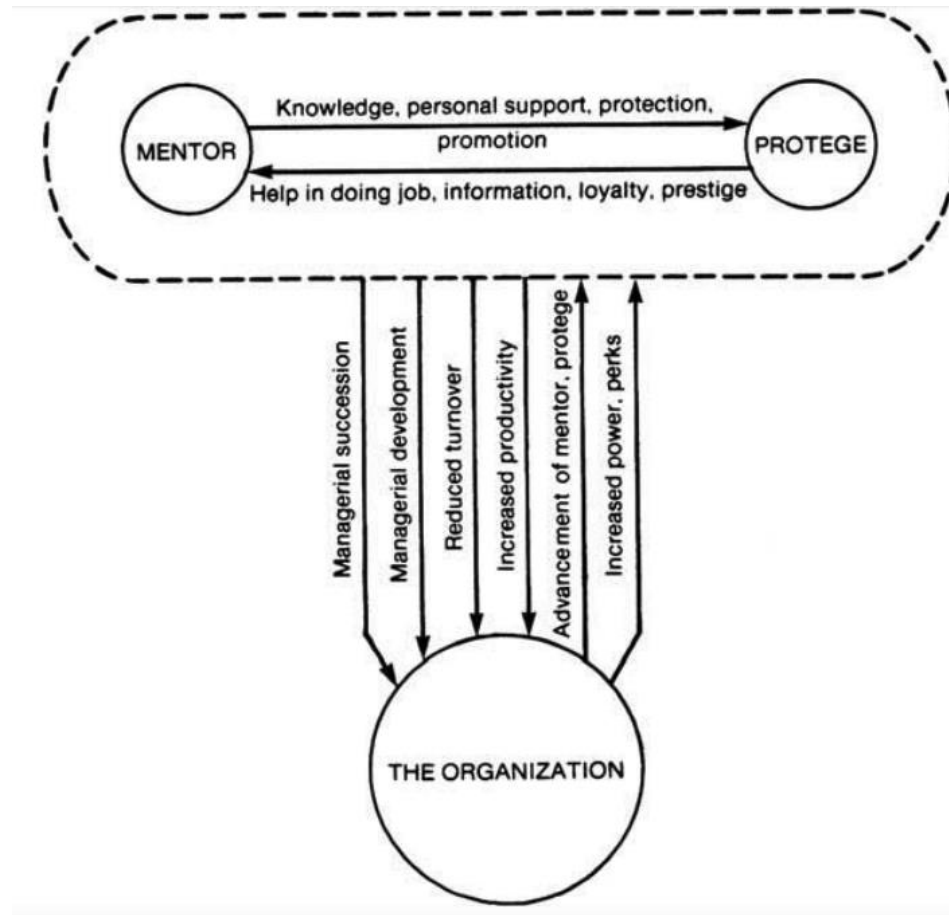
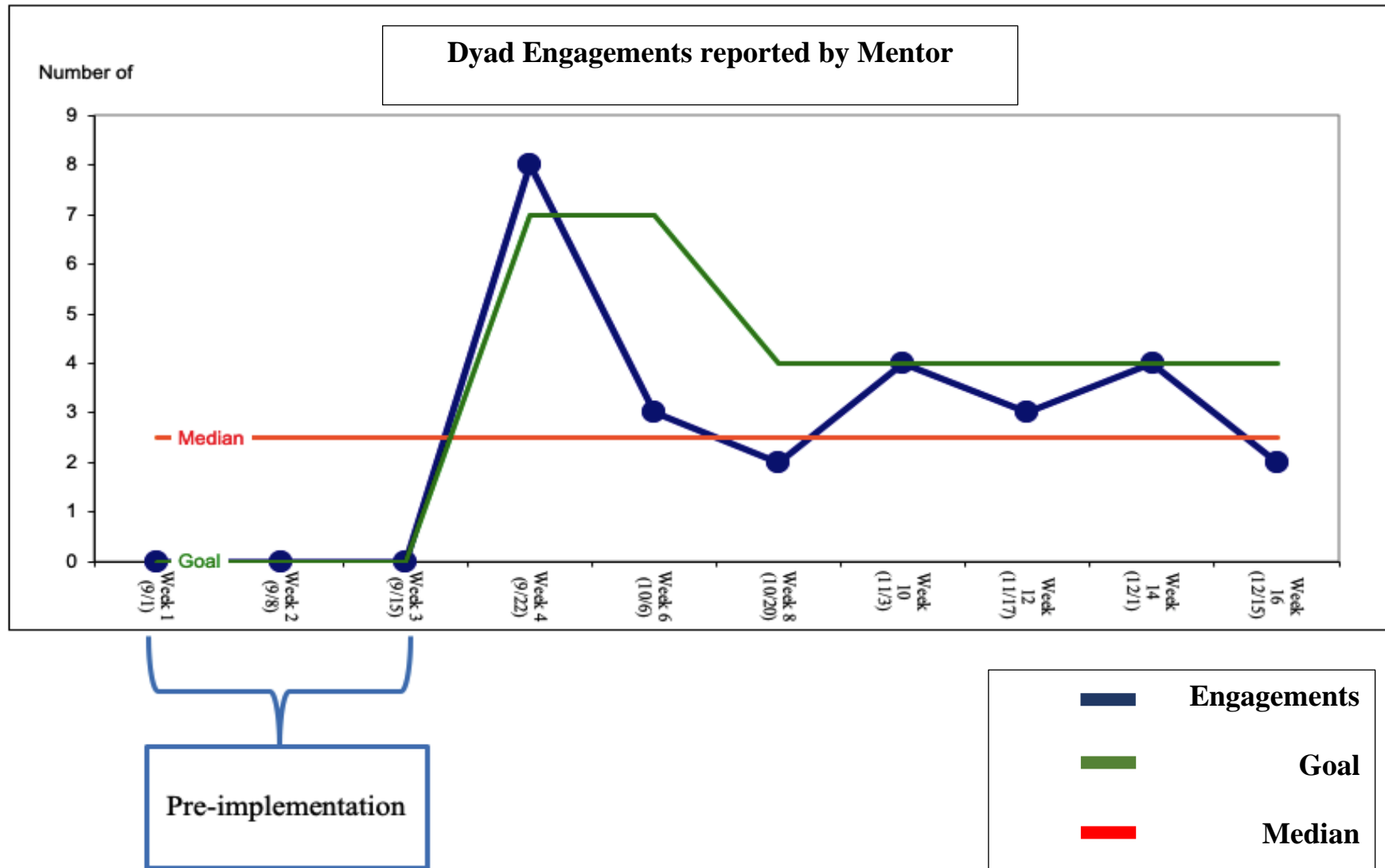
Michael Zey's (1991) Mutual Benefits Model

Figure 2



Appendix A

Evidence Review Table

Citation	Nowell, L., Norris, J.M., Mrklas, K., & White, D.E. (2017). A literature review of mentorship program in academic nursing. Journal of Professional Nursing, 33, 334 – 344. http://dx.doi.org/10.1016/j.profnurs.2017.02.007	LEVEL	1A
Purpose	The study aim was to identify peer reviewed and non-peer reviewed works describing the objectives and core components of mentoring programs for academic nurses.		
Design	Systematic Review		
Sample	<p>Sampling Technique/Demographics:</p> <p>Electronic searches were conducted in Medline, CINAHL, Embase, ERIC, and PsycINFO databases from inception of each database to November 2015, without limitation on study design, publication year, status or language. structured search strategy was used in Medline and modified according to the indexing systems of the other databases: mentor* AND (nursing OR nurse*) AND (nursing faculty OR faculty OR University OR instructor OR college OR academic OR educator). Articles were included if the authors (a) described a mentoring program, defined as a formal activity or series of activities supporting the personal and/or professional development of nursing faculty members, and (b) the mentorship program was for nursing faculty. A total of 34 articles describing 30 mentorship programs met the inclusion criteria and were submitted to systematic data extraction and narrative synthesis</p>		
Intervention	Several mentoring models were described in the reviewed articles, including dyad mentorship, peer mentorship, group mentorship, distance mentorship, learning partnership mentorship, highly relevant mentorship, and constellation mentorship.		
Outcomes	The goals for mentorship programs were most commonly related to nurturing and developing new faculty and socializing them into the role of educator. Other goals included the development of teaching scholarship and increasing research output and development. Although all of the mentorship programs had clear objectives, without empirical measurement, it remains unclear whether the objectives were accomplished.		
Results	Although the traditional dyad was most commonly cited, it may not always be a feasible model to operationalize. The findings from this review indicate that peer mentorship may be a useable model for mentees who are in a similar career trajectory and are looking for a safe environment to express concerns. The goals for mentorship programs were most commonly related to nurturing and developing new faculty and socializing them into the role of educator. Other goals included the development of teaching scholarship and increasing research output and development. Appropriate fit between mentors and mentees is an important aspect for creating a successful mentoring relationship, yet there is no consensus in the nursing literature on how and why mentors and mentees should be matched. Creating opportunities for mentors and mentee to interact was identified as a critical component of the mentoring process. Mentors and mentees are often encouraged to maintain frequent communication to develop stronger relationships, increase satisfaction with the mentoring process, and create a sense of accountability to mentoring goals. Frequent interaction has been identified by others as essential to building high quality mentoring relationships		

Citation	Jakubik, L.D. (2012). Development and testing of the jakubik mentoring benefits questionnaire among pediatric nurses. <i>Journal of Nursing Measurement</i> , 20(2), 113-122. http://dx.doi.org/10.1891/1061-3749.20.2.113	LEVEL	5A
Purpose	This article describes the development and testing of the Jakubik Mentoring Benefits Questionnaire (Jakubik MBQ) to measure the individual and organizational benefits of mentoring from the nurse protégé's perspective		
Design	Qualitative Research		
Sample	Sample Technique/Demographics: The sample for this factor analysis study was a convenience sample of 453 pediatric nurses representing 26 U.S. states who had experiences as pediatric staff nurse protégés in mentoring relationships. Criteria for inclusion in the study were as follows: a minimum of 1-year experience as a registered nurse (RN) and self-identified experience as a protégé in a mentoring relationship. The following were excluded from the study: nurses engaged in mentoring relationships as a mentor rather than a protégé and protégés in roles other than pediatric staff nurse during the time of their mentoring relationship. Subjects were recruited in three different ways using either research booklets or an electronic survey each containing the Jakubik MBQ		
Intervention	This article describes the development and testing of the Jakubik Mentoring Benefits Questionnaire (Jakubik MBQ). The instrument is a 36-item tool that uses a 5-point Likert scale to measure the individual and organizational benefits of mentoring from the nurse protégé's perspective. Methods: The original Jakubik MBQ was a 57-item tool developed and validated (validity .96) with a panel of 6 expert judges prior to reliability testing in a pilot study with 11 subjects (Cronbach's alpha .98). Subsequently, the 57-item instrument was used in 3 separate research studies (Jakubik, 2007a, 2007b; Jakubik, Eliades, Gavriloff, & Weese, 2011) with strong internal consistency reliability evidenced by Cronbach's alpha coefficients of .98, .98, and .97, respectively. Exploratory factor analysis was conducted on the 57-item instrument with the 453 subjects from the aforementioned 3 studies		
Outcomes	Measuring the specific benefits for individual nurses and the organizations where they work will provide a better understanding of how mentoring relationships can be leveraged within health care organizations to promote the mutual benefits of mentoring.		
Results	Results of the factor analysis confirmed a total of 6 factors (subscales). Based on the factor analysis, the 4 original theoretical subscales were confirmed, 2 additional subscales were added, the original subscales were renamed, and the instrument was shortened to 36 items with each subscale containing 6 items and an overall Cronbach's alpha of .97. Based on these overall findings, the Jakubik MBQ provides a valid and reliable instrument for use in measuring the mentoring benefits among pediatric staff nurse protégés engaged in mentoring relationships.		

Citation	Jakubik, L. D., Eliades, A. B., Gavriloff, C. L., & Weese, M. M. (2011). Nurse mentoring study demonstrates a magnetic work environment: Predictors of mentoring benefits among pediatric nurses. <i>Journal of Pediatric Nursing</i> , 26(2), 156-164.	LEVEL	5A
Purpose	Explore relationships among mentoring quality, mentoring quantity, mentoring type, length of employment, and mentoring benefits among pediatric staff nurse protégés in a single Midwestern, Magnet-designated, freestanding children's hospital		
Design	Descriptive, correlational research study		
Sample	Sampling Technique/Demographics: A convenience sample of 138 experienced pediatric nurses was recruited at a freestanding Midwestern children's hospital. The sample size required for this research study was a minimum of 100 subjects who met the inclusion criteria. The criteria for inclusion in the study were a minimum of 1 year of experience as an RN and a self-identified experience as a pediatric staff nurse protégé during employment at the organization. The following were the exclusion criteria for the study: nurses engaged in mentoring relationships with a mentor working for a different organization, nurses engaged in mentoring relationships in roles other than protégé, protégés in roles other than staff nurse at the time of the mentoring relationship, and subjects with greater than 10% missing data sets		
Intervention	Intervention: The nursing department's electronic mail address list identified 967 pediatric nurses who were invited to participate in the study. The researchers used the Dillman "Tailored Design Method" to construct a timeline for contacts with potential study participants and distribution of the online research questionnaire. The online survey contained a demographic questionnaire and two valid and reliable nursing instruments, the Caine Quality of Mentoring (CQM) Tool developed by Caine (1989) and the Jakubik Mentoring Benefits Questionnaire (Jakubik MBQ) developed by Jakubik (2008), with Cronbach's alpha reliability coefficients of .97 and .98, respectively		
Outcomes	Responses were received from 462 nurses, representing a 48% response rate. This response rate exceeded the 158 L.D. Jakubik et al. minimum acceptable response rate to reduce response bias. Mentoring benefits are those positive outcomes of the mentoring relationship that are experienced by the protégé, the mentor, and/or the organization (Zey, 1991). In this study, mentoring benefits were limited to those protégé and organizational benefits that are perceived by the protégé. Mentoring benefits, the dependent variable in this study, were measured by the total score on the Jakubik MBQ (2008), with higher scores reflecting higher overall mentoring benefits.		
Results	The average age of the sample was 38 (N = 138) with a range of 22 to 66 years. Most were female (98%), worked as staff nurses (72%) in acute care (92%), and held bachelor's degrees as their highest level of education (62%). Sixty-eight percent of nurses reported being involved in activities beyond their job responsibilities. Length of employment ranged from 1 to 35 years, with an average length of employment of 10 years. Most of the respondents stated that they did not intend to leave the organization (58%). In addition, 13% of nurses stated they intended to stay longer than 5 years, and 15% of nurses stated they intended to stay 2–5 years. Fifty-one percent of the total respondents in the study (n = 232) indicated that they had been mentored as a staff nurse during their employment at the organization. Most of the study participants reported that they had experiences in formal workplace-sponsored mentoring relationships (57%) in which they were assigned a mentor (79%). The average length of time in a mentoring relationship was 4 years. The average time since the mentoring relationship was 3 years. The most frequent mentoring activities were teaching and supporting, which occurred on a daily basis 99% and 98% of the time, respectively. Mentoring activities occurring on a daily basis were most commonly conducted via one-on-one communication (99%) or via written communication (77%). The Nurse Mentoring Study 159 overwhelming majority of nurses reported that they became mentors (76%), with 49% reporting that their experience as a protégé had an above average influence on their decision to become a mentor.		

Citation	Jakubik, L.D. (2008). Mentoring beyond the first year: Predictors of mentoring benefits for pediatric staff nurse protégés. <i>Journal of Pediatric Nursing</i> , 23(4), 269 – 281.	LEVEL	5A
Purpose	Purpose: The purpose of this research study was aimed at exploring the benefits of mentoring within the context of pediatric nursing practice		
Design	Descriptive correlational research design		
Sample	Sampling Technique/Demographics: The sample for this study was a convenience sample of 214 pediatric staff nurses who had experience as pediatric staff nurse protégés in mentoring relationships in multiple settings across 26 states. A total of 787 research booklets were distributed, with a return rate of 58% (N = 456). Forty-seven percent (N = 214) of the returned research booklets qualified for inclusion in the study.		
Intervention	Intervention: The study used three separate questionnaires: (a) a demographic questionnaire, (b) the Caine Quality of Mentoring Questionnaire (CQM), and (c) the Jakubik Mentoring Benefits Questionnaire (Jakubik MBQ). These three questionnaires, as well as a cover letter with implied consent, were organized into a booklet format for ease of subjects' responding and returning the questionnaires.		
Outcomes	The 22-item demographic questionnaire measured demographic information as well as two of the study's independent variables: mentoring quantity and mentoring type. Validity and reliability testing were not performed on the demographic questionnaire. Mentoring quality refers to the efficacy of the mentoring relationship as perceived by the protégé. It was measured by the total score on Caine's Quality of Mentoring Questionnaire (CQM). The CQM is a 14-item questionnaire using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), which includes 14 attribute statements, each of which describes a particular mentor behavior (model, envisioner, energizer, investor, supporter, standard-prodder, teacher-coach, feedback-giver, eye-opener, door-opener, idea-bouncer, problem-solver, career counselor, and challenger). The Jakubik MBQ is an instrument used to measure the individual protégé and organizational benefits that are perceived by pediatric staff nurse protégés. The instrument contains four theoretical subscales based on the Mutual Benefits Model: knowledge, personal growth, protection, and career advancement		
Results	Most of the sample population reported having experiences as staff nurse protégés in mentoring relationships that were formal workplace-sponsored mentoring relationships (52%) in which they were assigned a mentor (64%). The average length of time in a mentoring relationship was 3 years. (39%) of the sample reported that the length of time since they were mentored was 10 years or more. The most frequent mentoring activities were supporting and teaching, which occurred on a daily basis 60% and 56% of the time. The most frequent method of daily communication within the mentoring relationship was via one-on-one talks (65%). Most of the sample population (74%) became mentors and reported that their experience as a protégé had an above-average influence on their decision to become a mentor (51%). The findings of this study explicate the singular importance of mentoring quality in predicting mentoring benefits among pediatric staff nurse protégés rather than the quantity or type of mentoring. Based on this finding, individuals and organizations should work to foster environments, systems, and structures that support both formal and informal mentoring relationships. Therefore, organizations should strive to support a culture of mentoring regardless of the type of mentoring. The study also suggests that measures of organizational success should not be based on the type and number of mentoring programs in an organization but rather on the number of staff nurses involved in mentoring relationships and the overall quality of these mentoring relationships. Findings of this study support the assertion that mentoring relationships have benefits for staff nurses regardless of the relationships' length and regardless of whether they are formal or informal.		

Citation	Foster, T. & Hill, J.J. (2019). Mentoring and career satisfaction among emerging nurse scholars. <i>International Journal of evidence-based coaching and mentoring</i> , 17(2), 20-35. DOI: 10.24384/43ej-fq85	LEVEL	5A
Purpose	The purpose of the study was to examine the relationship between mentoring and career satisfaction among emerging nurse scholars currently pursuing, or who have acquired a doctorate in nursing within the last 10 years		
Design	Descriptive correlational research design		
Sample	The sample included Registered Nurses who had a PhD in nursing, DNS or DNP; or who were currently enrolled in a doctoral program in nursing. If not currently enrolled in a doctoral program, are nurses who have received a PhD in nursing, DNS, or DNP within the last 10 years; and © currently have or had an informal or formal mentoring relationship during doctoral studies or within 10 years of doctoral program completion. Participants were also required to speak and read English. The total sample size was 82 participants.		
Intervention	Four research instruments used to measure career development role mentoring, psychosocial role mentoring, mentor satisfaction and career satisfaction: (a) Demographic questionnaire which was developed by the researcher (b) Mentor Role Instrument (MRI) (c) Satisfaction with Mentor Scale and (d) the Mariani Nursing Career Satisfaction Scale (MNCSS).		
Outcomes	Providing career development role mentoring functions in the mentoring relationship can allow the mentee to develop a satisfying relationship with their mentor. Also, psychosocial role mentoring can help the mentee develop a satisfying relationship with their mentor, as well have an overall increase in career satisfaction.		
Results	<p>Several results were concluded as a result of this descriptive research:</p> <ol style="list-style-type: none"> 1. A significant relationship does not exist among all the demographic characteristics (gender, race/ethnicity, work setting, type of doctoral degree, and type of doctoral program), career development role mentoring, psychosocial role mentoring, mentor satisfaction and career satisfaction. 2. A significant relationship did exist between age and career satisfaction, current degree and career satisfaction, and current degree and mentor satisfaction. 3. A significant relationship did not exist between career development role mentoring and career satisfaction. 4. A significant relationship did exist between career development role mentoring and mentor satisfaction. 5. A significant relationship did exist between psychosocial role mentoring and career satisfaction. 6. A significant relationship did exist between psychosocial role mentoring and mentor satisfaction. 7. A significant relationship did exist between mentor satisfaction and career satisfaction. 		

Citation	Burr, S., Stichler, J., Poeltler, D. (2011). Establishing a mentoring program: Transforming organizational culture and improving nurse retention. <i>Nursing for Women's Health</i> , 15(3), 214 – 224.	LEVEL	6B
Purpose	Purpose: To share information on the effect of a successful mentoring program on the overall organizational culture as well as for the professional success of new graduate RNs.		
Design	Descriptive		
Sample	Sampling Technique/Demographics: The sample for this study was a convenience sample of 214 pediatric staff nurses who had experience as pediatric staff nurse protégés in mentoring relationships in multiple settings across 26 states. A total of 787 research booklets were distributed, with a return rate of 58% (N = 456). Forty-seven percent (N = 214) of the returned research booklets qualified for inclusion in the study.		
Intervention	Intervention: Their commitment consists of regular contact and includes monthly 1-hour formal mentoring meetings. Objectives for the mentor/mentee relationship include (1) enhancing clinical skills and confidence, (2) fostering working relationships and (3) promoting professional development. Both mentors and mentees receive initial training at a 3-hour orientation. Training includes mentoring principles and core mentoring skills, relationship etiquette, goal writing and a panel discussion of experienced mentor/mentee pairs sharing insight and inspiration. The pairs receive ongoing support from a designated unit representative as well as a mentoring program lead. Quarterly support workshops are also offered to the participants as an opportunity for education, social interaction and professional networking. A formal written evaluation form is completed by participants at the end of the 1-year mentoring partnership and measures qualitative and quantitative data. On the 11-item evaluation, the average mean score for the mentees was 4.21 on a 5-point scale.		
Outcomes	The 13-item questionnaire measured final outcomes of mentoring program on a likert scale, with 2-items fill in the blank. Goal #1. Enhance professional growth and development of new RNs. Goal #2. Maintain a culture of interpersonal support among nurses throughout the facility. Goal #3. Advance the mentoring skills of the mentors. Goal #4. Promote mentee-physician communication and collaboration. Goal #5. Sustain financial gains from decreased new graduate turnover		
Results	On the 11-item evaluation, the average mean score for the mentees was 4.21 on a 5-point scale during the first year of implementation. The total mean score for the 11-item question tool for 2 years was $M=4.48$ for mentors ($n=51$, range 1 to 5) and $M=4.21$ for mentees ($n=43$, range 1 to 5). Highest means were noted for question 4: "I believe the mentoring program promotes a positive atmosphere at work" (mentor $M=4.86$ and mentee $M=4.72$) and for question 8: "I would recommend the mentoring program to others" (mentor $M=4.78$ and mentee $M=4.58$). Psychometric testing of the scale revealed that the evaluation scale had a Cronbach's alpha of $\alpha=0.78$. Results for the mentoring program estimated savings of more than \$300,000 after the first year alone, and a decrease in new graduate RN turnover rates from a baseline of 20 percent to 7 percent following implementation of the program. There was documented improved retention of new graduates. There were positive effects on experienced staff acting as mentors that contributed greatly cultural change gave momentum to expanded opportunities for mentoring and provided a more positive transition to practice for the new inexperienced nurse. A pool of skilled mentors exists who promote mentoring within the hospital and the community as a means of personal and professional development.		

Appendix B

1. What is your age group?

☐ 18 - 24

☐ 25 - 34

☐ 35 - 44

☐ 45 - 54

☐ 55+

☐ Prefer not to answer

2. What is your gender?

☐ Male

☐ Female

3. What is your highest level of education?

☐ Diploma or certificate (LPN/LVN)

☐ Associate's Degree in Nursing

☐ Bachelor's Degree in Nursing

☐ Master's Degree in Nursing

☐ Master's Degree in another field

☐ Doctorate

☐ Other

4. Are you certified in your specialty?

☐ Yes

☐ No

5. Are you a member of the following organizations? (Select all that apply)

☐ American Nurses Association (ANA)

☐ Maryland Nurses Association (MNA)

☐ Speciality organization (ex: AACN, ENA, AMSN, etc)

☐ Not a member of a professional nursing organization

6. Do you have plans to engage in professional development within the NEXT YEAR?
(Select all that apply)

- ☐ Attend a professional local, regional or national conference
- ☐ Obtain specialty certification
- ☐ Join a professional organization
- ☐ Join a shared governance team at the hospital
- ☐ Advance education by returning to school
- ☐ Present at a state or national conference
- ☐ Other professional development experience
- ☐ No plans to engage in professional development

7. What are the perceived barriers to engaging in professional development? (Select all that apply)

- ☐ Time away from work
- ☐ Time away from home
- ☐ Relevance
- ☐ Financial concerns
- ☐ Lack of organizational support
- ☐ No barriers

Other (please specify)

8. Please rate your level of knowledge regarding the following professional development activities.

	Very Poor	Poor	Fair	Good	Very Good
Knowledge of your employer educational benefits (tuition assistance, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of your personal ranking on the clinical ladder and how to improve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of the benefits of joining a professional nursing organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of academic progression options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of creating posters/presentation for professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of using health-related mobile applications for professional use (patient education, self knowledge, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of evidence-based research skills (database search skills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of how to become a preceptor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of how to become a mentor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of unit based activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How could [REDACTED] help support your professional development?

Appendix C

Mentor Application

Nurse Mentorship Program (NMP) Application

Mentor Candidate: _____ Nursing Unit: _____

Criteria for selection:

1. Mentor Candidate expresses a desire to accept the responsibilities of a mentor
 - a. YES or NO
2. Mentor Candidate consistently meets performance standards as evidenced by (**ALL required**):
 - a. _____ Minimum 2 years' experience
 - b. _____ Not on a disciplinary action plan
 - c. _____ Performance standards met
 - d. _____ Proficient in computer skills, including responsive to e-mail
 - e. _____ Models [REDACTED] Core Values and Mission
 - f. _____ Excellent communication and working relationship with patients, visitors, peers and providers.

I do recommend this applicant as an RN mentor_____
I do not recommend this applicant as an RN mentor

Nurse Manager Signature: _____ Date: _____

Nurse Mentorship Program (NMP) Mentor Self-Assessment Form

Demographics

Name	
Email	

Education

Initial level of nursing education	LPN / ADN / BSN
Highest level of nursing education	LPN / ADN / BSN / MSN / Doctorate
Years' experience of RN	
List any specialty certifications	
If currently enrolled in school, please list school name	

Employment History

Current years at organization	
Current Nursing Unit & Shift & Employment status (FT/PT/PRN)	
Nursing residency program graduate (if so, please list year of graduation)	

Nursing Interests (this will assist in matching mentors and mentees, e.g. nursing research, informatics, etc.)

--

Mentor Reflection

What characteristics do you have that would make you a good mentor?	
Why do you want to be a mentor?	

Appendix D

Nurse Mentorship Program (NMP) Mentee Self-Assessment Form**Demographics**

Name	
Email	

Education

Initial level of nursing education	LPN / ADN / BSN
Highest level of nursing education	LPN / ADN / BSN / MSN / Doctorate
Years' experience of RN	
List any specialty certifications	
If currently enrolled in school, please list school name	

Employment History

Current years at organization	
Current Nursing Unit & Shift & Employment status (FT/PT/PRN)	
Nursing residency program graduate (if so, please list year of graduation)	

Nursing Interests (this will assist in matching mentors and mentees, e.g. nursing research, informatics, etc.)

--

Mentor Reflection

What characteristics do you think would make a good mentor? Do you have a mentor preference (e.g. specific person, gender, etc.)?	
--	--

Appendix E

Goal Contract and Professional Development Plan

We are voluntarily entering into a mentoring relationship from which we both expect to benefit. We want this to be a rewarding experience with most our time spend together spent in professional development activities. We have mutually agreed upon the terms and conditions of our relationship as outlined in this agreement.

Frequency of Meetings

We will agree to meet at least _____ time(s) each month. *(It is recommended bi-monthly, with one face to face meeting each month).*

Communication

Agree to which method(s) would be most effective for this relationship: _____

Duration

We have both agreed that our mentoring relationship will continue as long as we both feel comfortable or until: _____

Goals

- Complete and review the professional development plan (attached)
- What do you both want to achieve with this mentoring program?
- How will these goals be accomplished?

Mentee: _____
Date: _____

Mentor: _____
Date: _____

Professional Position & Employment	Future Desired Position & Employment	Time Frame	Achieved/Reviewed
Class/Courses Taken	Classes/Courses Wanted	Time Frame	Achieved/Reviewed
Current Academic Progression	Future Academic Progression	Time Frame	Achieved/Reviewed
Current Councils, Committees or Quality Improvement Projects	Councils, Committees or Quality Improvement Projects of Interest	Time Frame	Achieved/Reviewed
Research and/or Quality Improvement Projects Active	Research and/or Quality Improvement Projects of Interest	Time Frame	Achieved/Reviewed

Certifications I have	Certifications I desire	Time Frame	Achieved/Reviewed
Professional Organizations I belong to	Professional Organizations I would like to join	Time Frame	Achieved/Reviewed
Conference(s) I have attended	Conference(s) I would like to attend	Time Frame	Achieved/Reviewed
Professional Accomplishments I have	Professional Accomplishments I want to achieve	Time Frame	Achieved/Reviewed

Appendix F

Dyad Engagement Tracking Tool

Dyad #: _____ Date of Meeting: _____

Format of Meeting (F2F or other): _____

Mentoring Meeting Agenda

This tool may be used by the mentee to create an agenda for meetings with the mentor.

1. Goals for This Meeting

--

2. Topics/Issues to Discuss

--

3. Accomplishments During This Meeting

--

4. Tentative Goals for Next Meeting

--

5. Other

--

6. Next Meeting Date and Time

--

Appendix G

Mentor Satisfaction Survey's

Mentoring Program Satisfaction Survey	
Completed by the Mentor	
<p>As your participation in this mentoring program progresses, it is important to evaluate its effectiveness. For each item, circle your degree of satisfaction with the program according to the scale of 1-5.</p>	
Item	Degree of Satisfaction
1. To what degree does this mentoring enhance your professional contributions to professional nursing?	Little (1) (2) (3) (4) (5) Much
2. To what degree does this mentoring contribute to your personal satisfaction as a professional nurse?	Little (1) (2) (3) (4) (5) Much
3. To what degree have you been able to develop a supportive relationship with your mentee?	Little (1) (2) (3) (4) (5) Much
4. To what degree have you been able to enhance your mentee's ability to assess and resolve work-related issues?	Little (1) (2) (3) (4) (5) Much
5. How satisfied are you with communication with your mentee?	Little (1) (2) (3) (4) (5) Much
6. How satisfied are you with the discussions at your meetings with your mentee?	Little (1) (2) (3) (4) (5) Much
7. To what degree do you think this mentoring helps the nurse transition into the workplace?	Little (1) (2) (3) (4) (5) Much
8. Overall, how satisfied are you with this mentoring relationship?	Little (1) (2) (3) (4) (5) Much
9. Additional Comments	

Assessment of the Relationship With the Mentee						
Completed by the Mentor						
Complete this survey by circling the response that best describes your perceptions about the relationship with your mentee. If some of the situations have not occurred, circle 6 (N/A - "not applicable").						
To what degree has your mentee	Not at All	A Little	Some-what	Quite a Bit	Very Much	N/A
1. Kept appointments to talk/meet with you.	①	②	③	④	⑤	⑥
2. Initiated telephone calls to speak with you.	①	②	③	④	⑤	⑥
3. Participated in strategizing about activities to meet her/his professional goals.	①	②	③	④	⑤	⑥
4. Openly expressed her/his feelings about the current work environment.	①	②	③	④	⑤	⑥
5. Been willing to constructively evaluate the environment.	①	②	③	④	⑤	⑥
6. Followed up with introductions you provided to people who could help her/him professionally.	①	②	③	④	⑤	⑥
7. Seemed confident in you and your abilities to guide her/him.	①	②	③	④	⑤	⑥
8. Discussed her/his long-range career planning with you.	①	②	③	④	⑤	⑥
9. Discussed with you ways to handle challenging patient situations.	①	②	③	④	⑤	⑥
10. Discussed with you ways to handle difficult situations with her/his co-workers.	①	②	③	④	⑤	⑥
11. Discussed with you ways to handle difficult situations with a physician.	①	②	③	④	⑤	⑥
12. Discussed with you ways to handle difficult situations with her/his unit manager.	①	②	③	④	⑤	⑥
13. Talked with you about her/his ability to act as a patient advocate.	①	②	③	④	⑤	⑥
14. Talked with you about clinical decisions she/he made.	①	②	③	④	⑤	⑥
15. Demonstrated that she/he valued your discussions.	①	②	③	④	⑤	⑥
16. Allowed you to advocate for her/him in the workplace.	①	②	③	④	⑤	⑥
17. Gave you feedback on her/his assessment of her/his performance as a nurse.	①	②	③	④	⑤	⑥
18. Discussed her/his ability to act independently as a nurse.	①	②	③	④	⑤	⑥
19. Openly communicated with you about issues in the workplace.	①	②	③	④	⑤	⑥
20. Discussed her/his immediate learning needs with you.	①	②	③	④	⑤	⑥
21. Inquired about the workings of clinical agencies.	①	②	③	④	⑤	⑥
22. Talked with you about human behaviors in the workplace.	①	②	③	④	⑤	⑥
23. Discussed with you her/his assessment of her/his future potential.	①	②	③	④	⑤	⑥
24. Been participatory in the mentor-mentee program.	①	②	③	④	⑤	⑥

Appendix H

Mentee Satisfaction Survey's

Assessment of the Relationship With the Mentor**Completed by the Mentee**

Complete this survey by circling the response that best describes your perception about your relationship with your mentor. If some of the situations have not occurred, circle 6 ("N/A not applicable").

To what degree has your mentor...	Not at All	A Little	Some-what	Quite a Bit	Very Much	N/A
1. Been available to talk/meet with you when you wanted to talk/meet.	①	②	③	④	⑤	⑥
2. Talked with you about your professional development.	①	②	③	④	⑤	⑥
3. Helped you strategize activities to meet your professional goals.	①	②	③	④	⑤	⑥
4. Allowed you to openly express your feelings about your current work environment.	①	②	③	④	⑤	⑥
5. Been non-judgmental when listening to your evaluation of the workplace.	①	②	③	④	⑤	⑥
6. Assisted with introductions to people who could help you professionally.	①	②	③	④	⑤	⑥
7. Expressed confidence in you and your abilities as a nurse.	①	②	③	④	⑤	⑥
8. Assisted you with long-range career planning.	①	②	③	④	⑤	⑥
9. Discussed with you ways to handle challenging patient situations.	①	②	③	④	⑤	⑥
10. Discussed with you ways to handle difficult situations with your co-workers.	①	②	③	④	⑤	⑥
11. Discussed with you ways to handle difficult situations with a physician.	①	②	③	④	⑤	⑥
12. Discussed with you ways to handle difficult situations with your unit manager.	①	②	③	④	⑤	⑥
13. Encouraged you to act as a patient advocate.	①	②	③	④	⑤	⑥
14. Talked with you about clinical decisions you made.	①	②	③	④	⑤	⑥
15. Demonstrated that she/he cared about you.	①	②	③	④	⑤	⑥
16. Advocated for you in the workplace.	①	②	③	④	⑤	⑥
17. Gave you feedback on your assessment of your performance as a nurse.	①	②	③	④	⑤	⑥
18. Fostered your independence as a nurse.	①	②	③	④	⑤	⑥
19. Communicated in such a way as to enhance your self-esteem.	①	②	③	④	⑤	⑥
20. Guided you in assessing your immediate learning needs.	①	②	③	④	⑤	⑥
21. Offered you insight into the workings of clinical agencies.	①	②	③	④	⑤	⑥
22. Offered you insight into human behavior in the workplace.	①	②	③	④	⑤	⑥
23. Guided you in assessing your future potential.	①	②	③	④	⑤	⑥
24. Been a role model for you.	①	②	③	④	⑤	⑥
25. Been supportive of you overall.	①	②	③	④	⑤	⑥

Mentoring Program Satisfaction Survey

Completed by Mentee

As your participation in this mentoring program progresses, it is important to evaluate its effectiveness. For each item, circle your degree of satisfaction with the program according to the scale of 1-5.

Item	Degree of Satisfaction
1. To what degree does this program assist you in developing supportive relationships?	Little (1) (2) (3) (4) (5) Much
2. To what degree does this program contribute to your professional growth?	Little (1) (2) (3) (4) (5) Much
3. To what degree does this program contribute to your personal growth?	Little (1) (2) (3) (4) (5) Much
4. To what degree does this program enhance your ability to communicate with your nurse colleagues?	Little (1) (2) (3) (4) (5) Much
5. To what degree does this program enhance your ability to communicate with patients?	Little (1) (2) (3) (4) (5) Much
6. To what degree does this program enhance your ability to communicate with physicians?	Little (1) (2) (3) (4) (5) Much
7. To what degree does this program enhance your ability to communicate with other health care providers?	Little (1) (2) (3) (4) (5) Much
8. To what degree does this program enhance your ability to problem-solve work-related issues?	Little (1) (2) (3) (4) (5) Much
9. How satisfied are you with communication with your mentor?	Little (1) (2) (3) (4) (5) Much
10. How satisfied are you with the discussions at your meetings with your mentor?	Little (1) (2) (3) (4) (5) Much
11. To what degree do you think this program is helpful in your transition to the work place?	Little (1) (2) (3) (4) (5) Much
12. Overall, how satisfied are you with this program?	Little (1) (2) (3) (4) (5) Much
13. Additional Comments	

Appendix I

Post-implementation Professional Development Knowledge and Activity Survey

1. What is your highest level of education?

- ☐ Diploma or certificate (LPN/LVN)
- ☐ Associate's Degree in Nursing
- ☐ Bachelor's Degree in Nursing
- ☐ Master's Degree in Nursing
- ☐ Master's Degree in another field
- ☐ Doctorate
- ☐ Other

2. Are you certified in your specialty?

- ☐ Yes
- ☐ No

3. Are you a member of the following organizations? (Select all that apply)

- ☐ American Nurses Association (ANA)
- ☐ Maryland Nurses Association (MNA)
- ☐ Specialty organization (ex: AACN, ENA, AMSN, etc)
- ☐ Not a member of a professional nursing organization

4. Do you have plans to engage in professional development within the NEXT YEAR? (Select all that apply)

- ☐ Attend a professional local, regional or national conference
- ☐ Obtain specialty certification
- ☐ Join a professional organization
- ☐ Join a shared governance team at the hospital
- ☐ Advance education by returning to school
- ☐ Present at a state or national conference
- ☐ Other professional development experience

NURSE MENTORSHIP PROGRAM

5. What are the perceived barriers to engaging in professional development? (Select all that apply)

- ☐ Time away from work
- ☐ Time away from home
- ☐ Relevance
- ☐ Financial concerns
- ☐ Lack of organizational support
- ☐ No barriers

Other (please specify)

6. Please rate your level of knowledge regarding the following professional development activities.

	Very Poor	Poor	Fair	Good	Very Good
Knowledge of your employer educational benefits (tuition assistance, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of your personal ranking on the clinical ladder and how to improve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of the benefits of joining a professional nursing organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of academic progression options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of creating posters/presentation for professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of using health-related mobile applications for professional use (patient education, self knowledge, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NURSE MENTORSHIP PROGRAM

Knowledge of
evidence-based
research skills
(database search
skills)

☐☐☐☐☐

Knowledge of how to
become a preceptor

☐☐☐☐☐

Knowledge of how to
become a mentor

☐☐☐☐☐

Knowledge of unit
based activities

☐☐☐☐☐

7. How many goals did you have listed on your Professional Development Plan?

8. How many goals did you actively work on during this pilot program? (Does not necessarily have to be completed)

9. How many goals did you accomplish during this pilot program?