MENTORING PROGRAMS FOR GRADUATE NURSES: EFFECTS ON JOB SATISFACTION AND RETENTION RATES

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ABSTRACT

RESEARCH SUBJECT: Mentoring Programs for Graduate Nurses: Effects on Job Satisfaction and Retention Rates

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Healthcare facilities around the country are facing an unprecedented nursing shortage. Multiple factors including a large population of nurses nearing retirement, a high turnover rate among graduate nurses, and an aging Baby Boomer population have combined to create an environment of decreased resources and increased patient needs. Because of this, the recruitment and retention of nurses in hospital settings have become a primary agenda for nursing leaders. The purpose of this study is to determine if the implementation of a mentoring program will increase job satisfaction and the 1 year retention rate of graduate nurses. The framework is based on an adapted model of Hunt and Michael’s framework, developed by Provosto (2001). The study will be conducted at a large teaching hospital in Indianapolis, Indiana. The sample will include 50 non-mentored, graduate nurses and 50 mentored graduated nurses working on the medical/surgical units. Three questionnaires will be used in this study: Price’s Intent to Stay Scale, the Caine’s Quality of Mentoring Questionnaire, and Hoppock’s Job Satisfaction survey. Findings will provide information about the benefits of mentoring programs for graduate nurses.
Chapter I

Introduction

Anyone who works in the healthcare industry is aware of the forecasted shortage of healthcare providers and workers. Nursing specifically, has gained much attention in recent years in regards to the estimated crisis. According the Bureau of Labor Statistics (n.d.) roughly 28% of all hospital workers are registered nurses. However, nearly 900,000 RNs, out of an estimated 2.6 million working currently, are over the age of 50; and a large majority of these nurses are expected to retire within the next decade (Halfer, Graf, & Sullivan, 2008). This is just one factor in the estimated nursing shortage.

Along with the increasing age of registered nurses, changes to the healthcare industry and society are expected to exacerbate the nursing shortage. In the healthcare industry, the expansion of healthcare coverage to millions of currently uninsured Americans and advances in technology will result in an increased work demand and skill set. The increase in population size and the first wave of the nearly 80 million baby boomers reaching the age of 65 will also increase the demands for healthcare services.

In order to tackle this issue head-on, healthcare organizations and nurse leaders are working together to recruit and retain graduate nurses. This can prove difficult though, as an estimated 35%- 60% of graduate nurses leave their job within the first year (Weng et al., 2000). This high turnover rate among graduate nurses can lead to a
disruption in the healthcare team and impact the delivery of quality care. According to a 2002 report by the Joint Commission on Accreditation of Healthcare Organizations, in regards to patient injuries and deaths since 1996, low staffing levels contributed in 24% of the cases (AACN, 2011). The financial consequences are significant as well. The financial burden of replacing a single nurse is approximately equal to a nurse’s annual salary, estimated around $44,000 (Halfer et al., 2008).

The high turnover rate among graduate nurses has been associated with several factors. In general, when new nurses enter the hospital setting, they have little clinical experience, but are required to bear the full responsibility of patient care in a relatively short amount of time. Over time, this can create work pressure and frustration, significantly impacting job satisfaction and organizational commitment.

Because of this, nurse managers are seriously evaluating and selectively choosing recruitment and retention strategies. One strategy reported in the literature is to implement mentoring programs. Mentoring programs have been suggested as a way to help novice nurses transition into practice by aiding in role acquisition and socialization. It is the hope that by aiding the novice nurse with role transition, job satisfaction and intent-to-stay will be increased.

**Background**

The idea of a mentorship is not a new strategy. Many professions have relied on clinical staff members, or mentors, to help support, supervise, and teach novice employees. The concept of a mentor has been around for generations. The idea originated from Homer’s Odyssey, in which Mentor, a trusted friend of Odysseus, took
on the responsibility of rearing Odysseus’ son. In this story, Mentor is portrayed as an older, wiser individual who is responsible for the child’s learning and developmental needs (Andrews & Wallis, 1999). Although the role of a mentor has evolved over time, the view of a mentor as a counselor and advisor has remained constant.

In recent years, much research has been done exploring the benefits of mentoring in the nursing profession. In general, researchers have found that mentors play a positive role in a graduate nurse’s professional development. Literature reviews have revealed that mentors can aid in improving nursing judgment, leadership skills, confidence, and competence; leading to both professional and personal growth and satisfaction with the nursing career (Block, Claffey, Korow, & McCaffrey, 2005; Andrews & Wallis, 1999). These positive outcomes can have a significant impact on the job satisfaction and organizational commitment among graduate nurses. Various researchers have confirmed that job satisfaction and organizational commitment are statistically significant predictors of nurse turnover.

This study hopes to add to the body of knowledge about the relationship between mentoring programs and the job satisfaction and turnover rate among graduate nurses. The results of this study will have strategic implications for the recruitment and retention of novice nurses. The information gained in this research will provide insight to nurse managers into the benefits and outcomes of mentoring programs.

**Purpose statement**

In the upcoming years, the nursing profession will face a major nursing shortage due to the increased demands of the healthcare industry and the aging population of the
nursing workforce. Complicating this problem is the high turnover rate among graduate nurses. With as much as 60% of graduate nurses leaving their job within the first year, it is imperative that nurse leaders take an active role in creating an effective recruitment and retention strategy (Weng, Huang, Tsai, Chang, Lin, & Lee, 2010). Nurse managers must also focus on increasing the job satisfaction of graduate nurses. The purpose of this study is to evaluate the effectiveness of a mentoring program on the job satisfaction and retention rates of graduate nurses.

**Research Question**

The research question guiding this study is “Will the implementation of a mentoring program increase the job satisfaction and one year retention rate of graduate nurses?”

**Theoretical framework**

This study is based on an adapted version of the mentorship framework introduced by Hunt and Michael (1983). The framework of Michael and Hunt suggests that the context of the relationship, along with mentor and protégé characteristics, produce the mentoring relationship. The outcomes of this relationship affect not only the protégé, but the mentor and organization as well. Protégés gain knowledge and guidance and are often more satisfied with their jobs. Mentors gain satisfaction and confirmation though helping less experienced individuals in their development. The advantages for the organization are that former protégés are often better educated, better paid, less mobile, and are more satisfied with their work and career progression. In this adapted version, the concept of socialization facilitation by the mentor is incorporated into model. This
framework is appropriate for this study because it illustrates mentoring can benefit all the parties involved by increasing job satisfaction for both the mentor and mentee.

Definition of terms

Conceptual

For the purpose of this study, the mentoring program is a formal relationship between a senior nurse and a graduate nurse of a hospital directed toward the advancement and support of the graduate nurse.

Operational

The mentoring relationship will be measured by the Caine Quality of Mentoring Questionnaire. The questionnaire measures the quality of mentoring based on the protégés perception of the mentor’s ability to perform specific behaviors. These behaviors include being a model, envisioner, energizer, investor, supporter, standard-prodder, teacher-coach, feed-back-giver, eye-opener, door-opener, idea-bouncer, problem-solver, career counselor, and challenger (Jakubik, 2008).

Conceptual

Job satisfaction is the degree to which individuals appear to like their job (Prevost, 2001). Various researchers have confirmed that job satisfaction and organizational commitment are statistically significant predictors of nurse turnover (Weng et al., 2010).

Operational

Job satisfaction will be measured using the Hoppock Job Satisfaction Survey. The four questions included in this survey provide information on a) how much time the
employee feels satisfied with his/her job, b) how well the employee likes his/her job, c) how the employee feels about changing his/her job, and d) how the employee’s satisfaction compares to other employees’ satisfaction. (Nichols, Stahl, & Manley, 1978)

*Conceptual*

Turnover refers to the voluntary departure of the nurse’s job. High turnover rates create additional operational costs in the recruitment and orientation of new staff. Staff vacancies also negatively impact the morale of senior staff when they are asked to work short or extra shifts and are repeatedly asked to train novice staff (Greene & Puetzer, 2002).

*Operational*

Turnover rate will be measured by the Price’s Intent to Stay Scale.

*Limitations*

There are several limitations for this study. First, a small sample size will be used. Second, all of the graduate nurses involved work at the same downtown, teaching hospital in Indianapolis, IN. Third, the sample will only include graduate nurses hired onto the medical and surgical floors. Thus, the results might not accurately portray results of all graduate nurse mentoring programs.

*Summary*

As the healthcare industry faces a forecasted nursing shortage, nurse managers and leaders are working together to create effective nursing recruitment and retention strategies. Mentoring programs have been suggested in the nursing literature as an effective tool in retaining graduate nurses. Using an adapted version of the Hunt and
Michael (1983) mentorship framework, authors of this research have developed a study to evaluate the effectiveness of a mentoring program on the job satisfaction and retention rates of graduate nurses. It is the hope of the authors that the information gained in this research will provide insight to nurse managers into the benefits and outcomes of mentoring programs.
Chapter 2

Review of Literature

Introduction

As stated previously, healthcare organizations and nurse managers are working together to tackle the issue of nurse recruitment and retention. One proposed strategy, mentoring programs, has been reviewed extensively in the nursing literature. The purpose of this study was to add to that body of knowledge regarding mentoring programs and novice nurses. Current literature investigating mentoring programs have looked at the effects of mentoring on the novice nurse’s job satisfaction and intent to stay and their knowledge and skill set. It has also looked at the characteristics of the mentoring relationship.

Theoretical Framework

The theoretical framework for this study is based on the mentorship framework developed by Hunt and Michael (1983). This conceptual framework consists of the outcomes of the mentor-protégé relationship, the context within which the mentor-protégé relationship emerges, the characteristics of the mentor and protégé, and the stages of the mentorship process.

According to Hunt and Michael (1983), the outcomes of the mentor-protégé relationship may be positive or negative for the mentor, protégé, and organization. Possible outcomes for the mentor include satisfaction and confirmation through helping
less experienced individuals in their development. Outcomes for organization include former protégés that are better educated, better paid, less mobile, and more satisfied with their work and career. For the protégé, mentorship can help develop positive and secure self-images and can help the individual learn the ropes of the organization, leading to a sense of competence and effectiveness. In regards to context, Hunt and Michael (1983) stated that mentorship varies according to cultural context, which may include: organizational characteristics, careers or occupations, and social network or interpersonal relationships between the mentor and other members of the organization.

Hunt and Michael (1983) also stated the characteristics of both the mentor and protégé play an important role in the relationship. These characteristics included age differential; age of the mentor; gender of the mentor; power, organization position, and self confidence of the mentor; age of the protégé; gender of the protégé; and protégé’s powers and needs. Finally, Hunt and Michael (1983) described the mentorship relationship in terms of the different stages. The first stage, initiation, was where the relationship starts. The mentor was clearly more skilled, professionally recognized, and more powerful than the protégé. The next stage, the protégé stage, was the time frame in which the novice was advancing skills under the guidance of the mentor. Following this stage, is the breakup stage, in which the relationship ends due to the protégé’s advancing career. The final stage, the lasting friendship stage, was where the protégé and mentor reestablished a peer-like friendship.

This study will use an adapted version of the Hunt and Michael (1983) framework. This version, adapted by Prevesto (2001), incorporated the concept of
socialization facilitation by the mentor. Socialization, along with the context of the relationship and characteristics of the mentor and protégé, combined to produce the outcomes of the protégé, mentor, and organization.

Job satisfaction and Intent to Stay

According to a study by Prevosto (2001), the US Army Reserve represents nearly 60% of the Army Medical Department. When forces were deployed, the medical reservists were used to backfill US hospitals and staff overseas hospitals. A potential problem was the lack of available nurses. The purpose of this study was to examine the impact of mentoring on the satisfaction and intent to stay of company-grade U.S. Army Reserve nurses. The theoretical framework is based on Hunt and Michael (1981). It was adapted to incorporate the concept of socialization facilitation by the mentor.

A questionnaire was mailed out to a randomly selected sample of obligated company-grade nurses in the USAR. One hundred and seventy-one questionnaires were returned, for a 57% response rate. Seventy-two of the nurses reported being involved in a mentoring relationship.

Three instruments were combined to create the questionnaire used. The first was the Intent to Stay Scale developed by Dr. Price. The scale has a reported Cronbach’s alpha and an internal consistency of 0.94. The second part was a mentoring survey developed by Dr. Dreher. It is used to assess the influence that mentoring relationships have on the individual and reported internal consistency of 0.95. The final tool was Hoppock’s job satisfaction survey. Mentored versus non-mentored groups were
identified. ANOVA was used to compare the outcome scores of job satisfaction and intent to stay scales for the two groups (Prevosto, 2011).

The mean score on Hoppock’s Job satisfaction scale ranged from 4 to 28. Mean scores suggested a greater satisfaction level among those with mentors. Results of the ANOVA showed a significant difference (0.001) between the groups. Mean scores on the Intent to Stay Scale suggested a greater intent to stay for those with a mentor than those who had not experienced a mentoring relationship. ANOVA demonstrated a significant difference (0.038) between the two groups. When asked about their plans to stay longer than the obligatory eight years, 50% of the mentored nurses and 33.4% of the non-mentored nurses chose “definitely” or “probably” (Prevosto, 2011).

Researchers concluded that this study supported the idea of mentoring as a useful tool. The researchers commented that rates of satisfaction and intent to stay varied among the three groups comprising the USAR: Troop program Units (TPUs), Individual Mobilization Augmentee (IMA), and Individual Ready Reserve (IRR) positions. Researchers suggested that if the study be repeated, equal percentages of each group would need to be represented (Provesto, 2011).

According to Halfer et al. (2008), nursing turnover carries both financial and patient safety consequences. Recent literature has suggested that mentoring programs may help increase the retention rate of graduate nurses. The goal of this longitudinal, descriptive study was to compare the job satisfaction and retention rates of two cohorts of new graduate nurses: one before and one after the implementation of a pediatric RN Internship program.
The study was performed at a Midwestern, urban, Magnet-designated pediatric medical center. The sample consisted of 84 new graduate nurses in the pre-implementation group hired between September 2001 and August 2002 and 212 post-implementation group hired between September 2003 and August 2005. Participants worked on inpatient medical and surgical units, neonatal and pediatric intensive care units, and the emergency department. Nurses were mailed surveys at 3, 6, 12, and 18 months corresponding with the nurse’s time on the job. 234 surveys were returned, a 79% participation rate (Halfer et al., 2008).

Instruments used included a job satisfaction tool that was developed by the investigators. The tool was comprised of demographic fill-in blanks, a Likert-type scale seeking degree of agreement for 21 statements, and four open-ended questions. The tool validity and reliability measures were described in a previous article by Halfer & Graf (2006). The previous article stated that the survey was validated by members of the nursing recruitment and retention committee in the study setting. The tool’s Pearson-Brown split/half reliability was reported at 0.8962.

After data analysis, results for the area of job satisfaction revealed that agreement with job satisfaction was significantly higher in the post-internship nurses as compared to the pre-internship nurses (p=0.046). In regards to birth year generation and shift schedule, no difference in job satisfaction was found related to birth year generation. However, significance was obtained for nurses working the night shift schedule in three situations: ability to identify work resources (p=0.002); ability to manage the demands of the job (p=0.04); and having information to perform the job effectively (p=0.04).
Voluntary turnover averaged 20% for the pre-internship class and 12% for the internship class (Halfer et al., 2008).

Because of these findings, researchers concluded that mentoring programs can improve the overall job satisfaction and one year retention rate of graduate nurses. Researchers were surprised to find that nurses working straight night shift positively impacted job satisfaction. The researchers suggested that working a less hectic shift may allow for greater support and time for graduates to work on their organizational skills. Researchers suggested that further study areas may include indentifying what activities can help graduate nurses grow professionally and remain a vital part of the organization’s health care workforce (Halfer et al., 2008).

New graduate nurses are often unable to handle the high amount of pressure and stress related to the job, resulting in a first year turnover rate between 35%-60%. A nurse with less than one year experience who terminates represents approximately a $49,000 loss. One academic children’s hospital created an internship program to help reduce first year turnover. Beecroft, Kunzman, & Krozek (2001) studied the effects of this program. The program included guided clinical hours, a mentor to sponsor the graduate, and classroom time. Goals of this program included: facilitating the transition from graduate nurse to RN, preparing the beginning nurse to provide competent care, and increase the commitment and retention of graduate nurses.

During the first year, 50 graduate nurses successfully completed the six month program. These nurses had an average of 8 months RN experience and 58% held a bachelor’s degree. A control group of 45 new graduate nurses were hired during the 24
months before the internship. 28 of these nurses completed and returned the evaluation questionnaires. 79% of this group had an average of one and a half years or more of RN experience and 64% held a bachelor’s degree (Beecroft et al., 2001).

Multiple tools were used in this study. Corwin’s Nursing Role Conception Scale was used to evaluate the aspect of role transition by the interns. Pearson correlation coefficients were 0.59. Another measure, the Schutzenhofer Professional Nursing Autonomy Scale was used as an assessment of professional autonomy. Adequate validity was determined from a panel of nurse experts. Reliability data was derived from test-retest that produced a correlation coefficient of 0.79 (Beecroft et al., 2001).

The Skills Competency Self-Confidence Survey was completed by the intern at the beginning, middle, and end of the program. Interns rated their confidence on performing 36 generic skills. The Slater Nursing Competencies Rating Scale provided ratings of the nurses’ performance in the clinical setting. The odd-even, split-half reliability was 0.98. The Organizational Commitment Questionnaire measured the relative strength of the individual’s identification with and involvement in a particular organization. Internal consistency estimates ranged from 0.82-0.93, with a median of 0.90. The Anticipated Turnover Scale measured the intern’s perception or opinion of the possibility of voluntarily terminating his/her job. Internal consistency reliability was estimated at standardized alpha = 0.84 (Beecroft et al. 2001).

For the Corwin’s Nursing Role Conception regarding what “should be the ideal in nursing,” the control group had significantly more disagreement with the ideal situations than the interns (before: df=73, t=9.73, P=0.000; 6 months: df = 72, t= 8.318, P=0.000; 12
months: $df=55$, $t=11.005$, $P=0.000$). Overall, the interns appeared to have maintained a more realistic view of the ideal professional nurse during the study. Regarding autonomy, no statistically significant differences were shown between the groups. Regarding the Skills Competency Self-Confidence Survey, results demonstrated a continuous increase in confidence during the study. When compared to the control group, intern scores at 12 months were the same. Researchers took these results as encouraging when considering the increased RN experience of the control group (Beecroft et al., 2001).

On the Organizational Commitment Questionnaire, interns at both 6 and 12 months had comparable scores to the control group. Researchers took this as positive considering the short time spent at the facility for the interns in comparison to the control group. For the Anticipated Turnover Scale, at six months the interns demonstrated a significant difference when compared to the control group, with control group scores reflecting a greater possibility of voluntary termination ($df=71$, $t=2.64$, $P=0.20$). There was no difference between the groups at 12 months ($df=54$, $t=1.31$, $p=0.20$). Researchers took this as positive, considering the highest turnover occurs within the first 12 months; these results indicate that at 12 months the interns are comparable to the staff nurses with up to two years employment. Finally the percentage of employees who voluntarily left the facility within the 12 months was a calculated. Turnover rate for the control group was 36%. Turnover rate for the intern group was 14% (Beecroft et al., 2001).

From this data, researchers calculated that they were able to retain 21 nurses from the internship program that they would have lost through the “old way” of orientation.
When comparing the cost of the program with the estimated cost of replacing these 21 nurses, the organization’s benefit amounted to $1,349,862.24. Researcher of this pilot study concluded that formal internships are financially beneficial and important in retaining graduate nurses (Beecroft et al., 2001).

Currently, the nurse turnover rate has become a major issue in the healthcare community because of its effect on patient safety and health outcomes. Specifically, the nurse turnover rate within the first year of practice is between 35% and 60%. Various researches have confirmed that job satisfaction and organizational commitment were predictors of nurse turnover and their intent to quit. Weng et al. (2010) examined the effect of mentoring functions on the job satisfaction and organizational commitment of new nurses. The concept of a mentoring program for this study was defined as a formal relationship between a senior nurse and junior nurse of a hospital directed toward the advancement and support of the junior nurses.

Subjects of this study included 306 new nurses from three regional hospitals in Taiwan. All subjects had participated in his or her hospital’s mentoring program. 301 participants were female and the mean age of the mentee was 26.83. 35% of the sample had earned a Bachelor of Science degree or higher in nursing and 70% of the new nurses had nursing experience of more than one year. The mean period of mentoring was 3.97 months (Weng et al., 2010).

Researchers used self-administered questionnaires to collect information on mentoring function, job satisfaction, organizational commitment, and demographic data. The questionnaires were reviewed, modified, and validated by three mentoring experts.
and six nurse managers. All measures were subjected to a confirmatory factor analysis. Mentoring function is defined as the sum of the career development, psychosocial support, and role modeling as perceived by the nurses in the mentoring program. The mentoring scale used was based on previous researchers’ proposed mentoring scales. The items on the scale had a Cronbach’s alpha value of 0.912. Job satisfaction was defined as the nurses’ overall state of satisfaction. The researchers created a modified version of the Minnesota Satisfaction Questionnaire containing 5 items and had a Cronbach’s alpha value of 0.865. Organizational commitment referred to the belief in and acceptance of organizational goals and values. Researchers developed a six item questionnaire based on the widely used Organization Commitment Questionnaire. Items, with a Cronbach’s alpha value of 0.913, examined value, effort, and retention commitment (Weng et al., 2010).

During the survey researchers found that in general, respondents felt that mentoring programs were capable of producing the effects of career development, psychosocial support, and role modeling. Of these three functions, the role modeling function was perceived as the highest, with the mean of 3.90. The roles of career development and psychosocial support had a slightly lower mean of 3.49. As for job satisfaction, after multiple regression analysis, only career development (β=0.310) and the role modeling function (β=0.30) were found to be significantly and positively related to job satisfaction. Results of the regression analysis for organizational commitment showed that four mentor variables-sample source (hospital A & C), nursing experience, mentor had prior mentoring experience, and frequency of interactions with the mentor-
would have significant influence on organizational commitment. Finally, researchers found that the impact of career development function ($\beta=0.28$) and the role modeling function ($\beta=0.26$) on organizational commitment as significantly positive (Weng et al., 2010).

The authors concluded that the development of mentoring programs for new staff nurses in Taiwan are indeed capable of generating the role modeling, psychosocial support, and career development functions. Therefore, researchers concluded that effective mentoring can reinforce job satisfaction of new nurses and their commitment to the hospital. Researchers suggest future studies examine the effect on mentorship on different dimensions of work outcomes, such as patient safety performance (Weng et al., 2010).

The shortage of nurses is projected to increase over the next 20 years. The industry is in need of trained, qualified bedside nurses. Mentorship programs, especially in hospital settings, are being introduced and fostered to attract nurses to healthcare systems with the primary goals of nursing retention and support. Block et al. (2005) performed a literature review to examine the impact nurse mentorship programs have on nurse retention and healthcare organizations.

Based on their literature review, Block et al. (2005) concluded that the adoption of a mentorship model is cost-effective and fosters long-term growth and retention through a structured support system that enhances job satisfaction. Based on these findings the authors recommend: a) encourage organizations to allocate funding for mentor/leadership programs; b) encourage organizations to support education regarding
benefits of mentoring; c) encourage recognition within organizations of nurses who act as positive role models; and d) encourage additional evidence-based practice research to further bridge the gap between theory of mentorship and practice.

The turnover rate among novice nurses is one of the biggest factors leading to the current shortage of nurses. Therefore, understanding the reasons behind the high turnover rate has become a major issue for healthcare organizations. Suzuki, Itomine, Saito, Katsuki, & Sato (2008) performed a study to identify the factors that affected the turnover rate of novice nurses.

Researchers identified 102 hospitals with >400 beds from The Hospital Catalog 2001-02. 20 of these hospitals agreed to participate. Questionnaires were distributed by the head nurse of each hospital and eventually 988 respondents were analyzed. 93.4% of the subjects were female, and the majority of respondents attended a vocational school of nursing and were under the age of 24 (Suzuki et al., 2008).

Data was collected on a variety of factors. First, burnout was measured using the Japanese version of the MBI. This tool examined physical exhaustion, emotional exhaustion and depersonalization, and personal accomplishment. Reliability and validity was verified by Higashiguchi et al. (1998) and had a Cronbach’s alpha ranging between 0.77-0.80. Assertiveness was measured by the RAS. Cronbach’s alpha was 0.84. To ascertain the presence of reality shock, the subjects were asked whether they were shocked at the difference between what they learned at school and what they were actually doing at work. As to workplace satisfaction, each subject was asked “are you satisfied with your workplace?” With regard to social support, the subjects were asked
whether or not they had any person to talk to about concerns or problems and about their coping mechanisms.

After data analysis, several factors were identified as significant related to turnover risk. There were significant differences between reality shock, ward preference, transfer preference, and job satisfaction. Peer support was also identified as significant related to turnover risk (Suzuki et al., 2008).

From this study, the authors concluded that support from peers and workplace dissatisfaction greatly affected the turnover of novice nurses in the first two years. Those nurses who had no peer support or were dissatisfied with their workplace also had a tendency to fall into reality shock and burnout easily and had to support from senior nurses or their supervisor. Therefore, researchers concluded that is important to place not just one, but several novice nurses in the same unit so they can support each other, but to also to establish a workplace environment that provides a support system between novice, senior nurses, and supervisors (Suzuki et al., 2008).

Knowledge and Skill Set

Research has shown that novice nurses often lack the skills necessary to take care of complicated patients and handle emergency situations. One method suggested to help novice nurses achieve the knowledge and ability to handle these situations is the use of a “coach” or mentor. Komaratat and Oumtanee (2009) studied the effect of using a mentorship model on the competency of newly graduated nurses. The conceptual framework of this study was developed on the nurse competency concepts of
Taechaverrakorn and Oumtanee (2008) and the model of mentorship process of Morton-Cooper and Palmer.

The author used the population of 19 novices as subjects for this study. The study was conducted as quasi-experimental research. This one time, time series design measured the competency of newly graduated nurses at three points: before the experiment (time 1); one month later (time 2); and after the mentorship experience was completed. Mentors for this project were nurses with at least three years working experience, interest in the nurse mentorship program, and had good decision making, clinical, and communication skills (Komaratat & Oumtanee, 2009).

Three study instruments were used. Experimental instruments used included a manual of mentorship, which researchers gave the mentors as part of their training. The Mentorship Knowledge Scale was a pre- and posttest form designed to test the knowledge of the nurse mentors before and after their course. The 15 question test had a reliability of one. The control instrument was the Mentors Activities Scale, which was used to evaluate the nurse mentors. The form had a coefficient of 0.9, and was calculated by the Cornell technique of Guttman. Finally, the evaluation instrument was the Nursing Competence Scale, which evaluated nursing, human relationship and communication, decision-making and problem-solving, and quality development and assurance. The reliability of the questionnaire with Cronbach’s alpha was .96 (Komaratat & Oumtanee, 2009).

After receiving training through lectures and workshops, mentors worked one on one with newly graduated nurses for one month. The mentor worked as an advisor and
counselor, teacher, sponsor, and facilitator. The researchers evaluated the competency of the graduated nurses twice before the mentorship program started. There were no differences between the first two tests, spaced one month apart. Nursing competency of the graduated nurses post-experiment was significantly higher than pre-experiment at time one \((p < .05, z = -3.831)\). Nursing competency post-experiment was also significantly higher than pre-experiment time two \((p < .5, z = -3.825)\). These results show that nursing competency of graduated nurses after using the mentorship model produced significantly higher scores than before using the mentorship model \((\text{Komaratat & Oumtanee, 2009})\).

From these results, Komaratat and Oumtanee (2009) concluded that using a mentorship program has significant effects on the development of skills, knowledge, and self-confidence of newly graduated nurses. The author recommended research should continue to study and evaluate the effectiveness of using the mentorship model to improve the performance of newly graduated nurses.

Nursing practice is complex and many researchers consider mentorship as a way to prepare nurses for success in nursing practice and nursing career progression. Mentoring can help nurses transition into practice with role acquisition, socialization, and job satisfaction. The aim of this study by Ronsten, Andersson, & Gustafsson (2005) was to explore mentoring of recently registered nurses in relation to their development of nursing competencies. Researchers used the SAUC model for confirming mentorship, created by Gustafsson. The model is based on the theory of the human being as an active
subject for whom it is characteristic to be engaged in goal-directed actions and have self-
relation.

The participants of this study included eight nurses (five women, three men) who had started working at a medium sized hospital in Sweden. They were 25-49 years of age (M=38.6) and had 1-30 years of nursing experience (M=15.3). Questionnaires, personal interviews and focus group interviews were used for data collection two years after the completion of the one year mentorship program (Ronsten et al., 2005).

The S phase of the mentorship, the sympathy-expressing mentorship, examined how novices felt their mentors sympathized with the novice’s situation. Overall, novices agreed that their mentors expressed interest in their situation and the uncertainty they felt in their new position (M=5.5, on a scale of 0-7). The novices also stated that the mentorship gave them a greater sense of security regarding their professional role, other staff and nursing situations (M=4.75). The second part of the S phase, novice-involving mentorship, examined the desire of the mentee and mentor to participate in the mentorship. Both novices and mentors stated that they had a desire to participate in the relationship (M=4.9). Novices stated that they were deeply involved in the discussion with their mentors and that their motivation regarding nursing tasks increased. The first part of the A phase, acceptance-establishing mentorship, had to do with the mentors’ ability to show respect. The majority of novices agreed that their mentor showed respect and took the novice nurses seriously (M=4.5). One mentee stated that mentorship allows one to be a beginner and ask stupid questions without being afraid. The second part of the A phase, novice-influencing mentorship, had to do with the novice being able to help
shape their learning experience. Novices agreed that they were able to help shape their experiences (M=6.3) (Ronsten et al., 2005).

The first part of the U phase, understanding-acquiring mentorship, the novices nurses agreed that the mentors understood their situation and insecurity (M=4.9). Novices also felt they had acquired a new capacity for assessing and reflecting on patient situations (M=4.5). The second part of the U phase, novice-individualizing mentorship, examined the novice’s new functions and skills that were required for working in the new environment. Novices felt that their mentors were able to perceive what particular needs the novices had and that the mentors tried to be especially supportive in these new situations (M=5.5). The first part of C-phase, competence-manifesting mentorship, examined the mentoring relationship. Mentees felt that the mentors were supportive (M=5.1) and the novices felt they had acquired great professional competence in the role of nursing (M=4.5). The last part of the C-phase, novice-trusting mentorship, examined how the novices felt about their professional competence. In general, novices felt that the mentors trusted them and trusted their ability in regards to handling different roles and situations (M=5.2). They also considered that their professional competence had been reinforced (M=4.3) (Ronsten et al., 2005).

From evaluating the responses of the new nurses, Ronsten et al. (2005) concluded that mentoring can help novices facilitate development of clinical skills and their reflections about these skills. The acquisition of skill was linked to the increased ability to assess and reflect upon patient situations, to judge and make decisions, and to collaborate with other professionals. Researchers also concluded that mentoring is
crucial to developing the novice nurses’ motivation and their capacity to develop and maintain quality standards of nursing.

**Mentoring Relationship**

A study by Beecroft, Santner, Lacy, Kunzman, & Dorey (2006) stated that RNs resign if unable to assimilate socially and clinically within the first 12 months of work. Past studies have indicated that mentors can help novice nurses transition into their new role clinically and socially; thereby decreasing stress and increasing staff retention. The aim of this study was to evaluate a mentoring program and determine whether new graduate nurses: a) were satisfactorily matched with mentors; b) received guidance and support; c) attained socialization; d) benefited from having a role model; e) maintained contact with mentors; and f) were satisfied with the mentorship.

The study took place at a large healthcare facility in the USA. All registered nurses who completed the hospital’s residency program were eligible to participate. Nurses completed the questionnaires during the last week of the program. A total of 318 nurses completed the survey. 59% were between the ages of 23 and 30 and 60% had earned a BSN degree. The majority of mentees (77.8%) had previous healthcare experience and were assigned to their first choice of nursing units (83.2%) (Beecroft et al., 2006).

This evaluation was undertaken as part of a larger evaluation of the RN residency program and the overall program results and instruments used are published elsewhere (Beecroft et al., 2006). The larger evaluation included a 35 item survey was designed to obtain feedback on the residency. Initially, two items addressed mentoring, but after the
first cohort, another six items were added. Responses to each item were summarized with descriptive statistics using SPSS. The responses were then categorized into previously determined themes: satisfaction, support, and socialization. The process of theme identification fit with Morse and Field’s manifest content analysis.

In relation to the item “did you click with your mentor,” 83% of mentees “clicked” with their mentors with a range of 63-95%. For the item “Did your mentor provide the guidance and feedback you would have liked,” 80-90% of respondents answered positively. Positive comments included “my mentor made a difference in me having the confidence to stick with the program” (Beecroft et al., 2006, p740). Also, 50% of respondents indicated that their mentors moderated stress during the residency. With regard to the item “what were the personal benefits to you from having a mentor,” support was identified as a major benefit.

The item “Were you able to meet with your mentor on a regular basis”, showed that 54% mentees responded positively. Because mentees who met regularly with their mentors had more opportunity to gain from the experience, those who met regularly were compared with those who did not. A statistically significant difference between the two groups was evident on all items except “changes in the mentor program.” Results show that regular meetings positively influence the likelihood of the mentoring being a stress reducer (p=<0.001), clicking with the mentor (p= < 0.001), and mentor providing guidance and support (p= < 0.001) (Beecroft et al., 2006).

From the data, results indicated that mentoring was successful when mentors and mentees met on a regular basis. The authors concluded that mentors could be
instrumental in the retention of new graduates by increasing their confidence or compensating for a poor preceptor. The researchers suggest that more research into the mentor and mentee role is essential in order to provide adequate training for the mentoring (Beecroft et al., 2008).

According to a study by Jakubik (2008), by the year 2020 there will be a 20% deficit of registered nurses. This deficit is expected to only increase as the number of nurses retiring or leaving the profession continues to outpace the number of nurses entering the workforce. Mentoring has been proposed as a method to help recruit and retain nurses. The purpose of this study was to explore the relationship among the quality, quantity, and type of mentoring and mentoring benefits for pediatric staff nurse protégés. Researchers hypothesized that all three variables (quality, quantity, type) were significantly related to the outcome variable (mentoring benefits). The study was based on the theoretical framework of the Zey’s Mutual Benefits Model, which views the mentoring relationship as a triad among the organization, mentor, and protégé.

The sample for this study was a convenience sample of 214 pediatric staff nurses across 26 states. Subjects were recruited through the mailing list of a pediatric nursing professional organization and through in-person distribution at two pediatric conferences. Criteria for inclusion in this study included: a minimum of one year experience as a RN and self-identified experience as a protégé in a mentoring relationship occurring within a single organization. 787 booklets were distributed, with a return rate of 58% (Jakubik, 2009).
The study used three questionnaires: a demographic questionnaire, the Cain Quality of Mentoring Questionnaire, and the Jakubik Mentoring Benefits Questionnaire. The 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. The CQM measured the efficacy of the mentoring relationship. The questionnaire used a five point Likert scale to measure 14 items. The content validity for the CQM was .94 and reliability was determined with a Cronbach’s alpha of .91. The Jakubik MBQ was developed by the researcher and was used to measure the individual protégé and organizational benefits. The instrument was validated by a panel of expert judges across the United States. The reliability was established with a Cronbach’s alpha of .99 (Jakubik, 2009).

The average length of the mentoring relationship was three years and the most frequent activities were supporting and teaching. Sixty-five percent of daily communication was through one-on-one talks and 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%). This finding supports that mentoring not only is beneficial to the current workforce of mentored nurses but also has the potential to promote future mentor-prevalent workforces (Jakubik, 2009).

Pediatric staff nurse protégés in this study reported a high degree of mentoring benefits as evidenced by high overall scores on the Jakubik MBQ. The study hypothesis was analyzed using step-wise regression analysis, which revealed an overall $R=.74$. 
Quality of mentoring was significant ($r = .74, p<.001$) and explained 54.76% of the variance. Quantity of mentoring was also significant ($r = .73, p<.001$), explaining 13.69% of the variance. Mentoring type explained only 1% of the variance ($r = .12, p<.05$) (Jakubik, 2009).

From these results, researchers concluded that the quality of the mentoring relationship was the single best predictor of mentoring benefits among pediatric staff nurse protégés. The commonly held belief that the length of the mentoring relationship is important was not supported. Researchers stated that nursing leaders and organizations can make lasting impacts through high-quality mentoring relationships, even when they are time and resource limited. Researchers suggested that future studies explore the relationship between the nurses’ perceptions of the work environment and mentoring benefits (Jakubik, 2009).

Many practice-based professions, including nursing, rely on clinical staff to support, supervise, and teach the novice in practice settings. One way to provide support through the clinical and emotional challenges of being a new nurse is through a mentor program. The purpose of a study by Wolak, McCann, & Madigan (2009) was to examine the experiences of mentees and mentors in a structured mentorship program. The research question was “What are the perceptions of mentorship program from both the mentee and the mentor perspective?” Researchers used Kanter’s Theory of Organizational Empowerment. This model of organizational empowerment offers a framework for creating meaningful work environments.
This study was conducted in a nine bed cardiothoracic ICU at an academic medical center in the Southeastern United States. A nonrandom purposive sample was used. Inclusion criteria included mentee/mentor participation for at least ten months. A total of six mentors and five mentees agreed to participate. The mentee sample included four women and one male, ranging in age from 22-27 years. All mentees had one year of nursing experience and had a BSN degree. The mentor sample included three women and three men, ranging in age from 27 to 47. The experience level ranged from 5-18 years. The educational level for the mentors included one diploma degree, two ASN degrees, and three BSN degrees (Wolak et al., 2009).

This study used a qualitative research design using focus group methodology. Two separate focus groups were conducted to capture the perspectives of the mentors and mentees. Data collection for the two groups occurred one week apart and lasted approximately 30 minutes. Each focus group was audio-taped, with field notes to capture any nonverbal communication observed. After each meeting, the principle researcher transcribed the audiotape dialogue. A total of 45 mentee and 42 mentor statements were recorded. The data were analyzed separately for theme saturation by two investigators using the same technique. Three primary themes emerged: availability, sense of community, and support and knowledge (Wolak et al., 2009).

For the mentees, the theme of availability was related to the accessibility of the mentor for questions and clinical support. All mentees verbalized that the presence of an assigned mentor helped them feel more comfortable asking questions. Mentees reported that this accessibility created an environment of support and trust. For the mentors, the
idea of availability was related to how the mentors were perceived as clinical experts and role models. They stated that they felt like they were contributing to the practice of the mentee, which in turn, positively affected their own practice.

For the mentees, the theme of sense of community referred to how the mentorship program allowed them to learn the culture of nursing and the unit. Mentees stated that having a mentor encouraged personal connections (friendship) and provided them with someone “who knew the unit culture and history.” For the mentors, the idea of community was related to the fact that the program gave them a better understanding and appreciation for the mentees. Finally, for the theme of support and knowledge, mentees felt that the mentors provided them with valuable knowledge, learning opportunities, and skills. For the mentors, the mentorship program allowed them to increase their own clinical knowledge (Wolak et al., 2009).

The results of this study demonstrated that three main themes are related to being involved in a mentorship program: availability, sense of community, and support and knowledge. Researchers concluded that mentorship programs can provide a means of nursing education for both novice and the expert clinicians. They suggested further research is needed to fully explore the experiences of mentors and mentees and to evaluate if such programs contribute to job satisfaction, organizational commitment, and overall retention (Wolak et al., 2009).

Many practice based professions, including nursing, rely on clinical staff to support, supervise and teach students in the practice settings. However, practice-based learning has not been entirely problem free. In order to help guide clinical learning, both
formal and informal mentoring programs have become popular in nursing. Andrew and Wallis (1999) performed a literature review to examine the nature of the mentorship program in relation to the supervision of the students in practice settings.

First, Andrew and Wallis (1999) reviewed the concept of mentorship. The term mentor was said to originate from Homer’s Odyssey, in which Mentor, a wise and trusted friend of Odysseus took on the rearing of his son in his absence. This image, therefore, depicts a mentor as an older, wiser individual who takes on the responsibility for a younger individual’s learning and development. Within nursing literature, a mentor was referred to as a wise reliable counselor and trusted advisor.

Next Andrew and Wallis (1999) looked at relationship and role. Many studies have noted that the nature and quality of the mentoring relationship is fundamental to the mentoring process. Studies have shown that when the relationship is based on partnership and mutual respect, the outcome is effective clinical learning. Many studies have also suggested that the relationship must develop through stages. Hunt and Michael (1983) suggested four phases: selection, protégé, breaking up, and lasting friendship.

A common theme in the mentoring literature is the significance of the personal characteristics of the mentor. Qualities of a “good” mentor include: approachability, effective interpersonal skills, adopting a positive teaching role, paying attention to learning, providing supervisory support, and professional development ability. Andrew and Wallis (1999) suggested that this emphasis on approachability rather than skill set may be because when students feel better supported and more comfortable in a clinical
setting; they learn better and that learning is less to do with direct transference of knowledge than with the nature of the relationship between mentor and student.

Andrews and Wallis (1999) end their literature review by addressing the views on mentorship. Most of the literature reports mentoring in a positive light. Students recognize that having a mentor was beneficial and most accounts recall positive aspects of the mentor/mentee relationship. In most studies, both students and mentors supported mentorship and rarely question its value.

**Summary**

As evidence from the articles above, in general mentoring programs have been reported to have positive outcomes for the mentor, mentee, and healthcare organization. Researchers have concluded that the mentor gains job satisfaction and validation through mentoring a younger nurse. The graduate nurse benefits from the increased skill competency, knowledge, and socialization from the senior nurse. In turn, these benefits also increase the graduate nurses’ job satisfaction and intent to stay. Healthcare organizations benefit from mentoring programs through better patient care and lower turnover rates.
Chapter 3

Methodology

As previously stated, the retention of graduate nurses has become a major focus of healthcare organizations around the country. Nursing literature has suggested that the implementation of mentoring programs may help increase the job satisfaction and retention rates of graduate nurses. The aim of this study is to add to that body of knowledge and evaluate the effects of a mentoring program on the job satisfaction and retention rates of graduate nurses. The following sections will describe the population, setting, procedures, instrumentation, design, and data analysis of this study.

Research Question

The research question guiding this study is “Will the implementation of a mentoring program increase the job satisfaction and one year retention rate of graduate nurses?”

Population/Sample.

Participants will include a pre-intervention sample of 50 graduate nurses hired between June 1, 2011 and October 1, 2011, and an intervention sample of 50 graduate nurses hired between January 1, 2012 and May 1, 2012. The study will be conducted on the medical and surgical floors at a large teaching hospital in Indianapolis, Indiana. All graduate nurses hired between January 1, 2012 and May 1, 2012 will be required to complete the six month mentoring program.
Protection of Human Subjects.

The study will be presented to both the hospital’s and Ball State University’s Institutional Review Board. Participants will be informed about the study at the beginning of the mentoring program. Questionnaires will be anonymous and will only be reviewed by the researcher and statistician. There are no foreseen risks identified in participating in this study. The findings will provide information on the benefits of mentoring programs.

Procedures.

After obtaining study approval from both the facility’s and the University’s IRB, we will contact the hospital’s Vice President of Nursing, nurse managers and nurse educators of the participating units. For the pre-intervention group, graduate nurses will be mailed the Hoppock’s Job Satisfaction survey and Price’s Intent to Stay Scale at the end of their three month orientation. For the intervention group, the nurse managers and nurse educators will identify and match graduate nurses with senior staff members on their perspective unit. The mentor will act as the primary preceptor for the graduate nurse for the first three months of the program and then as the graduate nurse’s primary resource for the remaining three months. The mentors will complete a short, one hour mentoring class prior to meeting with their mentee. At the end of the six month mentoring program, the graduate nurses will be mailed the Hoppock’s Job Satisfaction survey, the Caine Quality of Mentoring Questionnaire, and Price’s Intent to Stay Scale. Although participation in the mentoring program will be mandatory for all new employees, return of the questionnaires will be voluntary. Included with the mailed
questionnaires for both the pre-intervention and intervention group, will be a pre-addressed, stamped envelope. The questionnaires will be mailed back to the researcher’s office, located in the hospital. Once returned to the researchers, questionnaires will be stored in a locked, secure location.

Once questionnaires are returned, data will be entered into the researcher’s computer. Access to the electronic data will be password protected. Paper questionnaires and electronic data will be kept for one year after the completion of the study. Paper questionnaires will then be shredded and electronic data destroyed.

**Methods of Measurement.**

Three questionnaires will be used in this study: Hoppock’s Job Satisfaction survey, the Caine Quality of Mentoring Questionnaire, and Price’s Intent to Stay Scale. The Hoppock Job Satisfaction survey, originally described in 1935, consists of four questions related to various aspects of satisfaction with a person’s job. Validity and reliability were tested by previous researchers. McNichols, Stahl, and Manley reported an internal consistency (Cronbach’s alpha) estimated between .758 and .890. The Caine Quality of Mentoring Questionnaire measured the quality of mentoring based on the protégés perception of the mentor’s ability to perform specific mentor behaviors. The CQM is a 14 item questionnaire using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The internal consistency reliability of the instrument was established in Caine’s study with a Cronbach’s alpha of .91. Price’s Intent to Stay Scale consists of questions that address the employee’s attitude towards voluntarily leaving the
facility. The questionnaire uses a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Instrument reliability was established with a Cronbach’s alpha of .92.

Research Design

This study will be using a quasi-experimental design. According to Burns & Grove (2009), quasi-experimental research aims to explain relationships, clarify why certain events happen, and examine causality between selected independent and dependent variable. In this study, the relationship between mentoring, job satisfaction, and intent to stay will be examined.

Data Analysis

Pearson product moment correlation coefficients will be used to determine the relationship between job satisfaction and intent to stay. Analysis of variance (ANOVA) will be used to compare the outcome scores of job satisfaction and intent-to-stay scales for the mentored versus the non-mentored groups. Burns and Grove (2009) defined ANOVA as a “statistical technique used to examine differences among two or more groups by comparing the variability between the groups with variability within the groups” (p. 688). For Caine’s Quality of Mentoring survey, multiple regression analysis will be used. Multiple regression is an extension of simple linear regression with more than one variable entered in the analysis (Burns & Grove, 2009).

Summary

As the demands for healthcare increases, healthcare organizations and nurse leaders will need to work together to prevent a major nursing shortage. Mentoring graduate nurses has been identified as a possible intervention to help recruit and retain
graduate nurses. This study hopes to further strengthen the research on mentoring programs. By using a quasi-experimental design, the job satisfaction and intention-to-stay will be compared between non-mentored and mentored graduate nurses. The study will also examine the characteristics of the mentors based on the perceptions of the graduate nurses. The information gathered here will provide information to nurse leaders and managers about the effectiveness of implementing a mentoring program.
References


