

STRATEGIES OF AN EFFECTIVE MENTORSHIP PROGRAM FOR CRITICAL
CARE NURSES

A RESEARCH PAPER

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BY

SHANNON L. CRAIG
DR. CYNTHIA THOMAS- ADVISOR

BALL STATE UNIVERSITY

MUNCIE, INDIANA

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Abstract

RESEARCH SUBJECT: Strategies of an Effective Mentorship Program for Critical Care Nurses

STUDENT: Shannon Craig, BSN, RN

DEGREE: Masters of Science

COLLEGE: College of Applied Sciences & Technology

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Healthcare organizations continue to experience difficulty retaining newly registered nurses. Mentoring programs are being incorporated as a strategy to retain professional nurses, especially in critical care areas of professional practice (Jakubik, 2007). The purpose of this study is to examine the relationships among quality, quantity, and the type of mentoring programs, and the benefits of mentoring for nurses who have participated in a mentoring program post graduation. The framework is Zey's (1991) Mutual Benefits Model. The targeted population is registered nurses (RNs) with 1-5 years of professional experience. The expected sample is 200 registered nurses working in acute care hospitals. A demographic questionnaire will be administered along with the Caine Quality of Mentor Survey (Caine, 1989), and the Jakubik Mentoring Benefits Questionnaire (Jakubik, 2007). Study findings may benefit nurse staff development educators by identifying strategies to improve mentoring programs.

Chapter I

Introduction

New registered nurses are joining the workforce everyday. The transition to practice may be difficult for many new nurses and new nurses may believe that they are unprepared for the professional nurse role (Halfer, 2007; Komaratat & Oumtanee, 2009; Newhouse, Hoffman, & Hairston, 2007; Rosenfeld, Smith, Iervolino, & Bowear-Ferres, 2004). Therefore, much preparation is needed to ensure new registered nurses receive additional training to support them during the transition period. Nurse mentoring programs have received attention from hospital nurse educators and administrators as mentoring programs serve to help new nurses transition from novice to professional nurse (Ecklund, 1998; Halfer, Graft, & Sullivan, 2008; Mills & Mullins, 2008; Rosenfeld et al.; Scott, Engelke, & Swanson, 2008). Nursing can be challenging at times and the first year adjustment period may be difficult for many new nurses (Patterson, Bayley, Burnell, & Rhodes, 2010; Halfer, 2007; Komaratat & Oumtanee; Newhouse et al.). Mentoring programs traditionally pair a new nurse with an experienced nurse for an established period of time (Ecklund; Grindel & Hagerstrom, 2009; Mills & Mullins; Chow & Suen, 2001). The new nurse and nurse mentor relationship may

serve to guide new nurses through different stages of the career process, starting with their first job as a new nurse.

Nurse mentoring programs may also benefit the healthcare organization. Healthcare organizations are seeking strategies to increase nurse satisfaction, recruitment, and retention (Ecklund, 1998; Grindle & Hagerstrom, 2009; Latham, Hogan, & Ringl, 2008; Halfer et al., 2008). Improving new nurse retention is important to healthcare organizations due to the expense of new nurse orientation, decrease in quality of patient care with high nurse turnover and an increase in poor patient outcomes (Hill-Popper & Kuhl, 1999; Scott et al., 2008; Halfer et al., 2008). Ecklund and Hurley and Snowden (2008) highlighted the lack of research on mentoring programs for critical care nurses in acute care settings.

New registered nurses may struggle with the demands of beginning a new career and the reality and the stresses of the critical care unit. Nurse mentoring programs may serve as a good strategy to increase job satisfaction, and recruit and retain new nurses in all areas of nursing practice. Mentoring programs may also help to support new nurses during the transition period by adding the coaching of a mentor to the new nurses' repertoire of resources.

Background and Significance

Recently, emphasis has been placed on developing new strategies to improve the recruitment and retention of registered nurses, especially new registered nurses. Many healthcare organizations have investigated nurse mentoring programs as a means to recruit and retain new nurses because of the success noted in nursing research and

literature (Halfer et al., 2008; Mills & Mullins, 2008; Newhouse et al., 2007; Patterson et al., 2010).

Newhouse et al. (2007) researched the stressful transition from student nurse to new registered nurse and the impact on nurse retention. The researchers surveyed N=529 new registered nurses participating in an internship program to illicit what factors influenced new nurse retention and job satisfaction. Newhouse et al. (2007) found that “internships created a sense of loyalty to the hospital and in return decreased the nurse turnover rate” (p. 56).

Once a mentoring program has been instituted, the organization must determine a way to sustain the program. Some of the issues with maintaining mentoring programs were funding, barriers to the relationships, and a sense of importance among administrative staff (Halfer et al., 2008; Scott et al., 2009; Hurley & Snowden, 2008). Hurley and Snowden studied barriers within the mentor-mentee relationship. Barriers can be perceived by the mentee, mentor, and by the organization. The researchers found that increasing the number of available mentors as well as providing the mentors with adequate training, benefited the mentoring program. Hurley and Snowden also suggested “the topic of mentoring should be placed on the regular meeting agendas of senior nurses and administrators to aide in supporting the mentoring program” (p. 272). Mentoring programs may be of benefit for all areas of nursing practice; however, the patient acuity, high level of practice, expected performance, and increased stressor may make mentoring even more advantageous for the critical care areas. There is currently a lack of available resources about mentoring programs in critical care areas of acute care hospitals.

“The multifaceted and dynamic environment of emergency care may be positive factors when attracting graduate nurses to an emergency department setting” (Patterson et al., 2010, p. 203). Patterson et al. sought to learn how new registered nurses perceived orientation in emergency nursing environments. The investigators asked questions to illicit the participants’ perceptions about: (a) concerns as a new registered nurse; (b) perceptions of being an emergency nurse; (c) strengths and limitations of the EDFP; and (d) recommendations for future programs. The results of the study concluded that the value of a structured, comprehensive orientation program was of great value to new registered nurses in the emergency medicine setting. The authors recognized that a variety of learning strategies such as simulation labs, clinical scenarios, and didactic instruction allowed the new nurse a variety of avenues to understand complex clinical situations. “Two years after completion of the program over half of the participants remained employed in the emergency department” (p. 211).

It is evident that mentoring programs have been successfully implemented in many organizations (Mills & Mullins, 2008; Patterson et al., 2010; Newhouse et al., 2007; Halfer et al., 2008), but there continues to be a lack of evidence regarding mentoring programs in critical care areas.

Problem

Past research has indicated that new registered nurses entering the workforce have increased turnover rates from previous generations of nurses (Halfer et al., 2008; Mills & Mullins, 2008; Newhouse et al., 2007). Researchers, educators, and administrators have sought explanations for this phenomenon and strategies to reduce new nurse turnover. Nurse orientation is a necessary component of employment; however, orientation can be

very costly for healthcare organizations and negatively impact patient care due to increased nurse staffing shortages (Hill-Popper & Kuhl, 1999). Poor recruitment and retention of nurses may negatively impact the quality of patient care, patient outcomes and increases the financial expenditure for healthcare organizations already experiencing tighter financial restraints. New nurse mentoring programs have demonstrated an improvement in nurse recruitment, retention, and job satisfaction (Mills & Mullins, 2008; Newhouse et al., 2007; Patterson et al., 2010). Although there are various studies on mentoring programs, there is a lack of research available focusing on the critical care environment.

Purpose

The purpose of this study is to investigate the perceptions of new nurses about personal mentoring experiences and the relationships between quality, quantity, and type of mentoring and its benefits for the new critical care nurse. This is a replication of Jakubik's (2008) study.

Research Question

1. What are the relationships among quality, quantity, and type of mentoring and mentoring benefits for new critical care nurses?

Theoretical Framework

Michael Zey's Mutual Benefits Model will serve as the theoretical framework for the study. Zey (1991) developed The Mutual Benefits Model based on the Social Exchange Theory. Zey states that The Social Exchange Theory suggests that there is no definite end to any relationship. The Mutual Benefits Model proposes the point of relationships is to meet certain needs of the individuals involved. Zey's theory is a three-way benefit: (a)

the mentor; (b) the new nurse; and (c) the organization. There are several factors in The Mutual Benefits Model that are likely to reduce turnover by fostering a successful mentoring relationship. These factors include: (a) the sense of belonging in the organization, the greater the sense of loyalty; (b) communicating the company's plans can reduce uncertainty; and (c) supporting the nurse through early struggles reduces frustration levels (Zey).

Definition of Terms

Conceptual

Additional data will be collected as part of the study for basic demographic information and to study mentoring quantity and type. According to Jakubik (2008); "Mentoring quality is the amount of mentoring that occurs within the mentoring relationship" (p. 272). Jakubik describes a mentoring type as: "Whether the mentoring relationship is a formal workplace sponsored, formal non-workplace sponsored, informal, or both formal and informal" (p. 273).

Operational

A 22-item demographic questionnaire will be used to collect data to study mentoring type and quantity. The demographic data will include age, years of RN experience, years in current organization, years in current position, and years in current unit/area.

Conceptual

Quality mentoring is defined by Jakubik (2008) as; "The efficacy of the mentoring relationship as perceived by the nurse" (p. 273). The quality of mentoring received by the novice nurse may impact the overall success of the mentoring program. This study will research the behaviors of mentors and what is considered important to the new nurse.

Operational

The quality of mentoring experienced in the mentoring program will be measured by Caine Quality of Mentoring Questionnaire (CQM) (1989). The Caine Quality of Mentoring Questionnaire is a 14-item document with statements that describe behavior of mentors based on a 5-point Likert scale. “The CQM measures the quality of mentoring based on the nurse’s perception of the mentor’s ability to perform specific mentor behaviors identified by Darling’s 1984 Measuring Mentoring Potential” (Jakubik, 2008, p. 273).

Conceptual

Jakubik (2008) describes the benefits of mentoring as those which produce positive experiences and successful relationships. Jakubik uses Zey’s Mutual Benefits Model (1991) to study the benefits of mentoring on the new nurse and organization. This study is a replication of Jakubik’s (2008) study.

Operational

The benefits of mentoring will be measured by using the Jakubik (2008) Mentoring Benefits Questionnaire (MBQ). Jakubik (2007) developed the questionnaire to conduct research on mentoring benefits of new pediatric staff nurses. This study is a replication of Jakubik’s (2008) study with a focus on critical care nurses. The questionnaire will address 57 questions on a 5-point Likert scale. It includes four subscales: (a) knowledge; (b) personal growth; (c) protection; and (d) career advancement (Jakubik, 2008, p. 273).

Limitations

The anticipated sample size is 200 new nurses. The names and addresses are being purchased from the member lists of the American Association of Critical Care Nurses

and the Emergency Nurses Association. This study may not illicit a participant response representing nurses in other disciplines or organizations. The surveys are being sent to a random group of nurses that current workplace is unknown. This could illicit a variety of information and may lack showing any consistencies in the findings. The ability to meet the participants and discuss and promote the study may increase the chances of meeting the anticipated rate of return of the surveys. The surveys are being sent nation wide and it is unknown if the sample size will represent perceptions of a majority of the nation's nurses or will be regionally skewed. Since the surveys are being mailed and there is no set due date on them, there could be a lag in data collection and results due to surveys being returned late. The time frame for data collection is 3 months.

Assumptions

It is assumed that participants will honestly respond to the research questions and provide positive and negative perceptions about participation in a mentoring program.

Summary

Mentoring programs are proving to be a valuable resource for healthcare organizations to improve the transition process for new registered nurses. Investigating new nurse perceptions about mentoring programs in critical care practice areas is lacking in current research and literature. Mentors may help ease the transition process to professional practice for new nurses resulting in improved retention rates and job satisfaction for new registered nurses.

Chapter II

Review of Literature

Introduction

New registered nurses experience a myriad of challenges and expectations when transitioning from student nurse to the professional nurse role. Employment orientation is an important part of the transition process and should be carefully constructed to help new nurses develop a sense of belonging, increase job satisfaction and improve retention at both the unit and organizational levels. Mentoring programs are being studied and implemented as a way to recruit and improve retention of new nurses. Current research clearly describes the benefits of effective mentoring programs for new registered nurses (Newhouse et al., 2007; Halfer et al., 2008; Grindel & Hagerstrom, 2009). However, the impact mentoring has on the job satisfaction, sense of belonging and retention of the new critical care nurse is lacking in current literature.

Theoretical Framework

Michael Zey's Mutual Benefits model was the theoretical framework for this study. Zey (1991) developed The Mutual Benefits model based on the Social Exchange Theory (Blau, 1964; Emerson, 1976; Homans, 1958; Thibaut & Kelley, 1959). The Social Exchange Theory ((Blau, 1964; Emerson, 1976; Homans, 1958; Thibaut & Kelley, 1959) suggests that there was no definite end to any relationship. The Mutual Benefits model proposes the point of relationships is to meet

certain needs of the individuals involved. In Zey's Mutual Benefits Model, there is a three-way benefit: (a) the mentor; (b) the new nurse; and (c) the organization. There are several factors in The Mutual Benefits model that are likely to reduce turnover by fostering a successful mentoring relationship. These factors include: (a) the feeling of belonging in the organization and a greater sense of loyalty; (b) communicating the company's plans which can reduce uncertainty; and (c) supporting the new nurse through early struggles which reduces the frustration levels (Zey).

Zey developed a Hierarchy of Mentoring (1991) which consisted of 4 different functions of the mentor relationship: (a) teaching; (b) psychological counseling/personal support; (c) organizational intervention; and (d) sponsoring. "The mentor can perform any or all of the functions whenever the need for them arises" (Zey, p. 9). Each function has varying degrees of benefits to the new nurse as well as risks to the mentor. "There has been substantial research conducted on mentoring in the corporate world" (Chow & Suen, 2001, p. 350), but not nearly as much in nursing, specifically critical care nursing. Jakubik (2008) explored the quality and quantity of mentoring relationships and how it benefited new pediatric nurses. Job satisfaction and new nurse retention may be improved with mentoring new nurses through their transition into a new profession. This study was a replication of a previous study by Jakubik (2008) with a focus on new nurses in the critical care area of acute care hospitals.

Job Satisfaction and Retention

The constantly changing healthcare system can be challenging and may lead to decreased job satisfaction and decreased retention rates. New nurses must adapt to many changes including the new role as a registered nurse. Mentoring has been studied and now implemented as an avenue to retain new nurses while increasing job satisfaction (Mills & Mullins, 2008; Newhouse et al., 2007; Patterson et al., 2010). Ecklund (1998) studied the relationship between mentoring and job

satisfaction of critical care nurses. Research indicates that by implementing specific programs, positive outcomes are produced such as increased job satisfaction. Ecklund's study included 76 registered nurses who were members of the American Association of Critical Care Nurses. Thirty-eight participants had been assigned a mentor while an additional thirty-eight participants had not been assigned a mentor. Demographic data between the two groups were very similar. The mean age of the mentored group was 39.9 years and non-mentored group was 41.3 years. The number of years in practice for the participants ranged from 4 to 33 years.

To measure job satisfaction, the Index for Work Satisfaction (IWS) (Stamps, Piedmont, Slavitt, & Haase, 1978) was used. The instrument was a 66-item survey, including a 44-item Likert scale questionnaire and 6 rank order items. Mean scores were calculated for each group, mentored and non-mentored. The researcher used a t-test to determine significance in the job satisfaction scores; however, the finding was not significant. Participants ranked autonomy as the most important aspect of job satisfaction. The terms *supportive* and *knowledgeable* were used frequently to describe the mentor (Ecklund, 1998).

Ecklund (1998) suggested that although the t-test did not prove significance between mentoring and job satisfaction, mentoring is an important part of career and job satisfaction and can be affected by multiple variables. In addition, the effects of having a mentor can result in increasing the new nurse's self-confidence, self-esteem, and autonomy (Ecklund, 1998)

Nurse retention and job satisfaction is the driving force behind excellent nursing care. Newhouse et al. (2007) researched the stressful transition from student nurse to new registered nurse and the effects on nurse retention. The authors studied a nurse internship program to learn what factors influenced new nurse retention and job satisfaction. Seven hundred and eighty-four new registered nurses working at a large academic hospital in Maryland were invited to

participate in the study. To meet inclusion criteria, participants had less than one year of professional nursing experience and had participated in the nurse internship program. Five hundred and twenty new registered nurses served as the final study sample. The nurses completed the questionnaire at different intervals, one during and one after completion of the internship program.

The Organizational Commitment Questionnaire (OCQ) (Mowday, Steers, & Porter, 1979) was used to measure the strength of which an individual identifies with or is involved in an organization. There were 15 questions based on a 7-point Likert scale. The questions addressed were: (a) acceptance of the organizational goals and values; (b) willingness to exert effort for the organizations; and (c) a desire to maintain membership. The Modified Hagerty-Patusky Sense of Belonging Instrument (1995), a 32-item questionnaire was used to measure valued involvement and fit, and antecedents of a sense of belonging on a 4-point Likert scale, addressing the domains of psychological experience and antecedents. The Anticipated Turnover Scale (Hinshaw & Atwood, 1982) was a 12-item survey questionnaire based on a 7-point Likert scale to measure perception of the possibility of voluntarily terminating the position. Reliability and validity were acceptable.

Results of the study indicated that the baseline nurses were more likely to leave the organization than nurses who participated in the internship program. It was reported that the longer the nurses remained in the organization, the sense of belonging increased. The authors concluded that new nurses participating in the internship program experienced higher retention supporting the value of a comprehensive program for new nurses, improving nurse retention, and decreasing new nurse intent to leave the organization at six months (Newhouse et al., 2007).

New nurses are entering the workforce from a wide range of educational and generational backgrounds. The nurses are also emerging into a challenging and sometimes stressful workplace with nursing shortages and high acuity patients. A secret to a successful organization and successful growth of a novice nurse may be recruitment and retention. Scott et al. (2008) conducted a study to investigate the influence of: (a) anticipatory and organizational socialization variables on the job and career satisfaction; (b) intent to leave the current position; (c) turnover; and (d) intent to leave the nursing profession. The North Carolina Center for Nursing contributed to data collection by allowing the authors a random sampling from the new nurse database. To meet inclusion criteria participants had to be actively employed and newly licensed by the North Carolina Board of Nursing for a period of six months to two years.

The sample included 329 nurses who were given a seven-item survey measuring job and career satisfaction. The reliability and validity were proven satisfactory from a previous study. The authors included twelve variables collected from the survey: (a) age; (b) race; (c) marital status; (d) education; (e) quantity of orientation (number of weeks); (f) quality of orientation (met needs or did not meet needs); (g) frequency of staffing shortages; (h) level of job satisfaction; (i) intent to leave current position; (j) intent to leave nursing; and (k) turnover (Scott et al., 2008).

The results indicated that most participants received orientation to the first job (94.8%), 54.1% were dissatisfied with the current job, 55% had already left the first job, but 70.8% were satisfied with the career choice as a registered nurse. The study findings indicated that 58.7% of the participants believed that orientation did not meet personal needs. The authors point out that the higher the nurse turnover the more likely that new nurses experienced two weeks less of orientation than cohorts. In summary, the authors conclude that the best predictor of career

satisfaction was educational preparation and job satisfaction. The critical role of proper orientation in the first job post-graduation may be a key strategy to job satisfaction and nurse retention. Most new nurses believed a longer orientation that met all needs aided in the transition from student to professional nurse (Scott et al., 2008).

The current nursing shortage has impacted most organizations (Halfer et al., 2008). “Baby Boomers are beginning to retire which in turn has increased nurse shortages across the nation” (p. 243). Organizations have strived to recruit and retain nurses to increase nurse, to patient ratios, and decrease expenses. Halfer et al. (2008) conducted a study on the job satisfaction and retention rates of new registered nurses after the implementation of a pediatric nurse internship program. The researchers investigated four questions: (a) Does the Pediatric RN Internship Program improve nurse perceptions of the work experience and job satisfaction? (b) Are perceptions confounded by birth generation or shift schedules? (c) Is the pattern of longitudinal job satisfaction consistent over time after the implementation of a Pediatric RN Internship Program? and (d) What is the impact of the Pediatric RN Internship Program on 1-year employment retention rates?

The study was conducted at an urban, Midwestern, Magnet-designated pediatric medical center. The medical center implemented a Pediatric RN Internship Program in 2003 to mentor and retain new registered nurses during the transition period. The sample consisted of 296 new registered nurses (84 in the pre-implementation group and 212 in the post-implementation group). The researchers developed a job satisfaction instrument, which included demographic questions, a 21-item Likert type scale questionnaire, and four open-ended questions. The instrument reliability was met. The job satisfaction questionnaire was mailed at 3, 6, 12, and 18 months. There was a 79% (234) response rate (Halfer et al., 2008).

The findings of the study included greater job satisfaction in the new nurses who completed the internship program ($p=0.046$); no real significant findings based on generational differences; and a decrease in nurse turnover from 20% in the pre-internship group to 12% in the post-internship group. The study also showed that working the night shift did aide in nurses being able to identify resources ($p=0.002$); having the information for job performance ($p=0.04$); and the ability to manage the demands of the job ($p=0.04$). Additional findings include greater satisfaction in professional development opportunities ($p=0.08$) and a lack of satisfaction with staffing decisions ($p=0.07$) (Halfer et al., 2008).

Halfer et al. (2008) concluded that by lowering turnover rates from (20% to 12%) organizations may avoid increased costs in orientation, training, and recruitment. This study demonstrates the positive effects of a mentoring program for new registered nurses as a way to increase job satisfaction and improve nurse retention. Research has shown that mentoring programs have a role in new nurse job satisfaction, but may not play the only role. Mentoring programs may be a great asset to an organization, but with any program there are challenges.

Transitional Experiences: Challenges and Support

Mentoring programs provide novice nurses guidance during the role transition into the nursing profession. The current economic problems and health care issues are making it difficult to retain excellent nurses. Mentoring provides an avenue for new nurses to become excellent care providers and co-workers while developing loyalty to the organization through job satisfaction.

Hurley and Snowden (2008) completed a study to look at the barriers in the mentor-mentee relationship. In order to have a successful mentorship program that leads to great recruitment and retention, the mentor-mentee relationships must be fulfilling. Based on this premise, the researchers studied the perceived barriers to the nurse having multiple roles such as mentor,

supervisor, and facilitator. There were 118 nurses participating in the study. The Likert-type questionnaire response rate was 34% (n=47). The participants also had the opportunity to add personal comments for each question. Simple descriptive statistics were used for the scaled answers and thematic analysis for the free text entries was used to analyze the responses.

The following questions were asked: (a) What type of nurse do you consider to be a learner? (b) How many learners have you supervised? (c) Indicate willingness to supervise learners at work; and (d) Indicate which of the following are common barriers to effect this supervision. Based on the findings, the researchers developed themes for the perception of barriers to mentoring and supervision of nurses. The themes correlated with the past research findings (Hurley & Snowden, 2008).

The following are the findings from the study, by question. Question 1: What types of staff do you consider to be a 'learner'? Responses were: all staff =74%, all nursing staff =32%, anyone currently studying =7%. Question 2: How many learners have you supervised or assessed in the last six months? Answers ranged from 0 to 20 with one person responding that they had contributed to all staff members learning at some part in time. Nurses were asked to indicate willingness to supervise learners at work. The mean willingness score was 8.7 on a 0 to 10 scale, 10 being very willing. The last question was a list of potential barriers and respondents were to select which barriers they believed applied. The top five results were: (a) lack of time, 31%; (b) lack of familiarity with programs, 23%; (c) lack of familiarity with documentation, 21%; (d) lack of opportunity to update ones own knowledge of supervision and assessment, 19%; and (e) lack of training in supervision and assessment, 13% (Hurley & Snowden, 2008).

The researchers found that increasing the number of available mentors for new nurses as well as giving the mentors adequate training to enable the new nurses to do the job well benefited the

mentoring program. They also suggested that “mentoring should be placed on regular meeting agendas of senior nurses and administrators to aide in supporting the mentoring program” (Hurley & Snowden, 2008, p. 272). Having available mentors for every new nurse can be a challenge, especially with the current nursing shortage. Putting the mentoring program at the forefront of senior administrators’ thoughts and actions may increase awareness and proactive behaviors towards a mentoring program.

Emergency nursing can be very stressful and challenging. “The multifaceted and dynamic environment of emergency care may be positive factors when attracting new registered nurses to an emergency department setting” (Patterson et al., 2010, p. 203) Patterson et al. sought to learn how new nurses perceive orientation in emergency nursing environments. The study was conducted at Crozer Keystone Health System (CKHS) in Pennsylvania. Administrators at Crozer Keystone Health Systems implemented a 6-month orientation program titled Emergency Department Fellowship Program (EDFP) consisting of didactic instruction, simulation lab experience, and clinical setting practices in several different critical care areas (Patterson et al.).

The sample of 15 women and three men had a mean age of 32 years. Inclusion criteria included: (a) a cumulative grade point average of 3.0 or higher; (b) positive recommendations from a nurse manager and two nursing faculty members; (c) an interview with a CKHS clinical educator, nurse manager, and emergency staff nurse; (d) a 200-word essay describing the applicant’s reasons for choosing emergency; (e) evidence of nursing leadership activities in school; and (f) previous related health care work experience (Patterson et al., 2010).

The researchers addressed the question: What are graduate nurses’ perceptions of the orientation program and emergency nursing during both the early months of training and at the end of a 6-month comprehensive, structured orientation program? Data was collected in the third

month and sixth month of orientation via personal interviews with a single investigator. The interviews were audio recorded and transcribed verbatim. The investigator asked questions to: (a) illicit the participants' perceptions about concerns as a new registered nurse; (b) perceptions of being an emergency nurse; (c) strengths and limitations of the EDFP; and (d) recommendations for future programs (Patterson et al., 2010).

During the last week of orientation, the participants completed a 49-item survey using a variety of questions such as forced-choice, open-ended, and a Likert scale, adapted from Bowles & Candela's Survey of Nurses' Perception of First Job Experience. Bowles & Candela (2005) reported this instrument as being valid and reliable. The results of the study concluded that the value of a structured, comprehensive orientation program was of great value to new registered nurses in the emergency medicine setting. The authors recognized that a variety of learning strategies such as simulation labs, clinical scenarios, and didactic instruction allowed the new nurse a variety of avenues to understand complex clinical situations. Two years after completion of the program over half of the participants remained employed in the emergency department (Patterson et al., 2010). The results of this study indicated that new nurses are staying at the bedside and giving direct patient care because of a mentoring program.

Direct patient care in nursing can be challenging. Nursing contains many roles such as advocating for the patients' needs, coordinating care with other professionals, educating patients and families, and communicating effectively. To do this successfully, a nurse must be effective and efficient.

Komaratat & Oumtanee (2009) conducted a study in 2005 that studied the abilities of novice nurses and concluded that new nurses were: (a) unable to manage complicated cases; (b) unable to manage emergency situations; and (c) unable to collaborate with co-workers, patients and

families. The purpose of this present study was to examine a mentorship model for the new nurse.

The researchers based their model off a mentoring practice concept by Morton-Cooper (2000) in which specific mentor roles such as: (a) advisor; (b) coach; (c) counselor; (d) guide; (e) role model; (f) sponsor; (g) teacher; and (h) resource facilitator. The model also included three phases of mentoring: (a) initiation; (b) working phase; and (c) the termination phase. The study measured the competency of new nurses before the experiment (Time 1), one month later (Time 2), and after the mentorship was complete (Time 3). Time 1 and Time 2 were used as baseline competency scores (Komaratat & Oumtanee, 2009).

The sample size included 19 new registered nurses. The researchers selected nurses for the mentoring role who had: (a) three years of experience; (b) interest in the program; (c) good decision-making competency; (d) good clinical skills; and (e) good communication skills. The nineteen qualified nurses were each assigned one mentee. The mentors were educated on: (a) mentoring; (b) roles; (c) adult learning; (d) decision-making; and (e) problem resolution. The researchers evaluated the competency of the new nurses twice before they started the program. Each week the mentee evaluated their mentor to determine if the mentors were performing required duties (Komaratat & Oumtanee, 2009).

Data was analyzed using the Wilcoxon signed ranks test. It was useful in comparing baseline data of the new nurse before and after the mentorship. The results showed that the competency of the new nurse did not change significantly during Time 1 and Time 2, ($p=.05$ and $z = -1.155$). The nurse competency from Time 1 to Time 3 (post-experiment) rose significantly from a mean of 3.00 and a quartile deviation of .08 to a mean of 4.10 and quartile deviation of .12, ($z = -3.831$) (Komaratat & Oumtanee, 2009).

Komaratat and Oumtanee (2009) expressed the importance of educating the mentor on various topics to ensure proper duty fulfillment. The results showed that the new nurse's competency increased due to the mentor educating the new nurse on skills such as how to: (a) work with others; (b) coordinate care; (c) critically think; (d) communicate effectively; and (e) educate patients. The researchers suggested self-evaluations for determining if the mentor program is working for the new nurses and to use as follow up with mentors and their various roles. Despite numerous challenges that arise with mentoring programs, organizations have seemed to manage these distractions and run successful mentoring programs for their new nurses.

Mentoring Programs

Mentoring programs are developed to facilitate a new nurse's transition to professional practice. Mentoring has a vital role in new nurse orientation. Undergraduate nursing students are often placed with a mentor in the clinical environment. Mentoring provides an additional resource for nursing students in the clinical setting.

Chow & Suen (2001) studied the roles and responsibilities of mentors from the students' perspective. The investigation included: (a) assisting; (b) befriending; (c) guiding; (d) advising; and (e) counseling of mentors. The participants were Chinese undergraduate nursing students who had participated in a mentoring relationship for at least four months. Participation in the study was voluntary. The final sample size was 40% (n=22) of the eligible population. The participants were interviewed to illicit the perceptions of the role of a mentor. Interviews were audio recorded. Transcriptions were typed verbatim in the Chinese native language.

A qualitative approach was used for data collection by grouping participant statements into similar categories. Findings from the study indicated that assisting was the most important role

for a mentor. Such activities included organizing learning opportunities and facilitating learning in the clinical setting. Perceptions of the participants were that the clinical mentors were better at fulfilling this role than academic faculty. The clinical mentors were better able to use lecture material and incorporate this learning at the bedside. The second most important role of a mentor was guiding and advising the student. Activities included were: (a) giving advice; (b) developing future roles as a nurse; (c) evaluating; and (d) providing feedback. All participants agreed that this role was better when accomplished individually (Chow & Suen, 2001).

Surprisingly, most participants believed that their mentor was very befriending or that the role was as important as assisting, guiding, and advising. The participants had anticipated that their role on the unit was to function similar to a paid employee. Many participants perceived that they were treated more like guests than a peer. Participants also believed a positive open-ended and supportive relationship with their mentor existed (Chow & Suen, 2001).

The least important role of the mentor identified was the counseling role. Participants thought it would be helpful if the mentors took more of a counseling role especially in stressful situations. Actions such as sharing personal experiences and showing concern were also listed as responsibilities of the counseling role (Chow & Suen, 2001).

Transition from student nurse to registered nurse can be challenging. Mentors help to create a stable relationship for a new nurse. New nurses should discuss their perceptions with mentors to improve the nurse mentor relationship and to ensure adequate orientation.

The orientation process is of concern for many nurse educators. The education and training of new nurses may be the key to improving staffing issues. The New York University Hospitals Center (NYUHC) recognized the need and implemented a nurse residency program for new registered nurses within the organization. The first year of employment at NYUHC is considered

to be the residency program. Starting in 1997 all new nurse employees whom had recently graduated from a baccalaureate program were considered part of the residency program.

Rosenfeld et al. (2004) wanted to evaluate the effectiveness of the residency program at NYUHC since implementation based on the participants' perspectives (Rosenfeld et al., 2004).

A survey was designed and used by the researchers of the study to illicit information such as strengths and weaknesses of the residency program. The survey included: (a) rating elements of the program; (b) suggesting program changes; (c) identifying program benefits; (d) retaining nurses; (e) exiting NYUHC nurses; and (f) identifying reasons for leaving. Survey questions were both open-and close-ended using a 5-point Likert type scale. The survey was initially used for a pilot group of 5 nurses to ensure that the questions were clear and that it was easy to complete (Rosenfeld et al.).

The surveys were sent to 442 nurses who had completed the residency program. The residency program was a year in duration. The researchers sent surveys to anyone who had participated in the residency program from 1996-2001. The final sample consisted of 112 (36%) new registered nurses. The researchers noted that this was a less than desirable return rate and that it could have created some data biases. The authors did uncover that the 1-year nurse resident retention rate was 76%, but a 6-year nurse resident retention rate was 16%. A limitation to the study was that researchers were unable to obtain information about nurses who had left NYUHC (Rosenfeld et al., 2004).

New nurses believed that the independent work they did as a nurse on the unit was the most valuable during the orientation, with parties and recognition being the least valuable experience. The nurses overwhelmingly (89%) said they would recommend the residency program. The data also showed that nurses with shorter tenure (less than 44 months) valued different elements than

nurses with longer tenure. The long term employees liked the off unit days, parties and recognition, and the short term employees thought access to leadership, classroom days, supportive relationships and interaction with peers and senior staff were more valuable. In summary, the researchers suggested that, overall, the combination of one-to-one mentoring and opportunities for continued clinical and professional education benefited the new nurses. Access to clinical and managerial leaders provides a meaningful environment in which new nurses can progress from novice to expert. A successful mentorship program is indicated as a great way to increase job satisfaction and retain nurses for the organization (Rosenfeld et al., 2004).

The statement “nurses eat their young” is a widely known cliché often describing the feelings of new nurses during the transition experience (Latham et al., 2008, p. 27). The lack of unification and acceptance of new nurses can lead to decreased job satisfaction and increased turnover for new nurses. Latham et al. created a mentoring program for staff nurses in hopes of improving the workplace environment and increasing job satisfaction, while recruiting and retaining new nurses. The title of the program was Nurses Supporting Nurses. Participants came from two hospitals, similar in bed capacity but different in one being not-for-profit, the other a teaching medical center. Each nurse participant was given a secure web page to develop a professional biography. The mentors were also asked to videotape themselves answering what they liked most about nursing and what their vision of nursing was for the next five years.

The nurses met in what they referred to as “speed-meetings” where for two minutes the mentees had time with each mentor to meet and share information. Mentees were given access to a secured website to read other biographies and watch the videos of other mentors. The new nurses submitted the top three choices of mentors to the steering committee and the committee then matched new nurses with mentors. The groups had two educational sessions where they

learned about: (a) projects and the value of mentoring; (b) the value of positive work environments; (c) compared mentoring vs. precepting; (d) discussed cultural competence; (e) developed written goals for the partnership; (f) discovered learning styles and personality traits; and (g) explored team building, communication, time management and conflict resolution (Latham et al., 2008).

The steering committee collected data on personality traits and learning styles. Baseline data was collected on: (a) RN perceptions of occupational stress; (b) the professional practice environment; (c) personal and organizational cultural competence; and (d) self-assessment of Magnet characteristics. Additional outcomes that were monitored included: (a) nurse satisfaction; (b) vacancy and turnover rates; (c) mentor reports of mentoring skills sets and mentee outcomes; and (d) mentor perspectives of the projects impact on the hospital (Latham et al., 2008).

The sample consisted of 92 mentor-mentee teams comprised of a total of 171 RNs (95 mentees and 76 mentors) between the two hospitals. The personality and learning styles were used for self-reflection and improvement of future communication. Personal and hospital level cultural competence indicated that most nurses believed they and the hospital they worked in were culturally competent. One finding was that most nurses wanted more influence over working conditions; this was affirmed at the governance board meeting. Overall, there were improvements in hospital-wide data of patient and nurse satisfaction, nurse vacancy and retention rates, and patient safety data relating to falls and pressure ulcer prevention and proper use of restraints (Latham et al., 2008). It is unknown if the results were improved solely by the mentorship program.

The mentors indicated that not only did they have the mentee assigned in the program but also had 4-6 other informal mentees in the organization. The mentors were able to help retain 24 nurses at a cost savings of \$2.5 million dollars using a \$100,000 per RN replacement charge. The researchers suggested that institutions use a comprehensive approach to mentoring, striving to be supportive leaders at the bedside (Latham et al., 2008). Many bedside nurses have talents that go unused. If organizations created more bedside leaders that were supportive of new nurses there might not be such the “nurses eat their young” mentality. If this mentality is suppressed, perhaps nurses would stay in their jobs longer and the nursing shortage would not be so profound.

The nursing shortage is impacting health care institutions across the country, affecting the long-term job retention of new registered nurses. The result is fewer nurses to care for patients and increased cost for organizations recruiting nurses. The California Nurse Mentor Project by Mills and Mullins (2008) was a three-year pilot program that was easily reproducible. Mentoring programs are very popular but the sustainability is usually lacking. A reproducible mentoring program would allow other organizations to improve quality care and nurse retention with a proven plan of success.

The mentoring project was implemented in four organizations in California. The sample consisted of 450 RNs participating over a three-year period. The mentors were required to complete a 16-hour certification program and a six-hour session on cultural awareness and management of the mentor/mentee process. An outside agency was hired to evaluate the mentoring program. The evaluation focused on examination of the program model to: (a) identify what worked well; (b) what could be improved; (c) the effect of the mentorship experience on job satisfaction; (d) professional confidence; and (e) cost effectiveness (Mills & Mullins, 2008).

Based on the evaluations, the researchers made suggestions in five categories: (a) program model; (b) effect of the program on nurse attrition; (c) cost effectiveness; (d) job satisfaction and professional confidence; and (e) cultural competency. Under the program model, the researchers discuss the use of: (a) a signed memo of understanding, clarifying the commitment and expectations; (b) mentor clarification training; (c) the role of the lead mentor employed by the organization to lead the program; (d) mentor-mentee matching based on similarities; (e) periodic meetings for the group and a binder with all the paperwork needed; (f) empowering the staff as owners of the program; (g) a marketing plan for the organization; and (h) administration for oversight of the program (Mills & Mullins, 2008).

One of the most significant impacts of the program was the retention of new nurses. The turnover rate for nurses not in the mentoring program was 23%, versus a turnover rate of 8% of nurses involved in the program. The researchers estimated that a program serving 60 mentees a year for three years results in an anticipated decreased in turnover by 50% per year at an annual cost savings of \$612,000 to \$2 million. The participants reported significant changes in several areas such as: (a) sense of achievement; (b) perceived appreciation and respect from others; (c) autonomy; (d) relationships with colleagues; and (e) sense of fulfillment. An additional category discussed was cultural competence. The mentors indicated that participating in the mentoring program and training aided in the ability to be culturally sensitive in patient and peer relations. This training and experience was then passed on to mentees (Mills & Mullins, 2008).

The California Nurse Mentor Project was successful in providing other organizations a blueprint for developing and implementing a mentoring program. Considering the researchers suggestions, other organizations would have a good start to a sustainable plan.

Summary

Research suggested that mentoring programs increased job satisfaction and decreased nurse turnover rates. The purpose of the 2007 study by Newhouse et al. was to examine the stressful transition from student nurse to new registered nurse and the impact on nurse retention. The study findings indicated that nurse turnover was decreased if the nurse had participated in the mentoring program and remained in the organization longer than those who did not participate in the mentoring program. The authors concluded that participating in the internship program had higher nurse retention supporting the value of a comprehensive mentoring program for new nurses.

Mentoring programs are one of the most effective ways to increase job satisfaction and nurse retention. Most organizations struggle with the implementation of such programs. Rosenfeld et al. (2004) evaluated the participants' perspectives of the effectiveness of the residency program at NYUHC since implementation. The researchers suggest that one-to-one mentoring and opportunities for continued education benefited the new nurses. Mentoring programs, like many other programs, have challenges and barriers to success. Having enough willing staff to participate as mentors in the program could deter the program altogether. Funding is always a barrier to any program in any company. Hurley and Snowden (2008) studied the barriers of mentoring programs. The top five barriers that they found were: (a) lack of time; (b) lack of familiarity with programs; (c) lack of familiarity with documentation; (d) lack of opportunity to updates one's own knowledge of supervision and assessment; and (e) lack of training in supervision and assessment (2008).

Mentoring programs have shown to increase job satisfaction, new nurse recruitment, and retention. The programs have saved organizations money and time by being able to retain the

new nurse hires. There has been numerous research studies done on mentoring programs in various settings, but current literature lacks research of mentoring programs in the critical care areas of acute care hospitals.

Chapter III

Methodology

Introduction

The transition experience for new registered nurses may be challenging, stressful, and uncertain. During orientation, the new nurse establishes a sense of loyalty and commitment to the organization (Newhouse et al., 2007). Mentoring programs have shown to increase loyalty which in return increases new nurse retention and job satisfaction (Newhouse et al.). Recently there has been research conducted on the effectiveness of new nurse mentoring programs to recruit, retain and improve job satisfaction (Mills & Mullins, 2008; Newhouse et al.; Patterson et al., 2010). However, there is still a lack of research on mentoring programs in the critical care setting. This study is a replication of Jakubik's (2008) study, and focuses on the new nurse's perspective of their mentoring experience. This chapter contains a description of the methods and procedures for the study.

Research Question

1. What are the relationships among quality, quantity, and type of mentoring and mentoring benefits for critical care nurses?

Population, Sample, and Setting

The study population is estimated to be 200 new registered nurses with 1-3 years of registered nurse work experience and currently or previously in a mentoring relationship. Membership

contact information for 1000 contacts will be purchased from the American Association of Critical Care Nurses (AACN) and Emergency Nurses Association (ENA). These organizations will be contacted by the author and permission requested to access the member database for a random list of potential participants.

Potential participants will be sent a research booklet, explaining the intent of the study, all study documents and a postage-paid return envelope. The research booklet will contain an informed consent, demographic survey, the Caine Quality of Mentoring Questionnaire (1989), and the Jakubik Mentor Benefits Questionnaire (2007). The anticipated sample for this study is 200.

Protection of Human Rights

The researcher will seek approval for this study through the Institutional Review Boards (IRB) at Ball State University (BSU) and Indiana University (IU) Health. Participants will be recruited from the American Association of Critical Care Nurses and the Emergency Nurses Association. The participants will be mailed research booklets that will explain the purpose of the study, an implied consent form, demographic survey, two research questionnaires, and a postage paid return envelope.

Confidentiality will be maintained at all times. No identifying marks or names will be used. The risk to the participants is minimal. All study documents will be maintained in a locked file cabinet in the researcher's office and destroyed within one year of the study completion. The benefits of this study are a reflection of the participants mentoring relationship and contributing information to the nursing profession.

Procedures

After approval is obtained from Ball State University and Indiana University Health IRBs, the AACN and ENA will be contacted by the author about involvement in this study and for access to the member list. Following approval from the professional organizations, randomly selected participants will be sent an invitation and research booklets to participate in the study.

The author and approved designee will complete data collection. Data will be collected over a 3-month period. The data will be entered into a spreadsheet by the researcher and designee. The spreadsheet will identify demographic data, quality of mentoring, and mentoring benefits information.

Research design

This study will use a descriptive correlational design. The purpose of this study is to illicit the nurses' perspectives on quality, quantity, and type of mentoring relationships and their benefits. The theoretical framework for this study is based on Zey's (1991) Mutual Benefits Model.

The demographic questionnaire includes 22 items to measure data including two study variables: mentoring quality and type. The mentoring quality is measured by answers to the questions, which determine frequency of engagement between the mentor and new nurse. Mentoring type is defined as being a formal workplace sponsored, formal non-workplace sponsored, informal or both formal and informal.

The Caine Quality of Mentoring Questionnaire (CQM) (1989) will be used for this study to measure the quality of mentoring based on the new nurses' perceptions. The CQM is a 14-item questionnaire using a 5-point scale. The 14 mentoring qualities addressed are: (a) model; (b) envisioner; (c) energizer; (d) investor; (e) supporter; (f) standard-prodder; (g) teacher-coach; (h) feedback giver; (i) eye-opener; (j) door-opener; (k) idea-bouncer; (l) problem-solver; (m) career

counselor; and (n) challenger. The validity of CQM is .94 and consistency reliability is a Cronbach's α of .91 ($p < .001$).

The Jakubik Mentor Benefits Questionnaire (2007) was designed by Louise Jakubik and is based on Zey's (1991) Mutual Benefits Model. Zey (1991) developed four mentor roles: (a) knowledge; (b) personal support; (c) protection; and (d) promotion. The Jakubik MBQ (2007) will be used to measure the benefits of mentoring as perceived by the new nurses. The questionnaire is a 57-item instrument on a 5-point Likert scale. It has a validity of .96 and reliability Cronbach α of .97.

Summary

After completion of this study, the researcher will have gained knowledge of what new nurses consider important in a nurse-mentoring program. The information learned may draw conclusions about the quality, quantity, and type of mentoring needed to have a successful mentorship program and in return increase new nurse retention and job satisfaction.

Past research on mentorship programs focused on nursing practice in general with a few studies on various nursing specialties. There is currently a lack of research on mentoring programs in nursing practice in the critical care practice areas. This study is being conducted to gain insight from the new nurse's perspective of mentoring programs in critical care practice areas. The results of the study will be shared with the AACN and ENA to further enhance new nurse mentoring programs. Study results may also benefit hospital educators and administrators who seek to improve new nurse recruitment and retention efforts and improved nurse job satisfaction.

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