

University of Texas at Tyler

## Scholar Works at UT Tyler

---

MSN Capstone Projects

Nursing

---

Spring 4-25-2020

### Official Mentor Program Benchmark Project

Gabriela O'Hara

Gsandoval2@patriots.uttyler.edu

Follow this and additional works at: [https://scholarworks.uttyler.edu/nursing\\_msn](https://scholarworks.uttyler.edu/nursing_msn)



Part of the [Nursing Administration Commons](#), and the [Other Nursing Commons](#)

---

#### Recommended Citation

O'Hara, Gabriela, "Official Mentor Program Benchmark Project" (2020). *MSN Capstone Projects*. Paper 23.  
<http://hdl.handle.net/10950/2616>

This MSN Capstone Project is brought to you for free and open access by the Nursing at Scholar Works at UT Tyler. It has been accepted for inclusion in MSN Capstone Projects by an authorized administrator of Scholar Works at UT Tyler. For more information, please contact [tgullings@uttyler.edu](mailto:tgullings@uttyler.edu).

Official Mentor Program Benchmark Project

Submitted in Partial Fulfillment of the Requirements

For NURS 5382: Capstone

In the College of Nursing

The University of Texas at Tyler

By

Gabriela O'Hara

April 13, 2020

## **Executive Summary**

Nursing shortage, turnover, and low job satisfaction are constant issues that often trouble healthcare organizations. These issues have led organizations to implement programs, such as externship, internship, and preceptor programs to strengthen new nurses' professional practice and skills. However, these issues continue to be organizational challenges. Considering the need for new nurses to have a supportive foundation for their career and to further encourage workplace satisfaction and retention, the following PICOT question was developed: In a healthcare organization, how does an official mentor program, compared with not having a mentor program, influence nursing retention and nursing job satisfaction over 2 years?

An official mentor program project was to be initiated in collaboration with a local East Texas Hospital. Due to extenuating circumstances, this was not possible. Therefore, the aim of this paper is to present a benchmark project to assist in the implementation of an official mentor program. The purpose of this benchmark project is to determine if a large-scale, in-patient hospital implementing an official mentor program will have an improvement in nursing satisfaction and retention over 2 years. The mentor program consists of new nurses being paired with a mentor for one year, program meetings, mentor availability, and meeting requirements between mentors and new nurses. Program goals will be evaluated via descriptive data generated from surveys and quantitative data demonstrated from continued employment rates at the end of 2 years. Compared to facility baseline data, an increase in results supports that an official mentor program, compared with not having a mentor program, does influence nursing retention and nursing job satisfaction over 2 years.

## Official Mentor Program Benchmark Project

### **Rationale**

As previously stated, internal facility data is not available. However, the need for an official mentor program is evident by the continued nursing shortage and turnover. NSI Nursing Solutions Inc. (2019) completed a comprehensive survey over nursing turnover and vacancy rates among 221 hospitals across the nation. According to the data collected, the RN vacancy rate is 8% among healthcare facilities (NSI Nursing Solutions, Inc., 2019, p. 5). There is an increase in turnover for bedside RNs averaging at a national rate of 17.4% and costing about \$5.7 million, with additional costs of \$328,400 for each percent change in RN turnover (NSI Nursing Solutions, Inc., 2019, p. 6-7). Many factors can contribute to nursing turnover and a common one is low workplace satisfaction. Unruh and Zhang (2014) examined new nurses' job satisfaction and intent to leave their organization. Reasons for nurses leaving were workplace stressors such as "heavy workload, stressful work, poor management, and inability to provide good care" (Unruh & Zhang, 2014, p. 227). Nursing turnover can further affect nurses left behind and patient outcomes through short-staffing that will lead to increased nursing workloads and/or longer shifts, which additionally decreases satisfaction. A cross-sectional study revealed that increased patient-to-nurse ratios were strongly associated with "increased burnout and job dissatisfaction" in addition to increased patient mortality (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002, p. 1990).

Considering this data, it's evident that nursing satisfaction and retention are important factors to ensure quality and safety of patient care in addition to minimizing facility costs. To assist organizations in increasing nursing retention and satisfaction, an official mentor program is proposed. Mentorship is a committing, reciprocal relationship between a new nurse and an

experienced nurse where “the teaching–learning process contributes to sharing of advice or expertise, role development, and formal and informal support to influence” the new nurses’ career in addition to providing them both with a sense of professional growth and satisfaction (Mariani, 2012, p. 2). This benchmark project is aimed towards the retention and satisfaction of both, new and experienced, nurses. It is recommended that the implementation of this mentor program take place as part of new nurse onboarding and in addition to established facility orientation processes. New nurses receive most of their skills and knowledge on how to take care of patients from nursing school and during hospital orientation. Programs, such as preceptorship, are part of orientation to the nursing field and new practice setting (Ferguson, 2011, p. 2). Unlike mentorships, preceptorships are found to not create a “relational connection” between new nurses and preceptors as their relationship is often short-term (Ferguson, 2011, p. 2). Due to how short orientation programs are, rarely are new nurses prepared to confront real world nursing anxieties such as how to evaluate and analyze difficult work situations, how to have tough conversations, how to respectfully stand up for their needs and those of their patients, and how to utilize hospital resources for grief support and counseling. The implementation of a mentor program would allow new nurses to have a designated resource, role model, confidant, and guide through their first year of nursing that will assist them to feel supported, welcomed, encouraged, competent, and involved during their first year as a nurse. Additionally, mentors will be incentivized by the facility in addition to having the rewarding experience of influencing new nurses’ careers and having a sense of contribution to the profession and the facility. Through the positive experiences that the new nurses and the experienced nurse mentors will have through the mentor program, the intent is for their job satisfaction to increase and they stay with the facility.

### Literature Synthesis

The need of an official mentor program is supported by literature that confirms new nurses' motives for leaving their jobs and unmet workplace needs. As new graduate nurses transition into the workplace, they would experience confidence and fear, less than ideal interdisciplinary communication, horizontal violence, professional isolation, and feeling overwhelmed and conflicted with contradictory information (Dyess & Sherman, 2009). Pfaff, Baxter, Jack, and Ploeg (2014) find that barriers to new nurse engagement are lack of self-confidence, knowledge and experience, communication skills, informal support from team members, and formal support from leaders. Nathaniel (2006) depicts moral distress experienced by nurses through a situational bind where there is conflict between internal values and external circumstances such as institutional norms, moral disagreements, and workplace deficiencies (p. 428). As they seek to resolve the problem, nurses either make a stand or give up by resigning or leaving the profession (Nathaniel, 2006, p. 431). According to Mariani (2012), there is a "correlation between career satisfaction and intent to stay in the profession" (p. 6). A study by Halfer (2011) revealed that younger nurses are more likely to leave the organization and that their retention depends on whether they're a good match for the facility and if they feel part of the team (p. 473). Unruh and Zhang (2014) revealed that most new nurses left their job due to work-related reasons such as "high workload (15%), poor management (13%), too stressful (12%), and difficulty providing good care (10%)" (p. 226). This study also identified that satisfied new nurses value "pay, benefits, being informed, being able to make decisions, being rewarded fairly, and, most of all, being able to do the job well" (p. 226).

Additional studies provide new nurses' and mentors' insights regarding their participation in a mentor program. Ferguson (2011) studied new nurses' perspectives on effective mentor

characteristics which included friendliness, welcoming, supportive, encouraging, strong role models, have strong knowledge bases for their practice, practice holistically, are integrative, willingness to accept questions and teach, and are nonjudgmental. Hale and Phillips (2018) explored experiences of nurses participating in a mentoring relationship and results indicated improvement in the main concern of confidencing, which is new nurses' confidence built "through comparing themselves to their mentor" and the perception that he/she is competent (p. 163). Ebrahimi, Hassankhani, Negarandeh, Gillespie, and Azizi (2016) conducted a qualitative study and found that experienced nurses perceived that their provision of emotional support to new nurses are within the themes of giving assurance, creating a sense of relaxation and security, lifting spirits, and promoting emotional belonging and involvement.

Furthermore, the impact of mentor programs on nursing retention and satisfaction is strengthened by the results of the following studies. Jones (2017) implemented a 12-month nurse mentor program for new nurses that included one support session per month and showed a mean increase of 7.33 in the intent to stay and a mean increase of 1.67 in satisfaction with praise and recognition (p. 77). A mentor program that encouraged mentors and new nurses to meet off-campus was piloted for 1 year at St. Francis Hospital and Health Centers (SSFHS) and resulted in 100% retention of mentored nurses and a decrease in registered nurse turnover rate (Fox, 2010). Chen and Lou (2014) performed a systematic literature review to examine the effectiveness of mentor programs. The review results of five studies revealed that mentor programs decreased turnover rate of new nurses in two of the studies, reduced employee turnover costs and the medical negligence rate in one study, and improved nursing competencies, job satisfaction, communication skills and the development of interpersonal relationships in four studies.

### **Stakeholders**

The planning, implementation, and evaluation phases of the proposed benchmark project will require the involvement of many individuals throughout the facility. Essential stakeholders will consist of facility leaders, administrators, educators, and the human resources department. Nurse leaders, administrators, and educators must increase retention by minimizing turnover rate as it is detrimental to its budget and well-being of patients (Gess, Manojlovich, & Warner, 2008, p. 441). They will select program champions, consisting of salary staff, to manage the planning, implementation, and evaluation of the mentor program. Facility leaders and administrators will decide on project approval and establish financial, staff, and program limitations. Educators and nurse leaders will provide support throughout program stages by staying in contact with participants, facilitating participant attendance to program meetings, and assisting with data collection. The human resources department will be critical in generating retention rates of participants. New nurses and selected mentors will be the key stakeholders. Their participation in the mentor program is essential to prove the proposed outcomes of increased nurse retention and satisfaction. Indirectly, patients are also stakeholders since their care is affected by the effects of staff turnover and satisfaction, as mentioned above.

### **Implementation Plan**

The implementation process of the mentor program will consist of several steps (see Appendix A). Main stages include the review of baseline data, acquirement of facility approval, stakeholder involvement, planning, implementation, and evaluation of the mentor program. When considering the implementation of this benchmark project, it is important to review the organization's nursing retention and satisfaction baseline data. Baseline data is critical to support the need of a mentor program and then evaluate its impact after implementation. It is

also important to analyze whether a mentor program will be a good fit for the implementing facility. If this benchmark project is appropriate for the organization, then, the program should be presented to the appropriate hospital administrator or committee. Discussions should take place regarding the organization's ability to meet the mentor program requirements of stakeholders' participation, capability to monitor and collect data, use of facility space for meetings, as well as financial and time investments. Overall program costs may be a determining factor on whether the program will be accepted. Administrators can disclose budget flexibility in providing mentor incentives to encourage participation. Receiving facility approval and support is critical before proceeding with the implementation of the program.

When facility approval has been attained, the mentor program should be customized to include the decided method of incentivizing mentors. Once the program is adjusted to meet facility needs and abilities, the stakeholders must be involved. Information about the mentor program, its goals, and stakeholder roles should be provided to nurse leaders, educators, directors, and administration. Stakeholders will also need to assign program champions. At least three program champions must be selected and consist of exempt staff.

### **Planning for Implementation**

When planning the mentor program start date, time needed to disseminate information for mentors to apply and for mentors to be selected and matched with new nurses should be considered. Program start date must also correlate and be consistent with new nurses' onboarding or facility orientation dates. A welcoming mentorship meeting is to take place on the day the program is initiated. Dates should also be established for the mandatory 6 month and 12 month meetings in addition to when the 2 year program surveys will be sent out to participants.

Once the progression of the mentor program is scheduled, the program should be advertised to nursing staff. Promotion is to include program goals, benefits, duration, mentor application processes, participant requirements, and start date. Excitingly portraying the programs goals and vision is important for nursing staff buy-in and success of the project (Melnik & Fineout-Overholt, 2015, p. 317). Their trust in the program can be developed through communication, education, sharing of evidence supporting the mentor program, and interactive discussions allowing staff to ask questions or present concerns.

Mentor applications are to include the nurse's name, what unit they work in, direct manager's name, number of years worked with the facility, a list of any other nursing areas they have worked in, and the number of years in the nursing profession. New nurses and mentors applying must also complete a matching survey inquiring about their schedule, shift, preference of communication (text messaging, emailing, or phone calls), availability for outings (weekends, weeknights, week days, or week nights), and perceived qualities. A comment section will allow for new nurses to express professional needs or for mentors to share how they can contribute as mentors. Information provided in these surveys will be used to match new nurses with mentors. The number of new nurse-mentor pairs will depend on how many new nurses are onboarding and how many qualifying mentors apply. The facility may also decide on a certain sample size depending on their capabilities and needs.

Once the deadline for mentor applications has arrived, program champions will review mentor applications and compare to eligibility criteria. Chen and Lou (2014) revealed that nursing seniority was usually one of the main criterions for becoming a mentor (p. 439). Evidence that supports a minimum number of years of experience nurses should have before mentoring was difficult to find. Therefore, it is suggested that facilities consider mentors to have

at least 3 years of nursing experience within the facility in order for them to be more than familiar with the nursing practice and facility practices and resources. Other eligibility criteria for mentors should include being in good standing, supervisor recommendation, and participation in at least one of the organization's programs, task force, council, events, and/or preceptorship within the last year. Mentors must also be able to attend program meetings, go on monthly outings with paired new nurse, and be available to new nurse by email, text, or call. New nurses eligible to participate will be those recently graduated from a nursing program and initiating their first nursing career post-graduation.

After mentors are selected, participants' survey data will be reviewed to match them with new nurses. An implementation challenge may be the ability of mentors and new nurses to meet outside of work. Therefore, program champions should ensure that new nurses are paired with mentors with similar schedules, shifts, preference of communication, and availability for outings. In addition, area of nursing, mentor qualities, and new nurse professional needs should be considered in the matching process. A list of chosen mentors and their matched new nurses will then be shared with nurse leaders. Unit directors will provide mentor program meeting details to participants on their units and ensure there will be no scheduling conflicts.

### **Mentor Program Implementation**

As new nurses and mentors attend the welcoming mentorship meeting, they will be informed of whom they are paired with. Matched new nurses and mentors should be encouraged to sit together throughout the meeting. Initially, there should be some time allotted for them to mingle. Program champions will then introduce the mentor program through a presentation of its goals, expectations, and progression. In addition to program goals and participant expectations mentioned above, it is also important for program champions to explain facility

established incentives and how participation and outcomes will be monitored. Monthly new nurse-mentor outings are to take place informally, for at least 30 minutes, and at a location of their choosing. Outings can be as simple as meeting in the hospital lobby and as fun as playing golf together. Participants will experience fewer obstacles for meeting if outing requirements are kept simple. A log of required monthly outings should be kept by the mentors and signed by their paired new nurse to confirm. Log templates should be provided and allow for information regarding dates of outings, how long they were, activities performed, and whether mentor was available via text, call, or email (see Appendix B). Communication between participants via phone or email will not be monitored. However, log will indicate if mentor was available when new nurse needed him/her. Mentors are to be hospital and nursing resources, role models, and guides to their paired new nurses. Additionally, new nurses are to reach out to their mentors for hospital and nursing support such as questions, concerns, and advice requests. Participants will also complete anonymous surveys during the program, at 6 months, 12 months, then at 2 years after program initiation. This initial meeting should take about 1 hour.

Then, the 6 month and 12 month mentor program meetings will take place. These meetings can vary from 30 minutes to 1 hour. Again, time for new nurses and mentors to mingle and complete surveys should be allotted. Program champions will encourage participants to engage in conversation and share any program experiences that were interesting, good to learn, express how a mentor helped, or share mentor tips. The 6 month meeting should conclude with information about upcoming facility events to promote new nurse-mentor meetings. The 12 month meeting will mark the end of the mentor program and will include the collection of logs. If organizational capabilities allow, this last program meeting can consist of a celebratory theme

to congratulate participants. As the last meeting ends, participants are to be reminded of the 2 year surveys to be completed and be inspired to continue to get together and support each other.

### **Data Collection Methods**

The proposed outcomes of this benchmark project are to increase nursing retention and job satisfaction over 2 years. To evaluate the increase of these outcomes, data collection via surveys and calculation of retention rates is recommended. Data is to be collected by program champions at the 6 month, 12 month, and at the 2 year marks from the initiation of the program.

Data generated by employee systems, such as staff turnover, is housed in the human resources department (Melnik & Fineout-Overholt, 2015, p. 228). Therefore, the organization's human resources department can be involved to provide participant retention rates. Retention rates can also be manually calculated as indicated in Equation 1.

$$\text{Mentor Retention \%} = \frac{\text{Current Mentor Participants}}{\text{Total Initial Mentor Participants}} \times 100$$

$$\text{New Nurse Retention \%} = \frac{\text{Current New Nurse Participants}}{\text{Total Initial New Nurse Participants}} \times 100 \quad (1)$$

Surveys are to be anonymous and self-administered by participants. The 6 month and 12 month surveys will be completed during program meetings. The 2 year survey can be emailed or delivered via supervisors to mentors and new nurses. Survey questions are to be relevant to the satisfaction needs of each individual facility. If the implementing facility already has an established survey method of gathering job satisfaction data, it is encouraged that those same methods be utilized. The facility's survey procedure must be able to generate results specifically for program participants in order for data to be relevant. Using the organization's former survey methods to evaluate the mentor program will generate reliable baseline data that would be available for comparison of post program results. On the other hand, if the current facility

survey process is not satisfactory or applicable; or, there is no established method to evaluate program participants' job satisfaction, a survey is proposed in this benchmark project (see Appendix C). Utilizing the provided survey will generate a total satisfaction score that will determine the participants' overall job satisfaction. In addition, survey comment sections will allow for descriptive data collection that can further elaborate on participants' job satisfaction.

Data collected can be trended for the indicated timestamps to show program progress. However, the 2 year retention rates and overall job satisfaction scores will be utilized in evaluating the program success. As data is evaluated by the program champions, 2 year results will be compared to baseline data. An increase or decrease in the proposed outcomes will indicate mentor program impact. It is important to share results with stakeholders and determine program achievements, discuss challenges, and decide whether to continue to incorporate the mentor program within the facility. If the decision is to proceed with the establishment of an official mentor program, adjustments to the program need to be made based on benchmark project implementation findings.

### **Cost/Benefit Discussion**

The cost of implementing the proposed mentor program will vary as organizations have different payroll rates and will need to customize this benchmark project to accommodate the facility's needs and financial abilities (see Appendix D). For the most cost-effectiveness, program advertisement, applications, surveys, and other materials should be managed electronically. Also, program meetings should be kept as short as possible to reduce cost of participants' hourly wages. Since program meeting dates are established before the program starts, there should be no need for replacement staff. Furthermore, assigning exempt staff as program champions will not require additional staff wages to be paid as they are paid on a salary

basis. Program champions' time requirements depend on how large the program group is. Though, the selection of at least three program champions will facilitate distribution of responsibilities and decrease workload. New nurse-mentor outings are informal and at no cost to the facility. Although, motivation for outings can be encouraged through incentives such as lunch vouchers or gift cards. A major expense may be the incentives that must be provided to the participating mentors. Incentives should be based on what nurses value the most. Nursing preferences will also differ across implementing hospitals. Incentives to consider are: bonuses, tuition reimbursement, time off, recognition, and attendance to conferences.

As established in the rational and literature review, the benefits of an official mentor program will outweigh the costs. Mariani (2012) states that considering the turnover and orientation costs, "mentoring programs may be a cost reducing measure" (p. 8). With nursing turnover, the facility loses investments in orientation and onboarding processes. In average, this will cost \$44,400 for a bedside nurse (NSI Nursing Solutions, Inc., 2019, p. 1). As nursing retention and job satisfaction increases, hospitals will have decreased turnover costs. SSFHS saved \$1,040,153 after implementing a mentor program (Fox, 2010, p. 316). Also, staffing, nursing turnover, and job satisfaction are correlated with patient outcomes (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). Therefore, the implementation of an official mentor program will also benefit patient safety and quality indicators.

### **Overall Discussion**

Guidance in implementing an official mentor program is provided by this benchmark project. Literature support and evidence of nursing shortage, turnover, and job satisfaction establishes the need of a mentor program. Through the collection of baseline data and internal review, one can determine if the benefits of a mentor program will be appropriate for an

interested hospital. The provided steps for planning, implementation, and evaluation will facilitate the incorporation of a mentor program into a facility with the goal of increasing nursing retention and job satisfaction. At the end of 2 years, project success will be determined by an improvement in these proposed project outcomes. As increased nursing retention and job satisfaction is achieved, turnover costs will decrease. In addition, improvements in nursing and patient quality indicators should follow.

### **Recommendations**

The impact that this mentor program will have on new nurses and mentors will depend on their experiences through it. To increase the significance of their experiences, new nurses should be encouraged to keep a journal during the program. Feedback from all participants will also allow for further program refinements. Mentors can offer different perspectives on new nurses' needs. And, having new nurses rate their mentors at the end of the program can provide insight on whether to allow them to mentor in the future.

If the implementing facility has success, consider expanding the program to include other disciplines or areas in the hospital. On the contrary, if the program failed meeting its goals, persistence is advised. Program assessment can reveal obstacles or further requirements. Once new opportunities are identified, it is recommended that the program be modified and re-implemented if appropriate.

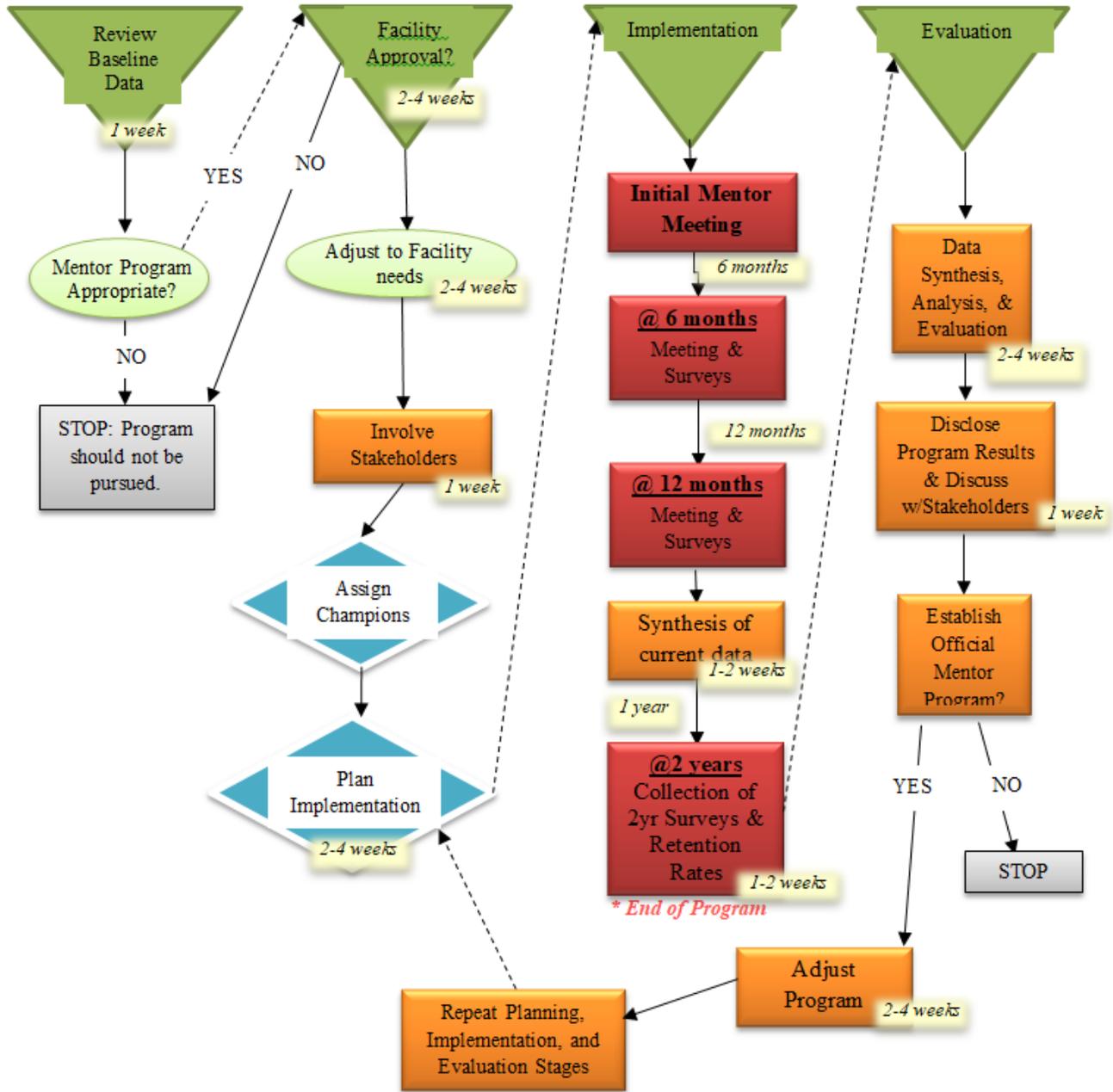
## References

- Aiken, L., Clarke, S., Sloane, D., Sochalski, J., & Silber, J. (2002). Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction. *JAMA*, 288(16), 1987-1993.
- Chen, C., & Lou, M. (2014). The effectiveness and application of mentorship programmes for recently registered nurses: A systematic review. *Journal of Nursing Management*, 22(4), 433-442.
- Dyess, S., & Sherman, R. (2009). The first year of practice: New graduate nurses' transition and learning needs. *Journal of Continuing Education in Nursing*, 40(9), 403-410.
- Ebrahimi, H., Hassankhani, H., Negarandeh, R., Gillespie, M., & Azizi, A. (2016). Emotional Support for New Graduated Nurses in Clinical Setting: a Qualitative Study. *Journal of caring sciences*, 5(1), 11–21. doi:10.15171/jcs.2016.002
- Ferguson, L. (2011). From the perspective of new nurses: What do effective mentors look like in practice? *Nurse Education in Practice*, 11(2), 119-123.
- Fox, K. C. (2010). Mentor Program Boosts New Nurses' Satisfaction and Lowers Turnover Rate. *Journal of Continuing Education in Nursing*, 41(7), 311–316.
- Gess, E., Manojlovich, M., & Warner, S. (2008). An Evidence-Based Protocol for Nurse Retention. *JONA: The Journal of Nursing Administration*, 38(10), 441-44
- Hale, R. L., & Phillips, C. A. (2018). Mentoring up: A grounded theory of nurse-to-nurse mentoring. *Journal of Clinical Nursing*, 28, 159-172.
- Halfer, D. (2011). Job embeddedness factors and retention of nurses with 1 to 3 years of experience. *Journal of Continuing Education in Nursing*, 42(10), 468-476.
- Jones, S. J. (2017). Establishing a Nurse Mentor Program to Improve Nurse Satisfaction and Intent to Stay. *Journal for Nurses in Professional Development*, 33(2), 76-78.

- Mariani, B. (2012). The effect of mentoring on career satisfaction of registered nurses and intent to stay in the nursing profession. *Nursing Research and Practice*, 2012(2012), 168278.
- Melnyk, B. M., & Fineout-Overholt, E. (2015). *Evidence-based practice in nursing & healthcare: A guide to best practice* (3rd ed., pp. 171-181). Philadelphia, PA: Wolters Kluwer.
- Nathaniel, A. K. (2006). Moral Reckoning in Nursing. *Western Journal Of Nursing Research*, 28(4), 419-438. doi:10.1177/0193945905284727
- NSI Nursing Solutions, Inc. (2019). 2019 NSI National Health Care Retention & RN Staffing. Retrieved from:  
[https://www.nsinursingsolutions.com/Documents/Library/NSI\\_National\\_Health\\_Care\\_Retention\\_Report.pdf](https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf)
- Pfaff, K., Baxter, P., Jack, S., & Ploeg, J. (2014). An integrative review of the factors influencing new graduate nurse engagement in interprofessional collaboration. *Journal of Advanced Nursing*, 70(1), 4-20.
- Unruh, L. Y., & Zhang, N. J. (2014). Newly Licensed Registered Nurse Job Turnover and Turnover Intent. *Journal for Nurses in Professional Development*, 30(5). doi: 10.1097/nnd.0000000000000105

Appendix A

Mentor Program Flowchart



Appendix B  
Outings Log

Month	Mentor Section to Fill			New Nurse Section to Fill	
	Outing Details			Mentor Available? <i>(via text/call/email)</i>	Initials <i>(I agree)</i>
1.	Date: Comments:	Length:	Activity:	Circle one: Yes/No Comments:	_____
2.	Date: Comments:	Length:	Activity:	Circle one: Yes/No Comments:	_____
3.	Date: Comments:	Length:	Activity:	Circle one: Yes/No Comments:	_____
4.	Date: Comments:	Length:	Activity:	Circle one: Yes/No Comments:	_____
5.	Date: Comments:	Length:	Activity:	Circle one: Yes/No Comments:	_____
6.	Date: Comments:	Length:	Activity:	Circle one: Yes/No Comments:	_____
7.	Date: Comments:	Length:	Activity:	Circle one: Yes/No Comments:	_____
8.	Date: Comments:	Length:	Activity:	Circle one: Yes/No Comments:	_____
9.	Date: Comments:	Length:	Activity:	Circle one: Yes/No Comments:	_____
10.	Date: Comments:	Length:	Activity:	Circle one: Yes/No Comments:	_____
11.	Date: Comments:	Length:	Activity:	Circle one: Yes/No Comments:	_____
12.	Date: Comments:	Length:	Activity:	Circle one: Yes/No Comments:	_____

Appendix C

Mentor Program: Job Satisfaction Survey Utilizing a 4-Point Linkert Scale

Job Satisfaction Indicators	☹ ←———— Level of Satisfaction —————→ ☺			
	Very Dissatisfied 1	Dissatisfied 2	Satisfied 4	Very Satisfied 5
<i><b>How Satisfied are you with:</b></i>				
Your knowledge of job requirements				
Your knowledge of available facility resources and benefits				
Equipment available to assist you in performing your job				
Resources available to assist job-related functions				
Support from supervisors				
Communication with supervisors				
Communication with peers				
Support from your team				
Collaboration with the interdisciplinary team				
The level of comfort with patient load				
The care you provide				
Respect received from peers				
Respect received from supervisors				
<i>Total Job Satisfaction Score _____</i>				
<p>Comments:</p> <p><i>You can elaborate on your satisfaction with the identified job satisfaction indicators above and/or on any other job satisfaction indicators that are important to you.</i></p> <hr/> <hr/> <hr/> <hr/> <hr/>				
<p>Please comment on your satisfaction with the mentor program. Please state what is working well and what improvements do you suggest, if any.</p> <hr/> <hr/> <hr/> <hr/> <hr/>				

## Appendix D

## Mentor Program Cost Determinants

*Required Customizations:*

- Program champions: will they be exempt (salary) staff OR will they be paid for the time spent on the program
- Advertisement of program: electronically OR use of paper announcements
- Applications & initial surveys: submitted electronically OR via paper
- Number of new nurses and mentors participating
- Surveys: administered electronically or on paper
- Logs: to be submitted electronically or on paper
- Type of incentives that will be provided for mentors: Consider bonuses, tuition reimbursement, time off, recognition, and attendance to conferences
- Hourly rate for mentors during program meetings
- Hourly rate for new nurses during program meetings
- Length of meetings

*Optional:*

- Provide Snacks during program meetings
- Provide motivating incentives for Nurse-mentor monthly outings
- Have a celebration at the end of the program