Effectiveness of a Nurse Leader Mentorship and Support in the Acute Care Setting: A Program Evaluation

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Abstract

A solution to rising nurse leader attrition may include focused mentorship into the role. A health system in Northeast Florida developed a nurse leader mentorship program for nurses who were new to the leader role or new to the organization during the coronavirus disease of 2019 pandemic. This nurse leader mentor program was designed to help new nurse leaders feel more comfortable in the role and create a relationship with a mentor. In the program, a full-time Nurse Mentor was assigned to meet with new nurse leaders periodically over the first year in their role. The nurse mentor program aimed to reduce burnout and increase the intent to stay in the leader role. The Nurse Leader Mentor met with each new nurse leader at least four times within the last year. This program of nurse leader mentorship had not been evaluated since its conception. Data were collected from mentor meeting attendance records and a survey was sent to all leaders who participated in the program between during the calendar year 2022.The survey incorporated the Maslach Burnout Inventory, questions to determine intent to stay in the role, and overall program satisfaction. Thirty nurse leaders completed the survey. The results did not show a significant difference between the number of meetings attended and the level of burnout or intent to stay in the role. Overall, the participants were satisfied with the program and provided some valuable feedback as to how the program can improve. The program did not directly affect the level of burnout in the nurse leaders. It also did not directly affect their intention to stay in the nurse leader role. The participants did express that the program was beneficial in their overall feeling about the nurse leader role.

Keywords: nurse leader retention, nurse leader, nurse leader program, mentorship, turnover

Effectiveness of a Nurse Leader Mentorship and Support Network in the Acute Care Setting

The National Academies of Science, Engineering and Medicine (NAM, 2021) described the future of nursing between 2020-2030. NAM (2021) explained that the formal leadership roles within healthcare such as a nurse leader are important in establishing organizational culture and implementing health care practices that can advance health equity. Nurse leaders directly manage teams, track budgets, promote change, and develop high performing teams as well as work towards initiatives like reducing hospital acquired infections, effective discharge planning, and decreasing 30-day readmissions (Fennimore & Wolf, 2017). The need for formal nursing leaders will increase by 15% between 2016 and 2026 due to the aging healthcare population and many baby boomers retiring (Brooks, 2019; Cox, 2019, p. 17; Madison School of Healthcare, 2017).

Background

By 2026, millennials will comprise almost 50% of the nursing workforce including nurse leader positions (Saifman & Sherman, 2019). Due to the aging nursing population and increased retirement rates, new nurses could be given the opportunity to take a nurse leader role early in their career (Brooks, 2019). There is an estimated need for 1.1 million new nurses, some of whom will need to take a manager role due to many nurses and managers retiring (Duquesne University, 2020). By 2020, it was predicted that there would be a national shortage of nurse leaders by 67,000 (Martin & Kallmeyer, 2018). Retaining nurse leaders is crucial for healthcare organization's success. Nurse leaders have many responsibilities that lead to organizational success such as maintaining quality measures, staff retention and budget management. Retaining nurse leaders can help with organizational costs because training a new nurse leader can cost

$132,000 to $228,000 (McCright et al., 2018; Thew, 2017). During the post-pandemic stage, Neuhauser (2022) reported that 9% of nurse leaders reported wanting to leave the field due to burnout.

Nurse Manager as a Nurse Leader

The Agency for Healthcare Research and Quality (2012) defined a nurse leader as someone who coordinates the various aspect of daily patient care and operations for a unit. For the purpose of this project, a nurse leader is defined as any nurse manager or nursing director who has either been in the leader role or is new to the role. Nurse leaders ensure patients receive the safest and highest quality of care through the effectiveness and efficiency of a nursing unit. The nurse leader is one of the most important nursing professional roles in the hospital. When discussing nurse leader retention, it is important to understand the difference between a nurse manager and a nurse leader. The University of St. Augustine for Health Sciences (2020) described a nurse leader as someone who works directly with patients and the care teams, whereas a nurse manager focuses on the day-to-day operations of a nursing unit. Thus, nurse managers can be nurse leaders, but not all nurse leaders are nurse managers. Both nurse managers and nurse leaders are supportive and encourage inclusion, diversity, and growth (NAM, 2021). Nurse managers are responsible for the recruiting of staff, budgeting, mentoring and overall unit operations. Duquesne University (2020) described the six traits that make a successful nurse manager, which are: (a) advocacy, (b) participation, (c) mentoring, (d) maturity, (e) professionalism and (f) supportive. Nurse leaders tend to have a vision and will draw upon their passion to engage others, whereas a nurse manager will work with others to achieve a common goal for either the unit or organization (Valiga, 2019). Nurse managers tend to have different responsibilities than a nurse leader such as communicating polices or expectations.

Most nurse managers will be in a position of authority, where nurse leaders do not have to be in an authoritative position (Valiga, 2019). There are particular skills that both nurse managers and nurse leaders should be competent in their communication with the staff, team motivation, workflow innovation and encouraging the team to think critically and creatively (Johnson & Smith, 2020). Delegating tasks, showing compassion for others, making decisions, mentoring, and teaching others and solving problems and overcoming difficult situations (University of St. Augustine for Health Sciences, 2020). Nurse managers have the important role of guiding a care team to adopt new ideas and other practices for improving their unit (Membrive-Jimenez et al., 2020).

Attrition versus Retention

Vulpen (2022) explained that the main difference between attrition and retention is that attrition measures the employees the organization has lost while retention focuses on the employees the organization has kept. Attrition includes new hires while retention does not. The attrition of an organization is typically measured monthly or quarterly while retention is measured more annually (Vulpen, 2022). Both help an organization with managing their employee costs and also with managing their policies or culture (Vulpen. 2022).

Pre-Pandemic Reasons for Nurse Leaders Leaving

Prior to the coronavirus disease of 2019 (COVID-19) pandemic, there were different reasons that nurses mangers experienced burnout. According to Membrive-Jimenez et al. (2020), symptoms of burnout included increased fatigue, lack of concentration, decreased quality of work, anxiety, and frustration. There are many factors that lead to nurse leader burnout. The overall pressures of high performance and increased duties of a nurse leader, many experience burn out. Many times, nurse leaders experience demanding situations which require

extended workdays (Membrive-Jimenez et al., 2020). Even though many nurse leader positions are salaried at 40 hours a week, most nurse leaders are available 24 hours a day (Loveridge, 2019). This does not give nurse leaders a break from work, which could lead to burn out. With the demands from both senior leadership and their unit, nurse leaders experience heavy workloads and very little time to take a break, all leading to burnout (Loveridge, 2019),

Another reason why nurse leaders have left the field is due to a lack of support. This support can come from senior leadership, their nurse leader peers or even their own team. Nurse leaders who are new to the role tend to feel like they have been "thrown" into the role without proper training (Loveridge, 2019). The first year of being a nurse leader can be extremely hard because many times they do not receive any formal training about the role. The nurse leaders also may not have a mentor or someone to go to if they have a question (Loveridge, 2019). Many nurse leaders may have feelings of confusion or uncertainty of what to do next. Loveridge (2019) shared that nurse leaders new to the role tend to have the feeling of "sink or swim" in the role. Without proper guidance and an assigned mentor, new nurse leaders may not stay in the role very long.

Nurse retention is another area that has led to nurse leader burn out (how many nurse leaders suffer from burnout). In 2021, the nursing turnover rate to a high of 19.5% (Lagasse, 2021). The cost to train a new nurse can range from $28,400 to $51, 700 and can cost hospitals $3.6 to $6.5 million each year (Lagasses, 2021). Nurse leaders play a large role in nurse retention and budget management. If there is a high turnover on a particular unit, that nurse leader may be asked to research deeper as to why nurses are leaving. With high turnover, the nurse leader has to train new nurses while maintaining a unit culture and morale. All of these factors can lead to additional stress on the nurse leader.

Post-Pandemic Reasons for Nurses Leaders Leaving

The COVID-19 pandemic increased anxiety, fear, and uncertainty in many nurse leaders (Gab Allah, 2021). During the pandemic, nurse leaders were responsible for making sure the patients were still receiving quality care and at times taking on new responsibilities that they were not prepared for with the increasing changes (Gab Allah, 2021). Nurse leaders were required to make decisions that were difficult and fell within an ethical dilemma (Gab Allah, 2021). During the COVID-19 pandemic, nurse leaders were asked to make frequent changes to processes in a very short time (Vazquez-Calatayud et al., 2021). Nurse leaders also experienced difficulties with communication such as contradictory information and even a lack of impartial information (Vazquez-Calatayud et al., 2021). Communication is an important aspect of the nurse leader role and if there are difficulties, then additional stress is added. Nurse leaders were asked to manage uncertain situations like maintaining a calmness on the unit when there was uncertainty of the situation (Vazquez-Calatayud et al., 2021).

Nurse leaders also had the responsibility of trying to maintain the well-being of their staff while keeping their own well-being in mind. This included uniting the team and encouraging continual teamwork (Vazquez-Calatayud et al., 2021). One of the challenges nurse leaders faced was nurse retention. Due to the COVID-19 pandemic, many nurse leaders experienced high turnover rates of nurses because of the increased utilization of travel nursing (Lagasses, 2021). These added stressors were some of the reasons why nurse leaders left the role during and after the pandemic (Lagasses, 2021).

Problem Description

A study conducted by McCright et al. (2018) found that 72% of the nurse leaders surveyed were planning on leaving the position within five years. Nurse leaders reported

burnout, high demand in the workplace, the feeling of a lack of support from upper leadership and loss of job satisfaction as reasons for leaving their position (Cox, 2019; Kelly et al., 2019). Finding a nurse leader who has previous management experience is hard to find; therefore, organizations are having to train nurse leaders who have no management experience (Brooks, 2019; McCright et al., 2018; Saifman & Sherman, 2019). Training new nurse leaders can cost anywhere from $132,000 to $228,000 (McCright et al., 2018; Thew, 2017). While replacing a nurse leader can cost the healthcare organization, the focus should be on retaining nurse leaders. Therefore, the root cause of nurse leaders leaving should be investigated and a solution needs to be developed to reduce nurse leader burnout and increase their intent to stay in the role.

Local Problem Description

A multi-hospital system in northeast Florida has a current nurse leader turnover rate of 8.9 % with a 30.3% vacancy rate. One of the top reasons that nurse leaders are leaving the system and role is because of retirement. According to data from the hospital system, of the 56 separations from employment, 21.7% have left due to retirement. The other reasons nurse leaders left were due to relocation, burnout and a lack of work life balance (Prochnow et al., 2021). As mentioned previously, baby boomers comprise most of the healthcare workforce. In this hospital system, the average age of a manager is 49 years old, with 26.2% of managers are between the ages of 60 to 69 years old and 24.6% are between the ages of 50 to 59 years old (L. Dorvil, personal communication, 2022). This continues to show that the workforce is aging and the need for younger nurse leaders will increase.

NLSMP

The Nurse Leader Support and Mentor Program (NLSMP) was created in 2019, specifically for this health system by a nurse. The goal of the NLSMP was to help new nurse

leaders feel more comfortable in the new role and be a support if questions were to arise. The NLSMP also provides the new nurse leaders someone to go to for advice or ask for help in certain situations. New nurse leaders and experienced nurse leaders who are new to the hospital system are referred to the program. Each month, the designated Nurse Leader Support Mentor meets with the nurse leaders to touch base and make sure the transition into the managerial role is going well. The goal is for the mentor to provide support by discussing any challenges, answering questions, and providing educational resources to the nurse leader. While it is still encouraged to find another more long-term mentor, the nurse leader support mentor acts as a guide for the new nurse leaders during an onboarding and transitional period. The NMSP mentor aims to provide unbiased advice or suggestions to these managers about any issues or problems they are experiencing. This program has not been formally evaluated since creation in 2019 yet is needed to ensure the NLSMP is effective in increasing nurse leader retention.

Available Knowledge

Search Process

The following keywords were used in database searches: *nurse leader, nurse manager, nurse leader retention, nurse leader turnover, nurse leader mentorship, leadership development, burnout, nurse leader education, mentor program and career development*. The databases used for the literature search were: (a) MEDLINE, (b) Google Scholar, (c) EBSCO Host, (d) American Organization for Nursing Leadership, (e) American Nurses Credentialing Center, (f) American Organization for Nursing Leadership and (g) Cumulative Index to Nursing and Allied Health Literature. A total of 31 articles, dated between 2018 to 2022, were found relating to nurse manger retention and a mentorship program. These articles were qualitative, quasi-experimental, cross-sectional, literature reviews and longitudinal studies, which ranged from

level II to level V of evidence using the Johns Hopkins Nursing Evidence Based Practice leveling system (Dang & Dearholt, 2018).

Evaluation Questions

The evaluation of evidence was intended to find research related to nurse leader retention and the strategies to decrease turnover in the role. The purpose of the literature review was to inform the program evaluation process by asking the following questions:

1. What components of leadership development lead to future success and retention?
2. How does burnout impact nurse leaders?
3. What are contributing factors to nurse leader turnover?
4. What strategies will retain new nurse leaders?
5. What kind of education is in place for nurse leaders?
6. How effective is a nurse leader mentoring in reducing nurse leader turnover?
7. What theoretical frameworks apply to transitioning to a nurse leader role?

Leadership Development for Future Success

A challenge for the upcoming workforce is learning how to recruit and retain millennial managers. Saifman and Sherman (2019) conducted a qualitative interpretive study on 25 millennial nurse leaders. The sample of managers were born between 1980 and 2000 and had at least one year of experience in a manager role. Of the sample, 72% of the participants were in their first year of the nurse leader role and 60% of the sample had participated in a leadership development program (Saifman & Sherman, 2019). Each participant was interviewed and asked 12 questions about being a nurse leader. There were common themes among the participants' answers. Direct supervision and support from directors was a key factor in the participants taking a manager role (Saifman & Sherman, 2019). Many reported being "groomed for the role" by

their director (Saifman & Sherman, 2019). Another theme was that some of the participants did not receive any formal training, nor did they have a mentor when taking on the nurse leader role cite. As a result, 44% of the nurse leaders reported they were planning to leave the role or not certain they were going to stay in the role. The results of the study showed that a formal leadership development program is important in the retention of nurse leaders. The education provided can make the millennial nurse leader feel more comfortable and prepared for their role.

Contributing Factors to Nurse leader Turnover and Retention

Parchment and Andrews (2019) described the nurse leader as an important link between the clinical nurses and executive leaders. In a cross-sectional, descriptive, and explorative study by Parchment and Andrews (2019), 72% of the nurse leaders reported plans to leave the role within five years due to various reasons such as burnout, promotion, or career change. The data was collected by using a Negative Acts Questionnaire Revised, a 2-item questionnaire that asks about three different aspects such as person-related, work-related, physically intimidating behaviors (Parchment & Andrews, 2019). The results of the questionnaire showed that 35% of the nurse leaders reported workplace bullying and a negative relationship with authentic leadership. The study showed that the nurse leaders who reported workplace bullying, reported that the bullying mostly came from their nurse leaders (Parchment & Andrews, 2019).

A common concern that is voiced by many nurse leaders was the lack of preparation and education for the role (Hahn et al., 2021; Loveridge, 2017; Saifman & Sherman, 2018, 2019; Schlakk, 2019; Warshawsky, et al., 2020). Many studies have shown that nurse leaders are not considered competent in their position until they have been in the role for five years (Loveridge, 2017; Martin & Kallmeyer, 2018; Schlaak, 2019; Warshawsky, 2018). One of the ways competence can be developed is through coaching (Hu et al., 2022). Spiva et al. (2021),

discussed how coaching is effective in supporting nurse leaders and their growth. A study done by Spiva et al. (2021) had nurse leaders go through a 4.5-day long strength-coaching training. During this training the nurse leaders were asked to complete a strengths assessment. This training helped the nurse leaders develop competency and development plans based on their own strengths (Spiva et al., 2021).

Strategies to Retain Nurse Leaders

Nurse leaders play a vital role within the hospital. Roth and Whitehead (2019) developed a formal mentorship program for nurse leaders. The nurse leaders were voluntarily recruited for the 6-month long study. The program was designed to have the nurse leader participants meet for two hours each month with each meeting focusing on a particular leadership behavior. The participants were also given a copy of the book *The Leadership Challenge* and were asked to read a chapter prior to meeting with their mentor (Roth & Whitehead, 2019). The results showed that 93.3% of the participants felt the mentorship program and relationship was beneficial to their career development and movement into a nurse leader role (Roth & Whitehead, 2019). Both the mentors and mentees reported that the purposeful conversations and activities promoted a goal-oriented mentor-mentee relationship (Roth & Whitehead, 2019).

Sherman and Saifmam (2018) noted that transitioning prospective millennial nurse leaders into a manager role can be a challenge. New managers may begin a new role without any formal training or development. Emerging millennial managers tended to gauge their next opportunity on the level of support they will receive taking the role, as well as the amount of education (Sherman & Saifman, 2018). These managers also had a fear of failing which can make it difficult for them to accept a position especially when there is a lack of organizational support. Organizations that had formal development program tend to have a higher retention rate

and better manager satisfaction. Sherman and Saifman (2018) suggested if an organization is not able to have a formal development program, new nurse leaders should have at least a 100-day plan which guides them in their first management role (Sherman & Saifman, 2018). These managers should also be assigned an experienced mentor who will meet weekly with the manager (cite). The mentor is responsible for the reviewing and debriefing with the new nurse leader the 100-day plan and help the manager work through any challenges they are facing.

Education in Place for Nurse leaders and Effectiveness in Reducing Nurse leader Turnover

Thew (2017) attributed costs to training a new leader could add up to be almost $100,000. A longitudinal study was comprised of 28 nurse leaders who participated in the Nurse Leader Skills Inventory. The Nurse Leader Skills Inventory survey was used to measure the most common deficits nurse leaders experience, which showed that the most common deficit among the nurse leaders studied was financial management (Thew, 2017). Based on the results of the surveys, targeted education modules and competencies were assigned to the managers. After the nurse leaders went through the education, they were asked to retake the Nurse Leader Skills Inventory. The results showed significant improvement in the areas where the mangers reported to be less competent (Thew, 2017). Thew (2017) also implemented a nurse leader residency program which addressed succession planning for current managers and knowledge transfer from the current manager to new nurse leaders. In order to participate in the nurse leader residency, the applicants had to shadow and interview three nurse leaders. After that, they were then interviewed by current nurses, human resource representatives and nursing directors. Each of the accepted applicants were then assigned a preceptor. In order to give the new nurse leaders an opportunity to see different leadership styles, the preceptors were switched every quarter. Over

20 of the current nurse leaders completed the nurse leader residency and have stayed in their positions (Thew, 2017).

Nurse leader turnover rate was reported to be as high as 50% and in a pre-COVID-19 study of 291 nurse leaders (McCright et al., 2018). Of these nurse leaders, 72% reported they were planning to leave their position within the next five years (McCright et al., 2018). McCright et al. (2018), completed a quantitative study where the chief nursing officer provided one on one forums for nurse leaders to provide recommendations for campus operations and improvements. The leadership program prepared nurse leaders for their role with classroom didactic instruction, shadowing, mentoring, and structured guidance for implementing an evidence-based project (McCright et al., 2018). After completion of the pathway to excellence framework program, the retention rate was as high as 93% with 50% of the nurse leaders being promoted from clinical nurses (McCright et al., 2018).

Martin and O'Shea (2021) conducted a qualitative study researching a succession planning program for nurse leaders in order to have organizational stability. Over 73% of the baby boomers planned to retire within three years which would leave 67,000 nurse leader positions open (Martin & O'Shea, 2021; Ramseur et al., 2018; Warshawsky & Cramer, 2019). While formal succession planning was theorized to be an effective strategy in retaining nurse leaders, 70% of organizations did not have a formal plan in place (Martin & O'Shea, 2021). The authors described the implementation of a nurse leader residency program and a nurse leadership academy in order to retain nurse leaders. An eight-hospital system in south central Pennsylvania conducted a cross-sectional study of 291 nurse leaders, which showed that 28% intended on leaving the field within two years and 72% intended on leaving within five years (Martin & O'Shea, 2021). The nurse leader residency was used asone of the solutions to combat the high

results of nurse leaders leaving this hospital system. The nurse leader residency was a one-year program developed as a succession plan for current nurse leaders. The candidates were selected on a yearly basis if they met the criteria. The criteria included: (a) above-average performance, (b) competency in leadership, (c) letter of recommendation from an immediate supervisor, and (d) a bachelors or master's degree in nursing (Martin & O'Shea, 2021). Each candidate was required to fulfill a full-time position for the following year with at least 40 hours every two weeks dedicated to the nurse leader residency. Each quarter the resident shadowed a different preceptor in order to gain a better insight into a variety of leadership styles and different patient care areas. The preceptors were based on leadership skills that matched the curriculum for the specific quarter (Martin & O'Shea, 2021). As part of the residency, each resident was required to complete a performance improvement project or evidence-based practice project. At the completion of the first residency, there was a 100% succession rate for four of the residents and for the second residency, there was a 50% succession rate (Martin & O'Shea, 2021). There was a decrease in the completion rate for the residency because there were some participants who determined that nursing leadership was not the right fit (Martin & O'Shea, 2021).

Nurse Leader Support, Mentorship, and Coaching

Hu et al. (2022) discussed how leadership development can occur at every level within healthcare and coaching is one of the ways that organizations can help develop their leaders. Coaching was shown to increase the retention of nurse leaders and support a succession plan. Hu et al. (2022) conducted a systematic review of how coaching in healthcare helped with leadership development. The study compared coaching to other methods of leadership development. Coaching encourages self-awareness development and a broadening of perspective (Hu et al., 2022). A leadership coach was used to help the leader develop goals and educate on how these

goals can be achieved (Hu et al., 2022). The coaches were an effective form of support for the nurse leaders.

Vitale (2018) conducted a qualitative study to determine how effective a nurse leader mentorship is on the retention. One of the most important factors that was discussed in the study was the importance of the relationship between the mentor and the mentee. Vitale (2018) found there were five themes center around the mentor and mentee relationship. The first theme was "making the connection". This meant that the mentees felt they had someone they could go and talk to and learn from (Smith & Johnson, 2020; Vitale, 2018). The second theme was "giving and getting" which encouraged both the mentor and mentee to contribute and benefit from the relationship (Vitale, 2018). The third theme was an "emotional rollercoaster" (Vitale, 2018). The emotional rollercoaster explained the various feelings and emotions one goes through as they begin the mentor and mentee relationship (Vitale, 2018). The fourth theme was the "logistics of relationships" (Vitale, 2018). Vitale (2018) found that leaders reported a lack of structure for when the mentor and mentee met, how often they should meet and what kind of topics should be discussed. There was also some geographical location challenges (Vitale, 2018). Lastly, the fifth theme was realizing that the mentor-mentee relationship can't be forced. Mentees want to be able to pick and have a say in who mentors them (Vitale, 2018).

Due to these common themes, Vitale (2018) held a mentoring education workshop for those who were going to be mentors. This is where the mentor and mentees would come together and received education on what the relationship looks like, network, and be able to interact with those interested in having a mentor (Vitale, 2018). By having this education workshop, mentor and mentees were able to find common areas of interest and encourage the relationship building.

At the end of the study, both the mentors and mentees verbalized both personal and professional growth through the relationship (Vitale, 2018).

In another study conducted by Vitale (2019), the impact of a mentorship program on both leadership practices and job satisfaction was studied. A comparative evaluation study with a cross-sectional design was conducted in a sample of 581 nurse leaders. The nurse leaders reported that 80.4% had not participated in a mentorship program, but 46.8% identified themselves as being in a mentor role, 40.4% reported being a mentee and 10.6% participate in both roles (Vitale, 2019). The study showed that the mentorship program had a positive effect on the nurse leaders' exemplary practices and job satisfaction (Vitale, 2019). The author also explained that mentorship is something that is done throughout someone's leadership journey and professional career. Mentorship can improve overall performance and job satisfaction (Roth &Whitehead, 2019). Smith and Johnson (2020) and Vitale (2019) reported that nurse leaders have spoken about how important it is to have a mentor at their level. By having a mentor, the solid relationship is built, and they found more joy within their work (Smith & Johnson, 2020).

Burnout

According to Maslach et al. (2018), burnout is defined as a problem that can affect professionals by making them feel hopeless, irritable, and emotionally drained Burnout in nurse leaders can lead to compassion fatigue which is defined as "a high level of burnout and secondary traumatic stress that can result in the inability for a caregiver to foster compassionate and caring interactions" (Kelly, et al., 2019, p. 404). Kelly et al. (2019) explained that one of the leading causes of burnout among nurse leaders is that they are thrown into the role without much education or training on the role. One of the ways that nurse leader burnout can be measured is by using Maslach Burnout Inventory. Maslach Burnout Inventory is an assessment

tool used to determine the level of burnout one is experiencing (Maslach et al., 2018). The tool is comprised of 50 questions and assesses the level of burnout by measuring: emotional exhaustion, depersonalization, and personal accomplishment (Maslach et al., 2018).

Program Evaluation Models

Benner's Novice to Expert Model

Benner's novice to expert framework focuses on the steps one takes to go from novice to expert in a particular area. Benner's novice to expert framework can be applied to nursing leaders. For the novice leader, they may have the ability, though limited, to predict what could happen during a particular situation (Benner, 2001; Quinn, 2020). The behavior of the novice leader is usually less flexible and limited. The next stage is the advanced beginner leader. This leader is better at recognizing components of a situation, but is still requiring experience (Benner, 2001; Quinn, 2020). After the advanced beginner leader comes the competent leader. For the competent leader, the leader has now developed some expertise and relies on their organizational and planning skills. Nursing leaders in this stage can also begin to recognize patterns or natures of situations (Benner, 2001; Quinn, 2020). The proficient leader is at the point where they can see the bigger picture and assess situations. Lastly, is the expert leader. This leader does not rely on rules or guides to help make decisions. They are able to utilize their experiences and knowledge to make decisions (Benner, 2001; Quinn, 2020).

Critical Appraisal and Synthesis of Available Knowledge

It is evident that the nurse leader plays a crucial role in the success of a healthcare organization (Parchment & Andrews, 2019; Roth &Whitehead, 2019; Thew, 2017). Due to the increased retirement rate of the baby boomers, there will be a large need for new nurse leaders in the near future (Martin & O'Shea, 2021; McCright et al., 2018; Ramseur et al., 2018; Thew,

2017; Warshawsky & Cramer, 2019). The cost to train new nurse leaders is estimated to be between $132,000 to $228,000 (McCright et al., 2018; Thew, 2017). Due to a high turnover rate of nurse leaders, many organizations are implementing nurse leader mentor programs to help the transition into the position easier (Hu et al., 2022; Martin & O'Shea, 2021; Vitale, 2018). Mentorship programs were shown to be an effective way of retaining nurse leaders and have a positive effect on their intent to stay in the position (Hu et al., 2022; Roth &Whitehead, 2019, Smith & Johnson, 2020; Vitale, 2019).

The literature search showed a common theme of a nurse leader mentor program as a way of retaining nurse leaders (Hu et al., 2022; Roth &Whitehead, 2019, Smith & Johnson, 2020; Vitale, 2019). Of the 31 articles found relating to nurse manger retention and a mentorship program, there were two Level II articles, 10 Level III articles, 9 Level IV articles and 10 Level V articles (Dang and Dearholt, 2018). Many of the articles supported the implementation of the mentorship program because there was significant evidence to support the effectiveness.

In the literature search, there were some gaps in the research. It was difficult to find studies that focused specifically on nursing leadership and nurse leaders. Therefore, many articles focused on leadership in general. Another gap was that there were not many articles on a formal mentor or nurse leader support program. Many articles did not discuss the interventions or training for replacing and retraining new leaders.

Recommendation for Evaluation

The Centers for Disease Control and Prevention (CDC) (2022b) have a framework to define a program evaluation. One of the main purposes of the framework is to summarize the important elements of a program evaluation and provide a reference for effective evaluations. Program evaluation aims to improve a program to ensure the program is ethical, useful, and

accurate (CDC, 2022). To conduct a program evaluation, the CDC (2022) provides steps to follow. The steps include: (a) engage stakeholders, (b) describe the program, (c) focus the evaluation design, (d) gather credible evidence, (e) justify conclusions and (f) ensure use and share lessons learned (CDC, 2022).

A program evaluation is a systematic assessment of the processes or outcomes of a program, guided by standards, to make judgments regarding the program, improve its effectiveness, and guide further development (CDC, 2013). A program is an organized set of functions and activities designed to achieve specific and intended results that are supported by established resources (CDC, 2012).

Fit, Feasibility and Appropriateness of Recommendations

The literature reviewed revealed that the implementation of a nurse manger mentorship program can be effective in retaining nurse leaders (Hu et al., 2022; Roth &Whitehead, 2019, Smith & Johnson, 2020; Vitale, 2019). Therefore, the NLSMP at the hospital system in Northeast Florida was evaluated to determine the effectiveness at meeting the system's strategic goals of retaining nurse leaders. This evaluation focused on those participants who were assigned to meet a full-time, dedicated mentor to aid into their transition into the system role. As COVID-19 related staffing and operational stressors impacted the system at all levels, an evaluation of this program's effectiveness was needed to ensure long-term retention in the nurse leaders of the system.

As the literature above demonstrated, nurse leader mentorship programs were effective in reducing nurse leader turnover (Hu et al., 2022; Roth &Whitehead, 2019, Smith & Johnson, 2020; Vitale, 2019). The evaluation of the NLSMP was aligned with the CDC Program Evaluation framework. The program evolved prior to this evaluation, as the change of adding

nurse leaders new to the health system had already been put into place. Given the current state of the healthcare system, a thorough evaluation of the NLSMP's goals and outcomes was thought to be beneficial for the system. There were not any additional resources needed to complete the program evaluation. The key stakeholders from the healthcare system agreed that an evaluation of the program was needed. They expressed the desire to learn what the current participants felt was valuable and what could be improved.

Needs Assessment

Currently the turnover rate of nurse leaders within a hospital system in Northeast Florida has increased during and after the initial COVID-19 pandemic and the need for a program evaluation of the nurse manger support and mentor program is needed. The NLSMP was originally developed for new nurse leaders to the role. Beginning in 2020, the program expanded to include nurse leaders new to the hospital system. During 2021 there have been 23 nurse leaders who have stepped into the role either through promotion or coming from an outside health system. After interviewing a Senior Consultant for Learning and Development that works throughout the healthcare system, the goal of the NLSMP is to provide a resource for new nurse leaders, whether new to the role or new to the system (C. Parkhurst personal communication, March 3, 2022). The NLSMP program also aimed to assist the nurse leaders in the transition period and provide networking contacts for the mangers. There was a need to evaluate the program to determine if additional resources would be beneficial to new nurse leaders. This evaluation also sought to evaluate the delivery, modality, and frequency of the meetings was sufficient, or if changes need were warranted.

Logic Model

A logic model is a conceptual model that shows the relationship between the resources, activities, outputs, outcomes, and impact of the program (CDC, 2022). The logic model for the program evaluation was adapted from the National Center for Women and Information Technology (2011) and the AIMD framework. This was used to align the goals, outcomes, timeframe, and evaluation methods, see Figure 1. The first step in the model was to list and explain the goals of the program. The outcomes explained what was measured in order to achieve the goals (National Center for Women and Information Technology, 2011). The timeframe explained if the goals were short-term or long-term. Lastly, the evaluation methods explained how the data was collected when measuring the goals (National Center for Women and Information Technology, 2011). A logic model was completed during the needs assessment, with program key stakeholders to understand the inputs and expected outcomes of the mentorship program.

Figure 1

Logic Model

Aims/Goals	Ingredients/ Inputs	Mechanism/ Outcome	Delivery	Evaluation Method
• Help new nurse leaders with the transition into the role • Retain nurse leaders	• Nurse manager mentor (1 FTE) • New nurse managers • Nurse Manager Academy	• Nurse leader turnover was 8.9% in 2021	• Calendar year 2022 • Meetings with the Nurse Leader Mentor based on experience and need	• No formal evaluation of the NLSMP

Notes. Adapted from the National Center for Women and Information Technology Metric and Evaluation Methods framework (2011) and Centers for Disease Control and Prevention "Developing a Logic Model" (2020)

Context

A hospital system in Northeast Florida experienced nurse leader turnover of 19% in 2019 (L. Dorvil, personal communication, 2022). One of the hospital campuses within the healthcare system, a 135 bed, acute care facility had a manager turnover rate of 6.5% in 2019 and 7.7% in 2020 (L. Dorvil, personal communication, 2022). The national average of turnover for nurse leaders is 8.3% (Loveridge, 2017). The healthcare system has aligned one of the strategic goals to focus on retention among the nurse leaders. For this program evaluation, determining whether the NLSMP was able to successfully decrease nurse leader turnover rate will be important as this was the primary goal of the program. This program evaluation evaluated the existing NLSMP that operates system-wide in a Northeast Florida health system. This program focuses on nurse leaders who work in an acute care setting and who are new to the role or new to the hospital system. The target population included nurse leaders who have been a part of the program and the frequency of their meetings as it relates to the burnout score, intent to stay and overall program satisfaction.

The health system put in place a unique program for new nurse leaders either new to the role or new to the organization aside from the NLSMP. All new nurse leaders are enrolled in a Nurse Manager Academy. This program was established to help with nurse leader retention and aid in the transition to the new role. The Nurse Manager Academy is a multi-month program that combines didactic and experiential learning. The participants meet every two weeks for in person training to cover various topics such as budgeting, conflict resolution, and human resources.

Each participant also attends various experientials in different departments that they will have interactions with. The purpose of these experientials is to develop interdisciplinary relationships. The Nurse Manager Academy and the NLSMP are two programs that are unique to this health system.

Nurse Leader Mentor

The Nurse Leader Mentor role is part of the Learning and Development department for the healthcare system and takes up one full time employee. The Nurse Leader Mentor is responsible for meeting with all the new nurse leaders for the health system and at all the campuses. She dedicates her time to meeting with the nurse leaders and being a mentor for them. She plays an integral part of the Nurse Manager Academy by leading the sessions and experientials. The Nurse Leader Mentor is responsible for being a resource for the nurse leaders and being available if a nurse leader wants to meet. She also shares journal articles with the nurse leaders on topics that are relevant to the role.

Setting

The program evaluation took place at a six-hospital system in Northeast Florida. The six hospitals were comprised of: a 930-bed acute care hospital including a heart hospital, a 407 bed acute care hospital, 135 acute care hospital, a 54 bed acute care hospital, a 276 bed children's hospital and a 100 bed hospital under construction. The six-hospital system is a not-for-profit organization and offers all services. All units within the hospital system were included in the program evaluation. There were approximately 2,900 nurses in the hospital system with 62 nurse leaders (L. Dorvil, personal communication, 2022). The 62 nurse leaders were from various service lines and units such as: (a) intensive care, (b) medical-surgical, (c) surgical services, (d) progressive care, and (e) oncology.

Strengths and Opportunities

An analysis of Strengths, Weaknesses, Opportunities and Threats (SWOT analysis) is a way to determine both internal and external influences that impact an organization or program (Renault, 2018). Strengths and weaknesses focus on the internal factors of influence, while the opportunities and threats focus on the external factors (Renault, 2018). One strength of the NLSMP is that the program has the support of the Chief Nursing Officer and Chief Learning Officer for the health system. Another strength of the program is that there is a full-time mentor who is available to answer any questions a new nurse leader might have while in the program. This mentor schedules meetings with all the nurse leaders with the frequency depending on level of experience as a manager. The mentor is also available during the period in between meetings to help answer any questions, listen to concerns, and provide unbiased advice if a problem arises. In the meetings with the nurse leader, the mentor can answer questions that they might not feel comfortable asking their peers or direct supervisor. The mentor can provide an unbiased answer or advice for different situations. The mentor can also share articles and resources related to particular topics.

Weakness and Threats

A weakness of the program is that there is one person who meets with all the mangers in the program. This presents a challenge for the one person to meet with every nurse leader as frequently as desired. Currently some of the challenges that the single mentor is facing is the ability to meet with 97 nurse leaders in the health system at various frequencies. Some nurse leaders are met with quarterly while some leaders are met with monthly. Another challenge is that some of the nurse leaders are not engaged in the meetings with the mentor or nurse leaders will cancel the meetings. Additionally, continued COVID-19 related staffing challenges for

nursing staff at all levels within the organization could be considered a weakness. This program requires a time commitment from the nurse leaders, and many might be dealing with staffing challenges and not able to meet. Frequent nurse leader turnover can become a challenge for the program because the nurse leader may not be able to complete the program.

The NLSMP also has some opportunities for future growth. This hospital organization is the only one in the area that has a formal manager mentorship program. The Nurse Leader Mentor also has connections and communication with other hospitals to help determine what is working in retaining nurse leaders at other local facilities. Exploring how the program is advertised and implemented during the hiring process during this evaluation will provide more information for opportunities.

A threat to this program included the continued risk of another health pandemic that may impact overall hospital staffing. Another threat would be the influx of travel and contract incentives which might entice nurse leaders to leave the field and go elsewhere (Yang & Mason, 2022). As most things in healthcare change, the nurse leader role itself could potentially change based on external influences such as budgets, COVID-19, and increase demand for nurses.

Key Stakeholders

There were multiple key stakeholders in this program evaluation. The Senior Consultant for Leadership Development was the main stakeholder as she is the one who is leading the program and is known as the Nurse Leader Mentor. Another key stakeholder was the nurse leader who developed the NLSMP in 2019. Frequent communication with the key stakeholders took place via email and phone calls. There was also a frequent meeting the with key stakeholders to update on project status and received any additional feedback. The key stakeholders played an important role as they were the ones who lead the NLSMP.

Specific Aims

Purpose Statement

The aim of this scholarly Doctor of Nursing Practice project was to determine the effectiveness and impact of the NLSMP in reducing nurse leader burnout and increasing nurse leader retention.

Goals

Process Goals

1. Obtain institutional review approval at the facility and Jacksonville University.
2. Complete the logic model with key stakeholders.
3. Implement a survey for nurse leaders, relating to the NLSMP, their participation, burnout index, the effectiveness on their intent to stay and overall satisfaction with the program
4. Collect the data from the surveys and prepare for dissemination
5. Provide the data results and recommendations to the key stakeholders

Outcome Goals

1. Determine the effectiveness of the NLSMP as evidenced by a reduction in nurse leader turnover of 5% or more between 2021 to 2022.
2. Determine an increased intention to stay in current position by 10% for nurse leaders who regularly participated in the NMSP when compared to those who did not participate.
3. Determine a 25% reduction of burnout for nurse leaders who regularly participated in the NMSP when compared to those who did not participate.
4. Evaluate the perceptions of the NLSMP from past nurse leader participants.
5. Provide a presentation with recommendations for the program to nurse executives and key stakeholders.

Conceptual Framework

AIMD Framework

The AIMD (Aims, Ingredients, Mechanisms, Delivery) framework originally was comprised of four complex components: (a) intended targets, (b) active ingredients, (c) casual mechanism, and (d) mode of delivery (Bragge et al., 2017). After reviewing the framework, Bragg et al. (2017) created a simpler design was that is comprised of: aims, ingredients, mechanisms, and delivery (See Addendum A). The first part of the AIMD framework looks at the aims of the program. It tried to determine if the intended goals are being met (Bragge et al., 2017). For this project, the aims were determining if the goals of the NLSMP are being met. The next stage is the ingredients which looks at what comprises the intervention (Bragge et al., 2017). In this project the ingredients were what makes up the NLSMP such as the monthly meetings and resources available to the nurse leaders. The third stage in the AIMD framework is mechanisms which focuses on how the proposed intervention will work (Bragge et al., 2017). In this project evaluation, the mechanism was looking at how the NLSMP works and the effects of the program on the project goals. The final stage of the AIMD framework is the delivery which describes how the intervention will be delivered (Bragge et al., 2017). For this program evaluation the delivery was describing how the NLSMP will be presented and delivered to the nurse leaders.

Benner's Novice to Expert Model

Benner's novice to expert model will inform the program evaluation. As explained above the model can be used to promote nursing leadership development. There are five stages to Benner's Novice to Expert model: novice leader, advanced beginner leader, competent leader, proficient leader, and expert leader (Quinn, 2020). For the novice leader they are still developing their skills and learning their new position. They are working towards becoming more confident

leaders in armor guided by rules and regulations. In the NMSPMP, the novice leader comprised most of the program because these leaders were new to the role of nurse manger and possibly new to leadership. For the advanced beginner leader, they have general nursing experience but may be new to a leadership or management role (Quinn, 2020). The advanced beginner may pull from their previous experience to guide them in their nurse leader role. For the project, the advanced beginner was someone who was in a leadership role such as an assistant nurse leader and stepped into the nurse leader role. The competent leader may not be as flexible as a proficient leader, but they have started to develop their skills and rely on a future plan (Quinn, 2020). The competent leader is able to recognize situations quickly and be able to use previous experience to apply a solution to this situation. The proficient leader can look at the whole picture of a situation rather than each individual element (Quinn, 2020). They can respond to immediate needs as well as respond and recognize the needs of others. The final stage is an expert leader. This leader can recognize demands and resources needed to achieve goals and deliver what is required. These leaders are also able to recognize the novice leaders who need guidance and directions in certain situations and typically become mentors for the novice leader (Quinn, 2020). Benner's model is appropriate for this program evaluation because the program is looking at nurse leaders and nurse leaders at all different stages. Some of the nurse leaders were new to the role completely and some were new to this health care system. This model was also used during the data collection and data analysis to interpret perceptions of the program from past participants.

Design and Methodology

The design of the project was a summative and impact survey design colleting both qualitative and quantitative data to determine the effectiveness of the Nurse leader Mentorship

and Support Program. Data was be collected through an electronic survey administered to participants who have participated in the program.

Evaluation Questions

1. After participation in the NLSMP, what was the participant perception of the program?
2. Did participation in the NLSMP increase nurse leader intention to stay in the nurse role?
3. Did participation in the NLSMP reduce self-reported burnout?
4. Was participation in the NLSMP a predictive factor for outcomes such as intention to stay, burnout and overall satisfaction?

Program Evaluation

The program evaluation of the NLSMP was approached through a summative evaluation and impact evaluation strategies. The program was created in 2019 and due to the pandemic has yet to be evaluated for impact and effectiveness due to the COVID-2019 pandemic. For both the competent leader and proficient leader, this was the nurse leaders who are not new to the role but are new to the hospital system.

Summative Evaluation

A summative evaluation was described during the mid-1960s by Lee Cronbach and Michael Scriven (Frey, 2018). This evaluation approach will focus on the process of evaluating a program's impact through careful evaluation of program design and management (Frey, 2108). The summative evaluation will seek to address if the NLSMP was effective at retaining nurse leaders in 2022. The summative evaluation determined if the program's desired outcomes are being met. The evaluation will also determine if there were any changes or unintended effects that the program was able to produce.

Impact Evaluation

An impact evaluation is "an assessment of how the intervention being evaluated effects outcomes" (Organization for Economic Co-operation and Development, 2001, para. 1). The impact evaluation looked at determining if the program was effective in reducing nurse manger burnout and increasing the intent to stay within the nurse leader role. The evaluation looked at the nurse leaders attendance in the program to determine if the program is effective in reducing burnout and increasing intent to stay. After meeting with the key stakeholders, the goal of the NLSMP was to help the nurse leaders with the transition into their role. The evaluation helped determine if the managers felt the program was effective in reducing the feeling of burn out due to being new to the role as well as increasing their intent to stay within the role. By comparing the results for the manager who met with the mentor frequently and those who did not meet regularly, helped determine if the frequency of meeting influenced the burnout of nurse leaders and their intent to stay.

Implementation Plan

Timeline

The project followed the timeline described below (see Table 1). The project began by meeting with the key stakeholders and gaining their support. After submission of the proposal to both the university and organizational Institutional Review Boards, approval was granted. During the next 30 days participants were asked to complete the online survey via a unique survey link sent to their organizational email. The participants had three weeks to complete the survey before data analysis began. The final 30 days was comprised of data analysis of the survey results. All data was presented to the key stakeholders via a presentation. The project was also presented at the university level.

Table 1

Project Timeline

Milestone	Brief Description	Period
Nursing Research Council	Propose project for approval to hospital Nursing Research Council	September 2022
JU IRB	Propose project for approval	October 2022
Meeting with Stakeholders	Complete logic model with stakeholders	October 2022
Recruit Participants	Recruit nurse leaders to participate in the survey	November 2022
Administer Survey	Send out survey to all participants and allow 30 days to complete	December 2022
Collect Data and Analyze	Perform data analytics on survey results	January 2022
Present Project to Stakeholders	Present completed project with results	February 2022
Final DNP defense	Present completed project with results	February 2022

Assessing for Change

Key stakeholders were supportive of the program evaluation of the NLSMP (C. Parkhurst personal communication, March 3, 2022). There was also support from the Chief Nursing Officer for the health system and the developer of the program. They were open to recommendations that may come from the evaluation of the program. There was a defined need for a program to be in place to retain more nurse leaders in the role. An effective evaluation of the program helped the key stakeholders address any changes that needed to be made to make the program more effective. After meeting with the key stakeholders, it was expressed that there was a desire to create a more structured program. This included having a specific time frame of meetings, possibly having specific subjects to discuss during meetings and changing the criteria for the meetings. As previously mentioned, a hospital system in Northeast Florida experienced

nurse leader turnover of 19% in 2019 (L. Dorvil, personal communication, 2022). This 135-bed, acute care facility within this system had a manager turnover rate of 6.5% in 2019 and 7.7% in 2020 (L. Dorvil, personal communication, 2022). Therefore, the key stakeholders were open to modifying the program and creating a more standardized program.

Ethical Considerations

The purpose of an institutional review board (IRB) is to protect any human subjects that participate in studies (Center for Drug Evaluation and Research, 2019). Prior to the intervention, IRB approval was obtained from both Jacksonville University and a hospital system in Northeast Florida. The IRB is responsible for reviewing and approving studies of human subjects (Center for Drug Evaluation and Research, 2019). The program evaluation in this study posed minimal risk to the participants. The greatest risk to participants was protection of their privacy and confidentiality. Participant attendance records in the program were initially linked to data collection as participants are placed in cohorts by participation frequency. While demographic information was given via the survey, no names were used in order to maintain confidentiality. Following data collection and data analysis, the link of names to data was destroyed by the investigators prior to the sharing of any data or recommendations with the facility leadership. Only aggregate data was shared with facility leadership including quantitative and qualitative information. Qualitative data was redacted to exclude any names of participants, specific hospitals, specific units, or nursing specialties. Any paper documents were kept in a locked cabinet in a secured office at a hospital in Northeast Florida. All online or computer-based documents were kept in a password protected file as requested by the JU IRB Standard Operating Procedures for Student Scholarly Projects. After completion of the project, all paper and computer documents were disposed of properly.

Prior to participating in the study, informed consent was obtained for all participants via the electronic survey. The informed consent fully described the project, including the purpose, information being collected and all privacy disclaimers. At the beginning of the survey, the informed consent was presented. The participant acknowledged the consent prior to proceeding to the survey questions. If a participant did not agree or consent, then they were not taken to the survey questions. Electronic files were kept on the Jacksonville University server using a university login and password. All participant information for all data collected was be kept in a locked cabinet and locked office at a hospital in Northeast Florida and kept on a remote drive through myju.edu with password protections. The survey link was sent to the participants' organization email only, no personal emails were used. This unique link was able to identify the answers for that participant within a spreadsheet created by the Qualtrics system. All aggregated data was shared in an unidentified manner without using any names in order to protect the participants. After the completion of the project, all links and data files were destroyed.

Measures and Data Collection

Cross-sectional data were collected in a single, electronic survey using the Qualtrics® platform. Qualitative and quantitative data was collected. A portion of the survey was used to collect informed consent. The survey was administered via a secured and unique link to an online survey using the Qualtrics platform. The participants were selected from the list of nurse leaders that the Nurse Leader Mentor meets with and invited to participate in the survey through an IRB approved email flyer. The survey was open to the participants to complete for 30-days. After 30-days the survey was closed and data was extracted. The measures described below were collected (see Tables 2 and 3).

Table 2

Description of Evaluation Measures

Evaluation Measures	Brief Description	Data Source	Range Value	Period
Program Attendance	Frequency the nurse leader met with the nurse mentor in the program	Nurse leader Mentor	Frequent: >75% of meetings attended Infrequent: < 75% of meetings attended	
Burnout		Maslach Burnout Inventory	0-6 Likert Scale	During the implementation phase
Intention to Stay	Level of commitment to the organization and the nurse leader role	Intention to Stay Questionnaire	0-6 Likert Scale	During the implementation phase
Participant Perception	Participant feedback on the program	Qualitative questions on the survey		During the implementation phase

Table 3

Definitions of Outcome Measures

Outcome Measure	Rationale for Measure	Conceptual Definition	Operational Definition
Program Attendance	Attendance will be used to determine if the frequency of the meetings had an effect on the burnout score and intention to stay	Frequency of attendance at the meetings	Attendance will be measured by frequency. Example: frequent >75% and infrequent <75% of the meetings attended.
Burnout	Burnout will be measured since it is one of the leading causes of nurse leader turnover	The feeling of physical, mental, and emotional exhaustion	Burnout will be measured by completion of the Maslach Burnout Inventory and scoring, broken into three categories: (a) emotional exhaustion, (b) depersonalization, and (c) personal accomplishment.
Intention to Stay	Intention to stay will be measured because it can be influenced by burnout and a focus is on nurse leader retention	The extent to which an employee will stay with the organization	Intention to stay will be measured by a Likert scale.
Participant Perception	Participant perception will be measured to help with developing a recommendation plan for the key stakeholders	Participants opinions and views of the program	Perception is measured through open ended questions on the survey

Measurement Tools

For primary data, validity means that the instrument measures what it is intended to measure (Sylvia & Terhaar, 2018). The type of instrument designed to measure validity varies depending on the measurement (Sylvia & Terhaar, 2018). Reliability is when the instrument can produce the same results. For secondary data, since the data has already been collected, then it

should be looked at for quality. The data should meet the informational needs of the project (Sylvia & Terhaar, 2018). For the data to have reliability, the data should be able to be reproduced. To check the data's validity, peer-reviewed journals and other literature should be reviewed to determine if the data has been previously published.

Quantitative Data

Demographics

Demographic data were collected to describe the sample. The specific demographic data collected as described in Table 4. It was also important to understand who the program was reaching and who it was not. Generational and experiential differences in nurse leaders were noted to impact training outcomes and retention (Sherman & Saifman, 2018). Data were collected using ranges to avoid identify a singular participant.

Table 4

Descriptive Demographic Data

Evaluation Measures	Brief Description	Data Source	Range Value	Period
Age	Specific questions about the participants taking the survey	Demographic questions on the survey	Under 25, 25-34, 35-44, 45-54, 55-64, 65 or above	During the implementation phase
Gender	Specific questions about the participants taking the survey	Demographic questions on the survey	Male, Female, Other, Prefer Not to Disclose	During the implementation phase
Ethnicity	Specific questions about the participants taking the survey	Demographic questions on the survey	American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other, Pacific Islander, White, Hispanic, Non-Hispanic, Other	During the implementation phase
Highest Level of Education	Specific questions about the participants taking the survey	Demographic questions on the survey	Diploma Degree, Associates Degree, Bachelors Degree, Masters Degree, Post Masters Degree, Doctorate Degree	During the implementation phase
Years in the Role	Specific questions about the participants taking the survey	Demographic questions on the survey	0-2 , 3-5 , 6-10, 11-15, 16-20, 21 +	During the implementation phase
Years with the Organization	Specific questions about the participants taking the survey	Demographic questions on the survey	0–2, 3–5, 6–10, 11–15, 16–20, 21–25, 26–30, 31–35	During the implementation phase
Professional Certification	Specific questions about the participants taking the survey	Demographic questions on the survey	Yes, No	During the implementation phase

Intent to Stay

Intention to stay was defined as a level of commitment one has to the organization that they work for (Al Yahyaei et al., 2022). There are many factors that can contribute to one's intent to stay such as work environment, leadership, and support (Al Yahyaei et al., 2022). The work environment is important factor associated with intention to stay because a positive environment will encourage the nurse leaders to stay (Al Yahyaei et al., 2022). The nurse leaders who feel supported by the leaders above them, are more likely to stay in the position (Al Yahyaei et al., 2022). Along with being in a supportive environment, the leaders who the nurse leaders report to are also important in increasing the intention to stay.

For the intention to stay questionnaire, 10 questions were extracted from the Academy of Medical Surgical Nurses Mentee Guide. This document authorizes the use and replication of the questions for use. The mentee guide for nursing mentorship includes surveys for the mentees to answer questions relating to job satisfaction, intent to stay, relationship with the mentor and overall program satisfaction (Academy of Medical Surgical Nurses, 2012). Questions used for this project were formed based on this questionnaire. The Academy of Medical Surgical Nurses questionnaire is a reliable questionnaire based on a Cronbach's alpha of 0.87 (Academy of Medical Surgical Nurses, 2012).

Qualitative Data

Qualitative data were collected through open-ended text questions at the end of the survey (See Appendix D). These questions addressed any recommendations the participants might have to improve the program. Another question asked the participants if they felt the program was effective in their new role as nurse leader. Lastly, a question asked to share any topics that they feel would be beneficial to discuss during meetings with the mentor. Per the IRB

recommendations, required answered were not implemented. This data were analyzed to determine if there were common themes among the participants. Any common themes were compared to the available literature for validation and corresponding recommendations were included in the presentation to the key stakeholders.

Retrospective Mentor Meeting Attendance

Retrospective data were collected using a meeting attendance spreadsheet obtained from the Nurse Leader Mentor for the year 2022. This spreadsheet was used to help determine who should receive a recruiting email to participate in the project. This information was also used to categorize the frequency of the meetings participants had with the assigned mentor and their respective burnout score and intent to stay score. There were two groups compared to collect the quantitative data. The first group was those that met frequently with the mentor/support leader and the other group was those that do not meet frequently. Frequently was defined as greater than 75% of the meetings attended and infrequent is defined as less than 75% of the meetings attended. Each nurse leader should have met with the Nurse Leader Mentor at least four times within the last year, whether new to the role or new to the organization. There were a couple nurse leaders did not attend four meetings due to moving into the nurse leader role later in the year.

Maslach Burnout Inventory

The Maslach Burnout Inventory is an assessment tool used to determine the level of burnout one is experiencing (Maslach et al., 2018). According to Maslach et al. (2018) burnout is defined as the feeling of physical, mental, and emotional exhaustion. This tool assesses the level of burnout by measuring: emotional exhaustion, depersonalization, and personal accomplishment (Maslach et al., 2018). The tool is comprised of 50 questions. For medical professionals, there is

a 22-question assessment for burnout that should only take the participants 10 minutes to complete (Maslach, et al., 2018). Each question has the participant rank their answer from zero to 6, with zero being never and 6 being every day (See Appendix D). The participant's answers are add up for specific questions to total the emotional exhaustion, depersonalization, and personal accomplishment and determine the level of burnout (See Table 5). Depersonalization includes the feeling of disconnect from interpersonal relationships and social contacts (Maslach et al., 2018). Emotional exhaustion is when there is chronic fatigue, trouble sleeping and the feeling of depression (Maslach et al., 2018). Lastly, personal accomplishment is when a person feels accomplished and a lack of failure (Maslach et al., 2018).

Table 5

Maslach Burnout Inventory Scoring

Category	**Questions Scored**	**Level of Burnout**
Emotional Exhaustion	1, 2, 3, 6, 8, 13, 14, 16, 20	Higher Score = Higher Level of Burnout
Depersonalization	5, 10, 11, 15, 22	Higher Score = Higher Level of Burnout
Personal Accomplishment	4, 7, 9, 12, 17, 18, 19, 21	Lower Score = Lower Level of Burnout

Note. Maslach, C. R. L. S., Jackson, S. E., Leiter, M. P., Schaufeli, W. B., & Schwab, R. L. (2018). *Maslach burnout toolkit (AWS + MBI) - assessments, tests | mind garden - mind garden*. Www.mindgarden.com. https://www.mindgarden.com/184-maslach-burnout-toolkit

The Maslach Burnout Inventory has been used as a valid and reliable measure tool for the past 25 years in studies related to burnout (Maslach, et al., 2018). Coker and Omoluabi (2009) tested the reliability of the Maslach Burnout Inventory reliability and found the coefficients to be: Cronbach's Alpha = .86, Split-half = .57 and Odd-Even = .92. Based on these results, it was determined that the inventory was a valid way to assess burnout.

Sample Selection

A convenience sample of nurse leaders was selected from the program's participation list. The inclusion criteria was any manager who has participated in the NLSMP. The participants must have participated in the NLSMP during the calendar year 2022. The exclusion criteria was mentees who did not participate in the program. There was a plan to achieve 100% participation from the nurse leaders for the sample size, which was 97 nurse leaders. A total of 35 nurse leaders started the survey, but only 30 nurse leaders were included in the results because 5 of the participants did not fully complete the survey or fill in their name on the consent. All participants who participated met the inclusion and exclusion criteria.

Data Analysis

The retrospective attendance record included the frequency of the meetings between the participants and the Nurse Leader Mentor. The participants' burnout score and intent to stay scores were compared to determine if meeting regularly directly impacted the scores. Using the participant attendance frequency, participants were categorized as either frequently participating or infrequently participating. Participants who participated frequently were defined as those who attended 75% or greater meetings with the mentor, which equaled three or four meetings during the past year. The qualitative data was entered into an application called NVivo. This application was used to analyze and find common themes from the data to determine if there were common

areas of improvement in the NLSMP. NVivo was a centralized location for all collected data. The quantitative data was analyzed by a Jacksonville University statistician. A One-Way ANOVA test measured the difference in mean intent-to-stay scores, mean burnout scores and the frequency of attendance. A Chi-square tables were used to compare the intent to stay questions and the participants' attendance records.

Results

Quantitative Data

The gender data showed to have homogeneity because 96.67% of the participants were female while 3.33% were male, see Table 6. According to Zippia (2021), in the United States, 86.5% of nurse leaders are female while 13.5% are male. The demographic data also showed that there was a lack of diversity among the sample, with 80% of the participants being white, 16.67% being African American and the remaining 3.33% other. Zippia (2021) described nurse leaders as 67.4% of nurse leaders are white, 12.6% are Hispanic or Latino, 10.9% are African American and 6.5% are Asian. The sample demographic data showed that 40% of the sample was between the ages of 35 to 44 years old. The United States data showed that 73% of the nurse managers were over the age of 40, 24% were between the ages of 30 to 40 and 3% were between 20 to 30 years old, therefore the sample data did not align with the national data (Zippia, 2021). The highest level of education among the sample was relatively even between bachelors degree (46.67%) and masters degree (43.33%), one participants having a post-masters degree (3%) and two participants having a doctorate degree (6%). The sample data did not align with the national data as the sample was comprised of more nurses with bachelors and graduate degree than the national data.

Table 6

Demographic Data of Participants

Characteristic	n (total N = 30)	Percentage
Age		
25-34	3	10%
35-44	12	40%
45-54	7	23.33%
55-64	7	23.33%
65 and Older	1	3.33%
Gender		
Female	29	96.67%
Male	1	3.33%
Ethnicity		
White	24	80%
African American	5	16.67%
Other	1	3.33%
Highest Level of Education		
Bachelors	14	46.67%
Masters	13	43.33%
Post-Masters	1	3.33%
Doctorate	2	6.67%
Years in Role		
0-2	15	50%
3-5	3	10%
6-10	9	30%
21 or greater	2	6.67%
Prefer Not to Answer	1	3.33%
Years at the Organization		
0-2	6	20%
3-5	5	16.67%
6-10	7	23.33%
11-15	3	10%
16-20	6	20%
21-25	1	3.33%
26-30	1	3.33%
31-35	1	3.33%

Professional Certification		
Yes	21	70%
No	9	30%

Program Attendance

Attendance frequency was defined as the participant attending at least four meetings within the year. Of the 30 participants, only 14 or 46.67% attended at least 75% of the meetings with the Nurse Leader Mentor. All leaders met with the Nurse Mentor at least once. Seventeen of the 30 participants met with the Nurse Leader Mentor one to three times in the last year with the average length between meetings being 5 months. One of the participants included in this project was new to the role at the time of data collection, thus only completed one meeting with the Nurse Leader Mentor. Attendance data were also used to determine nurse leader retention as nurse leaders who left the organization were noted on the attendance logs.

Table 7

Program Attendance

Characteristic	n	Percentage
Infrequent attendance: Less than or equal to 75% of scheduled meetings	16	53.33%
Frequent attendance: Greater than 75% of scheduled meetings	14	46.67%

Maslach Burnout Inventory Results

The Maslach Burnout Inventory results were broken into three different areas: emotional exhaustion, depersonalization, and personal accomplishment. The total score for each section determined the level of burnout for that area, see Table 8.

Table 8

Maslach Burnout Inventory Scoring

Burnout Level	Emotional Exhaustion	Depersonalization	Personal Accomplishment
High	≥ 27	≥ 10	0-33
Moderate	19-26	6-9	34-39
Low	0-18	0-5	≥ 40

Note. Maslach, C. R. L. S., Jackson, S. E., Leiter, M. P., Schaufeli, W. B., & Schwab, R. L. (2018). *Maslach burnout toolkit (AWS + MBI) - assessments, tests | mind garden - mind garden*. Www.mindgarden.com. https://www.mindgarden.com/184-maslach-burnout-toolkit

Emotional exhaustion is scored in the MBI by adding the answers from the scale for 9 of the 22 questions. Each participant's answer to those specific questions were added up to a maximum score of 54. Scores greater than or equal to 27 were indicative of high burnout category. The minimum score was one, median score was 20, and maximum was 43 with a mean of 19.83. Of the 30 participants, 23% or 8 participants had a score over 27 (see Table 9).

Table 9

Emotional Exhaustion Scores

Burnout Level	n	Percentage
High	8	23%
Moderate	8	23%
Low	14	54%

Note. N = 30

The depersonalization scores were calculated using five of the 22 MBI questions. The maximum score a participant could have in this area was 30, with any score over 10 putting the participant in the high burnout level. Of the 30 participants, 10% or 3 participants scored in the

high level of burnout (see Table 10). The minimum score was zero, median score was 3 and maximum was 12 with a mean of 3.56.

Table 10

Depersonalization Scores

Burnout Level	n	Percentage
High	3	10%
Moderate	4	13.3%
Low	23	76.7%

Note. N = 30

The personal accomplishment score was made up by 8 of the 22 MBI questions. The maximum score a participant could have in the personal accomplishment area was 40, with any score between zero and 33 putting a participant in the high burnout level. Of the 30 participants, 16.6% or 5 participants had a score between zero to 33 (see Table 11). The sample's minimum score was 15, median score was 38.5 and maximum was 47 with a mean of 37.36.

Table 11

Personal Accomplishment

Burnout Level	n	Percentage
High	5	16.6%
Moderate	11	36.67%
Low	14	46.67%

Note. N = 30

Intent to Stay Results

The first intent to stay question addressed the overall satisfaction with the participant's job. Of the 30 participants, 14 or 46.67% said that they agree that they feel satisfied with their job. Only five of the participants felt neutral or disagreed with the statement of being satisfied with their job.

The second intent to stay question addressed if the participant frequently thought about leaving their job. These results were more normally distributed than the other two intent to stay questions. Of the 30 participants, 19 participants said that they either felt neutral or disagreed with the statement. Only 10 of the participants slightly agreed or agreed and one participant strongly agreed with the question.

The third and final intent to stay question addressed if the participant was generally stratified with the kind of work they do in their job. Of the 30 participants, 22 of them agreed or strongly agreed with the question and felt that they were satisfied with the work they do (See Table 12).

Table 12

Intent to Stay Questions with Participants Answer Distribution

0- Strongly Disagree, 1- Disagree, 2- Somewhat Disagree, 3- Neither Agree nor Disagree, 4- Somewhat Agree, 5- Agree, 6- Strongly Agree , 7- Prefer Not to Answer

Intent to Stay Question	n	0	1	2	3	4	5	6	7
Generally speaking, I am very satisfied with this job	29	0%	3.4%	0%	3.4%	10.3%	17.4%	48.2%	20.6%
I frequently think of leaving this job	29	0%	13.7%	24.1%	20.6%	6.8%	24.1%	10.3%	3.4%
I am generally satisfied with the kind of work I do on this job	29	0%	0%	0%	0%	3.4%	24.1%	51.7%	24.1%

Retention

The NLSMP had a retention rate of 94% with only five out of 97 nurse leaders who participated in the program no longer in the nurse leader role. The five leaders either left the organization or moved into new roles. There was a 5.2% turnover in the nurse leader sample leading to a 41.5% change in nurse leader turnover when compared to the job category turnover for the entire healthcare system. The national data showed that there was an 8.8% nurse leader turnover rate in 2022 (Vaughn, 2022).

Program Satisfaction Results

The participants were asked seven questions related to their satisfaction with the program. Only 29 participants answered all seven questions because blank answers were not included in the results. Overall, the participants were satisfied with the program with 13 of the 29

participants agreeing or strongly agreeing. The participants also shared through the quantitative data that they felt the program was effective in creating supportive relationships, helpful with both personal (55.1%) and professional growth (58.6%) and helpful with feeling more confident as a nurse leader (55.1%). Another important factor of the program is that the participants felt like a more confident leader after participating in the program (See Table 13).

Table 13

Program Satisfaction Questions with Participants Answer Distribution

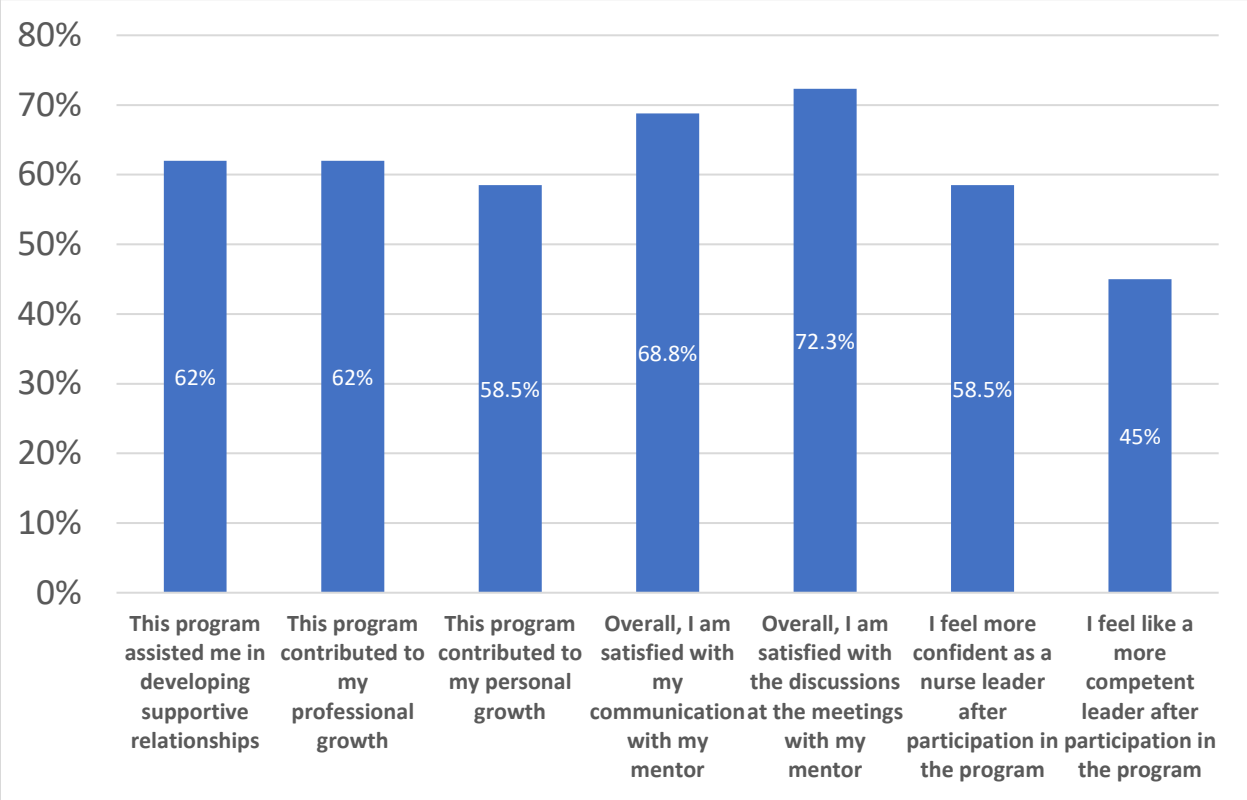
0- Strongly Disagree, 1- Disagree, 2- Somewhat Disagree, 3- Neither Agree nor Disagree, 4- Somewhat Agree, 5- Agree, 6- Strongly Agree , 7- Prefer Not to Answer

Program Satisfaction Question	n	0	1	2	3	4	5	6	7
This program assisted me in developing supportive relationships	29	0%	3%	6.8%	10.3%	13.7%	44.8%	17.2%	3%
This program contributed to my professional growth	29	0%	6.8%	3%	6.8%	24.1%	44.8%	17.2%	0%
This program contributed to my personal growth	29	0%	6.8%	3%	20.6%	13.7%	44.8%	13.7%	0%
Overall, I am satisfied with my communication with my mentor	29	0%	3%	3%	10.3%	3%	48.2%	20.6%	10.3%
Overall, I am satisfied with the discussions at the meetings with my mentor	29	0%	0%	6.8%	6.8%	6.8%	44.8%	27.5%	10.3%
I feel more confident as a nurse leader after participation in the program	29	0%	3%	3%	20.6%	6.8%	44.8%	13.7%	10.3%
I feel like a more competent leader after participation in the program	29	3%	3%	10.3%	13.7%	13.7%	31%	13.7%	10.3%

Note. N=29. One participant did not complete the program satisfaction questions on the survey.

Figure 2

Percentage of Agree and Strongly Agree



Inferential Analysis

A one-way analysis of variance (ANOVA) test measured the difference in mean intent-to-stay scores between in the two groups when stratified by mentor meeting attendance. There was an observable difference in the participants who had more than 75% program attendance and intent to stay question one (general satisfaction of their job)with the mean for more than 75% program attendance being 3.35 and those less than 75% being 3.56. This finding was not statistically significant different ($p = 0.775$). There was no observable difference in the intention to leave between the participants who attended and those who did not. Nor was there an observable difference in the job satisfaction between the participants the two groups.

The participants' certification status was shown to influence their intention to stay. Participants were asked to self-report if they had a professional certification. Participants who had a professional certification reported high job satisfaction ($p = 0.0364$) and higher satisfaction in the work they work they complete ($p = 0.0167$). Nurse leaders who were certified did show to have a statistically significant difference in their personal accomplishment ($p = 0.008$) and depersonalization ($p = 0.0522$) scores on the Maslach Burnout Inventory (See Table 14).

Table 14

Significant Data Results for Certified Nurse Leaders

	p-value of Certified Nurse Leaders
Generally speaking I am satisfied with my job.	0.0364
Generally speaking I am happy with the work I do in my job.	0.0167
Maslach Burnout Inventory- Personal Accomplishment	0.008
Maslach Burnout Inventory- Depersonalization Score	0.0522

Note: Statistical significance was based on an $\alpha \leq 0.05$.

Thus, it could be inferred that those who were certified had a may be less likely to feel burned out. Further strengthening this point was the statistically significant difference between those who were certified and those who were not on their personal accomplishment scores ($p= 0.0081$), with those who were certified had a lower burnout level. This meant that those who were certified had a higher feeling of personal accomplishment resulting in less burnout.

Qualitative Analysis

The qualitative questions were entered into the NVivo program for analysis. The analysis resulted in four themes: *education, mentor, training and relationship*. The need for more *education* and *training* was the most pronounced theme in the qualitative data. Participants

voiced the need for more training on frequently use software as nurse leaders such as timekeeping, people managing, and supply ordering system. While the Nurse Manage Academy touches on these programs, there is not a formal education provided. The participants also expressed the desire for a more standardized form of education in the academy and possibly the meetings with the Nurse Leader Mentor. This included having specific topics to discuss during the meetings with the Nurse Leader Mentor. The participants felt that this would make for a more valuable meeting with the mentor.

Another frequent theme was *mentorship*. The participants specifically mentioned the desire to have a formal mentor outside of the Nurse Leader Mentor. This could mean getting advice from the Nurse Leader Mentor on how to find a formal mentor and what to look for in a mentor. The last theme was *relationships*. The participants also shared that they would like to have better networking relationships with leaders from across the system. The Nurse Leader Mentor could assist with connecting nurse leaders with other nurse leaders from other campuses.

Summary of Findings

The program evaluation sought to summatively determine if this program had met the goals set at its inception. Without baseline assessments of burnout and intention to stay at hire, this project sought to compare the program's effectiveness by comparing those who participated fully with the mentorship meetings to those participants who did not. Statistically significant differences in burnout and intention to stay were not noted when the samples scores were analyzed with consideration of the attendance with Nurse Mentor meetings.

The program's participants did appear to be retained with a 3% turnover rate leading to a 68.75% change. During the calendar year 2022, five nurse leaders either left the organization or moved into a different leadership role. These nurse leaders were not included in the data. Of the

nurse leaders enrolled in the program from January 2021 to December 2022, 97.9% were retained. Nurse leader turnover was 6.5% in 2019 and 7.7% in 2020. During 2021, 27% of nurse leaders who quit their job because of burnout (Flynn, 2022). The sample data showed that 58.4% of the participants expressed an intention to stay in their current position compared to the national data of 32% (Flynn, 2022). The sample data showed that 58.4% of the participants expressed an intention to stay in their current position compared to the national average of 32% of nurse leaders wanting to leave their job (Flynn, 2022).

While there was no statistically significant difference, participants who met with the Nurse Mentor as expected had predictable patterns in their intent-to-stay answer. In the figures below, participants who attended more Nurse Mentor meetings had higher mean scores on intent-to-stay questions 1 and 3 that measured the general job satisfaction and satisfaction with work. Likewise, participants who attended more meetings with the Nurse Mentor had lower mean scores on the intent-to-stay question 2 which measured thoughts of leaving their current job.

Those who frequently attended the meetings had higher burnout scores in all three Maslach Burnout categories. There was not a significant difference in the burnout scores of those who frequently met with the Nurse Leader Mentor, but overall the participants had low burnout scores. The mean emotional exhaustion score for the sample was 19.83 which is similar to the national average for nurse leaders of 20.22 (Kelly et al., 2020). The 95% confidence interval for emotional exhaustion scores [15.78,23.89] was noted to be in the range to indicate moderate risk of burnout. It appeared that protective factors like personalization and accomplishment were noted as the 95% confidence interval for these subscores fell within the low risk for burnout range.

	Mean	St Dev	95% CI
Maslach			
Emotional Exhaustion	19.83	10.87891	[15.78,23.89]
Depersonalization	3.567	3.328905	[2.32,4.81]
Personal Accomplishment	37.37	8.062	[34.3,40.3]

Recommendations

The NLMSP appeared to be a valuable program available to nurse leaders within this health system, therefore the recommendation would be to continue the program with the following modifications. Many participants expressed the value of the program through the qualitative data and the quantitative results on program satisfaction. Leaders who participated in Nurse Mentor meetings had mean scores that demonstrated intention to stay in their roles. Leaders who were professionally certified were more likely to intend to stay in their role in the facility. Halm (2021) explained that nurses who were certified had an increase of 14% more satisfied with their job than those who did not have a certification. Those who had certifications also expressed a lower chance of leaving their job (Halm, 2021). Since the results and literature showed that certified nurse leaders were more likely to stay and were more satisfied, this should be one of the focuses of the program. Therefore, a recommendation would be to provide more information to the nurse leaders about the various certifications that are offered and possibly creating study groups for those certifications.

When reviewing the years the participants have been in the role, it is clear that most of the participants are in what Benner considered the novice stage. Fifty percent of the participants who were in their leader roles less than two years and 60% of the participants have been in the role less than five years. As Benner describes, the novice stage is when the leader is learning

their skills and the new position (Quinn, 2020). These are the leaders that need the most support from the Nurse Leader Mentor in order to keep them in the role for a longer period of time. These novice nurse leaders also would benefit from a formal mentor. The nurse leaders included in this sample were satisfied with the program but expressed a need for more computer application training to support their transition. As one participant said "There are alot of programs that are new to us (Premiere, Kronos, Clairvia, Peoplesoft, Cornerstone etc.) and there should be more one on one training or training in a computer lab so we can all work with the instructor. There are alot of functions these programs offer that we would only learn from a person trained in using that program." A recommendation would be to schedule computer time with an application expert to help train the nurse leaders on the various programs that they could use in the role.

Mentorship programs can be a successful way of keeping and growing nurse leaders within the healthcare system (Ramseur et al., 2018; Roth &Whitehead, 2019). Nurse leaders are more successful with a mentor program in place (Caruso & Perez, 2021; Mijares & Radovich, 2020; Roth &Whitehead, 2019; Smith and Johnson, 2020; Vitale, 2019). As some of the qualitative data showed, the participants are looking for a more formal mentor and resources on how to pick a mentor. One of the participants responded "Match up with another Manager off campus for more frequent interaction and relationship development. (Only having one mentor for such a large System cannot feasible maximize effectiveness)". A mentor/mentee workshop for those interested in becoming a mentor or being a mentee is recommended to explore how choosing, rather than being assigned, a mentor would further support this program's goals. This would also help create a network opportunity for nurse leaders across the system to meet other nurse leaders.

As the qualitative data showed, the participants are looking for a more structured program. The AIMD framework looks at the ingredients of the intervention (Bragge et al., 2017). A more structured program would include ingredients of more specific meeting topics, nurse leader self-evaluation, and even homework after the meetings. Additionally, a recommended ingredient in this program would be an increase in attendance at the assigned Nurse Mentor meetings. In meeting with the key stakeholder, she shared that the results from the survey confirmed what she was feeling and thinking needed to change about the program. She agreed that there needs to be more structure to the program and the meetings. The key stakeholder is planning on sending out a self-evaluation to all the nurse leaders to determine what areas each leader wants to work on. Another change that was discussed was creating both short- and long-term goals with each nurse leader. Setting goals as a nurse leader is a good way for the leader to have something to work towards and grow as a leader (Goodyear & Goodyear, 2020; Ramseur et al., 2018). This would provide some more structure to the meetings which was a desire from the participants. The key stakeholder mentioned giving some independent assignments at the end each meeting for the nurse leader to work on before they meet the next time.

Another part of the AIMD framework that guide the development of this program is to set clearer expectations for the nurse leaders in regard to meeting attendance (Bragge et al., 2017). There should be better consistency with the meetings and better expectations as to how often the meetings will occur. The sample data showed that nurse leaders who had been in the role longer and with the organization longer, were less likely to meet with the Nurse Leader Mentor at least 75% of the time. A possible reason for this is because the leaders who were more experienced or had been with the organization longer, may not have felt that they needed to meet as frequently. The experienced nurse leaders had longer gaps in between meetings with the

Nurse Leader Mentor, whereas the new nurse leaders met almost monthly. A recommendation would be to continue to base the meeting frequency off of the nurse leader's experience, but also take into consideration the additional stressors of a new nurse leader. Instead of meeting with the new nurse leaders on a monthly basis, every other month could be sufficient for the new nurse leaders. The Nurse Leader Mentor would still be available if the new nurse leader wanted to meet more than that, but this would also encourage the new nurse leader to find a formal mentor that they can meet with.

Limitations

There were a couple of limitations that occurred during the project. The hospital system in Northeast Florida declined to give specific data related to the project due to a conflicting nurse manager orientation project occurring within the healthcare system. Thus, the impact of this orientation program could not be measured in this project. Additionally, the human subjects protection review required all survey questions to have a "prefer not to answer" option. Thus, some participants declined to answer certain questions on the survey which led treating that data as missing. Of the potential 90 nurse leaders who were invited to participate, only 30 took the survey. The survey was ended after declining response rates and 7 days without additional responses.

Conclusions

Dissemination of Findings Plan

The data collected from this project was presented in a variety of ways. The first was a presentation of the results at Jacksonville University as part of the completion of the Doctorate of Nursing Practice program. The results were written as a manuscript in preparation for publication in nursing journals. Also, the results will be written up and submitted to the Virginia Henderson

Repository. Lastly, the data was presented to the hospital and the leaders in the forms of an executive summary (see Appendix E) and a formal presentation to a council for nursing research.

Project Funding

In order to complete this DNP project, the Riverside Hospital Foundation DNP Project Scholarship was received. Funds from the scholarship were spent as described below. Since only 30 participants took the survey, the remaining purchased gift cards were presented to the Nurse Leader Mentor to give to new nurse leaders.

Item	**Cost per item**	**Expected Date of Purchase**	**Subtotal**
Maslach Burnout Inventory Manual	$50	August 2022	$50
Maslach Burnout Inventory Permission to Reproduce Online Survey	$1.75/100 copies	September 2022	$175
Starbucks Giftcard	$5.00/participant	October 2022	$250.00
Poster Printing for dissemination	$60.00	November 2022	$60.00
		Total	**$485.00**

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Appendix A

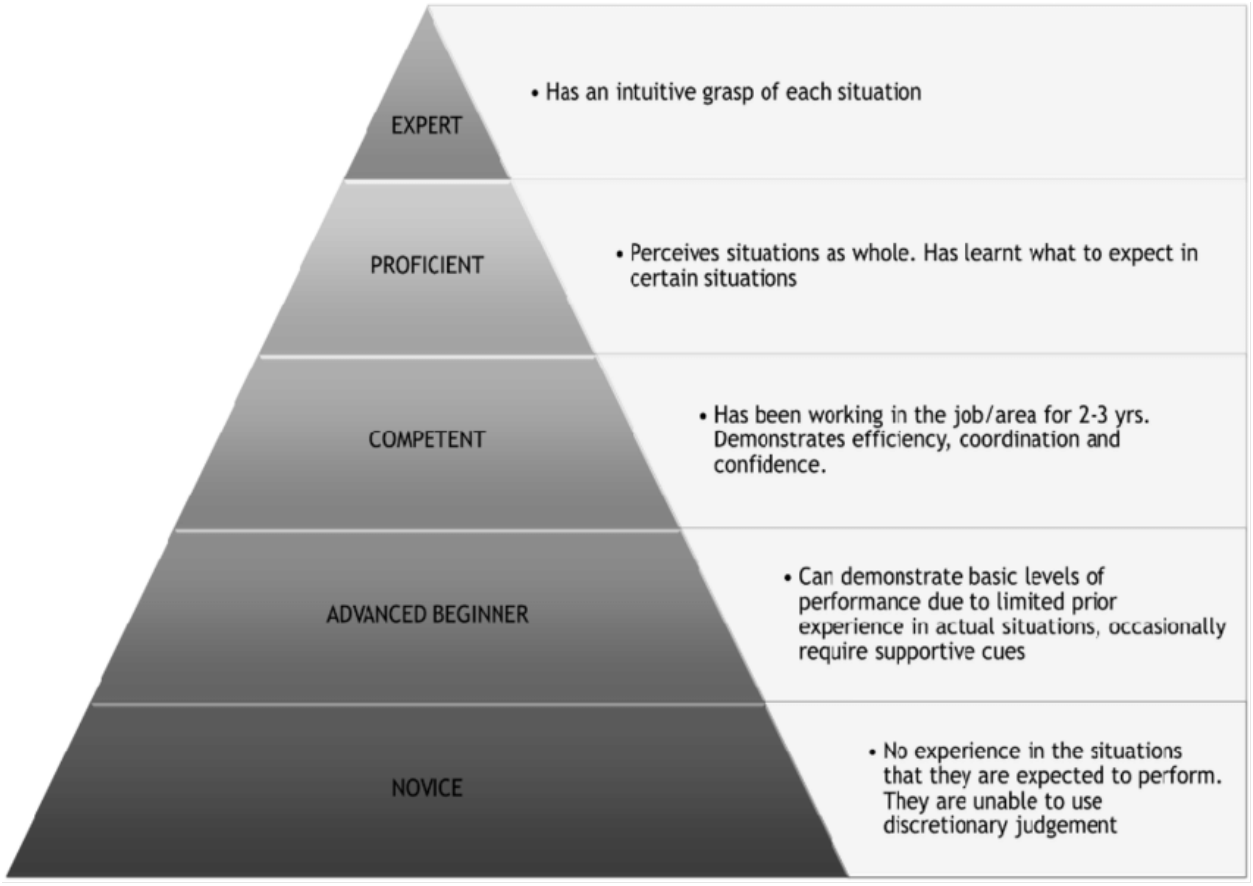
AIMD Framework

Table 3 The AIMD Framework

Component	Description	Definition and considerations
Aims	What do you want your intervention to achieve and for whom?	This component relates to the objective and outcome of the intervention. Based on your endpoint, what are you measuring in whom? It could include consideration of proximal and intermediate outcomes, and process outcomes related to implementation.
Ingredients	What comprises the intervention?	These are the observable, replicable, and irreducible aspects of the intervention. To increase the detail specified, other taxonomies could be used in conjunction with the AIMD framework. This might include intervention taxonomies [38, 39] or reporting guidance [31].
Mechanism	How do you propose the intervention will work?	This refers to the pathways or processes by which it is proposed that an intervention effects change or which change comes into effect. As with ingredients, other taxonomies could be used in conjunction with AIMD to add detail. The proposed mechanism could be based on either theory or empirical evidence, and be made specific to the setting. The use of mechanism may change depending on if the framework is used for reporting or designing: why was the ingredient selected (design) and what is the pathway in which it worked (reporting).
Delivery	How will you deliver the intervention?	This encompasses logistical and practical information pertaining to intervention delivery, including mode (e.g. video, brochure); level (e.g. individual, team, population); dose, frequency, intensity; who's delivering; and size of target group.

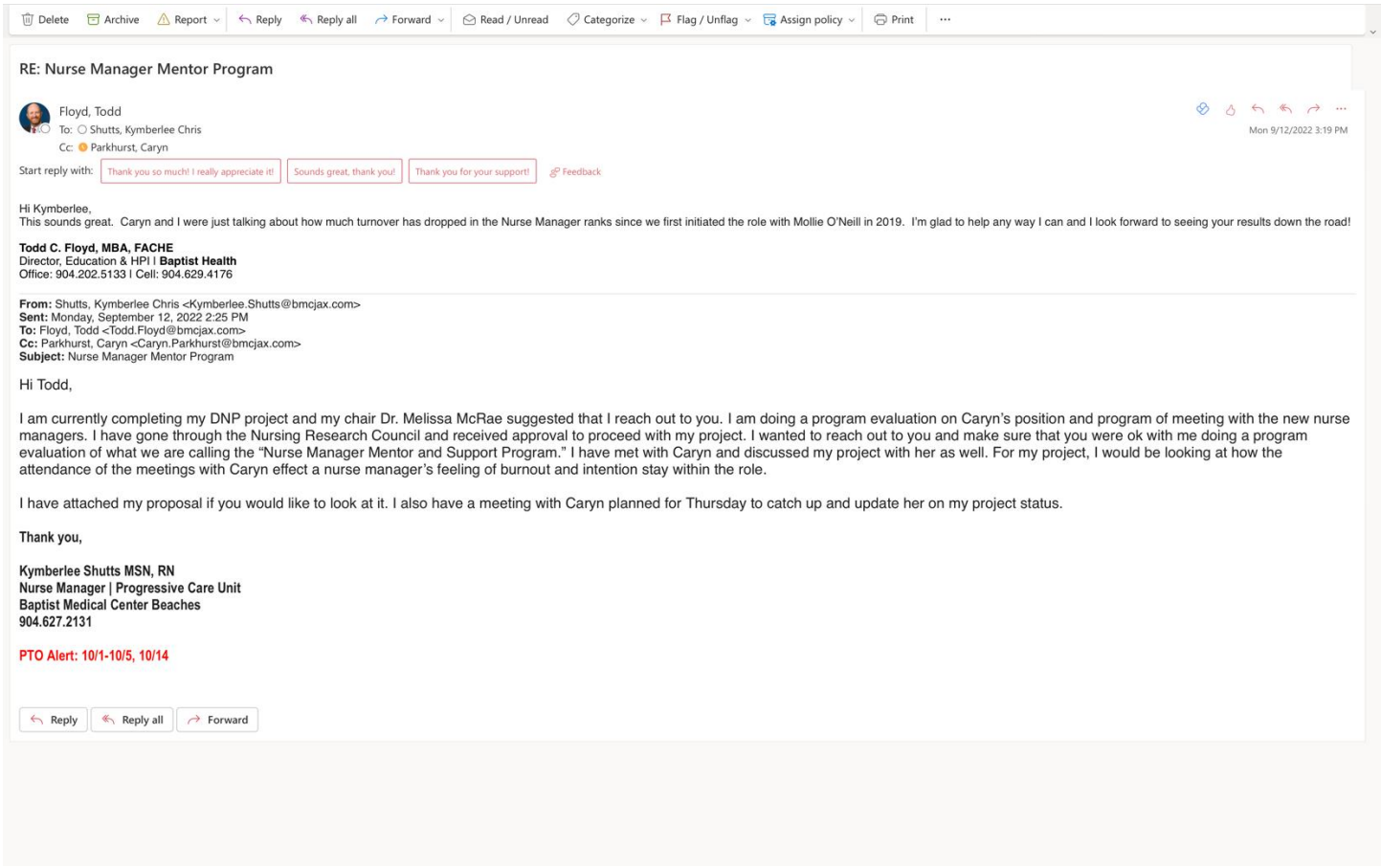
Appendix B

Benner's Novice to Expert Model



Appendix C

Key Stakeholder Letter of Support



Delete | Archive | Report | Reply | Reply all | Forward | Read / Unread | Categorize | Flag / Unflag | Assign policy | Print | ...

RE: Nurse Manager Mentor Program

Floyd, Todd
To: Shutts, Kymberlee Chris
Cc: Parkhurst, Caryn
Mon 9/12/2022 3:19 PM

Start reply with: Thank you so much! I really appreciate it! | Sounds great, thank you! | Thank you for your support! | Feedback

Hi Kymberlee,
This sounds great. Caryn and I were just talking about how much turnover has dropped in the Nurse Manager ranks since we first initiated the role with Mollie O'Neill in 2019. I'm glad to help any way I can and I look forward to seeing your results down the road!

Todd C. Floyd, MBA, FACHE
Director, Education & HPI I **Baptist Health**
Office: 904.202.5133 I Cell: 904.629.4176

From: Shutts, Kymberlee Chris <Kymberlee.Shutts@bmcjax.com>
Sent: Monday, September 12, 2022 2:25 PM
To: Floyd, Todd <Todd.Floyd@bmcjax.com>
Cc: Parkhurst, Caryn <Caryn.Parkhurst@bmcjax.com>
Subject: Nurse Manager Mentor Program

Hi Todd,

I am currently completing my DNP project and my chair Dr. Melissa McRae suggested that I reach out to you. I am doing a program evaluation on Caryn's position and program of meeting with the new nurse managers. I have gone through the Nursing Research Council and received approval to proceed with my project. I wanted to reach out to you and make sure that you were ok with me doing a program evaluation of what we are calling the "Nurse Manager Mentor and Support Program." I have met with Caryn and discussed my project with her as well. For my project, I would be looking at how the attendance of the meetings with Caryn effect a nurse manager's feeling of burnout and intention stay within the role.

I have attached my proposal if you would like to look at it. I also have a meeting with Caryn planned for Thursday to catch up and update her on my project status.

Thank you,

Kymberlee Shutts MSN, RN
Nurse Manager | Progressive Care Unit
Baptist Medical Center Beaches
904.627.2131

PTO Alert: 10/1-10/5, 10/14

Reply | Reply all | Forward

Appendix D

Survey Questions

Instructions: These questions will be shared via an online survey with the participants. Informed consent will be obtained prior to completion of the questions.

Descriptive Data

1. **What is your age group**?
    a. Under 25
    b. 25-34
    c. 35-44
    d. 45-54
    e. 55-64
    f. 65 or above

2. **What gender do you identify as**?
    a. Male
    b. Female
    c. Other
    d. Prefer not to disclose

3. **What is your ethnicity**?
    a. American Indian or Alaska Native.
    b. Asian.
    c. Black or African American.
    d. Native Hawaiian or Other Pacific Islander.
    e. White
    f. Hispanic
    g. Non-Hispanic
    h. Other

4. **What is your highest Level of Education?**
    a. Diploma Degree
    b. Associate Degree
    c. Bachelor's Degree
    d. Master's Degree
    e. Post-Master's Degree
    f. Doctorate Degree

5. **How many years have you been in your current role?**
    a. 0–2
    b. 3–5
    c. 6–10

d. 11–15
e. 16–20
f. 21+ years

6. **How many years have you been with the organization?**
    a. 0–2
    b. 3–5
    c. 6–10
    d. 11–15
    e. 16–20
    f. 21–25
    g. 26–30
    h. 31–35

7. **Do you have a professional certification? For example: Progressive Care Certified Nurse (PCCN), Certified Nurse Educator (CNE), Stroke Certified Nurse (SCRN), etc.?**
    a. Yes
    b. No

Burnout Inventory Questions

The following questions will be part of the Maslach Burnout Inventory. Please indicate how true the following statements apply to you using the following scale:

0- Never
1- At least a few times a year
2- At least once a month
3- Several Times a month
4- Once a week
5- Several times a week
6- Everyday
7- Prefer Not to Answer

I feel emotionally drained by my work	0	1	2	3	4	5	6	7
I feel used up at the end of the workday	0	1	2	3	4	5	6	7
I feel fatigued when I get up in the morning and have to face another day on the job	0	1	2	3	4	5	6	7

I can easily understand how my patients feel about things	0	1	2	3	4	5	6	7
I feel I treat some patients as if they were impersonal objects	0	1	2	3	4	5	6	7
Working with people all day is really a strain for me	0	1	2	3	4	5	6	7
I deal very effectively with the problems of my patients	0	1	2	3	4	5	6	7
I feel burned out from my work	0	1	2	3	4	5	6	7
I feel I'm positively influencing other people's lives through my work	0	1	2	3	4	5	6	7
I've become more callous toward people since I took this job	0	1	2	3	4	5	6	7
I worry that this job is hardening me emotionally	0	1	2	3	4	5	6	7
I feel very energetic	0	1	2	3	4	5	6	7
I feel frustrated by my job	0	1	2	3	4	5	6	7
I feel I'm working too hard on my job	0	1	2	3	4	5	6	7
I don't really care what happens to some patients	0	1	2	3	4	5	6	7
Working with people directly puts too much stress on me	0	1	2	3	4	5	6	7
I can easily create a relaxed atmosphere with my patients	0	1	2	3	4	5	6	7

I feel exhilarated after working closely with my patients	0	1	2	3	4	5	6	7
I have accomplished many worthwhile things in this job	0	1	2	3	4	5	6	7
I feel like I'm at the end of my rope	0	1	2	3	4	5	6	7
In my work, I deal with emotional problems very calmly	0	1	2	3	4	5	6	7
I feel patients blame me for some of their problems	0	1	2	3	4	5	6	7

Adapted from Maslach's Burnout Inventory. Maslach, C. R. L. S., Jackson, S. E., Leiter, M. P., Schaufeli, W. B., & Schwab, R. L. (2018). *Maslach burnout toolkit (AWS + MBI) - assessments, tests | mind garden - mind garden*. Www.mindgarden.com. https://www.mindgarden.com/184-maslach-burnout-toolkit

Intent to Stay Questions

The following questions will be related to your intention to stay in the nurse leader role. Please use the following scale:

0- Strongly Disagree
1- Disagree
2- Somewhat Disagree
3- Neither Agree nor Disagree
4- Somewhat Agree
5- Agree
6- Strongly Agree
7- Prefer Not to Answer

Generally speaking, I am very satisfied with this job	0	1	2	3	4	5	6	7
I frequently think of leaving this job	0	1	2	3	4	5	6	7

I am generally satisfied with the kind of work I do on this job	0	1	2	3	4	5	6	7

Adapted from the Academy of Medical Surgical Nurses Mentee Guide. Academy of Medical Surgical Nurses. (2012). *AMSN mentee guide*. https://convention.amsn.org/sites/default/files/documents/professional-development/mentoring/AMSN-Mentoring-Mentee-Guide.pdf

Questions Related to the Mentor Program

The following questions will discuss your satisfaction with the program. Please indicate the degree of satisfaction of the following statements using the following scale:

0- Strongly Disagree
1- Disagree
2- Somewhat Disagree
3- Neither Agree nor Disagree
4- Somewhat Agree
5- Agree
6- Strongly Agree
7- Prefer Not to Answer

This program assisted me in developing supportive relationships	0	1	2	3	4	5	6	7
This program contributed to my professional growth	0	1	2	3	4	5	6	7
This program contributed to my personal growth	0	1	2	3	4	5	6	7
Overall, I am satisfied with my communication with my mentor	0	1	2	3	4	5	6	7
Overall, I am satisfied with the discussions at the meetings with my mentor	0	1	2	3	4	5	6	7

I feel more confident as a nurse leader after participation in the program	0	1	2	3	4	5	6	7
I feel like a more competent leader after participation in the program	0	1	2	3	4	5	6	7

Adapted from the Academy of Medical Surgical Nurses Mentee Guide. Academy of Medical Surgical Nurses. (2012). *AMSN mentee guide*. https://convention.amsn.org/sites/default/files/documents/professional-development/mentoring/AMSN-Mentoring-Mentee-Guide.pdf

Please fill in the text box your short answer to the following questions related to the nurse leader mentor program.

In your opinion, what topics should be added to the mentor program?

Is there anything else you would like to tell us or suggest regarding this program?

Appendix E

Executive Summary

Executive Summary

Project Title: Effectiveness of a Nurse Leader Mentorship and Support in the Acute Care Setting: A Program Evaluation

Background and Purpose

The purpose of this scholarly Doctor of Nursing Practice project was to determine the effectiveness and impact of the Nurse Leader Support and Mentor Program in reducing nurse leader burnout and increasing nurse leader intent to stay.

A multi-hospital system in northeast Florida had a nurse leader turnover rate of 9.6% with a 30.3% vacancy rate in 2022. According to data from the hospital system, of the 56 separations from employment, 21.7% have left due to retirement. The other reasons nurse leaders left were due to relocation, burnout and a lack of work life balance.

The Nurse Leader Support and Mentor Program (NLSMP) was created in 2019, specifically for this health system by a nurse. New nurse leaders and experienced nurse leaders who are new to the hospital system are referred to the program. Each month, the designated Nurse Leader Support Mentor meets with the nurse leaders to touch base and make sure the transition into the leadership role is going well. The goal is for the mentor to provide support by discussing any challenges, answering questions, and providing educational resources to the nurse leader. This program has not been formally evaluated since creation in 2019 yet is needed to ensure the NLSMP is effective in increasing nurse leader retention.

Process Goals:

1. Obtain institutional review approval at the facility and Jacksonville University.
2. Complete the logic model with key stakeholders.
3. Implement a survey for nurse leaders, relating to the NLSMP, their participation, burnout index, the effectiveness on their intent to stay and overall satisfaction with the program
4. Collect the data from the surveys and prepare for dissemination
5. Provide the data results and recommendations to the key stakeholders

Outcome Goals

1. Determine the effectiveness of the NLSMP as evidenced by a reduction in nurse leader turnover of 5% or more between 2021 to 2022.
2. Determine an increased intention to stay in current position by 10% for nurse leaders who regularly participated in the NMSP when compared to those who did not participate.
3. Determine a 25% reduction of burnout for nurse leaders who regularly participated in the NMSP when compared to those who did not participate.
4. Evaluate the perceptions of the NLSMP from past nurse leader participants.

Process

The participants were asked to complete a survey relating to burnout, intent to stay and program satisfaction. The specific demographic data collected included: (a) age (years), (b)

gender, (c) ethnicity, (d) highest level of education, (e) years in current role, (f) years at the organization, and (g) professional certification(s).

For the intention to stay questionnaire, 10 questions were extracted from the Academy of Medical Surgical Nurses Mentee Guide. The Maslach Burnout Inventory is an assessment tool used to determine the level of burnout one is experiencing. The tool assesses the level of burnout by measuring: emotional exhaustion, depersonalization, and personal accomplishment. For medical professionals, there is a 22-question assessment for burnout and the participant ranks their answer from zero to 7, with zero being never and 7 prefer not to answer.

Qualitative data was collected through open-ended text questions at the end of the survey. These questions addressed any recommendations the participants might have to improve the program. Another question asked the participants if they felt the program was effective in their new role as nurse leader. Lastly, a question asked to share any topics that they feel would be beneficial to discuss during meetings with the mentor. This data was analyzed to determine if there were common themes among the participants.

Measures:

Evaluation Measures	Brief Description	Data Source	Range Value	Period
Program Attendance	Frequency the nurse leader met with the nurse mentor in the program	Nurse leader Mentor	Frequent: >75% of meetings attended Infrequent: < 75% of meetings attended	
Burnout		Maslach Burnout Inventory	0-6 Likert Scale	During the implementation phase
Intention to Stay	Level of commitment to the organization and the nurse leader role	Intention to Stay Questionnaire	0-6 Likert Scale	During the implementation phase
Participant Perception	Participant feedback on the program	Qualitative questions on the survey		During the implementation phase

Results and Conclusions

The gender data showed to have homogeneity because 96.67% of the participants were female while 3.33% were male. The demographic data also showed that there was a lack of diversity among the nurse leaders who participated, with 80% of the participants being white, 16.67% being African American and the remaining 3.33% other. The demographic data showed

that 40% of the sample was between the ages of 35 to 44 years old. The highest level of education among the sample was relatively even between bachelors degree (46.67%) and masters degree (43.33%), one participants having a post-masters degree (3%) and two participants having a doctorate degree (6%).

Attendance frequency was defined as the participant attending at least four meetings within the year. Therefore, 75% of the meetings equaled three out of four meetings attended. Of the 30 participants, only 14 or 46.67% attended at least 75% of the meetings with the nurse leader mentor.

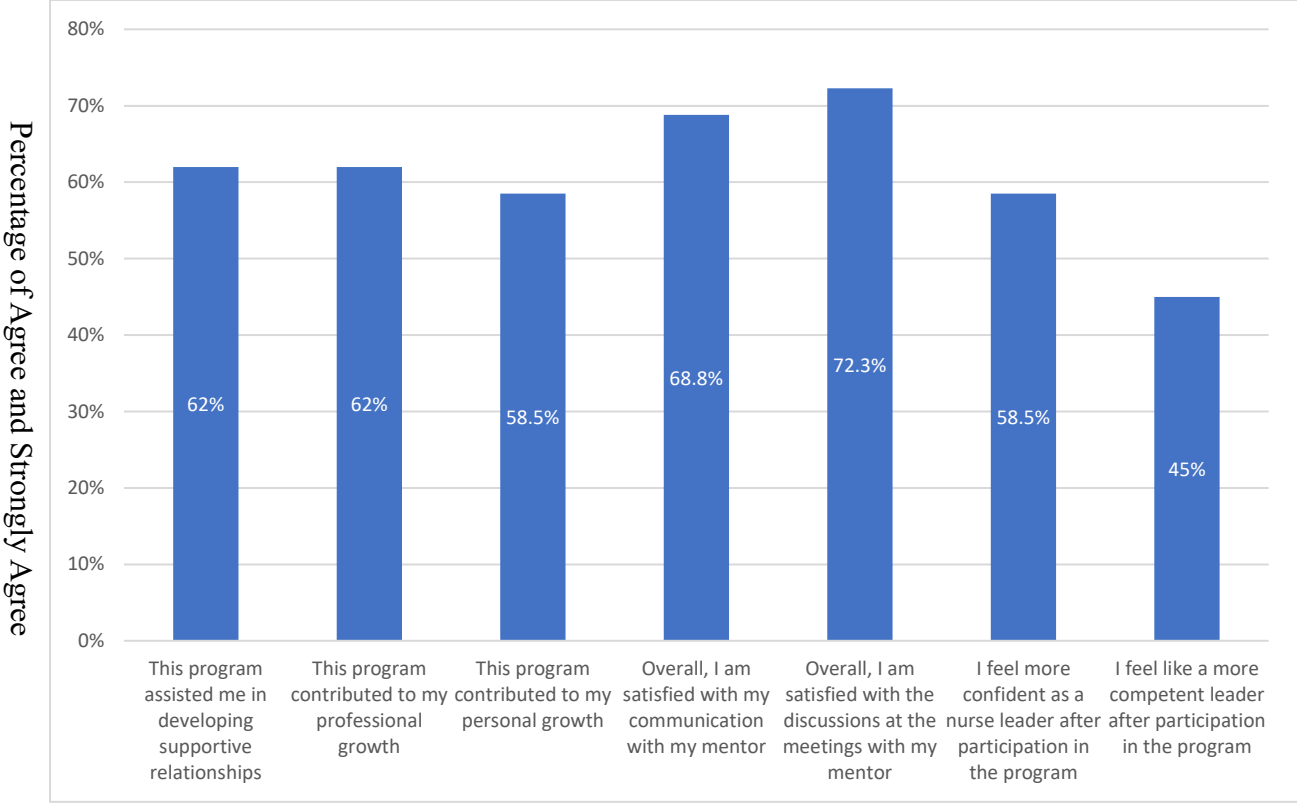
The Maslach Burnout Inventory results were broken into three different areas: emotional exhaustion, depersonalization, and personal accomplishment. The total score for each section determined the level of burnout for that area. Emotional exhaustion is scored in the MBI by adding the answers from the scale for 9 of the 22 questions. Scores greater than or equal to 27 were indicative of high burnout category. Of the 30 participants, 23% or 8 participants had a score over 27. The depersonalization scores were calculated using 5 of the 22 questions. The maximum score a participant could have in this area was 30, with any score over 10 putting the participant in the high burnout level. Of the 30 participants, 10% or 3 participants scored in the high level of burnout. The personal accomplishment score was made up by 8 of the 22 questions. The maximum score a participant could have in the personal accomplishment area was 40, with any score between zero and 33 putting a participant in the high burnout level. Of the 30 participants, 16.6% or 5 participants had a score between zero to 33.

Category	Scoring	Mean	Mean: Less than 75% Attendance	Mean: Greater than or equal to 75% Attendance
Emotional Exhaustion	High: ≥ 27 Moderate: 19-26 Low: 0-18	19.8	18	21.24
Depersonalization	High: ≥ 10 Moderate: 6-9 Low: 0-5	3.56	2.69	4.24
Personal Accomplishment	High: 0-33 Moderate: 34-39 Low: ≥ 40	37.36	41.23	34.41

The first intent to stay question addressed the overall satisfaction with the participant's job. Of the 30 participants, 14 or 46.67% said that they agree that they feel satisfied with their job. The second intent to stay question addressed if the participant frequently thought about leaving their job. Of the 30 participants, 19 participants said that they either felt neutral or disagreed with the statement. The third and final intent to stay question addressed if the participant was generally stratified with the kind of work they do in their job. Of the 30 participants, 22 of them agreed or strongly agreed with the question and felt that they were satisfied with the work they do.

Question	Median: Less than 75% Attendance	Median: Greater than or equal to 75% Attendance	Mode: Less than 75% Attendance	Mode: Greater than or equal to 75% Attendance	Mean: Less than 75% Attendance	Mean: Greater than or equal to 75% Attendance
Generally speaking I am satisfied with my job.	6	6	6	6	5.5	5.6
I frequently think of leaving my job.	3	3	2	3	3.63	3.4
Generally speaking I am satisfied with the work I do in my job.	6	6	6	6	6.25	5.8

The participants were asked seven questions related to their satisfaction with the program. Only 29 participants answered all seven questions. Overall, the participants were satisfied with the program with 13 of the 29 participants agreeing or strongly agreeing. The participants also shared that they felt the program was effective in creating supportive relationships, helpful with both personal and professional growth and helpful with the transition into the nurse leader role. Another important factor of the program is that the participants felt like a more confident leader after participating in the program.



There was an observable difference in the participants who had more than 75% program attendance and intent to stay question one (general satisfaction of their job) with the mean for more than 75% program attendance being 3.35 and those less than 75% being 3.56. This finding was not statistically significant different (p = 0.775).

The participant's certification status was shown to influence their intention to stay. Participants who had a professional certification reported high job satisfaction (p = 0.0364) and higher satisfaction in the work they work they complete (p = 0.0167). Nurse leaders who were certified did show to have a statistically significant difference in their emotional exhaustion (p= 0.1860) and depersonalization (p=0.0522) scores on the Maslach Burnout Inventory. This means those who were certified had a lower burnout level than those who were not certified. There was a statistically significant difference between those who were certified and those who were not on their personal accomplishment scores (p= 0.0081), with those who were certified had a lower burnout level. This meant that those who were certified had a higher feeling of personal accomplishment and were less burned out. There was not a significant difference between the effect of attendance of the participants on the burnout scores.

Qualitative data showed four themes: *education, mentor, training, structure, and relationship*. The need for more education and training was the most pronounced theme in the qualitative data. Participants voiced the need for more training on frequently use programs as nurse leaders such as Kronos, Peoplesoft, and Premier. The participants also expressed the desire for a more standardized form of education. This included having specific topics to discuss during the meetings with the nurse leader mentor. Another frequent theme was mentorship. The participants specifically mentioned the desire to have a formal mentor, how to find a formal

mentor and what to look for in a mentor. The last theme was relationships. The participants also shared that they would like to have better networking relationships with leaders from across the system. The nurse leader mentor could assist with connecting nurse leaders with other nurse leaders from other campuses.

Discussion

The program evaluation sought to summatively determine if this program had met the goals set at its inception. Statistically significant differences in burnout and intention to stay were not noted when the samples scores were analyzed with consideration of the attendance with Nurse Mentor meetings. The program's participants did appear to be retained with a 3% turnover rate leading to a 68.75% change. During the time frame of 2021-2022, there were only two nurse leaders who left the role, one being voluntary and the other being an involuntary leave. These nurse leaders were not included in the data. Of the nurse leaders enrolled in the program from January 2021 to December 2023, 97.9% were retained. Nurse leader turnover was 6.5% in 2019 and 7.7% in 2020. The sample data showed that 58.4% of the participants expressed an intention to stay in their current position.

Recommendations

The NLMSP appears to be a valuable program available to nurse leaders and should continue. Many participants expressed the value of the program through the qualitative data and the quantitative results on program satisfaction. Certifications seem to have a greater effect on the intent to stay and burnout scores, therefore more research was done about certifications and job satisfaction. Therefore, a recommendation would be to provide more information to the nurse leaders about the various certifications that are offered and possibly creating study groups for those certifications.

Qualitative data showed the participants are looking for a more formal mentor and resources on how to pick a mentor. A recommendation to the key stakeholders would be form a mentor/mentee workshop for those interested in becoming a mentor or being a mentee. This would also help create a network opportunity for nurse leaders across the system to meet other nurse leaders.

The participants are looking for a more structured program. If the program was more structured, there could be an increase in overall participation in the meetings with the Nurse Leader Mentor. While there was not a significant difference in the results between those that attended frequently and those that attended infrequently, having more structure could help with nurse leader feeling more comfortable in the role.