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DESIGN OF A EVIDENCE-BASED MENTORSHIP PROGRAM FOR INPATIENT NURSE
PRACTITIONERS

Submitted to the Faculty
Yale University School of Nursing

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Nursing Practice

Kimberley Ennis
March 29, 2016

This capstone is accepted in partial fulfillment of the requirements for the degree Doctor of Nursing Practice.



Marianne Davies DNP, ACNP
Date 3/29/16



Jane Dixon, Ph.D., RN
Date March 29, 2016

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Signed: _____

Date 3/29/2016

Kimberley Ennis ANP-BC

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Design of A Evidence-Based Mentorship Program for Inpatient Nurse Practitioners

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Abstract

Purpose: To examine the literature on mentorship from nursing and other professional disciplines in order to identify and validate key components to guide the development and implementation of a formal mentorship program for nurse practitioners (NPs) practicing in the inpatient setting.

Methods: A comprehensive review of the literature on mentorship was conducted using Cumulative Index to Nursing and Allied Health Literature (CINAHL), PUBMED, OVID, MEDLINE, EMBASE, and Google Scholar. Evidence based material was identified, extracted, and validated by a panel of five experts to determine key components for program development and implementation.

Conclusions: From the evidence reviewed, the components identified were arranged into 4 categories and 19 subcategories. The experts unanimously found the 4 main categories important and recommended inclusion into program. The expert panel validated 17 of 19 subcategories identified from the evidence. The overall Content Validity Index (S-CVI/ave) result for the inclusion and importance of the program components is 0.90.

Implications for practice: Formulating and implementing a successful mentorship program for nurse practitioners working in the inpatient setting may have a positive impact on professional nursing practice, patient outcomes, and the healthcare organizations in which NPs practice. Future implementation and evaluation of this program is needed to determine its impact on NPs and on patient and organizational outcomes.

Keywords: Mentorship; Nurse Practitioners; Advance Practice Nurses (APN); Mentors; Mentorship Program.

Introduction

Mentorship has been identified and lauded as an important partnership tool for professional growth and development across various professions, including nursing, medicine, academia and business (Allen, Eby, Poteet, Lentz, & Lima, 2004; Ehrich, Hansford, & Tennent, 2004; Kay, Hagan, & Parker, 2009; Sambunjak, Straus, & Marusic, 2010; Underhill, 2006; Vance & Olson 1998). Mentorship is defined as a long-term relationship between two people that promotes human development and self-actualization (Yonge, Billay, Myrick, & Luhanga, 2007). Mentorship is a reciprocal and mutually enriching relationship for both the mentor and mentee and serves both a career and psychological function (Baker 2006; Kram & Isabella 1985). While mentorship can be either informal or formal, this project focuses on programs of formal mentorship. Formal mentorship is generally program centered and supported by an organization. In this model of mentorship, mentors are assigned to mentees and their roles defined. In contrast, informal mentorship is an organic relationship where the mentee and mentor identify and select each other (Ehrich et al., 2004; Kram & Isabella 1985).

In recent years, researchers have explored mentorship as an emerging paradigm to strengthen the nursing profession (Latham, Hogan & Ring, 2008; Millis & Mullins, 2008; Vance & Olson, 1991; Weese, Jakubik, Eliades, & Huth, 2015). These research studies, however, are primarily focused on nursing students and registered nurses (RNs); only a small number of published studies have explored mentorship of nurse practitioners (NPs) (Barker, 2006; Brown & Olshansky, 1997; Harrington, 2011; Hayes, 2001). In practice, the nursing profession has focused on preceptorship, a short-term educational relationship between a novice and an expert that focuses on orientation to the work environment (Yonge et al., 2007). Both preceptorship

and mentorship are needed and valuable in the creation of quality nurse leaders and the advancement of the nursing field. However, there is a need for the profession to further embrace mentorship within the inpatient setting.

Given the importance and proven benefits of mentorship, it is important to explore development and implementation of formal mentorship programs among a growing inpatient NP profession practicing in a changing healthcare system. There were an estimated 205,000 licensed NPs practicing in the United States in 2015 compared to 82,000 in 2001(AANP, 2014). An approximated 44.8 % of NPs hold inpatient hospital privileges. A survey conducted by the American Academy of Nurse Practitioners (AANP) in 2009-2010 of 13,562 NPs estimated that approximately 65% of acute care NPs are practicing in the inpatient setting. However, the percentage and the number of NPs practicing in the inpatient setting from various specialties including adult medicine, pediatrics, family practice, and gerontology were not reported.

The demand and high utilization of NPs in both inpatient and outpatient settings is a response to changes occurring in the healthcare system. These changes include: a growing aging population of 78 million aging baby boomers (Harrington, 2011; U.S. Census Bureau, 2012) shifts in cost and accountability, and duty-hour restrictions placed on residents by the Accreditation Council for Graduate Medical Education (ACGME) in 2003 (Pastores et al., 2011). An additional factor was that the ratio of physicians to patients has significantly increased as a result of decreased physicians entering practice and increased number of patients needing care. Therefore, physicians are unable to meet those healthcare demands both inside and outside the hospital setting.

Background

As the healthcare needs of the U.S. population increase and NP legislative reform expands to more states (AANP, 2014), NPs will experience expanded role expectations. This includes increased autonomy and responsibilities and a greater contribution to the healthcare system and clients' well-being. The implementation of mentorship programs is therefore essential in an NP practice environment since these environments are typically busy and chaotic with high stress and high patient acuity. Such environments can lead to decreased job satisfaction and NP burnout (De Milt, Fitzpatrick, & McNulty, 2001). The increased expectations and role demands leave a heightened need for mentorship of inpatient NPs.

Evidence has shown that organizational use of mentorship can aid in role and leadership development and can improve job satisfaction, job retention, professional practice involvement, and career opportunities (Eby et al., 2004; Bryne & Keefee, 2002; Mills & Mullins, 2008; Underhill, 2006; Weese et al., 2015). The Institute of Medicine (IOM) 2010 report recommends that nursing associations support the development of mentorship programs. Mentorship programs can be a cost-effective and supportive strategy. These programs can help both novices and experienced NPs practicing in a hospital setting to better handle the challenges of a changing health system and can assist them to further develop their professional competencies and capabilities (Harrington, 2011; Marie-Block, Claffey, Korow, & McCaffrey, 2005; McKinley, 2004).

The current focus of nursing mentorship programs is on RNs and nursing students. In recent years some organizations have explored the use of NP residency programs to help ease the transition of novice NPs into the clinical setting. Some NP residency programs have incorporated some form of mentorship combined with preceptorship, but the primary agenda of these

programs is not mentorship. Professional organizations such as the AANP-FAANP have implemented mentorship programs for members. However, there remains no unique or prototype mentorship program that is designed specifically for NPs in the inpatient setting. This could be due to lack of an evidence-based mentorship literature on guiding healthcare organizations in designing and implementing mentorship programs for NPs. Or it could be a lack of commitment and committed resources from organizations, which may need to be convinced that mentorship programs are beneficial (Ehrich et al., 2004; Vance & Olson 1998). There is also a lack of uniformity in mentorship programs in nursing as well as limited qualitative and longitudinal studies to furnish data on best practices (Vance, 2001). Therefore, the purpose of this project was to review the literature on mentorship programs from nursing and other disciplines, identify key components, and incorporate these components into a framework for an inpatient NP mentorship program that was validated by an expert panel.

Methods

The development of this program was a three-part process involving extraction of key components from the literature reviewed, organize components into categories and subcategories, followed by expert validation of the program components by category and subcategory. A comprehensive review of the literature on mentorship was conducted using electronic databases including the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PUBMED-MeSH database, OVID, MEDLINE, EMBASE and Google Scholar. The keywords used for this search included “mentor” and various derivations of the word (e.g., mentorship, mentors, mentorship). Other search terms included nurse practitioner, advanced

practice nurses, RNs, nursing academia, medicine, physicians, doctors. Single and combination search terms were used to find relevant evidence.

Publications had to meet the following criteria: written in English, peer reviewed, and published between 1998 and 2015. This broad search history was used to obtain a more integrated and comprehensive list of publications in nursing. Additional criteria included full-text publications that examined mentorship within nursing and other professional disciplines such as medicine and academia. Studies had to include components that promoted successful mentorship or barriers to mentorship. Studies that focused on preceptorship, a short-term orientation focused relationship were excluded from this review; however, much of the available nursing literature used the term mentorship and preceptorship interchangeably, making it difficult to exclude all literature that utilized the term preceptorship. Additionally, studies that focused only on academic mentorship of nursing students were excluded.

Content Development

The next step involved extracting components from the literature that were identified as being essential to successful mentorship. The components found were arranged into major categories and subcategories by the first author and reviewed by the second author. The developed categories and subcategories were then placed into a table that was validated by a panel of five experts on mentorship.

Expert Panel

A total of five experts were purposively chosen based on the Yale School of Nursing Doctorate of Nursing Practice (DNP) program guidelines for expert panel methodology (Lazenby, Dixon, Coviello, & McCorkle, 2014). The panel selected included individuals who

have specialized in the mentoring field based on peer-reviewed publications and experience in mentoring (see Table 1). Some of the initially selected experts were unable to participate due to time constraints. The final selection of experts comprised both mentors and mentees and included professors who have made a substantive contribution to the existing literature on mentorship. The first author sent each member of the panel a formal letter via email inviting them to participate in this project as a content expert. Unfortunately, the online contact information for the invites was not always up to date.

Following their acceptance of the invitation, panel members received an explanatory cover letter, reviewer instructions, a document with definitions of terms, and a content review form. They were asked to assess the importance and inclusion of each category and subcategory, using a binary response (yes or no). The panel was also asked to suggest revisions for categories and subcategories that were not consistent with the conceptual definition of mentorship or were not representative of the content. This included suggestions for adding or removing content.

The feedback from each expert was analyzed using established methods for calculating a content validity index as applied to individual components and to the program as a whole (Polit, Beck, & Owen, 2007). Each category and subcategory were reviewed for importance and inclusion to mentorship for NPs. The percentage agreement for each category and subcategory was computed across the five experts. A content validity index above .78 (78%) would affirm importance and inclusion of each category and subcategory for the program. With five experts, this standard is achieved when either four or five of the experts respond affirmatively. Thus, categories and subcategories with greater than 78% agreement were considered valid content to be incorporated in a mentorship program for inpatient NPs. Additionally, these percentages obtained were also averaged to obtain an overall content validity index (S-CVI/ave). The

recommended standard for this average is 90%. This practice improvement project was granted exemption by the Yale University Human Investigations Committee.

Results

Literature Review

The electronic database of CINAHL provided a limited body of literature on mentorship among nurse practitioners. The search term “nurse practitioners” without filters generated 18,831 results while “mentorship” as a major concept returned 3,914. When these terms were combined, and the other criteria applied (full text, in English and within publication time frame) 10 studies resulted, and of those only 3 were relevant to the topic of this project. This pattern using the noted search terms was repeated throughout all databases searched. All reference lists were hand searched for relevant literature based on inclusion criteria. Of the publications assessed only nine discussed the essential components that lead to successful mentorship.

Across reviewed studies mentorship was positively associated with numerous positive career and psychosocial benefits and outcomes (Ehrich et al., 2004; Harrington, 2011; Sambunjak et al., 2010). However, different components of mentorship were utilized in different studies. Only a few studies examined formal mentorship or were evidence-based articles on formal mentorship (Latham, Ringl, & Hogan, 2011; Mills & Mullins, 2008).

The most frequently mentioned components for mentorship success in the reviewed studies included: formulating clear objectives for mentorship relationship (Eby et al., 2004), having a structured plan (Eby et al., 2004; Kashiwagi, Varkey, & Cook, 2013; Weese et al., 2015), having reserved time for meetings and support (Eby et al., 2004; Ehrich et al., 2004; Harrington, 2011; Sambunjak et al., 2010; Sawatzky & Enns, 2009), providing training for

mentors (Ehrich et al., 2004; Latham et al., 2011; Mills, 2008), designing mentorship activities (Kashiwagi et al., 2013; Ehrich et al., 2004), providing funding (Kashiwagi et al., 2013; Ehrich et al., 2004), providing administrative and organizational support (Ehrich et al., 2004; Mills, 2008; Harrington, 2011; Sawatzky & Enns, 2009; Weese et al., 2015), developing a communication plan (Eby et al., 2004), developing a mentorship committee for insight (Sambunjak et al., 2010), providing appropriate match of mentor and mentee (Eby et al., 2004; Mills, 2008), creating contractual agreements (Kashiwagi et al., 2013) and evaluating and monitoring of relationship from administration or leadership (Eby et al., 2004; Ehrich et al., 2004; Latham et al., 2011).

After evaluation and extraction, the components were developed into four broad categories and 19 subcategories for inclusion into the program (see Table 2). The main categories were (a) Planning and development (5 subcategories), (b) Program structure and maintenance (4 subcategories), (c) Relationship development (5 subcategories), and (d) Mentorship evaluations and outcomes (5 subcategories). These categories and subcategories represented evidence-based content to be utilized as the proposed core mentorship components for a program.

Expert panel results

All five experts agreed on the inclusion and importance of the main categories identified for the proposed program (see Table 2). Of the 19 subcategories identified, 10 subcategories achieved 100% agreement by the experts on inclusion and importance to the mentorship program. Additionally, seven subcategories achieved agreement by 80% of the experts for program inclusion and importance. So 17 of 19 subcategories met the .78 criterion for all ratings. However, two subcategories, both within the category “Program structure” did not

achieve this criterion. The subcategory “Strategize for obstacles” was rated 80% on inclusion and 60% for importance. The subcategory “Create formal mentorship committee” received 40% agreement for inclusion and 60% for importance. The overall content validity index result for the both inclusion and importance of the program was 0.90, therefore meeting the recommended criterion for S-CVI /ave.

None of the experts suggested additional content to be included in the proposed program. However, they provided some suggestions concerning various subcategories. For example, three of the panelist suggested combining the two subcategories “Mentor/protégé communication” and “Written mentorship contracts.” Two experts suggested incorporating meeting time into the subcategory “Communication and relationship action plan”. Four panelists suggested using protégé rather than mentee (two noted that protégé seemed more professional). Two experts emphasized the importance of having support from leadership and having protected time for mentorship such as time blocked out from work. Experts had multiple comments regarding the mentorship contract; one panelist commented that contracts should be aligned with objectives and should and not to contain immense detail. Another panelist recommended the contracts include relevant elements and expectations, and contracts should clarify what the protégée and the mentor should expect to gain from the relationship, both personally and professionally. A final comment on contracts from one panelist was to incorporate mentor training into contracts.

The majority of the experts agreed mentorship activities are important and should be included; some suggested activities are journaling and oral case presentation. One expert suggested creating incentives for the mentor. Experts were also concerned that the concept of mentorship and preceptorship may overlap based on the culture of the organization. One expert did not like the idea of having a mentoring committee but suggested developing a mentoring

model and seeking input from other mentors and mentees, while another panelist suggested creating a job description and clarify roles, responsibilities and expected contributions to the program. Additional suggestions included providing ongoing formal evaluations to assess readiness of mentee and skills assessment of mentor, using guided reflection as a method for measuring and identifying successful relationships, using appropriate methods of pairing by getting ideas from the literature, and creating a budget. Lastly, two of the experts suggested creating an action plan for unsuccessful mentoring relationships, and strategizing to identify possible obstacles as well as ways to address them.

Discussion

Mentorship is essential to healthcare organizations and to the nursing profession as a whole. Development of a mentorship program that is designed specifically for NPs in the inpatient setting is imperative given the increasing use of NPs in the hospital setting. A successful mentorship program has the potential to improve both career and organizational outcomes. Mentorship has been found to have a positive impact across different disciplines. Among nurses in general, mentorship was found to increase job and personal satisfaction, increase retention, enhance professional confidence, and improve preparation for leadership roles (Grossman, 2007; Mills & Mullins, 2008; Vance & Olson, 1998). Among NPs, the literature found mentorship to improve quality of care delivered, productivity, job satisfaction, self-efficacy, and longevity in profession (Harrington, 2011; Hayes, 1998). Therefore, it wasn't surprising that all the reviewed studies showed that mentorship had a positive correlation with various career and organizational outcomes such as recruitment and retention (Ehrich et al., 2004; Harrington, 2011; Latham, 2011; Sambunjak et al., 2010).

The literature also made it clear there is limited research on mentorship among NPs and a lack of evidence to guide the development and creation of a mentorship program for inpatient NPs. Therefore, the goal of this project was to identify and validate key components to create a mentorship program for inpatient NPs. This program incorporated key mentorship components from nursing and other disciplines. Of the components represented by the 19 categories and subcategories identified from the literature, 17 subcategories met the criterion and two did not.

The components identified provide a foundation for an organization to develop and implement a formal mentorship program for hospital-based NPs. The project also serves as a basis for future educational initiatives to evaluate the effectiveness of the components identified and validated.

Implications

NPs play a fundamental role in health care delivery today. The goal of every health care organization is to recruit and retain competent NPs and to ensure optimal outcomes for patients and their families. If effectively implemented in the inpatient setting, this project has the potential to improve career outcomes for inpatient NPs. By implementing this program, healthcare organizations may potentially improve retention, career satisfaction, career advancement, and stress reduction. Additionally, improve NP self-confidence, improved clinical competence, and ultimately, improved patient outcomes. Even though there are limited empirical data to support the key components pertaining to mentorship, the data reviewed and validated suggest that these are essential components of successful program development and implementation. Application of these findings is needed to guide further evidence-based development of NP mentorship programs and determine best practice for organizations.

Additional testing is also required to evaluate the longitudinal effects of inpatient NP mentorship programs and to further refine components of best practice in program design.

Limitations

Overall, the literature on NP mentorship is limited; hence, program categories and subcategories and were developed based on components identified in studies performed on RNs, academic faculty, and physicians. Only one study in the chosen literature examined mentorship of NPs and the publication focused on NPs in the primary care setting. Therefore, it is not known whether the findings would be applicable to inpatient NPs. Additional studies are needed to test the application of the identified categories and subcategories.

Additionally, only the first author reviewed the literature and identified the overarching components. The second author reviewed the inclusion of literature. However, the first author selected the components and arranged by them into categories and subcategories. Having more than one author review and extract overarching components, and develop the categories and subcategories would increase the project's reliability and validity.

Conclusion

The benefits of mentorship are far reaching and viewed as an important aspect of professional success for all careers. Unfortunately, healthcare organizations are lagging in the development and implementation of mentorship programs for inpatient NPs. This may be due to a lack of standardized mentoring programs to guide them. This project helps to bridge the gap between clinical practice and research evidence as it pertains to mentorship for NPs practicing in the inpatient setting. The next step is to pilot this program in an inpatient setting and evaluate its effects on both NP careers and organizational outcomes.

TABLES

Table 1

Expert Panel Biographies

<p>Connie Vance, EdD, RN, FAAN is a Professor Emerita and former Dean at The College of New Rochelle School of Nursing, New Rochelle, NY. Dr. Vance serves as a mentoring and leadership lecturer, a consultant, workshop leader, and accreditation evaluator to hospital departments of nursing and nursing programs throughout the United States and internationally. She has led mentorship projects in Latin America, Mexico, Russia, Korea, Sweden, Thailand, Vietnam, Honduras, and Turkey. She is a recognized nursing leader in the International Mentoring Association. She has published numerous journal articles and book chapters. A few of her publications include <i>The Mentor Connection in Nursing</i>; <i>Mentorship in Nursing: A Collection of Research Abstracts</i>; and <i>Mentorship in the Annual Review of Nursing Research</i>.</p>
<p>Kathy E. Kram, PhD, MS, BS, is the Shipley Professor in Management Emeritus, Boston University. Her primary interests are in the areas of adult development, relational learning, mentoring, diversity issues in executive development, leadership, and organizational change processes. In addition to her book, <i>Mentoring at Work</i>, she has published in a wide range of journals. <i>A few of those publications include; Phases of the Mentor Relationship; Mentoring Alternatives; Improving the Mentoring Process; Reconceptualizing Mentoring at Work</i>. She also co-authored the book entitled <i>Handbook of Mentoring at Work: Theory, Research and Practice</i>. Her most recent publication as a co-authored is <i>Strategic Relationships at Work: Creating your Circle of Mentors, Sponsors, and Peers for Business and Life</i>.</p>
<p>Sheila Grossman, PhD, APRN, FNP-BC, FAAN is Professor & Coordinator of Family Nurse Practitioner Track and Director, Evaluation, Mentoring & Scholarship, Fairfield University Egan School of Nursing & Health Studies. She has served as an ANA Mentoring Project Expert Resource, led several leadership & mentoring workshops throughout the country, and presented and published extensively in leadership and mentoring. Both Grossman, S. & Valiga, T. (2013). <i>The new leadership challenge: Creating a preferred future for nursing</i>. 4th ed. and Grossman, S. (2013). <i>Mentoring in nursing: A dynamic and collaborative process</i>. 2nd ed. received AJN Book of The Year Awards.</p>
<p>Roberta K. Olson, PhD, RN, is a retired professor and Dean of the College of Nursing, South Dakota State University, Brookings, SD. Olson is a mentor. She has been published in a wide range of journals in addition to the book, <i>The Mentor Connection in Nursing</i>. Her other publications include: <i>Mentorship in Nursing: A Collection of Research Abstracts</i>; <i>Mentoring Through Predoctoral Fellowship to Enhance Research Productivity</i>.</p>
<p>Susan Harrington, DNP, MS, APRN, ANP practices as an Adult NP at Emerald Physicians, LLC., supervising the other NPs, recruiting and orienting new NPs, and managing chronic and acute problems. Susan is a mentor and mentee and received the NPHF/Pfizer Community Innovations Award that funded a mentoring program to train and retain NPs as primary care providers within the community. The mentoring curriculum is based on the core competencies set by NONPF. Her most recent publication is <i>Mentoring New Nurse Practitioners to Accelerate their Development as Primary Care Providers</i>.</p>

Table 2
Categories and Subcategories for Inpatient Nurse Practitioner Mentorship Program

Mentorship Program Category and Subcategory	Inclusion of category or subcategory into program % agreement	Is the category important? % agreement
Planning and development	100%	100%
Clear definition of mentorship vs. preceptorship	100%	100%
Define and describe inpatient nurse practitioner mentorship professional development needs	100%	100%
Clearly defined mentorship objectives	100%	100%
Describe and define effective mentorship practices of mentor/protégé	100%	100%
Construct a checklist using key items from the literature to determine the programs success	80%	80%
Program structure/maintenance	100%	100%
Create a formal mentorship committee with roles and responsibilities	40%	60%
Define and describe organization/leadership support accordingly	100%	100%
Provide resources and financial support (e.g., mentorship activities, training)	100%	100%
Strategize for program obstacles	80%	60%
Relationship development	100%	100%
Pair mentors and protégés	80%	80%
Write mentorship contracts to improve the chance of success and minimize conflicts	100%	100%
Develop a mentor/protégé training session to improve program success	100%	100%
Mentor/protégé develop a communication and relationship action plan	80%	80%
Organize mentorship activities to increase meeting times	80%	80%
Mentorship evaluation and outcomes	100%	100%
Monitor the progress of mentorship relationship	100%	100%
Identify successful mentorship relationship using developed checklist	80%	80%
Celebrate successful relationships	80%	80%
Provide ongoing mentor/protégé evaluation and feedback	80%	80%
Mentor and protégé provide self evaluation	100%	100%
Average S-CVI/ave	0.90	0.90

Note: Content Validity Index > .78 (78%) would affirm importance and inclusion of each category and subcategory. The average CVIs across each category and subcategory (S-CVI/ave) meets the recommended criteria of .90.

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