

Formal Mentoring Programs and Their Influence on the Retention of Nurses

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## Formal Mentoring Programs and Their Influence on the Retention of Nurses

### **Abstract**

The basics of nursing school cannot prepare a nurse to be successful in the often demanding, fast paced work environment of a hospital. Many organizations have utilized ways of orienting a nurse to a specific unit or floor; some are informal and others formal. These programs assist the nurse, facilitating their transition from academia to a realistic work setting. This paper discusses the significance and background of this question and an integrated literature review examining how a formal orientation program influences the retention of nurses. Positive outcomes experienced by hospitals using similar orientation programs have been proven successful by increasing nursing competence and decreasing costs associated with hiring and training new registered nurses increase job satisfaction as well as reducing staff turnover.

### **Significance and Background**

It has been stated on more than one occasion that nurses eat their young. Based on an interpretation of this statement, this may have been true in the past; however, with challenges such as nursing shortages, staff turnover, and an increase in patient acuity, this nursing myth is becoming a thing of the past. More organizations are appreciating the success that formal mentoring programs provide and their relationship to the retention of nurses. Since the 1999 report by the Institute of Medicine's (IOM) *To Err is Human: Building a Safer Health System* there has been a push to retain nurses in health care organizations. A successful resolution in retaining nurses has been to have a formal mentoring program specific to the floor, unit or department where the nurse will be employed.

Studies have revealed that nurses are leaving their original practice area at the rate of 33 to 69% during the first year of employment. (Sandau, Cheng, Pan, Gaillard & Hammer, 2011). High patient acuity, horizontal violence, unsafe or repeated stressful situations, a mentor's lack of core teaching skills and an inability to build trust are just some of the contributing factors nurses' cite in their decisions not to stay.

Mentoring has been shown to boost moral levels of the nurses on the unit. Throughout the studies it was noted that experienced nurses involved in a program, felt valued as an expert and began to develop an interest in mentoring. Mentoring became an opportunity for the seasoned nurse to give back to the upcoming nurses while at the same time enhancing their own careers (Burr, Stichler, and Poeltler, 2011). As mentoring becomes hardwired into an organization, it fostered the professionalization of nurses, improving retention as well as patient outcomes (Lathum, Ringl & Hogan, 2011).

Replacing a nurse is expensive. One organization calculated their cost based on financial return on investment, it was estimated to be in the range of \$82,000 to \$88,000 (Burr, Stichler, and Poeltler, 2011). According to updated figures, the cost is more likely to be around \$148,000 (McDonald & Ward-Smith, 2012) which takes into consideration the cost to educate the nurse and replace them. Mentoring has proven to help in the reduction of staff through providing richer educational opportunities. Having a more robust knowledge base enables and enhances competence and confidence in an orientee's practice. This goes a long way toward promoting a feeling of job satisfaction, which has been shown to have a direct impact on a reduction in staff turnover.

Retention of knowledgeable employees provides value to an organization exhibited by fewer safety errors as well as costs associated in hiring new employees. This paper will help to answer the burning question, “Does a formal mentoring program influence the retention of nurses?” This summary will review the methods, results and implications for practice.

### **Research Question**

A search of professional literature and resources was conducted in order to answer the clinical question, “Does a formal mentoring program influence the retention of nurses?”

### **Methods**

#### **Search Terms and Definitions**

Numerous professional databases of research studies were searched in order to determine if a formal mentoring program influences the retention of nurses. The databases used were CINAHL, Medline-Ovid, PsycInfo, ERIC, Highwire Press, Cochrane Database of Systematic Reviews and TRIP data base. Search terms were “formal mentoring”, “retention”, “nurses”, and “mentoring”. Search limiters included meta-analysis, research articles, RCT’s, systematic review. First search in Cochrane yielded “0” returns. Search revised and advanced search was utilized choosing search option for ‘all databases’.

Number of results after the database shows number of articles revealed in search using search terms and limiters: with the words formal mentoring program, retention and nurses CINAHL-[5], Medline-Ovid [1757], PsycInfo-[2], ERIC-[1], Highwire Press-[282], Cochrane [16], TRIP-[25] for a total of [2088]. Search terms for mentoring, (exclusion of the word formal) retention, and nurses returned more results as follows: CINAHL-[53], Medline-[15],

PsycInfo [12], and ERIC-[6,] Highwire Press- [216], Cochrane-[316] and TRIP database-[36].

Definition for PICO question is self-explanatory.

### **Inclusion Exclusion Criteria**

Inclusion criteria are studies that consider formal mentoring programs in regards to the retention of nurses, English language, nurses in a hospital setting and published between January 2002 January 2012. Rationale for discarding studies comprised that studies did not meet the inclusion criteria, or search created duplicate studies, evidence was secondary, dissertation papers, complete text-books, involved recruiting, medical residents, or law.

### **Final Outcomes**

Final article selection PsycInfo-[1], TRIP-[0], Cochrane-[3], CINAHL-[1], Medline-Ovid-[2], Highwire Press [0 ] for a total of 7 articles.

### **Quality and Validity**

Utilizing the Strength of Recommendation tables, the levels of evidence from the Cochrane database include a quantitative study by Sandau, et.al which was quasi-experimental (indicative of Level 3 study) with a quality and strength rating of “C” based on consensus. This same study evaluated the confidence level of the mentors and contains cohort studies appraising the survey questions which were taken by mentors and mentees. In this instance, the outcome of the study proves to be of limited quality (Level 2) evidence with the strength rating of “B”, indicating limited evidence. The article by Grindel, et al. from the Cochrane data base, presents Longitudinal studies that evaluate new nurse confidence, job satisfaction, intent to stay, relationship with mentor and mentee and a survey of mentees and mentors in 18 hospitals.

This data was collected over 5 years. As this program was developed in one organization, it has the strength rating of “C” for opinion and a study quality of Level 3, for consensus guidelines. The study by Burr, et al. establishes a mentor program evaluated from systematic reviews of qualitative and quantitative studies. This is consistent with a Level 2 quality. The limited quality outcomes and strength of recommendation equate to a “B” rating. The study by Latham et.al is Level 1, evidence based on quasi-experimental. It was obtained from well-designed control trials without randomization studies and falls within the guidelines of an “A” rating for consistent evidence. From the Medline-Ovid database, two studies: one by McDonald, et.al, rated at Level 2 for systematic reviews of many different mentoring programs. And the other by Horst, et.al, rated at Level 3. The McDonald, et.al study, based on good quality evidence was given an “A” rating and the Horst study, developed in an Atlanta hospital, a “C”. The PsycINFO database included an article with a Level 2, single qualitative study which evaluated the mentor’s perceived change in knowledge during mentoring and the value of information provided. This study received a “C” strength recommendation based on consensus and opinion. Overall, the studies possessed consistency with similarity in their conclusions and support the recommendation (Ebell, Siwek, Weiss, Woolf, Susman, Ewigman, & Bowman, 2004).

## **Findings**

### **Study and Sample Characteristics**

The studies were evaluated regarding the influence of a formal mentoring program and retention of nurses. Analysis of the literature required that the duration of the mentoring programs be at least one year. The shortest mentoring program collected data over this one

year period, the longest collected data over the course of six years (Burr, et al). Surveys were given to mentees as well as mentors. The smallest group evaluated included 19 participants, the largest 300 in a pre-intervention phase. Several of the studies assessed multiple organizations while others gathered data from only one organization. Two of the studies were Level III (Latham and Sandau). One study was a Level IV (Sandau). Another two were Level V evidence (McDonald and Burr). Another two studies were Level VI evidence study (Grindel and McCloughen) and last evaluated was Level VII expert committee evidence (Horst). Testing utilized in many of these studies measured quantitative data with a Likert scale and defending quality of the testing with a Cronbach's alpha scale. P-scales were used in some and percentages obtained to evaluate their data while others looked at standard deviation, means and ranges. The scores were in the higher end of the scale, indicating a strong, direct correlation between mentoring programs and their positive influence on retention. The study samples were both male and female nurses and nursing students who were either mentors or mentees. These groups were represented multi-culturally. All of the studies took place in the United States with the exception of one that took place in Australia.

### **Coding/ Themes Discussion**

A coding theme noted throughout all seven of the literature reviews, was that the retention of new nurses related to utilizing a formal mentoring program. Factors proven to ensure the retention of nurses appeared universal. Mentoring assists with increasing the competence and confidence of the new nurse. This simultaneously provides a safe social structure, enabling feelings of satisfaction which directly influences nurse retention. The three themes most significant in the evaluation of these studies are retention, satisfaction and increased confidence level.

## **Retention**

The Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) developed a mentoring program with common success strategies collected from multiple literature reviews. This organization noted a baseline of 20% turnover before implementation of a mentoring program. The rate decreased significantly to 7% the following year after the program was put in place. These gains were sustained, with a last reported turnover rate less than 10% (lower than national averages) over the past 6 years (Burr, Stichler, and Poeltler, 2011). One study noted similar results before intervention and were able to retain 125 of 132 nurses compared with the year prior 82 of 94; this is a statistically significant chi-square,  $p < .05$  (Sandau, Cheng, Pan, Gaillard & Hammer, 2011). The synthesis by McDonald, et al. indicated preceptor programs increased retention rates by 30 to 50%. It was stated that 93% of the 163 the nurses originally hired were retained utilizing a formal mentoring program (McDonald & Ward-Smith, 2012).

A university and two acute care facilities partnered to participate in a 3 year program that evaluated mentoring and retention of new employees. The field was comprised of both new graduates and experienced nurses. The first hospital evaluated in the study decreased their vacancy rate by 80%, with a baseline of 21.35 vacancies which decreased to 4.28 open requisitions ( $f=2.814$ ,  $p=.03$ ). The other hospital in the study showed a retention increase of 21% (76 to 91.72%),  $f=2.94$ ,  $p=.03$  (Latham, Ringl & Hogan, 2011). The study by Horst, et al. evaluated externs who participated in a 10.5 week program scoring 4.7 out of 5.0 on the Likert scale for overall worthiness of simulation. This demonstrated an indirect correlation for future retention since the extern has had early exposure and experience with the introductory course

(Horst, White & Lowe, 2012). Throughout the studies evaluated there is a strong correlation between mentoring and retention which is clearly shown by the strength of the statistical data.

### **Satisfaction**

The second theme in this study was satisfaction. Two studies showed a direct correlation to satisfaction scores and retention of nurses. The Grindel study used the Intent to Stay/Job Diagnostic Survey. This survey asks 15 questions with a 7 point Likert scale. Ranges of the scores on this particular test showed a mean score of 80.2 with a standard deviation of 11.3, after 12 months of the mentoring program. Mentee's satisfaction with the N3 program was noted to be 0.96 and mentors score of 0.95 (Cronbach's alpha). This score indicates excellent internal consistency of the reliability of the test. Scores were "1" much satisfaction, to "5" little satisfaction. (Grindel & Hagerstrom, 2009). A few of the studies observed the preceptors satisfaction and understanding of a mentoring program. The overall scores were 86.2% in one educational workshop and 76.5% in another, indicating positive responses to mentorship education (McCloughen & O'Brien, 2005). It was interesting to note there was no significant difference in the Cohort 1 Orientees and Cohort 2 Orientees with satisfaction. However, significant satisfaction was indicated by preceptors with education regarding the orientee with pre to post-mean score of 3.13-3.83,  $p < .0001$  (Sandau, Cheng, Pan, Gaillard & Hammer, 2011). The study by Burr, et al. also identified a positive correlation regarding the mentoring experience with a mean of 4.21 out of a 5 point Likert scale in an 11-item evaluation. It was evident throughout the studies that both mentor and mentee satisfaction was increased by implementing a formal mentoring program.

### **Increased Confidence Level**

A mentoring program has been shown to increase confidence levels which directly influence job retention. Confidence levels were noted to increase over a period of one year by utilizing the New Nurse Confidence Scale (NNCS), a 26 question survey assessing the nurse's confidence in performing duties including provision of patient care, evaluation of lab testing and delegation. This had a mean score of 99.3 and Standard Deviation of 15.8 Range of 65-122 and n=10 with a Cronbach's alpha of .94 (Grindel & Hagerstrom, 2009). Although the study by Horst did not have a high level of evidence, overall satisfaction was appreciated. Simulation sessions allow the nurse to hone the assessment skills taught them, including: how to problem solve, prioritize and how to build a team. The score (4.7 out of 5) represents an increase in the confidence levels (Horst, White & Lowe, 2012).

The pretest to post-test mean score showed an increase of knowledge and confidence up by 16.5 in year-1 and 8.59 in year-2, Cronbach's alpha of .83/reliability of .86 in a program called "Shadow-A-Nurse" [Messmer, Jones & Taylor, 2004]. This program was developed for intensive care unit nurses (McDonald & Ward-Smith, 2012). Confidence was measured in: the mentor's ability to provide positive feedback (pre and post-mean score 4.04 to 4.22 p=.006), ability to precept a new nurse (pre and post mean score 4.27 to 4.44 p=.0092) and ability to work with someone with cultural and ethnic differences (4.27-4.41 with a p=0.021). This was performed in a hospital program evaluating the effect of preceptor education workshops (Sandau, Cheng, Pan, Gaillard & Hammer, 2011).

The data above shows that mentoring assists in building confidence by investing in the new nurse's long term growth and continued education. Mentoring also supports the confidence

of the more seasoned nurse by bringing value, a sense of belonging, and allowing them the opportunity to pass on their knowledge and skills to the mentee which can create an environment of trust.

### **Recommendations**

This study showed that there is a correlation between formal mentoring programs and their influence on the retention of nurses. According to the SORT (Strength of Recommendation Taxonomy) guidelines, the score of all of the studies averages a “B”. This indicates inconsistent results between studies. This SORT score can be due to the studies being only secondarily patient related. It evaluates cost reduction which affects patient outcomes by creating better prepared nurses (Ebell, Siwek, Weiss, Woolf, Susman, Ewigman, & Bowman, 2004). Many different measures and scales were used to evaluate the mentoring the programs, but a central idea remained evident. When programs are well developed and explained to both the mentor and the mentee, they are helpful in developing a larger knowledge base as well as enhancing competence and confidence which foster feelings of job satisfaction and belonging. The limitation common in several studies was sample size. In addition, some evaluations were not followed up post intervention and others did not have as high a quality level as desired such as systematic reviews, double blind or meta-analysis studies.

The study qualities were mixed. Two studies involved Level III-quasi-experimental Cohort studies, (Latham and Sandau) denoting a well-designed controlled trial without randomization of quality evidence. One study is from the level IV category (Sandau) which is a well-designed case controlled Cohort series study. Two of the studies are Level V, which is a systematic review of quantitative and qualitative studies (Burr and McDonald). Two level VI

studies are integrated to illustrate a Cohort, Longitudinal, single quantitative study (Grindel and McCloughen). The last study demonstrates a Level VII category (Horst) which was other evidence indicative of the opinion of expert communities. The studies concluded similarly and support the recommendation that mentoring does influence the retention of nurses. A factor that may exclude or control confounding variables is that the data could have been manipulated in an effort to support an under-performing program. Because the Levels of Evidence are not higher than Level III, further studies will have to be conducted. This will enable the uncovering of higher quality data with a stronger level of evidence and validity.

### **Conclusion**

As outlined by the research expounded in this paper, a formal mentoring program does have a positive influence on the retention of nurses. Mentoring programs have been shown to help build the confidence and competence needed to be successful in nursing, whether it is in a specialty unit or medical/surgical floor. The confidence and competence enhanced in these programs positively impacts nurses as evidenced by subsequent job satisfaction and job retention numbers. Patients benefit by receiving a higher level of care and the organization will recognize reduction in staff turnover, as well as a reduction in the costs associated with replacing staff members.

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## Appendix A

### EBP Literature Table

**Name:** Allison Peters

**PICO Question:** Does a formal mentoring program influence the retention of nurses?

**Search Strategy:** Search strategies utilized viewed results from the databases of CINAHL, Medline-Ovid, PsycInfo, ERIC, Highwire Press, Cochrane Database of Systematic Reviews and TRIP. Search terms were “formal mentoring”, “retention”, “nurses”, and “mentoring”. Search limiters included meta-analysis, research articles, RCT’s and systematic review. Studies published in English, nurses in a hospital setting and published between January 2002-2012 were some of the considerations for inclusion criteria.

**Search Outcome:** The number of studies revealed CINAHL [5], Medline-Ovid [1757], PsycInfo [2], ERIC [1], Highwire Press [282], Cochrane [16], and TRIP [25] for a total of [2088]. Rationale for discarding studies was that it did not meet the inclusion criteria; search created duplicate studies, evidence was secondary, dissertation papers, textbooks, involved recruitment, medical residents or law. Final selection were 7 studies from: PsycInfo [1], Cochrane [3], CINAHL [1], and Medline-Ovid [2]

Literature Evaluation Table

Citation	Patient Group and Sample Size	Study Design and Level of Evidence	Outcome Variables	Key Results DATA	Validity	Themes
Burr, (2011) US	Mentors n=51 Mentees n=43 6 year study period over 200 formal mentors.	Level V Systematic review quantitative and qualitative study	Retention of new graduates (decrease of 1-year turnover rate and sustained after 6 years)  Positive mentoring experience	Decreased turnover from a baseline of 20% to 7% after the first year. <10% per year after 6 years  Correlated with a positive regard for	Baseline value of 20% staff turnover per year compared to a decreased 7% staff turnover and sustained to <10% following years of program use.  13 question evaluation involving quantitative	Formal mentoring  Retention of graduate nurses  Advancing professional growth of mentors and mentees Financial advantages of retention

				<p>experience by mentee Mean=4.21 out of 5 point scale</p>	<p>(Likert) and qualitative (open ended questions)</p>	
			<p>Opportunities for professional development of experienced nurses</p>	<p>Correlated with recommendation of mentoring others Mean=4.86 out of 5 point scale</p>	<p>Quantitative assessment evaluating one specific question.</p>	
			<p>Improved positive environment for mentors and mentees</p>	<p>Correlated with promoting a positive atmosphere at work Mean=4.86 mentor and 4.72 mentee out of 5 point scale</p>	<p>Results from specific question about overall positive work environment. Asked of mentors and mentees.</p>	
				<p>(Cronbach's alpha <math>\alpha=0.78</math> identifying an acceptable internal consistency of the evaluation scale)</p>		

<p>Grindel, (2009) US</p>	<p>96 Mentees and Mentors in 18 hospitals with data collected over 5 years in response to time and intent to stay Time [1]-2 Weeks post initiation Time [2]-3 months Time [3]-6 months and Time [4]- 12 months</p>	<p>Level VI Cohort, longitudinal studies.</p>	<p>New nurse confidence</p> <p>Job Satisfaction</p> <p>Intent to stay</p> <p>Relationship with mentor</p> <p>Mentee Evaluation of N3 Program</p>	<p>3 months: Mean: 92.2, SD: 14.8 6 months: Mean: 98 SD: 13.3 12 months: Mean: 99.3 SD: 15.8</p> <p>3 months: Mean: 75.4 SD=11.3 6 months: 79.6 SD=11.3 12 months: Mean: 80.2 SD=11.1</p> <p>3 months: Mean:72.7 SD=7.3 6 months: 72.0 SD=7.6 12 months: Mean: 78.3 SD=8.8</p> <p>3mos-Mean: 109.0 SD=18.2 6 mos-Mean: 107.2 SD=20 12 mos-Mean: 100.9 SD=23.5</p> <p>3 mos-Mean 36.5 SD=12.8 6mos-</p>	<p>Confidence increased over the period of one year</p> <p>Job satisfaction levels remained varied slightly</p> <p>Small increase in intent to stay rose in the 12<sup>th</sup> month</p> <p>Slight decrease in satisfaction with mentor noted. As nursing knowledge grows need for mentoring becomes less.</p> <p>Decrease as knowledge base grows</p>	<p>Graduate nurse confidence</p> <p>Formal mentorship</p> <p>Decrease for mentoring need as experience grows</p> <p>Retention if program is sustained</p> <p>Nurse intent to stay based on job satisfaction scores</p>
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				Mean:38.1 SD=13.1 12 mos- Mean 30.8 SD= 17.6		
Horst (2012) US	42 nursing students hired for the Extern program	Level VII- Opinion of expert communities; mentoring study developed in Hospital in Atlanta	Proficiency in assessment skills and ability to problem solve, prioritization, team building  Important things externs learned from simulations teamwork, timely intervention and communication	4.7 out of 5 point Likert scale for overall worthiness of simulation sessions  4.7-4.9 out of 5 point Likert scale things learned via simulations and quality of time, facilitator, instructors	Overall satisfaction with this hospital based program  Confidence upon graduation of ability to further hone skills	Simulation  Confidence building  Future retention  Revision of program
Latham (2011) US	Convenience sample of 89 RNs from two acute care facilities working with 109 mentees over 1-3 year period	Level III-quasi experimental, Well designed control trials without randomization	Perception of occupational stress, cultural competence personality type and learning style  Mentee and mentor perceptions	Cronbach's alphas (0.60) and Means of 2.5 to 3.2 range in regards to teamwork sensitivity, work motivation  Mean of 2.4 to 3.3	Low reported stress levels  Improvement of patient safety, retention rate,	Retention  Growth  Conflict management  Identification of resources  Mentors identified as supportive, trustworthy and

			of nursing services; desired levels of unit level decision making		professional growth	professional
			Vacancy decreased	Vacancy rate decrease by 80% in one hospital. (baseline 21.35 decreased to 4.28 open RN requisitions; $f=-2.814$ , $p=.03$ )	Proven retention rate over 3-year period	Retention proven cost effectiveness of mentoring program
			Retention improved	Retention of other hospital in the study increased by 21% (baseline of 76% to a 91.72% retention; $F=2.94$ , $p=.03$ )	Directly impacted attrition due to mentor prevention of 67 RN's from leaving hospital during 3 year period	Magnet status achieved in one of the organizations
McCloughen (2005) Australia	19 participants for February workshop 19 participants from December workshop	Level VI Qualitative data	Knowledge of perceived change in mentorship and information sessions	86.2% and 76.5% positive response with mentorship	Small sample sizes, self-selection bias	Mentoring  Mental Health Nurses recruiting/retention
McDonald (2012) US	Multiple article review of mentoring programs	Level V systematic reviews of many	Nursing Vacancy	8-9% 260,000 by 2025	Fewer nurses, nursing shortage	Mentoring to combat nursing shortage via retention of new

		different mentoring programs	<p>Review of Level I evidence supports high retention rates</p> <p>Length of program using unit based education</p> <p>Increased knowledge and self-confidence by students</p> <p>During hospital orientation nurses worked in many different floors/units within the hospital spending specific amount of time in each</p>	<p>Preceptor programs increased retention rates by 30 to 50%</p> <p>Programs effective that are at least 3-12 months in duration</p> <p>Pretest to post-test mean score increase by 16.5 in Year 1 and 8.59 in Year 2. Cronbach's <math>\alpha</math> .83 with reliability of .86</p> <p>Utilizing Level III evidence-163 nurses participated with overall 93% retention rate. New Med-Surg nurses retained at rate of &gt;33%.</p>	<p>Increased retention</p> <p>Time needed for effective orientation</p> <p>Quality of data has internal consistency score of 'good' indicating reliability of test instrument</p> <p>Support of graduate nurse by coworkers; safe environment to ask questions, empowerment</p>	<p>nurses</p> <p>Direct correlation between retention and orientation/mentoring programs</p> <p>Staff development</p> <p>Increased knowledge</p> <p>Increased confidence level</p>
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			unit. If during this time they found the perfect fit they could stay in the particular unit			
Sandau (2011) US	Cohort I no intervention Past preceptors N=74; Past orientees N=39. Cohort 2 Pre-intervention N=300 Intervention 8 hour preceptor workshop Cohort 2 Preceptor Follow-up n=131, Orientee n=53	IV Quasi experimental  P Confidence levels of mentors contain Level III cohort studies	1) Satisfaction regarding education of orientee  2) Working with orientee with different learning style  3) Coaching and critical thinking  4) Comfort with positive and constructive feedback to orientee  5) Ability to precept  6) Confidence w/ cultural/ethnic difference	Pre to post-mean score 3.13-3.83 p<.0001  3.66-3.95 p=.0003  4.01-4.26 p=.0008  4.04-4.22 p=.006  4.27-4.44 p<.0092  4.27-4.41 p=.021	Significant satisfaction of preceptors with education than before workshop Preceptors rated high on confidence level in teaching preceptees No significant difference in satisfaction or confidence after education-higher for nurses that transferred from another area, no significant cultural barriers  Greater retention	Preceptor Satisfaction          Retention of new nurses       Highest  High

			comfort with orientee		satisfaction of orientee	satisfaction= likely to stay
			Retention of orientees increase after preceptor workshop	1 year post-intervention proportion of new nurses 125 of 132 retained significantly greater than 82 of 94 previous year. Chi square, $p < .05$		Significant savings to the hospital with orientation program
			Number of preceptors assigned to one orientee	5.6 vs. 4.3 $p = .03$ . 3.4 highest composite satisfaction- 3 to 4 preceptors per orientee		

**Coding:** Retention, increased confidence of graduate nurse equal to satisfaction and intent to stay, positive work environment for orientee and mentor, decreased vacancy, increased hospital revenues related to retention of employees influenced by mentoring.