Improving Nursing Retention Through Mentorship in a Long-Term Care Facility: An Educational Toolkit

A Scholarly Project

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree

Of Doctor of Nursing Practice

By

Adriane Anthony-Cupil

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Abstract

A major nursing shortage in the healthcare industry is made worse by high turnover rates. Healthcare organizations have used mentoring programs that have been found to enhance job satisfaction, thus improving nurse retention. To address this challenge, this study examined the use of a mentorship program supplemented by an educational toolkit that is specially made to improve nurse retention in long-term care facilities. By offering an organized learning path with resources that address support, effective communication, and cultural competency, the educational toolkit has the potential to enhance mentorship. The objective of this initiative was to equip registered nurses with the resources to mentor licensed vocational nurses with the essential knowledge and support to excel in their positions. Creation of an educational toolkit with various resources such as mnemonics and evidence-based research for mentors to use during the mentorship program. There was also an anonymous box for mentees to utilize for suggestions or concerns. Data was collected during pre- and post-intervention for comparison. This evidence-based project resulted in no change in the attrition of nurse retention in the facility. Timing may be a factor of the results and being unaware of things that were happening in the facility. There was a slight increase with job satisfaction noted in the post-tests. The implications for healthcare organizations are to create and develop a highly skilled, resilient, and contented nursing workforce by addressing the many challenges that nurses face with a mentoring and educational approach.

Keywords: Nursing education toolkit, mentorship, long-term care facility, retention, toolkit, nurse satisfaction

Copyright Page

Dedication

I would like to dedicate my manuscript to my grandchildren: Isabella, Nolan, Oakleigh, and Camden. You all are blessings in my life, and I love you all.

Acknowledgments

I would like to first give honor to GOD for being with me every step of this journey. I would like to acknowledge my husband, Tommy, and our children, Jerminic, Audrinque, Jasmine, Tykeria, and Jayla for the prayers, and my Boxer, Zeke for the support. I would also like to include my Program Director, Dr. Moke, for the continuous motivation, along with all my family and friends. Each one of you has given me the strength to be successful in this program.

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List of Abbreviations

Academy of Medical-Surgical Nurses (AMSN)

American Association of Colleges of Nursing (AACN)

American Psychology Association (APA)

Doctor of Nursing Practice (DNP)

Institutional Review Board (IRB)

Licensed Vocational Nurse (LVN)

Registered Nurse (RN)

SECTION ONE: INTRODUCTION

As people age, the percentage of older adults who become incapable of caring for themselves keeps rising. Staffing shortages and a high turnover rate among long-term care facility staff have become significant challenges in the face of vast demands in societies with aging populations. Nurse retention is a substantial concern in healthcare, particularly in long-term care settings. Health care is affected by nursing turnover and retention in many ways; the Quadruple Aim's definition of providing high-quality, cost-effective care to satisfied patients with engaged staff is under increasing pressure (Tang & Hudson, 2019). It has long been believed that a nursing home's quality can be decided by its nursing staff turnover rate, which is a priority due to patient outcomes; however, the Nursing Home Compare website has never included turnover information because sufficient information is unavailable (Gandhi et al., 2021). This project aimed to provide data on improving nursing retention using an educational toolkit through evidence-based mentorship in long-term care facilities. Mentorship programs enhance nursing retention by providing guidance and helping nurses' career development, particularly in long-term care settings. Maintaining nurses at the bedside is a multifaceted strategy and ongoing effort (Krofft & Stuart, 2021).

Utilizing an educational toolkit to improve nursing retention in long-term care through mentorship is a priority for nurse turnover. A mentorship program that uses a set of structured techniques to teach and train employees by using mentors who are seasoned nurses is imperative to effective staff development (Liao et al., 2020). Whether a person is a recent graduate, an experienced nurse,

or a seasoned clinician, mentoring can happen at any stage of their career. Mentors provide employees with resources and guidance to help them grow professionally or personally in a field that matters to them, as well as to help them gain confidence in their work. Mentoring programs successfully increase the standard of care in nursing homes because they mutually help both parties involved. Several studies have shown the benefits of mentorship programs, including increased nurse retention, enhanced professionalism and ability, and a positive learning environment that improves resident care (Liao et al., 2020).

Background

Mentorship programs are crucial in raising the standard of care provided in assisted living facilities. Developing relationships with the nursing staff and acclimating nurses to the workplace should be the main goals of a mentoring program. It is valuable to explore nurse staffing in long-term care facilities as one of the many complex factors influencing nurse turnover and to think about creating an educational toolkit as a resource.

Moral distress and an unpleasant environment for nursing practice are two key issues regarding nurse turnover and retention faced by many long-term care facilities in the United States (Tan et al., 2024). Poor interprofessional working relationships can include issues with communication and collaboration. Defining retention is important, as it may vary in different settings. According to Castle (2021, p.e118), keeping the same caregivers employed for a predetermined amount of time at the same facility is known as retention of nursing home caregivers. Often referred to as the *natural* annual turnover rate, turnover rates are computed by

dividing the percentage of nurses who have left the organization over the previous 12 months by the average number of nursing staff (Buchanet al., 2022). However, nurse turnover can occur anywhere between six months and two years. A toolkit can offer a retention framework with examples of initiatives to support both new and current retention strategies to organizations, employers, and health system administrators (Nursing Retention Toolkit: Improving the Working Lives of Nurses in Canada, 2024).

Poor work environments and high nurse turnover rates are related to lower standards of care, as shown by conditions such as pressure injuries, falls that result in injuries, high rates of infection, low patient satisfaction, and more extended hospital stays. The organization bears the financial burden of these unfavorable patient outcomes in long-term care facilities. Staff turnover rates in long-term care facilities are high (average 53%); rates for certified nursing assistants are 67%, licensed practical/vocational nurses are 45%, and registered nurses are 48% (Texas Center for Nursing Workforce Studies, 2019). These employee turnover rates show the unstable workforce in long-term care facilities.

Problem Statement

Retaining staff, especially direct-care providers, has proven to be a demanding task in long-term care facilities. The nurse is one of the most critical resources for the healthcare sector, but the nursing profession faces many difficulties, including a growing staffing shortage. A high nurse turnover rate can result in subpar patient care and outcomes. Long-term care nurses often deal with excessive workloads, which can cause burnout and unhappiness at work. Elevated

attrition rates among nursing staff compromise the continuity of care and lower the service standard. It is imperative to pinpoint the areas where attrition is most significant.

The culture that long-term care nurses often work in can lead to burnout and dissatisfaction at work. Creating and implementing a mentorship program with an educational toolkit in the long-term care facility where this study took place was a new program for this organization, as this facility had never had a mentorship previously.

Purpose of the Project

This project used an educational toolkit with the goal of improving nursing retention through mentorship in a long-term care facility. Mentorship is a critical aspect of long-term care to increase nurse retention. The educational toolkit was implemented to support faculty members at all levels in developing relationships for their personal and professional development.

Clinical Question

Will mentorship improve nursing retention in a long-term care facility with the use of an educational toolkit?

SECTION TWO: LITERATURE REVIEW

A review of studies on nursing retention in long-term care facilities with and without an educational toolkit was completed. Nurse leaders are focused on nurse retention strategies. Of the concerns raised by nurse leaders during the COVID-19 pandemic in a study conducted in 2021, 47% said that staffing was the biggest

obstacle (Galuska et al., 2022). Nurse managers are concentrating on retention, creative staffing models, and recruitment tactics to ensure enough staffing to meet the demands of patient care. A key element of professional development and retention plans in healthcare organizations is mentoring for nurses. This review is separated into the following sections: staffing, mentorship, educational toolkit, and retention.

Staffing

Work schedules are one factor that affects nursing retention in long-term care facilities. Bae (2023) conducted a systematic literature review to examine the relationship between work schedules, nurse staffing, and nurse turnover in acute hospital settings. Bae's review compiled data from 14 studies published between 2006 and 2021, sourced from eight databases including CINAHL and PubMed. The review found that inadequate or unsafe nurse staffing is associated with higher nurse turnover rates. Additionally, the study revealed a significant relationship between work schedules and nurse turnover. Strengths of the review included its Level 1 evidence and comprehensive discussion on staffing factors; however, limitations included its exclusive focus on hospital settings and the potential exclusion of relevant studies.

Mentorship

In eight research studies, Liao et al. (2020) examined the challenges of implementing a mentorship program in nursing home facilities. The systematic review and qualitative meta-synthesis study noted challenges such as the ability of the mentor, the opportunity for the mentorship, and the motivation for the

mentorship. Opportunities in this study to include only some papers in the review are limited; however, having a Level 1 designation allowed this study to be beneficial for the current review, as it focused on nursing staff related to mentorship.

Implementing mentorship in long-term care facilities may be presented using various strategies. For example, mentoring may be a one-on-one situation, or it may be a preceptorship program. The longitudinal study conducted by Zhang et al. (2019) chose to implement a one-on-one mentorship program. According to the results, a one-on-one mentoring program can support newly graduated nurses in continuing their careers, particularly during their first year of employment. The study explained how one-on-one mentorship works better than preceptorship. Unfortunately, the study location was in China and at one single organization. Thus, not knowing if the mentorship program will be applicable in other healthcare settings.

Kung et al. (2023) found that students' self-efficacy and long-term aged care professional commitment were enhanced by a clinical mentorship program. This study implemented a mentorship program in a long-term care facility that showed positive outcomes. The results of a quantitative analysis showed that the effectiveness of mentoring initially decreased before increasing again (Kung et al., 2023). A strength of the study was the mentorship program components to be considered.

Elements discussed in Gong et al.'s (2022) study included the opportunity for mentorship and the motivation for the mentorship. This cross-sectional study

investigated the mechanisms and limits of the relationship between the nurses' mentoring and organizational commitment. Gong et al.'s findings support the development of mentorship relationships that increase nurses' organizational commitment. The roles and competencies of clinical mentors were centered on two themes: building rapport and acting as a professional role model.

Educational Toolkit

There is a great deal of nursing burnout and turnover, according to the research that is currently available on nurses' perceptions of their working conditions in emergency rooms. According to Adams et al. (2019), throughout their study's duration, there were no resignations from the nursing staff, and the study's outcomes showed that easy-to-implement, valued interventions can help lessen burnout among nurses and increase retention.

Taylor et al. (2019) conducted a study that examined the factors that affected Indigenous student retention in all post-secondary health fields and devised strategies to motivate these students to continue their education. Although their study did not include nurses in long-term care, it did include 26 articles for assessment with a tool assessment guide. The information in the assessment guide could be used to incorporate an educational toolkit and/or pre/post-survey questions.

Mayers et al. (2023), used The RIC Recruitment and Retention Materials Toolkit as a resource. The components in the toolkit may be used as a guide for the development of an educational toolkit. Specific components for a mentoring toolkit are essential, as it must meet the needs of the mentors using it.

Thoele et al. (2020) also implemented an evidence-based toolkit that was developed for use as a mentoring resource. Thoele et al. utilized findings from Smith et al. (2024), who developed an electronic mentoring toolkit. Another source included Snyder et al. (2023), who examined the effects of stay interviews, a potentially effective retention tactic, which revealed information about the factors that best retain nurses in the hospital setting.

Retention

It is well known that supporting staff can significantly raise the standard of care provided in assisted living facilities. Nursing leaders are facing an unprecedented staffing crisis and are overly concerned about nurse retention strategies. In the current study, seven articles were reviewed in reference to the topic of retention.

According to Castle et al. (2020), retention is the impact of staff retention on quality, which is underreported, and the term retention is rarely defined and may be measured in a variety of ways. Retention may also be affected by a variety of factors. Problems are linked, at least partially, to moral distress and an unfavorable atmosphere for nursing practice.

Tan et al. (2024) conducted a study that had the following objectives: (a) examine the relationships between the nurse practice environment, moral distress, and intent to stay; and (b) investigate the possibility that the nurse practice environment could mediate the relationship between the intent to stay and elevated levels of moral distress. This study also used an online survey that helped evaluate the retention of the nursing staff. Tan et al. (2024) discusses the intent to

stay with a descriptive, cross-sectional survey using targeted sampling. Being a level 4 (level of evidence) is not high on the Melnyk framework but a survey is included with information that can be used. Limitations of this study included collecting samples from social media and the cross-sectional design.

According to Woodward and Willgerodt (2022), the individual, unit, and organizational factors that affect nurse outcomes are not well understood, nor are the effects of equity and wellness on nurses and their decision-making. This Level 1 study reviewed 34 articles highlighting areas that required more in-depth research and provided a current assessment of the state of the research on nurse outcomes.

In 2020, the World Health Organization estimated that there were 5.9 million open nursing positions worldwide out of 27.9 million nurses. Approximately 50% of the global healthcare workforce includes nurses, and their shortages account for the most significant challenge facing many healthcare systems (Pressley & Garside, 2023). Understanding elements that affect registered nurses' decisions to continue their careers in the medical field was the study's aim. Seventeen studies examined the eight environmental factors associated with the intention to stay, proving the organizational culture's significant impact and significance about nurse retention. This systematic review and narrative synthesis discussed why nurses stay and care about their role.

De Vries et al. (2023) investigated the prevalence of intention to leave among doctors and nurses in European nations as well as the primary factors influencing doctors and nurses' decisions to stay in their current positions in a hospital setting. Their results are consistent with earlier systematic studies

conducted in various populations and environments. Six themes were found from the diverse factors that influence job retention: personal traits, job demands, employment services, working conditions, work relationships, and organizational culture. A strength of this article was the evidence-based article research used for the data.

According to Haoyan et al. (2023), transformational leadership is beneficial to the well-being of nurses. At the same time, improving nurses' well-being can help the healthcare organization reduce the cost of nurse turnover as well as recruit new nurses. It is also beneficial for addressing future aging population healthcare problems in long-term care. Marufu et al. (2021) focused on the factors that have traditionally led to employee turnover. A high priority should be given to evaluating the current workforce strategies to lessen their impact. The review's focus on hospital nurse retention factors limited the findings' applicability to nurses working in other healthcare settings, and the authors pointed out that there were few studies reviewed from developing nations and rural hospital settings.

Using the concept analysis approach, a methodical eight-step analytical process was conducted to analyze nurse retention. (Efendi et al., 2019). They noted that four characteristics define the concept of retention: strategy and intervention, geographic context, individual decision-making and motivation, and attachment to one's work. The development of research tools to measure nurse retention can benefit from this concept analysis approach to produce more consistent results and address the global issue of nursing workforce strategies.

Search Strategy

This scholarly project made use of the database terminology platform, interface, and search engine. Many articles were collected from the Jerry Farewell Library via Liberty University. To find peer-reviewed articles and grey literature published between 2019 and 2024, the search concentrated on scholarly databases such as PubMed, CINAHL, Ovid, EBSCO, and ProQuest. The following keywords, and combinations of these keywords/phrases, were used for the search strategy: "nurse retention," "retention," "mentorship," "educational toolkit," "toolkit, "and "long-term care facility." Parameters for the search included articles within a five-year period, peer-reviewed, written in English, and full text available. The inclusion criteria for this review centered on studies discussing nurses working in a hospital or long-term care facilities, skilled nursing facilities, and those evaluating the effects of mentorship programs using educational toolkits on nurse retention.

Exclusion criteria make it easier to focus the search and guarantee that the studies chosen are closely related to the goals and subject matter of the literature review. Exclusion criteria included non-English language, non-nursing settings, or interventions that did not include mentorship or an educational toolkit. In addition, exclusion criteria included articles that were older than five years, not peer-reviewed, or were duplicates.

Critical Appraisal

A critical appraisal is a methodical process of analyzing a research article's value and limitations to determine its validity and reliability. This critical analysis examined the efficacy, strengths, limitations, and implications of using educational

toolkits for mentorship with the goal of increasing nurse retention rates. Articles

were evaluated using Melnyk's levels of evidence, with articles leveling from one to

five to ensure that the evidence was of the highest caliber. The studies chosen for

the literature review exhibit high-quality evidence, which was determined by

methodically evaluating them before including them in the analysis and

conclusions. After obtaining the articles, a systematic approach to critical appraisal

of the evidence was guided by available quantitative and qualitative research,

systematic reviews, and study limitations. The evaluation criteria included each

study's purpose, methods, results, level of evidence, and limitations. Critical

elements that the analysis discusses include assessment of educational toolkit

content, evaluation of mentorship competencies, and impact on nurse retention.

The educational toolkit's content is supported by evidence-based literature

to ensure comprehensiveness and relevance. It discusses topics communication,

culture competence, and support, which were identified through a needs assessment

conducted with staff and administrators. Positive correlations between program

participation and retention metrics provide evidence of criterion-related validity.

Pre and posttest measures participants' job satisfaction, intention to stay in their

current position, and perceived support from the organization. A table of evidence

is provided (Appendix A).

Synthesis

Synthesizing sources is a method of integrating sources that helps place a

work in relation to existing research. It entails combining the work of other scholars

to provide new insights (Ryan, 2023). A review of the literature on nurse retention

through educational toolkits and mentorship programs revealed several important

themes and findings from numerous studies. Several recommendations may be

made for healthcare organizations looking to improve nurse retention through

mentorship programs that use educational toolkits, based on the synthesized

findings. Educational toolkits designed for mentorship programs in nursing have

garnered attention as potential interventions to enhance nurse retention. Educational

toolkits can serve as valuable resources for mentorship programs by offering

structured guidance, training materials, and resources for both mentors and

mentees. By offering standardized training and support mechanisms, these toolkits

have the potential to improve mentorship quality, promote professional

development, and foster supportive relationships among nursing staff. Research

indicates that effective mentorship programs positively impact nurse satisfaction,

confidence, and intention to stay in their positions, thereby contributing to

increased nurse retention rates. Strengths include structured guidance, training

materials, and supportive resources. The overall limitations of educational toolkits

include the fact that they may not fully accommodate the unique needs, preferences,

and circumstances of individual mentors and mentees, leading to potential

mismatches or disengagement. There are also implementation challenges and

evaluation gaps with the use of educational toolkits. Even though educational

toolkits have been shown to be useful in enhancing the quality and satisfaction of

mentorship, their influence on long-term nurse retention rates is still poorly

understood, underscoring the necessity for thorough assessment research. The

mentoring program associated with the current study was considered a viable

option for enhancing job satisfaction among nurses based on data gathered from research. The results were expected to increase nurse retention for the organization. Based on the research conducted, common themes appeared: mentorship competencies, educational toolkit content, and nurse retention.

Evaluation of Mentorship Competencies

The use of mentorship programs augmented by educational toolkits has gained traction as a strategy to improve nurse retention rates in healthcare settings. Across various study designs, including systematic review, qualitative meta-synthesis, and longitudinal study, programs for mentorship have continuously been shown to have a beneficial effect on nurse retention. Mentorship programs, coupled with educational toolkits, have appeared as potential strategies to address nurse retention challenges in healthcare settings. Kung et al. (2023) conducted a mixed-methods study to define the function and qualifications of clinical mentors in long-term aged care, develop a mentorship program, and assess its effects on educators and learners. While the study demonstrated positive outcomes and made significant contributions to the mentorship literature, its limitations, including time constraints, short-term retention tracking, potential bias, and limited scope, should be taken into consideration when interpreting the findings. Kung et al.'s study provides insightful information about the creation and effects of a clinical mentorship program in long-term aged care.

Liao et al. (2020) conducted a systematic review and qualitative meta-synthesis to examine mentorship programs for nursing home staff and identify challenges in their implementation. While Liao et al.'s study makes significant

contributions to the literature, it had limitations that should be taken into consideration when interpreting the findings, including publication bias, focus on nursing staffing, scope of analysis, and lack of intervention analysis. Nevertheless, by addressing these limitations and embracing the findings, the study sheds light on mentorship programs for nursing home staff and highlights challenges in their implementation.

Zhang et al.'s (2019) longitudinal study provided valuable insights into the effectiveness of a one-on-one mentorship program in retaining new graduate nurses. While this study demonstrated strengths in its longitudinal design, comparative analysis, and quantifiable outcomes, limitations related to external validity, lack of randomization, cultural context, and potential confounders should be considered in interpreting and applying the findings. By addressing these limitations and embracing a systematic approach to program evaluation and implementation, healthcare organizations can enhance nurse retention efforts and promote a supportive and sustainable workforce. All three articles resulted in information that demonstrated mentorships being effective and beneficial to nurse retention.

Assessment of Educational Toolkit Content

Adams, Hollingsworth, and Osman (2019) investigated the efficacy of implementing evidence-based interventions in enhancing the practice environment for nurses, reducing burnout levels, and lowering voluntary turnover rates in the emergency department. Their study employed quantitative data collection methods, particularly surveys, to assess the outcomes of the intervention. The study utilized a

voluntary and invitation-based sampling method, which could potentially introduce selection bias. The sample size, consisting of approximately 75 nurses, was notably small, raising concerns about the generalizability of the findings. Additionally, the study's reliance solely on self-report surveys may have introduced response bias and lacked objective measures for assessing the outcomes. The intervention termed the Cultural Change Toolkit, aimed to address burnout and turnover by implementing evidence-based strategies. While the intervention's specific components are not detailed in the summary, it is described as easy to implement and priced affordably suggesting potential practical utility in healthcare settings. The study reported a decrease in both turnover rates and burnout scores among nursing staff following the implementation of the Cultural Change Toolkit. These findings suggest a potential positive impact of evidence-based interventions on nurse well-being and retention. The study strength is the potential effectiveness of simple, cost-effective interventions in mitigating burnout and improving nurse retention. Moreover, the emphasis on addressing unfavorable work cultures to enhance patient care quality is commendable. The findings underscore the importance of prioritizing nurse well-being in healthcare settings. The study's limitations require careful interpretation, even though it offers insightful information about the potential advantages of evidence-based interventions in addressing burnout and turnover among nursing staff. To improve the validity and generalizability of the findings, future research should strive for larger sample sizes, diverse healthcare settings, and objective outcome measures. Despite its limitations, this study underscores the importance of prioritizing nurse well-being

and implementing targeted interventions to improve both nurse outcomes and patient care quality.

Unlike the Adams, Hollingsworth, and Osman (2019) article that assessed the intervention outcomes, Mayers et al. (2023) presented a qualitative study detailing the development and contents of the RIC Recruitment & Retention Materials Toolkit. The study aimed to provide research teams with accessible, customizable recruitment and retention materials to facilitate the enrollment and retention of diverse study populations. The toolkit is described as a no-cost platform offering professionally designed templates and best practices. With the creation of the RIC Recruitment & Retention Materials Toolkit, Mayers et al. made a significant contribution to research methodology. However, despite the toolkit's innovative features and easily accessible materials, such as QR codes, its shortcomings in meeting the needs of historically marginalized groups highlight the necessity of research teams' continuous customization and adaptation. More personalization and inclusivity should be the goal of future toolkit versions to properly serve a range of study populations. A notable limitation of the toolkit is its exclusion of materials specifically designed for historically marginalized and excluded groups, which is a similar concern in Adams, Hollingsworth, and Osman's (2019) article. Given the complexity of addressing the needs of these populations, the provided templates may not adequately cater to their diverse needs. Future iterations of the toolkit should strive for greater inclusivity and customization to effectively support diverse study populations.

Thoele et al. (2020) conducted a descriptive case study to evaluate the

implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) in 14 acute care hospitals. This study determined the impact of SBIRT on the proportion of patients receiving it and assessed the implementation costs. The authors developed a toolkit comprised of 54 tools to support SBIRT implementation and outlined factors considered during the process. While there were limitations in generalizability and study design, the toolkit's development process and inclusion of key factors contributed to its potential utility. Future research should focus on validating the toolkit's effectiveness in diverse healthcare settings and evaluating its impact on patient outcomes. Thoele et al.'s study offers a comprehensive toolkit to support the process and valuable insights into SBIRT implementation in acute care hospitals.

Efendi et al. (2019) conducted a systematic literature review to define the characteristics of nurse retention, focusing on a concept analysis approach. The study identified the causes and effects of nurse retention through an examination of relevant nursing literature. Efendi et al.'s concept analysis provides valuable insights into the characteristics, causes, and effects of nurse retention, offering a foundation for further research and practice in the field. While the study contributed to conceptual clarity and identified key attributes of nurse retention, its limitations underscore the need for continued exploration and refinement of the topic. By addressing these limitations and embracing a multidimensional, cross-cultural approach, researchers and practitioners can advance our understanding of nurse retention and develop effective strategies to support and retain nursing professionals worldwide.

Gong et al.'s (2022) concept analysis can aid in the development of research tools that measure nurse retention in a way that yields more consistent results and addresses the global issue of nursing workforce strategies. The intervention known as The Moderating Effect of Protean Career Orientation demonstrated that protégé career optimism facilitates the impact of the mentoring relationship on organizational commitment and regulates the influence of the mentoring relationship on protégé career orientation.

Haoyan et al. (2023), had a total of seven articles that were reviewed. Six of the reviewed articles, noted a positive relationship between the transformational leadership style and nurses' organizational commitment, while the other study noted a negative relationship.

Smith et al. (2024) conducted a qualitative study to explore student nurses' experiences following a nurse-led primary research study placement. The qualitative study by Smith et al. provided insightful information about student nurses' experiences in nurse-led research placements and emphasized the potential advantages of experiential learning opportunities for the development of research skills. Although the study exhibited methodological innovation and practical relevance, interpretive consideration should be given to limitations about contextual differences, sample size, data collection methods, and scope. Education providers and healthcare organizations can improve research education and training for the upcoming generation of nursing professionals by addressing these limitations and utilizing the implications of the study. This article's findings may be utilized to assist with creating an educational toolkit.

The utilization of educational toolkits within mentorship programs presents a beacon of hope for supporting nurse retention rates in healthcare settings. By providing structured guidance, fostering supportive relationships, and enhancing professional development opportunities, these toolkits offer a pathway towards nurturing a resilient and empowered nursing workforce. While challenges may exist, the collective dedication of healthcare institutions, mentors, and mentees to embrace and adapt these resources can lead to a brighter future for nurse retention. With continued commitment to innovation, collaboration, and ongoing evaluation, educational toolkits hold the potential to not only retain nurses but also to inspire a culture of lifelong learning and excellence in patient care. Through these efforts, we can strive towards a healthcare environment where nurses feel valued, supported, and empowered to thrive in their roles, benefiting both healthcare professionals and the patients they serve.

Impact on Nurse Retention

Understanding the definition of retention was essential when reviewing the studies. Castle (2021) does an excellent job of defining the term, as well as the measure of retention. There was plenty of literature on the factors that affect retention, and on increasing retention. For example, Bae (2023) discussed how staffing was a concern and the effects of patient outcomes and nurse turnovers. Their systematic literature review aimed to address gaps in understanding the effects of work schedules and nurse staffing on nurse turnover in this setting. Determinants of intention to stay is also an important aspect of retention, and Pressley and Garside (2023) discussed how environment and culture are

determinants. Tan et al. (2024) explained moral distress as a factor for nurse intent to stay. Taylor et al., (2019) explained how certain factors affect retention among students, but not nurses. Woodward and Willgerodt (2022) examined numerous factors that affected retention among registered nurses in the U.S. Another factor that affects retention is implementing programs early. For example, Brook et al. (2024) examined how well pre-registration program interventions work to improve early career nurses' retention. In addition, they examined how increased knowledge of strategies help student nurses become less likely to leave after earning their qualifications.

De Vries et al. (2023) conducted a systematic review that explored the prevalence of intentions to leave among nurses and doctors in European (EU) hospitals and identified the primary factors influencing job retention. The systematic review thoroughly examined the body of research on doctors' and nurses' job retention in EU hospitals, offering insightful information about the factors that influence turnover intentions and how common they are (De Vries et al., 2023). Another strength, the inclusion of both qualitative and quantitative studies enhances the comprehensiveness and depth of the analysis by capturing a wide range of perspectives and methodologies in the review. The systematic review methodology ensures transparency, replicability, and rigor in the search, selection, and synthesis of relevant literature, enhancing the credibility and trustworthiness of the study's findings. While De Vries et al.'s study offers significant contributions to the literature, limitations for De Vries et al. (2023) related to quality evaluation, potential bias, geographic focus, and scope of analysis should be taken into

consideration when interpreting the findings. By addressing these limitations and adopting a more comprehensive and rigorous approach, future research on the prevalence of turnover intentions and factors influencing job retention among nurses and doctors in EU hospitals can be conducted (De Vries et al., 2023).

Marufu et al. (2021) provided an extensive update on the variables influencing hospital nursing staff retention. Healthcare organizations looking to enhance staff retention efforts can benefit from the synthesis of factors influencing hospital nursing staff retention provided by Marufu et al.'s systematic review. Although their study exhibits methodological rigor and practical relevance, narrow focus, and limited perspective should be considered when interpreting the results.

Snyder et al. (2023) conducted a quality improvement project to implement and assess stay interviews as a strategy for engaging and retaining nurses. Snyder et al. provides insightful information about how stay interviews are implemented and evaluated as a nurse retention strategy. Although the study shows practical relevance and the potential to improve retention efforts, one should consider the limitations related to sample size, generalizability, honesty reporting, and longitudinal analysis when interpreting the results. Through the resolution of these constraints and adoption of a methodical and moral strategy for stay interview interventions, healthcare institutions can enhance nurse retention and foster a constructive work atmosphere that supports superior patient care.

Five out of the seven articles reviewed that addressed retention were classified as level one on the level of evidence; one article was a level two and the other a level four. All seven studies exhibited strength and reliability, although

limitations were noted. For example, some settings occurred in a hospital and not a long-term care facility; the sample size in two of the studies was small; and Pressley and Garside (2023) were unable to complete a meta-analysis to synthesize the results and draw a general conclusion.

Conceptual Framework/Model

The Iowa model was created as a guide to help with the phases of problem identification, solution looking for, and change endorsement. Identifying how developing an educational toolkit to use for mentorship can result in improved nurse retention. Identifying the problem allows the opportunity to improve nurse retention in long-term care. The question examined was: "Will mentorship improve nursing retention in a long-term facility with the use of an educational toolkit?" Priority topics included nurse retention, which is a significant concern in long-term care facilities. Low nurse retention and high nurse turnover impact patient outcomes. Recognizing the magnitude of patient care, and organizational support will be required.

An educational toolkit must be developed, implemented, and evaluated within the mentorship process. The aim of this scholarly project was to increase nurse retention in a long-term care facility. Registered Nurses were given an educational toolkit to use in the mentorship process. Having a diverse group of team members makes it possible for everyone to collaborate and plan using evidence-based practice.

Given the circumstances, this conceptual framework offers a methodical framework for arranging and interpreting the research on nurse retention through

mentorship and an educational toolkit, making it easier to synthesize results and pinpoint important takeaways and suggestions.

Theoretical Framework

The framework incorporates theoretical perspectives such as social learning theory to inform the conceptualization of mentorship and its impact on nurse retention. Contextual factors such as unit specialty and nurse demographics may influence outcomes while moderating factors such as organizational culture and leadership support can enhance the effectiveness of mentorship initiatives. Mentors function as role models whose actions and demeanor can impact mentees' education and growth. Mentees can watch, copy, and learn from mentors' experiences in a nurturing learning environment. By modeling desired behaviors and offering guidance, mentors can aid in the social learning process by utilizing the toolkit.

Summary

The main ideas, connections, processes, and results pertaining to nurse retention, mentorship programs, and educational toolkits are outlined in the conceptual framework. Mentorship programs, which pair up registered nurses with licensed vocational nurses, are predicted to have a direct impact on nurse retention by enhancing communication, job satisfaction, and competence.

A few significant conclusions about nurse retention, mentorship programs, and the application of instructional toolkits in healthcare settings were discussed in the literature review. Findings such as the effectiveness of the mentorship, the resources in the educational toolkit, and gaps were identified in the literature. Eight-hundred and ninety-five skilled nursing facilities in Texas have an average annual

nursing staff turnover rate of 59.7%, not including SNFs that do not report turnover

data (Nursing Home Staff Turnover: Texas, 2023). Twelve thousand, five hundred

and sixteen skilled nursing facilities (excluding those without reported turnover

data) in the U.S. have an average annual nursing staff turnover rate of 53.9%

(Nursing Home Staff Turnover: Texas, 2023). It is significant to note that turnover

is measured at the person level rather than the position level, with the average

turnover rate in about half of all nursing homes nationwide, falling between 40%

and 60% (Leaders, 2022).

SECTION THREE: METHODOLOGY

Methodology is a critical component for an evidence-based research project.

A research paper's methodology section gives readers a thorough explanation of

the steps taken to carry out the study, explains how it was done, and makes sure it

can be repeated by other researchers. This student researcher served as the site

coordinator of the scholarly project, implementing the mentorship program with

the educational toolkit.

Design

Using the Iowa Model for Evidence-Based Practice, the project was

designed as an evidence-based practice project. A mixed-methods approach,

combining quantitative and qualitative data provided a comprehensive

understanding of the impact of the educational toolkit on nurse retention. The

implementation of the mentorship program involved randomly pairing registered

nurses with licensed vocational nurses, based on their shift, with all participating

for six weeks. The program included follow-up, bi-weekly to weekly meetings with

mentors. The educational toolkit included resources such as support, culture

competence, and communication skills for the mentor's use. The mentors were

interviewed (face-to-face) with six open-ended questions prior to creation of the

educational toolkit. The evidence-based practice project design included pre- and

post-tests using surveys to measure the effectiveness of the educational toolkit for

the mentees. The nurse mentees' retention, satisfaction, and intent to remain on the

job were measured before and after the mentorship program. A quasi-experimental

approach was implemented to change one or more control variables (educational

toolkit and mentorship) in the study subjects (nurses) and assess the impact of the

change (nurse retention). Developing the educational toolkit for use in mentorship

and using a pre and posttest before and after the intervention is discussed in the

results.

Measurable Outcomes

The goal of this scholarly project was to assess the effectiveness of the

educational toolkit in the mentorship program and make decisions with the data

collected to keep improving it by setting clear, quantifiable outcomes. Measurable

outcomes included:

> 1. Retention rates: How many LVNs stay at employment after the six-week mentorship program with use of the educational toolkit?
>
> 2. Job satisfaction: Measuring satisfaction levels (compare pre and post test results after administration of the educational toolkit; include same questions).
>
> 3. Intention to stay: Measuring results for current or more nurses' intention to stay (compare pre and post test results after administration of the educational toolkit; include same questions).

Setting

The study took place in a small for-profit long-term care facility located in

the state of Texas. The facility offers specialized services in speech therapy, occupational therapy, and physical therapy, and contains 70 beds. The overall rating according to past inspection via Elder Guide rated the facility a "B" with comparison of area similar care centers. Unfortunately, one category that was scored low was the nurse quality related to staffing with a "D." Nurse staffing is a challenge in the long-term facility and the rationale for the chosen setting.

It is imperative for long-term care facilities to understand the viewpoints, concerns, and input of various stakeholders to facilitate efficient communication, teamwork, and decision-making. Stakeholders in the organization include patients/residents who are critical due to receiving care. Family and caregivers are also vital, as they are not only support for the residents but play a part in collaborating for the care of the resident. Frontline stakeholders are the ones providing direct care, as well as administrators and management to manage the general operations of the facility. There are other stakeholders such as medical providers, funding sources, Ancillary Service Providers, as well as community such as volunteers.

The scholarly project aligns with the mission of the organization, as increasing nursing retention will promote effective strategies, professionalism, and high-quality care delivery. The value of the organization focuses on superior opportunity and individual advancement for team members and residents. Integrating the educational toolkit into the mentorship process will demonstrate commitment to excellence as noted in the organization's mission and value. Stakeholders can appropriately understand the long-term care facility's mission and

values by finding its organizational structure, mission, and vision. Promoting relationships and alignment within the organization could improve nursing retention.

Population

Finding the target audience inside the long-term care facility allowed the researcher to customize the educational toolkit and mentorship program to the distinctive requirements and preferences of the nursing staff involved in resident care. The focus approach increases the significance and efficacy of the resources offered, which in turn improves nursing retention. The researcher coordinated with the Director of Nursing (preceptor) for assistance in identifying participants that met the study criteria. The nursing staff employed by the long-term care facility were the main recipients of the educational toolkit and mentorship program. Participation in the study was open to all nursing staff within the organization. Inclusion criteria included registered nurses and licensed vocational nurses, employed on a full-time, part-time, or per-diem basis. The type of sampling used was purposive sampling with a set goal of 12 licensed vocational nurses and six registered nurses. Despite the goal, the following participants consented: nine licensed vocational nurses ($n=9$, eight female and one male), completed the pre and posttest, and five registered nurses ($n=5$, all female), volunteered, completed interviews, and completed the pre and posttest. Exclusion criteria included unlicensed personnel, non-nursing staff, language or communication barriers, and conflicts of interest.

Participants were recruited face-to-face during staff meetings and informed

consents were completed at that time. Those mentees interested in participating

completed a pretest prior to intervention and a posttest when the study was

completed at six weeks. The mentor nurses who volunteered and were interested in

contributing were given an informed consent to complete more information about

the study and obtain access to the educational toolkit. Organized mentorship

sessions provided mentors with the educational toolkit, resources, and knowledge

they need to effectively support their mentees during the mentorship.

Ethical Considerations

A site of approval and permission letter received from the Director of

Nurse. The researcher obtained informed consent from nurses prior to their

participation in the mentorship program and use of the educational toolkit. Nurses

were given complete information about the study's goals, their part in them,

possible risks and benefits, confidentiality policies, and their right to withdraw from

the study at any time without facing consequences. The nurses were also made fully

aware of the nature of their involvement and gave their consent voluntarily, free

from unnecessary pressure. A discussion took place with the Chair with the details

regarding Institutional Review Board (IRB) approval. The IRB approval letter may

be found in Appendix B. The Collaborative Institutional Training Initiative (CITI)

Certificate may also be found in Appendix C. A copy of the informed consent is in

Appendix F. The data gathered using the two scales: the Job Satisfaction Scale and

the Intent to Stay in the Job Survey, as well as the interview answers were kept

confidential in locked a cabinet along with the signed consents and other study

records.

The Academy of Medical-Surgical Nurses (AMSN) Mentoring Program was utilized as a resource and authorization from the AMSN handbooks for use was granted by the AMSN. This permission may be found on the AMSN website (Appendix E).

Data Collection

Effective data collection is crucial for understanding the many components of the intervention and how it impacts participants. Baseline data are crucial for measuring changes following the intervention; the relevant variables were job satisfaction levels and intentions to stay. Structured interviews comprised of six open-ended questions, were conducted with the participants/mentors with the aim of gathering comprehensive qualitative data. Surveys that asked about job satisfaction and intentions to remain in current positions were used to collect data on participants'/mentees' beliefs, attitudes, and experiences. These surveys were administered prior and at the completion of the six week-study with the implementation of the educational toolkit. The two surveys used, the 26-item Job Satisfaction Scale and the 15-item Intent to Stay in the Job Survey may be found in Appendix E gauged the effectiveness of the interventions, gathered baseline data on pertinent metrics such as staff engagement levels, job satisfaction scores, and turnover rates. Utilizing pre and posttests for the Licensed Vocational Nurses, each test assigned an identification number. Interviews (also with an assigned identification number) were conducted with mentors with the purpose of collecting comprehensive qualitative data to obtain an understanding regarding the efficiency of the mentorship program and educational toolkit in fostering nurse retention in

the long-term care setting.

Tools

Tools included were flyers for advertisement, an interview protocol (Appendix

J) and two separate surveys (the 26-item Job Satisfaction Scale and the 15-item

Intent to Stay in the Job Survey) for the pre/posttest. The Academy of Medical-

Surgical Nurse (AMSN) Mentoring Program was used as a guide. These tools have

been used in prior research, have been found to be reliable, and support the topic of

nurse retention. The same pre and posttests were given to participants prior to and

at the conclusion of the study, and the results were compared to better understand

the relationship between job satisfaction and the mentorship program. Metrics to

monitor nurse satisfaction and retention rates and other organizational retention

indicators prior to and after completion of the educational toolkit and mentorship

program were gathered.

Intervention

After approval was granted from Liberty University's IRB, the study was initiated.

The intervention included a mentorship program and educational toolkit designed to

improve nurse retention by offering resources on support, culture competence, and

communication. The researcher attended multiple staff meetings and site visits to

ensure beneficial participation prior to initiating and allowing voluntary access to

the study. The researcher then used data from these meetings to identify challenges

in the workplace that may affect nurse retention based on the literature search,

specifically targeting the implementation process of assessing the challenges that

result in low nurse retention. The researcher then decided to utilize the two

aforementioned surveys (Appendix E) based on their validity, reliability and positive results. The same questions were used on the surveys for the pre and posttests for comparison. The researcher initiated and launched out to collected consents for all participants and pretests completion for mentees along with interviews conducted for mentors.

In the creation of the educational toolkit with materials, tools, and resources to support nurses' professional development and skill enhancement. To participate in the mentorship program as a mentor, an orientation session was required, which included a discussion of the resources and educational toolkit. Multiple 30-minute sessions were conducted by the shift coordinator to accommodate various mentor schedules. A lock box for anonymous feedback was placed in the breakroom for mentees to assist with communication and support. The educational toolkit is easily accessible, easy to use, and suited to the interests and needs of nursing staff and located at the nurse's station. The toolkit has various resources such as role descriptions, evidence-based articles, mnemonics, and educational newsletters. The researcher encouraged mentors to share their knowledge, skills, and experiences with mentees by offering advice, support, and feedback with weekly to biweekly follow-up with the mentors by the researcher/site coordinator. The assessment of the mentorship relationships, offering resources and aid as needed to guarantee their effectiveness.

The researcher discusses with nursing staff and administrators about the process and aims along with the pre/post-test. All participants had the researcher/site coordinator contact information if needed for questions. The

evaluation process included collecting data on retention rates and job satisfaction

after six weeks of completion. Once all post-tests collected analyze results for the

effectiveness of the educational toolkit and mentorship process.

Timeline

January &February 2024: Scholarly Project Proposal Planning

• CITI Training Completed; Permission to use IOWA Model; Support letter received for clinical site.
• Research the subject for the scholarly project using an EBP model as a framework, in collaboration with the chair.
• Determine the needs for learning and retention issues among nursing staff in long term care facilities.
• Perform a comprehensive literature review, create a PICO and a literature matrix, and begin working on the scholarly project proposal.
• Discuss with preceptor needs for organization. Analyze the current situation in the organization regarding nurse turnover rates and staff feedback.

March & April 2024: Preparation for Completion of Proposal

• Schedule meetings with preceptor and chair to gather input and build support for the proposal.
• Incorporate preceptor feedback into the proposal.
• Complete requirements of scholarly project proposal and defend (4/24/24).
    • Prepare documents (consents, etc.) for approval of Liberty University IRB.

May & June 2024: Implementation

• **May 3:** Submit for IRB approval; **May 7**: received approval
• **May 13**: Preparation of implementation of project.
• **May 14-16 & May 18-19:** Orientation session for participants. Introduce program objectives, expectations, and guidelines at staff meeting. Complete volunteer invitation and confidentiality consents. Complete pre-survey question form.
• **May 21-23**: Review pre-test question form.
• **May 20 and May 25**: Interview mentors/supervisors for resources for development of educational toolkit.
• **May 27-28:** Create educational toolkit.
• **May 30- June 2:** Implement educational toolkit into mentorship.
• **June 2024**: Continuous implementation of the project.
• Schedule weekly follow-up on implementation progress.
• Continue writing and collecting data.

July & August 2024: Evaluation of Results

- **July 1:** Initiate and schedule editor for end of project.
- **July 12-July 14:** Have mentees complete post-survey question form. Complete the mentorship program.
- **July 15-16:** Assess outcomes: Posttest results to gather feedback and assess the impact of the mentorship program on nurse retention. Compare pre and posttest results, satisfaction, intent to stay, and retention rates.
- **July 16-18**: Meet with preceptor and chair to discuss results.
- **July 18-20:** Revise and update Power Point defense and manuscript to editor.
- **August 1:** Defend scholarly project.
- **August 3-10:** Revisions and final changes and Scholar's Crossing.

Feasibility Analysis

A feasibility analysis includes the discussion of necessary resources, personnel, technology, budget, and a financial analysis. Before beginning any intervention, such as a nurse mentorship or education program, it is imperative to conduct a feasibility analysis. For the scholarly project, the feasibility analysis required space and staff for this project. The researcher   reserved a room at the facility to discuss the project, and conduct orientations, and follow-ups, as this would be conducted in a face-to-face instructional format. The researcher also attended the staff meetings to incorporate the project on the meeting agenda and was assigned a locking cabinet where all study materials could be stored.

Potential barriers to successful completion of the project included obtaining an appropriate number of participants, perceptions of the questions asked, availability (scheduling challenges), resistance to change, and the ratio of mentors and mentees. The estimated budget included the pre/posttest questionnaires, resources for the educational toolkit, storage for the resources for the educational toolkit, and personal expenses (gas and travel). The facility allowed for the room

location and cabinet, and the pre/posttest, and the educational toolkit resources were

funded by the researcher/site coordinator.

Data Analysis

The reproducibility of the entire experiment (or series of experiments),

including the data analyses, is a fundamental aspect of scientific research (Kramer

et al., 2019). Data analysis entailed processing, interpreting, and drawing

conclusions from the data gathered during the intervention to assess the efficacy

and impact of the educational toolkit used in the mentorship program. For this

scholarly project, the data analysis projected measuring nurse retention, prior and

post to the implementation of the mentorship with the use of the educational toolkit.

Descriptive statistics and comparative analysis for the comparative retention rates

were utilized.

For quantitative data analysis, the pre and posttest surveys (Job

satisfaction and Intent to Stay) Likert-scales were utilized before and at completion

of the six weeks. The results of the mentees from the pre and posttest are shown in

Table 1.

Job Satisfaction and Intent to Stay Surveys

The two surveys used for the pre and posttests measured job satisfaction

and intent to stay. The job satisfaction survey uses a 26-item scale with ranges from

one to five with one being low and five being high. The intent to stay survey is a

15-item scale with ranges from one to seven with one being strongly disagree and

seven being strongly agree (AMSN, 2018). There was a slight decrease in the

average for intent to stay and a slight increase in job satisfaction between the

mentee pre and posttests as noted in Table 1. A notable decrease in variability is

indicated by the standard deviation, which dropped from 8.98 to 4.40. This suggests

that the intervention had a stabilizing effect and produced results that were more

reliable and consistent. For job satisfaction the fact that the standard deviation

increased from 19.4 to 23.64 suggests that although the intervention affected job

satisfaction, not every employee experienced the same level of benefit.

Table 1

Mentee Results

	Mentee Mean Scores on Intent to Stay and Job Satisfaction	
	Pre-test Survey	Post-test Survey
Intent to Stay (Range 15-105)	Mean= 70.4 *SD*= 8.98 Range= 54-81 n=9	Mean= 68.9 *SD*=4.40 Range= 61-74 n=9
Job Satisfaction (Range 26-130)	Mean= 84.3 SD= 19.4 Range=50-107 n=9	Mean=90.8 SD=23.64 Range= 49-88 n=9

Mentor Interviews

For the qualitative data analysis, thematic analysis from the mentor interviews

prior to creation of the educational toolkit was implemented (see Table 2). Common

themes that were noted from the mentor interviews included cultural competence,

communication, and support.

Theme 1: Cultural Competence. All five participants stated cultural concerns

during the interview process (see Table 2). Improving the quality of health services

for culturally and ethnically diverse groups often involves addressing the cultural

competency of the health workforce (Jongen et al., 2018). In theory, turnover does

not always indicate a reason for alarm. For instance, high turnover rates could be

advantageous if they demonstrate that the facilities have high standards for their

employees (Gandhi et al., 2021). It is important to research more fully to see if this

was the case for this long-term care facility. A possible question to explore in the

future would be was its higher standards or a lack of resources that caused a strain

in the culture of the organization. According to the mentor interview responses, the

registered nurses felt the overall culture of the facility may be a possible cause for

nurse turnover. Challenges such as diversity, generational differences, and

resources available for staff to remain up to date were mentioned as factors that

contributed to the overall culture.

Theme 2: Communication. Each participant agreed communication was a

common factor that could be improved in the facility. Staying in the field is more

likely for nurses who feel valued and heard. Effective communication enhances

patient satisfaction and outcomes, which gives nurses a sense of accomplishment in

their work. Open communication and feedback foster engagement and trust.

Effective communication abilities ease tension in the workplace by assisting nurses

in professionally and swiftly resolving conflicts. Encouraging a culture of effective

communication in long-term care facilities is critical to improving nurse retention

by establishing a favorable, encouraging work atmosphere where nurses feel

appreciated and inspired. Having strategies accessible to improve communication

and examples are resources that can be implemented.

Theme 3: Support. Mentor support significantly affects nurse retention in long-term care. Receiving praise and feedback on a regular basis enhances job satisfaction. Supporting opportunities for growth and learning allows nurses to continue their professional development. Mentors provide emotional support to nurses, assisting them in managing stress and overcoming obstacles. This support cultivates a feeling of community and belonging. Offering eight-hour shifts is a positive factor for the facility, as it allows for more work/life balance. Support leads to higher job satisfaction and retention. Mentoring fosters a positive work atmosphere that improves nurse retention in long-term care settings by encouraging career advancement, mental health, and job satisfaction.

Table 2

Mentor Interview Theme Analysis

Theme 1: Cultural Competence

Participants	Participants' comments
P-1	Challenges are the culture of the environment and the diversity. "Different pace and different culture environment for a new nurse taking care of multiple patients." We need more training with generational barriers, although our organization is small, being up to date with cultural competence is critical. I think team building activities would help too.
P-2	"Allowing nurses to feel they heard and work as a team." Being that we are in a Hispanic serving environment, language barriers at times can be concern. Focus on strategies for respecting cultural communication styles. Understanding when working with others where English is their second language ensuring cultural background is understood.
P-3	Assessing the commitment to ongoing learning about cultural competence and application of knowledge in practice. "I think having an annual cultural competence seminar or having employees attend one will help understanding the importance of how it affects the organization."
P-4	"I think when it comes to nurse retention, the environment that we worked in is important and building a place where culture awareness should be noted. We get so caught up in our task I think educational training and professional development should be a goal for each nurse." Nurses may feel that asking for help may make them feel weak or viewed as incompetent.

| P-5 | "We must provide a culture of support and mentorship that embraces questions to ensures that our mentees are treated as equal." I believe the limited professional development resources available in long-term care. If you are a new graduate coming in, the challenge is lack of experience and self-confidence, importance of mentorship." |

Theme 2: Communication

Participants	Participants' comments
P-1	Some of the common communication challenges observed amongst nursing staff and impact retentions are ineffective communication, lack of feedback. The communication dynamics in our long-term care is effective communication, listening and address/providing feedback. The ways a mentee/nurse can verbalize concern without possibility of retaliation are clear expectations, positive reinforcement and model the behavior.
P-2	"As nurses, we know therapeutic communication is necessary for improving health outcomes and patient satisfaction. However, when you are dealing with medical situations and family are making decisions for loved ones, there is a sense of nervousness, maybe some fear because you don't want to see anyone in pain, but you can't make decisions for family about their loved ones, The nurses can only stand by and answer questions as best as they can." Another change and challenge to communication is much is through electronics and there is a decrease in report among the healthcare team. Sometimes something may be missed or entered wrong, especially if busy or short staffed. "You try to make sure this does not occur but speaking with your colleagues is important."
P-3	Having effective communication improves relationships while providing care can only improve clinical outcomes and ensure safety. Being a resource and giving feedback and improving communication with all staff can be improved.
P-4	"Have noticed some of the senior nurses are not open to feedback and the registered nurse is limited to area at the nurse's station during their shift." Communication can be better as everyone is in their own routine. Some of the floor nurses may not communicate as much due to the possibility of retaliation. But we do have daily informal meetings at shift change.
P-5	"We do daily shift change meetings where we catch up on things for our units and facility. Due to the shift change meetings not being formal meetings and can be unprofessional at times which affects communication. Although we say we have open communication there is no way a person can say what they may be thinking and retaliation.

Theme 3: Support

Participants	Participants' comments
P-1	The strategies I utilize in long-term care to reduce nurse turnover are orientation programs, team building and adequate staffing. I feel mentorship programs can address this challenge by providing the mentee with a resource for training while transitioning into the long-term care setting such as orientation. Things we do such an eight hour shifts and help support staff with work life balance.
P-2	Management can offer bonuses (sign-on, quarterly, referral and retention). Preceptorship for new graduate nurses. Reimbursement for continued education courses. Support nursing staff with competitive compensation and benefits. Support is the key. I think more praise can be given when notice.

P-3	"Providing in-service and support for the mentors only ensures that our mentees are treated as equal and are important to the team. Providing support at every phase of a nurse's journey from the moment they are hired can also increase retention."
P-4	"Mentorship helps build confidence, staff relationships, and reduce stress and burnout." Wanting to be worthwhile to staff who have seniority to help mold and support the individuals brought in to support the vision of the facility. It is a win-win situation and mentorship help enhance skills and face challenges more successfully.
P-5	Few strategies here to help reduce nurse turnover. "Really just pairing up newbies with senior staff." Mentorship can help with guidance, feedback, and evaluation. Helping a novice nurse transition into a seasoned nurse, understanding the power of mentorship as a liability endowed to each nurse. This can have an influence on the new generations of nurses. Creating a foundation to support the transition in long-term care nursing. Using a mentorship program with tools and resources to assist the season nurse with being supported.

Measurable Outcome

Measurable outcomes refer to precise, measurable, and quantifiable indicators that are employed to evaluate the efficacy and influence of an intervention, such as an educational toolkit or educational initiatives for nurses. Retention rate improvement was the measurable outcome of this study, and there was no change in the retention rate of nurses at the facility. No one was fired, resigned, or was hired during the time of the six-week project. The attrition analysis scale is one instrument that is often used in studies to evaluate nurse retention (Cathrine, 2019); however, the attrition rate for nurse retention was zero, as there was no change in the number of nurses during the project. Although there was no change in the nurse retention rate during the six-week study period, valuable data were collected from the mentee pre and post surveys, as well as the mentor interviews that targeted possible causes of nurse attrition at this long-term care facility.

SECTION FOUR: RESULTS

A purposeful sample of 18 including six registered nurses and 12 licensed vocational nurses was predicted based on criteria obtained by the director of nurses. The final participation resulted in five registered nurses who served as mentors, and nine licensed vocational nurses who served as mentees, all of whom completed informed consents and agreed to participate in the study. Prior to the study, the nine LVNs completed a pretest survey, and at the completion of the six-week study, the same nine LVNs completed the posttest survey. The five RNs who served as mentors participated in the interviews.

Descriptive Statistics

Descriptive statistics offer concise summaries about the sample and the measures, which are essential for summarizing and comprehending the fundamental characteristics of a dataset. Means and standard deviations, two descriptive statistics, were used to analyze the surveys (Sunga et al., 2022). The project leader participants included nine licensed vocational nurses and five registered nurses. Certain demographics (age, educational level, or experience) were not collected on the participants due to not receiving approval from the IRB prior to the study. Gender demographics included eight female and one male LVNs, along with five females RNs.

Intent to Stay

As noted in Table 1, there were nine LVN participants, and the range for the survey responses was 15-105. For the pretest, the ranges were 54-81 with a mean of 70.4 and a standard deviation of 8.98. The standard deviation suggests that employees' intentions varied widely, ranging from highly likely to stay to highly likely to leave. The posttest had a range of 61-74 with a mean of 68.9 and a standard deviation of 4.40. A notable decrease in variability is indicated by the standard deviation, which dropped from 8.98 to 4.40. This suggests that the intervention may have had a stabilizing effect and produced results that were more dependable and consistent. This could indicate that the intervention addressed a variety of factors that affected employees' decisions, causing them to become more uniformly positive or negative about staying.

Job Satisfaction

In reviewing the results of the job satisfaction survey, the range for the survey was 26-130. For the pretest, the range was 50-107 with a mean of 84.3

and a standard deviation of 19.4. The standard deviation suggests that there was some variability in how satisfied employees were with their jobs. The posttest had a range of 49-88 with a mean of 90.8 and a standard deviation of 23.64. The fact that the standard deviation increased from 19.4 to 23.64 could indicate that although the intervention affected job satisfaction, not every employee experienced the same level of benefit.

Nurse Retention

There was no measurable change in nurse retention, but there was an increase in the variability of job satisfaction scores. The six-week period might not have been long enough to impact retention rates, but it might have been sufficient to change how various nurses felt about their level of job satisfaction and intent to leave. During the interview, the mentors discussed their satisfaction with the educational toolkit and resources included.

SECTION FIVE: DISCUSSION

Implication for Practice

To alleviate the problem of nursing shortages and turnover, healthcare institutions need to create initiatives aimed at keeping competent nurses on staff. It is difficult to pinpoint which aspects of the nursing work environment are most crucial for workforce sustainability because of the abundance of characteristics of a healthy work environment that have been identified in the literature and the financial costs associated with establishing healthy work environments (Yahyaei et al., 2022). After the six-week mentorship and educational toolkit program was implemented for this scholarly project, no change in nurse retention was noted.

The researcher recommends extending the duration of the program beyond six weeks, as a longer program could offer more consistent engagement and support, which could result in more notable retention. The facility can create a

more supportive and satisfying work environment for nurses by extending the program duration, customizing interventions, offering ongoing support, and addressing broader organizational issues. Leaders need to interact with staff members and pay attention to their thoughts, worries, and priorities because staffing levels in this organization and many others are at previously unheard-of crisis levels (Snyder et al., 2023). The program's continuous evaluation and adaptation based on feedback will ensure its ongoing relevance and effectiveness in meeting the needs of the nursing profession. The six-week program's findings demonstrate the need for a multifaceted approach to improving nurse retention and job satisfaction.

Limitations for the study included the duration of the study, sample size, lack of longitudinal data, and heterogeneity of participants. The reliability and generalizability of the results may be enhanced by addressing these limitations in future research and implementations, which are critical to understanding and interpreting the results from the six-week mentorship and educational toolkit program. Future analyses of comparable interventions would be improved by an extended study period, larger and more varied samples, standardized implementation procedures, thorough measurement instruments, and more standardized control of difficult variables.

If the intervention would significantly increase the employees' intent to stay, this suggests that similar initiatives could be expanded more widely to improve employee retention to other facilities owned by the organization. Based on the findings, organizations can develop more effective retention strategies. A diverse, representative study population's successful enrollment and retention depends heavily on recruitment and retention materials (Mayers et al., 2023).

Understanding the varied responses can help refine the intervention to better meet

the needs of the nursing staff and achieve desired outcomes; further research,

longer program duration, or improved program components may be required to

achieve measurable outcomes in nurse retention.

Sustainability

Through the integration of sustainability, practitioners can provide

sustainable goods and services that consider the sustainability of the project as

well as its own sustainability (Soares et al., 2024). Ensuring the sustainability of

a mentorship program with an educational toolkit geared toward nurse retention

requires building an enduring, encouraging, and efficient framework. After

evaluating the project findings, the facility must determine whether the program

is suitable for implementation in practice after it has been piloted. Discussion

with the leaders of the facility with plans to review and revise resources in the

toolkit to a digital format would save on paper and be more accessible to users.

In addition, creating a budget for resources used in the mentorship program and

the educational toolkit to ensure the resources are used effectively would be an

effective step. Reducing nurse turnover would result in lowering the cost of

training new oncoming nurses.

Dissemination Plan

The evidence-based project results were discussed with the facility's

leadership, licensed vocational nurses, and registered nurses in a face-to-face

meeting. The leadership verbalized that the use of the resources in the educational

toolkit would be beneficial in the future. The researcher also has plans for a future

poster presentation at a national conference with the target audience being

licensed vocational nurses, registered nurses, Director of Nurses, and Executive

Directors. I will be submitting for publish in the Liberty University Scholars'

Crossing.

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Appendix A

Evidence Table

Name: Adriane Anthony-Cupil

Clinical Question: "Will mentorship improve nursing retention in a long-term facility with the use of an educational toolkit?"

Author (year)	Study Purpose/ Objective(s)	Design, Sampling Method, & Subjects	LOE*	Intervention &Outcomes	Results	Study Strengths& Limitations
Adams, A., Hollings worth, A. T., & Osman, A. (2019)	The aim of this study was to find whether implementing evidence-based interventions would enhance the practice environment's perception, lower nursing burnout levels, and lower the emergency department's voluntary nurse turnover rate	Design: Quantitative data collection (surveys)\n\nSampling Method: Voluntary and by invitation\n\nSubjects: Nurses employed in the emergency department in September 2018. e approximately 75 nurses.	Level 4	Intervention: The Cultural Change Toolkit\n\nOutcomes: Show the Cultural Change Toolkit's worth in relation to upcoming nursing research and its practical application	The mean expected turnover score was lower (pre-implementation = 3.133, post-implementation = 2.989) and the mean burnout score was lower (pre-implementation = 4.808, post-implementation = 4.463) for nursing staff	Strengths: The project's outcomes showed that easy-to-implement, priced interventions can help lessen burnout among nurses and increase their retention. Interventions designed to rectify unfavorable work cultures can also enhance the standard and efficaciousness of patient care\n\nLimitations: Small sample size and limited ability to generalize the project's findings because it was only conducted in one emergency department.
Bae, S. (2023).	The purpose of this review was to compile data on how work schedules and nurse staffing affect nurse turnover in acute hospitals.	Design: systematic literature review\n\nSampling Method: Using 8 databases, including CINAHL and PubMed.\n\nSubjects:14 studies included in this review were published from 2006 until 2021.	Level 1: Systematic Reviews and Meta-Analysis	Intervention: None\n\nOutcomes: Inadequate/unsafe nurse staffing results in higher nurse turnover rates. Also found that schedules are related to nurse turnover.	4 studies looked at the effect of work schedules on nurse turnover & 12 studies the relationship between staffing and turnover in nurses. Inadequate/unsafe nurse staffing results in higher nurse turnover rates. Also found that schedules are related to nurse turnover.	Strengths are level 1, and staffing is discussed with factors on how it relates.\n\nLimitations: Focus on nurses in hospitals and no other settings. Some studies may have been relevant but have been excluded.

Brook, J., Aitken, L. M., & Salmon, D. (2024)	The study's aim was to ascertain the efficacy of pre-registration program interventions aimed at increasing early career nurses' retention	Design: A systematic review without meta-analysis and a thematic synthesis Sampling Method: A convergent segregated approach was used to capture qualitative and quantitative study designs Searches used Medline and CINAHL database. Subjects: Six papers were included in the systematic review and 27 papers were included in the scoping review.	Level 2	Interventions: Internships, externships, clinical immersion programs, capstone projects, preceptorships, and psychological wellbeing programs Outcomes: Increased knowledge of programs that help student nurses become less likely to leave after earning their certification	Favorable results from the shift to qualified practice, which may influence the desire to continue in the field	Strength: There is some evidence that these interventions improve retention, but the amount of data available and the caliber of the reporting both limit this Limitations: Heterogeneity of the wider body of literature was a limiting factor. Six studies were found to have met the inclusion criteria; these studies' descriptions of the interventions were found to be inconsistent and incomplete, some intervention components were missing from detail, sample sizes varied, and the evaluation method was used
De Vries, N., Boone, A., Godderis, L., Bouman, J., Szemik, S., Matranga, D., & De Winter, P. (2023).	This systematic review has two main goals: first, it aims to investigate the prevalence of nurses' and doctors' intentions to leave their positions in hospitals in EU countries; second, it aims to investigate the primary factors that influence nurses' and doctors' job retention in their respective positions in hospitals.	Design: Systematic review Sampling Method: Quantitative and qualitative studies Subjects: 345 studies fulfilled the inclusion criteria	Level 5	Intervention: Retention interventions in a hospital setting Outcome: Similar factors found in research conducted in both EU and non-EU nations included organizational commitment, work-life balance, education and career development, and job satisfaction.	Six themes were found from the diverse factors that influence job retention: personal traits, job demands, employment services, working conditions, work relationships, and organizational culture	Strength: One of this study's main strengths is the systematic review that looked at the body of literature that already exists about doctors and nurses. Limitations: There was no quality evaluation done on the research done outside of the European Union. The possibility of bias.
Efendi, F., Kurniati, A., Bushy, A., & Gunawan, J. (2019).	To define the characteristics of nurse retention, including its causes and effects, this study focuses on a concept analysis.	Design: systematic literature review Sampling Method: Nursing literature from the following bibliographic databases: Web of Science, CINAHL, and PubMed	Level 5: Systematic Reviews	Interventions: The Walker and Avant approach Outcomes: The healthcare organization where nurses work, the individual nurses, and finally the national and international communities are all	The development of research tools measuring nurse retention can receive help from this concept analysis to produce more consistent results and address the global issue of nursing workforce strategies.	Strengths: Four key attributes of nurse retention were identified in the analysis. Limitations: A constraint of the concept analysis centered on nurse retention pertains to the inclusion of solely retrievable, peer-reviewed articles composed in English between the years 2000 and 2018. Inaccuracy in the definition and assessment of nurse retention

		Subjects: Forty-one articles were retrieved that met the inclusion criteria.		affected by the nurse retention rate		
Gong, Z., Van Swol, L. M., & Wang, X. (2022)	The development of research tools measuring nurse retention can benefit from this concept analysis to produce more consistent results and address the global issue of nursing workforce strategies.	Design: cross-sectional design Sampling Method: Convenient for sampling Subjects: Regular nurses and interning nurses-371 nurses (China)	Level 5 (researchers see variables without influencing them)	Interventions: The Moderating Effect of Protean Career Orientation Outcomes: Through mentoring relationships, these findings help to improve nurses' organizational commitment.	The findings proved that the influence of the mentoring relationship on organizational commitment is mediated by protégé career optimism, and that the influence of the mentoring relationship on protégé career orientation is moderated by protean career orientation	Strength: The mentoring relationship can promote the improvement of protégé organizational commitment. Limitations: Given the small sample size and cross-sectional design of this study, care should be taken when interpreting the causal relationship between the variables
Haoyan, X., Waters, D., Jinling, H., Liu, Q., & Sien, L. (2023).	To investigate the relationship between nurses' organizational commitment and their impressions of their nurse manager's transformational leadership style	Design: Quantitative narrative systematic review Sampling Method: The CINAHL Complete, MEDLINE, PubMed, Business Source Complete, Cochrane Library, along with OpenGrey Subjects: Studies written in English, between January 2009 and December 2020. Seven cross-sectional studies with 2885 participants were included.	Level 5	Interventions: None Outcomes: While only one study found a negative correlation between the transformational leadership style and acute care nurses' organizational commitment, six studies found that the style is a driver of nurses' organizational commitment	Six studies found a positive correlation between nurses' organizational commitment and the transformational leadership style, while the other study found a negative correlation.	Strength: Including 2885 participants in total is one of the review's strengths; the large sample size enhances the review's generalizability and the varieties of settings. Limitations: Since all the included studies are cross-sectional surveys, this systematic review has limitations due to the inherent limitations of cross-sectional surveys. In all the included studies, self-administered questionnaires were used to evaluate the exposure factor and the result.
Kung, P., Huang, H., Che, H., Chou, Y., Chi, S., & Tseng, S. (2023)	This study set out to a define the function and a) qualifications of clinical mentors in the field of long-term aged care; b) create a clinical mentorship program; and c) investigate the effects of this program on educators and learners	Design: mixed-methods study with a quasi-experimental research design and qualitative interviews Sampling Method: Purposive sampling-3phases	Level 4	Interventions: Mentorship program Outcomes: Students' self-efficacy and professional commitment to long-term aged care were enhanced by the clinical mentorship	The roles and competencies of clinical mentors were focused on two themes: building strong rapport and serving as a professional role model. Quantitative analysis revealed that mentoring effectiveness declined initially before increasing later. The	Strengths: The body of research on mentors' responsibilities also shows that they accept accountability for acting as positive role models. The mentorship program components to be considered. Limitations: More work on top of their already demanding clinical schedules, which discourages them from acting as mentors.

		Subjects: 48 students and 14 mentors took part in the study; the experimental group received mentorship, while the student control group received regular education		program	professional self-efficacy and commitment of both groups increased over time, with the experimental group scoring higher on professional commitment than the control groups but not on professional self-efficacy	Tracked the retention of graduates for only three months
Liao, L., Xiao, L. D., Chen, H., Wu, X., Zhao, Y., Hu, M., Hu, H., Li, H., & Yang, X. (2020).	Examine mentorship programs nursing home staff members have taken part in and what they think are the challenges of implementing mentorship programs.	Design: The systematic review and qualitative meta-synthesis Sampling Method: I searched the following six databases from the earliest available date to April 2019: CINAHL, Ovid MEDLINE(R), Ovid Embase, Scopus, Web of Science, and PsycINFO. Subjects: The review formed eight research studies, three mixed-method studies analyzing qualitative results, and five were qualitative studies.	Level 1	Interventions: None Outcomes: The meta-synthesis has provided synthesized qualitative evidence that can guide the design, implementation, and revision of nursing home mentorship programs.	Three elements affect the execution of successful mentoring programs: the ability of the mentor, the opportunity for the mentorship, and the motivation for the mentorship	Strengths: The findings are consistent with other studies. Yes, can use the components of the mentorship program. Limitations: May have missed some papers in review. The review was focused on nursing staffing.
Marufu, T. C., Collins, A., Vargas, L. A., Gillespie, L., & Almghairbi, D. (2021).	An extensive update on the variables influencing hospital nursing staff retention was compiled in this review.	Design: Systematic review Sampling Method: EMBASE, MEDLINE, ScoPUS, CINAHL, and NICE Evidence. Subjects: Sixty-eight full-text studies were screened, yielding 46 papers and a total sample size of 44336 participants across the studies eligible for inclusion.	Level 5	Interventions: None Outcomes: Long-standing factors have been linked to employee turnover; therefore, a high priority should be given to evaluating current workforce strategies to reduce the impact of these factors	Nine domains were identified as having an impact on staff turnover: financial compensation, personal influences, demographic influences, staffing levels, professional issues, education and career advancement, nursing leadership and management, and organizational (work) environment	Strengths: The authors independently carried out the data extraction, quality assessment, and comprehensive search strategy while closely adhering to PRISM guidelines. The team came to a consensus about the findings Limitations: Nine studies found that another issue with retention was the absence of allied health professionals and peer support. The authors noted that there were few studies from developing countries and rural hospital settings, and that the review only looked at retention factors for hospital nurses, which limited the applicability of findings to nurses working in other healthcare settings

Mayers, S. A., Cook, S. K., Rantala, C., Israel, T., Helmer, T., Schorr, M., Campos, G., Hahn, D. L., Pimentel, P., Wynn, M. T., Edwards, T., Stroud, M., Harris, P. A., & Wilkins, C. H. (2023).	To describe the creation and contents of this new toolkit.	Design: Qualitative study, including the development of tools. Sampling Method: Consultative method of engagement Subjects: 1,357 community stakeholders living in 17 states.89 CE Studios were selected	Level 4	Interventions: RIC Recruitment & Retention Materials Toolkit Outcomes: Research teams can easily access professionally designed, easily customizable recruitment and retention materials on a user-friendly, no-cost platform by using the templates that are provided.	To successfully enroll and keep a diverse, representative study population, recruitment and retention materials are essential. Toolkit provides a free, well-designed, community-informed template collection and a central repository of compiled best practices	Strength: The toolkit offers instructions on how to use quick response (QR) codes on study materials so that prospective participants can get instant access to more study information. To protect privacy, digital recruitment materials that are accessible through QR codes can be viewed on a personal phone or tablet. Limitations: Excludes materials designed for historically marginalized and excluded groups. There are numerous nuances to consider when producing materials for these populations and medical conditions, and research teams are urged to change and personalize the offered templates to suit the participant demographics of their study. Not meant to replace but enhance.
Pressley, C., & Garside, J. (2023).	Investigate the elements that affect registered nurses' desire to continue their careers in the medical field.	Design: A systematic review and narrative synthesis Sampling Method: Searches were conducted to find research using key search terms in the CINAHL, Medline and Cochrane Library databases. Thirty-four studies were found from CINAHL, Medline and Cochrane library databases. Subjects: Thirty-four studies found from CINAHL, Medline and Cochrane library databases.	Level 1	Interventions: None Outcomes: Nurses kept when the environment and culture of the workplace satisfy their needs on a personal and qualified level.	Thirty-four studies shown that nurses stay if they have job satisfaction and/or if they are committed to their organizations.	Strength: Level 1 discuss why nurses stay and care role Limitation: Although studies on English language ability were included, there were significant differences in the program designs and contexts, as well as in the methods used to measure the data outcomes, which prevented us from conducting a meta-analysis, combining the results, and drawing a general conclusion.
Smith, E. J., Morrell-Scott, N., Roberts, D., & Jones, I. (2024)	The study's aim was to investigate student nurses' experiences following a nurse-led primary research study placement	Design: Qualitative study Sampling Method: data collection method of using drawings	Level 5	Interventions: Research placement Outcomes: The students becoming more enthusiastic and	The researchers developed the following themes: researcher collaborations, improved communication, practice makes perfect, making a difference,	Strength: Items to include in the educational toolkit. Limitation: Students are challenged differently compared to a normal clinical setting.

		as creative artifacts. Artifacts have been used in other studies which examine the learning experiences of student nurses Subjects:18 nursing students who were enrolled in a United Kingdom university		engaged in research than they had previously, it was clear that the experience proved to be a more meaningful way of teaching than other approaches to teaching about research that they had previously met.	increased confidence, enhanced skills, and other people's perspectives.	
Snyder, A., Whiteman, K., DiCuccio, M., Swanson-Biearman, B., & Stephens, K. (2023)	This quality improvement (QI) project set out to create, put into practice, and assess a stay interviewing process for nurse leaders to give them information on how to engage and keep nurses.	Design: qualitative study Sampling Method: Purposive sampling Subjects: Registered Nurses;524-bed quaternary academic medical center	Level 4	Interventions: Interviews with 5 questions Outcomes: Stay interviews are a workable and successful way to start discussions with employees about their reasons for staying or for leaving, and based on the findings, develop both individual and group retention strategies.	RN turnover increased year over year from pre-pandemic to current year-to-date 2022 in the hospital and on both units. Hospital RN turnover increased from 24.0% in 2021 to 36.1% in 2022.	Strength: The data obtained from these interviews can be used to enhance the current practice setting and encourage registered nurses who are finishing their travel contracts to work for the company on a permanent basis. Limitations: The project's limitations included a small sample size, completion of only two units in one hospital, and non-generalizable results. Incapacity to decide whether nurses were honest with their managers
Tan, A. K., Capezuti, E., Samuels, W. E., Backhaus, R., & Wagner, L. M. (2024).	The goal of the study was to examine the possible mediating role of the nurse practice environment on the intent to stay among individuals with elevated levels of moral distress, as well as the relationships between the three variables—moral distress, intent to stay, and nurse practice environment.	Design: Descriptive, cross-sectional survey using targeted sampling. Sampling Method: online national survey of long-term care nurses' perceptions of their intent to stay, moral distress level. Using Facebook, a nationwide sample of licensed nurses in the United States. Subjects:215 participants completed. The study included participants who held a direct care position in a long-term acute care	Level 4-cross-sectional design	Interventions: Interventions are essential to reduce moral distress and increase nurses' intention to stay in their position, the organization, and the nursing profession. These include leadership development programs, interdisciplinary approaches to care, and team-building exercises to enhance the nurse practice environment.	The average moral distress score was low, while the average scores for the nurse practice environment and intent to stay were high. There was a significant, negative correlation between moral distress and the nurse practice environment ($\beta = -0.41$), and a significant, positive correlation between the nurse practice environment and intent to stay ($\beta = 0.46$).	Strength: Although a level 4, would use the survey information. Limitations: Being a cross-sectional design. Obtaining sample from Facebook

			hospital, in-resident rehabilitation facility, or skilled nursing facility as RN or LPN/LVN	Outcomes: While the mean nursing practice environment and intent to stay scores were high, the mean moral distress score was low.		
Taylor, E. V., Lalovic, A., & Thompson, S. C. (2019).	Identify the elements influencing Indigenous students' retention in all post-secondary health fields and to pinpoint tactics that encourage them to stick with their studies.	Design: Systematic literature review (Mixed Methods Assessment Tool) Sampling Method: From July to September 2018, eight electronic databases were thoroughly examined. Subjects: 26 articles met the criteria for inclusion out of 76 assessed for eligibility.	Level 1: Systemic Review	Interventions: to increase retention that were explained or assessed from the viewpoint of the faculty or school were broken down into their component parts, which were then grouped chronologically according to the events that took place during the students' time at the university and mapped to a diagram. The frequency at which each strategy was reported was also measured. Outcomes: The most effective retention strategies were multi-layered and included hiring and selection procedures that were culturally proper, extensive orientation and pre-entry programs.	Found 26 articles that satisfied our inclusion requirements. The outcomes of our search and screening procedures at each level	Strengths: It is level 1 and will use the tool assessment as a guide. Limitations: Limited by the quality and quantity of research that is proper for inclusion; majority of research is descriptive in nature and most of the research did not assess intervention.
Thoele, K., Ferren, M., Moffat, L., Keen, A., & Newhouse, R. (2020)	The parent study's aims were to: (1) decide whether the use of SBIRT increased the proportion of patients who received it; and (2) assess the implementation's	Design: A descriptive case study Sampling Method: Subjects:14 acute care	Level 4	Interventions: Implementing SBIRT in acute care hospitals Outcome: Resources	The final toolkit comprised 54 tools that were either specifically chosen or developed to define the intervention, interact, and communicate with	Strengths: Toolkit components and factors considered. Limitations: Stakeholders were employed by a single healthcare system, and instruments might not be suitable in other contexts. The case study

cost	hospitals developed tools. from August 2017 through June 2019		for the implementation of more evidence-based interventions may be developed using the same methodology that was used to create this implementation toolkit	stakeholders, evaluate training and implementation effectiveness, train clinical nurses and other stakeholders, assess readiness and plan for implementation, develop policies and procedures for various contexts, and find opportunities for reimbursement.	method is not rigorously scientific and may restrict the results' applicability to larger populations.
Woodward, K. F., & Willgerodt, M. (2022).	Understand elements that influence RN work outcomes in the US and review how equity and wellness ideas are incorporated into this literature.	Design: used the Preferred Reporting Items for Systematic reviews and Meta-Analyses protocol Sampling Method: Thirty-four studies in review from PubMed and CINAHL Subjects: Registered nurses have been the focus in the US for the past ten years	Level 1	Interventions: Overall, 15% of studies reported results of an intervention. Three used a training program or other. Support structure for NLRNs and two involved interventions related to the work environment. Outcomes The most common outcome was the intent to leave. The studies included in this review assessed work outcomes, including turnover, retention, intent to quit, and intent to stay.	Factors at the individual, unit, and organizational levels influence RN outcomes. Effects of equity & wellness on RNs and their decision-making need to be understood.	Strength: The review offers a current assessment of the status of the research on RN outcomes and points out areas that need more in-depth investigation. Limitations: Articles were not chosen and were missed. Next research must incorporate samples from more diverse practice settings, concentrate on interventions that support favorable results, and pay attention to equity and RNs' well-being.
Zhang, Y., Huang, X., Shuang-Yan, X., Xu, C., Feng, X., & Jin, J. (2019).	The goals were to identify how a one-on-one mentorship program differs from a standard preceptorship program.	Design: a three-year longitudinal, non-randomized control study. Sampling Method: New graduate nurses recruited in August 2013 were assigned to the control group and received a basic preceptorship, while the nurses in 2014 were	Level 4	Interventions: Following a three-week intensive orientation that included an introduction to the hospital & nursing department, rules & policies of the hospital and nursing department, patient	Turnover rates for the experimental group were 3.77%, 3.48%, and 8.11% as compared to 14.07%, 9.36%, and 14.19% for the control group at the end of the first three years, respectively.	Strengths: Longitudinal Design, Comparative Analysis, Real-World Application and Quantitative Outcomes Limitations: Done in China and not the US. It did not use a randomized control study and was conducted in a single organization.

		considered the experimental group for implementing a one-on-one mentorship program. Subjects:239 newly graduated nurses in the experimental group and 199 in the control group.		safety goals, essential life support, and a demonstration and test of basic nursing skills, all newly graduated nurses in both groups were placed in a unit. Outcomes: A one-on-one mentoring program can help new graduate nurses stay in the workforce, especially in their first year.		

Appendix B

IRB Approval

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

May 7, 2024

Adriane Anthony-Cupil
Folashade Odedina

Re: IRB Application - IRB-FY23-24-1860 Improving nursing retention through mentorship in long term care facility:
An educational toolkit

Dear Adriane Anthony-Cupil and Folashade Odedina,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office
for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds that your
study does not meet the definition of human subjects research. This means you may begin your project with the
data safeguarding methods mentioned in your IRB application.

Decision: No Human Subjects Research

Explanation: Your study/project is not considered human subjects research because evidence-based practice
projects are considered quality improvement activities, which are not "designed to develop or contribute to
generalizable knowledge" according to 45 CFR 46.102(l).

Please note that this decision only applies to your current application. Any modifications to your protocol must be
reported to the Liberty University IRB for verification of continued non-human subjects research status. You may
report these changes by completing a modification submission through your Cayuse IRB account.

**For a PDF of your IRB letter, click on your study number in the My Studies card on your Cayuse dashboard. Next,
click the Submissions bar beside the Study Details bar on the Study Details page. Finally, click Initial under
Submission Type and choose the Letters tab toward the bottom of the Submission Details page.**

Also, although you are welcome to use our recruitment and consent templates, you are not required to do so. **If you
choose to use our documents, please replace the word *research* with the word *project* throughout both documents.**

If you have any questions about this determination or need assistance in determining whether possible modifications
to your protocol would change your application's status, please email us at irb@liberty.edu.

Sincerely,

Research Ethics Office

Appendix C

CITI Program

CITI PROGRAM

Completion Date 24-Jan-2024
Expiration Date 24-Jan-2027
Record ID 60622552

This is to certify that:

Adriane Anthony-Cupil

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Biomedical Research - Basic/Refresher
(Curriculum Group)
Biomedical & Health Science Researchers
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Liberty University

CITI
Collaborative Institutional Training Initiative

101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

Generated on 24-Jan-2024. Verify at www.citiprogram.org/verify/?w8133537d-b4a9-4ad9-bb37-18850fcf4cb0-60622552

Appendix D

Letter of Support from Site

February 29, 2024

This letter serves as confirmation of organizational support for Adriane Anthony-Cupil to perform their DNP project titled "Improving nursing retention through mentorship in long term care facility: An Educational Tool Kit". This project will assist in improving nursing retention rates for our organization. We commit to supporting implementation of this project within ███████████████. We commit to providing on-site guidance, and appropriate resources (as applicable) for the project initiatives, including securing any needed approvals for data collection and storage in accordance with our local site requirements and institutional policies and procedures. Adriane Anthony-Cupil will serve as the site organizational sponsor and is qualified to serve in this role due to her current role as a DNP student.

Sincerely,

Appendix E

AMSN Permission

Academy of Medical-Surgical Nurses

East Holly Avenue, Box 56
Pitman, New Jersey 08071-0056
Phone: (866) 877-2676
Fax: (856) 589-7463
amsn@ajj.com
www.medsurgnurse.org

Appendix F

Intent to Stay in the Job Survey

The survey was removed to comply with copyright. The survey may be accessed online through the

Academy of Medical-Surgical Nurses website, https://www.amsn.org/professional-development/mentoring

Appendix G

Job Satisfaction Scale

The survey was removed to comply with copyright. The survey may be accessed online

through the Academy of Medical-Surgical Nurses website, https://www.amsn.org/professional-

development/mentoring

Appendix H

IOWA Model Permission Letter

[External] Permission to Use The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care

████████████████ University of Iowa Hospitals and Clinics ◄████████████████████

Mon 1/15/2024 5:54 PM

To:Anthony-Cupil, Adriane Nichole ◄████████████████████

You don't often get email from survey-bounce@survey.uiowa.edu. Learn why this is important

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

You have permission, as requested today, to review and/or reproduce *The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care*. Click the link below to open.

Iowa Model - 2015.pdf

Copyright is retained by University of Iowa Hospitals and Clinics. **Permission is not granted for placing on the internet.**

Reference: Iowa Model Collaborative. (2017). Iowa model of evidence-based practice: Revisions and validation. *Worldviews on Evidence-Based Nursing, 14*(3), 175-182. doi:10.1111/wvn.12223

In written material, please add the following statement:
Used/reprinted with permission from the University of Iowa Hospitals and Clinics, copyright 2015. For permission to use or reproduce, please contact the University of Iowa Hospitals and Clinics at 319-384-9098.

Please contact UIHCNursingResearchandEBP@uiowa.edu or 319-384-9098 with questions.

Appendix I

Participants' Consents

Research Participants Needed

Improving nursing retention through mentorship in long term care facility:
An educational tool kit

Are you 18 years of age or older?
Are you a Licensed Vocational Nurse?

If you answered **yes** to both questions listed above, you may be eligible to participate in a research study.

The purpose of this research study is to increase nurse retention through mentorship in long-term care facilities using an educational toolkit. The goal of the educational toolkit is to assist supervisors at all levels in building connections that will further their professional and personal growth.

Participants will be asked to do the following: Complete a pre and post questionnaire (15 minutes each). Participate in mentorship program with incorporating the educational toolkit that will be provided.

Names will be requested as part of this study, but participant identities will not be disclosed.

A consent document is provided as the first page of the survey will be given to you if you meet the study criteria will be given to you prior to completing the pre-questionnaire.

Recruitment
Flyer-Licensed Vocal

Research Participants Needed

Improving nursing retention through mentorship in long term care facility:
An educational tool kit

Are you 18 years of age or older?
Are you a Registered Nurse?

If you answered **yes** to both questions listed above, you may be eligible to participate in a research study.

The purpose of this research study is to increase nurse retention through mentorship in long-term care facilities using an educational toolkit. The goal of the educational toolkit is to assist supervisors at all levels in building connections that will further their professional and personal growth.

Participants will be asked to do the following: Complete an in-person interview before implementation (30 minutes). Implement the educational toolkit into the mentorship program.

Names will be requested as part of this study, but participant identities will not be disclosed.

A consent document is provided as the first page of the survey will be given to you if you meet the study criteria will be given to you prior to completing the initial interview.

Adriane Anthony-Cupil, a doctoral candidate in the School of Nursing at Liberty University, is

Recruitment
Flyer-Registered Nu

Appendix J

Interview Questions for Mentors

Interview Questions for Nurse Management (Mentors)

The method of collection of data for the study includes six open-ended questions in a face-to-face interview to gather the data:

1. What strategies do management utilize in long-term care facilities to reduce nurse turnover?

2. What are some common communication challenges you've observed among nursing staff, and how do these challenges impact retention?

3. How would you describe the current communication dynamics within our long-term care facility?

4. What ways do mentees/nurses verbalize concern without possibility of retaliation?

5. What do you believe are the most significant challenges nurses face when transitioning to long-term care?

6. How do you think a mentorship program could help address these challenges?

Please note: The researcher plans to take notes of observations during the interview.