The Art of Nurse Mentoring: A Framework of Support

Diane S. Kramer, MSN-Ed, RN; Victoria Y. McCue, PhD, MSN, RN, CPN; Eve Butler, PhD, RN; Andrea S. Prentiss, PhD, CNS-BC, ARNP-BC; Maria M. Ojeda, DNP/PhD, MPH, BA, APRN, RN, NP-C, BC-ADM; Kayce K. Tugg, MSN, RN; Vivian Fuentes, DNP, RN, CEN; Sally Bonet, MSN, RN

ABSTRACT

Introduction: Nursing mentoring relationships are vital to the advancement of personal and professional growth in nursing. Mentoring has been identified as an effective method to decrease turnover resulting in retention of experienced nurses. Despite the benefits of a mentoring relationship, barriers exist in creating and cultivating a formal mentoring program in the hospital setting.

Methods: A qualitative descriptive study that explored nurses' perceptions of a mentoring culture within a hospital environment was used. Open-ended, conversational-style interviewing techniques with a semi-structured interview guide were utilized to gain a full description of nurses' perceptions of a mentoring culture within a hospital environment.

Results: A structural model of mentoring as perceived by hospital nurses was developed from the data. Five overarching themes with corresponding subthemes emerged from nurses' perceptions. (1) Mentoring culture: various mentoring models, informal vs formal, leader focused, and evolving. (2) Experience with mentoring: going above and beyond, lifetime relationships, personal/professional growth, and feeling cared for. (3) Benefits: connections, development, retention, stability, patient safety, and making a difference. (4) Barriers: time, patients/patience, competition, knowledge deficit regarding mentor verses preceptor roles, lack of incentives, and receptiveness. (5) Paradigm shift: match generational and cultural differences, resources, and face-to-face.

Discussion: The study results have identified mentoring as an integral aspect of personal and professional growth within the hospital environment. The rewards of mentoring or being mentored can be translated into increased nursing retention and improved nursing job satisfaction.

Keywords: Mentoring, mentoring professional relationship, nurses, retention, acute care, mentoring model

INTRODUCTION

A mentor can be defined as a more experienced person who promotes the career growth and psychosocial development of a novice professional (Posluszny, 2014). Mentors are willing to invest their time and provide guidance to their mentees. Nurses at all levels are accountable to develop themselves and others through mentoring (Creta & Gross, 2020). Mentoring has been identified as an effective method to decrease turnover resulting in retention of experienced nurses. By the year 2030, it is projected the United States will have a nursing shortage exceeding 500,000 with areas in the South and West experiencing the greater deficits (Zhang et al., 2018).

To mitigate the effects of the nursing shortage, healthcare organizations are tasked with implementing programs that focus on the recruitment and retention of their nurses. Effective structured mentoring programs have proven to be effective in promoting job satisfaction, which leads to staff retention. According to Roma (2017), mentoring can be associated with a decrease in turnover rates and a contributing factor in the stability of the nursing workforce. Mentoring models provide guidance and the foundation for successful mentoring programs

within the hospital setting. The purpose of this study was to understand the nurse mentoring culture within a hospital environment and develop a mentoring model that will guide and support a mentoring program.

History of Mentoring Models

There is a paucity of evidence depicting the development of mentoring models within the nursing literature. Several studies differ in regards to populations of interest which included staff nurses (Angelini, 1995), student nurses (Wagner & Seymour, 2007), nurse-educators (Seekoe, 2014), and mentors (Gray & Brown, 2016). Only two studies (Angelini, 1995; Gray & Brown, 2016) described the collection of empirical data in the development of a mentoring model. Participants in those studies were either not well-described (Gray & Brown, 2016) or the sample lacked diversity with regard to race and gender (Angelini, 1995). These findings indicate that further empirical research is warranted to help identify the elements that contribute to successful mentoring programs. A more comprehensive understanding of successful mentoring may be gained by including participants that are demographically diverse (e.g., race, gender, etc.) and by eliciting the perceptions of nurses in various roles (mentors, mentees, staff nurses, and managers) within organizations.

METHODS

A qualitative descriptive study approach that explored nurses' perceptions of a mentoring culture within a hospital environment was used. Open-ended, conversational-style interviewing techniques with a semi-structured interview guide were utilized to gain a full description of each nurse's perceptions.

Setting, Sampling and Recruiting

The setting for this study was a large not-for profit healthcare organization in Southeastern United States. Following Institutional Review Board approval, all nurses employed at one of six hospitals within the healthcare organization were invited to participate. Recruitment was accomplished through convenience sampling utilizing email distribution and flyers. Twenty-one focus groups were scheduled over a two-month period in which 42 nurses participated in the study.

Prior to the start of the focus group interviews, the nurses were educated about the study,

asked to read the informed consent, and given ample time for any questions. Research personnel left the room for approximately 5 minutes to allow them to make an independent decision. Potential participants were told they could leave if they chose not to participate. Those participants that stayed were given a copy of their signed consent for their records.

The nurses that agreed to participate were also asked to complete a demographic questionnaire. This took approximately 10 minutes. No identifiers were placed on the questionnaire. The participants were told they could complete all, none or some of the questionnaire. Questionnaires, regardless of completion status were placed in a designated collection envelope.

Data Collection and Analysis

Each participant completed a demographic survey consisting of seven questions. During the focus groups, four questions were asked using open-ended, conversational-style interviewing techniques with a semi-structured interview guide followed by probes to elicit more specific information to gain a full description of each nurses' perceptions (see Table 1). Using participant pseudonyms to ensure confidentiality, all interviews were audio-recorded and field notes were made during the interview process. Interviews were transcribed verbatim with transcripts and compared with audio recordings to ensure accuracy. Each transcript was read at least once without taking notes to obtain a clear overview of the nurses' perceptions. Text was then read again multiple times by each individual research personnel recording possible themes related to the research questions.

Following Miles et al. (2013) methodology for analyzing qualitative data, text was read again and words or short phrases were used to detect recurring patterns related to the research questions and develop codes. Similar codes were then clustered together creating a smaller number of categories, or pattern codes. The pattern codes summarized categories or themes, causes or explanations, relationships among people, and theoretical constructs. Codes were analyzed to develop concepts, which were grouped according to commonalities to create categories, or themes. Themes by each researcher were extrapolated and discussed amongst the researchers until consensus was obtained.

Table 1

Interview Questions

1. How would you describe mentoring culture at our healthcare organization?

2. What are benefits and barriers of a mentoring culture at our organization?

3. Can you please share any of your experiences of being a mentor or a mentee?

4. Can you please share what is the value of mentoring in your professional growth and development in the organization?

RESULTS

Focus group participants consisted of bedside nurses (42.9%, $n = 18$) and nurse leaders (57.1%, $n = 24$). At the time of the interviews, 24% ($n = 10$) of participants were currently serving as a mentor and 16% ($n = 7$) were being mentored. The mean age of participants was 48 years ($SD = 11.20$, $range = 30 - 70$) with a mean of 22 years of experience ($SD = 11.99$, $range = 4 - 50$). The mean years working at the hospital was 15 ($SD = 10.35$, $range = 3 - 50$). Most of the participants were female (90.7%, $n = 38$), 9% male ($n = 4$). A majority (53. 5%, $n = 23$) attended some sort of mentor training program and 46.5% ($n = 20$) had no type of mentor training. The demographic characteristics of the sample are presented in Table 2.

During the focus groups, participants were asked a series of open-ended, semi-structured questions to gain an understanding of the nurses' perception of mentoring within the organization. Five overarching themes with corresponding subthemes emerged from the focus group interviews: "mentoring culture", "experience with mentoring", "benefits", "barriers", and "paradigm shift" (See Table 3).

Theme One: Mentoring Culture

It became readily apparent that participants had different perceptions of the organization's mentoring culture and furthermore, had a lack of understanding of what mentoring was. Participants described the mentoring culture as having various mentoring models and expressed it was leader focused. One participant said, "When I first started…my mentor was not professionally trained or didn't go to any classes. I was only mentored for a few weeks and then thrown to the wolves, no follow up." While another participant said, "They (organizational learning) assign you, so if a new leader gets hired, they might ask us do you mind mentoring this person and then you say yes and they send you guidelines and how to do that."

The most notable finding was the distinct knowledge deficit regarding the role and responsibilities of a mentor verses a preceptor in the hospital environment. Multiple participants in leadership and non-leadership roles, when asked about mentoring, conveyed different preceptor programs that were developed and implemented for new nurses.

Theme Two: Experience with Mentoring

Participants shared stories, recalling with vivid details, of experiences with their mentors and how those experiences have shaped them as the nurses they are today. One leader said, "…she took the time to really teach me about management, teach me about the role of nursing. I really didn't know much about our career or profession and she really took the time to explain where we were in the hospital as nurses and what was our value to health care. …as a leader how we need to grow and what are the things we needed to know as leaders, so it was really valuable…I really think that I took those concepts and those have run through my thirty years and probably about twenty of them in leadership." Another participant stated, "I was in a position of patient care supervisor and I feel like my nurse manager acted as a mentor to me…It was very hard for me to deal with employee conflicts between staff members.…my mentor had informal sessions with me, she would…role-play with me. I mean, not every manager would do that and she did this on quite a few occasions. It was a need that she saw…she wanted to increase my effectiveness as

Table 2

Demographics (N=42)

Characteristic	%	Mean	SD	Range
Age		48	11.20	30-70
Years of Experience		22.18	11.99	4-50
Years working at the institution		14.88	10.35	3-50
Gender				
Male	9.3			
Female	90.7			
Role				
Non-leadership	42.9			
Leadership	57.1			
Attended formal mentor program				
No	46.5			
Yes	53.5			
Currently serving as a mentor	24			
Currently being mentored	16			

a supervisor and I think she genuinely wanted to help me."

Theme Three: Benefits

All participants recognized the benefits of mentoring and perceived mentoring as a way to facilitate professional growth and development for both the mentor and mentee. As expressed by one participant, "The benefits, yeah you learn a lot, both of you, the mentee and the mentor…it opens up new opportunities, new possibilities." Another participant found value as a mentor in the form of self-realization and stated, "When a mentor can share his or her experiences, it's almost as if you're looking at yourself. You are looking at yourself and your career…you now realize you can actually give advice and it's almost a self-realization."

Another benefit identified was the relationship of mentoring to nurse retention. Participants believed that a good mentorship program was fundamental for nurse retention. "I think if people have a more nurturing and mentoring environment, people would want to stay where they're at rather than just venturing off into lands unknown." This was supported by another participant who said, "I think a benefit is less turnover because you have someone that's invested. You know their time, energy, a good positive attitude. You're more likely to put out somebody that's more engaged." Another participant expressed, "In my own experience, if I hadn't had a good mentor, I think I would've quit. It was important that I had someone there supporting me, encouraging me, helping me with the knowledge that they had." One of the participants revealed patient safety as a benefit of

19

Table 3

Themes and Subthemes

Overarching Theme	Subtheme
1. Mentoring culture	Various mentoring models Informal vs formal Leader focused Evolving
2. Experience with mentoring	Going above and beyond Lifetime relationships Personal/professional growth Feeling cared for
3. Benefits	Connections Development Retention Stability Patient safety Making a difference
4. Barriers	Time Patients/patience Competition Knowledge deficit regarding mentor verses preceptor role Lack of incentives Receptiveness
5. Paradigm shift	Match generational and culture Differences Resources Face to face

mentoring, "I also think it provides a lot of patient safety when you have that good relationship and you feel like somebody's got your back."

Theme Four: Barriers

The universal barrier identified by leadership and staff participants was having the time to mentor. However, many of the participants said this could be overcome if there was a desire to do so. One participant conveyed, "A barrier is time…you need it (mentoring) but you don't put it on your priority as high." Another participant also saw time as a potential barrier, "Time is the issue…depends on how well the connection is made because you can make the time…we always have too many things on our plate, and we can always kind of push and make the time when we think it's valuable." Lastly, one participant summed it up as "I think in the long run if people could look ahead a little bit and see the time

invested, how it's going to pay off in the future, but a lot of people cannot see that."

Theme Five: Paradigm Shift

A few of the participants felt as if culture and gender should be taken into account when matching the mentor/mentee dyad. The challenges of working in a culturally diverse workforce was expressed by one participant, "Culture is very important because there's things I could say that you don't understand…I'm telling you our expressions, facial expressions…people don't understand me." Another participant stated, "When you are a minority (male), you very seldom get an opportunity to have another male be your mentor…I think something can be done, it can be improved."

Finding creative ways to maintain the mentor/ mentee relationship was expressed by some of the

participants. One participant suggested, "maybe more videoconferencing…more flexibility should be integrated into maintaining the mentoring relationship." Another participant spoke about their personal experience, "I had to be creative… my mentee and I were far away from each other…we had to be creative on how we were going to meet, so you have to have a willingness, a certain amount of requirement, otherwise it goes by the wayside."

Framework of Support

In analyzing the five overarching themes with corresponding subthemes, the research team developed *The Art of Nurse Mentoring Model* (see Figure 1) from the perceptions expressed by the participants to establish a framework of support for mentorship of nurses. Trust forms the foundation of successful mentoring programs. Surrounding the core concept of trust as a foundation, is building a culture of mentoring through directly addressing the barriers as well as benefits supported at all levels in the organization. Identifying the evidence of mentoring outcomes and the effects of mentoring on employees, unit culture in the facility, as well as the impact on the organization is essential to capture the full extent of its advantages.
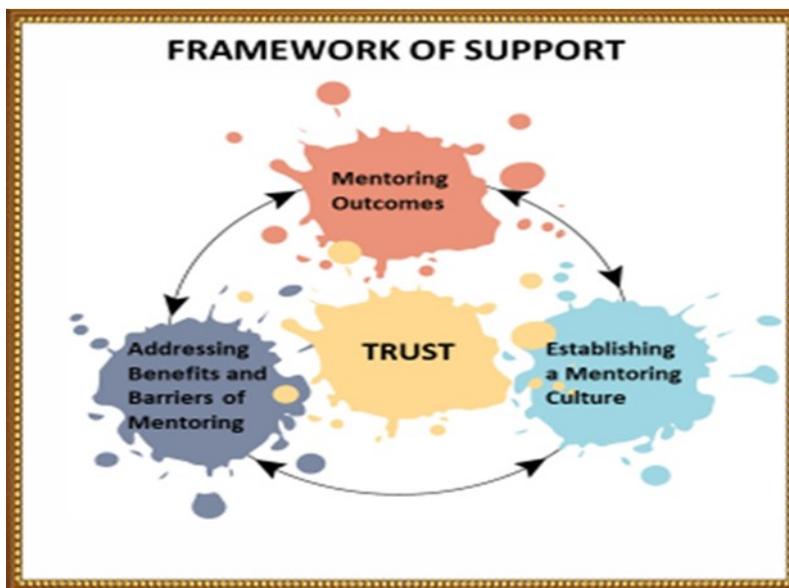
DISCUSSION

Through the data analysis and emerging themes of this study, a framework of mentoring support was developed to create and sustain a mentoring culture among all stakeholders. According to Regis College (2020), many nurses harbor apprehension as well as inquiries that are not addressed, leaving them to harbor feelings of dissatisfaction and disillusionment. Providing a support system where non-judgmental dialogue can take place and individualized goals are structured will empower nurses to develop, build engaged teams, and generate higher retention rates. Current as well as impending nursing shortages provide key stakeholders a venue to collaborate and cultivate an environment of support (Collard et al., 2019). Experienced nurses have a professional responsibility to devote time, sharing their knowledge to assist others' growth in nursing. Misconceptions surrounding mentoring have created a gap in knowledge as well as the practice of mentorship.

Gray and Brown (2016) conducted a qualitative study to gain an understanding of how experienced mentors involved in a new mentor-training program compared their experiences in the new program to their experiences in a previous program. Three themes, with supporting

Figure 1

The Art of Nurse Mentoring

FRAMEWORK OF SUPPORT

Mentoring Outcomes

TRUST

Addressing Benefits and Barriers of Mentoring

Establishing a Mentoring Culture

exemplars emerged from the study: personal investment, contextual perceptions, and intellectual facets. Comprehensive preparation for mentors, a supportive culture, and embedding the experience of mentoring within the practice environment were cited as key to ensuring the success of the mentorship program (Gray & Brown, 2016). Kostrey and Horner (2017) surveyed 37 nurse practitioners on mentoring and job fulfilment. Results of that study revealed a relationship between being mentored and job satisfaction. The participants felt that having a mentor was a positive experience. According to Jones (2017), mentoring is a successful approach for cultivating nurses in challenging environments within the ever-changing demands of our health care system.

True Mentoring Culture

Constructing a culture of mentoring centers around continually building knowledge in a supportive and trusting work place. In order to be effective, mentoring programs must be created with clear guidelines, established criteria, prescribed education, training, and supportive components. Similarly, it is essential to clarify the roles of mentors verses preceptors and to address possible barriers that could diminish the mentor/mentee relationship. The study results revealed that nurses' perceptions of a mentoring culture were uniquely different. Nonetheless, participants expressed confusion on the role of a mentor compared to a preceptor. Billings and Kowalski (2019) asserted that considerable confusion remains surrounding the differences between mentoring and preceptorship. The confusion described by the participants in this study validates the need for prescribed education and training.

Benefits

Formal and informal mentorship programs are commonly implemented to support growth and development of new graduates as well as experienced nurses in hospital settings. According to Zhang et al. (2016), structured mentorship has shown to be significant in assisting new nurses' transition to practice. Several participants in this study felt that without the support from their mentor they would have resigned. Mentorship has shown to have a direct impact on a reduction of turnover, increasing proficiency of nurses' abilities and confidence levels, as well as creating a culture of support and safety. Davey et al. (2020) found that effective mentoring gave nurses increased confidence and competence at problem solving which resulted in higher levels of well-being and resilience. Similarly, Miller et al. (2020) discovered the benefits of mentoring resulted in improved job satisfaction and retention.

Additionally, Hale (2018) asserted that effective mentoring in healthcare organizations produces several return on investments. Return on investments can include positive work engagement, improved retention, improved work satisfaction, increased workplace safety, and professional and personal growth. The American Nurses Credentialing Center's (ANCC, 2019) Magnet designation places a great emphasis on mentoring as a standard of excellence in nursing practice. A hospital seeking to become an ANCC Magnet organization can achieve this requirement by establishing a true mentoring culture. Programs specific to nurse mentoring have the ability to fortify and sustain nursing (Evans et al., 2020; Hoover et al., 2020).

Barriers

The most prominent barrier expressed by the study participants was not having sufficient time to contribute to a nursing mentor program as either a mentor or mentee. Likewise, Sheppard-Law et al. (2018) highlighted that lack of time was a significant barrier for the success of a nurse-mentoring program. Giving both the mentor and mentee, ample time to establish and grow a mentoring relationship is the foundation for a successful program. Additionally, participants highlighted the role confusion as described earlier as a significant barrier. In order to mitigate these barriers, healthcare organizations must make a commitment to provide the resources needed for nurse mentoring programs to thrive. These resources include providing the financial backing to give nurses the time, education, and needed support to create a successful mentoring framework built on trust.

Strengths and Limitations

A major strength of this study was the development of a model for successful mentoring programs within the acute-care hospital setting. The fact that the model was developed based on the responses of nurses working in that environment boosts its relevancy and potential for application in the real world. One limitation to this study was the recruitment of participants. A convenience sampling strategy was utilized in

which all registered nurses employed within one healthcare organization were invited to participate. However, 57 percent of the participants were in nursing leadership roles and only 43 percent of the participants were in non-leadership roles. Therefore, nurses in non-clinical and leadership roles may have been overrepresented in the sample; this also limits the external validity of the findings. Although the perceptions of the participants in a leadership role were valuable to this study, a purposive sampling strategy could have been utilized to capture a greater proportion of the population of clinical nurses at the organization. Another limitation to this study was restricting the study to one healthcare organization in the Southeastern United States. Recruiting participants from other healthcare organizations could have brought additional perceptions surrounding mentoring in the hospital setting.

Recommendations

There is a gap in knowledge regarding the role of the mentor and the time involved in mentorship. Creating an awareness and understanding of the different roles of mentors and preceptors, articulating the time it takes to mentor, and educating all employees about the impact mentoring has are essential to establish a culture of mentoring. In order to build momentum and sustain a mentoring program, buy-in from all stakeholders, human resources, administrators, leaders, educators and staff is necessary. The culture and components of mentoring need to be integrated into educational infrastructure at all levels in all disciplines within the organization. Additionally, having a team dedicated to support administrative tasks, continually develop the program and track outcomes is critical to evoking evidence-based results of mentorship in the organization.

Further research is warranted to explore the perceptions on nurse mentoring of clinical nurses in non-leadership positions. Similar research at other hospitals and hospital systems is needed to confirm the generalizability of the major themes that emerged in this study. Applied research using the model of successful mentoring that emerged from this research can help such organizations to refine existing programs. As a result of this study, several strategies were implemented within the healthcare organization utilizing *The Art of Nurse Mentoring Model* as a guide. These strategies included alumni mentoring program for new graduate nurses, mentoring consults, a roving mentor cart, and mentor moments. Objectives were created to elevate the mentorship program. Mentor educational objectives rooted in building trust, dispelling the myths surrounding the time it takes to mentor, creating vulnerability, developing emotional intelligence, and an ability to authentically listen and to give from the heart.

CONCLUSION

Mentoring provides a unique opportunity to pay it forward and to foster a type of individual support based on specific needs of nurse mentees in a customized manner. The study results have identified mentoring as an integral aspect of personal and professional growth within nursing careers. Additionally, the creation of the mentoring model, *The Art of Nurse Mentoring* can provide healthcare organizations the support needed to develop a mentoring program. The rewards of mentoring or being mentored translated into increased trust, confidence, role satisfaction, and giving back which leads to collaboration and retention of nurses.

DECLARATION OF INTEREST

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

AUTHORS

Diane S. Kramer, MSN-Ed, RN
Clinical Learning Educator, Baptist Health South Florida, Miami, FL, US. Correspondence regarding this paper can be directed at:
Dianek@baptisthealth.net

Victoria Y. McCue, PhD, MSN, RN, CPN
Lead Nurse Scientist, Baptist Health South Florida, Miami, FL, US.

Eve Butler, PhD, RN

Andrea S. Prentiss, PhD, CNS-BC, ARNP-BC

Maria M. Ojeda, DNP/PhD, MPH, BA, APRN, RN, NP-C, BC-ADM
Core Faculty, Walden University, Baptist Health South Florida, Miami, FL, US.

Kayce K. Tugg, MSN, RN
Clinical Learning Educator, Baptist Health South Florida, Miami, FL, US.

Vivian Fuentes, DNP, RN, CEN
Clinical Learning Educator, Baptist Health South Florida, Miami, FL, US.

Sally Bonet, MSN, RN
Manager Nurse Residency Program, Baptist Health South Florida, Miami, FL, US.

REFERENCES

Angelini, D. J. (1995). Mentoring in the career development of hospital staff nurses: Models and strategies. *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing, 11*(2), 89-97. https://doi.org/10.1016/s8755-7223(05)80024-9

Creta, A. M., & Gross, A. H. (2020). Components of an effective professional development strategy: The professional practice model, peer feedback, mentorship, sponsorship, and succession planning. *Seminars in Oncology Nursing, 36*(3), Article 151024. https://doi.org/10.1016/j.soncn.2020.151024

Collard, S. S, Scammell, J., & Tee, S. (2019). Closing the gap on nurse retention: A scoping review of implications for undergraduate education. *Nursing Education Today, 84,* Article 104253. https://doi.org/10.1016/j.nedt.2019.104253

Davey, Z., Jackson, D., & Henshall, C. (2020). The value of nurse mentoring relationships: Lessons learnt from a work-based resilience enhancement programme for nurses working in the forensic setting. *International Journal of Mental Health Nursing*, *29*(5), 992–1001. https://doi.org/10.1111/inm.12739

Evans, M. M., Kowalchik, K., Riley, K., & Adams, L. (2020). Developing nurses through mentoring: It starts in nursing education. *The Nursing Clinics of North America, 55*(1), 61-69. https://doi.org/10.1016/j.cnur.2019.10.006

Gray, O., & Brown, D. (2016). Evaluating a nurse mentor preparation programme. *British Journal of Nursing*, *25*(4), 212-217. https://doi.org/10.12968/bjon.2016.25.4.212

Hale, R. (2018). Conceptualizing the mentoring relationship: An appraisal of evidence. *Nursing Forum*, *53*(3), 333–338. https://doi.org/10.1111/nuf.12259

Hoover, J., Koon, A. D., Rosser, E. N., & Rao, K. D. (2020). Mentoring the working nurse: A scoping review. *Human Resources for Health, 18*(1), 52. https://doi.org/10.1186/s12960-020-00491-x

Horner, D. K. (2017). Mentoring: Positively influencing job satisfaction and retention of new hire nurse practitioners. *Plastic Surgical Nursing: Official Journal of the American Society of Plastic and Reconstructive Surgical Nurses, 37*(1), 7-22. https://doi:10.1097/psn.0000000000000169

Jones, S. J. (2017). Establishing a nurse mentor program to improve nurse satisfaction and intent to stay. *Journal for Nurses in Professional Development, 33*(2), 76-78. https://doi:10.1097/nnd.0000000000000335

Kowalski, K. (2019). Differentiating mentoring from coaching and precepting. *Journal of Continuing Education in Nursing*, *50*(11), 493–494. https://doi.org/10.3928/00220124-20191015-04

Miller, C., Wagenberg, C., Loney, E., Porinchak, M., & Ramrup, N. (2020). Creating and implementing a nurse mentoring program: A team approach. *The Journal of Nursing Administration*, *50*(6), 343–348. https://doi.org/10.1097/NNA.00000000000008

Posluszny, L. (2014). Shaping undergraduate professional identities through mentoring and promoting the future of nursing. *AORN Journal, 100*(6), 566-569. https://doi.org/10.1016/j.aorn.2014.09.008

Regis College. (2020). How can leaders in nursing improve nurse retention rates. *Regis College Articles*. https://online.regiscollege.edu/blog/how-can-leaders-in-nursing-improve-nurse-retention-rates/

Roma, A. (2017). *An evidence-based mentorship program for experienced nurses*. Walden University Scholar Works. https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=5134&context=dissertation s

Seekoe, E. (2014). A model of mentoring newly appointed nurse educators in nursing education institutions in South Africa. *Curationis, 37*(1), 132. https://dx.doi.org/10.4102/curationis.v37i1.132

Sheppard-Law, S., Curtis, S., Bancroft, J., Smith, W., & Fernandez, R. (2018). Novice clinical nurse educator's experience of a self-directed learning, education and mentoring program: A qualitative study. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, *54*(2), 208–219. https://doi.org/10.1080/10376178.2018.1482222

Wagner, A. L., & Seymour, M. E. (2007). A model of caring mentorship for nursing. *Journal for Nurses in Staff Development: JNSD: Official Journal of the National Nursing Staff Development Organization, 23*(5), 201-213. https://doi.org/10.1097/01.NND.0000294926.14296.49

Zhang, X., Tai, D., Pforsich, H., & Lin, V. (2018). United States registered nurse workforce report card and shortage forecast: A revisit. *American Journal of Medical Quality, 33*(3), 229-236. https://doi.org/10.1177/1062860617738328

Zhang, Y., Qian, Y., Wu, J., Wen, F., & Zhang, Y. (2016). The effectiveness and implementation of mentoring program for newly graduated nurses: A systematic review. *Nurse Education Today, 37*, 136-144. https://doi.org/10.1016/j.nedt.2015.11.027

25