

DEVELOPMENT AND IMPLEMENTATION OF A PEER MENTORING PROGRAM FOR  
UNDERGRADUATE STUDENT NURSES

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**Title**

Development and Implementation of a Peer Mentoring Program for  
Undergraduate Student Nurses

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State University's regulations and meets the accepted standards for the degree of

**DOCTOR OF NURSING PRACTICE**

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## **ABSTRACT**

Stress is evident among undergraduate nursing students (Raymond & Sheppard, 2018). Throughout their education, nursing students experience high academic demands and are exposed to numerous stressors. High stress can lead to anxiety, depression, and poor physical health (National Institute of Mental Health, n. d.). Positive coping mechanisms need to be in place in order for undergraduate nursing students to prevent the negative effects of stress.

Mentoring has been shown to decrease stress levels and enhance self-esteem by providing social support (Demir et al., 2014). Mentoring consists of a relationship between a mentee (a novice nurse or student) and a mentor (a more experienced nurse or student). Mentors provide knowledge, guidance, and enhance the mentee's learning (Brown, 2012). Mentees participate by communicating areas of need or concern. Numerous benefits occur from mentoring related to both the mentor and mentee.

Based on the need for stress relief among the undergraduate nursing population, a mentoring program was developed and implemented in an urban School of Nursing. The program was targeted to students in the pre-licensure BSN program, including senior and junior students as mentors and sophomore students as mentees. The duration of the program was eight weeks during fall semester, in which students were encouraged to meet face to face, via phone, or skype weekly for approximately 30 minutes. The program was geared toward the needs of the students, however, topics of discussion regarding stress relief, study skills/time management, leadership, and social support were offered as a guide. Students were self-directed through the program.

The program was evaluated through a mid and post program survey that assessed quantitative feedback using a Likert scale and qualitative feedback for coping skills for stress

relief, self-esteem, and program logistics. Data was collected at mid program and program completion. Surveys were sent via email using an anonymous link through Qualtrics. Overall, the mentoring program had a positive impact. Mentors developed leadership skills, confidence, and personal satisfaction. Mentees gained study habits, confidence, and social support. Both mentors and mentees described positive coping mechanisms for stress. The majority of participants recommended to continue the program at this organization.

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Many individuals have supported me throughout this journey and need to be recognized. The first person I would like to acknowledge is my committee chairperson, Dr. Heidi Saarinen. Heidi is an extraordinary mentor. She genuinely cares about her students and provides endless support and encouragement. I am blessed to have had the opportunity to work with her. In addition, I would like to thank the members of my dissertation committee: Dr. Tina Lundeen, Dr. Lisa Montplaisir, and Trish Strom. The guidance and ideas they have provided regarding my practice improvement project have been instrumental. I also would like to thank the nursing faculty and staff from this particular School of Nursing. Their desire to improve the health and well-being of their students is inspiring.

Finally, I would like to thank the students who participated in this mentoring program. They have dedicated valuable time and commitment to this project. I am grateful for the passion they have shown to make a difference in the lives of one another. Best wishes to each of them on their future endeavors.

## **DEDICATION**

First and foremost, I dedicate this dissertation to God. God has provided me with strength, endurance, and faith to face my biggest challenges and achieve my greatest dreams. I also want to dedicate this project to my parents, Mark and Cindy. They have provided me with endless love and support, even throughout the difficult times. I will always be grateful for their encouragement and belief that I could achieve any goal. To my siblings Courtney and Anthony, they have been my biggest fans. My grandparents for instilling in me the value of hard work and the importance of education. I also dedicate this dissertation to my classmates. I am blessed to have such inspiring colleagues and true friendships. In particular, I am thankful for my amazing classmate Carrie. She has always provided me with reassurance and comic relief. I am forever grateful to my wonderful family and friends who have supported me throughout this journey. Finally, I dedicate this to all nursing students. Support one another and focus on your own health and happiness. You will do amazing things!

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## CHAPTER 1. INTRODUCTION

The field of nursing is both challenging and rewarding. Nurses are the largest population in healthcare and the most trusted profession (Gallup, 2016). Nurses have the ability to keenly react to the physical and emotional demands of their job without faltering. Because of the responsibilities of the nursing profession, undergraduate nursing programs are rigorous and demanding. Students are expected to learn valuable skills and gain sufficient medical knowledge in a short amount of time while upholding professional and clinical competence. Nursing students have a variety of educational demands including class time, homework, tests, skills lab, and clinical assignments. The demands of school along with other life factors can lead to high stress. Often, high stress can have negative effects on health and wellbeing. Mentoring is one way to decrease stress in the undergraduate nursing population (Demir, Demir, Bulut, & Hisar, 2014; Raymond & Sheppard, 2018).

Mentoring has been a positive aspect of the nursing profession since the Florence Nightingale era (Robert Wood Johnson Foundation, 2013). Many universities have implemented mentoring programs in their undergraduate nursing programs. Acute and long-term health care facilities have implemented programs to support novice nurses in their career growth and promote retention. The Robert Wood Johnson Foundation (2013) also has numerous programs in place that provide nursing mentorship.

A typical mentoring relationship consists of a mentee (a novice nurse or student) and a mentor (an experienced nurse or student). One goal of a mentoring program is to help the novice gain support, self-confidence, and grow personally and professionally (Demir et al., 2014). Participating in a mentoring relationship decreases stress by working through concerns or challenges while learning from a mentor's experience. Having a mentor also improves academic

performance, offers mental health support, and develops self-awareness (Lombardo, Wong, Sanzone, Fillion, & Tsimicalis, 2017). An aspect of the mentor/mentee relationship is the mentee's reflection of his or her own experiences and the experiences of another (the mentor's). Numerous benefits emerge for both the mentors and mentees participating in mentoring programs. Mentors develop leadership skills and a sense of appreciation for helping their fellow colleagues or peers. Mentees develop self-confidence and become better equipped for academic success (Demir et al., 2014).

### **Significance of Proposed Project**

High levels of stress are evident among undergraduate nursing students (Domingues Hirsch, Devos Barlem, de Almeida, Tomaschewski-Barlem, Figueira, & Lunardi, 2015; Raymond & Sheppard, 2018). Inability to cope with stress can lead to poor health and decreased academic success. Positive coping mechanisms are important for stress relief among nursing students. Mentoring programs are apparent in clinical and academic nursing organizations throughout the world. Studies have shown that mentoring has a positive impact on the wellbeing of undergraduate nursing students (Raymond & Sheppard, 2018). Before implementation of this pilot program, there was not a program in place for undergraduate nursing students at this particular School of Nursing. Implementation of a peer mentoring program was a way to decrease levels of stress, increase self-esteem, and promote social support.

The problem of undergraduate nursing student stress is significant to nursing practice. Students who learn positive coping mechanisms for stress are successful academically and throughout their careers. Not only can stress affect health, high amounts of stress can lead to dissatisfaction and abandonment of one's career (Crary, 2013; Domingues Hirsch et al., 2015). With the potential nursing shortage in many areas of this country, losing nurses is concerning.

According to the U.S. Bureau of Labor Statistics (n. d.), the demand for registered nursing positions is projected to increase 15 percent from 2016-2026. A potential nursing shortage can be seen as beneficial for nurses entering the workforce but may also cause added stress if organizations are under staffed.

In practice, nurses often experience high levels of physical and emotional burden related to the responsibility of patient care. Not only are they challenged to uphold professionalism and patient safety, employers also demand productivity. Nurses are often faced with inadequate staffing, heavy patient assignments with high patient acuity, inexperienced staff or fellow colleagues, and lack of support for professional development (Rosenau, Lisella, Clancy, & Nowell, 2014). Health care is constantly evolving, forcing nurses to be flexible and learn new skills, which can also lead to increased stress. Therefore, positive coping mechanisms should be learned and practiced beginning in academia and continued throughout their career. Health care providers may also see an impact due to nursing student stress. Stress can lead to anxiety, depression, and poor physical health; which will be further discussed later (National Institute of Mental Health, n. d.).

### **Purpose**

The purpose of the practice improvement project was to implement an evidence-based mentoring program for undergraduate nursing students at a School of Nursing in an urban community. The goal of the program was to combat stress, increase self-esteem, and enhance peer relationships amongst undergraduate nursing students. The coordination and actual implementation of this project was supported by the Associate Dean of Nursing and a group of representative nursing faculty. The ultimate purpose of the dissertation was to decrease mental

health concerns and other negative effects from stress among the undergraduate nursing student population later in life.

## CHAPTER 2. LITERATURE REVIEW

A comprehensive literature review was conducted to analyze undergraduate nursing student stress and interventions for health promotion. Components of the review included causes of stress, coping mechanisms, self-esteem, leadership in nursing, and mentoring programs. The literature review was conducted to determine current concerns regarding undergraduate nursing student mental health, causes of anxiety and stress in the nursing student population, and interventions for stress. A search of mentoring programs within the undergraduate nursing program population and their efficacy was also conducted.

Literature was obtained from a variety of sources and databases. The North Dakota State University library staff and website were helpful resources for this search. Databases included CINAHL, PubMed (MEDLINE), Cochrane, U.S. National Library of Medicine, Google Scholar, and EBSCO host. Key words used in the search included: *undergraduate, baccalaureate, nursing, student, stress, coping, self-esteem, intervention, leadership, peer, and mentor program*.

The inclusion criteria used in the search included:

1. Literature published between 2010-2017
2. Full text articles
3. Peer-reviewed journal articles
4. Articles written in English
5. Information relating to undergraduate nursing students

The following criteria was excluded in the search:

1. Graduate nursing students
2. Mentor programs for nursing faculty
3. Articles written in a language other than English

Hundreds of articles pertaining to undergraduate nursing student stress and mentoring programs emerged from the search. Each article that fit the above criteria was reviewed and placed into themes. The literature review was then separated into the following topics: stress, coping mechanisms, examples of peer mentoring programs, roles of the mentor/mentee, benefits of mentoring, success of mentoring programs, and leadership.

### **Stress**

Individuals who were exposed to high stress were at risk for deteriorating health. Physical signs of stress included abdominal pain, anorexia, weight gain, difficulty sleeping, light headedness, syncope, headaches, muscle pain, muscle tension, and other physical symptoms (American Institute of Stress, n. d.). Emotional distress or personality changes also occurred with stress. Emotional manifestations of stress included irritability, sadness, and anger (National Institute of Mental Health, n. d.). According to the American Psychological Association (n. d.), consequences of prolonged or high stress resulted in health conditions such as heart disease, diabetes, respiratory disease (COPD and asthma exacerbations), gastrointestinal distress (heartburn, ulcers, diarrhea, or constipation), as well as reproductive disorders. Chronic stress elevated an individual's risk for infectious and autoimmune diseases (National Institute of Mental Health, n. d.).

Undergraduate nursing programs are very competitive with heavy academic course loads and stressful clinical rotations. The extraordinary stress experienced by nursing students negatively influenced learning and academic success (Labrague, 2013). Students in the medical sciences (particularly nursing students) experienced significantly more stress than the students in other disciplines. According to Bryer et al. (2013), "Compared with students in courses of study other than nursing, nursing students usually spend more time in class, in the laboratory, and in

the clinical setting, and they have more emotional demands made on them,” (p. 411). Similarly, Labrague (2013) found that the clinical education component of nursing school contributed to higher degrees of stress among nursing students compared to students in other programs.

Because of the high academic demands on nursing students, stress was imminent.

Stress affected academic performance (Domingues Hirsch et al., 2015; Sharma and Kaur, 2011). Highly stressed students struggled with concentration and learning. Potential stressors of nursing students included heavy workload, assignments, and exams, ability to perform professionally, pressure from peers, expectations of parents and educators, and personal relationships (Labrague, 2013; V.N. & M.S., 2016). Pertaining to clinical rotations, nursing students had various stressors including performing procedures and communicating professionally (Fernandes Pereira, Caldini, Di Ciero Miranda, & Caetano, 2014). According to Del Prato, Bankert, Grust, & Joseph (2011), nursing students were compounded by placement in unfamiliar clinical environments. The start of each clinical experience was often stressful as students needed to establish new relationships and familiarize themselves with the facility or environment.

An individual’s self-esteem was negatively impacted by stress. Students with high self-esteem were better able to problem solve and cope with stress in positive ways (Yildirim, Karaca, Cangur, Acikgoz, & Akkus, 2016). Valizadeh, Zamanzadeh, Badri Gargari, Ghahramanian, Jabbarzadeh Tabrizi, & Keogh (2016) conducted a literature review of self-esteem levels of nursing students. Twenty-five articles were reviewed consisting of nursing students from all levels of academia. Most of the articles assessed self-esteem using the Rosenberg Self-esteem Scale. The majority of the results indicated nursing students had moderate to low self-esteem.

## **Coping Mechanisms**

According to a study conducted by Domingues Hirsch et al. (2015), the majority of nursing students dealt with stress by escaping. Undergraduate students who experienced more difficulties throughout their nursing program had negative coping mechanisms such as denial, escape, and avoidance behaviors. Domingues Hirsch et al. (2015) stated, “This strategy consists of students denying the existence of a problem, ignoring and hiding their feelings, and distancing themselves from others,” (p. 227). The study also found that students who felt ignorant or uninformed demonstrated negative coping strategies.

Reeve, Shumaker, Yearwood, Crowell, & Riley (2012) conducted a study on stress and support in undergraduate nursing students. They found that students reported feelings of worry, anger, and anxiety when exposed to stress. Coping strategies included spending time with family and friends, avoiding stress, feeling sad, crying, and withdrawing from others. Alcohol use was also identified with traditional students reporting six or more drinks a week. Reeve et al. (2012) stated, “Development of adaptive coping mechanisms by nursing students will result in students who are less likely to use maladaptive strategies such as drinking, separating self from others, ignoring stress, anxiety, and depression,” (p. 419).

Providing social support was an effective way to decrease stress in nursing students (Yildirim et al., 2016). Approachable, supportive nursing faculty and healthy peer relationships reduced stress and promoted success of nursing students. Seeking social support was a strategy for coping. According to a study conducted by Yildirim et al. (2016), social support and high self-esteem were positive coping mechanisms for stress among nursing students. Offering programs like peer mentoring increased social support.

Nurses often place the needs of others before their own, which can lead to stress, exhaustion, and burnout (Crary, 2013). Therefore, health promotion among the nursing population is important. Bryer et al. (2013) state, “Emphasis of primary prevention and health promotion places nurses in key positions as role models, health promoters, and providers of health care,” (p. 410). In order to be effective role models, nurses need to demonstrate the same healthy behaviors. Nursing students need to understand the importance of their own health practices and develop healthy life skills during their education and prior to practicing in the field (Bryer et al., 2013). By solidifying healthy lifestyles and coping skills, students will be better prepared to handle stressful situations.

The American Nurses Association [ANA] dedicated 2017 as the “Year of the Healthy Nurse.” The campaign created awareness in nurses regarding their health and wellbeing. The American Nurses Association (2017) defined a healthy nurse as “...someone who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional wellbeing.” Each month throughout the year, the American Nurses Association provided information about health. The topics included combating stress, healthy sleep, mental health wellness, work-life balance, and happiness (ANA, 2017). The campaign health topics were similar to the goals set for this mentoring program.

### **Examples of Peer Mentoring Programs**

Very few research articles regarding undergraduate student mentoring programs were found over the last five years (Gershenfeld, 2014). Most of the research studies about mentoring were dated in the early 2000s. A variety of peer mentoring programs were identified. In one example, a peer mentoring program was based on tutoring. Robinson and Niemer (2010) designed a program that combined mentoring and tutoring within a nursing program. Mentor-

tutors were nursing students selected by earning A or B grades in pertaining courses and via faculty recommendation. The mentor-tutors were trained by faculty and each led a group of five students (mentees). Mentees were chosen based on grade point average, course failure, or faculty recommendation. Mentor/mentee groups met for two hours a week throughout the semester and focused on topics related to a preselected nursing course. Mentees were more successful in the courses in which tutoring was provided. Robinson and Niemer (2010) also noted that students who served as mentor-tutors in this program developed interest in a nursing education career.

Students often reported feeling more comfortable discussing issues regarding their academic programs with peers. Robinson and Niemer (2010) state, “Students who have already demonstrated academic success may be better able to connect with fellow students,” (p. 289). According to Miller (2002), as cited by Demir et al., (2014), “Peer mentoring is defined as being in a mentoring relationship where the mentor and mentee are similar in terms of age and/or status,” (p. 255). Mentors typically consisted of upper classmen who were paired with students in their first year of the nursing program. Many studies paired senior nursing students with sophomores.

A program conducted by Demir et al. (2014) based a peer mentoring program on Maslow’s hierarchy of basic needs. Mentors met with their mentees weekly throughout the 14-week semester. Discussion during each meeting focused on Maslow’s basic needs and guidance as to how to meet those needs. For example, physiological needs were discussed focusing on the importance of nutrition. Self-actualization, one of Maslow’s basic needs, focused on problem solving and coping with stress. Cognitive needs were dedicated to the formation of study habits and motivation for learning. Regarding this practice improvement project, similar themes from the study of Demir et al. 2014 were emphasized. The mentoring program focused on student

needs including study habits (cognitive needs), safety, social activities and friendship, self-esteem, and coping with stress.

### **Roles of the Mentor/Mentee**

Both the mentor and mentee had significant roles within the mentoring relationship. In successful relationships, both individuals understood their role and worked toward a common goal. According to Brown (2012), the role of a mentor was to “lead, follow, and get out of the way of the learner,” (p. 6). Mentors demonstrated knowledge and offered encouragement while allowing the mentee to grow individually. Brown (2012) stated, “The mentor is seen as a trusted counselor with experience who is willing to invest time, knows how to make a connection with the mentee, and is willing to make the necessary efforts to enhance the mentee’s learning and growth,” (p. 6). Mentors needed to be approachable and helped guide the mentee in their own decision making and outcomes. The mentee also had a distinct role. Mentees actively participated in the relationship by keeping close contact with their mentors and openly communicating areas of concern. The mentor and mentee were equally committed to the relationship for success. Each individual had respect for the other and valued the relationship.

### **Benefits of Mentoring**

Numerous benefits for the mentees emerged from peer mentor programs. Some of the benefits identified included improved study habits, self-confidence, and knowledge of the profession (Jacobs, Atack, Ng, Haghiri-Vijeh, & Dell’Elce, 2015). Mentees also reported that their mentors helped them find academic resources such as career centers and tutoring (Jacobs et al., 2015). As mentioned previously, mentees reported the ease of talking to a peer rather than an instructor on pertinent issues. Minority students benefited from peer mentoring. Retention of

minority nursing students in academic programs was improved because of mentoring (Crooks, 2013).

A study conducted by Demir et al. (2014) found that an undergraduate peer mentoring program enhanced the self-confidence and coping mechanisms for stress in first-year nursing students (mentees). The first-year students were mentored by fourth year nursing students (mentors). Stress was a key factor in the study as mentees identified areas of stress including academic achievement, problems with family and friends, and financial concerns (Demir et al., 2014). Mentees felt supported by their mentors and gained insight on problem solving. Decreased stress resulted from better coping mechanisms. The relationships formed by the mentors and mentees lead to enhanced self-confidence among the mentee.

Numerous benefits for mentors were also identified. Mentors reported better organization, time management, communication, and leadership skills (Jacobs et al., 2015). Mentors were found to have increased confidence in educator roles (Harmer, Huffman, & Johnson, 2011; Jacobs et al., 2015). According to a study by Won and Choi (2017), mentors developed four principle areas of self-growth including “building leadership, coping with conflicts, taking pride, and guiding mentees” (p. 11). Mentors experienced self-growth by enhancing their own knowledge which in return increased confidence. A sense of satisfaction was identified by many mentors. Mentors took pride in their role and recognized the positive effect achieved by helping others (Won and Choi, 2017). Mentors gained the professional benefit of adding their leadership experience to their curriculum vitae. Some researchers reported that mentors wished to explore areas of nursing beyond clinical such as education and nursing leadership. Mentors also developed an understanding of the nurse educator role (Harmer et al., 2011).

## **Success of Mentoring Programs**

Effective communication among the mentors and mentees was found to be a large part of successful mentoring programs. According to a study by Eller, Lev, & Feurer (2013), communication improved with supportive but honest feedback and mentors who were approachable, encouraging, and non-judgmental. Both parties needed to keep in contact and be committed to the relationship without becoming overbearing (Jacobs et al., 2015). Another key to mentor relationship success was to set achievable goals (Eller et al., 2013). Teamwork was needed among the mentor and mentee to accomplish goals. Setting goals provided a common vision and purpose for the relationship. The success of the programs also included teamwork among faculty, mentors, and mentees (Robinson & Niemer, 2010). Another key link to success found by Eller et al. (2013) was a caring personal relationship among the mentor and mentee. Both the mentor and mentee had respect for the other and showed interest in the relationship.

Mentor programs were found to improve student retention rates (Jacobs et al., 2015). Mentors helped students succeed in academia by offering reassurance, support, and guidance. Mentor programs also allowed students to become more accessible to other students rather than arrange time with nursing faculty. Evidence also indicated that students who were peer mentored were more successful academically (Jacobs et al., 2015).

## **Leadership**

Leadership is significant to the nursing profession. Nursing practice is dependent upon effective leaders to enrich the profession. Current nurse leaders will soon be replaced by the upcoming generation of nurses (Dyess, Sherman, Pratt, & Chiang-Hanisko, 2016). Nurses must continue to take active leadership roles in order to serve the needs of the population and form solutions to challenges within the healthcare system (Hodgson & Scanlan, 2013). Mentoring

programs allowed student nurses the opportunity to learn and develop leadership skills. Many undergraduate nursing programs incorporated mentoring programs for this reason. Rosenau et al. (2015) state, "...preparing students for complex job responsibilities and leadership in society is a major role of universities. These values are strengthened by peer leadership roles because they actively support student involvement through the undergraduate experience and encourage student academic success," (p. 14). Universities take pride in their students and strive to prepare the best leaders for their professions.

### **Theoretical Framework**

Nursing theory is important for enhancing the nursing profession itself. The theoretical framework used in this dissertation project is Jean Watson's Theory of Human Caring. Jean Watson's Theory of Human Caring is a middle range theory that reflects caring as the main aspect of nursing (Smith & Parker, 2015). Middle range theories help to present concepts with more structure and are better suited to guide nursing practice rather than grand theories which are abstract. Watson's theory encompasses caring as a transformation of self, others, and the nursing profession (Watson Caring Science Institute, 2010). The major conceptual elements of the theory include the ten carative factors, transpersonal caring moment, caring consciousness/intentionality and energetic presence, and caring-healing modalities (Smith & Parker, 2015).

The carative factors were developed to identify the characteristics of caring in nursing (Watson, 2007). Watson (2007) lists the ten carative factors as follows (p.131-132):

1. Humanistic—Altruistic values
2. Instilling/enabling faith & hope
3. Cultivation of sensitivity to one's self and others
4. Development of helping-trusting, human caring relationship

5. Promotion and acceptance of expression of positive and negative feelings
6. Systematic use of scientific (creative) problem-solving caring process
7. Promotion of transpersonal teaching-learning
8. Provision for a supportive, protective, and/or corrective mental, social, spiritual environment
9. Assistance with gratification of human needs
10. Allowance for existential-phenomenological spiritual dimensions

Caring is an important factor regarding intra-professional relationships. The profession of nursing is a unified group of nurses who work together as a team. Regarding the mentor program, the carative factors guide the relationship among the mentor (senior or junior nursing student) and mentee (sophomore nursing student). Each carative factor has a significant impact on the mentor/mentee relationship. Watson (2007) identifies humanistic values as “kindness, empathy, concern, and love for self and others,” (p. 132). Altruistic values are described as “from commitments to and satisfaction from receiving through giving,” (p. 132). Both humanistic and altruistic values are important for enhancing interpersonal relationships and self-esteem. Mentors demonstrate humanistic and altruistic values by giving their time, compassion, and support to their fellow mentees. In return, mentees develop self-confidence, trust, and understanding. Both grow as professional nurses.

The carative factor of “instilling or enabling faith and hope” is also very relevant to the mentoring program. Mentors model successful behaviors in the mentee. “Cultivation of sensitivity” is crucial to forming a trusting relationship among the mentor and mentee. Both participants need to be sensitive of each other and respectful of each other’s beliefs (Watson Caring Science Institute, 2010). Confidentiality is stressed among the mentoring groups to

promote a safe environment. “Development of a helping-trusting human caring relationship” is a main goal of the mentor program. Not only is this important in the mentor program, but development of caring relationships among patients, families, colleagues, and other medical professionals is crucial to the nursing profession.

Throughout the mentor/mentee relationship, each member needs to be supportive and accept the thoughts and feelings of the other. Therefore, the carative factor of “Promotion and acceptance of the expression of positive and negative feelings” directly correlates with the mentor relationship (Watson Caring Science Institute, 2010). Once a trusting relationship is formed, problems or concerns are discussed among the pair or group. Discussing the problems and finding ways to solve the problems using caring decision-making is important, therefore, following the carative factor of “Systematic use of scientific (creative) problem-solving caring process” (Watson Caring Science Institute, 2010).

The mentor/mentee relationship also consists of teachable moments regarding prior experience. The carative factor of “Promoting transpersonal teaching-learning” aligns perfectly with the mentor relationship (Watson Caring Science Institute, 2010). The mentor and mentee need to practice active listening and find a deeper understanding of each other by learning from each other. The mentor needs to provide tools or information to meet the mentee’s needs. “Provisions for a supportive, protective environment” is key for the mentor program (Watson Caring Science Institute, 2010). Both the mentor and mentee should feel safe in the relationship and share their experiences. In addition to that, a supportive environment allows the participants to share positive and negative feelings. Expression of feelings is important to determine solutions to problems and promote wellbeing. Not only should the environment be emotionally supportive,

the physical environment should allow for caring to naturally occur. (Watson Caring Science Institute, 2010).

“Assistance with gratification of human needs” is also an important carative factor for the mentor program. The mentor role is to assist the mentee with basic emotional and physical needs (Watson Caring Science, 2010). For this to occur, respect, privacy, and trust are needed. Finally, “Allowance for existential-phenomenological forces” is the last carative factor listed. This factor emphasizes the unknown or possible miracles that may occur within the relationship. Both the mentor and mentee respect each individual’s inner feelings and identify what is valued as important (Watson Caring Science, 2010).

Watson’s Theory of Human Caring serves as a strong foundation for this dissertation project because it focuses on caring and positive transpersonal relationships, both of which are needed for a successful mentor program and nursing career. The carative factors and themes of Watson’s theory were carried through the mentor training in order to be threaded through mentor/mentee relationships throughout the program. The transpersonal caring relationship within the theory is a connection and moral commitment among the nurse and patient (or in this project, mentor and mentee). The transpersonal caring relationship concept emphasizes respect or love for the person while maintaining balance or harmony (Watson Caring Science Institute, 2010). Watson Caring Science Institute (2010) states the transpersonal caring relationship is the “Intention of ‘doing’ for another and ‘being’ with another who is in need,” (p. 1). Not only does this allow the nurse to grow professionally, it provides the nurse with a sense of personal gratification.

## **Iowa Model of Evidence-Based Practice**

The Iowa Model of Evidence-Based Practice (2015) is the theoretical model used to guide this project (Figure 1). The Iowa Model was selected because it provides organized, step by step instructions for implementing evidence-based practice, particularly related to nursing. The first step of the Iowa model involves identifying problems or opportunities within an organization or population (Iowa Model Collaborative, 2017). The problem related to this practice improvement project is high levels of stress among the undergraduate nursing population. The opportunity is implementation of a peer mentoring program to decrease stress and increase self-esteem in undergraduate student nurses.

The formation of this topic was derived from the literature and comments from current members of the organization. Undergraduate nursing students voiced concerns of high levels of stress to the primary and secondary investigator at the school of nursing. Nursing faculty also noted high levels of stress among students. The American Nurses Association (2017) had also dedicated the year of 2017 as the “Year of the Healthy Nurse”. The campaign reflected the needs of health promotion among nurses and nursing students across the country. Combating stress and mental health wellness were two focused areas of the campaign. According to the literature, mentoring was noted to have a positive effect on stress and the self-esteem of students.

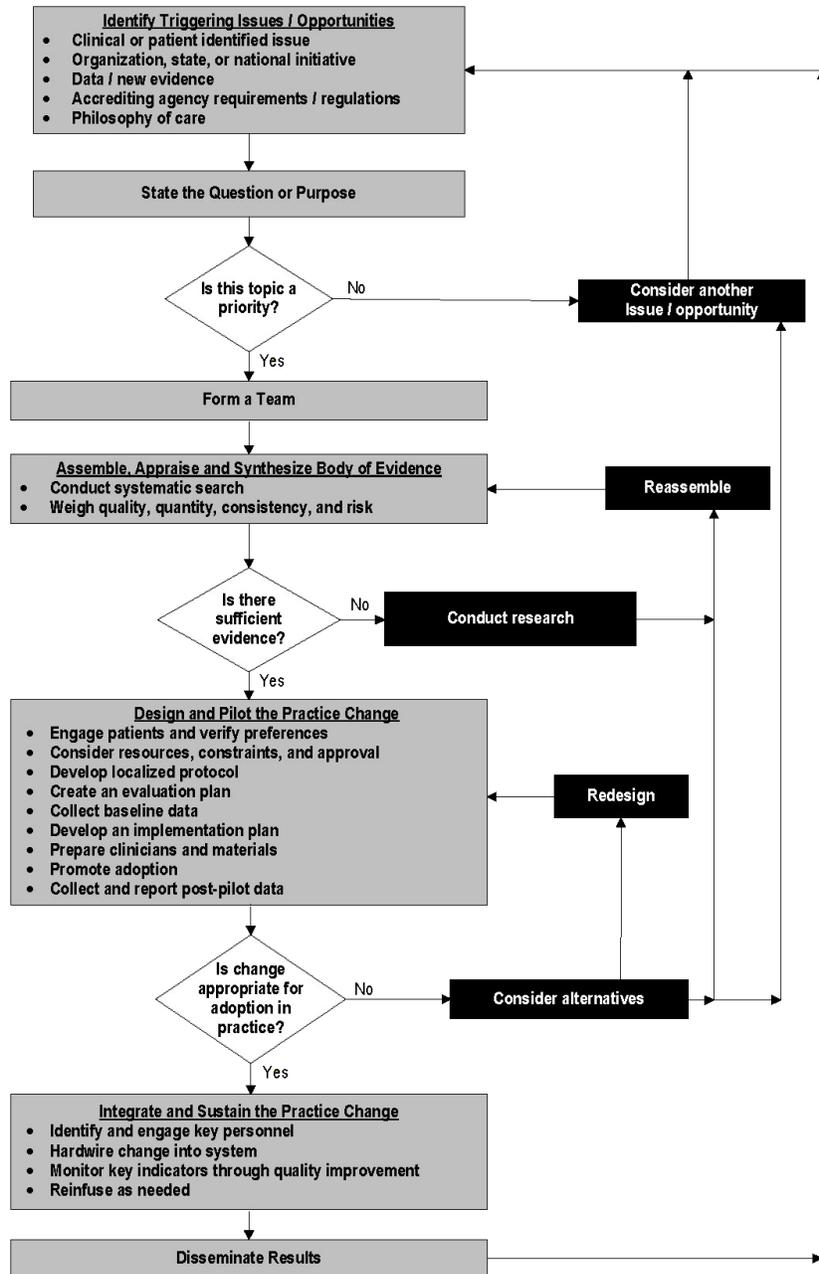
Another step in the Iowa model is to identify if the above topic is a priority for the organization of which the program is to be implemented (Iowa Model Collaborative, 2017). The primary and secondary investigator met with key faculty members from the School of Nursing to determine if a mentoring program for undergraduate students would be feasible and beneficial to the student population. The formation of a team (as described below) was needed to determine if the problem and intervention were a priority, of which later was decided as so.

The next step of the Iowa Model is to arrange a team of stakeholders that would aid in development and implementation of the project (Iowa Model Collaborative, 2017; White & Spruce 2015). The team for this practice improvement project included key representatives from the school of nursing including faculty and leaders of organizations within the nursing department, such as the Student Nurses' Association. The team of six representatives met to discuss possible student needs and logistics of the program at this particular school of nursing. After the team meeting, the representatives felt a mentoring program would work well within the institution, particularly if aligned with an existing Leadership course (of which will be discussed later). Before program implementation, the primary and secondary investigator also met with the dissertation project committee and received feedback regarding the program. This meeting included one graduate faculty member and one undergraduate faculty member from the School of Nursing and a faculty member from the Biology department.

After team formation, the next step in the Iowa Model is to gather evidence related to the problem and solution (Iowa Model Collaborative, 2017). A literature review was conducted regarding stress, self-esteem, leadership, mentoring, and undergraduate student nurses (as discussed previously) then appraised and synthesized. Once the literature is obtained, the next step is to determine if the evidence regarding the problem topic was sufficient (Iowa Model Collaborative, 2017).

A pilot change of practice (in this example, a mentoring program) is then designed and implemented based on the suggestions from the group and evaluated for improvement or outcomes. An evaluation of outcomes was created and program resources developed. Data was collected to determine if the mentoring program was beneficial and should be continued in the future. The next step is to determine if the change should be adopted into practice (Iowa Model

Collaborative, 2017). Results from the program data and collaboration among the practice improvement committee determined that the mentoring program should be continued at this School of Nursing. Results from the practice improvement project were disseminated at a poster presentation for nursing faculty and students at the school campus. Results were also disseminated via an executive summary which was given to nursing faculty by the secondary investigator.



*Figure 1.* The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care. 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.

## **CHAPTER 3. PROJECT DESIGN**

The project was based on the literature review that emphasized the need for stress relief and coping skills in the undergraduate student nurse population. The program itself was designed based on evidence from the literature regarding successful undergraduate nursing mentoring programs.

### **Congruence of the Project to the Organization's Goals**

The nursing program at this institution is well known throughout the Midwest region. The School of Nursing's mission statement reads as follows: "To advance nursing knowledge and develop dynamic nurse leaders who improve the health of all people, including underserved, rural, and diverse populations" (North Dakota State University, n. d.). The School of Nursing also defines outcomes of undergraduate students including communication, critical thinking, professional values, clinical competency and leadership (NDSU, n. d.). As a school who prides itself in building nurse leaders and improving the health of all, a mentoring program was an excellent fit for benefiting the undergraduate student population. An undergraduate mentoring program at this college aligned well with the mission statement and goals of the School of Nursing. The college supports the well-being of its students. Many mentor programs already existed among university nursing programs throughout the United States. A peer mentor program at this university provided students with added support to enhance academic success. Although mentor programs do not replace the wisdom and support of nursing faculty, they do provide added encouragement from peers.

The school has three undergraduate nursing programs: the pre-licensure BSN program, the LPN to BSN on-line program, and the RN to BSN program. The primary and secondary investigator spoke with the nursing faculty involved with the leadership courses, the pre-nursing

advisor, the pre-licensure-BSN program director, the LPN-BSN program director, and the RN-BSN program director in order to identify the School’s needs for a mentoring program. The mentor program was targeted to the pre-licensure BSN program as this had the largest population, was the most well-established, and the greatest potential for impact since the students do not have prior experiences as nurses. A total of 17 faculty members teach in the pre-licensure program. The following table includes the demographics of the nursing cohorts targeted for the mentoring program.

Table 1

*Demographics of the Nursing Students in the School of Nursing Targeted for the Mentor Program*

Cohort	Graduation Year	Number of Students	Gender	Nationality
Sophomore (first semester)	May 2020	47	4 male 44 female	Caucasian- 46 Hispanic- 1 Black- 1
Junior (second semester)	December 2018	43	6 male 37 female	Caucasian- 38 Asian-1 American Indian- 1 Black- 1 Hispanic- 1 Not specified- 1
Senior (first semester)	May 2018	46	7 male 39 female	Caucasian- 43 American Indian- 1 Black- 2

**Project Objectives**

As found in the literature review, mentoring has been shown to impact both the mentor and mentee. Therefore, individual objectives and goals were described for both roles. The overall goal of this dissertation project was to determine whether implementation of a peer mentor program would decrease stress levels and enhance self-esteem in the undergraduate nursing

student population. Ultimately, undergraduate nursing students would overcome barriers to stress, increase coping skills for stress, develop leadership skills, and experience enhanced well-being. The overall objectives of the mentor program included:

1. To tailor and implement an evidence-based peer mentoring program to aid students in developing coping skills to decrease stress and increase self-esteem for the 2017 fall semester.
2. To teach undergraduate nursing students positive coping skills to combat stress.
3. To evaluate the opinions of the mentors and mentees regarding the mentoring program.

As mentioned above, goals were individualized to the mentors and mentees. The goals for the mentors in this program included:

1. To enhance leadership skills
2. To learn positive coping skills for stress
3. To enhance social support through intra-professional relationships

The goals for the mentees in this program included:

1. To learn positive coping skills for stress
2. To improve self-esteem related to the nursing profession
3. To enhance social support through intra-professional relationships

Objectives specific to the mentor training included effective communication, leadership skills, and stress-relief techniques. The mentoring program was designed to provide students with the opportunity to discuss concerns, fears, and stressors regarding the nursing program in a safe and trusting environment.

## **Project Implementation**

The purpose of this project was to evaluate the effectiveness of a peer mentor program in reducing stress and increasing self-esteem for undergraduate nursing students. The target population of this program was sophomore, junior, and senior nursing students currently in the pre-licensure BSN nursing program. The ages of the participants ranged from 19-25. First semester sophomore students served as mentees and second semester junior and first semester senior students as mentors. Due to the overwhelming number of mentor participants, junior participants were also given the option to be mentored by senior participants. Second semester sophomores would have been included under normal circumstances but were not able due to being enrolled in the Health Assessment course taught by the primary investigator and secondary investigator. Including this cohort of students would have helped balance mentor to mentee ratios.

Participants were recruited voluntarily. The primary investigator and secondary investigator met with senior and junior students face-to-face to present, promote, and answer questions regarding the mentor program during the N460 Management, Leadership, and Career Development course, per permission from the instructor and program stake holder. The secondary investigator also introduced the program to sophomore participants face to face for ten minutes before their N250 Health Promotion course. Mentor and mentee consent forms can be found in Appendix A and Appendix B. The percentage of students who participated in the mentor program compared to the total number of students from each cohort can be found in Table 2.

Table 2

*Percentage of Students from Each Cohort Who Participated in the Mentor Program*

Student Cohort	Total Number of Students	Number of Participants at Kick-Off Event	Percentage of Participants to Total Number of Students
Sophomore	47	13	28%
Junior	43	14	33%
Senior	46	21	46%

Mentors had a grade point average of 3.0 or greater (a requirement of the nursing program at this institution) and attended the mentor training session and the kick-off event. Because the School of Nursing required a grade point average of 3.0 or greater, low grade point average was not a factor in this project. A written consent form for participation was signed prior to the start of the mentor training session. A mentor training session was held for the junior and senior nursing students prior to the formation of the mentor/mentee relationship. A further discussion of the mentor training is described below.

The goal of the program was to match a mentor with a mentee at a 1:1 or 2:1 ratio. Due to the overwhelming number of mentor participants compared to mentees, participants were placed into groups which included two seniors, one junior, and one sophomore (a 3:1 mentor to mentee ratio). Participants were notified of this change at the kick-off event and offered to withdraw from the program at that time. All participants (mentors and mentees) were asked to fill out a form of common interests to assist with the matching process. Background information, nursing practice areas of interest, learning type, and hobbies were assessed using this form. Students were matched based on similar interests. The common interest form was encouraged but not mandatory. For students who wished to complete the form, they had the option to answer all the

questions or choose not to answer a particular question. The common interest form can be found in Appendix C.

The forms were given to the participants during the kick-off event (See Appendix D for Mentor Kick-Off Presentation). After the forms were completed, students interacted and communicated among the group. Participant groups were formed based on a speed dating process. All participants were encouraged to form a group of two seniors, one junior, and one sophomore student. The remaining students formed groups of three or four. Once groups were formed, participants were given five minutes to discuss their common interests. After the five minutes, participants were encouraged to find a different group of members and complete the same process. Four cycles (or 20 minutes total) of interaction were completed. After the final five-minute interaction, participants formed their final groups for the program. Thirteen mentor groups were formed. Ten of the mentor groups had two seniors, one junior, and one sophomore. Two groups consisted of one senior, one junior, and one sophomore. The final group had one senior, two juniors, and one sophomore. Each mentor group is listed in Table 3.

Table 3

*Mentor Group Distribution*

Group Number	Number of Seniors	Number of Juniors	Number of Sophomores
1	2	1	1
2	1	1	1
3	1	1	1
4	2	1	1
5	2	1	1
6	1	2	1
7	2	1	1
8	2	1	1
9	2	1	1
10	2	1	1
11	2	1	1
12	2	1	1
13	2	1	1

Mentees signed a consent form prior to attending the kick-off event, of which was mandatory for program participation. A consent form was distributed to the mentees during their health promotion class after discussion with the graduate student. Each mentee participant returned a signed form prior to the beginning of the kick-off event. Mentors and mentees met as a group during the program kick-off event. The goals of the program were discussed during the kick-off event along with an emphasis on confidentiality among groups and recommended meeting times. The kick-off event served as a social event where mentor/mentee groups were introduced and students communicated and interacted among the other participants.

Following the kick-off event, the program lasted eight weeks. Groups were encouraged to meet weekly as a general guide of 30 minutes via face to face or media of choice (phone, face

time, etc.) throughout the eight weeks. The recommendation of 30 minutes was a suggestion from the nursing faculty from the School of Nursing and the literature review, though students could meet for more or less time based on individual mentor/mentee needs. Participants were encouraged to document their meeting time truthfully, particularly if the time limit did not seem feasible. An encounter discussion guide was provided for the mentors to assist with conversations (Appendix E).

Mentors were asked to log the number of times they met, the length of each meeting, and brief topics of discussion during each encounter. Mentor/mentee groups who met four or more times throughout the eight weeks were included in the study. A final wrap-up event occurred following the 8-week program. The mentor wrap-up was a “thank-you” event where participants were offered pizza and refreshments and placed into a drawing for the gift cards. The event was not mandatory, but instead a celebration of program completion. Participants were also encouraged to hand-in their Mentor Encounter Logs as an aspect of the extra credit. A post-program survey was distributed to the participants via email following the wrap-up event. The mentor training and kick-off event occurred on campus from 6-8 pm. The wrap-up event occurred on campus at 6 pm and lasted approximately 30 minutes.

### **Project Timeline**

The practice improvement project timeline is outlined below in Table 4. The mentor program was implemented in September following project committee and IRB approval. Data was collected and analyzed at the middle of the program and after the program was completed. The dissertation was defended and submitted to the School of Nursing in March.

Table 4

*Project Timeline*

Event	Date
Proposal meeting with committee and IRB approval	August 2017
Recruitment of mentees and mentors	September 2017
Mentor training day	September 11, 2017
Mentor program kick off	September 18, 2017
Weekly mentor/mentee meetings	September 18, 2017-November 13, 2017
Mentor program wrap up	November 13, 2017
Data collection/evaluation Complete dissertation project	December 2017- January 2018
Defend dissertation Submit dissertation to the School of Nursing	March 2018

**Mentor Training**

Mentor training consisted of a 2-hour program introducing the junior and senior nursing students (mentors) to their role. The training was conducted by the secondary investigator. Again, written consent was obtained prior to the start of the mentoring training. The program began with an open-ended question assessing the opinions of the students regarding the topic of mentoring. The group of students were asked, “What does mentoring mean to you” and “What are characteristics of an effective mentor?” The group discussed the questions and shared experiences. The role of the mentor was also discussed. A folder with the following documents was provided for each mentor: topic discussion points (Appendix E), mentor program calendar (Appendix F), and encounter log (Appendix G). The mentors were also provided with the email addresses of the primary and secondary investigator. Mentors were encouraged to communicate

with the primary and or secondary investigator with questions or concerns throughout the program.

The remainder of the training consisted of enhancing communication and leadership skills, positive mechanisms for coping with stress, tips for effective studying, Jean Watson's Theory of Human Caring, and topics for relationship discussion. Student resources such as the Career Center, Counseling Center, and the American Nurses Association website were also reviewed. The training included the steps to take if there were concerns about the mentor/mentee relationship. The roles of the mentor and mentee were discussed as well as when to seek help for any student if boundaries were being over stepped. Information for the presentation was found from the literature review. The PowerPoint presentation for the mentor training can be found in Appendix H.

The content of the training was developed from resources within the literature and during discussion with program stakeholders. The secondary investigator met with the director of the undergraduate BSN program (one of the program stakeholders) to discuss resources the students already had access to that could be reinforced during the training. Effective study habits and time management tips, along with coping mechanisms for stress relief, were obtained from these resources and used in the PowerPoint presentation.

### **Program Incentives**

Students who participated as mentors were offered extra credit in their leadership course for participating. To prevent bias, the students were given the option to participate in the mentoring program or another project of similar time commitment and rigor for extra credit. A rubric was designed to determine the amount of extra credit each participant would receive based on their participation in the program (See Appendix I). The rubric was based on attendance of

mentor training, the number of times the group met during the program, the amount of time allocated for each meeting, and if the participants completed at least one of the mid or post program surveys. The mentors were assigned a numeric code by the primary investigator to decide the amount of extra credit awarded following the program.

Both mentor and mentee participants were eligible for a random drawing to win a \$25 gift card to Target. Each time the participant met with his or her mentor group, his or her name was entered in the drawing (up to eight times). At the wrap-up event, winners were drawn, and the gift cards distributed. A total of eight gift cards were distributed. Two gift cards were distributed from an individualized drawing of each cohort (seniors, juniors, and sophomores) and the final two gift cards were distributed from a drawing of all remaining participants. Pizza, soda, and water were provided at each large group event including the Mentor Training, Kick-Off, and Wrap-Up event.

### **Institutional Review Board Approval**

This project was certified as Exempt on August 25, 2017 by North Dakota State University Institutional Review Board (Appendix J). The mentor program involved minimal risk to the participants throughout the project. Participant consent was obtained prior to program start. Mid and post program surveys were anonymous and kept confidential. Participant identity was known only to other participants within the program. The mentor identification numbers were only known to the primary investigator for extra credit purposes. Participants were encouraged to contact the primary investigator, secondary investigator, and leadership course instructor for questions or concerns throughout the program.

## **Sustainability**

Sustainability was an important factor of this program. The School of Nursing accepted a new undergraduate nursing student cohort every fall and spring semester of each year. To encourage sustainability, key members of the university became stakeholders. The Associate Dean of Nursing approved the program and nursing faculty encouraged students to participate. Embedding the program within a course such as N460 Management, Leadership, and Career Development for junior and senior nursing students was beneficial for recruitment of mentors. A recommendation was for the Student Nurses' Association to be involved in recruiting students who wished to participate as mentors or mentees and for providing members to assist with each event. For future sustainability, a faculty member or graduate student could represent the program, provide the mentor training session and group events, and be in charge if issues arise. The literature review, PowerPoint presentations, and handouts developed during this project will be turned over to the School of Nursing in order to continue to offer the mentor program if desired in the future.

## CHAPTER 4. EVALUATION

Qualitative data and quantitative data were used to evaluate the mentor program. The evaluation tool consisted of a survey that was provided mid program and following completion of the program that addressed the objectives listed in chapter three. Three post surveys were developed, individualized to each sophomore (Appendix K), junior (Appendix L), and senior (Appendix M) cohort. The same survey was distributed twice to ensure feedback was elicited prior to participants dropping out of the program or if time at the end of the semester was a limiting factor for survey completion.

The survey questions were based on the objectives and formatted from the literature and feedback from the project committee. Limited demographic information was also collected. The surveys were distributed by email using an anonymous link. The information from all students who provided their mentor identification number for extra credit purposes was kept confidential by the primary investigator. The secondary investigator used descriptive analysis to convey the qualitative feedback elicited by the participants. The qualitative data was analyzed and compiled into themes identified by recurring words described by participants from each cohort.

Qualtrics was used to collect and quantify the data resulting from the mid and post program surveys. All participants were given one week to complete their individualized mid program survey half-way through the mentor program. The data was collected from October 16<sup>th</sup>, 2017 through October 22<sup>nd</sup>, 2017. At the end of the program, participants were given another week to complete the same survey. The data from the final survey was collected from November 15<sup>th</sup>, 2017 through November 22<sup>nd</sup>, 2017. Participant responses were quantified and placed into tables of percentages. Qualitative data was collected using free text. Quantitative data was

collected using a Likert scale based on the following options: Strongly Disagree, Disagree, Neither Agree or Disagree, Agree, and Strongly Agree.

The juniors were a unique group. Because the junior cohort was offered to be mentored by the senior participants and/or become mentors to the sophomore participants, they were evaluated as such. Parts of the senior and sophomore survey were combined to create the junior evaluation tool (Appendix L). The questions used to evaluate each objective can be found in Table 5 (objective one), Table 6 (objective two), and Table 7 (objective three).

Table 5

*List of Evaluation Questions and Responses for Objective One*

<b>Question/Statement</b>	<b>Response</b>
<b>Objective 1: To tailor and implement an evidence-based peer mentoring program to aid students in developing coping skills to decrease stress and increase self-esteem.</b>	
<b>Sophomore Participant (Mentee)</b>	
Did you meet individually or as a group?	Open-ended
Did your mentor relationship(s) continue for the entire duration of the study?	a) yes b) no
If no, why did you choose to end the relationship(s) early?	Open-ended
<b>Junior Participant (Mentor/Mentee)</b>	
Did you have a mentor and a mentee?	a) yes b) no
If no, what was your role?	a) mentor b) mentee
Did your mentor relationship(s) last throughout the study?	a) yes b) no
If no, why did you choose to end the relationship(s) early?	Open-ended
Did you meet as a group or individually with your mentor and mentee? Please explain.	Open-ended
Program Rubric/Mentor Encounter Log (date, time, and discussion topics of meetings)	Open-ended
<b>Senior Participant (Mentor)</b>	
How many mentees did you mentor?	Open-ended
Did you meet as a group or individually with your mentee(s)?	Open-ended
Did you meet face to face with your mentees?	Open-ended
Program Rubric/Mentor Encounter Log (date, time, and discussion topics of meetings)	Open-ended

Table 6

*List of Evaluation Questions and Responses for Objective Two*

Question/Statement	Response
<b>Objective 2: To teach undergraduate nursing students positive coping skills to combat stress.</b>	
<b>Sophomore Participant (Mentee)</b>	
Describe how you have applied at least one new coping mechanism for stress as a result of the mentor program.	Open-ended
If you feel you haven't applied anything new, please discuss why and what could have been changed in the program to help you.	
Give at least one example of how you implemented new study strategies or felt supported as a student as a result of the mentor program.	Open-ended
I have a better school/work/life balance	a) strongly disagree
I have applied at least one new positive coping skill to handle stress this semester.	b) disagree
I am better equipped to control irritations that occur throughout the semester.	c) neither agree or disagree
I take time for at least one hour of self-care a week.	d) agree
I have applied at least one new effective study habit.	f) strongly agree
My confidence in classes has increased.	
I feel more support as a student.	
<b>Junior Participant (Mentor/Mentee) and Senior Participant (Mentor)</b>	
Of the new strategies you have learned or taught (for coping, leadership, study skills, etc.), describe one you have implemented as a result of going through this program thus far, if any.	Open-ended
I have helped my mentee(s) implement at least one effective study habit.	a) strongly disagree
I have helped my mentee(s) set aside at least one hour of self-care a week.	b) disagree
I have helped my mentee(s) implement at least one effective coping mechanism for stress.	c) neither agree or disagree
My mentee(s) report(s) increased confidence as a student.	d) agree
I am better equipped to control irritations that occur throughout the semester.	f) strongly agree
I have a better school/work/life balance.	
My leadership skills have improved.	
My self-esteem has improved.	

Table 7

*List of Evaluation Questions and Responses for Objective Three*

Question/Statement	Response
<b>Objective 3: To evaluate the opinions of the mentors and mentees regarding the mentoring program.</b>	
<b>Sophomore Participant (Mentee)</b>	
What did you learn or gain from the mentor program?	Open-ended
<b>Sophomore Participant (Mentee) and Junior Participant (Mentor/Mentee)</b>	
My mentor has been approachable.	a) strongly disagree
I feel comfortable discussing my experiences with my mentor.	b) disagree
My mentor was trustworthy.	c) neither agree or disagree
My mentor is supportive of my needs.	d) agree
The mentor program enhances my academic success.	f) strongly agree
The topics discussed in my mentor relationship are relevant to my needs.	
I would like to be a mentor in the future.	
I would recommend the mentor program to other students.	
How could the mentor program be improved?	Open-ended
Overall comments.	Open-ended
<b>Junior Participant (Mentor/Mentee) and Senior Participant (Mentor)</b>	
What have you gained personally or professionally from being a mentor?	Open-ended
The mentor training helped me prepare for my role as a mentor.	a) strongly disagree
I felt comfortable discussing my experiences with my mentee(s).	b) disagree
I made a positive difference in my mentee's life (or lives if more than one mentee).	c) neither agree or disagree
The mentor program enhanced my academic success.	d) agree
I would volunteer to be a mentor again.	f) strongly agree
I would recommend the mentor program to other students.	
How could the mentor program be improved?	Open-ended
Overall comments.	Open-ended

## **CHAPTER 5. RESULTS AND DISCUSSION**

### **Objective One Results**

Objective one of the project was to tailor and implement an evidence-based peer mentoring program to aid students in developing coping skills for stress and increase self-esteem. The data gathered from the first phase of the practice improvement project, when meeting with faculty, was used in evaluating the first objective of the project. The purpose of this objective was to identify successful peer mentoring programs within the undergraduate nursing population and implement one based on the needs of this particular School of Nursing.

To evaluate this outcome, all participants were asked to provide qualitative feedback regarding program design by completing the mentor encounter logs which correlated with the program rubric. The vast majority of mentors reported meeting or communicating with their group six or more times during the program for an average of 30 minutes each meeting. The majority of participants met via face to face and as a group. Two senior participants reported meeting with their mentee individually, which was unchanged from mid to post-program survey.

For the mid-program survey, eleven junior participants reported having a mentor and mentee, one reported only having a mentee. For the post-program survey, all junior participants reported having a mentor and mentee. Most of the senior participants reported mentoring two or three mentees. Three senior participants reported having only one mentee within their group. All participants reported their mentor relationships lasted throughout the entire study.

### **Program Attendance**

All mentors participating in the project were present for the Mentor Training; as required, in order to be better equipped in their role throughout the program. Two senior students had excused absences due to unavoidable circumstances during the Mentor Kick-Off and were

agreeable to no longer continuing the program. Therefore, 91.3% of senior participants attended the Mentor Kick-Off, where students were selected into groupings for the remainder of the program. One hundred percent of junior participants attended the Mentor Training and Mentor Kick-Off events.

Three junior and three sophomore participants did not attend the Mentor Wrap-Up event. One junior participant contacted the primary and secondary investigator due to unforeseen circumstances which prevented her from attending the event. The remaining participants did not report their absence. The number of seniors, juniors, and sophomores who attended each event is described in Table 8.

Table 8

*Number of Participants from Each Program Event*

<b>Event</b>	<b>Seniors</b>	<b>Juniors</b>	<b>Sophomores</b>
Mentor Training	23 (100%)	14 (100%)	*Not invited to Mentor Training
Mentor Kick-Off	21 (91.3%)	14 (100%)	13 (100%)
Mentor Wrap-Up	21 (91.3%)	11 (78.6%)	10 (76.9%)

### **Survey Data Collection**

The secondary investigator lists the results of the participant demographics and survey completion rates in the below table from the mid and post program surveys (Table 9).

Table 9

*Participant Demographics and Completion Rate of Mid and Post Program Surveys*

<b>Participant Demographics of Mid Program Survey</b>			
	<b>Sophomore</b>	<b>Junior</b>	<b>Senior</b>
Average age (years)	19.2 (19-20)	21.8 (21-25)	21.3 (21-23)
Gender	100% Female	100% Female	100% Female
Ethnicity	100% White or Caucasian (n=13)	91.6% White or Caucasian (n=11) 8.3% Other (n=1)	94.7% White or Caucasian (n=18) 5.3% Other (n=1)
Number of participants who attended Mentor Kick-Off	13 (100%)	14 (100%)	21 (100%)
Number of participants who completed mid survey	13 (100%)	12 (85.7%)	19 (90.5%)
<b>Participant Demographics of Post Program Survey</b>			
	<b>Sophomore</b>	<b>Junior</b>	<b>Senior</b>
Average age (years)	19.3 (18-20)	21.6 (21-22)	21.5 (21-22)
Gender	100% Female	100% Female	100% Female
Ethnicity	100% White or Caucasian (n=9)	100% White or Caucasian (n=10)	94.1% White or Caucasian (n=16) 5.9% Other (n=1)
Number of participants who attended Mentor Kick-Off	13 (100%)	14 (100%)	21 (100%)

## **Objective Two Results**

Objective two of the project was to teach undergraduate nursing students positive coping skills to manage stressors throughout their education and future career. The goal was to enhance resiliency through this education and provide support to others through the mentoring program. Participants were asked to evaluate perceived stressors using a series of statements based on a Likert scale for quantitative data collection. Open-ended feedback on coping mechanisms of which had been implemented as a result of the mentor program was evaluated for qualitative data. Particularly, themes of stress and coping were targeted for this objective.

Numerous themes developed from the qualitative statements that reflected positive coping mechanism for stress relief of which will be discussed later in this section. From the qualitative data, the secondary investigator recorded coping mechanisms learned and applied during the mentor program into a themes table based on cohort (See Table 17 for seniors, Table 18 for juniors, and Table 19 for sophomores). The secondary investigator lists the results of the Likert scale questions regarding stress and self-esteem from the mid and post program surveys for all cohorts in the following tables.

Table 10

*Results of the Sophomore Mid and Post Program Survey Data for Stress and Self-esteem*

Because of the mentor program...	Strongly Disagree		Disagree		Neither Agree or Disagree		Agree		Strongly Agree	
	Mid	Post	Mid	Post	Mid	Post	Mid	Post	Mid	Post
I have a better school/work/life balance.					5 38.5%	1 11.1%	7 53.9%	5 55.6%	1 7.7%	3 33.3%
I have applied at least one new positive coping skill to handle stress this semester.					4 30.8%		8 61.5%	6 66.7%	1 7.7%	3 33.3%
I am better equipped to control irritations that occur throughout the semester.					3 23.1%	2 22.2%	9 69.2%	3 33.3%	1 7.7%	4 44.4%
I take time for at least one hour of self-care a week.					3 23.1%	1 11.1%	5 38.5%	1 11.1%	5 38.5%	7 77.8%
I have applied at least one new effective study habit.			1 7.7%		5 38.5%	1 11.1%	7 53.9%	4 44.4%		4 44.4%
My confidence in classes has increased.					4 30.8%	2 22.2%	6 46.2%	4 44.4%	3 23.1%	3 33.3%
I feel more support as a student.					2 15.4%		5 38.5%	4 44.4%	6 46.2%	5 55.6%

Table 11

*Results of the Junior Mid and Post Program Survey Data for Stress and Self-esteem*

	Strongly Disagree		Disagree		Neither Agree or Disagree		Agree		Strongly Agree	
	Mid	Post	Mid	Post	Mid	Post	Mid	Post	Mid	Post
I have helped my mentee(s) implement at least one effective study habit.			1 8.3%	1 10.0%	3 25.0%	1 10.0%	5 41.7%	6 60.0%	3 25.0%	2 20.0%
I have helped my mentee(s) set aside at least one hour of self-care a week.			2 16.7%	2 20.0%	3 25.0%	1 10.0%	6 50.0%	6 60.0%	1 8.3%	1 10.0%
44 I have helped my mentee(s) implement at least one effective coping mechanism for stress.				1 10.0%	2 16.7%	1 10.0%	9 75.0%	4 40.0%	1 8.3%	4 40.0%
My mentee(s) report(s) increased confidence as a student.			1 8.3%		5 41.7%	2 20.0%	5 41.7%	4 40.0%	1 8.3%	4 40.0%
I am better equipped to control irritations that occur throughout the semester.					2 16.7%		8 66.7%	7 70.0%	2 16.7%	3 30.0%
I have a better school/work/life balance.					3 25.0%	1 10.0%	8 66.7%	6 60.0%	1 8.3%	3 30.0%
My leadership skills have improved.							8 66.7%	1 10.0%	4 33.3%	9 90.0%
My self-esteem has improved.					4 33.3%	2 20.0%	7 58.3%	7 70.0%	1 8.3%	1 10.0%

Table 12

*Results of the Senior Mid and Post Program Survey Data for Stress and Self-esteem*

Because of my leadership role in this mentor program:	Strongly Disagree		Disagree		Neither Agree or Disagree		Agree		Strongly Agree	
	Mid	Post	Mid	Post	Mid	Post	Mid	Post	Mid	Post
I have helped my mentee(s) implement at least one effective study habit.			3 15.8%		4 21.1%	3 17.5%	9 47.4%	14 82.4%	3 15.8%	
I have helped my mentee(s) set aside at least one hour of self-care a week.					5 26.3%	2 11.8%	13 68.4%	14 82.4%	1 5.3%	1 5.9%
I have helped my mentee(s) implement at least one effective coping mechanism for stress.			1 5.3%		5 26.3%	3 17.7%	9 47.4%	13 76.5%	4 21.1%	1 5.9%
45 My mentee(s) report(s) increased confidence as a student.			1 5.3%		5 26.3%	2 11.8%	11 57.9%	12 70.6%	2 10.5%	3 17.7%
I am better equipped to control irritations that occur throughout the semester.					4 21.1%	2 11.8%	13 68.4%	14 82.4%	2 10.5%	1 5.9%
I have a better school/work/life balance.				1 5.9%	5 26.3%	4 23.5%	11 57.9%	8 47.1%	3 15.8%	4 23.5%
My leadership skills have improved.						1 5.9%	13 68.4%	8 47.1%	6 31.6%	8 47.1%
My self-esteem has improved.					3 15.8%	2 11.8%	14 73.7%	12 70.6%	2 10.5%	3 17.7%

### **Objective Three Results**

Objective three of the program was to evaluate the opinions of the mentors and mentees regarding the mentor program. The goal was to determine if the program was meaningful and should be continued at the School of Nursing. The evaluation questions reflected the opinions of the participants' relationships with their mentors/mentees and determined if they would recommend this program to other students in the future. Sophomore participants were asked to rate their mentor experience using a Likert scale. The results of the sophomore participants' views of their mentors and the program are described in Table 13.

Table 13

*Results of the Sophomore Mid and Post Program Survey Regarding the Mentee Experience*

Regarding your mentor...	Strongly Disagree		Disagree		Neither Agree or Disagree		Agree		Strongly Agree	
	Mid	Post	Mid	Post	Mid	Post	Mid	Post	Mid	Post
My mentor has been approachable.	1 7.7%						2 15.4%		10 76.9%	9 100.0%
I feel comfortable discussing my experiences with my mentor.	1 7.7%						1 7.7%		11 84.6%	9 100.0%
My mentor was trustworthy.	1 7.7%						2 15.4%	2 22.2%	10 76.9%	7 77.8%
My mentor is supportive of my needs.	1 7.7%						4 30.8%	2 22.2%	8 61.5%	7 77.8%
The mentor program enhances my academic success.	1 7.7%				2 15.4%		6 46.2%	4 44.4%	4 30.8%	5 55.6%
The topics discussed in my mentor relationship are relevant to my needs.	1 7.7%				1 7.7%		3 23.1%	3 33.3%	8 61.5%	6 66.7%
I would like to be a mentor in the future.	1 7.7%				1 7.7%	1 11.1%	4 30.8%	2 22.2%	7 53.9%	6 66.7%
I would recommend the mentor program to other students.	1 7.7%				1 7.7%		4 30.8%	3 33.3%	7 53.9%	6 66.7%

The majority of the sophomore participants reported the mentor program as a positive experience. Numerous responses were obtained from the qualitative data. Some of the responses included: “Overall, I enjoyed the program and found it helpful to have an upperclassman help with questions I had. It was also great to get to know someone else;” and “The mentor/mentee program was a huge benefit and very enjoyable for myself. I would like to be involved in this in the future.”

Junior participants who acted as mentees at some point of the group relationship also completed the same Likert scale rating the mentor experience. The secondary investigator describes the results of the junior participant cohort mid and post program surveys in Table 14.

Table 14

*Results of the Junior Mid and Post Program Survey Regarding the Mentee Experience*

Regarding your mentor...	Strongly Disagree		Disagree		Neither Agree or Disagree		Agree		Strongly Agree	
	Mid	Post	Mid	Post	Mid	Post	Mid	Post	Mid	Post
My mentor has been approachable.							2 20.0%	4 44.4%	8 80.0%	5 55.6%
I feel comfortable discussing my experiences with my mentor.							3 30.0%	3 33.3%	7 70.0%	6 66.7%
My mentor was trustworthy.							3 30.0%	3 33.3%	7 70.0%	6 66.7%
My mentor is supportive of my needs.							4 40.0%	3 33.3%	6 60.0%	6 66.7%
The mentor program enhances my academic success.			1 10.0%		1 10.0%	1 11.1%	5 50.0%	5 55.6%	3 30.0%	3 33.3%
The topics discussed in my mentor relationship are relevant to my needs.			1 9.1%		1 9.1%		3 27.3%	5 55.6%	6 54.6%	4 44.4%
I would like to be a mentor in the future.			1 11.1%	1 11.1%			2 22.2%	5 55.6%	6 66.7%	3 33.3%
I would recommend the mentor program to other students.						1 11.1%	4 40.0%	5 55.6%	6 60.0%	3 33.3%

Because the juniors were given an option to be mentored, this table of Likert scale questions was not mandatory and only meant for this select group. Therefore, the number of participants who completed this part of the mid and post program survey varied. Overall, the majority of participants agreed or strongly agreed with each statement. All participants but one agreed or strongly agreed to becoming a mentor in the future in the mid and post program survey. The junior participants provided feedback from their role as a mentor including the mentor training process, the mentor experience, and the decision to become a mentor again and recommend the program to others in the table below.

Table 15

*Results of the Junior Mid and Post Program Survey Regarding the Mentor Experience*

	Strongly Disagree		Disagree		Neither Agree or Disagree		Agree		Strongly Agree	
	Mid	Post	Mid	Post	Mid	Post	Mid	Post	Mid	Post
The mentor training helped me prepare for my role as a mentor.					1 8.3%		5 41.7%	5 50.0%	6 50.0%	5 50.0%
I felt comfortable discussing my experiences with my mentee(s).							3 25.0%	2 20.0%	9 75.0%	8 80.0%
I made a positive difference in my mentee’s life (or lives if more than one mentee).					4 33.3%	2 20.0%	7 58.3%	6 60.0%	1 8.3%	2 20.0%
The mentor program enhanced my academic success.				1 10.0%	5 41.7%	3 30.0%	6 50.0%	4 40.0%	1 8.3%	2 20.0%
I would volunteer to be a mentor again.			1 8.3%	1 10.0%			3 25.0%	5 50.0%	8 66.7%	4 40.0%
I would recommend the mentor program to other students.						1 10.0%	4 33.3%	4 40.0%	8 66.7%	5 50.0%

Similarly, the majority of participants agreed or strongly agreed with each statement. The majority of junior participants reported they would volunteer to be mentors again (91.7% mid survey; 90% post survey) with one participant who disagreed with the statement in both surveys. All junior participants (100%) agreed or strongly agreed to recommending the mentor program to other students in the mid survey. All but one participant (90%) agreed or strongly agreed to the same statement in the post program survey. The remaining participant reported indifferent.

The junior cohort offered numerous qualitative statements regarding the program overall. General comments made by the junior participants included the following examples: “I really enjoy this program and hope to see it continue through the years;” and “Great program, should include all semesters of the nursing program.” Another student commented: “I liked having a sophomore, junior, and senior, it allowed for more experiences to be discussed.”

The senior participants were also asked to evaluate the same Likert scale type statements as the juniors listed in Table 15. The coinvestigator shows the results of the senior mentor participants’ feelings regarding the mentoring experience in Table 16.

Table 16

*Results of the Senior Mid and Post Program Survey Regarding the Mentor Experience*

	Strongly Disagree		Disagree		Neither Agree or Disagree		Agree		Strongly Agree	
	Mid	Post	Mid	Post	Mid	Post	Mid	Post	Mid	Post
The mentor training helped me prepare for my role as a mentor.				1 5.9%	2 10.5%	1 5.9%	16 84.2%	12 70.6%	1 5.3%	3 17.7%
I felt comfortable discussing my experiences with my mentee(s).							10 52.6%	10 58.8%	9 47.4%	7 41.2%
I made a positive difference in my mentee's life (or lives if more than one mentee).					2 10.5%	3 17.7%	14 73.7%	10 58.8%	3 15.8%	4 23.5%
The mentor program enhanced my academic success.			2 10.5%	2 11.8%	9 47.4%	9 52.9%	6 31.6%	4 23.5%	2 10.5%	2 11.8%
I would volunteer to be a mentor again.						3 17.7%	14 73.7%	9 52.9%	5 26.3%	5 29.4%
I would recommend the mentor program to other students.					1 5.3%	2 11.8%	11 57.9%	8 47.1%	7 36.8%	7 41.2%

As shown in Table 16, the majority of participants agreed or strongly agreed with each statement. The majority of senior mentors reported they would volunteer to be mentors again (100% mid-survey, approximately 82.3% post-program survey with three participants indifferent) and recommended the mentor program to other students (approximately 94.7% with one participant reporting indifferent mid survey; approximately 88.3% with two participants reporting indifferent post-program survey).

The senior participants provided overall comments regarding the program. One senior commented, “I really enjoyed this and think it would be beneficial to grow and keep implementing into the nursing program. We talked about how we don’t have many opportunities to meet students from other classes, and this is a great way to do that.” Another participant responded: “I really like the idea and set-up of this program. I think the independence for groups really creates teamwork and leadership.” Other participants reported the program was positive, beneficial, and enjoyable.

### **Mentor Training**

Senior and junior mentors were asked to evaluate the mentor training and their role in the mentor program, which was evaluated in the Likert scale. Regarding the results from the junior participants, there is little difference between the mid and post program surveys. All of the junior participants but one (91.7%) reported agree or strongly agree to the question assessing the mentor training and feeling prepared for their role as mentors. The remaining participant was indifferent. All of the participants (100%) chose agree or strongly agree in the post-program survey to the same question. As for the senior participants, 89.5% agreed or strongly agreed that the mentor training helped prepare them for their role as mentors in the mid survey. Two of the

participants were indifferent. Regarding the post survey, 88.3% of senior participants agreed or strongly agreed to the above question. One participant was indifferent and one disagreed.

### **Program Improvements**

Almost all of the mentor and mentee participants indicated having a smaller ratio of mentors to mentees would have dramatically improved the program. Participants suggested to include two sections of sophomores instead of one, or to have either seniors or juniors act as mentors. A few responses from the sophomore participants included “I wish more sophomores would be informed of the values of it. I like that we meet in groups of 3 or 4 because we get more advice and opinions but I wish there was maybe two sophomores and then two upper classmen in the group;” and “I think the mentor program with a one-on-one experience could be more beneficial.”

Other suggestions included to have the mentor kick-off meeting shorter (one hour instead of two) and the wrap-up session longer (or eliminate the wrap-up session). Another suggestion was to extend the length of the program to an entire semester, meet with groups every other week with decreased duration, and provide discussion topics for the mentees. A recommendation from a few participants was to create the mentor pairs or groups in a different way. Ideas included to assign groups or provide a personality test to better match participants. Finally, some participants suggested including second semester sophomores instead of first semester sophomores as mentees. A few mentor participants noted their mentees were very organized, had little stress, and did not seem to need their assistance.

The majority of participants from all cohorts reported enjoyment from the mentoring program. Numerous senior participants reported they enjoyed mentoring and thought the program was beneficial. One senior participant responded: “I wish I could have had a mentor

when I was a sophomore and junior nursing student!” A junior participant commented: “Although I think there is room for growth here, this has been a really great opportunity to form relationships with other students that I probably never would have spoken to. Forming personal/professional relationships with other future nurses can only be beneficial in the future. I love the idea of nurses supporting nurses in every environment including school...” Responses from sophomore participants included: “I love the program and would definitely recommend it to anyone;” and “I really enjoyed this program and hope to do it again next year as a mentor.”

### **Overall Goals of the Project**

Along with the objectives created for this project, overall project goals were developed for each mentor and mentee. The goals were created based on the outcomes of mentoring programs in the literature and to hopefully enhance the experience of each participant. As described in chapter three, the goals for the mentors in this program included:

1. To enhance leadership skills
2. To learn positive coping skills for stress
3. To enhance social support through intra-professional relationships

The senior and junior cohorts were evaluated since their participation was based on the mentor role. Numerous themes emerged from the qualitative feedback from the senior and junior mentor mid and post-program surveys that related to the goals listed above. Although the role of the junior participant was unusual, similar themes emerged among both junior and senior survey results. Therefore, the results will be described based on the mentor role and not individualized to participant cohort. The themes related to the mentor goals included: leadership, stress and coping, study tips and time management, self-care/self-awareness, and social support. The

individualized results from each senior and junior cohort survey are found in Table 17 (Senior themes) and Table 18 (Junior themes).

Table 17

*Themes from the Qualitative Feedback from the Senior Mid and Post Program Surveys*

<b>Senior Mentor Qualitative Survey Themes</b>		
Questions of which feedback was elicited	1. What have you gained personally or professionally from being a mentor? (Q3) 2. Please describe at least one change in your leadership skills from before you were a mentor to now (Q5) 3. Of the new strategies you have learned or taught (for coping, leadership, study skills, etc.), describe one you have implemented as a result of going through this program thus far, if any (Q6).	
<b>Theme</b>	<b>Mid Survey</b>	<b>Post Survey</b>
Leadership	<ul style="list-style-type: none"> <li>-Strengthened leadership skills</li> <li>-Leading</li> <li>-Gained a better sense of leadership and ability to guide others and share experiences</li> <li>-Learned more about leadership style and how to visit with mentees about both academic and personal topics</li> <li>-Leadership experience</li> <li>-How to be a leader when talking to peers</li> <li>-Better able to co-lead</li> <li>-Keeping the group on task</li> <li>-Initiated meeting times and areas</li> <li>-Realization of voice and experiences</li> </ul>	<ul style="list-style-type: none"> <li>-Leadership</li> <li>-Set aside time to help mentee</li> <li>-Initiated meetings and conversations</li> <li>-Made resources and examples of potential growth for mentee</li> <li>-Being supportive and a leader</li> <li>-Gained confidence in leadership and how to mentor others appropriately</li> <li>-Improved leadership skills</li> <li>-Gained experience and practice in leadership skills</li> <li>-Taken initiative in clinical to learn and find experiences for self</li> </ul>
Confidence/Self-Esteem	<ul style="list-style-type: none"> <li>-Gained confidence sharing experiences with mentees</li> <li>-Gained confidence in ability to be a leader/mentor</li> <li>-More confident in sharing suggestions</li> <li>-Ability to share personal experiences easily and openly</li> <li>-Reaching out to others more</li> <li>-How to give advice and learn from past mistakes</li> <li>-Grown in self confidence</li> </ul>	<ul style="list-style-type: none"> <li>-Gained more self-esteem</li> <li>-Gained confidence in ability to mentor others</li> <li>-Ability to reach out to others has improved</li> <li>-Feel more comfortable talking about skills</li> <li>-More willing to go up to someone from the semesters below and ask how school is going</li> <li>-Increased confidence as a role model (mentee respect/admiration)</li> </ul>

Table 17. *Themes from the Qualitative Feedback from the Senior Mid and Post Program Surveys (continued)*

Theme	Mid Survey	Post Survey
Communication	<ul style="list-style-type: none"> <li>-Listening to another's concerns and help problem solve</li> <li>-Learned how to give effective advice</li> <li>-Good communication skills</li> <li>-Better at controlling the conversation</li> <li>-Better at leading the conversation</li> <li>-More confidence in ability to communicate one on one</li> <li>-Improved listening skills</li> <li>-Spending more time listening than talking</li> </ul>	<ul style="list-style-type: none"> <li>-Better communication</li> <li>-Lead most group discussions and included all group members in each discussion</li> <li>-Learned how to communicate effectively and adapt to others' needs</li> <li>-Better conversation skills</li> </ul>
Personal Satisfaction	<ul style="list-style-type: none"> <li>-Helped others reduce stress and improve their academics</li> <li>-Nice to take 30 minutes out of the week to talk to other nursing students and try to help them with own knowledge and perspective</li> <li>-Helped mentee in times of stress and learned from mentee</li> <li>-Leadership opportunity to help a lower class-man</li> <li>-Being able to support someone/those that are less experienced</li> <li>-More open and encouraging with others</li> <li>- Offered advice for coping mechanisms and tips to succeed in nursing school</li> <li>-Concern for mentee and willing to take time to help</li> <li>-Compliment mentee academically and personally</li> </ul>	<ul style="list-style-type: none"> <li>-Helped educate other nursing students</li> <li>-Loved helping mentees throughout the semester and being someone for them to go to for questions</li> </ul>
Stress/Coping	<ul style="list-style-type: none"> <li>-Better school/life balance</li> <li>-Increased exercise (yoga)</li> <li>-Self-care to decrease stress</li> <li>-Spending time with friends</li> <li>-Enjoying time outside of school</li> </ul>	<ul style="list-style-type: none"> <li>-Improved coping skills for stress</li> <li>-Better school/life balance</li> <li>-Exercise</li> <li>-30-minute nap</li> <li>-Taking more breaks</li> <li>-Spend more time outside/fresh air</li> <li>-Balance between school and fun</li> <li>-Remaining more positive</li> </ul>
Social Support	<ul style="list-style-type: none"> <li>-Friendships</li> <li>-Positive relationships</li> <li>-Professional relationships</li> </ul>	<ul style="list-style-type: none"> <li>-Formed relationships with mentee and fellow nursing students</li> <li>-Friendships</li> </ul>

Table 17. *Themes from the Qualitative Feedback from the Senior Mid and Post Program Surveys (continued)*

<b>Theme</b>	<b>Mid Survey</b>	<b>Post Survey</b>
Self-Care/Self Awareness	<ul style="list-style-type: none"> <li>-Learned how to brain storm self-care habits</li> <li>-Learned to analyze own habits</li> <li>-Understanding of self before offering advice or knowledge</li> <li>-Increase in awareness</li> <li>-Implemented self-care</li> <li>-Taking time for self-care</li> </ul>	<ul style="list-style-type: none"> <li>-Taking more time to relax</li> <li>-Self care</li> </ul>
Study Tips/Time Management	<ul style="list-style-type: none"> <li>-Planning skills</li> <li>-Organization</li> <li>-Study breaks</li> <li>-Study skills (reviewing notes daily)</li> </ul>	<ul style="list-style-type: none"> <li>-Time management</li> <li>-Ideas for prioritization</li> <li>-Study skills</li> <li>-Not staying up past 11 to study</li> <li>-Variety of study habits to enhance learning</li> </ul>
Teaching Mentee	<ul style="list-style-type: none"> <li>-Stressing self-care and how to properly balance everything</li> <li>-Study skills</li> </ul>	<ul style="list-style-type: none"> <li>-Helped the mentee better understand the need for balance</li> <li>-Teaching healthy coping skills</li> <li>-Used experiences as teaching moments</li> <li>-Better at making time for others and making resources available to help the mentee learn</li> <li>-Helped mentee to be prepared and gave examples of how mentor learns</li> <li>-Provided advice about stress management</li> <li>-Encouraged time for self-care and relaxation</li> </ul>

Table 18

*Themes from the Qualitative Feedback from the Junior Mid and Post Program Surveys*

<b>Junior Mentor Qualitative Survey Themes</b>		
<b>Theme</b>	<b>Mid Survey</b>	<b>Post Survey</b>
Questions of which feedback was elicited	1. What have you gained personally or professionally from being a mentor? (Q4) 2. Please describe at least one change in your leadership skills from before you were a mentor to now (Q6) 3. Of the new strategies you have learned or taught (for coping, leadership, study skills, etc.), describe one you have implemented as a result of going through this program thus far, if any (Q7).	
Stress/Coping	<ul style="list-style-type: none"> <li>-Stress relief skills</li> <li>-Breaking up studying into little sections rather than all at once</li> <li>-Tried new ways to cope with hard days</li> <li>-Take time outside of school for self</li> <li>-Take a coffee break</li> <li>-An hour a day to do something non-school related</li> <li>-Self-care</li> </ul>	<ul style="list-style-type: none"> <li>-Cycling class</li> <li>-Taking time for self with stress</li> <li>-Set aside time for self-care for the week</li> </ul>
Leadership	<ul style="list-style-type: none"> <li>-Improvement in leadership skills</li> <li>-Gained better leadership skills</li> <li>-Leadership-being open to what the mentee has to say</li> <li>-Collaboration with others to meet a goal</li> <li>-Allowing mentee to fully address all concerns</li> <li>-More confident in leadership skills</li> <li>-Initiative</li> </ul>	<ul style="list-style-type: none"> <li>-Leadership skills</li> <li>-I've gained leadership skills by putting them into action</li> <li>-Enhanced leadership skills</li> <li>-Being open minded and easy to approach</li> </ul>
Confidence	<ul style="list-style-type: none"> <li>-Improved confidence when speaking to a small group</li> <li>-Gained more confidence in nursing courses</li> <li>-More confident in knowledge</li> <li>-More comfortable talking about weaknesses and how weaknesses were improved</li> <li>-More comfortable asking people what the mentor can help them with</li> <li>-Confidence is boosted when mentee asks questions</li> <li>-Able to speak up and voice opinions on subjects</li> </ul>	<ul style="list-style-type: none"> <li>-Confidence is boosted when giving advice to the mentee</li> <li>-Ability to share opinions easily</li> <li>-More confident in sharing experiences with others</li> <li>-More confident in my knowledge</li> </ul>

Table 18. *Themes from the Qualitative Feedback from the Junior Mid and Post Program Surveys (continued)*

<b>Theme</b>	<b>Mid Survey</b>	<b>Post Survey</b>
Communication	<ul style="list-style-type: none"> <li>-Learned to communicate with those younger</li> <li>-Increased confidence in communication</li> <li>-Gained better active listening skills</li> <li>-Ability to answer appropriate questions</li> <li>-Better listening skills</li> <li>-Learned how to lead a discussion</li> </ul>	<ul style="list-style-type: none"> <li>-Communication skills</li> <li>-Ability to communicate better with peers</li> <li>-More open with peers</li> <li>-Able to express own feelings</li> <li>-Better communication and keeping the conversation on topic</li> <li>-Open communication is better</li> </ul>
Personal Satisfaction	<ul style="list-style-type: none"> <li>-Feelings of dedicating personal time for a good purpose to help younger students succeed in the program</li> <li>-Being someone the mentee trusts and comes to with questions regarding school and life in general</li> </ul>	<ul style="list-style-type: none"> <li>-Teaching coping skills- relaxation and doing your best</li> <li>-Encouraging another who is just beginning the nursing program.</li> <li>-Helped my mentee gain confidence and feel comfortable while continuing on in the program</li> <li>-Become more helpful and offer my assistance more</li> <li>-Learned to step up and be a role model for the sophomore nursing students through this program and being a skills lab mentor</li> <li>-Learned to view someone's strengths and weaknesses and how to better both of them</li> </ul>
Social Support	<ul style="list-style-type: none"> <li>-Friendships</li> <li>-Expanded network</li> </ul>	<ul style="list-style-type: none"> <li>-Friendships</li> <li>-Connections to other nursing classes</li> <li>-Relationships with others in the program</li> </ul>
Study Tips/Time Management	<ul style="list-style-type: none"> <li>-Time management</li> <li>-Prioritized time, increase in productivity</li> <li>-Talking things through with others</li> <li>-Help on internships, practicum and other classes</li> <li>-Tried different ways to study</li> <li>-More organizational skills/ideas for improvement</li> </ul>	<ul style="list-style-type: none"> <li>-Study skills that mentors passed down to me</li> <li>-Studying with people</li> <li>-Coping strategies on how to be organized</li> <li>-Making a to-do list</li> </ul>

### **Senior and Junior Mentor Themes**

Leadership was a main theme from the results and related to the first goal. Many senior and junior participants voiced strengthened leadership skills. Common results related to leadership included identifying personal leadership style, recognizing the ability to guide others

and share experiences, offering support, and realizing the importance of one's voice. One senior mentor responded: "My confidence in being a leader has changed drastically. I never really thought of myself as much of a leader, but this experience has changed my view and grown my self-confidence in my abilities." Another senior student responded: "I was able to reflect on how far I have come in a leader aspect and I am more confident in providing encouragement and stories of my experiences to give advice." Responses from junior participants included: "I am able to speak up and voice my opinions on subjects," and "Before I was a mentor, I struggled with the confidence to share my opinion with others and I was unsure of whether or not I could make a difference for someone else in the program. Now, I can share my opinions easily and I believe I can make a difference in those in the program below me."

Another theme that emerged from the results was stress and coping, which related to the second goal for mentors. Participants responded with increased coping mechanisms for stress relief including exercising (specifically cycling and yoga), having a better school/life balance, spending time with friends, napping, taking more breaks, enjoying the outdoors, and remaining more positive. Along with stress and coping, another theme emerged related to study tips and time management. Responses included: organizational skills (making a to-do list), prioritization, group study, and feedback on academics (internships, classes, clinical, etc.). A theme related to stress and coping was self-care/self-awareness. Participants responded with increased self-care such as analyzing own habits and knowledge, recognizing self-awareness, taking time to relax, taking a coffee break, and setting aside an hour to do non-school related activities.

Goal three for the mentors was to enhance intra-professional relationships. Both senior and junior participants commented on the relationships that were formed during the program. Numerous participants noted the formation of valuable friendships and connections made within

the nursing program. Although comments were made regarding relationships, little feedback was provided as to which relationships were formed (junior-senior, senior-sophomore, etc.).

Other themes emerged from the qualitative results besides the themes related to the mentor goals. One was perceived confidence. Many senior and junior mentors commented on increased self-confidence and provided examples of how their confidence has grown. A specific response from senior participants included: “I think I have gained confidence in my ability to mentor others and help them better understand the need for balance.” A junior participant added: “I think I am more confident in my knowledge because I am able to answer her [the mentee’s] questions.”

Another theme was communication. Senior and junior mentor participants reported increased communication skills including improved listening skills, enhanced conversational skills, and ability to provide effective advice. Senior participants responded with the following: “I have learned how to give effective advice to my mentee and have good communication skills;” and “I learned how to communicate more effectively and adapt to others’ needs.” Responses from junior participants included: “Professionally, I have learned how to lead a discussion. Personally, I have gained better active listening skills and the ability to answer appropriate questions;” and “Ability to communicate better with peers.”

Personal satisfaction was also a theme that emerged from the senior and junior mentor survey results. Many participants reported feelings of gratification when describing their impact as mentors. Responses related to personal satisfaction from the senior participants included: “I am more intrigued and concerned with what my mentee is having difficulties with and I am more willing to take extra time to help and really problem solve to compliment all aspects of her life not only academically but also how to resolve stress;” and “It’s nice to know that I can help

someone reduce stress and improve their academics.” A few responses from junior participants included: “I have learned how to encourage another who is just beginning the nursing program. I feel like I helped my mentee gain confidence and feel comfortable while continuing on in the program;” and “I feel like I am dedicating my time for a good purpose to help younger students succeed in the program.”

In addition to the themes listed above, a common theme among the senior participants was teaching. The comments made by senior participants focused directly on what the mentee(s) learned from them as mentors. Senior mentors reported some of the common skills they taught their mentees. Teaching topics included healthy coping skills for stress (such as self-care, school-life balance), study skills, experiences as teaching moments, and resources for learning. Teaching was one theme that differed from the junior mentor surveys. In the post survey, one junior mentor reported that she taught coping skills. Otherwise, no other qualitative feedback directly reflected teaching from the junior population.

### **Sophomore Mentee Themes**

Overall goals were also created for the sophomore or mentee participants. The goals for the mentees included:

1. To learn positive coping skills for stress
2. To improve self-esteem related to the nursing profession
3. To enhance social support through intra-professional relationships

As mentioned previously, the goals were developed based off of the literature from outcomes of mentoring programs. Numerous themes emerged from the sophomore mentee mid and post program surveys relating to the above goals. The themes included: stress/coping, study tips/time management, self-care/self-awareness, confidence, and social support. The qualitative results

relating to each theme from the sophomore mid and post-program surveys are described in Table 19.

Table 19

*Themes from the Qualitative Feedback from the Sophomore Mid and Post Program Surveys*

<b>Sophomore Mentee Qualitative Survey Themes</b>		
<b>Theme</b>	<b>Mid Survey</b>	<b>Post Survey</b>
Questions of which feedback was elicited	1. What did you learn or gain from the mentor program? (Q3) 2. Give at least one example of how you implemented new study strategies or felt supported as a student as a result of the mentor program. (Q5) 3. Describe how you have applied at least one new coping mechanism for stress as a result of the mentor program. If you feel you haven't applied anything new, please discuss why and what could have been changed in the program to help you. (Q6).	
Study Tips/Time Management	<ul style="list-style-type: none"> <li>-What to expect in class</li> <li>-Ways to manage a busy schedule</li> <li>-Tips from students who have been through the program (what to expect for the future)</li> <li>-Future nursing curriculum (things to look forward to)</li> <li>-Study tips (reading the textbook, writing down lists of things to do for time management)</li> <li>-Scheduled study time</li> <li>-Areas of academic content to focus on (anatomy and health promotion for example)</li> <li>-Offers another perspective on classes</li> <li>-Using a planner to schedule study times and homework</li> </ul>	<ul style="list-style-type: none"> <li>-Gained knowledge of what to expect in the future</li> <li>-Tips and tricks for classes</li> <li>-Knowledge of what to expect better than before the program</li> <li>-Equipped with helpful tips</li> <li>-What to expect in the future and how to cope with each class</li> <li>-Helpful to learn about teachers, rigor, and expectations at each semester</li> <li>-Specific study tips</li> <li>-Learned about care plans and clinical</li> <li>-Studying for tests earlier</li> <li>-Asked mentors questions about tests/classes and how to prepare</li> <li>-Better sense of time management= more self-care activities</li> </ul>
Stress/Coping	<ul style="list-style-type: none"> <li>-Ways to relieve stress, coping</li> <li>-Working out/exercise</li> <li>-Deep breathing</li> <li>-Listening to music</li> <li>-Take a step back, breathe, and tell myself it will be OK</li> <li>-Life perspective</li> </ul>	<ul style="list-style-type: none"> <li>-Reflect on the times that were stressful and talk through things with my mentor</li> <li>-Working out</li> <li>-Getting adequate sleep</li> <li>-Take 30-40 minutes after class to relax before starting homework</li> <li>-Going to the wellness center</li> <li>-Talking to other people about my stress</li> <li>-Swimming</li> <li>-Taking breaks and time for myself</li> </ul>

Table 19 *Themes from the Qualitative Feedback from the Sophomore Mid and Post Program Surveys* (continued)

<b>Theme</b>	<b>Mid Survey</b>	<b>Post Survey</b>
Self-Care/Self Awareness	<ul style="list-style-type: none"> <li>-Set aside time for self</li> <li>-Going out and doing something non-school related</li> <li>-Make more time for self</li> <li>-Weekly hour of self-care (fun activity with friends or shopping)</li> <li>-Give self a break to start fresh and work better towards own work</li> </ul>	<ul style="list-style-type: none"> <li>-Learned the importance of balance and sacrificing time/certain activities for the sake of taking some time to take care of self</li> <li>-Allow more time for self-care</li> </ul>
Social Support	<ul style="list-style-type: none"> <li>-Reassurance from other mentors when an exam/assignment didn't go well</li> <li>-Mentor has gone out of her way to meet and give me advice</li> <li>-Encouragement</li> <li>-Discussing problems with the group</li> </ul>	<ul style="list-style-type: none"> <li>-Learned that many people are there to help you if you need a little push along the way</li> <li>-Gained friendships that we wouldn't have had otherwise</li> <li>-Someone to go to for questions</li> <li>-Learned asking for help is nothing to be ashamed of</li> <li>-Feeling supported and encouraged</li> <li>-Feeling less alone</li> <li>-Mentor was very approachable</li> </ul>
Confidence	<ul style="list-style-type: none"> <li>-More confidence in nursing classes</li> <li>-Better ways to talk to group members</li> <li>-Mentors encouraged me and gave me confidence for the future</li> <li>-Mentors told me I was a good student</li> </ul>	<ul style="list-style-type: none"> <li>-Gained knowledge and confidence in my abilities</li> </ul>

The first goal for the sophomore mentees was to learn positive coping skills for stress. The first theme of stress/coping greatly reflected this goal. Regarding the mid survey, all but two participants qualitatively reported they had applied at least one new coping mechanism for stress. For the post survey, all but one participant reported this. The coping mechanisms reported in the mid and post program surveys included: exercising/working out (an example was swimming), deep breathing, listening to music, taking a step back/reflecting, getting adequate sleep, taking time to relax, talking to other people about stress, and taking breaks for self-care.

The two participants who did not apply a new coping mechanism responded: "I haven't learned any new coping mechanisms, but I have realized that many people share similar coping ways. I don't think I have learned any new coping mechanisms because we are all similar

personalities and use many of the same methods like napping and exercising. I could have possibly learned new ones if someone had a unique example aside from the ones many of us talk about;” and “I have only met with my group one time.” Regarding the post-program survey, all but one participant applied at least one new coping mechanism. The participant responded: “I don’t think I have applied any new coping strategies but we talked about them and we compared what we each used.”

Along with coping mechanisms for stress, study tips/time management was a theme that emerged from the participant results. Responses related to this theme included: gained knowledge and expectations for current and future classes, areas of academic content to focus on, ways to manage a busy schedule (including scheduling study time), and study tips (reading from the textbook, making lists, using a planner, studying for tests earlier, etc.). One participant reported: “Being involved in the mentor program has shown support for me as a student because my mentor has gone out of her way multiple times to meet with me and talk about my classes and give me advice on classes. She gives me study tips for classes and lets me know it will be ok.” Another participant commented: “I was able to see a care plan, and learn a lot about clinical, which will be very beneficial to me in the future.”

The second goal for the sophomore mentee participants was to improve self-esteem related to the nursing profession. Confidence was a theme from the mid and post program survey results that directly related to this goal. Participants reported more confidence in nursing classes, gained knowledge and confidence in abilities, confidence for the future, and reassurance. Examples of sophomore participant comments included: “I have met more people and I have felt more confident in my nursing classes;” and “I have gained knowledge and confidence in my abilities.”

The third goal for the mentee participants was to enhance intra-professional relationships. The theme that correlated with this goal was social support. Numerous mentee participants indicated they developed relationships (and friendships) with their group members and felt supported. Example responses from mentee participants included: “I felt supported as a student by my mentors when they encouraged me to do well on a test as well as reassured me;” and “When we met in a group of four with all the mentors, they all encouraged me and told me they could tell I was a good student.”

### **Relation to Watson’s Theory**

The themes that emerged from the qualitative comments from the participants tied back to Jean Watson’s Theory of Human Caring. As mentioned previously, Watson’s theory encompasses caring as the transformation of self, others, and the nursing profession (Watson Caring Science Institute, 2010). The mentors demonstrated they were encouraged to give to another who could benefit. The mentor-mentee relationships showed commitment to one another as the groups met for a substantial amount of time and were sustained throughout the program. Watson’s theory is reflected as many of the participants were transformed because of the caring and respect for each group member.

Many of the carative factors from Watson’s theory were identified in the program results. For one, “development of help-trusting, human caring relationship” demonstrated many of the mentor relationships that were established (Watson, 2007, p. 131). Many mentees voiced their mentors were approachable and they could discuss both concerns and positive aspects of their lives. This reflects the carative factor of “promotion and acceptance of expression of positive and negative feelings” (p. 131). Mentees also noted their mentors offered advice and support for

problem solving, which reflects the narrative factor of “systematic use of scientific (creative) problem-solving caring process (Watson, 2007, p. 131).

## **CHAPTER 6. DISCUSSION AND RECOMMENDATIONS**

### **Interpretation of Results**

The first objective was met supported by the information discussed in chapter five. A peer mentoring program was implemented at the School of Nursing successfully. Achieving the objective was largely due to support from the leadership course instructor, nursing faculty, project committee, and student participants. The program attendance for mentors was largely due to having the program in conjunction with the leadership course. Offering extra credit likely had an impact in participation rates as well. All participants took initiative in making the program individualized to their needs and setting aside time to meet with their group members. A key barrier included not inviting the second semester sophomore cohort to participate in the program as this would have greatly impacted the mentor to mentee ratio (as discussed in chapter three).

Objective two was met as indicated by the survey results. Factors that aided the students in implementing new coping skills for stress included the mentor training and enforcing stress relief and mental health benefits throughout the program. A possible limitation from meeting objective two was the fact that first semester sophomore students likely have effective study habits as they are required to get into the nursing program. Another was the sophomore students were not fully emerged in core nursing classes at this stage of their academic career. Therefore, stress was not as apparent in some sophomore participants.

Objective three was met supported by the quantitative and qualitative data described above. The results geared toward this objective were to identify which aspects of the program worked well and areas that needed improvement. The goal of this objective was also to identify perceptions of the need and desire to promote a similar program in the future. All participants

provided feedback regarding their mentor/mentee experience. The majority of participants recommended continuing the program in the future.

A decrease in survey participation from the mid to post survey was noted across all three cohorts of participants. Many reasons may have explained the decrease in participation. For one, students may have dropped out of the program and therefore, did not complete the final survey. Another reason may have been the timing of the second survey as the end of the semester is often a busier time for students. Therefore, students may have forgotten to complete the survey or chose not to. A third reason may have been a lack of change in student opinion as the mid survey and post survey were identical. Regarding mentors, a fourth reason may have been related to the extra credit in which they had already completed the steps needed to receive the full extra credit benefit.

Overall, the participants described a high level of satisfaction regarding the mentoring program. Although the program was successful overall, there were still some areas that needed improvement. The ratio of mentors to mentees was the greatest concern regarding the program, which was expected prior to the program kick-off. The literature supported more positive mentoring relationships among a one mentor to one mentee ratio. Therefore, it was not surprising that the majority of participants suggested smaller groups or 1:1 mentoring relationships. The uneven ratio of mentors to mentees was largely due to the fact that only one section of sophomore students was invited to participate. Because of the large number of mentors, participants voiced difficulty finding time to meet as a group. Therefore, adding the second semester sophomore students would have made mentor ratios smaller and would have allowed more time for meetings.

The results of the practice improvement project were similar to the literature regarding increased leadership skills and decreased levels of stress. Similar to the study conducted by Jacobs et al. (2015), benefits for the mentors and mentees emerged from the program. Mentees reported new study skills and felt better prepared for current and future nursing classes. Regarding stress, mentees developed new coping mechanisms for stress and implemented them, which was similar to the research by Demir et al. (2014). Mentees formed relationships with their mentors and felt supported because of the program, which increased their self-esteem (Demir et al., 2014).

Senior and junior mentors described increased leadership skills. Some mentor students also reported a sense of gratitude for helping another student succeed. Coping skills for stress was also a common theme among senior and junior participants. A study by Won and Choi (2017) reflected similar mentor outcomes as this practice improvement project, with the main theme of self-growth as a leader. Mentors were found to improve on their leadership skills, which included growth in self-confidence, mentee guidance, pride or satisfaction within their role, and coping with conflicts.

The primary investigator, secondary investigator, and leadership course instructor did not run into questions or concerns from students along the way, which lead to the assumption that the program was well structured and allowed for participant independence. Besides identifying and pairing participants and organizing the group events, there was little time commitment from the program leader, indicating future sustainability. Having the student mentors fully embrace their leadership skills was a key factor in the success of this program. Also, student mentees who felt comfortable within their mentor relationships and identified concerns of which were brought to the mentor relationship was beneficial.

## **Limitations**

A number of limitations existed with this project. First, the targeted mentee participants were limited to the first semester sophomore nursing students. This was due to a conflict of interest of the primary and secondary investigator for teaching the Health Assessment course in which second semester sophomores were enrolled. Another limitation was that some mentors expressed that their mentees seemed very prepared and did not have much stress at that point in their undergraduate career. Mentors suggested to include second semester sophomores as they are further along in their nursing education.

A second limitation was the mentor to mentee ratio. As mentioned earlier, an overwhelming number of mentors participated. The large number of participants was possibly due to the extra credit that was offered for participation. Another possibility was the value of mentoring felt by the upperclassmen as some mentioned this in the surveys. Finally, mentor participants may have wanted the experience for their nursing curriculum vitae or for personal reasons. Because of the uneven ratio, participants reported difficulty finding time to meet as a group. The literature emphasized a smaller ratio of mentors to mentees as being more beneficial to forming a positive relationship.

A third limitation was the decrease in participation of all cohorts for the post-program surveys. For those participants who decided to end the program early, there was little feedback regarding what went wrong. Possible reasons for ending the program early included the time commitment, difficulty connecting or forming relationships with group members, or lack of interest in the program. All participants were encouraged verbally and in the consent form to contact the primary investigator, secondary investigator, or leadership faculty member with concerns throughout the program's entirety. Unfortunately, none of the participants who left the

program early or failed to complete the final survey reached out. As mentioned previously, reasons for not completing the post survey included lack of time, no change of opinion from the last survey, or forgetting to complete the survey within the open time frame. Senior and junior participants who did not complete the post-program survey may have chosen not to because it was not required for the extra credit benefit. In the future, a recommendation would be to structure the program differently by requiring the completion of both surveys for extra credit or not to have the same form for both the mid and post survey.

A fourth limitation was the inability to follow each mentor group independently. Participants were evaluated individually and not as a group. Therefore, records of group members and their particular experiences were not obtained. By evaluating the mentor groups instead of individual participants, factors may have been identified as to why certain groups worked better than others. The majority of the mentor groups had two seniors, one junior, and one sophomore. Understanding the opinions of each participant within her particular group may have provided additional information for improving the program. Also, connecting the participants' individual results from the mid-program survey to the final survey may have been beneficial.

A fifth limitation was the evaluation of stress among the participants. The levels of stress were based off the literature and student and faculty opinion prior to the program development. A recommendation would be to assess perceived levels of stress prior to starting the program, during the program, and at the end of the program. An evidence-based tool for stress should be used to obtain this information. Participants were encouraged to discuss stress and coping mechanisms during each encounter. However, perceived levels of stress or causes of student stress were not obtained.

## **Recommendations**

First, the secondary investigator recommends opening the program to first and second semester sophomores. As discussed previously, the second semester sophomore students would likely benefit from the mentoring program due to their course load and level of difficulty in the nursing program. Both second semester juniors and first semester seniors were asked to be mentors because of their participation in the nursing leadership course. However, limiting the number of mentors to one section of students, likely seniors, would decrease the mentor to mentee ratio. Having the mentor program linked with the nursing leadership course greatly impacted participation. Yet, in order to provide consistency among the course, both cohorts would need to be included. A recommendation is to find alternative ways, besides extra credit, to motivate students to become mentors, such as stressing the personal motivation of helping others and the impact of curriculum vitae experience for future employment. This could lead to students who are passionate about mentorship and making a difference. Another strategy is to have faculty members personally recommend students to become mentors.

A second recommendation is to provide the mentor training online, depending on agency preference. The mentor training required reserving a room on campus and a faculty member to provide the training. A recommendation to provide the training and program materials online would save time and resources. Students desiring to be mentors could sign up for the training, watch the module or training session, and complete a quiz to evaluate their knowledge after the training. Once that training is complete, they could be paired with a mentee and begin the program. The online training program would provide them with the resources they need, including the program documents of which they could print out or refer to later. The training could be in conjunction with the Nursing Leadership class in the fall, or independently in the fall

and spring. Although this is true, should the program continue face-to-face the added advantage would be to promote better discussion versus to open the time frame (quality of training versus less time constraints).

A third recommendation is to change the grouping of the participants. Regarding pairing of mentors to mentees, this was difficult to find in the literature. A faculty member could pair students based on the number of mentees that sign up. Students could complete a personality survey and be paired based on similarities. Mentors could create profiles that illustrate their backgrounds similar to the common interest form. Mentees could choose mentors based on each profile as a first come first serve basis. The large group event could be done for pairing; however, time and resources would need to be taken from a faculty member. Also, the same pairing method could be used but in two cycles rather than four.

A fourth recommendation is to include current nursing students from the School of Nursing as part of the program development team. Eliciting the personal opinions of students would help to validate the need for the program and make it more feasible, which would add to its success. Feedback following the program was helpful but understanding some of the obstacles prior to program implementation would help increase participation.

A fifth recommendation is to survey nursing faculty in order to better study possible outcomes based off of information gathered about students who participated in the mentor program versus those who did not. Identifying positive outcomes from the mentor program participants would be important for identifying other students who would benefit from having a mentor. The recommendation would bring awareness to nursing faculty on the benefits of the program. In order for this to be accomplished, nursing faculty would need to be surveyed prior to

program start, possibly mid program, and at the end of the program. Also, faculty could be surveyed once a semester throughout the participants' academic careers.

A sixth recommendation is to survey perceived levels of student stress prior to the mentor program and post implementation. Should this program be applied in other settings, a recommendation to evaluate the perceived levels of stress for undergraduate students is pertinent. By evaluating specific cohorts prior to implementing the program, the need for positive coping mechanisms could be identified and students supported individually. An evidence-based tool for stress should be used to evaluate perceived levels of stress before the program started, half-way through the program, and at the end of the program.

A final recommendation is to follow the mentors and mentees who have completed the mentoring program into nursing practice. A study conducted by Jordan, Khubchandani, and Wiblishauser (2016) found that the majority of nurses at a particular Midwestern hospital had moderate to high levels of stress and poor health behaviors including lack of exercise, sleep, and poor diet. The study included 120 nurses from various departments throughout the hospital. The information from this program would be important to see if participants are able to apply the coping skills into their future practice. The information from this study could be used to impact other nursing schools and health care organizations who hire students from schools who currently have mentoring programs in place.

According to the surveys, the majority of the mentor and mentee participants reported the program as a positive experience. Many mentors and mentees from all cohorts stated they hoped to become mentors in the future. The secondary investigator recommended that the program be continued with the above recommendations in perspective. If the program continues, a primary faculty member would be recommended if issues or questions arise.

## **Implications for Practice**

The practice improvement project impacted a number of undergraduate nursing students from this academic institution. The project added to the available literature documenting current undergraduate mentoring programs and, possibly, programs geared toward graduate students. Identifying positive outcomes and program recommendations may assist with future program development. The results of the program may influence other nursing schools to develop mentoring programs for students to increase leadership skills and decrease stress. Understanding the negative impact on stress and how that affects the future of undergraduate nursing students is important.

The practice improvement project can also be helpful in providing awareness to nursing faculty and health care providers on the high levels of stress and mental health of nursing students. Bringing awareness may include incorporating stress relief techniques in the classroom, clinical sites, or providing students with resources for mental health needs. As mentioned previously, high levels of stress can lead to anxiety, depression, and physical health issues. Health care providers in primary care settings will likely care for undergraduate nursing students whether encountered in physical exams or acute care visits. Identifying signs of stress may help to provide coping mechanisms in the office. The American Nurses Association stresses the importance of the overall health and well-being of nurses, which begins as a nursing student.

Undergraduate nursing students are the future of the nursing profession. Being mindful of their mental health is extremely important. Nurses must take care of themselves before effectively caring for others. With that being said, undergraduate nursing students will eventually practice as independent nurses and become preceptors to future undergraduate nursing students. Understanding the stressors and self-care behaviors of nursing students is important in finding

ways to manage those stressors once they become practicing nurses (Crary, 2013). Preceptors can potentially impact the practice of students and/or possibly form mentoring relationships.

The mental health of young adults is of great concern. According to the National Alliance on Mental Illness [NAMI] (n. d.), one in five teens and young adults live with mental illness. Most people develop a mental health condition by age 24 (NAMI, n. d.). Many undergraduate nursing students are within this age range. If people are better equipped to handle stressors, then this can positively impact their careers and relationships. Having the ability to cope with stressors and improve mental health may also result in a decrease of patients seen by nurse practitioners or providers in practice. Nursing students who were directly involved in the mentor program may hopefully see an impact in their own lives and possibly become nurse practitioners themselves.

### **Implications for Future Research**

As discussed previously, there is limited research on mentoring programs from the past five years. Future research identifying effective mentoring programs currently in place would be beneficial. Providing awareness of stress and its effects on the health of undergraduate nursing students is important. More research on student mental health and causes of stress may also be useful. Future research to identifying the levels of stress and possible mental health disorders that accompany undergraduate nursing students (or students in general) and how to effectively prevent or treat such disorders would be valuable.

Also, more research should be done for minority nursing students and perceived levels of stress as few studies were found regarding this in the literature. As discussed previously, stress is evident among undergraduate nursing students. However, more research should be done to determine if perceived stress levels are different among minority students. Minority students

often experience lower retention rates in undergraduate nursing programs (Crooks, 2013). Therefore, evaluation of stress or causes of low retention should be identified. Studies should be done to determine stressors that exist among this population which may differ from other nursing students. Solutions for stress management and increased retention rates should also be identified.

### **Application to other DNP Roles**

The role of the DNP was applied throughout this practice improvement project. As a scholar, the DNP performed a literature review to identify evidence-based practice regarding undergraduate nursing student stress and successful peer mentoring programs. Results were disseminated to inform undergraduate students, nursing faculty, and health care providers and promote change. The DNP project also increased awareness of mental health disorders and high levels of stress among undergraduate student nurses. As a nurse leader, the DNP collaborated with fellow colleagues and nursing professionals to identify a problem and provide an evidence-based solution.

A number of mentor participants voiced increased confidence and leadership skills following the mentoring program. A goal was for participants to continue to grow in leadership and enhance the nursing profession. The DNP has a significant leadership role in advocating for and mentoring young nurses. Undergraduate nursing students are the future of the DNP profession. By providing them with the tools to combat stress, increase confidence and leadership skills, they are more likely to seek leadership positions and further educational opportunities, such as the DNP role. The DNP must also work alongside nurse colleagues to create change and impact healthcare outcomes. Some DNPs may serve as preceptors, faculty members, or advisors to undergraduate students. In addition, future DNP students may decide to implement a similar project amongst graduate Doctor of Nursing Practice students.

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## APPENDIX A. MENTOR CONSENT FORM

NDSU      North Dakota State University  
NDSU Dept 2670  
PO Box 6050  
Fargo, ND 58108-6050  
701-231-7821

**Title of Research Study:** Development and Implementation of a Peer Mentoring Program for Undergraduate Student Nurses.

**This study is being conducted by:** Brittany Frank, NDSU DNP student, 320-815-5442 or brittany.frank@ndus.edu and Heidi Saarinen, Nursing Faculty at NDSU, 701-231-7821 or heidi.saarinen@ndus.edu.

**Why am I being asked to take part in this research study?** You are a junior or senior nursing student from NDSU. We are asking you to participate as a mentor to a sophomore nursing student. As a student in this part of your program, your valuable experience can be helpful in reducing stress and enhancing self-esteem for a student who is just starting the program.

**What is the reason for doing the study?** The purpose of this study is to determine if a peer mentoring program is beneficial for stress reduction and increased self-esteem among the undergraduate nursing student population to improve academic performance.

**What will I be asked to do?** You will be asked to participate as a mentor. You will be a mentor to one (or potentially two) mentees. As a mentor, you will guide the mentee through common concerns including stress and academic challenges while offering support and feedback. You will be asked to log your encounters with your mentee and brief topics of discussion. You will also be asked to evaluate the program via survey half-way through the program and after program completion.

**Where is the study going to take place, and how long will it take?** The program is 8 weeks throughout Fall semester. It will entail a 2-hour mentor training session on September 11, 2017 at 6 pm, a mentor kick-off event which will consist of the mentors and mentees meeting face to face on September 18, 2017 at 6 pm, and a mentor/mentee wrap up event at the end of the 8 weeks on November 13, 2017 at 6 pm. Students are encouraged to meet weekly for approximately 30 minutes via face to face or media of choice (phone, facetime, etc.). If you choose to meet face to face, the location of student meetings is completely up to the mentor/mentee pair. The group events will take place on campus at Stop and Go Center in room 104.

The total amount of time dedicated to this project will be approximately 10 hours. For each event, you will spend approximately:

- 2 hours at the mentor training event
- 2 hours at the mentor kick-off event
- 30 minutes a week communicating with your mentee(s) (an encouraged total of 4 hours)
- 1 hour at the mentor wrap-up event
- 15 minutes to complete the mid program survey
- 15 minutes to complete the end of program survey

**What are the risks and discomforts?** Possible risks or discomforts that can result from participating in this program might include emotional stress due to identifying possible current stressors, psychological awareness of stress and current support, and peer pressure to appear non-stressed. If a health-related concern that affects your safety becomes apparent as a result of participating in this program, your situation will be communicated to the primary investigator, Heidi Saarinen at 701-231-7821 or heidi.saarinen@ndus.edu in order to be referred to the appropriate services.

**What are the benefits to me?** Participating as a mentor may offer several benefits. Benefits may include increased leadership and communication skills, intra-personal relationships, experience for your curriculum vitae, and feelings of gratitude or reward for helping others. You may also receive the benefit of extra credit in your N460 Leadership course for participating. You also have the chance to win a \$25 gift card to Target via a random drawing for participating. Other than extra credit and the above benefits mentioned, you may not get any benefit from being in this research study.

**What are the benefits to other people?** As a mentor, you will be able to make a difference in the life of another nursing student or mentee. Your feedback regarding the program will also be helpful in improving the program in the future.

**Do I have to take part in the study?** Your participation in this research is your choice. If you decide to participate in the study, you may change your mind and stop participating at any time without penalty or loss of benefits to which you are already entitled.

**What are the alternatives to being in this research study?** Instead of being in this research study, you can choose not to participate. Another opportunity for extra credit may also be obtained instead of participating in this program.

**Who will see the information that I give?**

We will keep private all research records that identify you. Your information will be combined with information from other students taking part in the study. When we write about the study, we will write about the combined information that we have gathered. We may publish the results of the study; however, we will keep your name and other identifying information private.

If you withdraw before the research is over, your information will be removed at your request and we will not collect additional information about you.

**Can my taking part in the study end early?** Yes, you may quit the study at any time. Those who participate in all events, meet with their mentees 6 out of the 8 weeks and complete the mid and end of program survey will be considered in the study. If you choose to end your mentor relationship(s) early, you will still be eligible for compensation (listed below) if you complete the mid-program and/or end of program survey.

**Will I receive any compensation for taking part in this study?** Students who participate as mentors will be offered extra credit in their N460 Leadership course. To earn extra credit, the students will be given the option to participate in the mentoring program or another project of similar time commitment and rigor. Participants will also be eligible for a random drawing to win a \$25 gift card to Target. Each week you meet with your mentee, your name will be added to the drawing (up to 8 times). At the end of the program, the winners will be drawn and the gift cards distributed. A total of 8 gift cards will be distributed. Each winner can only win once. Food and non-alcoholic beverages such as pizza and soda will be provided at each large group event including the mentor training, kick-off, and wrap-up event.

#### **What if I have questions?**

Before you decide whether to accept this invitation to take part in the research study, please ask any questions that might come to mind now. Later, if you have any questions about the study, you can contact the researcher, Brittany Frank at [brittany.frank@ndus.edu](mailto:brittany.frank@ndus.edu), Heidi Saarinen at [heidi.saarinen@ndus.edu](mailto:heidi.saarinen@ndus.edu), or Trish Strom at [trish.strom@ndus.edu](mailto:trish.strom@ndus.edu).

#### **What are my rights as a research participant?**

You have rights as a participant in research. If you have questions about your rights, or complaints about this research, you may talk to the researcher or contact the NDSU Human Research Protection Program by:

- Telephone: 701.231.8995 or toll-free 1.855.800.6717
- Email: [ndsu.irb@ndsu.edu](mailto:ndsu.irb@ndsu.edu)
- Mail: NDSU HRPP Office, NDSU Dept. 4000, PO Box 6050, Fargo, ND 58108-6050.

The role of the Human Research Protection Program is to see that your rights are protected in this research; more information about your rights can be found at: [www.ndsu.edu/irb](http://www.ndsu.edu/irb).

#### **Documentation of Informed Consent:**

You are freely making a decision whether to be in this research study. Signing this form means that

1. you have read and understood this consent form
2. you have had your questions answered, and
3. you have decided to be in the study.

You will be given a copy of this consent form to keep.

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Your signature

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Date

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Your printed name

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Signature of researcher explaining study

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Date

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Printed name of researcher explaining study

## APPENDIX B. MENTEE CONSENT FORM

NDSU      North Dakota State University  
NDSU Dept 2670  
PO Box 6050  
Fargo, ND 58108-6050  
701-231-7821

**Title of Research Study:** Development and Implementation of a Peer Mentoring Program for Undergraduate Student Nurses.

**This study is being conducted by:** Brittany Frank, NDSU DNP student, 320-815-5442 or brittany.frank@ndus.edu and Heidi Saarinen, Nursing Faculty at NDSU, 701-231-7821 or heidi.saarinen@ndus.edu.

**Why am I being asked to take part in this research study?** You are a sophomore nursing student from NDSU. We are asking you to participate as a mentee of a junior or senior nursing student. As a student in this part of your program, many potential stressors may arise. By providing you with a mentor, we are hoping to decrease stress and increase self-esteem to enable you to be more successful in the nursing program and a better equipped future nurse.

**What is the reason for doing the study?** The purpose of this study is to determine if a peer mentoring program is beneficial for stress reduction and increased self-esteem among the undergraduate nursing student population.

**What will I be asked to do?** You will be asked to participate as a mentee. You will be paired with a mentor (and possibly 1-2 other mentees, though can still work with your mentor on an individual basis). As a mentee, you will communicate with your mentor and discuss ways to decrease stress and enhance academic success. The mentor will provide you with support including coping mechanisms for stress relief, study tips, and academic resources. You will be asked to log your encounters with your mentor and brief topics of discussion. You will also be asked to evaluate the program via survey half-way through the program and after program completion.

**Where is the study going to take place, and how long will it take?** The program is 8 weeks throughout Fall semester. It will entail a mentor kick-off event which will consist of the mentors and mentees meeting face to face on September 18, 2017 at 6 pm, and a mentor/mentee wrap up event at the end of the 8 weeks on November 13, 2017 at 6 pm. Students are encouraged to meet weekly for approximately 30 minutes via face to face or media of choice (phone, facetime, etc.). If you choose to meet face to face, the location of student meetings is completely up to the mentor/mentee pair. The group events will take place on campus at Stop and Go Center in room 104.

The total amount of time dedicated to this project will be approximately 8 hours. For each event, you will spend approximately:

- 2 hours at the mentor kick-off event
- 30 minutes a week communicating with your mentor(s) (an encouraged total of 4 hours)
- 1 hour at the mentor wrap-up event
- 15 minutes to complete the mid program survey
- 15 minutes to complete the end of program survey

**What are the risks and discomforts?** Possible risks or discomforts that can result from participating in this program might include emotional stress due to identifying possible current stressors, psychological awareness of stress and current support, and peer pressure to appear non-stressed. If a health-related concern that affects your safety becomes apparent as a result of participating in this program, your situation will be communicated to the primary investigator, Heidi Saarinen at 701-231-7821 or heidi.saarinen@ndus.edu in order to be referred to the appropriate services.

**What are the benefits to me?** Participating as a mentee may offer several benefits. Benefits may include lower levels of stress, higher levels of self-esteem, and formation of intra-personal relationships. You will also have a chance to win a \$25 gift card to Target via random drawing for participating. However, you may not get any benefit from being in this research study.

**What are the benefits to other people?** The information obtained from the mentor program will enhance the current program and benefit those who wish to participate in the future. As a mentee, you may find the program beneficial and choose to serve as a mentor in the future.

**Do I have to take part in the study?** Your participation in this research is your choice. If you decide to participate in the study, you may change your mind and stop participating at any time without penalty or loss of benefits to which you are already entitled.

**What are the alternatives to being in this research study?** Instead of being in this research study, you can choose not to participate.

**Who will see the information that I give?**

We will keep private all research records that identify you. Your information will be combined with information from other students taking part in the study. When we write about the study, we will write about the combined information that we have gathered. We may publish the results of the study; however, we will keep your name and other identifying information private.

If you withdraw before the research is over, your information will be removed at your request and we will not collect additional information about you.

**Can my taking part in the study end early?** Yes, you may quit the study at any time. Those who participate in all group events and meet with their mentors 6 out of the 8 weeks will be

considered in the study. If you choose to end your mentor relationship(s) early, you will still be eligible for compensation (listed below) if you complete the mid and/or end of program surveys.

**Will I receive any compensation for taking part in this study?** Participants who attend the mentor kick-off and complete the end of program survey will be eligible for a random drawing to win a \$25 gift card to Target. Each week you meet with your mentor, your name will be added to the drawing (up to 8 times). At the end of the program, the winners will be drawn and the gift cards distributed. A total of 8 gift cards will be distributed. Each winner can only win once. Food and non-alcoholic beverages such as pizza and soda will be provided at each large group event including the kick-off and wrap-up event.

**What if I have questions?**

Before you decide whether to accept this invitation to take part in the research study, please ask any questions that might come to mind now. Later, if you have any questions about the study, you can contact the researcher, Brittany Frank at [brittany.frank@ndus.edu](mailto:brittany.frank@ndus.edu), Heidi Saarinen at [heidi.saarinen@ndsu.edu](mailto:heidi.saarinen@ndsu.edu), or Trish Strom at [trish.strom@ndus.edu](mailto:trish.strom@ndus.edu).

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- Mail: NDSU HRPP Office, NDSU Dept. 4000, PO Box 6050, Fargo, ND 58108-6050.

The role of the Human Research Protection Program is to see that your rights are protected in this research; more information about your rights can be found at: [www.ndsu.edu/irb](http://www.ndsu.edu/irb).

**Documentation of Informed Consent:**

You are freely making a decision whether to be in this research study. Signing this form means that

4. you have read and understood this consent form
5. you have had your questions answered, and
6. you have decided to be in the study.

You will be given a copy of this consent form to keep.

---

Your signature

---

Date

---

Your printed name

---

Signature of researcher explaining study

---

Date

---

Printed name of researcher explaining study

**APPENDIX C. COMMON INTEREST FORM**

**Common Interest Form for Mentor Program**

Describe your nursing background. (Year in program, healthcare work exposure, etc.)

What area(s) of nursing are you interested in?

What are your hobbies outside of nursing school?

What type of learner are you? (Ex. visual, verbal, tactile, combination, etc.)

How do you relieve stress?

## APPENDIX D. MENTOR KICK-OFF POWERPOINT



Mentor Kick-Off Event

BRITTANY FRANK  
HDSU



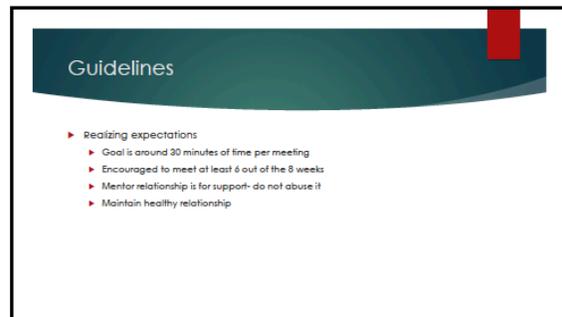
### Objectives

- ▶ Discuss the overall goals of the mentor program
- ▶ Pair mentors with mentees
- ▶ Determine individualized mentor/mentee pair goals



### Ice Breaker Activity

- ▶ Stress reliever
- ▶ Primary reason we are here- to decrease stress!



### Guidelines

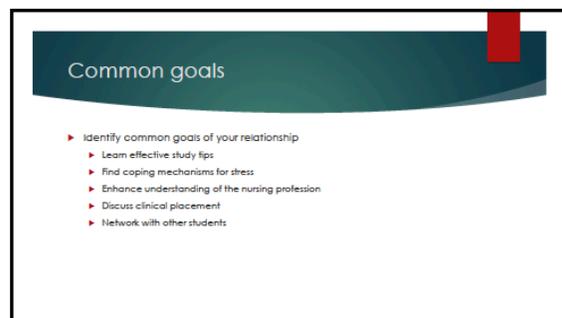
- ▶ Realizing expectations
  - ▶ Goal is around 30 minutes of time per meeting
  - ▶ Encouraged to meet at least 4 out of the 8 weeks
  - ▶ Mentor relationship is for support- do not abuse it
  - ▶ Maintain healthy relationship



### Effective Mentoring Relationship

- ▶ Open communication
- ▶ Accessibility
- ▶ Common goals/challenges
- ▶ Passion/inspiration
- ▶ Caring relationship
- ▶ Mutual respect and trust
- ▶ Exchange of knowledge
- ▶ Independence and collaboration
- ▶ Role modeling

(Bor, L.S., Ivo, E.L. & Reuter, A., 2014)



### Common goals

- ▶ Identify common goals of your relationship
  - ▶ Learn effective study tips
  - ▶ Find coping mechanisms for stress
  - ▶ Enhance understanding of the nursing profession
  - ▶ Discuss clinical placement
  - ▶ Network with other students

## Mentor/Mentee Pairing

- ▶ Fill out Common Interest Form
- ▶ Speed dating activity
- ▶ Find a spot with your mentor/mentee[s]

## Mentor/Mentee Encounters

- ▶ Review calendar
- ▶ Identify days and times to communicate
  - ▶ Form game plan- Ex. We will touch base every Wednesday or as needs arise
- ▶ Discuss where encounters will occur

## References

- ▶ Eller, L. S., Lev, E. L., & Feurer, A. (2014). Key components of an effective mentoring relationship: a qualitative study. *Nurse Educ Today*, 34(5), 815-820.
- ▶ The Balance. (n. d.) *Speed meeting icebreaker*. Retrieved from: <https://www.thebalance.com/speed-meeting-icebreaker-1918422>

## **APPENDIX E. ENCOUNTER DISCUSSION FORM**

Encounter	Areas of Discussion
1	<p>Introduction/Building trust (To be completed during Kick-Off Event)</p> <ol style="list-style-type: none"> <li>1. Why did you decide to become a nurse?</li> <li>2. What has been the most stressful part of the nursing program?</li> <li>3. What have you enjoyed most about the nursing program?</li> <li>4. What activities have you been involved in? Any particular activities that you recommend?</li> <li>5. On a scale of 0-10, how do you rate your stress this week? How are you coping with stress?</li> </ol>
2	<p>Organizational skills/Time management</p> <ol style="list-style-type: none"> <li>1. What organizational tips do you have to share?</li> <li>2. How do you manage your time wisely?</li> <li>3. Are you working through nursing school? If so, is your job health care related?</li> <li>4. How do you balance work, life, and school?</li> <li>5. On a scale of 0-10, how do you rate your stress this week? How are you coping with stress?</li> </ol> <p>*If you are overwhelmed, you need to communicate that with your instructors.</p>
3	<p>Effective study habits/Student resources</p> <ol style="list-style-type: none"> <li>1. Where do you study? When do you study?</li> <li>2. Who do you study with?</li> <li>3. What type of learner are you? Are you an individual learner? Group learner?</li> <li>4. How do you study effectively? (Note-taking, note cards, re-reading, quizzing, etc.)</li> <li>5. Have you used any student resources such as the library, tutoring, writing center, etc.?</li> <li>6. Remember what style of learner you are. With that in mind, how did you mold each class to your learning style?</li> <li>7. How did you prepare for midterms? How did you prepare for finals? Did you give yourself a goal (ex. study with friends in a new location, etc.)</li> <li>8. On a scale of 0-10, how do you rate your stress this week? How are you coping with stress?</li> </ol>

Encounter	Areas of Discussion
4	Stress relief/Personal Well-being 1. What do you do to relieve stress? Here are things that I do... 2. If you could go back (with the knowledge you have now), what advice could you give yourself to better succeed in nursing school and decrease your stress level? 3. What is your typical exercise routine? How often do you exercise? 4. What types of food do you typically eat? When do you eat? 5. How much sleep do you get on average per night? 6. On a scale of 0-10, how do you rate your stress this week? How are you coping with stress?
5	Communication skills 1. How do you communicate with others? 2. How do you connect with other students in the nursing program? 3. What characteristics make an effective communicator? 4. On a scale of 0-10, how do you rate your stress this week? How are you coping with stress?
6	Leadership 1. What are your strengths and weaknesses? How can you overcome those weaknesses? 2. What does leadership mean to you? 3. What characteristics make an effective leader? 4. How can you be a leader in your nursing program? Career? 5. On a scale of 0-10, how do you rate your stress this week? How are you coping with stress?
7	Future career goals/Career development 1. Which area of nursing interests you? 2. What are your future career goals? 3. Have you considered advanced practice nursing or nursing education? 4. On a scale of 0-10, how do you rate your stress this week? How are you coping with stress?

Encounter	Areas of Discussion
8	<p>Clinical experiences</p> <ol style="list-style-type: none"><li data-bbox="407 277 1350 310">1. Talk about your clinical experiences. What challenges have you faced?</li><li data-bbox="407 315 1163 347">2. What have you enjoyed about your clinical experiences?</li><li data-bbox="407 352 1058 384">3. How do you interact with patients and families?</li><li data-bbox="407 389 1024 422">4. What have you learned from your preceptor?</li><li data-bbox="407 427 1614 459">5. On a scale of 0-10, how do you rate your stress this week? How are you coping with stress?</li></ol>

## **APPENDIX F. MENTOR PROGRAM CALENDAR**

# September 2017

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				1	2	3
4	5	6	7	8	9	10
11 <b>Mentor Training Event</b> 6-8 pm	12	13	14	15	16	17
18 <b>Mentor Kick Off Event</b> 6-8 pm	19	20	21	22	23	24
					<b>Week 1 Encounter Topics</b> 1. Why did you decide to become a nurse? 2. What has been the most influential part of the nursing program? 3. What have you enjoyed most about the nursing program? 4. What activities have you been involved in? 5. On a scale of 0-10, how do you rate your stress level? How are you coping with that stress? <b>(include this question each week)</b>	
25 <b>Week 2 Encounter</b> Organizational Skills/Time Management	26	27	28	29	30	
					<b>Week 2 Encounter Topics</b> 1. What organizational tips do you have to share? 2. How do you manage your time wisely? 3. Are you working through nursing school? 4. How do you balance work, life, and school? 5. Discuss stress scale and coping	

# October 2017

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
						1
2 <b>Week 3 Encounter</b> Effective Study Habits Student Resources	3	4	5	6	7 <b>Week 3 Encounter Topics</b> 1. Where, when, and who do you study with? 2. What type of learner are you? Individual? Group? 3. How do you study effectively? Have you used any student resources? 4. How do you mold each class to your learning style? 5. How do you prepare for midterms/finals? Do you make goals? 6. Discuss stress scale and coping	8
9 <b>Week 4 Encounter</b> Stress Relief Techniques Personal Well-being	10	11	12	13	14 <b>Week 4 Encounter Topics</b> 1. What do you do to relieve stress? If you could go back, what advice would you give yourself to decrease stress? 2. What is your typical exercise routine? How often do you exercise? 3. What types of food do you eat? When do you eat? 4. How much sleep do you get on average per night? 5. Discuss stress scale and coping	15
16 <b>Week 5 Encounter</b> Communication Skills	17 <b>Complete Mid Program Survey</b>	18	19	20	21 <b>Week 5 Encounter Topics</b> 1. How do you communicate with others? 2. How do you connect with other students in the nursing program? 3. What characteristics make an effective communicator? 4. Discuss stress scale and coping	22
23 <b>Week 6 Encounter</b> Leadership Skills	24	25	26	27	28 <b>Week 6 Encounter Topics</b> 1. What are your strengths and weaknesses? How can you overcome them? 2. What does leadership mean to you? What makes an effective leader? 3. How can you be a leader in your nursing program? 4. Discuss stress scale and coping	29

# November 2017

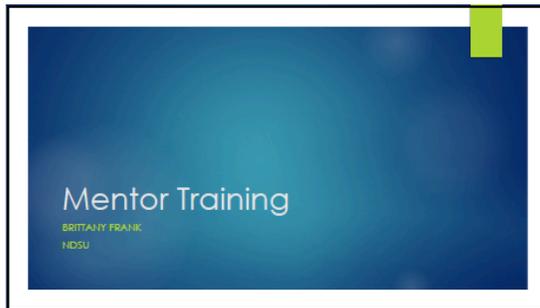
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
30 <b>Week 7 Encounter</b> Future Career Goals/Career Development	31	1	2	3	4	5
					<b>Week 7 Encounter Topics</b> 1. Which area of nursing interests you? 2. What are your future career goals? 3. Have you considered advanced practice nursing or nursing education? 4. Discuss stress scale and coping	
6 <b>Week 8 Encounter</b> Clinical Experiences	7	8	9	10	11	12
					<b>Week 8 Encounter Topics</b> 1. Talk about your clinical experiences. What challenges have you faced? 2. What have you enjoyed about your clinical experiences? 3. How do you interact with patients and families? 4. What have you learned from your preceptor? 5. Discuss stress scale and coping.	
13 <b>Wrap Up Event</b> 6-8 pm Food provided	14 <b>Complete Final Survey</b>	15	16	17	18	19
20 <b>Last Day to Complete Final Survey</b>	21	22	23	24	25	26
27	28	29	30			

**APPENDIX G. MENTOR ENCOUNTER LOG**

**Mentor/Mentee Encounter Log**

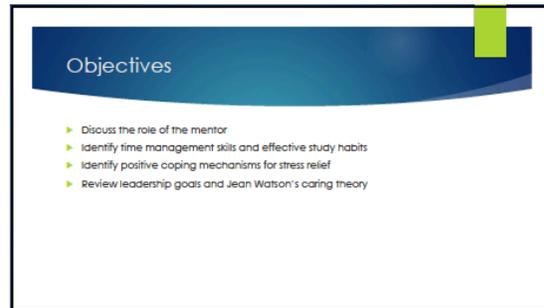
<b>Encounter Date</b>	<b>Length of Encounter (minutes)</b>	<b>Brief Discussion Topics</b>

## APPENDIX H. MENTOR TRAINING POWERPOINT



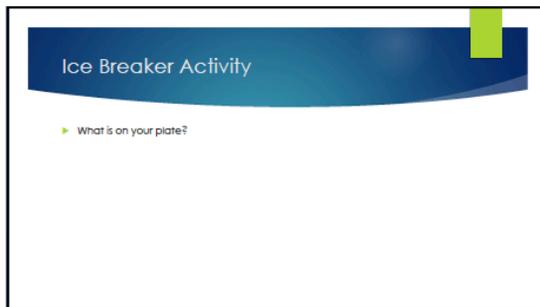
Mentor Training

BRITTANY FRANK  
NDSU



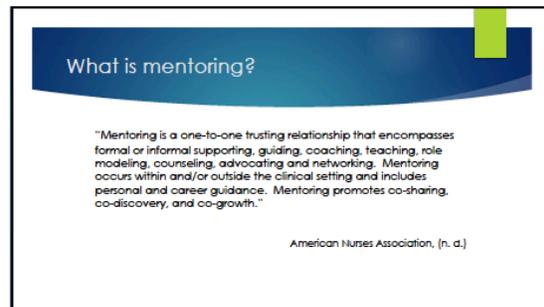
### Objectives

- ▶ Discuss the role of the mentor
- ▶ Identify time management skills and effective study habits
- ▶ Identify positive coping mechanisms for stress relief
- ▶ Review leadership goals and Jean Watson's caring theory



### Ice Breaker Activity

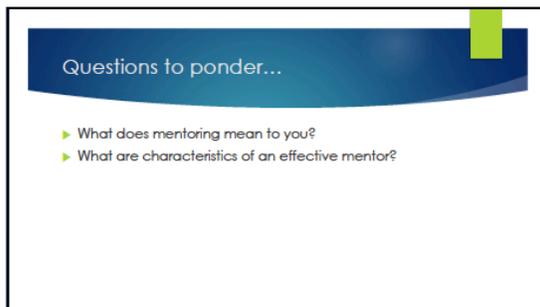
- ▶ What is on your plate?



### What is mentoring?

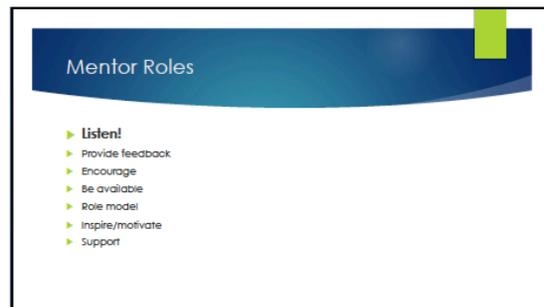
"Mentoring is a one-to-one trusting relationship that encompasses formal or informal supporting, guiding, coaching, teaching, role modeling, counseling, advocating and networking. Mentoring occurs within and/or outside the clinical setting and includes personal and career guidance. Mentoring promotes co-sharing, co-discovery, and co-growth."

American Nurses Association, (n. d.)



### Questions to ponder...

- ▶ What does mentoring mean to you?
- ▶ What are characteristics of an effective mentor?



### Mentor Roles

- ▶ **listen!**
- ▶ Provide feedback
- ▶ Encourage
- ▶ Be available
- ▶ Role model
- ▶ Inspire/motivate
- ▶ Support

## Explanation of Forms

- ▶ Program calendar
- ▶ Topics of discussion
- ▶ Mentor/mentee encounter log
- ▶ Consent form

## Guidance

- ▶ Safety
- ▶ Needing to refer students for unhealthy behaviors/interactions
- ▶ Direct towards the positive
- ▶ Empower the mentees to be their own advocates
- ▶ It's your leadership responsibility to make sure everyone is engaged!

## Mentor Training

- ▶ New training for sophomore students
- ▶ Time management and stress relief techniques
- ▶ We hope you find these techniques beneficial to incorporate into your current routine

## Time Management!

- ▶ Create day to day goals and long term goals
- ▶ Make a calendar
- ▶ Set aside time for tasks
- ▶ Start early
- ▶ Create a budget for time
- ▶ Study at the same time each day
- ▶ PLAN!

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## Time Management (con't)

- ▶ Eliminate distractions
  - ▶ Set boundaries
  - ▶ Isolate yourself
- ▶ Prioritize!
  - ▶ School, work, family, friends, fun
- ▶ Use your time wisely
- ▶ Say No
- ▶ Motivate yourself

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## Study habits

- ▶ How are you studying?
- ▶ Is it effective?

You are retaining information for your future practice!  
Do not stuff and flush!

## Nursing Student Stress

### What are common stressors among nursing students?

## Stress Reduction strategies

- ▶ Exercise
- ▶ Journaling
- ▶ Time out
- ▶ Deep breathing
- ▶ Healthy eating
- ▶ Progressive muscle relaxation
- ▶ Laughter
- ▶ **Social Support!**
- ▶ Mindfulness/meditation
- ▶ Spirituality
- ▶ Miscellaneous

(American Holistic Nurse Association, 2017)

## Think Positive!

- ▶ Approach nursing school as a challenge- NOT a sense of destruction!
- ▶ Provide yourself and mentee with affirmations
- ▶ Promote positivity within your mentor relationship

## Mindfulness Exercise

## Leadership in Nursing

- ▶ Qualities of a good leader
- ▶ Leadership in nursing school
- ▶ Leadership in your future career

## Leadership Activity

- ▶ Identify the person in the picture
- ▶ Describe why he or she is known as a leader
- ▶ What characteristics do they possess?

## Watson's Theory of Human Caring

- ▶ A Relational Caring for Self and Others
- ▶ Transpersonal Caring Relationship
  - ▶ "Intention of 'doing' for another and 'being' with another who is in need," (Watson Caring Science Institute, 2016, p. 1)
- ▶ Caring Moment
- ▶ Caring is inclusive, circular, and expansive
- ▶ Caring changes self, others, and the culture of groups/environments

(Watson Caring Science Institute, 2016)

## Watson's Carative Factors

1. Humanistic-athruristic system of values
2. Instilling/enabling faith & hope
3. Cultivation of sensitivity to oneself and others
4. Development of helping-trusting, human care relationship
5. Promotion and acceptance of expression of positive and negative feelings
6. Systematic use of scientific (creative) problem-solving caring process
7. Promotion of transpersonal teaching-learning
8. Provision for a supportive, protective, and/or corrective mental, social, spiritual environment
9. Assistance with gratification of human needs
10. Allowance for existential-phenomenological-spiritual dimensions

(Watson, 2007) (Watson Caring Science Institute, 2016)

## Student Resources

- ▶ Career Center
- ▶ Center for Writers
- ▶ Counseling Center
- ▶ Wellness Center
  - ▶ [https://www.ndau.edu/fileadmin/wellness/fitness/WELL\\_9191\\_GroupFit\\_Class\\_Sched\\_fall\\_2017.pdf](https://www.ndau.edu/fileadmin/wellness/fitness/WELL_9191_GroupFit_Class_Sched_fall_2017.pdf)
- ▶ Office of Multicultural Programs
- ▶ American Nurses Association
  - ▶ <http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/2017-Year-of-Healthy-Nurse>

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## APPENDIX I. EXTRA CREDIT RUBRIC

### Fall 2017 Rubric for Mentor Program Extra Credit

Extra Credit is worth a potential of up to 10 points. Goals are to encourage leadership growth, further develop communication skills, enhance coping strategies, strengthen intra-professional relationships, and increase self-esteem through interactions with your mentee. Your involvement in the mentor program will be based off of the grading criteria below:

Category	Scoring Criteria for Leadership Project	Total Points	Score
<b>Attendance of Mentor Training</b>	Did not attend mentor training for mentorship program	0	
	Attended mentor training for mentorship program	1	
	<b>Subtotal Score (Need score of at least 1 this section to progress for points)</b>	<b>Subtotal:</b>	<b>/10</b>
<b>Meeting Time</b>	Communicated with mentee less than 4 times during the semester	0	
	Communicated with mentee 4 times during the semester	3	
	Communicated with mentee 5 times during the semester	4	
	Communicated with mentee 6 times or more during the semester	5	
	<b>Subtotal Score (Need score of at least 3 this section to progress for points)</b>	<b>Subtotal:</b>	<b>/10</b>
<b>Time Allocation</b>	Interacted with mentee for less than 20 minutes most interactions	1	
	Interacted with mentee for at least 20 minutes most interactions	2	
	Interacted with mentee for 20-30 minutes or more most interactions	3	
	<b>Subtotal Score</b>	<b>Subtotal:</b>	<b>/10</b>
<b>Evaluation Tool</b>	Did not complete at least one mentor program evaluation tool	0	
	Did complete at least one mentor program evaluation tool	1	
	<b>Subtotal Score</b>	<b>Subtotal:</b>	<b>/10</b>
<b>Score</b>	<b>Total Points Total Number of Points are their Extra Credit Points</b>	<b>10</b>	<b>/10</b>

**Additional Comments:**

## APPENDIX J. IRB APPROVAL LETTER



August 25, 2017

Dr. Heidi Saarinen  
Nursing

IRB Approval of Protocol #PH18028, "Development and Implementation of a Peer Mentoring Program for Undergraduate Student Nurses"

Co-investigator(s) and research team: Brittany Frank

Approval period: 8/25/2017 to 8/24/2018

Continuing Review Report Due: 7/1/2018

Research site(s): NDSU Funding Agency: n/a

Review Type: Expedited category # 7

IRB approval is based on the revised protocol submission (received 8/25/2017).

Additional approval from the IRB is required:

- o Prior to implementation of any changes to the protocol (Protocol Amendment Request Form).
- o For continuation of the project beyond the approval period (Continuing Review/Completion Report Form). A reminder is typically sent approximately 4 weeks prior to the expiration date; timely submission of the report the responsibility of the PI. To avoid a lapse in approval, suspension of recruitment, and/or data collection, a report must be received, and the protocol reviewed and approved prior to the expiration date.

Other institutional approvals:

- Research projects may be subject to further review and approval processes.

A report is required for:

- o Any research-related injuries, adverse events, or other unanticipated problems involving risks to participants or others within 72 hours of known occurrence (Report of Unanticipated Problem or Serious Adverse Event Form).
- o Any significant new findings that may affect risks to participants.
- o Closure of the project (Continuing Review/Completion Report Form).

Research records are subject to random or directed audits at any time to verify compliance with human subjects protection regulations and NDSU policies.

Thank you for cooperating with NDSU IRB procedures, and best wishes for a successful study.

Sincerely,

Digitally signed by Kristy Shirley  
DN: cn=Kristy Shirley, o=NDSU,  
ou=Institutional Review Board,  
email=kristy.shirley@ndsu.edu, c=US  
Date: 2017.08.25 16:29:58 -05'00'

Kristy Shirley, CIP, Research Compliance Administrator

For more information regarding IRB Office submissions and guidelines, please consult [www.ndsu.edu/irb](http://www.ndsu.edu/irb). This Institution has an approved FederalWide Assurance with the Department of Health and Human Services: FWA00002439.

### INSTITUTIONAL REVIEW BOARD

NDSU Dept 4000 | PO Box 6050 | Fargo ND 58108-6050 | 701.231.8995 | Fax 701.231.8098 | [ndsu.edu/irb](http://ndsu.edu/irb)

Shipping address: Research 1, 1735 NDSU Research Park Drive, Fargo ND 58102

NDSU is an EO/AA university.

**APPENDIX K. SOPHOMORE SURVEY**

**Mentor Program Evaluation- Sophomore Mentee**

**Directions: Please choose the number that best answers the question. All information obtained from this questionnaire is confidential.**

<b>Because of the mentor program...</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
I have a better school/work/life balance.	1	2	3	4	5
I have applied at least one new positive coping skill to handle stress this semester.	1	2	3	4	5
I am better equipped to control irritations that occur throughout the semester.	1	2	3	4	5
I take time for at least one hour of self-care a week.	1	2	3	4	5
I have applied at least one new effective study habit.	1	2	3	4	5
My confidence in classes has increased.	1	2	3	4	5
I feel more support as a student.	1	2	3	4	5

**Directions: Please choose the number that best answers the question.**

<b>Regarding your mentor...</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
My mentor has been approachable.	1	2	3	4	5
I feel comfortable discussing my experiences with my mentor.	1	2	3	4	5
My mentor was trustworthy.	1	2	3	4	5
My mentor is supportive of my needs.	1	2	3	4	5
The mentor program enhances my academic success.	1	2	3	4	5
The topics discussed in my mentor relationship are relevant to my needs.	1	2	3	4	5
I would like to be a mentor in the future.	1	2	3	4	5
I would recommend the mentor program to other students.	1	2	3	4	5

**Directions: Please answer the following questions. Remember to consider the following as a result of the mentoring program.**

What did you learn or gain from the mentor program?

How could the mentor program be improved?

Give at least one example of how you implemented new study strategies or felt supported as a student as a result of the mentor program.

Describe how you have applied at least one new coping mechanism for stress as a result of the mentor program.

If you feel you haven't applied anything new, please discuss why and what could have been changed in the program to help you.

Overall comments:

**Please fill in the blank or choose the letter that best answers the question.**

What is your mentee ID number?

\_\_\_\_\_

What is your age? \_\_\_\_\_

What is your ethnic background?

- a. Black or African American
- b. White or Caucasian
- c. Hispanic
- d. Asian American
- e. Other

What is your biological gender?

\_\_\_\_\_

If you had more than one mentor, did you all meet together as a group? Or did each mentor meet with you individually? (Answer "N/A" if you only had one mentor that you met with)

Did your mentor relationship(s) continue for the entire duration of the study?  
Yes or No

If no, why did you choose to end the relationship(s) early?

Did you meet face to face with your mentor(s)? Yes or No

**APPENDIX L. JUNIOR SURVEY**

**Mentor Program Evaluation- Junior Mentor/Mentee**

**Directions: Please choose the number that best answers the question. All information obtained from this questionnaire is confidential.**

<b>Because of my leadership role in this mentor program:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
I have helped my mentee(s) implement at least one effective study habit.	1	2	3	4	5
I have helped my mentee(s) set aside at least one hour of self-care a week.	1	2	3	4	5
I have helped my mentee(s) implement at least one effective coping mechanism for stress.	1	2	3	4	5
My mentee(s) report(s) increased confidence as a student.	1	2	3	4	5
I am better equipped to control irritations that occur throughout the semester.	1	2	3	4	5
I have a better school/work/life balance.	1	2	3	4	5
My leadership skills have improved.	1	2	3	4	5
My self-esteem has improved.	1	2	3	4	5

**Directions: Please choose the number that best answers the question.**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
The mentor training helped me prepare for my role as a mentor.	1	2	3	4	5
I felt comfortable discussing my experiences with my mentee(s).	1	2	3	4	5
I made a positive difference in my mentee's life (or lives if more than one mentee).	1	2	3	4	5
The mentor program enhanced my academic success.	1	2	3	4	5
I would volunteer to be a mentor again.	1	2	3	4	5
I would recommend the mentor program to other students.	1	2	3	4	5

**Directions: If you utilized a senior nursing student as a mentor, please choose the number that best answers the question. If not, please choose NA.**

Regarding your mentor...	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	NA
My mentor has been approachable.	1	2	3	4	5	0
I feel comfortable discussing my experiences with my mentor.	1	2	3	4	5	0
My mentor was trustworthy.	1	2	3	4	5	0
My mentor is supportive of my needs.	1	2	3	4	5	0
The mentor program enhances my academic success.	1	2	3	4	5	0
The topics discussed in my mentor relationship are relevant to my needs.	1	2	3	4	5	0
I would like to be a mentor in the future.	1	2	3	4	5	0
I would recommend the mentor program to other students.	1	2	3	4	5	0

**Directions: Please answer the following questions. Remember to consider the following as a result of the mentoring program.**

What have you gained personally or professionally from being a mentor?

How could the mentor program be improved?

Please describe at least one change in your leadership skills from before you were a mentor to now.

Of the new strategies you have learned or taught (for coping, leadership, study skills, etc.), describe one you have implemented as a result of going through this program thus far, if any.

Overall comments:

**Please fill in the blank or choose the letter that best answers the question.**

What is your mentor ID number?

\_\_\_\_\_

What is your age? \_\_\_\_\_

What is your ethnic background?

- a. Black or African American
- b. White or Caucasian
- c. Hispanic
- d. Asian American
- e. Other

What is your biological gender? \_\_\_\_\_

Did you have a mentor and mentee? Yes or

No

If no, what was your role? Mentor or Mentee

Did your mentor relationship(s) last throughout the study?

Yes or No

If no, why did you choose to end the relationship(s) early?

Did you meet as a group or individually with your mentor and mentee? Please explain.

**APPENDIX M. SENIOR SURVEY**

**Mentor Program Evaluation- Senior Mentor**

**Directions: Please choose the number that best answers the question. All information obtained from this questionnaire is confidential.**

<b>Because of my leadership role in this mentor program:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
I have helped my mentee(s) implement at least one effective study habit.	1	2	3	4	5
I have helped my mentee(s) set aside at least one hour of self-care a week.	1	2	3	4	5
I have helped my mentee(s) implement at least one effective coping mechanism for stress.	1	2	3	4	5
My mentee(s) report(s) increased confidence as a student.	1	2	3	4	5
I am better equipped to control irritations that occur throughout the semester.	1	2	3	4	5
I have a better school/work/life balance.	1	2	3	4	5
My leadership skills have improved.	1	2	3	4	5
My self-esteem has improved.	1	2	3	4	5

**Directions: Please choose the number that best answers the question.**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree or Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
The mentor training helped me prepare for my role as a mentor.	1	2	3	4	5
I felt comfortable discussing my experiences with my mentee(s).	1	2	3	4	5
I made a positive difference in my mentee's life (or lives if more than one mentee).	1	2	3	4	5
The mentor program enhanced my academic success.	1	2	3	4	5
I would volunteer to be a mentor again.	1	2	3	4	5
I would recommend the mentor program to other students.	1	2	3	4	5

**Directions: Please answer the following questions. Remember to consider the following as a result of the mentoring program.**

What have you gained personally or professionally from being a mentor?

How could the mentor program be improved?

Please describe at least one change in your leadership skills from before you were a mentor to now.

Of the new strategies you have learned or taught (for coping, leadership, study skills, etc.), describe one you have implemented as a result of going through this program thus far, if any.

Overall comments:

**Please fill in the blank or circle the letter that best answers the question.**

What is your mentor ID number?

\_\_\_\_\_

How many mentees did you mentor?

\_\_\_\_\_

What is your age? \_\_\_\_\_

Did you meet as a group or individually with your mentee(s)?

What is your biological gender?

\_\_\_\_\_

Did you meet face to face with your mentee(s)?

Did your mentor relationship(s) last throughout the study?

Yes or No

What is your ethnic background?

- a. Black or African American
- b. White or Caucasian
- c. Hispanic
- d. Asian American
- e. Other

If no, why did you choose to end the relationship(s) early?

## APPENDIX N. PERMISSION TO USE WATSON'S THEORY OF CARING

Re: Caring Theory

JW

Jean Watson <jeanwatson@comcast.net>

Reply all

Fri 7/28/2017, 11:50 AM

Frank, Brittany

Inbox

You replied on 7/28/2017 12:03 PM.

PastedGraphic-3.pdf

Saved to Email attachments 1

Show all 1 attachments (80 KB) Download

Saved to Email attachments 1

Action Items

Hi Brittany - thanks for your interest and requests.

You certainly have my permission to use my theory as a basis for research and mentoring program with undergraduate students.

My schedule is quite packed with due projects and travel...It is easier for me if you just call me and if I am free I can talk..if not free - you can leave a message and I will get back to you. It is hard for me to schedule something formally. I do not know if this method works for you and your classmates...so let me know what you think.

I am flexible time way later today after 4pm Colorado MDT and some what tomorrow.

All good wishes. Thanks Jean

Jean Watson, PhD, RN, AHN-BC, FAAN

Founder/Director

Watson Caring Science Institute [www.watsoncaringscience.org](http://www.watsoncaringscience.org)

Boulder, Colorado 80304 USA

Distinguished Professor and Dean Emerita University of Colorado Denver,

[www.watsoncaringscience.org](http://www.watsoncaringscience.org)

[jeanwatson@comcast.net](mailto:jeanwatson@comcast.net)

[jean@watsoncaringscience.org](mailto:jean@watsoncaringscience.org)

## APPENDIX O. PERMISSION TO USE IOWA MODEL

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



Kimberly Jordan - University of Iowa Hospitals and Clinics <noreply@qualtrics-survey.com>

Thu 2/15, 2:23 PM  
Frank, Brittany



Reply all

Inbox



Action Items



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.

[The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care](#)

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**Citation:** 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:

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Please contact [UIHCNursingResearchandEBP@uiowa.edu](mailto:UIHCNursingResearchandEBP@uiowa.edu) or 319-384-9098 with questions.

Getting too much email from Kimberly Jordan - University of Iowa Hospitals and Clinics <noreply@qualtrics-survey.com>? [You can unsubscribe](#)

## APPENDIX P. IRB AMENDMENT



INSTITUTIONAL REVIEW BOARD

office: Research 1, 1735 NDSU Research Park Drive, Fargo, ND 58102

mail: NDSU Dept. #4000, PO Box 6050, Fargo, ND 58108-6050

p: 701.231.8995 f: 701.231.8098 e: [ndsu.ibr@ndsu.edu](mailto:ndsu.ibr@ndsu.edu) w: [www.ndsu.edu/ibr](http://www.ndsu.edu/ibr)

Date Received

9/25/2017

IRB Protocol #:

PH18028

### Protocol Amendment Request Form

Changes to approved research may not be initiated without prior IRB review and approval, except where necessary to eliminate apparent immediate hazards to participants. Reference: SOP 7.5 Protocol Amendments.

Examples of changes requiring IRB review include, but are not limited to changes in: investigators or research team members, purpose/scope of research, recruitment procedures, compensation strategy, participant population, research setting, interventions involving participants, data collection procedures, or surveys, measures or other data forms.

#### Protocol Information:

Protocol #: PH18028 Title: **Development and Implementation of a Peer Mentoring Program for Undergraduate Student Nurses**

Review category:  Exempt  Expedited  Full board

Principal investigator: **Dr. Heidi Saarinen** Email address: [heidi.saarinen@ndus.edu](mailto:heidi.saarinen@ndus.edu) 10/27/2014  
Dept: **School of Nursing**

Co-investigator: **Brittany Frank** Email address: [brittany.frank@ndus.edu](mailto:brittany.frank@ndus.edu) 4/14/2016  
Dept: **School of Nursing**

Principal investigator signature, Date: Heidi Saarinen (email) 9/25/17

 In lieu of a written signature, submission via the Principal Investigator's NDSU email constitutes an acceptable electronic signature.

#### Description of proposed changes:

1. Date of proposed implementation of change(s)\*:  
\* Cannot be implemented prior to IRB approval unless the IRB Chair has determined that the change is necessary to eliminate apparent immediate hazards to participants.
2. Describe proposed change(s), including justification:  
**The evaluation forms for the Mentor Program have been updated.**
3. Will the change(s) increase any risks, or present new risks (*physical, economic, psychological, or sociological*) to participants?

No

Yes: *In the appropriate section of the protocol form, describe new or altered risks and how they will be minimized.*

4. Does the proposed change involve the addition of a vulnerable group of participants?

Children:  no  yes - include the *Children in Research* attachment form

Prisoners:  no  yes - include the *Prisoners in Research* attachment form

Cognitively impaired individuals:  no  yes\*

Economically or educationally disadvantaged individuals:  no  yes\*

*\*Provide additional information where applicable in the revised protocol form.*

5. Does the proposed change involve a request to waive some or all the elements of informed consent or documentation of consent?

no

yes -  Attach the *Informed Consent Waiver or Alteration Request*.

6. Does the proposed change involve a new research site?

no

yes



**If information in your previously approved protocol has changed, or additional information is being added, incorporate the changes into relevant section(s) of the protocol. Draw attention to changes by using all caps, asterisks, etc. to the revised section(s) and attach a copy of the revised protocol with your submission. (If the changes are limited to addition/change in research team members, research sites, etc. a revised protocol form is not needed.)**

**Impact for Participants (future, current, or prior):**

1. Will the change(s) alter information on previously approved versions of the recruitment materials, informed consent, or other documents, or require new documents?

No

Yes -  attach revised/new document(s)

2. Could the change(s) affect the willingness of *currently* enrolled participants to continue in the research?

No

Yes - describe procedures that will be used to inform current participants, and re-consent, if necessary: This is due to the overwhelming response for mentors that outnumbered voluntary mentees 3 to 1. Because this was much more than we anticipated with our project goals, we offered the students the ability to have the senior nursing students mentor the junior nursing students while the junior nursing students mentor sophomore nursing students. We found out these final numbers the night of the kick-off event with everyone in attendance, so we made this change very clear and that by staying to complete the event and program that they were consenting to this possible change. We offered that

anyone/everyone who wanted to quit of the program could do so without any penalty at that time as well. Students would not have to make this change and could still implement the program as originally planned, but could also choose to make this change. This is why we needed to add one more evaluation form to capture the feedback from the Junior mentors, as they could now both be mentees and mentors.

3. Will the change(s) have any impact to *previously* enrolled participants?

No

Yes - describe impact, and any procedures that will be taken to protect the rights and welfare of participants:

-----FOR IRB OFFICE USE ONLY-----

Request is: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Review: <input checked="" type="checkbox"/> Exempt, category #: <u>2b</u>	<input type="checkbox"/> Expedited method, category # ____ <input type="checkbox"/> Convened meeting, date: ____
<input type="checkbox"/> Expedited review of minor change	
IRB Signature: <u>Kristy Shuley</u>	Date: <u>9/26/2017</u>
Comments:	

## APPENDIX Q. SECOND IRB AMENDMENT

Date Received



INSTITUTIONAL REVIEW BOARD

office: Research 1, 1735 NDSU Research Park Drive, Fargo, ND 58102

mail: NDSU Dept. #4000, PO Box 6050, Fargo, ND 58108-6050

p: 701.231.8995 f: 701.231.8098 e: [ndsuirb@ndsud.edu](mailto:ndsuirb@ndsud.edu) w: [www.ndsu.edu/irb](http://www.ndsu.edu/irb)

IRB Protocol #:

PH18028

### Protocol Amendment Request Form

Changes to approved research may not be initiated without prior IRB review and approval, except where necessary to eliminate apparent immediate hazards to participants. Reference: [SOP 7.5 Protocol Amendments](#).

Examples of changes requiring IRB review include, but are not limited to changes in: investigators or research team members, purpose/scope of research, recruitment procedures, compensation strategy, participant population, research setting, interventions involving participants, data collection procedures, or surveys, measures or other data forms.

#### Protocol Information:

Protocol #: PH18028 Title: **Development and Implementation of a Peer Mentoring Program for Undergraduate Student Nurses**

Review category:  Exempt  Expedited  Full board

Principal investigator: **Dr. Heidi Saarinen** Email address: [heidi.saarinen@ndus.edu](mailto:heidi.saarinen@ndus.edu)  
Dept: **School of Nursing**

Co-investigator: **Brittany Frank** Email address: [brittany.frank@ndus.edu](mailto:brittany.frank@ndus.edu)  
Dept: **School of Nursing**

Principal investigator signature, Date: Heidi Saarinen (email) 12/13/2017

 In lieu of a written signature, submission via the Principal Investigator's NDSU email constitutes an acceptable electronic signature.

#### Description of proposed changes:

1. Date of proposed implementation of change(s)\*: **12/15/17**  
\* Cannot be implemented prior to IRB approval unless the IRB Chair has determined that the change is necessary to eliminate apparent immediate hazards to participants.
2. Describe proposed change(s), including justification:  
**The rubric for distributing extra credit as part of the participant compensation was updated**
3. Will the change(s) increase any risks, or present new risks (*physical, economic, psychological, or sociological*) to participants?

- No  
 Yes: *In the appropriate section of the protocol form, describe new or altered risks and how they will be minimized.*

4. Does the proposed change involve the addition of a vulnerable group of participants?  
 Children:  no  yes - include the *Children in Research* attachment form  
 Prisoners:  no  yes - include the *Prisoners in Research* attachment form  
 Cognitively impaired individuals:  no  yes\*  
 Economically or educationally disadvantaged individuals:  no  yes\*

*\*Provide additional information where applicable in the revised protocol form.*

5. Does the proposed change involve a request to waive some or all the elements of informed consent or documentation of consent?  
 no  
 yes -  Attach the *Informed Consent Waiver or Alteration Request*.
6. Does the proposed change involve a new research site?  
 no  
 yes



**If information in your previously approved protocol has changed, or additional information is being added, incorporate the changes into relevant section(s) of the protocol. Draw attention to changes by using all caps, asterisks, etc. to the revised section(s) and attach a copy of the revised protocol with your submission. (If the changes are limited to addition/change in research team members, research sites, etc. a revised protocol form is not needed.)**

**Impact for Participants (future, current, or prior):**

1. Will the change(s) alter information on previously approved versions of the recruitment materials, informed consent, or other documents, or require new documents?  
 No  
 Yes -  attach revised/new document(s)
2. Could the change(s) affect the willingness of *currently* enrolled participants to continue in the research?  
 No  
 Yes - describe procedures that will be used to inform current participants, and re-consent, if necessary:
3. Will the change(s) have any impact to *previously* enrolled participants?  
 No  
 Yes - describe impact, and any procedures that will be taken to protect the rights and welfare of

participants: The recommended change would more accurately reflect the great participation in the program that was encountered during the project. No concerns regarding consent would be affected. The students would be able to be compensated more fairly for their involvement in the program. This would not adversely affect any participants.

-----FOR IRB OFFICE USE ONLY-----

Request is: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Review: <input type="checkbox"/> Exempt, category#: _____	<input type="checkbox"/> Expedited method, category # <u>7</u> <input type="checkbox"/> Convened meeting, date: _____
<input checked="" type="checkbox"/> Expedited review of minor change	
IRB Signature: <i>Kristy Shiley</i>	Date: <i>12/13/2017</i>
Comments:	

## **APPENDIX R. EXECUTIVE SUMMARY**

### **Background**

One in five adolescents and young adults have mental illness, with the majority of people developing that illness before the age of 24. Stress is a main cause of mental illness and disease. The inability to cope with stress can cause numerous health issues including anxiety, depression, and heart disease. Stress among undergraduate nursing students is evident. Sources of stress among nursing students include heavy academic workload, clinical rotations, and personal relationships. Mentoring has been shown to decrease perceived levels of stress in undergraduate nursing students by enhancing self-esteem and providing social support.

### **Project Summary**

Based on the need for positive coping mechanisms for stress in the undergraduate nursing student population, a peer mentoring program was implemented into a School of Nursing to combat stress, increase self-esteem, and promote social support. Senior and junior nursing students acted as mentors to sophomore nursing students. All students volunteered to participate. The program lasted eight weeks during fall semester. Although a one to one mentor to mentee ratio was preferred, the majority of students were placed into groups of two seniors, one junior, and one sophomore due to the large number of mentor participants. A survey was used to evaluate the logistics of the mentor program, identify if students developed coping mechanisms for stress, and to determine if the mentor program should be continued in the future.

### **Findings and Conclusions**

Overall, feedback from the participants indicated the program was a success. The majority of participants from all cohorts reported implementing at least one new coping mechanism for stress. Mentors developed leadership skills and a sense of gratitude for helping

other students. Mentees learned new study skills and reported increased self-confidence. Participants from all cohorts described development of new professional and personal relationships and feelings of support.

### **Recommendations**

The results indicated the program was a success but can be improved with a few modifications. One recommendation is to include more sophomore students as mentees. Participants expressed difficulty meeting as a group and suggested a one-to-one mentor relationship would be more beneficial. Another recommendation is to provide the mentoring program resources online for easier access for participants and to save time for the program leader.

The majority of participants responded they would like to be mentors in the future and would recommend the program to other students. Therefore, continuation of this mentoring program would be beneficial to future nursing students. The need for mental health and well-being among the undergraduate nursing student population is clear. The practice improvement project can be helpful in providing awareness to nurse educators and health care providers of the high levels of stress and mental health concerns among undergraduate nursing students.