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Improving Gender Diversity in Nursing through a Mentoring Program

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Improving Gender Diversity in Nursing through a Mentoring Program

by

Nancy L. Hilburn

A DNP project submitted to the faculty of
Gardner-Webb University Hunt School of Nursing in
partial fulfillment of the requirements for the degree of
Doctor of Nursing Practice

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Abstract

Diversity can add value to a team by bringing in ideas and viewpoints from various backgrounds that may not have been thought of otherwise. This is also true in the health care setting. Nurse leaders have identified a strong connection between a diverse nursing workforce and the ability to provide quality, culturally competent care to patients (American Association of Colleges of Nursing, [AACN] 2015). According to the Kaiser Foundation, there were 3,184,283 registered nurses (RN) in the United States in 2016. The National Council of State Boards of Nursing and The Forum of State Nursing Workforce Centers 2013 National Workforce Survey of RNs determined that men represented only 7% of the profession. It is also noted there is a lack of mentors, including male nurse faculty, in the academic settings. Men are represented by only 3.5% of faculty. Not only have male students expressed the importance of having male faculty educators, but mentors have also been shown to be effective in increasing the diversity of the nursing workforce (Wilson, Sanner, & McAllister, 2010). The purpose of this scholarly project was to develop and implement a mentoring program to improve a male student mentee's ability to achieve personal/professional goals, which will ultimately lead to a professional career in nursing. The project setting was located in a community college in the southeastern region of the United States. Based on the findings of the project, mentors and student mentees felt the program was very beneficial and should be implemented even earlier in the student's educational experience. Student mentees expressed higher comfort levels with transitioning to the practice environment and were appreciative of résumé building and interview skills, which will aid them in obtaining employment in the area they desire. Mentors reported satisfaction in giving-back to the

profession and some even expressed an interest in pursuing a career in the academic environment. With the implementation of more mentoring programs, retention goals may be achieved and more males may realize the nursing profession is an excellent career option. In addition, excellent networking opportunities will allow mentors and student mentees the ability to share ideas, which can improve patient outcomes and greatly impact nursing practice.

Dedication

This project and paper is dedicated to the following, for without them, I would not be where I am today. First, to my Lord and Savior, Jesus Christ: Thank you for every door that you have opened and every door that you have closed in my life. Most importantly, thank you for blessing my life with the individuals mentioned here. To my parents: Thank you for instilling the importance of education in me. You have always pushed me to be my best and you believed in me, when I often did not believe in myself. I am honored to be your daughter and I love you more than you will ever know! To Kay, Diane, Jeffrey, and Paul: Thank you for supporting me, answering my questions, offering advice, listening to me vent, praying for me, and most importantly- thank you for giving me the best gift(s) I could ever ask for... a niece and nephews that make me want to keep pushing forward in life. You all are truly my role models and I am so proud to be your sister! To Kayla, Brady, Trey, and Eli: YOU are my inspiration... every day! I am so proud to be your Aunt. Last, but not least, to John: I'm not sure what I did to deserve you. You always encourage me and make me laugh, even when I want to cry. Since starting this endeavor, you have motivated me, supported me, put up with my crazy schedule, and you never gave up on me. For that, I am so grateful. I look forward to our future adventures and always remember, "In life, it's not where you go- it's who you travel with!" I look forward to many more adventures with you. I love you!

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SECTION I

Problem Recognition

Diversity can add value to a team by bringing in ideas and viewpoints from various backgrounds that may not have been thought of otherwise. This is also true in the health care setting. Nurse leaders have identified a strong connection between a diverse nursing workforce and the ability to provide quality, culturally competent care to patients (American Association of Colleges of Nursing, 2015). Studies have shown that some patients find it reassuring to receive care from someone who is the same gender or from the same racial or ethnic background, which in turn, can lead to better outcomes (Wood, 2014).

The United States is a melting pot of individuals, including various backgrounds of gender, race, and ethnicity. Many professions and organizations have embraced diversity in the enrollment and hiring processes; however, a lack of gender diversity in the nursing profession remains. It is important that our nursing workforce mirror the diversity we see in our population (American Sentinel University, 2014). While medical schools have typically been a male dominated profession, females now comprise nearly 50% of enrollees (MacWilliam, Schmidt, & Bleich, 2013). The success in increasing gender diversity in medicine has not carried over to the nursing world (Conner, Anderson, & Matutina, 2016). Men continue to be minorities in the nursing workforce. The unique perspectives and skills that men can provide are needed and should be valued. Recruitment and retention efforts must be enhanced to decrease the gender gap that exists today (American Sentinel University, 2014).

Identified Need

Males are underrepresented in the nursing profession. According to Farmer (2015), a vested interest needs to be made in the recruitment and retention of men in nursing. Ponoroff (2014) explains that some men do not pursue a career in nursing due to “stereotypes, economic barriers, few mentors, gender biases, lack of direction from early authority figures, misunderstanding about the practice of nursing, and increased opportunities in other fields” (Increasing Diversity, para. 2). It is also noted there is a lack of mentors, including male nurse faculty, in the academic settings. Men are represented by only 3.5% of faculty. Not only have male students expressed the importance of having male faculty educators, but mentors have also been shown to be effective in retention (Grant, 2012). Juliff, Russell, and Bulsara (2017) identified the value of male nursing faculty role models in efforts to improve male nurses’ retention. Male nurse role models and mentors, from various academic and clinical settings, can play a key role in student satisfaction and the retention of males in the workforce.

Scope of Problem

According to the Kaiser Foundation, there were 3,184,283 registered nurses (RN) and 827,628 practical nurses (PN) in the United States in 2016. Nurses are the largest group of healthcare workers in the United States and across the world. The National Council of State Boards of Nursing and The Forum of State Nursing Workforce Centers 2013 National Workforce Survey of RNs determined that men represented only 7% of the profession. This disparity is also identified by the United States Census Bureau and the trend holds true in Canada with men there representing only 5.8% of registered nurses (Rajacich, Kane, Williston, & Cameron, 2013). Enrollment of male students in nursing

programs across the United States remain consistent; however, attrition rates among male students exceed the female student cohort (MacWilliam et al., 2013). Without changes, the gender disparity in nursing will continue.

Problem Statement

Throughout history, women have been the dominant face of nursing. Despite efforts to increase gender diversity, attrition rates for male nursing students exceed their female counter-part (MacWilliam et al., 2013). The Bureau of Labor Statistics' Employment Projections estimates the RN workforce to grow from 2.71 million jobs in 2012 to 3.24 million in 2022. It is expected that an additional 525,000 nurses will be needed to replace those that are retiring or leaving the workforce for various reasons (Robeznieks, 2015). The AACN (2015) has recognized that by increasing the diversity of the nursing workforce, a positive impact can be made on the nursing shortage. The problem that must now be addressed is how do we recruit more men into the nursing profession, and retain them, in order to increase the gender diversity in the workforce.

Literature Review

Various studies have been done to examine the issue of gender diversity, along with the recruitment and retention of men in nursing. A literature search was performed using Proquest and Bulldog Onesearch databases to identify related articles. Keywords/phrases used to conduct the search included: men in nursing, diversity, nursing workforce, male nursing student, gender bias, and mentoring. The search was filtered for articles published from 2007-2017. In addition, an advanced search was performed for peer-reviewed, full-text articles. The following studies revealed and addressed the themes of why men are underrepresented in nursing, perceptions of men in nursing, how

effective mentoring relationships can improve retention, and how formal mentoring can increase the diversity in the workforce. These themes focused on male nursing student success and retention, as well as, the impact of male nurse mentors in the educational setting.

Conner et al. (2016) evaluated factors that drew men to an accelerated baccalaureate degree nursing program. One of the key factors that attracted men to this program was the condensed time factor of 16 months, which consisted of four consecutive semesters without a summer break. Challenges the male students identified in this study included organizational skills, knowing what to do and when to do it to complete assignments. Students identified that support was needed to complete the nursing program. This was not a program where they could isolate themselves from others. One theme that emerged was there were many opportunities for men in nursing. Recommendations for future retention efforts included pairing students with a male mentor in the nursing workforce to include discussions on the three key themes, which were: “Wish I knew then what I know now”, “Organization is the key to survival”, and “Many opportunities for men in nursing” (p. 34).

Rajacich et al. (2013) examined why men were underrepresented in nursing. The study addressed recruitment and retention issues with implications for education, practice, and management. The findings for this study showed the most common way men entered the profession was through family encouragement or having family/friends that were already in nursing careers. Participants agreed the rewards of being a nurse outweighed the negative aspects. One of the negative aspects was feeling underappreciated by administration and management. Stress and burn-out, both

physically and psychologically, were identified as reasons to consider leaving the profession. Some participants stressed the importance of having role models in nursing and embodying heroism to attract the ideals of heroic masculinity to enhance retention efforts.

Lerardi, Fitzgerald, and Holland (2010) conducted a qualitative study examining the perceptions of men seeking careers in nursing. Topics explored included reasons men chose nursing as a career, positive and negative experiences, and satisfaction with the nursing education. The four themes that emerged were: (1) Wanting to care for others (2) Leaving another career or vocation to pursue nursing (3) Having a positive experience in the nursing program, and (4) Being mistaken for physicians. The study supported the notion that men are caring individuals and efforts should be made to positively portray men in nursing this way.

McMurry (2011) examined male underrepresentation in the nursing profession to include difficulties faced such as discrimination and advantages that are given based on their gender. The results of the study showed that most discrimination facing men occurs outside of the profession and most men are given fair, and sometimes preferential treatment, in hiring and promotion decisions. Stereotypes are often emphasized in the family and reinforced by power differences. The article suggested using this as a strategy to increase men's awareness on the benefits and opportunities in nursing, to encourage bringing more men into the profession.

Yi and Keogh (2016) conducted a systematic review to develop a better understanding of motivating factors that draw men into the nursing profession. The four themes that emerged were: (1) Early exposure to nursing and other health care

professionals (2) Choosing nursing as a profession by chance (3) Choosing nursing because of extrinsic motivating factors. These factors referred mostly to salary, job opportunities, and job security, and (4) Choosing nursing because of intrinsic motivating factors. These factors consisted mostly of personal satisfaction, sense of self altruism, and caring. Recommendations garnered from the research were to emphasize the advantages for male nurses to include stable, flexible, and reasonably well-paid job opportunities. The image of nursing needs to be more gender neutral, with both genders being welcomed and valued. A provision for male role models was also identified, especially for men who pursue nursing by chance. These can all be effective in the recruitment and retention efforts of men into the nursing profession.

Ferguson (2011) conducted a study to determine perspectives from nurses on what makes an effective mentor and how they engaged in mentoring relationships with informal mentors. Data was collected through audio-recorded interviews. The findings showed recognition on the importance of mentoring. Valued characteristics of the mentor included experienced nurses who were friendly, welcoming, supportive, and encouraging. New nurses valued the holistic practice approach of mentors and respected strong role models, who made contributions to the new nurse's attainment of higher levels of nursing practice. A willingness to answer questions, provide supportive experiences, and socially engage the new nurse in workgroup interaction were also identified as key factors to being an effective mentor. The study revealed that having a mentor in the initial months of practice eased the transition and increased the effectiveness of learning in practice for the new nurse. Mentors were able to effectively assist the new nurse with critical thinking, holistic care, evidence-based practice, and learning the practice environment.

Wilson et al. (2010) studied the effectiveness of a formal mentoring program and examined how this type program could increase the diversity in the workforce. A focus group was used to examine the perceptions of mentors and mentees from a formal mentoring program. The mentoring program was focused on retaining diverse students after an increase in attrition rates, poor test performance, and a drop of licensing exam scores occurred. Mentors were trained in cultural competence and how to be a competent mentor. The mentoring program was directly related to the federal Nursing Workforce Diversity grant. Upon enrollment, faculty mentors scheduled individual appointments with the assigned mentees. During the first meeting, the basic requirements of the experience were reviewed and a contract with the responsibilities of each was signed. Requirements included weekly meetings, development of individualized study plans, and a review of remediation materials available. Mentees were also required to contact the mentor to discuss any failed test, within one week of the test. A plan was then put into place for how to improve on future exams. A qualitative evaluation of the mentoring project was conducted through focus groups. The results of the focus group showed three common themes. The mentor themes included role modeling, caring, and academic success. The mentee themes included support system, enhanced perceptions of the nursing profession, and academic enrichment.

Mariani (2012) explored the effects of mentoring on career satisfaction and intent to stay in nursing, and the relationship between career satisfaction and intent to stay in nursing. Surveys were sent out to RN's 55 years of age or younger currently practicing. The findings showed no statistically significant effect of mentoring on career satisfaction and intent to stay in nursing. There was a statistically significant relationship between

career satisfaction and intent to stay in nursing. The majority of these nurses reported participating in mentorship relationships. Conclusions of the study identified nurses responded favorably to mentoring relationships and additional research was needed regarding the outcomes of mentoring related to career satisfaction and intent to stay in the nursing profession.

Each of these articles support current literature and current national statistics related to the gender gap in nursing academia and the workforce. Through a thorough review of the literature, the research shows gender bias remains an issue in recruiting men into the nursing profession. The research is also clear that diversity is needed to enhance patient outcomes. As the literature indicates, mentoring is one solution to not only recruit men into the nursing profession, but also a solution to retention in the workforce. While male nurses are not prevalent in the academic environment, concerted efforts are needed to provide male students with a male nurse role model/mentor in the early stages of their professional/academic nursing endeavors.

This evidence supports the need for a scholarly project that provides a mentoring program for senior male students in a community college that will enhance a male student mentee's ability to achieve personal/professional goals, which will also ultimately lead to a professional career in nursing. In addition, improved satisfaction in nursing as a profession among the male mentors will be achieved, leading to further retention and recruitment of male nurses in the future. This will also support the program's feasibility and sustainability, as it will require no anticipated additional monies and will engage key stakeholders to form partnerships with academia to improve diversity within the healthcare facilities.

SECTION II

Needs Assessment

Surveys were conducted to assess perceptions of gender diversity in nursing and determine the need for a male mentorship initiative. Surveys were completed by faculty members at the college project site and by nurse executives on the nursing program's advisory board. In addition, informal data was gathered from students within the nursing program, who intend to enter the workforce within the next six to twelve month time frame. A review of the literature and the results of the surveys, including the informal data obtained from students, guided the need for the mentorship project, as described below.

The *College Advisory Committee Gender Diversity Survey* (Appendix A) was conducted at the annual advisory meeting and six health care leaders from various healthcare and educational institutions participated. The survey consisted of five questions on a 4-point Likert scale and two open-ended questions. Additional space for comments was given for each question. A similar survey was provided to the faculty during a divisional meeting at the project site and 29 nursing faculty members participated. The *Nursing Division Faculty Gender Diversity Survey* (Appendix B) consisted of six questions on a 4-point Likert scale and two open-ended questions. Additional space for comments was provided for each question. The findings of the surveys were as follows.

Advisory Committee Survey

1. There is gender diversity among nurses.

Two or 33.3% scored strongly disagree, one or 16.6% scored disagree, and three or 50% scored agree. No comments were provided.

2. Male and female nurses are treated equally.

Two or 33.3% scored strongly disagree, two or 33.3% scored agree, and two or 33.3% scored strongly agree. No comments were provided.

3. There is a negative perception of men in the nursing role.

Three or 50% scored strongly disagree, one or 16.6% scored agree, and two or 33.3% scored strongly agree. No comments were provided.

4. Male nurses face incivility in nursing based on their gender.

Two or 33.3% scored strongly disagree, three or 50% scored disagree, and one or 16.6% scored agree. No comments were provided.

5. During orientation/residency, male nurses are paired with experienced male nurses.

Two or 33.3% scored strongly disagree, three or 50% scored disagree, and one scored agree. No comments were provided.

6. What strategies, if any, does your organization currently use to recruit and retain male nurses?

“There are no initiatives where I am from. It is a large healthcare system and we recruit any nurses.”

“We recruit qualified nurses, regardless of gender.”

“We have a men in nursing club.”

“No directed efforts at recruited male nurses, but we have a very open culture and have seen the ranks of male nurses increase naturally. We also have several male nurse managers.”

7. Additional comments.

No additional comments were provided.

Nursing Faculty Survey

1. There is gender diversity among nurses.

Five or 17.2% responded strongly disagree, 11 or 37.9% disagree, 10 or 34.5% agree, and three or 10.3% agreed. Additional comments included, “Male nurses are given more respect, authority.”

2. There is an equivalent number of male nurse educators compared to female nurse educators to serve as role models for students.

Twenty-four (24) or 82.8% strongly disagree and five or 17.2% disagree.

Additional comments included, “I have never seen a male nurse educator as a student or as an educator.” “I would love to see more males in nursing!”

3. Male and female nurses are treated equally.

Eight or 27.6% strongly disagree, 15 or 51.7% disagree, and six or 20.7% agree.

Additional comments included, “Male nurses may be treated better at the bedside.” “Females are given increased admin duties than male nurses.”

4. There is a negative perception of men in the nursing role.

Nine or 31% strongly disagree, 14 or 48.3% disagree, five or 17.2% agree, and one or 3.4% strongly agree. Additional comments included, “Patients seem more surprised by the male nurse and question sexual orientation.”

5. Male nurses face incivility in nursing based on their gender.

Five or 17.2% strongly disagree, 17 or 58.6% disagree, four or 13.8% agree, and two or 6.9% strongly agree. Additional comments included, “Feel they get more of an authority ID informally.”

6. From your observation in the clinical setting of orientation/residency processes, male nurses are paired with experienced male nurses.

Ten or 34.5% strongly disagree, 13 or 44.8% disagree, three or 10.3% agree, one or 3.4% strongly agree, and two or 6.9% did not answer and commented “Don’t know.” Additional comments included, “Don’t really know, but I am guessing. I practice in OB area- rarely see male RNs.” “I work on the OB unit- our males are surgical technologists, resp. therapists, and physicians.” “Few other nurses- I try with students, when available.”

7. What strategies, if any, does your organization currently use to recruit and retain male nurses?

“None that I am aware of. Open application process.”

“Just equal opportunity advertising in general.”

“Unknown.”

“Male nurses usually at [the hospital] take leadership, ICU, cath lab, diagnostic testing and work directly with the physicians.”

“I am not aware of any strategies. HR does ask that we interview minority candidates if they meet the minimum qualifications.”

“We don’t specifically recruit males that I am aware of.”

“We don’t have any male instructors.”

“The SNA president is male.”

“Our recruitment board used at recruitment events has representatives of males- brochures from J&J we use also have men.”

“I don’t know of any.”

“None that I know of.”

8. Additional comments.

“I would like to help organize “men in nursing” club at the college. Long overdue and with increased numbers of males, would find this very helpful to have for them.”

“I would love to see more diversity in our department!”

“I think nursing student portal would be a great place to add photo of male student nurses.”

“The only observation I would make is that there is definitely more of a male presence in high acuity settings (ER, ICU) than general units!”

“I love this topic!”

“Recruiting male SNA students to participate in the Career Fair. This is a great way to introduce male high school students.”

Based on the results of both surveys, there appears to be mixed perceptions from all participants, which indicates a need for more awareness. In addition, efforts need to be made to increase recruitment efforts, highlight the profession to men as a career option, promote faculty roles in the academic setting for male nurses, and promote the retention in the workforce. Based on the data and comments, interest from faculty and the advisory

committee indicated support for a scholarly project that addresses the gender disparity gap in nursing.

Informal Dialogue Discussion

Informal discussions were conducted to determine the overall perceptions of current male students, who will be entering the workforce in the next six to twelve month time frame, within the project setting. Common themes expressed by the students were notable decreased attrition rates for male students, a lack of male nurse educators within the college, and a lack of male nurses at the bedside during clinical rotations. Students stated they felt welcomed and supported by current female faculty and staff nurses at the local health care facilities, but would also appreciate a male nurse perspective at times.

Identified Population

The project setting was in an associate degree nursing program in the southeastern region of the United States. According to the Henry J. Kaiser Family Foundation (2016), there are 35,262 active registered nurses in the state of the project setting. In 2015, the ratio of female to male nurses was 15.1 to 1, the third highest in the nation. According to the project setting's state Hospital Association (2017), there are 90 inpatient hospitals within the state. Of those, there are eight directly in the project setting area, including one that is a teaching hospital. In addition to the hospitals, there are numerous long-term skilled nursing facilities, medical practice offices, home health, rehabilitation centers, birthing centers, and schools which employ nurses. Nurses are predominately hired from the local schools of nursing in the area, which include three baccalaureate nursing programs and two associate degree nursing programs. The largest producer of nurses in

the area is from the local community college, which is the setting for this scholarly project.

Current enrollment in the nursing program at the project setting, for the Spring 2017 semester, shows 500 students are enrolled in clinical nursing courses. Females represent 439 students or 87.8%. Males represent 61 students or 12.2% ([Project Setting] College, 2017). This is representative of the overall percentages or slightly better than other nursing schools in the state and nationally (American Association of Colleges of Nursing, 2015).

According to the Office of Healthcare Workforce Research for Nursing (2015), there were 16 colleges in the project setting state that offered associate degree nursing programs and 14 colleges that offered baccalaureate nursing programs. Full-time faculty in the associate degree programs were comprised of 98% females and 2% males. Among part-time faculty, 96% were female and 4% were male. Among the directors for the associate degree programs, 93% were reported as female and 7% male. Gender characteristics for the baccalaureate programs showed 97% of full-time faculty were female and 3% male. Among the part-time faculty, 96% were female and 4% male. All baccalaureate deans were reported as female. For the Spring 2017 semester, 100% of full-time faculty were female at the project setting. Among the part-time clinical adjunct faculty, there was one male nurse under contract.

Stakeholders

Stakeholders were identified that have a vested interest in improving gender diversity. Local hospitals and patients can be directly impacted by improving gender diversity and health care administrators are taking notice. According to American

Sentinel University (2014), it is important for our nursing workforce to mirror our current population. The more diverse the workforce, the more perspectives and cultural sensitivity is provided to patients. Farmer (2015) examined the DAISY Award, which is awarded by almost 2,000 health care facilities to celebrate and honor extraordinary compassion and direct care nurses provide to patients and family members. Men were found to be recognized two to three times the rate they are employed. Patients and families benefit from men in the workforce; therefore, they are also identified as stakeholders.

As nurse executives and managers are currently dealing with the gender disparity and the nursing shortage, men are now being viewed as a part of the solution. Nursing programs are working to increase the diversity of male faculty in education programs. Concerted efforts are being made by deans and department chairs to recruit male nurses into faculty positions. Schools of nursing are increasing recruitment and retention efforts to promote various careers in nursing to future students.

Organizational Assessment

An assessment of the community college project setting and the project location area was performed to determine the strengths, weaknesses, opportunities, and threats to improving gender diversity in the nursing workforce. The findings of this assessment are as described below.

Strengths

Numerous strengths were evident as it relates to improving the nursing gender gap in the project setting area. Overall, the population in the project setting county consists of 51.6% females and 48.4% males, which is consistent with the overall gender within the

project setting state (United States Census Bureau, 2015). There are Doctor of Philosophy (PhD) male nurse scientists/educators in the project setting area who recently received funding from Sigma Theta Tau International Honor Society to conduct research on the gap of gender diversity. The Nurses Foundation, within the project state, also provided small grant funding for research on this topic.

Weaknesses

Weaknesses identified in relation to gender diversity in the project setting area include a lack of male nursing mentors in the academic or clinical setting. According to the Office of Healthcare Workforce Research for Nursing (2015), approximately 98% of full-time nurse educators are female. Only one of the five schools in the project setting area offers a male nursing organization, the American Association for Men in Nursing (2017). As explained in the review of literature and data from the faculty and advisory committee surveys, gender biases still exist. Negative stereotypes and negative assumptions regarding men in nursing prevent men from entering/remaining in the nursing profession. Enrollment of male students in the project setting was approximately 12.2% for the Spring 2017 term, which was consistent with the gender disparity in state and national reports.

Opportunities

Opportunities to improve the gender disparity include increasing awareness of professional roles in nursing that are available to men. Concerted recruitment efforts are taking place in middle and high schools. Media advertising are including more men to offer a more inclusive environment. The Johnson and Johnson corporation has developed numerous resources for men in nursing and highlights men in advertising and media

campaigns. A variety of scholarships are being offered specifically for men to provide encouragement to enter the nursing profession. These are available for entry level programs and for pursuing advanced degrees. Mentoring programs have also been identified as an effective measure to increase diversity in the workforce.

Threats

Threats to improving gender diversity in nursing in the project setting area include a vast number of competing positions, such as engineering, available to men. While persistent negative stereotypes have minimized over the years, they still exist and can impact decisions to not choose nursing as a career choice. Misconceptions that male nurses may not be as caring and resistance to patriarchal characteristics persist. A lack of male mentors and male faculty have impacted the role models that are available to new nurses and students starting in the profession. (Figure 1)

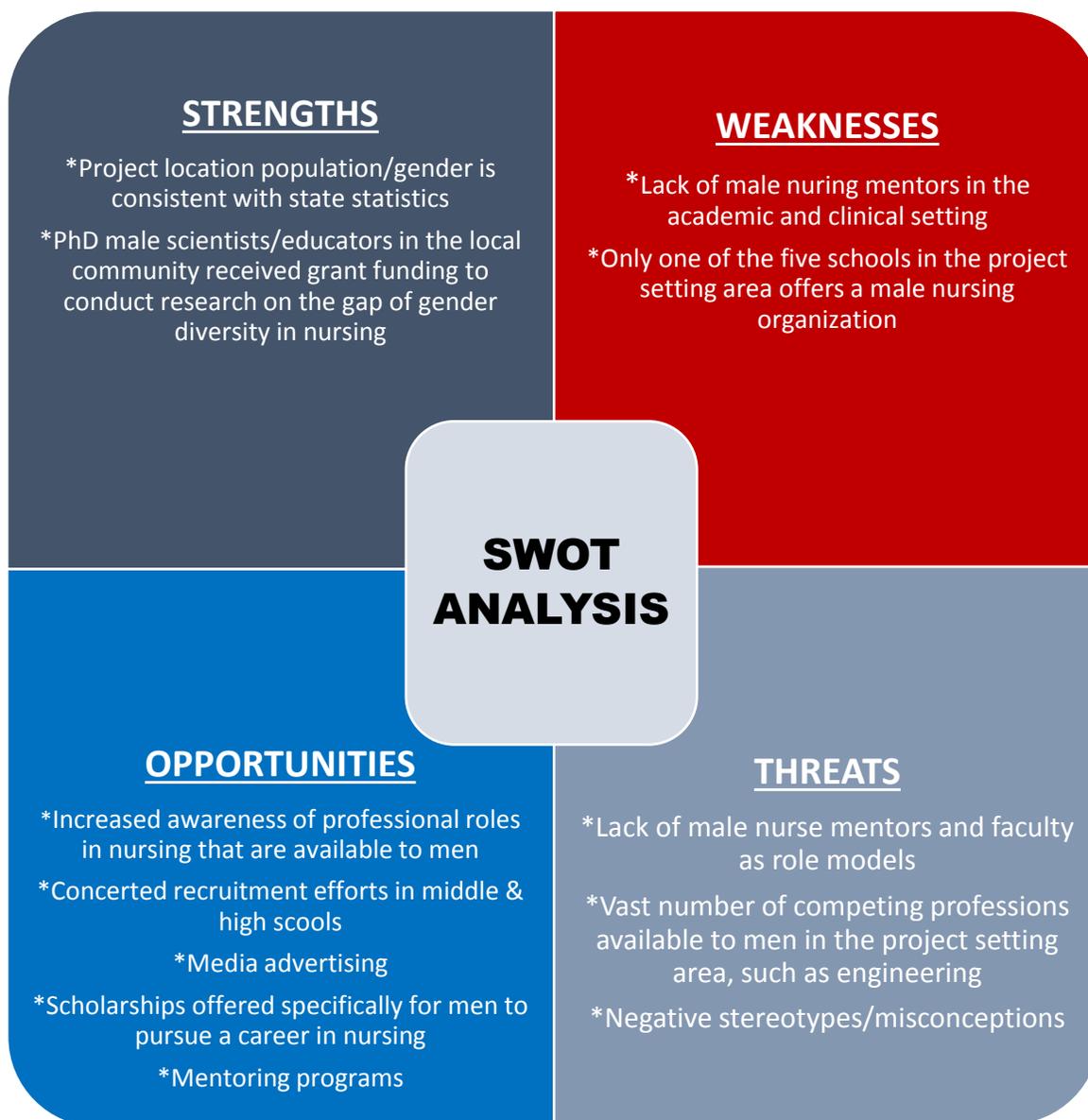


Figure 1. SWOT Analysis

Available Resources

Several resources are currently in place which can positively impact the gender diversity gap. Middle school and high school guidance counselors have been identified in the research as a critical introduction of nursing as a career option for men.

Organizations, such as the American Association for Men in Nursing (AAMN), are

available “to provide a framework for nurses, as a group, to meet, to discuss and influence factors, which affect men as nurses” (American Association for Men in Nursing, 2017). An online group, known as MENTORSECT, is available for anyone to connect with a nursing leader for mentorship. Currently there is one male nurse represented as a mentor in this group (Campbell & Quinones, 2017). Possible resources may include male alumni from the project setting, who may agree to serve as a mentor to new nurses or male nursing students.

Outcomes

The desired outcome for this project is to improve the gender diversity gap through mentorship opportunities. Engaging male students through mentorships can not only increase job awareness, satisfaction, and retention for the student, but also improve job satisfaction with the mentors. Opportunities and interest for nurse educator roles for males can also be explored. Post-implementation surveys will show reports of satisfaction in choosing nursing as a career.

Team Selection

A team was strategically selected to ensure an evidence-based project was implemented based on valid and reliable research data. The identified practice partner is a dean of nursing, who holds a PhD degree and over 40 years of nursing experience. The committee member selected also holds a PhD degree and has over 20 years of nursing experience. The committee member also has conducted published research on the topics of recruitment and men in nursing. The team chair holds a Doctor of Nursing Practice (DNP) degree and has over 20 years of nursing experience. The identified practice learning environment is the largest school of nursing in the practice setting state and

holds clinical affiliation agreements with all the local hospitals, numerous long-term care and rehabilitation facilities.

Feasibility and Benefit Analysis

The feasibility is defined as the costs associated with the identified project, which is projected to be minimal. Costs include office supplies, computer access, facility space for meetings, food/refreshments for introductory and debriefing meetings, the time and incidental expenses to provide the surveys to the mentors/mentees enrolled in the mentoring program. The benefits have the potential to outweigh the costs, as explained below.

Research has shown a lack of mentoring can lead to decreased retention rates and can negatively impact a health care organization's bottom line. The average cost of turnover for a bedside RN is between \$36,000 and \$48,000 (Trossman, 2013). The benefits of improving gender diversity has the potential of positively impacting job satisfaction, which can enhance job retention rates. Increasing the diversity to include more men will also increase the population of nurses to pull from to help the nursing shortage. This, too, can potentially minimize the need for higher salaried agency and travel nurses and provide a cost savings to the healthcare organization. Improving gender diversity can also lead to improved patient satisfaction scores, leading to a greater return on investment.

Defined Scope of Problem

There is a clear gap in gender diversity across the state of the project setting location, as well as at the national and worldwide levels. The research has identified possible reasons for the gap. Some of the reasons include issues with perceptions,

incivility, and a lack of awareness of the opportunities in nursing. A lack of male mentors in the educator role and in the nursing workforce have also been identified as a significant problem. As more members of the baby boom generation retire, the need for healthcare is expected to intensify. According to the Robert Wood Johnson Foundation (2017), “A nursing workforce that reflects the diversity of the country’s communities and populations will lead to better understanding of the many elements that affect a person’s health and emotional well-being, and ultimately, to improved interactions and treatment” (para. 1). With a prolonged nursing shortage looming, it is necessary to increase recruitment efforts for males and implement initiatives to promote job satisfaction and retention efforts for men already in the nursing workforce. Mentorships have been shown to be an effective strategy to improve job satisfaction and potentially retain nurses at the bedside.

SECTION III

Goals, Objectives, and Mission Statement

Goals

Four goals were established for this project to improve gender diversity gaps in nursing. Identified goals include:

Goal #1: Male nurse mentors will report increased satisfaction by giving back to the nursing profession.

Goal #2: Male nurse mentors will seek out full-time and/or part-time faculty roles in academia.

Goal #3: Senior nursing students will report increased comfort level entering the nursing workforce.

Goal #4: Senior nursing students will report satisfaction in career choice decisions.

Process/Outcome Objectives

Two objectives were established for each of the identified goals. The objectives for each of the goals are as follows:

Goal #1: Male nurse mentors will report increased job satisfaction by giving back to the nursing profession.

- a. Male nurse mentors will be paired with student mentees based on feedback/commonalities collected from each program participant.
- b. Surveys will be administered to mentors post-mentoring to obtain qualitative data/feedback and determine perceptions of the mentoring relationship.

Goal #2: Male nurse mentors will seek out full-time and/or part-time faculty roles in academia.

- a. Surveys will be administered post-mentoring to determine impact of the mentoring relationships. Post-mentoring surveys will show an interest in an educator role, either with part-time or full-time faculty positions.
- b. There will be an increase in male nurses submitting part-time and full-time applications for jobs post-mentoring experience.

Goal #3: Senior nursing students will report increased comfort level entering the nursing workforce.

- a. Surveys will be administered post-mentoring to determine perceptions of the mentoring relationship. Post-survey results will show improved comfort level in the job search/interview process of new RN positions.
- b. Senior nursing students will report securing a job interview or secured job placement upon the completion of the mentoring project.

Goal #4: Senior nursing students will report satisfaction in career choice decisions.

- a. Surveys will be administered post-mentoring to determine perceptions of the student's career choice in nursing. Post-survey results will show positive acknowledgement in choosing nursing as a career.
- b. Post-survey reports will indicate senior nursing students have goals for growth in the nursing profession.

Mission Statement

The purpose of this project was to improve gender diversity in nursing through the use of a mentoring program. The population being focused on was experienced male nurses in the project setting area and senior nursing students in an associate degree nursing program. Methods used to address the gap of gender diversity included establishing a mentorship program for graduating male students and pairing with experienced male nurses in the workforce. Post- surveys were conducted to determine the effectiveness of the mentoring program.

SECTION IV

Theoretical Framework

This study will be conceptualized using Albert Bandura's Social Cognitive Theory and Self-Efficacy Theory. The social cognitive theory, previously called the social learning theory, is based on the idea that individuals learn from interactions with others in a social context. By observing the behaviors of others, individuals develop similar behaviors (Butts & Rich, 2015). In the context of a mentoring program, mentees will be paired with a mentor, with a similar background, who have succeeded in achieving established goals. The overall goal is to build self-efficacy to encourage and motivate mentee success in the same area. According to Butts and Rich (2015), four important factors are identified in the social cognitive theory. The factors, as illustrated in Figure 2, include attention, retention, reproduction, and motivation. A global example of the mentoring program is provided for each factor.

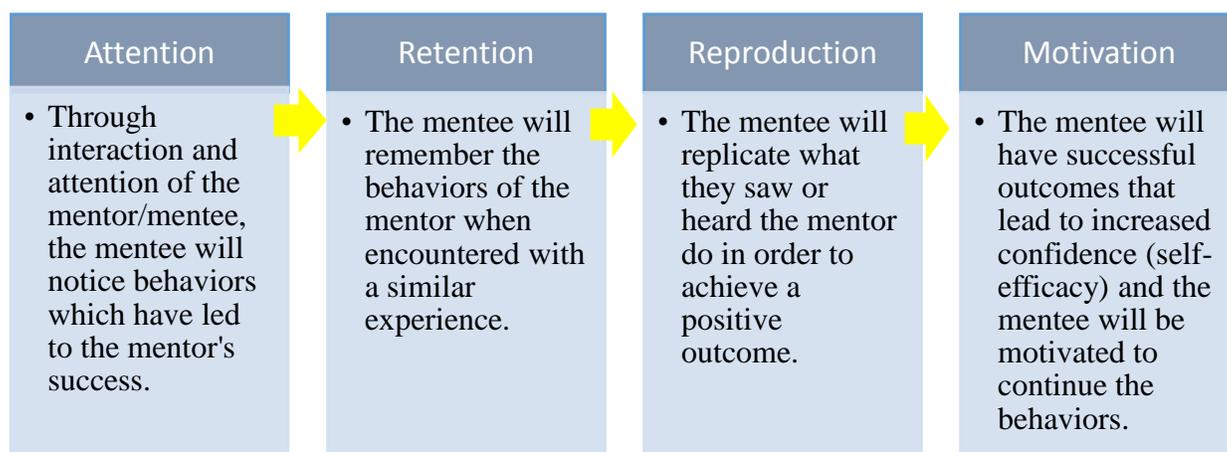


Figure 2. Social Cognitive Theory Factors

Self-efficacy is defined as confidence in one's own ability to achieve intended results (Bandura, 1994). Bandura's Self-efficacy Theory explains efficacy is influenced by four factors (Artino, 2012). These four factors, as illustrated in Figure 3 and further explained below, are the constructs of the theory and include mastery experience, vicarious experience, verbal persuasion, and somatic/emotional states.

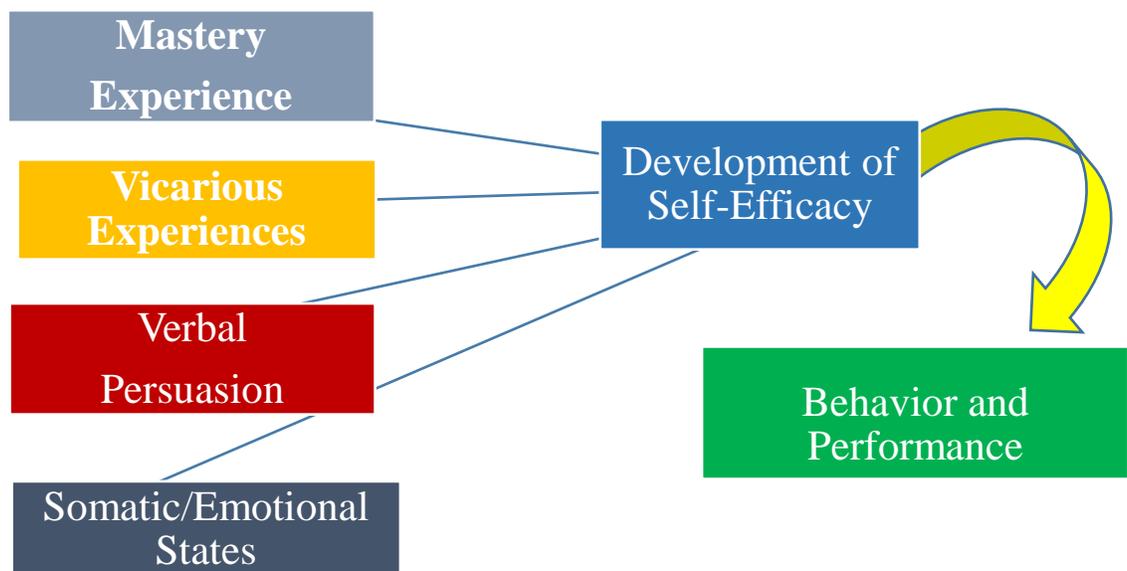


Figure 3. Self-Efficacy Theory Factors

Mastery Experience

Mastery experience occurs when an individual attempts a new activity or task and has a successful outcome. These experiences are the most effective way to build self-efficacy. Attempting tasks that one is not familiar with, or those that are difficult, are

often avoided. According to Bandura (1994), difficult and unfamiliar tasks must be attempted, with challenges worked through, to build self-efficacy.

Vicarious Experience

Vicarious experience involves observing someone else, who has similar characteristics or background as the individual. This includes observation of successes, as well as mistakes made, from the person being observed. Observing the successes of an individual that has a similar background or characteristics can lead to increased self-efficacy (Brown, Malou, & Schutte, 2013).

Verbal Persuasion

Verbal persuasion can also positively impact self-efficacy. When an individual is encouraged and verbally persuaded a goal can be achieved, the individual is more likely to accomplish the established goal (Brown et al., 2013). Through verbal persuasion of a mentor, the internal dialogue of the mentee may be positively impacted.

Somatic and Emotional States

Somatic and emotional states can have both positive and negative effects. Stress, fear, and anxiety can be detrimental to self-efficacy, which can lead to an individual giving up on a goal or even failing to start. By reducing these emotions, individuals are more likely to continue to complete a goal (Brown et al., 2013).

Through a mentoring relationship, the constructs of mastery experience, vicarious experience, verbal persuasion, and somatic/emotional states can be highlighted, leading to a positive sense of self-efficacy for the mentee. The development of positive self-efficacy can then be observed in the mentee's behavior and performance. The mentee may achieve current goals and then set higher goals for the future.

SECTION V

Project Design

Objectives

A mentoring program, designed and implemented for senior level associate degree male nursing student mentees and experienced male nurse mentors, was evaluated. The primary objective was to determine the effect of mentoring on male student mentees as they began the transition to nursing practice in their final semester of nursing school. The secondary objectives were to determine any relationships among experienced male nurse mentors in the practice setting and goals developed by senior level student mentees.

Study Design, Setting and Sample

A post-intervention evaluation, from the *New Careers in Nursing Mentoring Program Toolkit*, was performed in this qualitative, descriptive study (Choi, DeWitty, & Zachary, 2012). Recruitment for participation in the mentoring project to improve gender diversity occurred during the Fall 1 term, with implementation in the Fall 2 term. The program ran over a seven week term. Male students, who entered the last semester of nursing school in an associate degree program, were recruited to be “student mentees” through announcements in the Nursing and Science Resource Center (NSRC) (Appendix C), announcements made in the learning management system, Desire to Learn (D2L) (Appendix C), and through college email (Appendix D). Sample size was expected to be approximately 10 students. “Mentors” were selected, with assistance from the project setting college alumni foundation, from previous graduates from the program, and male nurses working at facilities where current affiliation agreements were held.

Recommendations from faculty or current nurse manager and a minimum of one-year clinical experience were required to be eligible to serve as a mentor. While the focus of the project was on males to improve gender diversity, females who were interested in the mentoring program were encouraged to contact the project leader to be assigned a mentor, based on similar characteristics, but were not included in the project data.

Recruitment for mentors was conducted by the project leader via email, with assistance from the project setting college foundation alumni organization. Volunteers were encouraged to contact the Project leader for a phone or face-to-face interview and to discuss the mentor responsibilities. Mentors were selected utilizing the “Mentor Recruitment” recommendation from the *NCIN Mentoring Program Toolkit*. Verbal or written references for each of the mentors was also obtained by the project leader from either a faculty member and/or from an employer. Figure 4 highlights each mentor who participated in the mentoring project, with credentials and experience noted.

Mentor #1	<ul style="list-style-type: none"> ◆ DNP ◆ Started career as an ADN graduate ◆ Associate Chief Nursing Officer for an academic medical center ◆ Over 24 years of peri-operative experience ◆ Numerous professional certifications, memberships, committees, awards and nominations ◆ Author of several peer-reviewed articles and serves as a peer-reviewer for AORN
Mentor #2	<ul style="list-style-type: none"> ◆ DNP ◆ Started career as an ADN graduate ◆ Family Nurse Practitioner ◆ Over 24 years of extensive experience in the health care field to include emergency/trauma, flight nursing, cath lab, critical care, and management ◆ Numerous professional certifications and memberships ◆ Author of several publications

Mentor #3	<ul style="list-style-type: none"> ◆ ADN ◆ Graduate of ADN community college project setting ◆ Extensive pediatric and critical care experience ◆ Operations Coordinator for Pediatric Flight Team at an academic medical center
Mentor #4	<ul style="list-style-type: none"> ◆ BSN ◆ Currently pursuing MSN degree ◆ Graduate of ADN community college project setting ◆ Approximately three (3) years experience in pediatrics and emergency care ◆ Numerous professional certifications, memberships, and awards
Mentor #5	<ul style="list-style-type: none"> ◆ BSN ◆ Graduate of ADN community college project setting ◆ Over eight (8) years of patient care experience in critical and acute care, emergency department, dialysis, mental health, transplant and case management ◆ Numerous professional certifications and memberships ◆ Numerous community service projects
Mentor #6	<ul style="list-style-type: none"> ◆ ADN ◆ Graduate of ADN community college project setting ◆ Currently enrolled in BSN program ◆ Over three (3) years of nursing experience in orthopedic/trauma and medical ICU ◆ Over four (4) years of PCT experience, prior to nursing ◆ Charge Nurse/Preceptor experience
Mentor #7	<ul style="list-style-type: none"> ◆ BSN ◆ Graduate of ADN community college project setting ◆ Over three (3) years of healthcare experience on a cardiac in-patient setting ◆ Charge Nurse/Preceptor experience

Figure 4. Mentors

Procedure

A copy of *The NCIN Mentoring Handbook* from the *NCIN Mentoring Toolkit* was provided to each mentor and student mentee as a resource guide (Choi et al., 2012). Each mentor was encouraged to review the handbook and an individual meeting with the project leader was offered prior to the “Getting to Know You” meeting to ensure understanding of the mentoring process and guidelines/recommendations established within the Toolkit and Handbook. Guidance was provided throughout the mentoring process through emails, face-to-face meetings and/or phone calls with the project leader and as requested by the mentor/mentee.

Student mentee participants were paired with experienced male nurses currently working in the project setting area health care facilities after an introductory “Getting to Know You” meeting occurred between all participants. This introductory meeting provided all participants with an overview of the project, an opportunity to discuss and obtain informed consent, and allowed time for introductions of all participants. The meeting was held on-campus of the associate degree program, one afternoon, and prior to the Fall 2 term. Activities for the meeting included completion of the *Interview Protocol Handout* (Appendix E), *Is It a Match? Exercise Handout* (Appendix F), and the *Matching Request Form* (Appendix G) from the *New Careers in Nursing Toolkit*. Food and non-alcoholic beverages were provided. Partnerships were assigned by the project leader the following week, after careful review of all forms. Mentoring partners were notified via email.

Participation was voluntary by all mentors and mentees. There were minimal risks involved. Participation in the project included the introductory “Getting to Know You”

meeting, which allowed for an introduction of the project, and a minimum of three sessions (phone, face-to-face, or virtual) that were arranged by the pair and not associated with any class time. Individualized goals were created by the student mentee and reviewed during the first meeting with the established mentor. Examples of topics for goals and discussions included how the student mentee can prepare for employment in the nursing workforce, filling out applications, interviews, and what to expect in the first year as a new nurse. A minimum of three individual sessions was expected over the seven week Fall 2 term. An additional debriefing meeting, “Mentoring Program Closing Session,” was held at the end of the term to provide closure of the mentoring partnerships, facilitated by the project leader.

Data Collection

Surveys, *Mentor Evaluation* (Appendix H) and *Student Mentee Evaluation* (Appendix I), were distributed via a SurveyMonkey® link to all participants, to preserve anonymity of responses to post-program survey. All information obtained remained confidential and all data was stored in the project leader’s office behind lock and key for three years and will then be destroyed. A copy of the data will also be stored at the University’s School of Nursing for three years and then destroyed. Any names were removed when reporting the findings.

Project Activities

GANTT Chart and Timeline

Task Name	Start Date	End Date	Duration (Days)	Days Complete	Days Remaining	Percent Complete
Problem Recognition	1/17/2017	2/28/2017	42	21.00	21.00	50%
Needs Assessment	2/28/2017	4/1/2017	32	24.00	8.00	75%
Goals, Objectives, and Mission Statement	4/1/2017	5/4/2017	33	8.25	24.75	25%
Theoretical Underpinnings	5/15/2017	6/20/2017	36	36.00	0.00	100%
Project/Work Planning	6/20/2017	8/8/2017	49	36.75	12.25	75%
Evaluation Planning	6/20/2017	8/8/2017	49	17.15	31.85	35%
Project Approval	6/20/2017	8/8/2017	49	12.25	36.75	25%
IRB Approval GWU	6/20/2017	9/19/2017	91	63.70	27.30	70%
Project Implementation	10/17/2017	12/5/2017	49	7.35	41.65	15%
Data Interpretation	12/5/2017	12/31/2017	26	15.60	10.40	60%
Dissemination/Reporting Results	1/2/2018	4/15/2018	103	66.95	36.05	65%

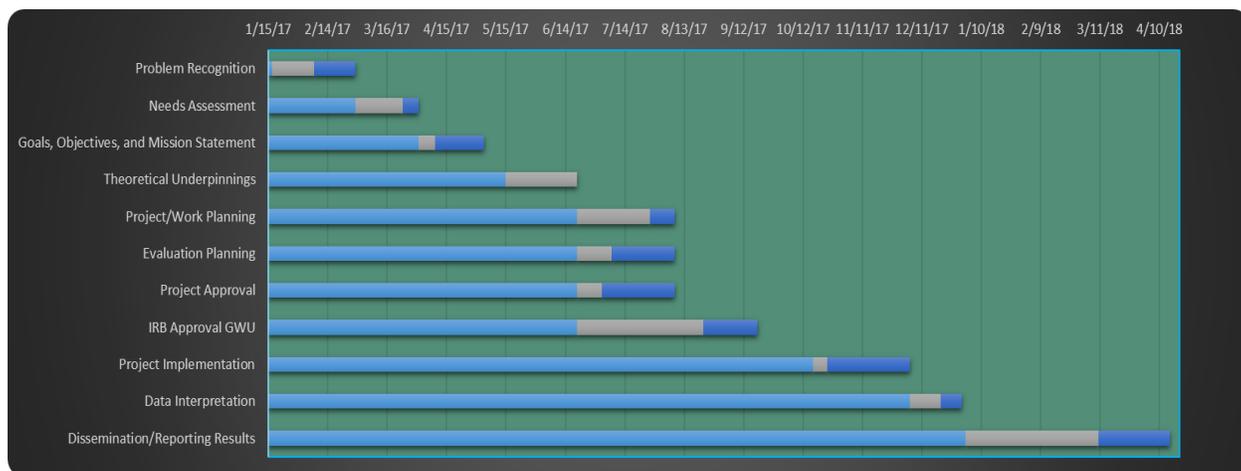


Figure 5. GANTT Chart

Budget and Resources

The costs associated for this scholarly project included printing costs and folders for the *Mentoring Handbook*, which were provided to each mentor and mentee at the introductory meeting. Food and non-alcoholic beverages were also provided at the introductory and debriefing meetings. Travel (vehicle/gas) was included to purchase printing items, food, and for travel to/from meeting destinations. All aforementioned costs were covered by the project leader. The project setting provided private meeting and office spaces, with current computer, internet, technological support, and phone services at no additional cost. For sustainability, additional monies from grants will be applied for with future implementations. (Figure 6)

Project Materials	Quantity	Cost	Total Cost
Mentoring Handbook Printing	#20	(bulk)	\$25.00
Folders	#20 (7 per bundle)	\$7.00 per bundle x 3	\$21.00
Food/non-alcoholic beverages/and utensils- “Getting to Know You” meeting	#20	(bulk)	\$150.00
Food/non-alcoholic beverages/and utensils- Closing/Debriefing meeting	#20	(bulk)	\$150.00
Travel	Approximately 100 miles	0.50 cents per mile	\$50.00
			\$396.00

Figure 6. Budget

SECTION VI

Evaluation Planning and Data Analysis

Descriptive statistics and qualitative data were collected and analyzed from the *Mentor Evaluation Form* (Appendix H) and the *Student Mentee Evaluation Form* (Appendix I), established by the Robert Wood Johnson Foundation and found in the *New Careers in Nursing Mentoring Program Toolkit*. These tools were used to determine the effectiveness, benefits, and potential areas of improvement for the project. Survey data was collected from participants via SurveyMonkey® links. With 100% response rates from mentors and student mentees, there appears to be a positive response to the mentoring project by all participants.

The overall findings from the *Mentor Evaluation Surveys* (Appendix H) were very positive and indicate the program is effective. The common themes that emerged were satisfaction from helping others, the mentoring program should be started earlier in the nursing program, and the experience was invaluable for all participants. Participants stated they often forget what it was like to be a new nurse and this experience helped remind them of that experience. Mentors appreciated and enjoyed the excitement that came from the student mentee perspective. Interest was expressed in being able to work with the student mentees earlier in their educational courses and working in an academic setting. The data collected showed the mentoring program should be continued, with possibly an earlier implementation date for student mentees to participate. The benefits from the mentor perspective included increased satisfaction, networking opportunities, and an opportunity to engage with students in the academic environment.

The overall findings from the *Student Mentee Evaluation Surveys* (Appendix I) were very positive and indicated the program is effective. The common themes that emerged were gratitude for the mentoring program, making connections, helpful career building tips/opportunities, the mentoring program should be offered earlier in the nursing program, and a desire to participate as a mentor with a future cohort. Students reported it was an honor to participate in the mentoring program and felt confident with their career choice and job searches/interviews. The data collected showed the mentoring program should be continued, with possibly an earlier implementation date for student mentees to participate. The benefits from the student mentee perspective included positive networking opportunities, increased confidence in securing employment through interviews/job searches, and gaining helpful tips for the first year of practice.

All information obtained was kept confidential and all data was stored in the project leader's office behind lock and key for three years and then destroyed. A copy of the data was also stored at GWU HSON for three years and then destroyed. Any names were removed when reporting the findings.

Logic Model

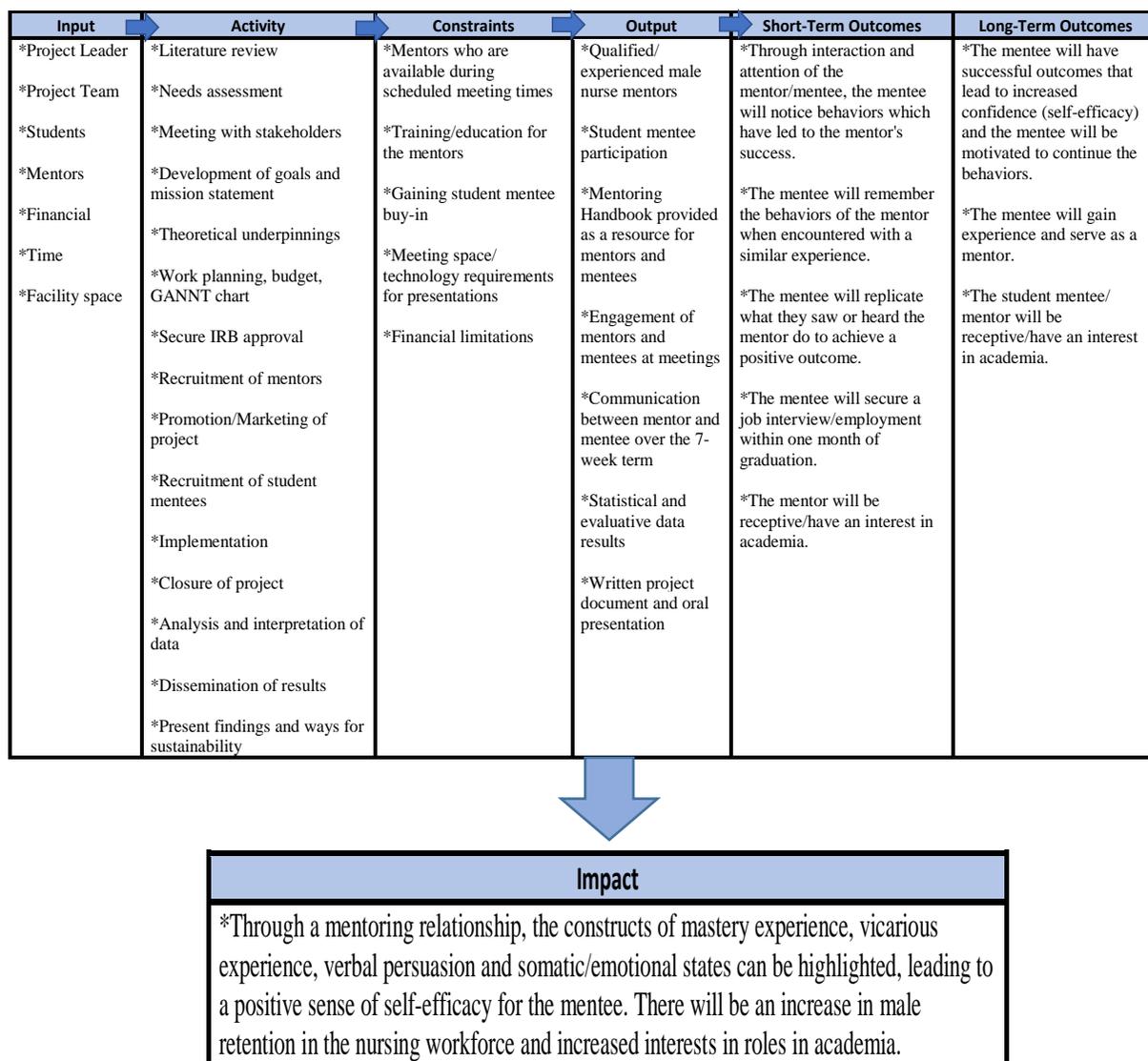


Figure 7. Logic Model

SECTION VII

Implementation

Approval for the scholarly project was obtained from the Institutional Review Board at the project community college. Once approved at the community college level, the appropriate approval from the University's Institutional Research Review Board was obtained. The official implementation date for the mentoring project was October 17, 2017.

Potential mentors were invited to participate via email and personal communication. Potential student mentees were invited to participate via email and at a class meeting. All potential participants were notified the project was completely voluntary, all information obtained for the project was confidential, and any participant could withdraw from the project at any time without negative consequences. Recruitment occurred approximately one month prior to implementation, once all Institutional Review Board approvals were received.

A project introductory "Getting to Know You" meeting was held to provide an overview of participation, including goals and objectives for the scholarly project. Informed consent (Appendix J) was obtained from all participants during the meeting. Once informed consent was obtained, introductions of all mentors and student mentees took place. A speed matching exercise concluded the meeting and "Matching Request" forms (Appendix G) were obtained from all participants. After careful review of the responses from the matching request forms by the project leader, mentor/student mentee pairings were made. Pairs were notified and contact information was provided for each participant within the pair.

During the implementation period, mentors and student mentees discussed the mentee's personal goals. Plans were developed to achieve these specific goals. For example, one mentoring experience included the mentee participating in a hospital flight team ride along program. The experience was so fulfilling for the student, the student volunteered to stay late to on an extra flight leaving at the very end of the shift. The student communicated that his calling to become a flight nurse was validated through the mentor/mentee experience. He then worked to develop a plan to obtain the work experience required, over the upcoming years, to achieve the long-term goal of being a flight nurse.

Another student experience involved a mock interview to help the student gain confidence in behavioral style interview questions. The student has since passed the state board licensing exam and has secured employment as a registered nurse in a local health care facility. Other mentoring experiences included weekly communications between the mentor and mentee, which included identifying a recruitment opportunity for the mentee in the form of a job fair interview.

In essence, the mentor and student mentee developed their own various methods of achieving the goals established by the mentee. This was individualized to each mentee, according to his personal goals. Each mentor accommodated the mentee, according to his experience and resources.

The project leader reached out to all participants approximately every two weeks to stay abreast of any issues and answer any questions that may have arisen since the "Getting to You" meeting. Participants were reminded of the closing/debriefing meeting scheduled for the end of the mentoring project, via email. A SurveyMonkey® link was

used to collect data to maintain confidentiality of mentors and student mentees. Data was aggregated from the responses and summarized for statistical analysis. Findings were assimilated and reported as discussed below.

SECTION VIII

Interpretation of Data

Descriptive statistics and qualitative data were collected from participants via SurveyMonkey® links. A total of 15 individuals participated in the project, which included seven mentors and eight student mentees. Findings were summarized from the *Mentor Evaluation* surveys (Appendix H) and the *Student Mentee Evaluation* surveys (Appendix I).

Mentor Evaluation Survey Data

A total of seven mentors participated in the mentoring project. The response rate for the mentor surveys was 100%. The average time each mentor spent on completing the survey was seven minutes. The findings for the *Mentor Evaluation* were as follows:

Q1. The program requirements were clear to me. Yes or No?

Six participants, or 86%, responded “Yes” and one participant, or 14%, responded “No.”

Q2. If no, what would be more helpful in making the requirements clear?

One participant responded “include suggestions of how we could be more beneficial to the mentee. Interviewing skills, résumé building, board prep, academic mentoring.”

Q3. The support level from the Mentor Program Liaison was appropriate. Yes or No?

Seven participants, or 100%, responded “Yes.”

Q4. If no, what would improve the support level provided?

N/A – All participants responded “Yes” to the previous question.

Q5. I was well-matched with my student mentee(s). Yes or No?

Seven participants, or 100%, responded “Yes.”

Q6. If no, what improvements would you suggest in the matching process?

All participants responded “Yes” to the previous question. One participant did note he enjoyed meeting all students and suggested time limits for each participant during the introductions to allow time to learn more about each of the students.

Q7. I learned the following about myself as a mentor during this mentorship.

Seven, or 100%, participants responded:

- “That I would enjoy a career in nursing academics.”
- “I enjoy helping and mentoring others.”
- “I learned that I enjoy being able to help someone else who is looking for advice or just someone to talk to and bounce ideas off of.”
- “To offer clear, grounded expectations. The students that you are supporting may not have as much experience as you anticipate. Start with a “meet and greet” and get a feel for what their strengths are already and assess what they “need” moving forward in the mentor/mentee relationship.
- “To take my own advice. Continue helping those who are going into the nursing profession.”
- “I’ve forgotten what it’s like to be a novice.”

- “This experience afforded me the opportunity to step back and see how far I have come and how much I have accomplished since beginning my nursing career.”

Q8. I found the following to be a rewarding part of participating in the mentor program.

Seven or 100%, participants responded:

- “Being around like-minded people and seeing the eagerness of men to enter the practice of nursing.”
- “I realized how good it feels to give back to those who are just beginning their journey into the nursing profession.”
- “I found it to be rewarding to be helpful in decision making and in giving advice.”
- “Being able to swage some of the graduating students concerns such as securing an interview leading toward employment. Many assumed institutions were NOT hiring, which is rarely the case. I got a lot out of clearing up some “rumors” while offering support and a blueprint on how to secure at least an interview.”
- “A simple thank you from my mentee and finding out that I helped him with his interview anxiety.
- “To experience the excitement and enthusiasm these students had for the profession of nursing.”
- “The excitement of the mentee.”

Q9. General comments: Please add anything additional you would like the Mentoring Program Liaison to know regarding the Mentoring Program.

Seven or 100%, participants responded:

- “Both sides of the table, mentor and mentees found this opportunity invaluable. Perhaps the program could offer the opportunity for mentorship the entire last YEAR, instead of their last semester. Overall, a GREAT fledgling program with limitless opportunity for positive change.”
- “This program may need to be implemented starting with the first semester students. Having a strong foundation will help them succeed throughout the program.”
- “Such a worthwhile project and one that you’ll be able to continue into the future. Many DNP projects “die” with graduation. Please make sure this gets published and you grow it and make it your mark on the profession!”
- “The excitement of the mentee.”
- “To experience the excitement and enthusiasm these students had for the profession of nursing.”
- “If there was anything I could change about this program it would simply be to get involved with the students when they are starting the nursing program. There were many things I discussed with my mentee that I wish I had been able to impart to them earlier in their journey and it is always possible that having a good mentor/mentee

relationship may help retain students that are struggling to find their way in the program.”

- “I think the program should continue but assign a mentor sooner, maybe at the beginning of their 2nd year.”

The overall findings from the *Mentor Evaluation Survey* were very positive. The common themes that emerged were satisfaction from helping others, the mentoring program should be started earlier in the nursing program, and the experience was invaluable for all participants. Participants stated they often forget what it was like to be a new nurse and this experience helped remind them of that experience. They appreciated and enjoyed the excitement from the student mentee perspective. Interest was expressed in being able to work with the student mentees earlier in their educational courses and working in an academic setting.

Student Mentee Evaluation Survey Data

A total of eight student mentees participated in the mentoring project. Nine students attended the “Getting to Know You” meeting and signed the informed consent; however, one student mentee never followed-up with his assigned mentor and opted to not participate following the introductory meeting. The response rate on the survey, for the student mentees who participated in the entire project, was 100%. The average time each student mentee spent on completing the survey was 12 minutes. The findings for the Student Mentee Evaluation were as follows:

Q1. The program requirements were clear to me. Yes or No? Please explain what was helpful or not helpful.

Eight participants, or 100%, responded “Yes.” Qualitative data included:

- “Yes. The program requirements were clear to me. The program requirements were outlined in an easy to follow packet.”
- “Yes. The program requirements were clear to me. Meeting all the mentors and getting to know their work history was helpful.”
- “Yes, it was explained well in the handouts.”
- “Yes.”
- “Yes. Everything was clear for me on what to do and how to do it, and I was given the handout sheet that even helped guide us along what type of questions we should ask.”
- “Yes. The requirements were well-organized and presented to us verbally as well as printed out.”
- “Yes, well planned, but wished it would of been implemented earlier in the program.”
- “Yes. It was helpful that the group was small and the (project leader) was always available to help.”

Q2. The support level from the Mentor Program Liaison was appropriate. Yes or No?

Eight participants, or 100%, responded “Yes.” Additional qualitative data included:

- “Yes. the support level from the mentor program liaison was appropriate. We established an open line of communication with the liaison to answer any questions that we had. The liaison also checked in with us to make sure we had the available resources.”

- “Yes. the support was appropriate. The Liaison was available anytime via email.”
- “Yes. The Mentor Program Liaison was always there to answer any questions and help us get into contact with our mentors.”
- “Yes.”
- “Yes.”
- “Yes! Checking in now and again to make sure everything was running smoothly.”
- “Yes. She was available to answer any question I had.”
- “Yes.”

Q3. If no, what would improve the support level provided?

Eight participants, or 100%, responded the support level was appropriate and no additional comments to improve support level were provided.

Q4. I was well-matched with my mentor. Yes or No? If no, what improvements would you suggest in the matching process?

Eight participants, or 100%, responded “Yes.” Qualitative data included:

- “Yes. I was well-matched with my mentor. He was one of my top choices and I was happy with the choice. The introduction meeting we had was very well put together. The only thing I would change is a shorter introduction to allow each of the students to adequately meet all of the mentors.”
- “Yes.”

- “Yes. I was perfectly matched with the mentor that was best suited for me, I learned so much from my mentor.”
- “Yes. I was paired with my chosen mentor and got along well with them.”
- “Yes.”
- “Yes. Very much so. My mentor was my top pick and he was very informative on how I should begin to take the next steps in my nursing career.”
- “Yes! I could not think of a better mentor. Not only was his career path already what I wanted to pursue, but his personality and values lined up directly.”
- “Yes.”

Q5. I learned the following about myself during the program.

Eight participants, or 100%, responded. Qualitative data included:

- “I learned that there was a lot more males in the nursing field and that I'm not alone. I learned how to write a résumé, interviewing skills, and gained information about ADN to BSN.”
- “I learned that I need to believe more in myself and my capabilities when I interview. Also, I learned that I'm more prepared and organized to become a nurse when school ends than I thought.”
- “I learned that I needed to prepare for a different style of interview for nursing jobs.”

- “I learned that I'm not the type of person who enjoys networking, but that I had better get used to it and this program was a good opportunity for me to really get myself out there.”
- “What I "actually" wanted to do. It validated that I wanted to be a nurse and the career path that I should take.”
- “I learned to not stress as much, but to keep working forward.”
- “I learned that it is beneficial to have someone to bounce ideas off of that is where you would like to be in five years.”
- “Need to improve patience.”

Q6. I found the following to be a rewarding part of participating in the mentor program.

Seven participants, or 88%, responded. One participant did not respond.

Qualitative data included:

- “The most rewarding part was making connections for possible job opportunities in the future.”
- “I was able to make a new friend in the nursing community and have someone to ask questions to in the future after the program is over.”
- “Just real world guidance on the next step in my nursing career. The formal education part of [the project setting] is great but I feel it didn't do a good job instructing me on how to find a job, how to write a résumé, how to apply for jobs, etc. But with this mentor program I was able to talk to a real person who'd been in my shoes and he was able to help guide me on my next steps.”

- “Meeting people I would regularly not get to meet. Networking, FLYING WITH [hospital flight team]!!!!”
- “Having someone I can trust to answer questions about nursing.”
- “Getting a second opinion on challenging decisions.”
- “Meeting new people and making connections.”

Q7. The most valuable things I learned from my mentor were:

Eight participants, or 100%, responded. Qualitative data included:

- “The most valuable things I learned from my mentor was that the first year is going to be the most difficult. He said it would be the biggest learning curve of my career and that if I had any questions that he would be able to answer them.”
- “The most valuable thing I learned is that no matter how much experience you have as a nurse, you can always learn if you have an open mind. The nursing field is so flexible with so much opportunity.
- “To not expect to know how to do everything once I am on my own in a job. Try and do everything I can when the opportunities arise. Putting together a résumé.”
- “As I stated above, the next steps in my nursing career.”
- “Don't let anyone/anything hold you back from your dream... keep pursuing.”
- “Keep moving forward and what to expect in the "real world".
- “There are several ways to achieve a goal and you do not have to have everything figured out all of the time.”

- “Prioritization and time management tips.”

Q8. I was able to meet all my learning goals with my mentor’s help. Yes or No?

If no, please explain what would have helped you to meet all of your learning goals.

Eight participants, or 100%, responded “Yes.” Qualitative data included:

- “Yes. I was able to meet all of my learning goals with my mentor's help. We established a list of goals during the first meeting and we were able to complete all of them by December 5th. The goals were to create a résumé, practice interview questions and answer any questions that I might have.”
- “Yes, I was able to meet all my goals.”
- “Yes.”
- “Yeah man. I had questions on what I was exactly supposed to do once I graduated, and my mentor gave my great advice.”
- “Yes.”
- “Yes.”
- “Yes.”
- “Yes.”

Q9. I would recommend my mentor to others. Yes or No? Please explain why.

Eight participants, or 100%, responded “Yes.” Qualitative data included:

- “Yes, he is not only a [college nursing] instructor but also has recently been in our shoes. He was able to answer any questions and took the time out of his busy schedule to help me.”

- “Yes, I would recommend my mentor to others because he made himself available to me at any time and always offered advice when I had questions.”
- “Yes, they were very friendly and easy to get along with.”
- “Most definitely yes. He was a great dude who was very informative and he really helped me carve out a pathway of what I need to do next.”
- “Absolutely! He tells you exactly what you need to know, how to go about getting to your specialty without telling you "what you want to hear". A transparent and real guy!”
- “Yes, he was honest and gave good advice.”
- “Yes. He was very friendly and supportive. As well as being a wealth of knowledge.”
- “Yes. Very well educated and open to discussions.”

Q10. General comments: Please add anything additional you would like the Mentoring Program Liaison to know regarding the Mentoring Program.

Six participants, or 75%, responded. Two participants, or 25%, did not respond. Qualitative data included:

- “The mentoring program helped me transition into the next part of my professional career and would recommend it to everyone!”
- “I would love to be in a mentor position in the future.”
- “I would suggest identifying students in the graduating class every semester who would like to come back and talk to incoming male

students or students in general. They could talk about the nursing program and see what they are expecting it to be like and see if it is really something they are interested in. The graduating students could answer any questions they may have.”

- “Even though I stated above I'm not the networking type I am glad that I participated in this study. My mentor gave me some great advice for the next phase of my nursing career and I'm really grateful for that. I only have one other comment: this program was designed in order to keep male students in the program and keep them from dropping out. The thing about this mentorship program was that as students, all of us are at the end of our schooling and I don't think any of us would end up giving up by now. Maybe it would be helpful to have a mentorship program for male students who are in the beginning/middle of their nursing program, and maybe have 210/219 students be the mentors in this case. I don't know if that is feasible or something to consider but it's just something I thought of. Thanks for this opportunity!”
- “I couldn't ask for anything more, it was an absolute honor to be involved.”
- “My only recommendation would be to start the mentoring program earlier.”

The overall findings from the *Student Mentee Evaluation Survey* were very positive. The common themes that emerged were gratitude for the mentoring program, making connections, helpful career building tips/opportunities, the mentoring program

should be offered earlier in the nursing program, and a desire to participate as a mentor with a future cohort. Students reported it was an honor to participate in the mentoring program and felt confident with their career choice and job searches/interviews.

Recommendations for Improvements

Recommendations were taken from the mentor and mentee surveys, as well as from faculty who observed the introductory “Getting to Know You” meeting and the debriefing meeting. For future implementation, additional guidelines and time limits will be established for introductions at the “Getting to Know You” meeting. This will ensure fair and equitable introductions for all participants. Additional resources will be also provided to mentors to assist with facilitating student mentee goals, which include tools for resume writing and peer interview questions. Additional research is being conducted to determine if the project can be introduced earlier in the student mentee’s educational experience, as noted from the survey responses. Additional improvements would include expanding the program to other high-risk and minority individuals who may benefit from an assigned mentor.

The findings from this project will be reported to stakeholders to gain additional support and partnerships within the local healthcare community. The benefits of the project can include increased recruitment and retention for a more diverse workforce and these will be shared with local agencies. Establishing a program liaison for each facility can improve the marketability of the project, as well.

Sustainability of the Mentoring Project

This mentoring project is easily sustainable and can be expanded to include other high-risk or minority students. Sustainability for the mentoring project will be achieved

by sharing the benefits and successes of the program for all involved. Collaboration with the college alumni foundation and local healthcare facilities can lead to partnerships, which will enhance the student experience, enhance professional growth and satisfaction by “giving back,” provide positive networking opportunities, and lead to more awareness of nursing as a career choice for men.

Additional support will be obtained through the nursing division’s Student Nurses Association and the nursing division’s student nurses Honor Society. Faculty advisors for both organizations will assist with/sponsor future mentoring project implementations to ensure the sustainability of the mentoring program and further develop the partnerships within the health care community.

Implications and Benefits for Practice

There has been a growing national emphasis placed on improving gender diversity in nursing. Despite efforts made by nursing organizations and healthcare facilities, only a small amount of progress has been made. The research has shown patient outcomes are improved when greater diversity is present. Creative initiatives must be pursued to not only recruit more men in the nursing profession, but also to retain them in the practice setting.

Based on the findings from the data analysis from the mentoring program, the implications and benefits for practice are significant. All participants felt the project was a worthwhile experience. Student mentees reported higher comfort levels with transitioning to the practice environment and were appreciative of resume building and interview skills, which will aid them in obtaining employment in the area they desire. Mentors reported satisfaction in giving-back to the profession and some expressed an

interest in pursuing a career in the academic environment. With the implementation of more mentoring programs, retention goals may be accomplished and more males may realize the nursing profession is an excellent career option. In addition, excellent networking opportunities will allow mentors and student mentees the ability to share ideas, which can improve patient outcomes and greatly impact nursing practice.

Additional data collection will occur on an annual basis to monitor employment satisfaction, employer satisfaction, and mentee/mentor participation in pursuing advanced nursing degrees. Enrollment demographics will continue to be tracked and reported at annual advisory meetings. Feedback from the advisory board members will also provide input on gender diversity within the local healthcare facilities. With data collection and trends to support the program, networking and further partnerships can grow to develop and recruit more men into the nursing profession.

Conclusion

This project was implemented after a comprehensive needs assessment, review of the literature, and consultation with co-faculty was conducted. Research has shown the positive impact mentoring can have on individuals and this project was no exception. As the findings showed, mentors and student mentees felt the program was very beneficial and should be implemented even earlier in the student's educational experience. Student mentees expressed higher comfort levels with transitioning to the practice environment and were appreciative of resume building and interview skills, which will aid them in obtaining employment in the area they desire. Mentors reported satisfaction in giving-back to the profession and some even expressed an interest in pursuing a career in the academic environment. One-hundred percent of the participants felt this was a

worthwhile experience, with several volunteering for future implementations. Not only were positive experiences expressed, the networking opportunities for all participants were invaluable.

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Appendix A
Gender Diversity Survey
College Advisory Committee

Circle the appropriate score, with four (4) being strongly agree and one (1) being strongly disagree. Scores are related to the organization in which you are employed. Please add any additional comments you would like to contribute.

Type of Organization in which you are employed: _____

(example: hospital, long-term care, school of nursing)

1. There is gender diversity among nurses.

Strongly disagree 1 2 3 4 Strongly agree
 Comments:

2. Male and female nurses are treated equally.

Strongly disagree 1 2 3 4 Strongly agree
 Comments:

3. There is a negative perception of men in the nursing role.

Strongly disagree 1 2 3 4 Strongly agree
 Comments:

4. Male nurses face incivility in nursing based on their gender.

Strongly disagree 1 2 3 4 Strongly agree
 Comments:

5. During orientation/residency, male nurses are paired with experienced male nurses.

Strongly disagree 1 2 3 4 Strongly agree
 Comments:

6. What strategies, if any, does your organization currently use to recruit and retain male nurses?

Additional comments:

Appendix B

Gender Diversity Survey

Nursing Division Faculty

Circle the appropriate score, with four (4) being strongly agree and one (1) being strongly disagree. Scores are related to the organization in which you are employed. Please add any additional comments you would like to contribute.

1. There is gender diversity among nurses.
 Strongly disagree 1 2 3 4 Strongly agree
 Comments:

2. There is an equivalent number of male nurse educators compared to female nurse educators to serve as role models for students.
 Strongly disagree 1 2 3 4 Strongly agree
 Comments:

3. Male and female nurses are treated equally.
 Strongly disagree 1 2 3 4 Strongly agree
 Comments:

4. There is a negative perception of men in the nursing role.
 Strongly disagree 1 2 3 4 Strongly agree
 Comments:

5. Male nurses face incivility in nursing based on their gender.
 Strongly disagree 1 2 3 4 Strongly agree
 Comments:

6. From your observation in the clinical setting of orientation/residency processes, male nurses are paired with experienced male nurses.
 Strongly disagree 1 2 3 4 Strongly agree
 Comments:

7. What strategies, if any, does your organization currently use to recruit and retain male nurses?

Additional comments:

Appendix C

Project/Volunteer D2L and NSRC Announcement

Participants for DNP Project Opportunity for Students Enrolled in NUR 210/219 Fall 2017

Posted Oct 3, 2017 10:37 AM

Dear Class,

I would like to take a moment to briefly meet with your male class cohort at the end of the NUR 210 class on Thursday, October 5, to discuss an opportunity for you. I am currently working on my DNP degree and my project focus is on improving gender diversity in nursing through a mentoring program at our college for our senior level male nursing students. Participation is voluntary by all parties and has minimal time obligations. This project is not linked to any class or clinical assignments. While the focus of this project will be on male students, female students can contact me if they would like to work with a mentor. Female students, however, will not be included in the data collection of this pilot study. I hope to see you all at the meeting!

Thank you for your consideration!

Ms. Hilburn

APPENDIX D

Student Project Participant Request Email

Hello NUR 210/219 students,

I am currently working on my Doctor of Nursing Practice (DNP) degree and my project focus is on improving gender diversity in nursing. Please save the date of October 17 for an opportunity that will help you be successful in transitioning to your professional career as a nurse. Please keep reading for more details on how this can benefit and impact you!

Did you know there are over 3 million nurses in the United States and only approximately 10% are males? This percentage is even less internationally. In the nurse educator role, the percentages of males are miniscule across our state and nation. As you probably are already aware, the research proves there is a lack of male nurse role models and I want to change that for our students. Our patients and health care facilities value and want diversity. Through my project, I want to help you be successful as you begin your career as a nurse, so that together, we can make a difference and improve the gender gap for our patients and the profession. My sample population for this project is any male nursing student enrolled in NUR 210 or NUR 219 Fall 2017. Females in the class may also reach out to me for a mentor assignment, but will not be included in the data collection.

My DNP project utilizes a mentoring program established by the Robert Wood Johnson Foundation and the American Association of Colleges of Nurses. It takes minimal time and I think you will find the opportunity very worthwhile. In the evening on October 17, I will lead a “Getting to Know You” session on-campus in the third floor conference room. You will have the opportunity to network with experienced male nurses in our health care community. Dinner will be provided. These experienced nurses, who will be in attendance, have agreed to share their experience and be mentors for the project. You will be paired, based on your input, after hearing the backgrounds of each mentor and determining who you think you share commonalities with. Over the course of NUR 219, you will meet with your mentor via phone/email/or face-to-face, at your convenience, with a minimum of three encounters to discuss topics/goals of your

choosing. These topics may consist of interviewing processes, how to obtain a position in a particular facility or specialty area, filling out applications, peer interviews, what's the first year like, BSN/MSN degrees, scholarship/loan repayment opportunities, etc.

At the end of NUR 219, I will ask that you complete a brief survey via a SurveyMonkey® link. All results will be anonymous and I will not post your names in any publications or presentations associated with the project. We will have a closing/debriefing meeting in December that is not mandatory, but I would greatly appreciate your participation. Dinner will again be provided.

I hope to see success in the program with your cohort and expand this to other students to help with retention efforts, based on your input. I also hope this will lead to a much larger networking group for male nurses in our area. You have so much to offer and I truly want to see each of you have an easy transition and extremely rewarding career in nursing. Please allow me to help you by agreeing to participate in this mentoring opportunity.

Please let me know if you have any questions or concerns. Again, I will be sharing more information at the upcoming meeting. If you have any specific requests that you would like to see in a mentor, please send to me as soon as possible, as I will be finalizing those over the next few weeks. Requests can be someone from a specific facility, specialty area, educational level/background, etc. I will do my best to make it happen!

Thank you for your attention to this email. I look forward to working with you all!

Ms. Hilburn

Appendix E

Interview Protocol Handout

Suggestions:

- ◆ Take notes.
- ◆ Listen to each other from a place of curiosity and acceptance.

1. What are the accomplishments you are most proud of personally?
2. What are the accomplishments you are most proud of professionally?
3. How did you select nursing as your career/what drew you to the nursing profession?
4. What would you like to gain from your participation as a mentor/mentee?

(Choi, DeWitty, & Zachary, 2012)

Received permission to use on June 16, 2017.

Appendix F

Is It A Match? Exercise Handout

- ◆ Will this person challenge me to raise the bar for myself?
- ◆ Does this person listen well?
- ◆ Does this person have a sincere desire and willingness to mentor?
- ◆ Will this person encourage me as well as provide honest feedback?
- ◆ Does this person have the knowledge and expertise I need (learning fit)?
- ◆ Is this person a positive role model?
- ◆ Will this person have sufficient time to mentor me?
- ◆ Is this person accessible enough (geographically or physically) for my needs?
- ◆ Are we compatible in temperament and personality?
- ◆ Will I feel comfortable learning and interacting with this person over an extended period of time?

(Choi, DeWitty, & Zachary, 2012)

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Appendix G
Matching Request Form

My name is: _____

My first choice for mentor/mentee (circle one) is:

_____ because

My second choice for mentor/mentee (circle one) is:

_____ because

My third choice for mentor/mentee (circle one) is:

_____ because

(Choi, DeWitty, & Zachary, 2012)

Received permission to use on June 16, 2017.

Appendix H
Mentor Evaluation Form

- Q1. The program requirements were clear to me. Yes or No?
- Q2. If no, what would be more helpful in making the requirements clear?
- Q3. The support level from the Mentor Program Liaison was appropriate. Yes or No?
- Q4. If no, what would improve the support level provided?
- Q5. I was well-matched with my student mentee(s). Yes or No?
- Q6. If no, what improvements would you suggest in the matching process?
- Q7. I learned the following about myself as a mentor during this mentorship.
- Q8. I found the following to be a rewarding part of participating in the mentor program.
- Q9. General comments: Please add anything additional you would like the Mentoring Program Liaison to know regarding the Mentoring Program.

(Choi, DeWitty, & Zachary, 2012)

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Appendix I

Student Mentee Evaluation Form

Q1. The program requirements were clear to me. Yes or No? Please explain what was helpful or not helpful.

Q2. The support level from the Mentor Program Liaison was appropriate. Yes or No?

Q3. If no, what would improve the support level provided?

Q4. I was well-matched with my mentor. Yes or No? If no, what improvements would you suggest in the matching process?

Q5. I learned the following about myself during the program.

Q6. I found the following to be a rewarding part of participating in the mentor program.

Q7. The most valuable things I learned from my mentor were:

Q8. I was able to meet all my learning goals with my mentor's help. Yes or No? If no, please explain what would have helped you to meet all of your learning goals.

Q9. I would recommend my mentor to others. Yes or No? Please explain why.

Q10. General comments: Please add anything additional you would like the Mentoring Program Liaison to know regarding the Mentoring Program.

(Choi, DeWitty, & Zachary, 2012)

Received permission to use on June 16, 2017.

APPENDIX J**Informed Consent Form**

Dear Participant,

My name is Nancy Hilburn and I am a student in the Doctorate of Nursing Practice Program at Gardner-Webb University in Boiling Springs, NC. I am implementing a project to determine if a mentoring program can improve a male mentee's ability to achieve personal and professional goals, which will ultimately lead to a professional career in nursing. The overall purpose of the project is to address areas that may improve gender diversity in nursing. For this project, each mentee will be asked to establish personal and professional goals related to nursing and work with an experienced male mentor in the Charleston area who will be assigned, based on input from both parties. Your participation will include an introductory session, three meetings (online, phone, or face-to-face) established by the mentor and mentee over the course of the 7-week term, and a debriefing session at the end of the seven (7) week term. Post-surveys will be completed by each mentor (Mentor Evaluation Form) and student mentee (Student Mentee Evaluation Form) at the debriefing session or via a SurveyMonkey® link, which will take about 10 minutes to complete.

There are minimal risks to you and participation is voluntary by all parties. All information will be handled in a strictly confidential manner, so that no one will be able to identify you when results are reported. Your participation in this project is totally voluntary and you may withdraw at any time without negative consequences. If you wish to withdraw at any time during the project, simply email the project leader, Nancy Hilburn, at Nancy.hilburn@tridenttech.edu.

Please feel free to contact Nancy Hilburn by email at Nancy.hilburn@tridenttech.edu, or by phone 843-574-6564, if you have any questions about the project. You may also contact Dr. Maureen Whitehurst, Trident Technical College IRB Chair, at 843-722-5529 maureenwhitehurst@tridenttech.edu or Dr. Yvonne Smith, Gardner-Webb University DNP Project Chair, at 704-406-2517 ysmith@gardner-webb.edu .

I understand the project described above and have been given a copy of the description as outlined above. I am 18 years of age or older and I agree to participate.

Signature of Participant

Date