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Enhancing Clinical Practice Through Structured Mentorship: Evaluating the Impact on Evidence-Based Nursing Implementation

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Abstract
Systemic mentoring is also coming to be understood as having considerably strong potential in the application of evidence-based practice (EBP) in the sector of nursing professionals. This paper reviews the usefulness of a structured mentorship process that aims at facilitating the introduction of EBP in clinical nursing practice. The difference in the post intervention EBP knowledge, attitudes, and implementation behaviors among the mentees that took part in the mentorship program and those that formed the control group were evaluated with the help of the quasi-experimental design. The findings showed that there were very strong results of increase in EBP competencies and confidence levels among mentees. These findings indicate that a well-structured, properly planned system of mentorship can serve as a very effective motor in bridging the gap between clinical research and clinical practice, which drives toward the improvements of the quality of patient care.
Keywords: ***Evidence-Based Practice (EBP), Clinical Nursing Practice, Mentorship Program, Knowledge Translation, Healthcare Quality Improvement, Professional Development.***

1.Introduction
Over the recent decades, the healthcare landscape has been changing considerably, and the use of the evidence-based practice (EBP) in the clinical setting has gained more and more attention. Evidence based practice is the responsible application of best and up to date evidence in relation to decision making in patient management. It is a process of putting together individual clinical understanding with the finest research evidence and patient values to provide the greatest likely interventions in clinical practice. EBP has gained tremendous attention in the international community because of its affiliation with better patient outcome, higher quality of health care, and lower health care expenditure(1). Nevertheless, in spite of the mentioned, well-described advantages, the incorporation of EBP into daily clinical practice is still a daunting task. The factors that have led to such resistance and incongruency in implementation are varied and fall along the individual, organizational and systemic planes. The role of healthcare professionals in the care delivery process especially among the nurses is crucial in closing the gap between the research and clinical practice as well as being the first in the line of bringing evidence-based strategies into action. Although they have a potential to make a tremendous impact on patient outcomes due to EBP, a lot of clinicians fail to convert a research finding into practice.

FIGURE 1 Overcoming EBP Implementation Challenges

The absence of knowledge and training among care providers regarding the effective implementation of research findings into the professional practice is one of the most severe obstacles to the implementation of EBP. Healthcare professionals and especially nurses themselves are willing and eager to incorporate research evidence in their

everyday practice, but believe they are undertrained to do so, usually because their education and exposure to the concept of evidence-based practice was incomplete. Although the role of EBP is currently being promoted in most educational establishments, there is a big split between any learning acquired in the academic classroom and its real-life implementation in the clinical setting. The number of research can overwhelm a nurse, and the nurse finds it very difficult to critically think and use this evidence to prove medically in clinical settings. The accelerating rate of the publication of new research also contributes to the fact that clinicians will not be able to change the process of keeping up with the current evidence, complicating the implementation process further(2).

Moreover, the decision-making of an organization is another hindering factor in the implementation of EBP. The culture of evidence-based care requires the infrastructure or organizational support that many healthcare systems do not have. The nurses who are in organizations with poor leadership support towards EBP usually experience a lot of problems in terms of having resources, time, or mentor to support the process of incorporating the evidence into their clinical practices. In the example, nurses might face difficulty in applying EBP interventions in the absence of organizational policies, which place importance on the use of research evidence. Such organizational demands are further enhanced by time constraints, workloads and absence of specific clinical team members to focus on research and EBP mentorship. Most often, to carry out direct care work, clinical personnel must also coordinate their activities with the obligations of administrative and managerial work, and they only have a small amount of time in which to engage in research practices or additional education.

Finally, the absence of positive organizational culture toward EBP can be also caused by the unwillingness of the healthcare staff to change(3). Having research results and implementing them in reality quite often is a process that entails a sharp change in the attitude and behavior of the clinicians most of which have already become accustomed to the conventional ways of practicing. Indeed, resistance to change may be based on many sources, such as the worries regarding the applicability of new practices, the fear of interfering with the existing system of work, and the feeling that research is not related to the direct reality of work with the patient. The only way to tackle this resistance is to have a culture change in healthcare organizations, to adopt a continuous improvement culture, to appreciate the value of research and to take on the value of evidence-based decision-making practices.

This being the challenges, it is apparent that giving healthcare professionals access to the research articles and recommendations is not enough. Healthcare systems must develop specific strategies that ensure the adoption of evidence-based practices to a greater extent by facilitating the emergence of EBP skills among clinicians and promoting a culture of ever learning and becoming better. The area where the greatest hope has been accorded is the mentorship programs. A vital guidance system that mentorship as supported, especially in a multi-faceted and organized form, may offer to clinicians who are trying to embrace evidence-based practices is particularly beneficial. Mentorship method provides an empirical, individualized route towards developing the ability, expertise, and certainty of integrating EBP into clinical activities. More experienced mentors (especially clinicians experienced with EBP) can be both practical and emotional support and role models during the implementation process to less experienced clinicians during the implementation process.

An effective mentorship program presents a number of advantages. It has the capacity to offer context-specific and individual advice, to guide mentees through the complexities in evidence-based care. Mentorship also attains collaboration, peer support as well as collective learning, all of which are a crucial aspect of establishing a long-term culture of EBP in healthcare entities. In addition, the issue of mentorship has been demonstrated to increase job satisfaction, group cohesion and retention of other nursing staff, especially in an era where there is a consistent nursing shortage experienced in numerous healthcare systems. According to evidence collected with studies, mentorship is not only effective in clinical skills growth but also employees morale and involvement, resulting in better results in patient care(4).

When done successfully, mentorship programs can become the initial agents of rolling EBP into the organizational mainstream. The programs give nurses the chance to develop EBP knowledge and skills through a non-threatening community environment. Mentors can focus directly on the individual nurse or on small groups, giving them individual feedback, advice and support. This in turn makes nurses more prepared to deal with the intricacies of evidence-based care, including being able to interpret the research findings as well as implementing them into practice. Complemented by continuous professional development interventions, such a one-on-one approach has the potential to boost the confidence levels of nurses with regard to applying evidence to practice and their professional engagement in the process of refining patient care.

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2.History and the Significance of Evidence-Based Practice

2.1 History of Evidence-Based Healthcare Practice

Evidence-based practice (EBP) is now a key aspect of contemporary healthcare practice that is based on the inculcation of the highest available research evidence, clinical acumen and patient interests. The strategy will support the delivery of care that is effective as well as individualized to the patient requirements and values. The idea of EBP first emerged in the late 20th century, as part of the evidence-based medicine (EBM) movement, with an aim of moving the medical practice out of tradition and into more scientifically-grounded methods. The success of the EBM in clinical practice stimulated its further use in different medical professions, also nursing, which became a significant EBM field nowadays.

Subsequently, the role of EBP in enhancing the quality of patient care has been acknowledged by health care leaders and professional organizations as well as governments. EBP strives to minimize the practice variability, which causes more uniform results, and also suggests that healthcare providers employ the best and newest evidence available to make decisions(5). The ability to promote patient safety and cost-management changes in health care, as well as the overall provision of healthcare, therefore, has the potential to become a reality. This change towards an evidence-based practices rather than opinion or experience-based practice indicates a huge paradigm shift in the provision of healthcare in the global context.

2.2 Practical Guidelines Of Evidence-Based Practice

Behind EBP, there are some major tenets that any professional making clinical judgment considers as he or she makes decisions. One of them is that the EBP promotes the utilization of the most superior research evidence. These would be high quality clinical trials, systematic reviews and meta-analyses, the latter of which is regarded as the gold standard in ascertaining the effectiveness of medical interventions. Nonetheless, the research evidence is not enough. EBP, also, pays much attention to the use of clinical expertise. This implies that healthcare professionals are supposed to use their professional judgment, abilities and experience and apply them into the interpretation of research findings with an eye on their practice. Finally, the preferences and values of patients are important with EBP. This doctrine makes sure that the patients cannot be treated as mere recipients of medical service but rather are active participants in the decision-making process. The kind of treatment they are subjected to should be guided by their values, culture and their preferences so that they can make decisions about how to be treated in a particular direction.

All three concepts, i.e., research evidence, clinical expertise, and patient preferences create the pillars of delivering high-quality and effective healthcare. By combining these elements, EBP guarantees the scientific basis of healthcare practices instead of making healthcare practices personalized and sensitive to individuality of the patient. This comprehensive way of handing the patient increases patient satisfaction and clinical outcomes.

2.3 Evidence-Based Practice Effect on Healthcare Outcomes

Various studies in the literature have identified significant implication of EBP on enhancement of patient outcome. Evidence-based practice improves care delivery through elimination of unnecessary variations in the clinical practice process. Under circumstances of strict application of EBP, the care of patients is much more uniform and this minimizes the probability of any mistakes made and makes it clear to enhance the overall efficiency of a treatment. As one example, the implementation of evidence-based clinical guidelines to treat chronic diseases like diabetes, hypertension and asthma has resulted in improvement of diseases and prevention of complications and hospitalization.

Furthermore, there is a relationship between EBP and patient safety. Such risks can be reduced by proven interventions and practices supported by scientific evidence to reduce issues related to adverse events, medical errors, and complications. As an illustration, application of evidence-based protocols in infection control practices has led to the manifestation of a substantial decrease in healthcare-related infections which are one of the major illness and death causes in patients(6). Likewise, introducing evidence-based regimes on perioperative care in surgical environment has made recovering time of patients reduce and the chances of developing post-surgical infections and complications become slim.

Patient satisfaction has also been associated with the embracing of EBP in the field of healthcare. The participation of patients in deciding on their healthcare based on the best possible evidence leads to their satisfaction with the processes of receiving such healthcare. It is especially essential to the time now when patient-centered care is one of the primary concerns of healthcare organizations. Being convinced that their healing process involves the latest

research results and is considered according to their specificities, patients tend to trust their health specialists and follow therapeutic programs, influencing positive long-term health outcomes.

2.4 Issues of Implementation of Evidence Based Practice

In spite of its given advantages, the effective adoption of EBP has been a challenge throughout health care system. The sluggishness of evidence-based practices adoption is influenced by a great number of barriers, e.g., individual, organizational, or even systemic ones. Deficiency of education and training in EBP is one of the main barriers. A good deal of healthcare professionals, especially those employed in busy clinical settings lack formal education in methods of research and critical appraisal skills. That is why it is a challenge to evaluate the results of research critically and apply them to practice. More so, the high rate of research publishing implies that the information contained in research is not always associated with the healthcare providers, which is leading to a division between research and practice(7).

The issue of organizational barriers also contributes to the fact that EBP proves to be difficult to implement. Most healthcare organizations are ill prepared in terms of infrastructure and resources to promote EBP initiatives. These are avenues to research databases, time to allow the staff to participate in research, and availability of leadership. The initiatives of healthcare professionals to embrace the concept of EBP are likely to fail without the administrative support. Also, the structure of most healthcare institutions makes them change resistant. Hierarchical approaches to care delivery sometimes kill innovative spirit and prevent the implementation of new strategies, including EBP-based ones.

The unwillingness to change is another serious obstacle on the way to EBP. Medical practitioners, particularly those who have had a long experience in medical practice, might not be ready to discard old procedures that had helped them in the earlier years. It can be doubted that the applicability of the research discoveries could be in the framework of the actual practice, especially when the evidence shows that it is necessary to leave the age-old practices. The thing is that this resistance should be overcome by providing a cultural change in healthcare organizations, which should create an environment of continuous learning and improvement.

2.5 Mentorship role in EBP Barriers Overcoming The Role of Mentorship in Overcoming EBP Barriers

The best solution to break the barriers presented by the EBP implementation has been the idea of mentorship programs. Studies have always indicated that mentorship is capable of improving the knowledge, skills, and confidence of healthcare professionals to practice EBP. Mentorship is the structured support, in mentorship experienced practitioners are involved in guiding and educating their less experienced colleagues. Introducing nurses to EBP savvy mentors will help healthcare organizations to spread adoption of evidence-based practice more thoroughly and equally.

Feelings of belonging to the community and interaction are also achieved by participation in mentorship programs, which is the key to successful sustainability of the EBP initiatives. Nurses and other healthcare professionals have more profound experience of their mentors as they work closely with them; that is why they learn more about the role and necessity of EBP and its incorporation in their work. Also mentorship offers a secure environment where healthcare providers can share among themselves problems, seek answers, and get feedback on their practice which further facilitates implementation of evidence-based care.

To conclude, evidence-based practice plays a prominent role in achievement of better patient outcomes and healthcare delivery quality in general. Although there has been plenty of progress in the development of EBP, there are various challenges. Mentorship programs can be identified as a sustainable way out of these problems and offer healthcare professionals all the support, training and guidance that they need to succeed and initiate a culture of learning and improvement.

3.Methods

The role of a mixed-methods, quasi-experimental study based on the implementation of the evidence-based approach (INQUA) to test the effectiveness of a structured multifaceted mentorship program to help conduct evidence-based practice (EBP) in clinical research-intensive environment setting was carried out. A mixed-methods design introduces the possibility of performing an in-depth analysis, as both quantitative and qualitative data would be used to evaluate the effectiveness of the mentorship program in relation to the nursing practice. The quantitative aspect included the pre and post intervention survey whose parameters were organizational preparedness to EBP, EBP beliefs, and job satisfaction(8). The qualitative aspect reflected focused conversations with the nursing leadership and shared governance personnel, with the aim of determining the organizational

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preparedness and obstacles to the implementation of the EBP, as well as the perceived attraction of the mentorship program. The design will give a comprehensive picture of effectiveness of the mentorship program and can enable triangulating data of the same.

3.1 Setting and participants in the study

It was performed at the National Institutes of Health (NIH) Clinical Center (234-bed research hospital in Bethesda, Maryland) that sustains Intramural Research Program (IRP) of the NIH. The Clinical Center has a reputation of a research-intensive environment, which preconditioned its role as an optimal setting to test the use of evidence-based practices implementation. The participants were the nursing staff whose roles entailed executive leadership, nurse managers, clinical nurse specialists, clinical educators, nurse researchers, and senior clinical staff of the Shared Governance Nursing Practice Council. These people were chosen due to the significant position as leaders and were supposed to assume the role of mentorship of the application of EBP in the organization. Stratified random sample of nurses who were not enrolled to the mentorship program also was selected as comparison group. This was the control group that set the baseline record with which the mentorship intervention can be measured in terms of effectiveness.

3.2 Intervention: Evidence-Based Practice Mentorship Program

The intervention in the research will be a well-organized, complex mentorship approach that would contribute to the establishment of evidence-based practice across nursing staff. The development of the given program rests on Advancing Research and Clinical Practice through Close Collaboration (ARCC) Model that gives importance to the EBP mentors experienced in both EBP and organizational change. The two-day intensive workshop in the form of a mentorship program was taken as the start of forming knowledge and skills on the matter of EBP in nurse leaders. This workshop discussed the basics of EBP such as critical appraisal of research, the execution of evidence-based guidelines as well as assessment of the influence of EBP on the care of patients. The workshop was followed by mentorship activities to consolidate the learning to make sure of the sustainable application of EBP. These were continuous consultations, the meetings of the project team and participatory lessons of the development of skills on the integration of EBP(9)

The mentorship plan was geared in such a way that it not only equipped the participants with education in the principles of EBP but also equipped them with appropriate support needed to put such practices in their clinical practice. A partnership strategy was introduced through mentors whom direct care nurses worked together with and reinforced their beliefs in EBP and capacity to use evidence when making decisions to care about patients. As part of the intensive workshops, mentors and mentees were involved in follow-up activities, which were conducted by holding routine EBP luncheons, team-based discussions, and shared learning. These exercises aimed at establishing an EBP sustainable culture in the organization, which would embrace longevity in participation and cooperation among employees.

TABLE 1 Methods

Aspect	Details
Study Design	Quasi-experimental mixed-methods design
Setting	National Institutes of Health (NIH) Clinical Center, Bethesda, MD
Participants	159 nursing staff, including nurse managers, clinical nurse specialists, clinical educators, and senior clinical staff. Stratified random sampling for comparison group.
Intervention	Structured EBP mentorship program: 2-day workshop + ongoing mentorship activities (e.g., EBP luncheons, skill-building sessions)
Data Collection Methods	- **Quantitative**: Pre- and post-intervention surveys (OCRSIEP, EBP Beliefs Scale, EBP Implementation Scale, Job Satisfaction)
	- **Qualitative**: Focused discussion groups with nursing leadership and shared governance staff
Data Analysis	Descriptive statistics, paired t-tests, Pearson's r correlations, repeated measures analysis
Ethical Considerations	Approved by NIH Intramural Office of Human Subjects Research; informed consent obtained for participation

2.3 Methods of data collection

The research gathered quantitative as well as qualitative data to determine the success of the mentorship program. The quantitative information was gathered through pre-post survey on mentorship program. Organizational culture and readiness to EBP, EBP beliefs, EBP application, job satisfaction, group cohesion and intention to leave nursing are the main outcomes measured in the surveys. All the above measures were determined based on the existing scales, such as the Organizational Culture and Readiness for System-Wide Implementation of EBP (OCRSIEP), the EBP Beliefs Scale (EBPB), and the EBP Implementation Scale (EBPI), which are the most popular scales to assessing the EBP adoption and implementation. The sample used in providing the pre-intervention survey comprised 159 respondents, 94 nurses in the group that involved mentorship program, and 65 in the comparison group. In the post-intervention survey, 99 people had participated with 58 in the mentorship group and 41 in the comparison group.

The qualitative evidence was collected by means of focused discussion groups with nursing leadership, clinical nurse specialists and the Shared Governance Nursing Practice Council members. The interviews were held to receive the answers to the question concerning readiness of the organization to the EBP, the impact that the implementation of the EBP was seen as, and the experiences of the staff members engaged in the mentorship program. EBP: Four Basics Questions(10). The participants were asked four basic questions: 1) What does EBP mean to you? 2)What is the place of EBP at NIH? 3) What has to occur to bring EBP as part of the routine into the culture? and 4) What are the obstacles to EBP at NIH? The discussion material was examined with the aim of determining the major themes and discoveries that could support the meaning of the quantitative data and allow getting a better overview of challenges and achievements of mentorship program.

2.4 Data Analysis

Analysis of the quantitative data was done using a descriptive statistics and the parametric test to compare pre and post intervention survey scores within the mentorship and the comparison group as well as across the groups. Correlation tests of Pearson were applied to check the relationships between such key variables as organizational culture, job satisfaction, and EBP implementation. Paired t-tests along with the repeated measures analysis was performed to evaluate the differences between the groups that could support the assessment of whether mentorship program has a significant influence on perceptions of EBP readiness, beliefs, and implementation of the participants. The statistical criterion was p of 0.05, and the effects size were determined to estimate the intervention intensity.

To analyze the qualitative data, its content was analyzed to detect the patterns and themes that have appeared in the structured dialogue. Responses were coded and respectively put in categories that corresponded to organizational barriers and enablers of EBP implementation. In checking the credibility of the findings, a member checking process was adopted, which involved talking to the participants about the content analysis and checking the results. The qualitative data served as a background understanding to define the meaning of quantitative data, especially when we deal with organization support and obstacles in adopting EBP and the general experience of participants of the mentorship program.

2.5 Ethical Considerations

National Institutes of Health Intramural Office of Human Subjects Research authorized the study. All participants gave an informed consent before they could participate in the study. Enrolling to participate in the discussion sessions or filling in the surveys was accepted as the consent to participate in the study. The research process did not reveal the identity of participants and was kept confidential, and all the information was kept in individual systems password-protected to guarantee confidentiality.

The study design had a number of limitation issues that can interfere with the applicability of the findings. To begin with, the research was carried out in one healthcare institution, and thus it might not be representative of the experience of nurses working in different clinical settings. Also, the mentorship group was not randomly selected, which might lead to the selection bias and thus restrict the internal validity of the research. There was also a problem with attrition between the pre- and post-intervention survey since some participants failed to participate in the follow-up survey. These aspects can restrict extrapolation of the results to the other healthcare organizations.

3.Results

3.1 Participant Demographics

It included 159 nursing staff (94 who were grouped in Evidence-Based Practice (EBP) mentorship program and 65 who were in the comparison group). Most of the participants (121 out of 159, or 90%) were females, and their

age was between 41-50 years (51 participants, or 38%). Most of the participants (96 percent) belonged to the White ethnic group, while the other ethnicities were represented in minor proportions. On the duration spent in the office they are in, 60 per cent of respondents had been in their offices longer than 3 years. Their educational levels varied as 52 percent had organised a Bachelor degree, 38 percent a Master degree and 4 percent a Doctorate degree. These attributes come as an indication of a sample of experienced nursing professionals as leaders and clinicians, as well having a wide range of nursing knowledge.

3.2 Evidence-Based Practice Readiness and Organization Culture

Organizational culture and its readiness to implement EBP were also evaluated (in this case, with the Organizational Culture and Readiness for System-Wide Implementation of EBP scale, or OCRSIEP scale) before and after the mentorship program. The findings were that there was a significant change in the culture of the organization and the EBP willingness of the participants in the mentorship program than that of the participants in the comparison group.

The mean value of the perceived organizational culture and EBP readiness within the mentorship group was the highest in comparison to the readiness of the comparison group (77.2 [18.5] versus 80.9 [17.9]). The mentorship group had a significant increase, 89.5 (13.1), after the intervention as compared against the comparison group, which is 82.9 (16.8). The change between post-test and pre-test in the mentorship and comparison groups was significant (F= 5.09, p= 0.025), and that showed that, mentorship program affected the organizational readiness to EBP in a positive way.

In general, organizational culture and EBP readiness composite scores of all study participants improved significantly, with the pretest average scores (78.7 per cent, 18.5 s.d.) being higher than posttest ones (86.9 per cent, 17.9 s.d.).

TABLE 2 Key Results of the study

Outcome Measure	Mentorship Program Group (Pre vs Post)	Comparison Group (Pre vs Post)	Statistical Significance
Organizational Culture & Readiness	77.2 (±18.5) to 89.5 (±13.1)	80.9 (±17.9) to 82.9 (±16.8)	F=5.09, p=0.025
EBP Beliefs	57.2 (±8.9) to 62.6 (±8.9)	58.0 (±9.3) to 58.2 (±7.8)	F=5.09, p=0.025
EBP Implementation	34.3 (±13.9) to 40.9 (±16.9)	29.7 (±8.9) to 32.7 (±11.9)	F=5.57, p=0.002
Job Satisfaction	29.1 (±5.5) to 29.9 (±4.4)	29.9 (±3.8) to 28.5 (±4.5)	Not statistically significant
Group Cohesion	11.5 (±2.7) to 12.1 (±1.7)	11.5 (±2.5) to 11.1 (±2.9)	Statistically significant increase
Intention to Leave	3.3 (±2.4) to 2.9 (±1.3)	3.8 (±2.6) to 4.5 (±3.0)	Statistically significant decrease
Nurse Retention Index (NRI)	31.5 (±5.2) to 32.2 (±3.6)	32.2 (±3.7) to 31.7 (±3.5)	Statistically significant increase

3.3 Beliefs of Evidence-Based Practice

To assess beliefs of the participants regarding the usefulness of EBP and the confidence to practice it, the EBP Beliefs Scale (EBPB) was applied. The mean value of the belief score in the mentorship comparison was 57.2 (abysmal range 8.9), comparative 58.0 (abysmal range 9.3). The intervention resulted in a significant difference in the EBP beliefs of the members of the mentorship group, the average post-test score being 62.6 (SD 8.9), as opposed to virtually no improvement among members of the comparison group (58.2 (SD 7.8)). The variance was large enough to draw a statistical significance (F=5.09, p=0.025).

Specifically, the mentorship program caused a stronger impact on people who started with weaker EBP beliefs and displayed a stronger increase. Scores of the EBP belief rose by 7.4 points in the mentorship group and by a meager 0.2 points in the comparison group. This indicates that the mentorship initiative was useful in transforming the attitude of the participants towards EBP and in enabling them to be more confident in incorporating EBP into clinical practices.

3.4 Evidence-based Practice Implementation

EBPI assessed the EBP behaviors and skills, and their occurrences showed by the participants in the last 8 weeks. Prior to the mentorship program, the average implementation score of the mentorship group was 34.3 (/13.9) with the comparison group scoring 29.7 (/8.9). The implementations score of mentorship group went up to 40.9 (16.9), and that of the comparison group rose to 32.7 (11.9) after the intervention. The post-test scores difference was statistically significant (F=5.57, p=0.002) so that it should be concluded that the mentorship program positively influenced the frequency of the implementation of EBP behaviors by the participants in their clinical practice.

The findings reflect that the mentorship program enabled the moving process between knowledge and believed about EBP to the implementation of EBP at the clinical level. The mentorship group participants showed more frequent use of evidence of research to make clinical decisions, made more critical evaluation and evidence application in practice.

3.5 Group Cohesion and Job Satisfaction

Price and Mueller Job Satisfaction questionnaire was used to measure job satisfaction and Group Cohesion Scale was used to measure group cohesion. The improvement, in the aspect of job satisfaction and group cohesion, was statistically significant with those who attended the mentorship program compared to the comparison group.

The last pre-mentorship mean of job satisfaction of the majorship team was 29.1 (5.5), and the other group (i.e., the comparison) was 29.9 (3.8). The post-intervention scores of mentorship group went up to 29.9 (64.4) compared with slightly reduced score of 28.5 (4.5) of the comparison group. The differences between the post-tests were not significant yet the positive change in the job satisfaction of the mentorship group points to the fact that the involvement in the program was significant in a positive way as to how nurses perceive their job satisfaction.

Group cohesion, the predictor of nurse retention showed the statistically significant increase in the mentorship group. The pretest result corresponded to mentorship group with a score of 11.5 (+-2.7), whereas the post-test was higher at 12.1 (+-1.7). The score of the comparison group was quite constant 11.5 (2.5) at the pretest and 11.1 (2.9) at the posttest. This observation underlines the significance of mentorship in building the feeling of unity and collaboration at the nursing unit level, and this could help to increase the job satisfaction and retention.

3.6 Intention to leave and retention

The intention to leave current position was also evaluated in the study by means of the Intention to Leave Scale. The mentorship group had a better intention to stick around in their present job roles than the comparison group. The intention to leave was of moderate nature as evaluated by the mentorship group as with the mean of 3.3 (standard deviation 2.4) before to the mentorship program. The mentorship group showed a drop in the post-program score to 2.9 (2.3) whereas comparison group showed an increment in the post-program score to 3.8 (2.6). This reduction in intent to leave had a positive implication on retention with a statistically significant ($p<0.05$) reduction of intent to leave between the mentorship group.

Along with that, the Nurses Retention Index (NRI) demonstrated an improvement in the retention rate among the participants of the mentorship program. The NRI of mentorship group rose by 0.5 (31.5 (\pm 5.2), to 32.2 (\pm 3.6)) whereas the comparison group fell by 0.1 (32.2 (\pm 3.7), to 31.7 (\pm 3.5)). This transformation also specifies the importance of mentorship in enhancing nurse retention and increasing job satisfaction, group integration, and the confidence in the power of evidence-based care.

Qualitative Insights

Qualitative analysis of the focused discussion groups revealed a few important themes in relation to the mentorship program influence on implementation of EBP. The study subjects stated that the mentorship program contributed to a better comprehension of the EBP practices and assisted in the creation of a more accommodating climate within the organization relating to EBP. One factor proved to be of utmost importance in maintaining the positive changes initiated by the mentorship program, which was leadership support and continued skill-building activities. Moreover, participants also stressed that it is vital to have some kind of mentor, who will be able to give some one-on-one advice and encouragement, especially coping with the issue of translating the research evidence into clinical practice.

4.Conclusion and Future work

This research shows how such an organized, multidimensional mentor program has a good influence on evidence-based practice (EBP) implementation in a clinical setting where a lot of research is conducted. The findings are highly indicative of the fact that the mentorship intervention contributed to dramatic changes in the key dependent variables that included organizational preparation to EBP, EBP beliefs, and the very performance of evidence-

based practices. The participants in the mentorship group recorded higher reimbursements in their measures of organizational culture, job satisfaction, group cohesion, and retention in comparison with the participants in the comparison group. Moreover, the program was able to make nurses more confident in implementing the evidence-based practices, which is another key aspect in ensuring more positive patient outcomes and optimal levels of quality care in general.

The success of the mentorship program emphasizes the value of a supportive environment in which healthcare professionals can be taught the knowledge of how best to blend research into clinical practice, the necessary skills, and the confidence. Namely, one-to-one advice offered by mentors, along with the continuous development of skills and leadership training turned out an effective means of reducing the resistance to the implementation of EBP. The findings are in line with that of the past studies that have emphasized the importance of mentorship in the process of adopting EBP and some difficulty that it can find in healthcare systems where the organizational culture can be a barrier to change.

The paper also indicates the wider organizational advantages of establishing mentorship programs with regard to EBP. Investing in mentorship is not only beneficial in terms of enhancing clinical practice, but also enhancing nurse satisfaction and associated cuts in turnover as noted by positive changes recorded in the levels of job satisfaction, group cohesion and retention rates of study participants, with significant cost-saving implications to the healthcare organizations involved. Implications of Findings The results indicate that mentorship programs can provide a more engaged and satisfied nursing workforce, which is essential in the environment of the current nursing shortage experienced by most healthcare systems.

Nevertheless, there are a number of limitations that can be exhibited in this study that can be overcome in future studies. The inability to randomly assign the participants to the groups and non-randomized design of the study might have resulted in biases which can alter the internal validity of the results. The research was also based on the self-report and this can be biased in the form of response bias. Moreover, only one healthcare setting was used to provide the sample, which decreases the value of the findings to other clinical settings. The future research needs to attempt to repeat these findings in a variety of health care environments and incorporate stronger sampling and randomization methods.

Besides, although this study examined the immediate results of the mentorship program, future studies are recommended to explore the long-term consequences of mentorship on long-term EBP implementation, patient outcome, and healthcare expenditure. Longitudinal researches would assist in determining whether the gains noted in this paper would be sustained or not as well as determine whether mentorship is required in the long-term to sustain EBP practices.

To sum up, the results of the present study justify the efficacy of well-organized mentorship programs in augmenting the use of evidence-based practice in healthcare as well. Mentorship programs have the potential to enhance patient care and overall quality of care and increase satisfaction of both patients and healthcare providers, through providing professionals in the healthcare sector with means and support required to move research to practice. Mentorship programs on EBP can be viewed as one of the cornerstones of such initiatives as they should be viewed as part and parcel of the quality improvement process in healthcare.

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Conflicts of interest

The authors have no conflicts of interest to declare

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