**Assessment 6: Final Capstone Project**

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**Abstract**

Nurse assistants (NAs) play a significant role in providing direct care and assisting patients with activities of daily living, including dressing, mobility, and bathing. Despite their vital role in improving care quality, NAs face multiple challenges, including ineffective communication with nurses, a sense of exclusion from mainstream healthcare processes, and bullying from other clinicians. These challenges are disproportionate to new nurse assistants who grapple with reality shock, unfamiliarity with clinical guidelines, discrepancies between theoretical knowledge and real-life processes, fear of committing errors, and other organizational stressors. While this study aimed to explore the effectiveness of preceptorship, mentorship, and clinical training in addressing challenges facing new CNA, a comprehensive analysis of the current literature revealed that the three interventions are profound in enabling new nurse assistants to understand the tenets of evidence-based care, developing resilience, and improve their knowledge, critical thinking, leadership, and awareness. To effectively capitalize on the effectiveness of preceptorship, mentorship, and training programs, it is essential to ensure appropriate lengths of the clinical training periods, deliver improved curricula, provide psychological and social support to new CNAs, create a supportive culture, and adopt interactive methods for educating and training new CNAs.

*Keywords: preceptorship, mentorship, on-the-job training, evidence-based care, reality shock, nurse assistants, clinical training, resilience, critical thinking, organizational stressors, psychological and social support*

**Introduction**

Certified nurse assistants (CNAs) are a critical part of healthcare workers (HCWs) because they claim the largest number of the nursing workforce. According to Ecker et al. (2021), CNAs comprise the largest percentage of nursing home workers (over three times the number of registered nurses. CNAs play a fundamental role in assisting residents to complete activities of daily living, including dressing, mobility, bathing, and almost all hands-on resident care (Beynon et al., 2021). Despite their ever-expanding roles and responsibilities, multiple workplace stressors obscure their contribution to quality care delivery. More essentially, new nurse assistants who grapple with unfamiliarity with clinical guidelines, reality shock, a sense of exclusion from mainstream care decisions, and discrepancies between theoretical knowledge and clinical competencies. In the geriatric care setting, new nurse assistants encounter ever-increasing demands for personalized, dignified, and efficient care. In the absence of functional and plausible strategies for addressing challenges facing new CNAs, healthcare organizations would face various challenges, including uncoordinated care, a high turnover rate, intentions to quit, patient dissatisfaction, and poor-quality care. As a result, it is essential to implement a quality improvement initiative comprising preceptorship, mentorship, and training programs to enable them to thrive in new workplaces and match ever-increasing demands for quality care. This paper elaborates on the scholarly justifications for preceptorship, mentorship, and training, implementation and evaluation plans, stakeholders, and regulations that impact the implementation of the three approaches, theoretical underpinnings, management, and leadership approaches, and the nurses' role as advocates.

**Problem Statement**

**Need Assessment**

The ever-increasing demands for quality care prompt healthcare organizations to implement interventions for safe staffing and supporting evidence-based practice. In the United States, the aging population and the subsequent prevalence of age-related healthcare issues, including chronic conditions are among the demands that require interventions for adequate staffing and quality improvement. According to Fulmer et al. (2021), people aged 65 years and older will account for 20% of the total US population by 2030. This anticipated growth in the population of older adults poses a significant concern to the current and future healthcare processes. Notably, one of the most sought-after strategies for addressing staff shortages and the need for quality care is transforming the role of certified nurse assistants (CNAs) who provide direct care to residents and build meaningful relationships with care recipients.

Although nurse assistants play a significant role in providing direct care to residents, developing close relationships with them, and assisting patients to complete activities of daily living, they face multiple challenges that compromise their ability to execute their roles and responsibilities. According to Beynon et al. (2021), CNAs often encounter occupational injuries, high risks of diseases, and residents' combative behaviors. Other challenges include ineffective communication and delegation by registered nurses. Although these challenges are prevalent in clinical settings, their effects are primarily disproportionate to new nurse assistants who grapple with unfamiliarity with clinical guidelines, reality shock, the feeling of exclusion from mainstream healthcare processes and decisions, and elements of uncivil workplace cultures, including violence and structural discrimination.

For instance, the aspect of reality shock is prevalent among transitioning healthcare professionals, including graduate nurses and nurse assistants. Alnuqaidan et al. (2021) define reality shock as "the shock-like reaction that occurs when an individual who has been reared and educated in that subculture of nursing that is promulgated by schools of nursing suddenly discovers that nursing as practiced in the world of work is not the same-it does not operate on the same principles" (p. 1). Coupled with other notable challenges, the discrepancies between theoretical knowledge and practice competencies hinder CNAs' ability to provide quality care, leading to other challenges like stress, intentions to quit, a high turnover rate, and subsequent nursing staff shortages.

Consistent with the overarching need to provide quality, timely, and convenient care to overly demanding patients, healthcare organizations should improve workplace environments for new nurse assistants and empower them to execute their responsibilities and collaborate with other healthcare professionals. Therefore, implementing preceptorship, mentorship, and training programs for new CNAs can improve their knowledge, awareness, and skills necessary for delivering quality and patient-centered care. Further, preceptorship and mentorship sessions align with the Omnibus Budget Reconciliation Act of 1987 that requires establishes the standards for CNA training, requiring them to receive a minimum of 75 hours of training within 4 months of working with patients.

**Population and Setting**

The target population for the quality improvement initiative consisting of preceptorship, mentorship, and training programs is new nurse assistants (CNAs) grappling with multiple challenges, including limited involvement in healthcare delivery processes, reality shock, unfamiliarity with organizational norms and practices, and the inability to translate theoretical knowledge to practice. Also, CNAs are susceptible to problems facing healthcare organizations, including increased workloads, burnout, workplace stressors, ever-increasing demands for quality and convenient care, resource constraints, and ineffective communication with registered nurses. Although the Omnibus Budget Reconciliation Act of 1987 requires nurse assistants to undergo a minimum of 75 hours of training within 4 months of working with patients, this policy insufficiently provides guidelines regarding the content of training and the standards of implementing these training programs (Levy-Storms & Mueller-Williams, 2022). Therefore, healthcare organizations have the autonomy to restructure training, mentorship, preceptorship, and supervision programs to improve CNAs' knowledge of clinical expectations and guidelines alongside providing the much sought-after professional, social, and psychological support to bolster their coping capacities.

The clinical setting for the quality improvement initiative is a geriatric care department where CNAs are responsible for providing direct care to residents. Beynon et al. (2021) contend that nurse assistants assist residents with activities of daily living like bathing, dressing, and mobility. Also, they provide almost all hands-on resident care under the supervision and guidance of registered nurses. In this sense, nurses can improve the role of CNAs by effectively and actively listening and responding to their concerns, showing respect, and helping with the workload. Providing care in the geriatric care setting is an ever-demanding endeavor, considering the prevalent healthcare concerns, including chronic conditions, loss of mobility, and the overarching need for dignified and individualized care. As a result, improving CNAs' knowledge, awareness, and skills through preceptorship, mentorship, and training programs is vital in bolstering their ability to provide quality care and match the ever-increasing demands in the geriatric care setting.

**Intervention Overview**

The proposed intervention encompasses three profound strategies for enabling new nurse assistants to cope and thrive amidst the ever-demanding geriatric care setting: preceptorship, mentorship, and training approaches. Preceptorship and mentorship are closely related but different in terms of time spent with learners. According to Hong & Yoon (2021), preceptorship entails on-the-job training for inexperienced healthcare professionals and nursing students to facilitate their adjustment to their new roles and to bridge the chasms between their theoretical knowledge and real-world practices. Further, the researchers define a preceptor as "an educator who gives on-the-job training to novice nurses and nursing students” (p. 1). In this sense, experienced nurses play the role of preceptors to assist novice clinicians in familiarizing themselves with clinical expectations, guidelines, and norms, and enable CNAs to effectively implement the tenets of evidence-based practice.

Equally, mentorship and ongoing training are essential approaches for enabling new nurse assistants to fully execute their roles and responsibilities. For instance, mentorship programs focus on coaching novice clinicians and provide the much-sought-after social and psychological support. Fayissa et al. (2019) contend that although preceptorship and mentorship are interchangeable, they differ in the time spent in improving the knowledge and awareness of inexperienced care providers. In this sense, mentors spend quality time guiding learners on clinical practices as well as developing meaningful relationships with them to act as the source of the most sought-after social and psychological support. In the same breath, Costeira et al. (2022) contend that coaching is highly effective in empowering and guiding nurses exposed to workplace stressors. New nurse assistants require mentorship and coaching to enable them to cope with multiple challenges in the geriatric care setting. Further, mentorship can increase opportunities for professional and personal development.

Preceptorship and mentorship programs accommodate training as a fundamental strategy for bolstering the knowledge and awareness of novice nursing students and transitioning healthcare workers. The major objectives of training new CNAs include enhancing their knowledge and awareness of evidence-based practice, improving their ability to comply with organizational guidelines and protocols, and enabling them to utilize organizational systems and technologies to improve care quality and efficiency. Therefore, training new nurse assistants should primarily focus on the technical aspect of care delivery to enable CNAs to provide direct care to older adults.

**Comparison Approaches**

Although preceptorship, mentorship, and training interventions for new CNAs are consistent with the provisions of the Omnibus Budget Reconciliation Act of 1987 that requires nurse assistants to complete 75 hours of training within 4 months of working with patients, healthcare organizations have other options to consider when improving new CNAs' knowledge and ability to thrive in ever-dynamic healthcare settings. In this sense, the viable alternative approaches for preceptorship, mentorship, and training include orientation programs and consistent supervision. Experienced nurses can introduce new nurse assistants to clinical guidelines, practices, regulations, and values during the orientation program. Equally, they can supervise new nurse assistants to ensure their compliance with organizational regulations, professional standards, and scope of operation. While orientation programs and constant supervision by experienced nurses focus on improving new CNAs' knowledge and awareness of clinical practice guidelines and institutional norms, they lack the essential aspects of psychological and social support. In this sense, experienced clinicians have limited time to provide psychological and social support to new CNAs. Therefore, it is valid to argue that preceptorship, mentorship, and training programs are more likely to impact new CNAs' knowledge and awareness of clinical guidelines compared to orientation and consistent supervision.

**Initial Outcome Draft**

The prevalence of multiple challenges facing new nurse assistants (CNAs), including discrepancies between theoretical knowledge and clinical practice, unfamiliarity with clinical guidelines, the sense of exclusion from clinical practices, and institutional issues like increased workloads, burnout, and elements of workplace incivility constrain their capacity to provide direct care, especially to older adults. Also, these challenges increase the risk of stress among new nurse assistants and contribute to intentions to quit and the subsequent nursing staff shortages. Eventually, the failure to address these challenges can deprive the organization of opportunities for quality care delivery. As a result, the desired outcomes that inspire the implementation of preceptorship, mentorship, and training programs for new nurse assistants include:

* Improved knowledge and awareness of clinical guidelines, norms, protocols, and practices
* Enhanced ability to provide patient-centered care by effectively implementing the tenets of evidence-based practice (EBP).
* Fostering job satisfaction by enabling new nurse assistants to cope and thrive amidst the ever-demanding geriatric care setting.
* Creating opportunities for personal and professional development by providing psychological and social support through preceptorship, mentorship, and training.
* Preventing intentions to quit, a high turnover rate, and the subsequent shortages of nurse assistants in the geriatric care setting.

**Time Estimate**

The estimated time for initiating, implementing, and evaluating the proposed interventions is 8 to 12 months. The stipulated time is inclusive of all phases of the project lifecycle, including idea conceptualization, planning, implementation, and evaluation. The first 1-2 months of will accommodate interventions for initiating, communicating change, and addressing various restraining factors for change, including challenging the status quo and improving stakeholders' engagement in the process. Further, activities like developing partnerships and coalitions, proper budgeting, and setting strategic goals will take place within the first two months. The implementation phase will account for about 6-7 months to accommodate a wide range of activities and processes, including allocating responsibilities to stakeholders, frequent monitoring, enacting interventions consistent with organizational resources, and formative assessments to identify unanticipated issues, including baseline variations. Finally, summative assessments and data analysis will take place in the final month of the project's timeline to inform decisions for sustaining, updating, or concluding the project.

**Literature Review**

The current scholarly literature supports the plausibility of improving new CNAs' knowledge, awareness, and competencies through preceptorship, mentorship, and training programs. According to Hong & Yoon (2021), many healthcare organizations use preceptorship systems to facilitate new clinicians' adjustment to their new roles and address the chasms between their learning and real-world practices. Further, the researchers define a preceptor as "an educator who gives on-the-job training to novice nurses and nursing students" (p. 1). Preceptorship programs enable new clinicians to understand the tenets of evidence-based practice and familiarize themselves with clinical guidelines, processes, and procedures. Larsen et al. (2019) contend that healthcare can be ineffective, inefficient, and dangerous when clinicians fail to incorporate the current best evidence. Unfortunately, new nurse assistants lack knowledge and awareness of steps for incorporating internal and external evidence into care practices and clinical practices. As a result, it is vital to improving their knowledge, awareness, and skills through preceptorship policies.

Equally, the current literature justifies the implementation of mentorship programs as a profound strategy for addressing challenges facing new nurse assistants in different clinical settings. In a scholarly study aimed at discussing the impacts and challenges of incorporating coaching strategies into palliative care nursing, Costeira et al. (2022) contend that nursing managers should implement strategies for helping employees develop resilience and facilitate skills necessary for preventing burnout, turnover, job dissatisfaction, and mental illnesses among health professionals. Further, the researchers perceive coaching (mentorship) as an evolving professional skill that enables nurses to cope amidst exposure to workplace stressors. Costeira et al. (2022) present four domains of coaching healthcare professionals, including peer coaching, health coaching, interprofessional coaching, and succession planning. These dimensions play a significant role in improving job satisfaction by providing opportunities for personal and professional development, promoting teamwork, and enhancing new clinicians' knowledge, decision-making competencies, and critical thinking.

Preceptorship and mentorship programs for new CNAs narrow down to the concept of on-the-job training that emphasizes the development of technical skills, knowledge, and awareness of care processes, organizational guidelines, and clinical procedures. In a quasi-experimental longitudinal study aimed at investigating the effectiveness of a standard clinical training program for new graduate nurses in Vietnam, Horri et al. (2021) reveal that new graduate nurses encounter professional dilemmas and psychological conflicts emanating from discrepancies between theory-based education. Also, they face the problem of a reality shock that significantly compromise their ability to provide quality care. Ko & Kim (2022) define transition shock as the "feeling of anxiety, instability, and insufficiency experienced in the roles, responsibilities, relationships, knowledge, and expectations when moving to a new environment" (p. 1). The transition shock contributes to disappointment at the diminished presence, low self-esteem, worries about the future, intentions to quit, and difficulties in coping with real situations.

Based on the need to address the challenges facing new CNAs in the geriatric care setting, a standard training program should focus on bridging the chasms between nursing theories and practices (Horri et al., 2022). Notably, training programs for new clinicians contribute to increased and diversified competencies, including clinical skills, decision-making abilities, critical thinking, and leadership (p. 2). However, the effectiveness of these programs is dependent on improved curricula, capacities of the preceptors, trainers, and mentors, appropriate length of the clinical training periods, and the supportive cultures of workplaces.

**Intervention Plan**

**Intervention Plan Components**

The proposed intervention plan focuses on improving new CNAs' knowledge, and awareness, and enabling them to effectively execute their roles and responsibilities by addressing challenges like reality shock and the discrepancies between their theoretical knowledge and clinical competencies. As a result, the intervention plan consists of three primary strategies for quality improvement: preceptorship, mentorship, and ongoing training. These approaches are justifiable by considering the learning needs of new nurse assistants. Gion & Abitz (2019) contend that nurse assistants account for the largest group of the nursing workforce. In this sense, they claim about 66% of the healthcare professionals. Equally, they play a significant role in improving care for older adults by providing direct care and supporting activities of daily living, including bathing and mobility.

Although certified nurse assistants (CNAs) play a significant role in the geriatric care setting, they face unfavorable workplace conditions, including poor staff-to-resident ratios, ineffective communication with nurses, a lack of appropriate skill mix, and the perception of undervaluation by experienced nurses. More essentially, these factors and their subsequent effects are disproportionate to newly employed nurse assistants who are unfamiliar with clinical processes, have fear of committing mistakes, and limited understanding of workplace regulations, behaviors, norms, and strategic goals. The determination to improve new nurses' knowledge and awareness of organizational expectations and guidelines represent the learning needs of these novice clinicians. As a result, preceptorship, mentorship, and training programs emerge as the most sought-after strategies for enabling them to provide evidence-based care and effectively translate knowledge to practice.

Equally, the target population possesses cultural needs and unique characteristics that necessitate the implementation of preceptorship, mentorship, and training programs. The most prevalent issues among new nurse assistants are reality shock, emotional distress, and the subsequent need for psychological and social support. According to Zhang et al. (2019), reality shock manifests through the discrepancies between theoretical knowledge and clinical practice, where new clinicians feel deficient in the necessary skills, knowledge, and competencies required to effectively fit in new workplaces. The consequences of unattended reality shock include stress, job dissatisfaction, the fear to commit mistakes, the perception of exclusion from organizational activities, and intentions to quit. Notably, the prevalence of these characteristics and issues warrants the implementation of preceptorship, mentorship, and training programs. In this sense, experienced nurses are responsible for guiding new nurse assistants, educating and mentoring them, and providing consistent psychological and social support to address issues like stress, depression, and fear of committing errors.

**Theoretical Foundations**

The proposed intervention plan relies massively upon various theories that support change management and knowledge acquisition, skill development, and learning activities by novice clinicians. Firstly, Patricia Benner's novice to expert theory provides a comprehensive and sequential framework and steps for knowledge acquisition and skill development by new inexperienced clinicians. According to Nyikuri et al. (2020), Benner's theory of knowledge acquisition demonstrates that apart from education, clinical experience is the major determinant of informed decisions and practices. In this sense, inexperienced clinicians develop their experiences and knowledge through exposure to different patient conditions and clinical scenarios that prompt informed decisions and problem-solving competencies.

Besides developing nurses' knowledge and competencies, exposure to different patient and clinical scenarios improves nurses' technical skills and critical thinking. According to Nyikuri et al. (2019), Benner defines experience as "both time in practice and self-reflection that allows preconceived notions and expectations to be confirmed, refined, or disconfirmed in real circumstances" (p. 712). To expound on knowledge gaps consistent with differences in nurses' experience, Benner identifies a five-stage process of moving from novice to expert. These stages are a novice, advanced beginner, competent, proficient, and expert. Nyikuri et al. (2020) argue that novice clinicians have no experience with situations, use textbook rules, and have no contextual meaning to apply in different patient and clinical situations. Secondly, advanced beginners can provide marginally acceptable performance, and perform tasks as described, but cannot apply critical thinking or prioritize informed decisions. Thirdly, competent clinicians can exercise deliberate conscious planning, make long-term plans, and demonstrate efficiency and organization (Nyikuri et al., 2020, p. 713). Fourthly, proficient healthcare professionals can see beyond the moment, considering patients' values, needs, and care demands. Finally, experts have an intuitive grasp of organizational policies, clinical practices, and rules to the extent that they do not need to refer to documented guidelines.

Based on Benner's novice to expert theory it is possible to perceive new nurse assistants as novice clinicians who rely on textbook rules and have no contextual meaning to apply in different clinical situations. In this sense, there is an overarching need to support them to navigate all the other knowledge acquisition stages. Apart from exposing them to the different patient and clinical situations, it is essential to train and educate them about clinical guidelines, systems, expectations, and norms. As a result, implementing preceptorship, mentorship, and training programs for new nurse assistants can effectively enhance their knowledge, coping capacity, and competencies necessary for ascending to the expert level. Consequently, Benner's novice to expert theory establishes the rationale for implementing the proposed intervention plan.

Although Benner's knowledge acquisition theory supports the major components of the proposed intervention plan, it is essential to obtain insights from change management theory to effectively mainstream and anchor these components in the organizational culture. The change theory that is consistent with this intervention plan is Kotter's eight-step change management framework. According to Carman et al. (2019), Kotter's eight-step change management model narrows down to three tenets: creating a climate of change, engaging and enabling the whole organization, and implementing and sustaining change. This theory supports interventions to create a sense of urgency, creating coalitions through stakeholder involvement, communicating the change vision, and anchoring new approaches in the workplace culture. It is vital to note that the implementation of the proposed intervention plan may face challenges that lead to baseline variations, including the need to challenge the status quo, resource constraints, and competing needs. As a result, applying Kotter's eight-step change management theory would enable the organization to effectively initiate, implement, evaluate, and sustain change.

**Stakeholders, Policy, and Regulations**

Consistent with Kotter's change management theory, building coalitions and partnerships through stakeholder involvement is a prerequisite for effective implementation and sustenance of the proposed change interventions. Magwood et al. (2022) define stakeholders are "any individual or group who is responsible for or affected by health and health-related decisions that can be informed by research evidence" (p. 3). In the same breath, Maurer et al. (2022) argue that stakeholder engagement and involvement promote inclusion and partnerships necessary for initiating, implementing, and sustaining evidence-based practice. In the context of implementing preceptorship, mentorship, and training programs for new nurse assistants, it is vital to involve internal stakeholders, including experienced nurses, nurse assistants, organizational leaders, and physicians. Stakeholder involvement and interprofessional collaboration will facilitate the creation of a sense of urgency, allocation of adequate resources, timely communication, frequent monitoring and evaluation, and enhanced ability to implement and sustain the proposed interventions.

Similarly, the proposed intervention plan is consistent with the current policies and regulations that regulate and influence the scope of practice for nurse assistants. A policy that inspires the plan is the Omnibus Budget Reconciliation Act of 1987 which requires nurse assistants (CNAs) to complete at least 75 initial training hours before qualifying for certification. Although this policy prompts healthcare organizations and experienced clinicians to train new nurse assistants and embrace interventions that foster knowledge acquisition. Although the Omnibus Budget Reconciliation Act of 1987 requires nurse assistants to undergo at least 75 hours of training within 4 months of working with patients, it does not provide the guideline for education and training content (Levy-Storms & Mueller-Williams, 2022). As a result, testing the effectiveness of preceptorship, mentorship, and training programs in facilitating knowledge acquisition for new nurse assistants can provide the organization with opportunities for more sustainable measures for eliminating challenges facing CNAs, including the discrepancies between theoretical knowledge and clinical practice.

**Ethical and Legal Implications**

Clinicians are responsible for benefiting patients, averting harm, ensuring justice and fairness, and respecting clients' values, needs, and preferences. Varkey (2021) contends that these ethical and legal obligations align with the four bioethical principles: beneficence, non-maleficence, autonomy, and justice. Notably, healthcare professionals should operate in conducive environments to comprehend and apply these ethical principles. According to Hoskins et al. (2018), new clinicians should exhibit the capacity to navigate complex relationships with patients, families, physicians, nurses, and other healthcare professionals. The failure to uphold ethical principles results in ethical dilemmas, conflicts, and adverse professional and legal implications, including licensure revocation, lawsuits, patient dissatisfaction, and suspension.

New nurse assistants are unaware of the ethical standards, expectations, and potential adverse implications of failing to comply with the four bioethical principles. Equally, they face workplace stressors, including the inability to translate theoretical knowledge to practice, bullying by experienced nurses, workloads, time pressure, reality shock, and exclusion from mainstream healthcare activities. As a result, preceptorship and mentorship programs can improve their knowledge and awareness of ethical and professional obligations as well as enhance their ability to make informed decisions to avoid, prevent, and solve ethical dilemmas. Equally, ongoing training can equip new CNAs with the necessary competencies for understanding external and internal health policies, potential legal implications of violating ethical standards, and mechanisms of providing dignified, patient-centered, and evidence-based care to older adults.

**Implementation Plan**

**Management and Leadership**

Management and leadership styles determine how change agents challenge the status quo, influence others to adopt change, and spearhead the sustenance of change interventions. Cakir & Adiguzel (2020) define leadership as "the process of facilitating individual and collective efforts to understand and influence people to realize what is to be done and how and to realize the shared objectives" (p. 2). In this sense, leadership entails the competency to motivate, enhance confidence, and support interprofessional teams that pursue a collective course of action to achieve organizational goals (Jaroliya & Gyanchandani, 2021). Although implementing preceptorship, mentorship, and training programs for new nurse assistants in geriatric care represents elements of positive change, the implementation team should address resistance to change by incorporating effective management and leadership styles, including obtaining employees buy-in, promoting consensus decision-making, encouraging creativity, and leveraging feedback to improve change interventions. Further, it is essential to incorporate managerial skills like proper planning, budgeting, adequate resource allocations, frequent monitoring, and need assessments to foster successful implementation and sustenance of new approaches for quality improvement and knowledge acquisition.

A leadership style that can enhance change management is transformational leadership and its four profound principles: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration. According to Steinmann et al (2018), transformational leaders can motivate and transform followers by encouraging them to transcend self-interests in favor of institutional objectives, articulating an inspiring vision, and improving their awareness of designated goals. This leadership style encourages stakeholder involvement, interdisciplinary collaboration, and openness in sharing information, and bolsters the intrinsic motivation necessary for implementing change.

**Delivery and Technology**

When precepting, mentoring and training new CNAs, it is crucial to adopt advanced practices and procedures for facilitating the project's deliverables. In this sense, incorporating technology in training, educating, and mentoring CNAs can improve process efficiency, enhance knowledge acquisition, and increase the chances of positive outcomes. According to Horntvedt et al. (2018), healthcare educators can utilize interactive methods to educate novice clinicians about evidence-based practice. Examples of these interactive approaches include lectures, small group work, journal clubs, clinical nurse presentations, workshops, and problem-based learning. Although these interventions can improve knowledge acquisition and content retention, it is equally essential to incorporate various technological modalities to facilitate organizational learning. Examples of advanced technologies that can improve CNAs' learning experience and improve knowledge acquisition include videoconferencing, simulations, avatars, video calls, and immersive technology to train new nurse assistants on clinical processes, nursing practices, and roles and regulations.

**Stakeholders, Policy, and Regulations**

Stakeholders responsible for implementing the proposed intervention plan include experienced nurses, physicians, nurse leaders, and new nurse assistants. Interprofessional collaboration and stakeholder involvement in all phases of the project's lifecycle will improve team performance, promote the consolidation of skills, knowledge, and competencies, and improve outcomes. Equally, the project aligns with the current healthcare policies and regulations that necessitate the implementation of preceptorship, mentorship, and training programs for new nurse assistants. An example of these policies is the Omnibus Budget Reconciliation Act of 1987 which requires nurse assistants to complete at least 75 hours of training within 4 months of working with patients. Also, the project plan is consistent with the need to improve new NCAs' knowledge and awareness of the ethical underpinnings of geriatric care, including the overarching responsibility to provide dignified, patient-centered, and evidence-based care.

**Timeline**

The proposed timeline for project implementation is 6-7 months. During the implementation phase, various activities will take place, including assessing the project plan, executing the project plan consistent with resource allocations, making the change to the plan after conducting formative assessments, gathering feedback from new nurse assistants participating in a preceptorship, mentorship, and training programs, analyzing findings, and providing final reports various dissemination methods, including reports, presentations, and policy briefs. The primary objective of the implementation phase is to actualize the project plan and translate it into reality.

**Evaluation Plan**

**Defining the Goals/Outcomes of the Intervention Plan**

The goals of the proposed intervention plan include improving new CNAs' knowledge and awareness of clinical practices and processes and addressing reality shock and unfamiliarity with clinical regulations and guidelines. Also, the project aims to facilitate the implementation of evidence-based practice consistent with ever-increasing demands for quality care in the geriatric care setting. The desired outcomes of the intervention plan include:

* Enhancing CNAs' knowledge and awareness of their responsibilities, roles, professional and ethical standards, and the tenets of evidence-based practice.
* Eliminate stress exacerbated by reality shock and the discrepancies between theoretical knowledge and clinical practice.
* Provide new CNAs with much-sought-after psychological, social, and emotional support
* Improve their decision-making competencies and foster transition from students to healthcare professionals.

**Elements of the Evaluation Plan**

The project evaluation process is a multi-dimensional concept that enables the implementation team to establish the project's transparency and accountability. According to Haass & Guzman (2020), the evaluation process allows organizations to learn and share lessons, and construct knowledge and expertise from these lessons to improve policies and practices. Also, project evaluation provides a solid foundation for examining assumptions and constraints (Haass & Guzman, 2020). Finally, evaluating projects unearths the consistency between strategic goals and project implementation.

The evaluation plan for the proposed intervention plan entails two broad categories of assessments: formative and summative. Formative assessments involve the regular monitoring and review of project processes and progress (Elwy et al., 2020). The focus of formative evaluations is to intercept any unanticipated variations and issues that compromise the project's outcomes. The evaluation team will conduct formative evaluations on monthly basis by leveraging feedback, insights from participants, and data regarding resource utilization. On the other hand, summative assessments will occur during the final month of the project's lifecycle to unearth the project's outcomes and overall impacts on the strategic objectives.

The evaluation team will rely massively upon Kirkpatrick's evaluation model to conduct formative and summative assessments. This framework consists of four aspects: learners' response, learning outcomes, change in behavior and improvement, and results of the quality improvement intervention (Heydari et al., 2019). By utilizing Kirkpatrick's evaluation model, it will be possible to explore new CNAs' opinions and feedback regarding the effectiveness of preceptorship, mentorship, and training programs in improving their knowledge and fostering their transitions. Also, this framework will enable evaluators to identify discrepancies between strategic objectives and the project's outcomes.

**Discussion**

**Advocacy**

Undoubtedly, implementing the proposed intervention plan relies massively upon approaches for driving change and challenging the organizational status quo. According to Carman et al. (2019), effective change management requires proper planning and measures to initiate, implement, evaluate, and sustain change. In the context of implementing preceptorship, mentorship, and training programs for nurse assistants, nurses can effectively play the advocacy role as change agents. According to McGonigle & Mastrian (2018), nurses are "knowledge workers" because they are innovators, have a degree of autonomy, and advanced education, and understand the intricacies of patient safety and the ever-increasing demands for quality care. Equally, nurses understand clinical guidelines, regulations, and the tenets of evidence-based practice. As a result, they can effectively oversee the implementation of quality improvement initiatives, including educating nurse assistants, mentoring them, and improving their transitions.

The advocacy role of nurses places them at the forefront in the implementation of quality improvement initiatives that target patients and healthcare professionals. Abbasinia et al. (2020) argue that advocacy entails various aspects, including client empowerment, protection, valuing and respecting, care continuity, follow-up, empathy, and whistle-blowing. When implementing the proposed intervention plan, nurses can advocate for new nurse assistants by influencing policies that focus on improving their transitions and knowledge acquisition, educating new CNAs on organizational processes, regulations, and practices, and providing much sought-after psychological and social support.

**Future Steps**

Change sustenance entails anchoring new approaches in the organizational culture. However, it is essential to sustain the most refined recommendations and interventions for quality improvement initiatives to ensure long-term change. Although preceptorship, mentorship, and training programs are justified interventions for improving the knowledge, skills, and competencies of new nurse assistants, it is possible to enhance the effectiveness of these interventions by implementing advanced strategies for promoting organizational learning. For instance, incorporating advanced technologies like simulations, videoconferencing, clinical decision support systems, and avatars can transform how new CNAs acquire knowledge of evidence-based practice. Also, providing supplemental resources like written clinical guidelines, functional computer systems, and access to the Internet can improve learning competencies for new nurse assistants.

**Reflection on Leading Change and Improvement**

The proposed intervention plan has enhanced my knowledge and awareness of the necessary steps of initiating, planning, implementing, evaluating, and sustaining change. The initial step of developing the plan involved selecting the ideal topic consistent with organizational needs. The process of selecting the most profound organizational issues improved my awareness of need assessment approaches, including root cause analysis. Secondly, the project required me to integrate knowledge and insights from current scholarly literature. The ability to leverage information and recommendations from external evidence sources is a fundamental aspect of evidence-based change. Thirdly, the proposed intervention plan required me to develop plans for implementation and evaluation. Therefore, it provided opportunities for familiarizing myself with change management and evaluation models.

The knowledge acquired across various steps of this project is transferable to the personal practice of driving quality improvement initiatives in other organizational contexts. It is essential to note that change agents must demonstrate the ability to identify and analyze organizational issues, select the most viable quality improvement strategies, develop plans for implementation and evaluation, and leverage scientific knowledge to inform change interventions. Undoubtedly, this quality improvement project has transformed my knowledge regarding these processes.

**Conclusion**

Nurse assistants are responsible for providing direct care and assisting patients with activities of daily living. Also, they account for the largest group of healthcare workers. Despite their role in providing quality care, they face multiple challenges that compromise their ability to effectively execute roles and responsibilities. More sensitivity, new nurse assistants are disproportionately vulnerable to various issues, including discrepancies between theoretical knowledge and clinical practice, bullying, stress, burnout, increased workloads, exclusion from clinical practices, and the perception of deficient skills and knowledge. Therefore, implementing preceptorship, mentorship, and training programs can effectively enable new CNAs to navigate these problems and provide quality care. This paper elaborates on the scholarly justifications for preceptorship, mentorship, and training, implementation and evaluation plans, stakeholders, and regulations that impact the implementation of the three approaches, theoretical underpinnings, management, and leadership approaches, and the nurses' role as advocates.

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