

Mentoring Program

Susan Taylor, MA, RN



Home of the Indiana Action Coalition

Objectives

- Identify the phases of acclimation for a new graduate nurse
- List reasons mentoring may help in retention of new graduate nurses
- Discuss the development of a nurse mentor program

The greatest good you can do for another is not just to share your riches but to reveal to him his own.

- Benjamin Disraeli

Background for mentoring programs

- Transition-to-practice programs (residencies) are emerging across the country
 - They work to strengthen new graduate nurses' acclimation to their units
 - Strong national support for standardization
 - Research links new nurses to patient safety issues and outcomes
- (NCSBN, 2011)

What is a mentor?

- Defined as a trusted counselor, an experienced and trusted advisor, a guide, a wise teacher, a role model

What is a mentee?

- Someone who is counseled, guided and advised
- Seeks personal and professional development and growth through the assistance of an experienced and knowledgeable professional

Mentoring program goal

To **increase job satisfaction** and **retention** while contributing to the **personal and professional development** of new nurses through **relationships** that provide **nurturing and support**

Objectives for a mentoring program

- Establishment of a loosely structured and caring arrangement for sharing between two nurse colleagues
- Guide and counsel new nurses in their professional and interpersonal growth as they transition to the role of professional nurse
- Promote work behaviors that encourage growth and professionalism
- Communicate information concerning expectations, learning, stressors and patient safety
- Assist in the assimilation of new nurses into their new working environment

Why offer a mentoring program?

- Facilitates the transition into practice the first year of nursing
- Improves retention of new nurses
- Provides support for nursing morale, communications and collegiality
- Builds a sense of professionalism, positive attitude
- Puts theory into practice
- Prevents new nurse isolation
- Builds self-reflection for both the new nurse and the mentor
- Improves skills, performance, confidence and comfort level for beginning nurses
- Promotes quality, patient–centered care and safety

New graduate nurse stress

- Linked to patient care errors (NCSBN, 2007)
- Highest during the first 3-6 month period of practice
- Residency programs help to decrease stress with the addition of a mentor

Major events in the first year of practice

- First code or death
- Physician to nurse communication
- Patient care situations that are confusing
- Communication events where responsibilities are unclear
- Patient safety events or near miss events
- Ethical dilemmas
- Assisting families in crisis

Transition-to-practice & mentoring: return on investment

Studies report significant ROI related to implementation of transition-to-practice programs

- Methodist Hospital in Houston reported a 13% turnover decrease and over \$1 million savings

(Pine and Tart, 2007)

- Children's Memorial Hospital, Chicago, reported a 17% turnover decrease and improved nurse recruitment

(Halfer, 2007)

The financial aspect

- It is estimated that 27% to 61% of new nurses leave jobs at 1 year or less
- Up to 57% of new nurses leave at 2 years
- Research indicates an improvement in new nurse retention rates for nurses participating in transition-to-practice programs
- New nurses participating in a nurse residency program had retention rates of 86-90% after one year of hire

(Setter, Walker, Connelly & Peterman, 2011)

The financial aspect

- The estimated cost of replacing a nurse is about 1.2 to 1.3 times the nurse's salary (Kovner et al., 2009)
- Costs associated with replacing a nurse include
 - Advertising and recruitment
 - Vacancy costs (overtime, diversion, etc.)
 - Interviews & hiring decision time
 - Orientation and training
 - New employee decreased productivity

Mentor qualifications

- Minimum one year of clinical experience
- Communicates in a clear manner while being a good listener
- Understands the scope of nursing practice
- Able to commit to program and mentee
- Displays a positive attitude and is a positive role model for nursing
- Provides moral support and guidance
- Agrees to evaluate the program

What mentors can do

- Coach
- Facilitate learning
- Encourage
- Frame the questions
- Ease work transitions
- Support

PRECEPTOR

- An assigned teacher whose goal is to teach the new nurse unit policies and procedures, and to assure competent skills/task practice
- Assists with socialization into the unit
- Typically a skilled clinician
- At least 1 year experience on the nursing unit
- Approved to precept by manager

VS

MENTOR

- Advisor
- Counselor
- Guide/networker
- Confidante
- Confidence builder
- Encourager
- Professional role model
- Sponsor
- Resource Facilitator
- Typically experienced professional

Phases of acclimation for the new graduate nurse

Phase 1- orientation

General hospital orientation

- Not a formal part of a transition-to-practice residency program or mentor program
- Exposure to policy and procedures, basic nursing competencies and role expectations

Phase 2- transition

- Begin transition-to-practice classes or other specialty classes for nursing unit
- Complete unit-based competencies under the supervision of the preceptor
- Begin socialization into the unit

Phase 2- transition

Guided by five concepts

- Communication and teamwork
- Patient-centered care
- Evidence-based practice
- Quality improvement
- Informatics

Phase 3- integration

- Mentoring is the final step of the transition-to-practice and is part of the integration phase
- Two main categories of mentoring support
 - Psycho-social
 - Career

Mentoring support

Psycho-social

- Professional role behaviors
- Counseling
- Friendship
- Acceptance

Career

- Sponsorship
- Coaching
- Protection
- Support educational experiences

Planning and establishing a program

- Identification of potential mentors
- Provide information on mentor program with criteria to qualify, etc.
- Those interested apply. Set deadline for application
- Resource educators select mentors with input from managers/directors and the mentees
- Mentors and mentees sign an agreement to communicate with each other weekly or at minimum bimonthly during the next 12 months
- Mentees are new graduate nurses or a nurse transferring to a new specialty

How the mentor and mentee are matched

- Interests
- Education degree or past educational experiences
- Mentor requests a specific mentee
- A mentee may also request a specific mentor
- Mentors and mentees will not come from the same unit (the caveat to this was if there was a specific request from a mentor)

Formal mentor/mentee relationship

- The mentor/mentee will have a face-to-face meeting at least once
- Weekly or bimonthly communication is an expectation but this can be electronic or phone communication
- Impromptu meetings can also be made upon the agreement of both the mentor/mentee
- The formal relationship will end upon the mentee's one year anniversary
- Both mentor and mentee complete program evaluations

Education and support for mentors

- Develop an educational offering that
 - Describes what the mentor role is and is not
 - Offers tools to help a mentor start conversations and set goals with a mentee
- Support mentors and answer questions at start of program
- Provide support through e-mail at the time of match-up to encourage the mentors during the sometimes awkward relationship development phase

Evaluations

- Survey mentor and mentee satisfaction through e-mail, paper or online tools
- Open house receptions for the mentors and the mentees as a thank-you for participating in the program

Lessons learned

- Initial presentation to the new graduates needs to be formal
- Do not make the program mandatory for all new graduates
- Need a formal evaluation plan for the mentor and mentee to complete at the end of their formal time period together
- Keep the mentors and mentees on the same campus, even if not in the same unit, if possible
- Offer more structured ideas for starting a mentoring relationship for those who may have difficulty
- Gather more feedback from mentees

References

- American Association of Colleges of Nursing and University Health System Consortium (AACN/UHC). (2009). Retrieved from:
<http://www.aacn.nche.edu/education-resources/nurse-residency-program>
- Beecroft, P. C., Santner, S., Lacy, M. L., Kunzman, L., & Dorey, F. (2006). New graduate nurses' perceptions of mentoring: six-year programme evaluation. *Journal of Advanced Nursing* 55(6), 736-747.
- Community Health Network. (2014, August 27). The value of mentoring for a new graduate nurse. Retrieved from:
<https://www.youtube.com/watch?v=fD-sGXNVKkg>
- Halfer, D., Graf, E., and Sullivan, C. (2008). The organizational impact of a new graduate pediatric nurse mentoring program. *Nursing Economics*, 6(4), 243-249.

References

- Indiana State Nurses Association (ISNA). (2011) Independent study: Visioning the future of nursing: Analysis of the IOM/RWJ Foundation report. (ISNA Bulletin, August, September, October). Indianapolis: ISNA
- Kovner, C.T., Brewer, C.S., Greene, W., & Fairchild, S. (2009). Understanding new registered nurses' intent to stay at their jobs. *Nursing Economics*, 27(2), 81-89.
- National Council of State Boards of Nursing. Transition to practice: Promoting public safety. Retrieved from:
https://www.ncsbn.org/2013_TransitiontoPractice_Modules.pdf
- Pine, R., Tart, K., (2007). Return on investment: benefits and challenges of baccalaureate nurse residency program. *Nursing Economics*. 2007 Jan-Feb; 25(1):13-8, 39.
- Setter, R., Walker, M., Connelly, L. M., & Peterman, T. (2011). Nurse residency graduates' commitment to their first positions. *Journal for Nurses in Staff Development* 27(2), 58-64.