Mentoring Program

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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

### 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


