

The Value of Mentorship Within Nursing Organizations

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PROBLEM. *Hospitals are facing nurse retention challenges in the new millennium. Nurses are abandoning the bedside because of job dissatisfaction. Mentorship programs should be developed to enhance nursing satisfaction and thus improve retention and ultimately patient outcomes.*

FINDINGS. *Mentorship training in hospitals and the support of formal mentorship programs for new nurses are ways in which hospitals can meet this challenge.*

CONCLUSIONS. *This paper offers an overview of recent research on the value mentoring has for participants and healthcare organizations. The components of successful mentorship programs are discussed, and guidelines for implementation are recommended.*

Search terms: *Mentorship, nursing retention, nursing shortage, preceptorship*

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Introduction

The shortage of nurses is projected to increase over the next 20 years (U.S. Department of Health and Human Services, 2002). Based on anticipated population reports, the national nursing deficit is expected to be 29% or one million nurses by 2020 (U.S. Department of Health and Human Services, 2002). The industry is in marked need of trained, qualified bedside nurses. Between 1992 and 2000, there was a 28% increase in the number of registered nurses (RNs) who chose non-nursing jobs because of dissatisfaction with the nursing role (Spratley et al., 2002). Mentorship initiatives, especially in hospital settings, are being introduced and fostered to attract nurses to healthcare systems with the primary goals of nursing retention and support.

Historically, the concept of mentorship originates from Greek mythology, particularly Homer's *Odyssey*. During the Middle Ages, mentorship was practiced via apprenticeships. Nursing mentorship is defined as a relationship between two nurses "formed on the basis of mutual respect and compatible personalities with the common goal of guiding the nurse towards personal and professional growth" (Hale, 2004, p. 11).

Mentorship incorporates support, guidance, socialization, well-being, empowerment, education, and career progression (Carroll, 2004; Greene & Puetzer, 2002; Wojick, Vitello, Freedman, Everett, & Hagenmueller, 2005). Stated simply, mentoring creates a supportive environment in which nurses want to come to work.

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Nursing theorist Patricia Benner proposed the "novice to expert" theory, which asserts that professional growth occurs in distinct stages and relies on constructive, nurturing relationships akin to mentoring (Benner, 1984). Distinguished nursing organizations also embrace the value of mentorship. Sigma Theta Tau and the Oncology Nursing Society utilize unique mentoring programs that advocate for an environment supportive of nurses where professional and personal growth is fostered.

Statement of the Problem

Literature indicates a positive correlation between nurse mentorship programs and nurse retention rates (Bowles & Candela, 2005; Hurst & Koplin-Baucum, 2003; Scott, 2005). Increased retention is associated with adequate staffing, which directly affects patient safety issues such as medical errors, mortality, and average length of stay (Aiken et al., 2002). In addition, increased retention rates inversely affect hospital expenditures by eliminating the costs associated with hiring and training processes (Almada et al., 2004; Hensinger et al., 2005; Hurst & Koplin-Baucum). However, mentorship is commonly not regarded as an

integral component of nursing organizations (Stewart & Krueger, 1996). In summary, if mentoring in nursing affects nurse retention and nurse retention influences issues such as patient satisfaction and a positive financial bottom line, then mentorship should be recognized as vital to healthcare organizations.

The purpose of this article is to review the impact nurse mentorship programs have on nurse retention and healthcare organizations. Essential components of mentorship programs will be identified and tools for suggested implementation highlighted.

Background and Significance

The nursing profession has experienced shortages in the past. However, the current shortage is due to reasons vastly different than in previous years. The 1980s nursing shortage was primarily caused by a lack of nurses to fill available positions; this was readily resolved through increased enrollment into nursing schools and subsequent graduations. In contrast, the present nursing shortage is a result of nurses leaving the bedside in order to assume other roles within nursing. This has resulted in a critical shortage of bedside nurses. In a study by Budd et al. (2004), 21% of 700 surveyed nurses state that they are planning on leaving "direct patient care within 5 years for reasons other than retirement" (p. 2). Aiken et al. (2002) found that one in every three nurses under the age of 30 intend to leave their job within 1 year. In the same study, Aiken found that the three top reasons for this flight from the bedside include poor interdisciplinary communications, stress, and lack of autonomy. Letvak (2002) stated that 50% of nurses who intend to leave the profession cite reasons such as burnout, frustration, workload, and lack of respect or support (as cited in Wojick et al., 2005). Lynn and Redman (2005) published that two of the top five reasons nurses cite for leaving an organization are lack of satisfaction with colleagues and lack of administrative support. The national RN turnover in 2003 was 14.6%, with "turnover costs up to two times a nurse's salary" (Wojick et al.). The cost of

replacing one RN ranges from \$30,000 to \$145,000, depending on geographic location and specialty area (Wojick et al.). Unless addressed, this cycle will perpetuate, creating nursing shortages and depleting hospitals' fiduciary resources. Formalized mentoring programs could combat these issues.

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Data demonstrate that patient morbidity and mortality are directly related to a nurse's patient load. Aiken et al. (2002) determined that for every additional surgical patient assigned to a hospital RN, the risk of mortality increased by 7%. The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) reports, "inadequate orientation and training of nurses is a factor in 58% of serious errors." JCAHO further states, "staffing levels have been a factor in 24% of 1609 sentinel events over the past five years." Patient outcomes influence both physician and patient satisfaction and affect a hospital's bottom line. Both physicians and patients have the ability to choose which institutions they access; thus, dissatisfaction of either party negatively impacts generated revenues. This results in the financial inability of the hospital to hire additional nursing staff, thereby perpetuating the cycle. It is imperative to understand why nurses are fleeing the profession in order to create the changes necessary to encourage retention.

The terms *preceptorship* and *mentorship* are used interchangeably. It is important to note that mentorship is not synonymous with preceptorship although they are both support roles with similar components (Greggs-McQuilkin, 2004). In contrast to the supportive and

mutual relationship of mentoring, precepting is an orientation technique involving the formal assignment of staff RNs and holding them "accountable for the transition of new staff . . . over short, limited periods of time" (Stewart & Krueger, 1996, p. 316).

In summary, the current nursing shortage is expected to worsen due to the large percentage of RNs expected to leave the bedside within the next 5 years. It has been established that nurse to patient ratios directly affect patient safety and outcomes, physician satisfaction, and an organization's fiscal status. Therefore, if nurses' reasons for leaving include burnout, frustration, and lack of administrative and peer support, organizations should respond and formulate strategies that will increase retention. A comprehensive literature review reveals numerous studies that conclude retention is increased with the application of a mentorship program.

Literature Review

Hale (2004) used the Hale Mentorship Assessment tool for nurses and found that the presence of a mentoring relationship improved retention, confidence, competence, and personal and professional growth in new graduate nurses (NGN). Hale's survey was administered to new graduate nurses who participated in either formal or informal mentorship relationships. The Hale Mentorship Assessment tool was tested for reliability and yielded a Chronbach's alpha value of 0.97. Questionnaires were sent to 800 NGNs in Texas and although the return rate was 18% (144), results showed a strong correlation between a mentorship relationship and nurse retention. Respondents consistently reported improved "self-confidence, job satisfaction, competence, [sure of] nursing judgment, personal growth, professional growth, satisfaction with nursing career, and [improved] leadership skills" (Hale, 2004, p. 97). This evidence suggests that mentorship programs offer peer support and promote employee satisfaction, which results in improved nurse retention. These findings should prompt organizations to consider the mentoring process as a nursing retention tool.

Almada et al. (2004) evaluated the retention rate of new graduate nurses (NGN) in a small community hospital when provided with a trained preceptor to facilitate the orientation process. Preceptors were educated in adult learning styles, communication techniques, personality traits, and conflict resolution. During the orientation process, the preceptor and preceptee worked side by side for the entire 8 weeks rather than the student gradually taking more patients. The orientation included technical skills, critical thinking, use of resources, and social integration. The study yielded both qualitative and quantitative results. Coded survey tools were given to each NGN at the end of the preceptor program and again after 3 months of working independently. The survey addressed satisfaction, reasons the NGNs may have considered for leaving their current job, and feedback for possible improvements in the program. Visual analog scale that measured general job satisfaction, yes/no questions, and open-ended questions were included. The survey return rate was 89% or 40 responses. Overall satisfaction was 93.7% according to a visual analog scale, with the most important aspects for job satisfaction being the length of the orientation, the matching of preceptor with preceptee, and the availability of the professional development staff. The retention rate for NGNs at the hospital was increased by 29%, the overall vacancy rate decreased 9.5%, and the hospital was able to completely eliminate the use of travelers, which resulted in a substantial cost saving to the institution.

Themes for improvement included hands on learning, instructions on systems/paperwork, and education/support from professional development staff. While there were limitations to the study such as small sample size and the inability to consistently monitor preceptor styles, findings were significant. Thus, the use of a structured mentorship program led to improved staff satisfaction, increased retention rate, and a reduction in the high cost of turnover.

The Macmillan Mentorship Training Program (MMTP) was a 12-month program designed by the Macmillan National Institute of Education in the UK to provide

nursing specialist practitioners with the knowledge and skills to support and mentor new colleagues. Mentors were educated to assist new nurses with their role transition into specialist practice and to facilitate ongoing role development. Rosser et al. (2004) explained that the mentorship program's core elements included experiential learning, reflective practice, and effective mentorship. Mentors attended a 2-day workshop, and both mentors and mentees were expected to participate in ongoing learning groups or peer support meetings.

Self-report questionnaires were mailed to the mentors, mentees, line managers, and service development managers at the end of the 12-month program. Eighty-eight percent of the mentors and 96% of the mentees responded. Mentors reported benefits such as: increased confidence in knowledge and skills, ability to give feedback, and identification of their own learning and development needs. The questionnaires showed high levels of satisfaction with the 2-day workshop and 12-month program. One hundred percent of the mentees agreed that support from a mentor is important during transition. A small sample size, an untested evaluation tool, and the fact that the mentors were self-selected may affect findings. However, the overwhelmingly positive feedback and high response rates have prompted the MMTP to extend the availability of the program, which encompasses cross-professional mentoring. Effective professional support initiatives, such as the MMTP, can assist practitioners to articulate anxieties, constructively manage their emotions, provide access to appropriate role models, enable a means for disseminating best practices, and facilitate optimal role transition. Therefore, educating mentors to their roles is beneficial and should be instituted before mentorship programs are adopted.

Hensinger et al. (2005) reported that implementation of a retention plan at the University of Michigan Health System (UMHS) demonstrated that investment in preceptor development leads to stable staff resulting in lower recruitment and orientation costs. Researchers instituted a nurse retention team who reviewed why employees resign and also identified highly valued job

characteristics. The plan recognized that preceptor preparedness directly affects the orientation of new hires. UMHS regarded preceptors as "A" players, the cornerstone of successful nurse retention. Two preceptor action days (PAD) were planned, which focused on career enhancement, new skill development, and professional collaboration. The first PAD had 135 participants and included topics such as institutional preceptor expectations, teaching techniques, and understanding an orientee's perspective. Questionnaires revealed that a majority of the participants felt motivated and energized following the initial PAD, whereas 40% of the participants valued the networking component to the program. Respondents from the first PAD also requested additional information on the educational process and communication issues. In response, the second PAD increased to 250 participants and concentrated on education theory and uncomfortable teaching situations. Preceptors felt valued and valuable to the institution.

In the months following the PADs, there was a decrease in the turnover rate from 13 to 11%. The UMHS retention plan acknowledged the contribution of nursing preceptors, built meaningful institutional relationships, strengthened support for new hires, and facilitated educational growth. Although the study did not indicate any negative aspects of the PADs, the concept of utilizing recognition to bolster nurse retention and professional development is logical. Preceptor initiatives that allow for growth of mentorship for new hires is a prized concept that positively affects staff satisfaction and ultimate nurse retention, which translates into cost savings for an institution.

Angelini (1995) studied the relationship between the provision of mentorship strategies for staff nurses and their career development. Thirty-seven female staff nurses and eight female nurse managers from four acute care hospitals in two northeastern states were interviewed. Study participants recognized that mentorship is critical to their career development and 95% identified their peers and nurse managers as most influential in the mentorship relationship. Two

mentorship models emerged, which were classified as structural mentorship and process oriented mentorship. The structural mentorship model identified three mentoring influentials, i.e., environment, people, and events. The environment was defined as the workplace, people were defined as those workers and family members with whom nurses came into contact, and events were defined as occurrences perceived by staff nurses to be critical to their career development. The process mentorship model defines mentorship as a dynamic process comprised of four interconnected phases leading mentees toward positive career development outcomes. The first phase, mentoring characteristics, consists of the mentoring influentials from the structural model. Positive or negative mentoring characteristics affect the transition into the second phase, mentoring dimensions. These dimensions lead to phase three, mentoring strategies, which are provided by others for the staff nurse. These strategies facilitate career development outcomes such as positive interaction within the organizational climate, development of career-building relationships, [and] facilitation of career transitions points. Angelini stated, "assisting nurses in their career development and positively modifying their perceptions of mentoring seem vital to improving the nursing workforce at the bedside" (p. 95). Mentorship fosters a positive work culture environment where nurses are more satisfied with their careers, employee satisfaction is increased, and nurse retention is improved.

Discussion and Recommendations

Mentoring is more than an orientation program; it is an ongoing commitment for organizational success. As demonstrated by the evidence presented here, adoption of a mentorship model is cost-effective and fosters long-term growth and retention through a structured support system that enhances job satisfaction. Mentorship is valued by nurses. As nurses, we have a responsibility to our profession and patients to enhance the professional development of our newest members. "Creating an environment that is attractive to nursing

is not a luxury" (Hensinger, et al. 2005, p. 270). The current nursing shortage requires a comprehensive response by healthcare agencies and professionals so that current nurse retention strategies are re-examined and professional workplace values redefined.

Mentorship programs must consider the needs of the involved employees, both mentors and mentees; in addition, timely feedback and recognition and acknowledgment of efforts should be provided. Orientation and preceptor training programs necessitate the integration of mentorship concepts. The provision of education to equip the staff with tools for personal and professional growth is pivotal. Most importantly, the organizational culture must embrace and support these initiatives and be willing to commit both financial and human resources to these programs. Further recommendations include the following:

- Encourage organizations to allocate funding for mentor/leadership programs.
- Encourage organizations to support education regarding benefits of mentorship.
- Encourage recognition within organizations of nurses who act as positive role models.
- Encourage additional evidence-based practice research to further bridge the gap between the theory of mentorship and nursing practice.

Conclusion

Undoubtedly, the critical nursing shortage has forced healthcare institutions to confront issues surrounding nurse retention. New nurses report that the first three to six months are the most stressful (Charnley, 1999; Godinez et al., 1999). These new nurses are most challenged by putting what was learned in school into practice at the bedside (Oermann & Garvin, 2002). Effective orientation programs must be adjusted to meet individual needs (Owens et al., 2001). Retaining staff necessitates the implementation of creative initiatives by healthcare organizations. Organizations optimize a culture of nurse retention by creating quality orientation programs, developing quality preceptors,

addressing issues concerning new hires, and valuing the concept of mentorship. Successful retention lowers recruitment and orientation costs.

Mentorship provides a means to generate sustainable benefits.

Mentorship provides a means to generate sustainable benefits. "The mentoring process encourages development of leadership skills, advancing the protégés vision not only for individual success, but also for the future of nursing as a profession" (Owens & Patton, 2003, p. 43). Healthcare organizations must strive to establish an environment supportive of nurses and nursing. Mentorship programs should serve as a model.

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