

Mentorship in Nursing

Morgan Lima, RN, MSN, ACRN

March 1, 2023

Mentorship in Nursing

Mentorship in nursing is a relatively new concept compared to physician mentorship (Burry et al., 2019). With the rates of new graduate nurses leaving the profession within two years being 26%-57% (Zhang et al., 2018), mentorship as a strategy for nurse retention is a topic worth exploring. According to Rush et al. (2019), mentoring new graduate nurses leads to greater job satisfaction, lower turnover rates, and greater opportunities for professional development. However, the understanding of a mentor's role varies among the mentor and mentee, sometimes with both parties unable to differentiate between a mentorship and preceptorship. (Kramer et al., 2021). Mentorship provides an interprofessional opportunity for both new and experienced nurses to benefit from professional satisfaction it brings. This manuscript will explore the different types of mentorships and examine the impact mentoring strategies, frameworks, and barriers have on nurse retention.

Types of mentorships

Nurse mentorships are either formal or informal. Informal mentorships happen naturally or develop organically over time. Both the mentor and mentee volunteer for the mentorship, and it is not required for professional accolades (Kramer et al., 2021). Formal mentorships are structured and designed by nurse leaders or managers overseeing both the experienced and newly graduated nurses. The mentees enter willingly into the partnership, but the mentors either volunteer or are told by management that their participation is required (Hale & Phillips, 2018). The advantage of the informal mentorship is both members of the partnership have a common goal and desire to participate in learning and teaching. Both benefit from the relationship because the experienced nurse demonstrates his or her own talent and skill level, while the new nurse has an appointed person to whom he or she feels comfortable asking questions and making mistakes

(Hookmani et al., 2021). The formal mentorship can have the same benefit, but its success relies on the ability of the mentor to be patient and vulnerable with their protégé, and for the protégé to do the same (Burry et al., 2019). The “pairing process” (Burry et al. 2021) refers to the act of nurse leaders matching a mentor to a mentee. When two nurses do not establish a conducive mentor/mentee relationship, then the nurse leader must re-evaluate the pairing process, and potentially reassign partners (Kramer et al., 2021).

Preceptorships are sometimes mistaken for mentorships. While preceptorships are essential to the orientation process, their purpose is to introduce the nurse to the practicalities of the unit, such as where things are located and how to access medicine cabinets. Mentorships are longer, intentional, professional relationships with the goal of nurturing a new nurse (Kramer et al., 2021). I have experience as both mentor and mentee. My mentorships have grown organically, making them informal. My mentor and I work in the same specialty and have similar personal goals when it comes to nursing. We share a deep respect for Florence Nightingale and refer frequently to the nursing model, two traits that have fostered a meaningful relationship benefiting both of us. As a mentor myself, I have educated new nurses in the field who are interested in the niche specialty that is HIV nursing research. The innate passion a nurse must have to pursue this field is one that naturally pairs mentor with mentee, as has been my experience.

Impact of frameworks

Kramer et al. (2021) developed a framework of support called *The Art of Nurse Mentoring Model*. After analyzing interviews from mentors and mentees, the authors identified common themes among the experiences of both parties. The framework of support suggests trust is the foundation of any mentoring relationship. The three core concepts that build from that trust

include mentoring outcomes, establishing mentoring culture, and addressing the barriers and benefits of the mentorship (Kramer et al., 2021). By identifying trust as the foundation of the mentoring relationship, this framework serves as a guide to allow both the mentor and mentee feel safe in a vulnerable environment. I strive to build trust with my mentees by encouraging them to ask me questions and observe new procedures.

Hookmani et al. (2021) theorize that mentorships are necessary to the future of nursing because they will reduce compassion fatigue and burnout. The authors conceptualized the Caring Mentorship Model, a framework guiding the ways in which nurses build relationships through mentorships. The phases of the relationship progress from no connection to surface connection, and then to shared connection (Hookmani et al., 2021). This framework describes the stages in which the nurses form trust. In my experience, I have seen nurse mentorships that do not progress past the surface connection phase. While this is common and not detrimental to the nurse's ability to perform his or her job, it is important for nurses to attempt to achieve the third stage, shared connection. This allows nurses to be vulnerable with one another, thereby cultivating a feeling of safety. Shared connection fosters a new nurse's sense of purpose, not only to patients, but to colleagues as well (Hookmani et al., 2021).

Impact of mentoring strategies

The approach used in pairing mentor and mentee has an impact on the outcome of the partnership. Whether the mentorship is a cohort of new nurse graduates paired with experienced nurses, or an individually sought-after mentorship, the structure of such program must consider the individual's goals (Lavoie-Tremblay et al., 2018). For example, my cohort of new nurses on my medical-surgical unit were paired with someone who had several years of experience, rather than someone who had only a year's worth of experience working on that floor. This structured

orientation and mentorship combination are often referred to as nurse residency programs. Differences in ages, interests, and career goals can affect the comfort of mentor and mentee (Hale, 2018) but partnering two people with contrasting levels of experience allows the new nurse to learn and grow (Kennedy et al., 2021). The goal of this structured cohort mentorship is to retain the new nurses on their unit while adding to the number of future mentors.

Another strategy nursing programs implement is a specialized training for volunteers who wish to become mentors. Utilizing this strategy, nurse leaders facilitate trainings and ensure their mentors meet certain criteria and can consider themselves experts in their field. By utilizing Benner's Novice to Expert Theory, this strategy ensures mentees and mentors understand their role and feel as though they are as prepared as possible (Kennedy et al., 2021). Mentors must have confidence in themselves and recall feelings of being a new nurse to help their mentee feel safe enough to ask questions. In turn, the mentee must have confidence in their mentor and feel as though they care about their success (Kennedy et al., 2021). Their satisfaction with their job will reflect this, which leads to retention of not only new nurses, but experienced ones as well.

Impact of barriers

A successful mentorship is dependent on both the mentor's and mentee's commitment to the interpersonal relationship. Formal mentorships last three to six months, with informal ones lasting as long as both parties are invested (Burry et al., 2020). The mentees may already know the fundamentals required of them to do their job successfully. However, it is the mentor's role to build the mentee's confidence and to constructively critique their performance (Hale & Philips, 2018). When one member is not committed to the goal of the partnership, both the mentorship and the dynamic between coworkers suffers.

Burry et al. (2020) conducted a qualitative interpretive descriptive study identifying the participants' perceptions of the mentorship program at an academic healthcare facility. The researchers interviewed both protégés and their mentors to determine which parts of the program were beneficial and which ones would deter them from participating again. A common barrier to forming a successful professional relationship among the participants was varying personalities. Nurse leaders attempted to pair mentor and mentee together based on years of experience and what they thought each pair might have in common. However, the study's participants stated they would have enjoyed the program more if they had a chance to choose with whom they were paired (Burry et al., 2020). When nurses are paired with one another for several months on end, it is important to consider their personalities and behaviors toward stressors. For example, if an experienced nurse bluntly tells their mentee that he or she performed a skill incorrectly, the mentee may take this criticism poorly if not accustomed to superiors speaking with such frankness. This can lead to miscommunication and lack of trust between the two, therefore creating an obstacle to a relationship from which both parties benefit. Trust is crucial to a successful mentorship, and when that trust is taken away, the mentorship may fail (Hale & Phillips, 2018).

Time commitment poses a barrier successful implementation of a mentorship. Investing time into the mentorship is essential to establish the social relationship as well as the professional one. Kramer et al. (2021) conducted interviews with bedside nurses, their mentors, and nurse leaders at a local hospital. Mentors and their proteges both expressed a desire for more time to socialize with each other prior to working together. They met at their first shift together, and because of the busy nature of nursing as a profession, there was little down time to establish a personal connection. A social relationship is important for both parties because it allows them to

develop a sense of trust and opportunity to be vulnerable with one another (Hale & Phillips, 2018). When these barriers get in the way of fostering a successful mentorship, then the participants may feel less supported by their peers and leaders.

Conclusion

Mentorships can form organically or through structured programs such as nurse residencies. Evidence supports mentorships as a successful strategy to retain nurses in their field. This has been my personal experience with my own mentor. I remain in my current position because of the growth I have experienced throughout my time learning from her. I pass the same tools she gave me on to my own mentees in hopes of allowing them a safe place to ask questions and to learn to be better nurses. Mentoring as a retention tool for experienced nurses can be just as effective when the nurse leaders assigning the partnerships follow a specific framework and intentionally pair mentees with appropriate mentors. When executed thoughtfully and intentionally, mentorships can nurture new nurses, allowing them to grow and flourish in the nursing profession.

References

- Burry, R., Stacey, D., Backman, C., Donia, M. B. L., H Lalonde, M. (2020). Exploring pairing of new graduate nurses with mentors: An interpretive descriptive study. *Journal of clinical nursing*, 29(15-16), 2897–2906. <https://doi.org/10.1111/jocn.15360>
- Hale R. (2018). Conceptualizing the mentoring relationship: An appraisal of evidence. *Nursing forum*, 10.1111/nuf.12259. Advance online publication. <https://doi.org/10.1111/nuf.12259>
- Hale, R. L., & Phillips, C. A. (2019). Mentoring up: A grounded theory of nurse-to-nurse mentoring. *Journal of clinical nursing*, 28(1-2), 159–172. <https://doi.org/10.1111/jocn.14636>
- Hookmani, A. A., Lalani, N., Sultan, N., Zubairi, A., Hussain, A., Hasan, B. S., & Rasheed, M. A. (2021). Development of an on-job mentorship programme to improve nursing experience for enhanced patient experience of compassionate care. *BMC nursing*, 20(1), 175. <https://doi.org/10.1186/s12912-021-00682-4>
- Kennedy, J., Astroth, K. M., Woith, W. M., Novotny, N. L., & Jenkins, S. H. (2021). New nurse graduates and rapidly changing clinical situations: the role of expert critical care nurse mentors. *International journal of nursing education scholarship*, 18(1), 10.1515/ijnes-2020-0131. <https://doi.org/10.1515/ijnes-2020-0131>
- Kramer, D. S., McCue, V. Y., Butler, E., Prentiss, A. S., Ojeda, M. M., Tugg, K. K., Fuentes, V., & Bonet, S. (2021). The Art of Nurse Mentoring: A Framework of Support. *Nursing & Health Sciences Research Journal*, 4(1), 16-25. <https://doi.org/10.55481/2578-3750.1097>

- Lavoie-Tremblay, M., Sanzone, L., Primeau, G., & Lavigne, G. L. (2019). Group mentorship programme for graduating nursing students to facilitate their transition: A pilot study. *Journal of nursing management*, 27(1), 66–74. <https://doi.org/10.1111/jonm.12649>
- Rush, K., Janke, R., Duchscher, J., Phillips, R., & Kaur, S. (2019). Best practices of formal new graduate transition programs: An integrative review. *International Journal of Nursing Studies*, 94, 139-158. <https://doi.org/10.1016/j.ijnurstu.2019.02.010>
- Zhang, X., Tai, D., Pforsich, H., & Lin, V. (2018). United States registered nurse workforce report card and shortage forecast: A revisit. *American Journal of Medical Quality*, 33(3), 229-236. <https://doi.org/10.1177/1062860617738328>