Improving Nursing Retention: The Magic of Mentorship

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ANPD Session S110
July 17, 2014

Persistent Nursing Shortages

- In December 2013, Bureau of Labor Statistics Employment Projections projected a need for 525,000 nursing replacements in the workforce by 2022.

- Total number of job openings by 2022 projected to be 1.5 million for a total RN workforce of 3.24 million.

Aging Nursing Population

- Average age of RNs working actively working in the US: 47 years
- Percentage of RNs aged 50 or older: 55%
- Number of RNs projected to reach retirement age by 2025: 1 million

Attrition

- 2011 employment analytics placed annual RN attrition at US hospitals at 10% to 20%, with an average of 14%.

- Annual newly graduate turnover is considerably higher: 25% to 69%. Hayes & Scott, 2007.


Why Do Nurses Leave?

- Multiple studies identify job satisfaction as a major predictor of intent to leave. (Perrine, 2009; Weng et al., 2010).


Sources of Dissatisfaction

- New graduate nurses need 12 months to gain confidence in their new roles. (Hayes & Scott, 2007).

- Nurses must develop both explicit knowledge (techne) and tacit knowledge (pronesis). (Benner, 1994; Tourigny & Pulich, 2005).

- New nurses cite heavier than anticipated workloads, theory-practice gaps, differing expectations, and dissatisfying relationships with peers and colleagues peaking at 4-6 months, and again near the end of their second year (Twibell et al., 2012).
Improving New Nurse Transition

Transition programs (nurse residency, preceptor, mentor) utilizing peer-support to assist new nurses cope with the expectations, and learning needs are widely in use in healthcare organizations.

Rush et al. (2013) review of the literature found consistent themes throughout that formal transition programs improved new graduate retention, and that all nurses benefited from peer-support opportunities.

What’s in a Name?

- Preceptor
- Coach

Preceptor

- From the Latin word *praecipere*, to teach. In 5th century B.C. Greek society a form of apprenticeship combined with scholarly teaching was used to teach medicine.
The Preceptor Relationship

• Intentional pairing of a new nurse with an experienced nurse for the purpose of helping the new nurse learn the policies, processes, social structure, and culture of an organization during the orientation period.

• Preceptors evaluate competency to ensure a minimum safe level of practice

• Preceptorship is formal, has specific objectives, usually follows a specific framework, and ends with the completion of a specific time frame, usually at the end of orientation.

Coaching

• A short-term relationship involving an action plan for specific goals, such a remediation for performance improvement, or ongoing development (DePew & Kummeth, 2011).

• Focuses on job performance and the current level of performance rather than long term development.

Mentor

Mentor comes from Homer’s epic Odyssey. Odysseus, king of Ithaca when leaving to fight in the Trojan War, entrusts the care of his household and teaching of his son Telemachus to Mentor, who serves as a teacher and advisor to the heir to the throne.
The Mentor Relationship

- Long-term partnership where an experienced individual partners with a less-experienced one for ongoing counseling to guide career development (DePew & Kummeth, 2011).
- Wagner & Seymour (2007) call mentorship "a humanistic model that enriches clinical practice through focus on nurturing the whole person; requiring reflection and knowledge of self ".
- May be informal or formal
- Mentors help mentees identify strengths and weaknesses, identify professional goals, and evaluate progress towards those goals.
- Mentors do not evaluate the mentee, nor do they solve problems for the mentee.

Beyond Minimum Safe Practice

- Mentorship facilitates the acquisition of tacit knowledge.
- Tacit knowledge is knowledge based on personal experience, clinical reasoning, and intuition.
- Tacit knowledge is generally acquired through social workplace interactions instead of a formal education structure.
- Tacit knowledge is beneficial to organizations because it helps clinicians identify opportunities for changes in systems and current processes.

Mentorship Concepts

Informal

Formal
Informal Mentorship

• Mentors traditionally are not assigned, but are self-selected by the mentee.

• The relationship is unstructured, and non-contractual.

• Goals vary depending on the needs of both mentor and mentee.

Advantages of Informal Mentorship

• Mentors are self selected by mentee increasing likelihood of good match and mutually satisfying relationship.

• Those entering into an informal mentorship relationship is a proactive decision, so the parties are more likely to be receptive.

Disadvantages of Informal Mentoring

• Requires mentees to be proactive in seeking a mentor.

• Informal mentoring often devolves into psychological support only instead of professional growth support.

• Greater potential for role conflict if mentor expectations differ from organizational goals.

• Mentor rewards are completely intrinsic.
Formal Mentoring

- Based on specific framework.
- Greater organizational control and oversight.
- Aligns with the specific mission, values, and goals of the organization.
- Contributes to higher levels of organizational engagement leading to increased job satisfaction. Tourigny & Pulich, 2005.

Disadvantages of Formal Mentoring

- Outcomes of mentorship proportional to both quality of the mentor and receptiveness of mentee.
- Formal relationship based on a limited time frame may have transient effects for the mentee.
- If the organization does not offer sufficient support, mentor/mentee involvement may only be superficial.

The Case for Formal Mentorship

- Preceptorship typically ends with orientation.
- Informal mentorship relationships take time to develop.
- Kramer: first 3 to 6 months of practice most vulnerable time; fear of making a mistake can be crippling.
- This time without a support structure represents an unprotected "gap".
The Case for Formal Mentorship

- **ROI**: a reduction in turnover equates to a sizable return on investment for organizations.

- **Effects of experienced staff**: Weng et al. (2010) found significant positive relationships between career development, role modeling, and job satisfaction.

- Weng et al. (2010) found that organizational commitment is positively related to employee organizational sense of belonging.

- Grendal & Hagerstrom (2009) found that organization commitment is strongly correlated to mentorship program outcomes.

Building a Program

- **Gather the evidence**
- **Develop a business plan**
- **Set a foundation with stakeholder support.**
- **Mentor preparation and ongoing support**
- **Recognize and reward**
- **Evaluate outcomes and revise as needed**

Gathering the Evidence

- Rush et al. (2013) found that transition programs positively impact new graduate retention.

- The California Nurse Mentor Project: attrition rates for participants was 8% compared to 23% for non-participants (Mills & Mullins, 2008).

- Grindel & Hagerstrom (2009) found new nurse confidence in performance increased significantly at the 6 month mark.

- Fox (2010) annual new graduate attrition decreased 6.29% following participation in a mentorship program.
Developing a Business Plan

Financial analysis should include:
- Salary for mentor initial training
- Cost of initial training course
- Salary for ongoing mentor development
- Mentor bonuses
- Mentor recognition gifts

Compare these expected expenses with expected savings from improved retention to show ROI.

Setting the Foundation with Stakeholder Support

- Develop program goals and objectives
- Develop mentor selection criteria and expectations
- Develop initial training for mentors
- Mentorship tracking tool
- Mechanisms for mentor recognition
- Outcome-based evaluation

Preceptor/Mentor Criteria and Expectations

Preceptors/Mentors must initially and continue to meet the following requirements:

- Have a minimum of 1 year US experience
- Earn a Minimum Expectation rating on performance appraisal, and be without disciplinary action in the past 3 years
- Have both core (RN, BSN) and specialty competencies (as appropriate) validated and documented at a Level 1. Core validation of an RN can be Preceptor/Mentor, not Clinical Director. Will verify the Preceptor/Mentor has both core and specialty competencies validated and documented at a Level 1
- Demonstrate a minimum of 300 hours of direct clinical experience as a Preceptor/Mentor in the 3 preceding years
- Successfully complete Preceptor Preceptor/Mentor Core, or the Preceptor/Mentor training as evidenced by documentation
- Complete a Mentorship Log Form for each Mentorship Meeting and submit with Preceptor Mentor Forms application

We request the following:

Preceptor

Chair/Director

Date

Preceptor Mentor

Date

Initials

Approved to meet the other
Preceptor/Mentor Expectations

Application Deadline: The 1st of March for Winter; the 1st of August for Summer Orientees.

- Application and Mentor Meeting Logs MUST be filled out completely, incomplete applications will be returned unprocessed.
- Attach the education survey "My Learning" from LMS showing all annual required regulatory education as up to date, and confirmation of completion of Preceptor Training to this application.

Mentorship Preparation

- Verbal and non-verbal communication
- Role Modeling
- Adult learning
- Diversity
- Critical thinking
- Coaching skills
- Reality Shock

Ongoing Preceptor support

- Updates provided bi-annually in December/January and May/June via Survey Monkey and hospital intranet.
- Online Mentor resource book on hospital intranet
- Annual Preceptor/Mentor Continuing Education speaker
Ongoing Support

Mentorship Tracking Tools

• Neuman et al. (2005) discuss the importance of using a tracking tool to clearly communicate to stakeholders a picture of the quality of support being provided by a nurse preceptor.

• INTEGRIS Health developed a tool based on Benner’s stages of skill acquisition to add structure to preceptor and mentor activities and provide a method of documenting them.

INTEGRIS Mentorship Meeting Plan
## Mentorship Meeting Plan

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### Mentorship Meeting Plan

- **Mentorship Meetings 1 to 3**
  - Meet biweekly for the 1st year of practice
  - Mentor: Intern
  - Clinical Director

### Mentorship Meeting Plan

- **Mentorship Meetings 3 - 10**
  - Meet biweekly for the 2nd year of practice
  - Mentor: Intern
  - Clinical Director

### Mentorship Meeting Plan

- **Mentorship Meetings 10 - 12**
  - Meet biweekly for the 3rd year of practice
  - Mentor: Intern
  - Clinical Director

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  - Clinical Director

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Mentor Recognition

- Mentor mug and lapel pin
- Outstanding Mentor Award presented during Nursing Week Reception
- Hoodie embroidered with INTEGRIS logo identifying nurse as a mentor
- Mentorship hours fulfill portion of clinical ladder
Mentor Recognition

INTEGRIS Health seeks feedback from the new nurse about the preceptorship/mentorship experience via individual evaluation forms and via survey monkey.

INTEGRIS also analyzes turnover data, quantifies it for dollars related to attrition, and presents to nursing leadership forums.
Lessons Learned

- Modified the initial training to a blended approach reducing class time.

- Initial training now includes practicum at one of our other classes to validate competency with feedback and communication skills.

- Consult with nursing leader when turnover increases on a particular unit.

References


References


Weng, R., Huang, C., & Tsai, W. (2010, July). Exploring the impact of Mentoring Functions on Job Satisfaction and Organizational Commitment on new Staff Nurses. Biomedical Health Services Research, 10(240), 1472-1481.