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Bridging the Gap: Nurse Mentorship Program

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This is to certify that **Jacqueline Johnson** has successfully defended her Graduate Project entitled **"Nurse Mentorship Program: Bridging the Gap"** and fulfilled the requirements for the Master of Arts in Nursing degree.

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Abstract

High-quality, effective mentorship can be a crucial and valuable tool in recruiting, retaining, and supporting nurses' success, especially novice registered nurses. In the current healthcare environment, growth and development of nursing staff is essential to maintain quality outcomes. Mentorship programs can create a unique environment that facilitates educational opportunities for both the novice and expert registered nurse. Nursing leaders and organizations can make lasting impacts through mentoring relationships. Through effective mentorship, nurses can positively impact healthcare organization, improve job satisfaction, promote professional development, and empower themselves. Even more important is that mentoring can result in improved nursing care, high-quality healthcare, and improved patient outcomes. Watson's theory of human caring provides a framework for the mentorship project that guides the mentoring relationship. This project explores the concept of mentoring novice nurses on an intensive care unit and presents a mentorship model based on a caring philosophy. A 12-month mentorship program was designed for novice intensive care unit nurses following their orientation, consisting of monthly meetings between the mentee and mentor focusing on the mentee's identified needs. The mentorship program was evaluated after completion of the 1-year program.

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Chapter One: Introduction

Mentorship is an important component to a novice nurses' successful transition from a graduate nurse to a registered nurse (RN) caring for complex patients. Mentoring is a valuable means to groom the next generation of nurses (Grossman, 2007). A mentorship program can guide new nurses through the clinical and emotional challenges of their first year as a professional nurse. With an estimate of 35% to 60% of new nurses leaving their job in the first year (Bowles & Candela, 2005), there is an emphasis on providing programs that support their success. A mentorship program has the potential to decrease the attrition rate of new nurses and can improve nursing retention, resulting in improved patient care and outcomes (Wolak, McCann, Queen, Madigan, & Letvak, 2009). In addition, mentors have an opportunity to benefit from the satisfaction of helping a less experienced nurse.

Watson's (2001) theory of human caring provides theoretical support for the benefits of mentoring through transpersonal caring connections that guide the mentoring relationship. It is essential to assist and support the novice nurse to grow professionally and personally as the nurse transitions into the intensive care unit setting. The first year on the intensive care unit can be difficult and overwhelming due to learning new skills in the work environment, along with policies and procedures, new equipment, and building relationships with coworkers and management. A mentorship program can help to bridge the gap of the novice RN after orientation. Mentoring promotes a positive and healthy work environment for nurses by supporting, teaching, and encouraging professional and personal growth.

The purpose of the project is to design a 12-month mentoring program for novice intensive care unit (ICU) nurses following their 3 months of intensive care unit orientation. A proposed year's mentorship program for nurses new to an intensive care unit would provide both additional support and knowledge to supplement their 3-month orientation.

Background

Newly graduated nurses are at a heightened risk for leaving the profession, due to inadequate support and mentoring beyond the typical orientation period (Almanda, Carafoli, Flattery, French, & McNamera, 2004). According to Bratt (2009), many new graduates feel unprepared for the demands of practice and struggle with the mastery of clinical skills, time management, development of clinical judgment, and the need to manage a busy patient assignment. If there is little support for novice nurses, they may leave the intensive care unit after their 1-year commitment. Mentoring is essential for staff nurses to be successful.

Mentoring can give the opportunity to facilitate a mentee's personal and professional growth by sharing knowledge one has learned from years of experience. Mentoring, an empowering relationship between novice and experienced nurses, is a best practice that fosters successful nursing careers for new nurses and those in transition or experiencing burnout (Daniels, 2004). Mentoring is a relational model that enriches clinical practice with deeper holistic focus on nurturing the whole person (Verdejo, 2003). When guided by a caring framework of trust, commitment, compassion, and competence, mentoring as a caring action builds healthy relationships and energizes

environments. Caring mentorship stimulates new perspectives about self, others, and the world; opportunities for action; and an expansive vision of possibilities for the healthcare system (Grossman, 2007). Through implementation of a mentorship program, new graduate nurses are provided support to guide them through clinical and emotional challenges of their first year as a professional nurse (Jakubik, 2008). As a result, healthcare organizations reported increased staff satisfaction, leadership, competence, and retention (Swearingen, 2009).

The primary intent of the mentoring role is to challenge the mentee to think in new and different ways. Significantly, the mentee is not the only one who gains from the arrangement. The mentor gains skills, such as coaching and leadership skills, by working with individuals from various backgrounds and with different personality types. Besides enhancing skills, mentoring can improve performance by being a role model, as well as giving the mentor a fresh perspective on one's performance. As the mentor shares insight, knowledge, and information, mentees will realize their potential leading to improved patient care and satisfaction of both the mentor and mentee (Jakubik, 2008).

Definitions

The word mentor comes from Greek mythology. Mentor was the friend to whom Odysseus trusted his son, Telemachus, for development as a leader. Today, the term has become synonymous with wise counselor, guide, teacher, and confidant (Harrington, 2011). A mentor, by definition, is a trusted counselor or guide and the goal of a mentor-mentee relationship is to promote career development (Merriam-Webster Collegiate Dictionary, 2005, p.726). A mentor is defined as a supportive, facilitative partner who

works with a mentee in an evolving, learning relationship focused on meeting the mentee's learning goals to foster professional growth (Latham, Hogan, & Ringl, 2008).

Definitions of mentoring in nursing literature reveal that it is a relationship process in which mutual attraction and respect, and both time and energy of both the mentee and mentor are required (Bally, 2007). Hayes (1998) described mentoring as a "voluntary, intense, committed, extended, dynamic, interactive, supportive, trusting relationship between two people, one experienced, and the other a newcomer, characterized by mutuality" (p. 525). Siu and Sivan (2011) defined mentoring as mutually beneficial where one person who is experienced and knowledgeable (mentor) supports the maturation of a less-experienced person (mentee). Mentoring, according to Swanson (2000), is defined as "a process in which two or more people create a connection and safe environment that allows healing truth and wisdom to be discovered" (p. 31).

Mentors in this project are defined as a RN in an intensive care unit in a large Midwestern teaching hospital, with at least 1-year of critical care experience who volunteered for the mentorship program. The mentors have the ability to share expertise and organizational insight in order to prepare mentees for greater performance, productivity, or achievement in the future. In this project, a mentor is also defined as a professional frontline nurse who coaches, guides, counsels, and serves as a confidant to help others be successful. In this role, a mentor is willing to create a relationship that goes beyond sharing clinical knowledge and expertise.

Mentees for this project are new novice RNs in an intensive care unit with no previous critical care nursing experience who desire improved or expanded competencies

as part of a mentor-mentee relationship at a large Midwestern teaching hospital. A novice nurse, according to Benner (2001), is defined as a beginner nurse with no experience. A novice RN is taught general rules to help perform tasks. A mentee is typically a new graduate RN with this being his or her first professional job. A mentee is a nurse with a desire to learn, a capacity to accept constructive feedback, an ability to identify personal and professional career goals, and a willingness to take risks (Harrington, 2011). A mentee exhibits a desire for job success, seeks challenging assignments and new responsibilities, and actively seeks the advice of an experienced nurse mentor. Mentees often bring enthusiasm to the relationship to address issues that impact their practice. A mentee has to be willing to take the time and energy to openly share needs and goals and take advantage of suggestions and opportunities. Mentee synonyms include mentoree and protégé (Harrington, 2011).

In this mentorship program, organizational culture is defined as a set of shared attitudes, values, goals, and practices that characterize an organization. According to Burr, Strichler, and Peoleter (2011), the success of a mentoring program can create a change in an organizational culture resulting in positive experiences for the new graduate RN as well as benefits for the experienced mentor.

Significance of the Project

The significance and relevance of a mentoring program for novice staff and the profession of nursing is an essential beginning at the undergraduate level and continuing throughout a professional nurse career. According to Benner (1991), many practice-based professions, including nursing, rely on clinical staff to support, supervise, and teach

the novice in a safe, supportive, and educationally adjusted environment. However, this support and educational framework is inconsistent throughout nurse practice setting (Drenkard, 2004). A well-conceived mentoring program contributes to an organizational culture of learning and supports broad-based leadership and high levels of professional quality in staff. A mentorship program helps nurses develop into dynamic and resourceful employees who can respond to the diverse needs of the organization.

It is essential to support and develop the novice RN on the ICU for the first year. Halfer and Graf (2006) noted that the first year is the most critical period in a new graduate's professional development because it is during this year that novice nurses can be influenced by what is going around them. From a personal perspective, the first year is vital in conveying to novice nurses they are valued.

The orientation process on the intensive care unit is extensive and costly. According to Daniel (2006), the cost of training a "replacement" nurse is $74, 888 (p. 173). However, once orientation is completed, there is little formal support for the novice RN. From a nurse manager perspective, novice RNs often struggle after orientation during their first year. At times, novice RNs are unsure of the correct answer and feel they could be judged if they asked an expert RN a question.

When nurses leave the workforce, their absences can lead to a shortage of nurses at the bedside. A projected nursing shortage is a significant issue in nursing (Fox, 2010). Nurses are leaving direct patient care for other jobs within the nursing professional, resulting in a critical shortage of bedside nurses. The need for health care is expected to intensify as more members of the baby boom generation retire (Johnson, Billingsley,

Crichlow, & Ferrell, 2011). The aging of the baby boomers has created a population growth of elderly or soon-to-be elderly patients, and advances in healthcare have led to increasingly complex care (Dracup & Bryan-Brown, 2004). Labor economists from the United States Bureau of Labor Statistics (2010) have suggested that employment of RNs is expected to experience one of the largest increases of 581,500 new jobs and grow by 22% from 2008 to 2018. Further complicating the picture is that many nursing schools are struggling to expand due to lack of qualified instructors (Toosi, 2009). This leads to fewer students entering the nursing profession. In a study by Budd, Warino, and Patton (2004), 21% of 700 surveyed nurses in current practice planned on leaving bedside nursing within 5 years for reasons other than retirement. Kovner, Brewer, Fairchild, Poornima, Kim, and Djukik (2007), estimated that 13% of new graduates in the national workforce are at risk of leaving their current jobs or organization. From a study, Aiken, Clarke, Sloane, and Silber (2002) found that approximately 30% of nurses younger than 30 anticipated leaving their current job within a year from the survey date, citing poor communication, stress, and lack of autonomy as primary areas of dissatisfaction. This data is further supported by Lynn and Redman (2005), who cited lack of satisfaction with colleagues and lack of support as primary reasons for nurses to leave an organization. One strategy that addresses the nursing shortage and attrition is mentoring programs (Bally, 2007).

Substantial evidence supports the position that nurse turnover is costly; however, there are also hidden costs of lost productivity and organizational knowledge. For example, the loss of organizational history from a lack of staff continuity can, in turn,

compromise process improvement initiatives, such as those aimed at environmental safety and quality of patient care, as well as morale (Rothwell & Sullivan, 2004). Hospitals with high turnover rates also experience higher costs per discharge and therefore, lower profitability (Voluntary Hospitals of America, 2008).

From a personal nursing experience perspective, the nursing culture has a tendency to "eat their young," also known as lateral or horizontal violence. The definition of horizontal or lateral violence is "a consistent pattern of behavior designed to control, diminish or devalue a peer (or group) which creates a risk to health or safety" (Farrell, 2005, p. 27). Lateral or horizontal violence is an issue that hinders nurses from reaching their full potential as professionals. It takes up valuable clinical time that can be spent on patient care. And it often forces many excellent and skilled individuals to leave the nursing profession. Lateral or horizontal violence needs to stop. These behaviors create a toxic work environment that not only harms nurses but also patients. If nurses are afraid to speak up because they are intimidated by other nurses, patients can be harmed. Many new RNs find their first job to be a hard reality (Burr et al., 2011). This practice needs to be reversed so that the nursing profession can continue to garner support as a positive professional career option. The entry of a new graduate into a negative work environment coupled with the nursing shortage can have dire consequences on staffing in hospitals. To address the work environment, there is evidence that enhanced professionalization of frontline RNs would be beneficial to sustain a positive, constructive workplace (Leiter & Laschinger, 2006). Nursing input into improving the hospital workplace is increasingly valued because RNs constitute the largest percentage

of paid hospital staff. Mentoring has also been shown to be a valuable strategy to advance positive healthy environments (Latham et al., 2008).

Hinton (2009) indicated that successful teaching and nurturing a mentee can also be a very satisfying experience for the mentor. Mentoring can also enhance the professionalism of RNs resulting in improved nurse retention and patients care outcomes, especially as mentoring becomes part of the hospital culture (Latham et al., 2008). Mentoring can also help keep mentors updated and allows them to network further in the profession through their mentoring work (Hinton, 2009). Grindel and Hagerstrom (2009) revealed that a mentorship program is effective in improving retention of mentees, as well as mentors.

The benefits of mentoring for new nurse graduates are well-documented throughout the literature and include such outcomes as increased confidence, competence, and increased retention (Burr et al., 2011). Through the implementation of a mentorship program, new graduate nurses will be provided support to guide them through their first year as a professional RN. The program is designed to keep novice nurses in the field of nursing by nurturing them professionally and personally. A mentorship program can provide support to a novice RN to make the transition from novice to expert. Mentors have the opportunity to benefit from the satisfaction of helping a less experienced colleague and learn new concepts from a novice RN.

Theoretical Framework

Watson's Theory of Human Caring

The proposed nursing mentoring conceptual model's foundation utilizes the relationship -based caring model of Watson's (2001) theory of human caring. The major concepts of Watson's (2005) theory are the (a) caraitas factors, (b) the transpersonal caring relationship, and (c) the caring occasion/caring moment. Watson's (2008) human caring theory "seeks nurses to recognize, detect, and connect with the inner condition of spirit of another through genuine presence and being centered in the caring moment" (p. xviii). Words, behaviors, feelings, intuition, thought, senses, and so forth, all contribute to a transpersonal caring connection. The transpersonal caring connection is essential to a successful mentoring relationship. Watson's theory of human caring affects the mentee RN who is cared for, and this translates into more caring aspects for patient care. Watson's theory also affects the mentor being connected with the mentee.

Watson's (2001) caring theory supports a mentor entering into a mentee's lived experience as a novice nurse and becoming a part of the mentee's experience. The mentee also enters into the mentor's experience, and through this reciprocal interaction is created what Watson calls the "transpersonal caring relationship" (p. 348). Watson described the "caring moment/caring occasion" (p. 348) as the experience shared by the mentor and mentee through the nurse's intentional presence to promote the mentee's well-being and thus creates the synergy in the relationship the mentee and mentor share.

Watson's theory of human caring (2001) provides the theoretical foundation for the nursing care model at a large Midwestern medical center. The relationship of Watson's theory to the nursing care model for the medical center underscores its

appropriateness as the theoretical foundation. On the large, Midwestern medical center's Intranet, the nursing care model identifies seven behaviors of the professional nurse: caring healer, problem-solver, navigator, teacher, pivotal communicator, vigilant guardian, and transformational leader. A RN assumes accountability for planning, implementing, evaluating, and communicating nursing care for assigned patients throughout the continuum of care. A nurse develops a therapeutic relationship with the patient and family. That relationship is central to the nursing process, enabled by living out the nursing principles within the seven roles. Relationship-centered nursing practice is the responsibility of each nurse in the role of knowledgeable caring healer. Accountability to a patient is demonstrated by the nurse as a problem solver. Continuity is enhanced by the nurse who serves as a navigator for the patient and family. Empowerment is promoted by the nurse who serves as a teacher for the patient and family. Synergy is created by the nurse as a pivotal communicator. Safety is increased by the nurse as a vigilant guardian. Professional development is accelerated by the nurse as a transformational leader. All of these seven roles are important in the mentoring relationship.

Patricia Benner's Novice to Expert Theory

Besides Watson's (2001) theory of human caring, Patricia Benner's (1991) novice to expert theory will be utilized for the mentoring model. Benner (2001) introduced the concept that expert nurses develop skills and understanding of patient care over time through a sound educational base as well as a multitude of experiences. The basis of the theory is that a nurse passes through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert. Nurses' expertise develops when nurses test

and refine principle-based expectations through practice. Benner (2001) promotes novice nurses working with expert nurses. This clearly suggests the need for mentorship throughout the stages of a novice to expert nurse for successful clinical proficiency in all areas of nursing. Benner (2001) emphasized that supporting mentees and assisting in the facilitation of their learning are significant factors in clinical development and the progression from novice to expert.

There are multiple benefits of providing mentoring for new graduate nurses. The mentorship program is designed to keep novice nurses in the field of nursing by nurturing them professionally and personally as novice RNs are the future of the nursing profession. Through the implementation of a mentoring program, new graduate nurses will be provided support to guide them through their first year as a professional RN. A mentoring program can provide support to a novice RN to make the transition from novice to expert (Benner, 2001). The mentoring process can benefit not only mentees, but also mentors. Mentoring can give experienced nurses a sense of purpose and satisfaction by allowing them to share their knowledge, skills, and expertise, and can improve the retention of new staff.

A strong mentorship program can work synergistically to further develop the culture in today's hospital environment by transforming work environments and empowering nurses. Mentoring allows novice RNs to form relationships with expert RNs, and to share their knowledge and experience. As a result, novice RNs develop a sense of belonging and the knowledge that they are contributing to their teams. Mentoring is a universal and effective strategy for nurturing nurses in an increasingly stressful and challenging work environment.

A well-organized mentorship program can be an effective tool benefitting the nursing profession, especially novice RNs by increasing the mentee's confidence, competence, and retention. Mentoring programs have the potential to decrease the attrition rate of new graduates and increase staff satisfaction and value to an organization (Swearingen, 2009). Nursing leaders and organizations can make lasting impacts through mentoring relationships, which will ultimately improve the quality of care and patient outcomes.

Chapter Two: Review of Relevant Literature

Mentoring

Mentoring has been acknowledged as a significant process within the nursing process (Siu & Sivan, 2011). Studies on mentoring in nursing have indicated its benefits to both mentors and mentees. Nurse mentoring is a progression that builds skills, increases job satisfaction, and encourages nurse retention. Retention is a key issue in nurse satisfaction and patient safety. Mentoring was found to be an essential part of nurses' professional socialization without which they cannot move along their career path from novice stage to the final expert stage (Benner, 1991). Effective mentoring tailored to the developmental need of the mentee enhances and accelerate the mentee's development (Lester, Hannah, Harms, Vogelgesang, & Avolio, 2011). Mentoring is a powerful way to learn from one another and maximize the professional development of both the mentee and mentor (Siu & Sivan, 2011). Watson's (2001) theory of human caring serves as the theoretical foundation for the project. Watson (1999) suggested that caring is ultimately a way of being from which professional cultivated competencies for transpersonal caring-healing practices can eventually be generated. It is the caring components that relate to the successful mentorship relationship.

Peer- reviewed journals relating to mentoring, using CINAHL and OVID databases for the years 1999-2012 provides the literature findings. In addition to nursing journals, literature representing other health related disciplines was used to gain a better understanding of the concepts of mentoring and the benefits of being a mentor. The following key words were used in the database research searches: mentee, mentor,

mentee benefits, mentor benefits, mentor experience, mentoring, mentorship, novice to expert, nurse mentor, and protégé.

Mentoring Program

Watson's (2001) theory of human caring serves as the theoretical framework for the mentoring model. A model of transpersonal caring requires the ability to convey authentic caring and acceptance of others. It requires the ability to engage in and be responsive within a connected relationship that is mutually trustworthy and meaningful. While these qualities may be intangible, they are measureable in the commitment revealed and satisfaction experienced by those engaged in such a transpersonal mentoring relationship model. Building a caring and trusting relationship is key to the nurse- to-nurse interaction and forms the basis of the caring moment. In a mentor and mentee relationship, it is the caring and trusting relationship that builds the foundation for the mentoring relationship. The caring, trusting relationship based on Watson's theory of human caring is the basis for the mentoring relationship.

Mentoring Program Models

A mentoring relationship can be either formal or informal. A formal mentoring program involves a specific structure both in terms of defining the purposes of the mentoring relationship and the longevity of the relationship. The formal relationship is set up through the organization and matches a mentor and mentee. Characteristically, there is formal training of mentors and mentees as well as formal objectives and program activities. In contrast, an informal mentoring relationship develops in an unstructured manner between a mentee and mentor and develops over time with the mentor and

mentee choosing each other. Tourigny and Pulich (2005) considered the pros and cons of a formal and informal mentoring program for nurses and recommended a formal program with trained mentors, organizational support, and specific target goals. Formal mentoring programs are created with specific objectives, including selecting and matching of mentors and mentees as well as guidelines for duration and frequency of mentoring activities. Formal mentoring programs are under the control of the organization; thus they serve the needs of the organization over the needs of the individual.

The collegial mentoring model was introduced as a model that incorporates relationship-based values that lead to personal and professional development (Thorpe & Kalischuk, 2003). This model includes such elements as defining mentoring within the context of the unit or institution, identifying goals of the mentoring culture, and devising a framework for creating the mentoring culture. These components, when combined with the act of caring, connecting, and communication, generate the desired positive outcomes of professional and personal development (Thorpe & Kalischuk, 2003).

Pinkerton (2003) described a mentoring program to assist new graduates and increase retention. Staff nurses interested in mentoring are interviewed by the hospital's mentoring committee. A RN accepted by the committee signs an agreement to accomplish the assigned tasks of a mentor role. This is an 18-month commitment. A mentee then chooses a mentor from the list of identified mentors.

Grindel (2003) offered many more specifics for setting up a formal mentorship programs and said it is essential to have a site mentorship coordinator with a support team. The team then develops a plan that includes mentor selection processes,

implementation of the mentee-mentor relationship, a process for follow up by the site coordinator, training of mentors and mentees, and evaluation of effectiveness of the partnership.

The first step in forming the mentoring relationship is to contemplate potential ethical issues. Because the mentoring relationship involves overlapping roles and an emotional, complex bond with unequal power, careful consideration of possible pitfalls should be considered (Harrington, 2011). Johnson (2002) recommended two approaches to avoid a harmful mentoring relationship: self-reflection of the mentor and applying ethical code guidelines to the relationship by structuring the relationship and giving careful attention to interruption and termination of mentoring. Barker (2006) advocated for planning for mentoring relationship by evaluating for compatibility.

Mentoring Program Success Components

Critical factors that have contributed to a mentoring program's ongoing success include clearly identified goals and objectives, training and support, ongoing evaluation, administrative support, and recognition and celebration. Many types of mentorship programs exist, but evidence shows that a formal mentorship program with clearly identified goals and objectives provides the greatest benefit to individuals (Burr et al., 2011). Initiating and implementing a mentoring program requires team effort, commitment, and hard work. Furthermore, it can be challenging to sustain new programs once the initial enthusiasm has subsided. Regardless of the level of mentoring, both mentors and mentees need to know what is expected of them.

A successful mentoring program needs to teach the participants how to be effective mentors and optimize the mentoring relationship, including such skills as active listening and providing feedback (Burr et al., 2011). Continuous evaluation is vital to ensure the mentorship program is relevant and meeting the needs of the staff and organization.

Administrative support is also essential to initiating as well as sustaining a mentoring program. Having key administrative support can give the mentoring program credibility as well as financial support (Burr et al., 2011). Besides financial support, administrative leaders can promote mentoring as a means for staff development and utilize the program as a recruitment tool. Recognition of the mentorship program helps to promote a mentoring culture.

A key factor that impacts the success or failure of a mentorship program is the presence of trust between the mentor and mentee (Lester et al., 2011). The idea of developing trust between the mentor and mentee that increases with time is a significant part of the relationship, since it allows for support and sharing (Grossman, 2007). In a mentor and mentee relationship, allowing for vulnerability requires that the mentee feels able to disclose personal information and openly expose shortcomings and weakness, while feeling the mentor has the mentee's best interest in mind. Trust is thus necessary for an effective mentoring relationship. Richard, Ismail, Bhuian, and Taylor (2009) demonstrated that when higher levels of trust existed between the mentee and mentor, mentees had higher levels of organizational commitment and lower intentions to quit. Further, Dymock (1999) demonstrated that trust in mentoring relationships fostered greater transfer of knowledge between mentor and mentee. According to Watson (1979),

in the caring moment, similar to the mentoring moment, the carer and the cared-for share on a personal level, creating a mutual opportunity for learning from each other.

The quality of a mentorship program is vital to its success. According to Jakubik (as cited in Jakubik, Eliades, Gavriloff, & Weese, 2011), 214 experienced pediatric staff nurse mentees from 26 states and multiple health care organizations demonstrated that a mentee's perception of quality was the single best predictor of mentoring benefits. The study explored the predictors of mentoring benefits and relationships among mentoring quality, mentoring quantity, mentoring type, length of employment, and mentoring benefits among pediatric staff nurses mentees in a single Midwestern children's hospital with Magnet designation. The results suggested that the characteristics of the mentoring relationship are of central importance rather than the characteristics of the individuals participating in the relationship (Jakubik et al., 2011). An important implication for nursing staff development is the existence of mentoring relationships among staff nurses. Based on this finding, individuals and organizations should work to foster environments that support both the mentor and the mentee. Therefore, both large and small organizations with a variety of resources can experience mentoring and its benefits (Jakubik, 2008).

The Jakubik et al. (2011) study identified that 51% of the total respondents in the study (n =232) indicated that they had been mentored as a staff nurse during their employment in the organization. Most of the study participants reported that they had experiences in formal workplace-sponsored mentoring relationships (57%) in which they were assigned a mentor (79%). The results supported the hypothesis that the linear

combination of quantity, quality, and type of mentoring and length of employment explained 40% of the variance in mentoring benefits, more than any one factor alone. Findings of this study have important implications for the relationship between high-quality mentoring relationships and retention. Consequently, the study results reemphasize the importance of a high quality mentoring relationship to have a successful mentoring program.

Mentoring Program Goal and Mentor Education

A mentorship program should formulate specific goals for the mentee. According to Greene and Puetzer (2002), the goal of mentoring is to achieve safe and competent nursing practice. The Burr et al., (2011) mentoring program had goals and objectives with outcome measures identified. The mentoring program had a standing mentoring committee that reviewed and revised goals on an annual basis and adapted to meet the mentoring needs of the staff, units, and organization. According to Burr et al., the driver of a successful mentoring program includes well-defined goals and objectives, training, evaluation, administrative support and recognition, and celebration.

A mentorship program requires experienced mentors who are trained in the mentor role. Ramani, Gruppen, and Kachur (2006) suggested defining the mentor role, supporting and challenging mentees, maintaining professional boundaries, and reserving time for mentoring. Other suggested education topics included gender awareness, recognition and reward for mentors, peer mentoring, mentor support, mentor forum to express concerns, and program evaluation. Blankenbaker (2005) developed a mentoring program curriculum that included defining the mentoring role, goals, benefits, and

barriers for the mentor. Other education topics Blankenbaker included were principles of adult learning and mentee definition.

Fox (2010) found that proper training was a crucial element to the success of the mentorship program. Topics covered during the educational training included working with different age groups, critical thinking, and team building. Mentors and mentees also assessed their personality types using the Myers-Briggs Type Indicator.

Zachery (2000) stated it is important that mentors be taught about learning styles and professional practices of nursing of various cultures. The key points in the mentorship program included education of reflective listening, checking for understanding, maintaining cultural awareness, providing and receiving feedback, and maintaining emotional versatility. Key components relating to cultural awareness included exercising cultural flexibility, creating cultural appropriate networking opportunities, modifying communication style to accommodate cultural differences, and having sensitivity to varying cultural perceptions to time and space (Zachery, 2000).

Adult Learning Principles

The mentorship program for nurses is developed with consideration given to the assumptions about adult learning as Knowles (1968) described. Knowles proposed a theory of adult learning, on "the art and science of helping adults learn" (p. 43). Knowles' theory was based on the characteristics that distinguish the mature adult's self-directedness, accumulated experience, readiness to learn, application of knowledge, internal motivation to learn, and the need to know why something should be learned (Knowles, 1980, p. 12).

The key points from Knowles' (1990) theory for a mentor and mentee relationship include creating safe, active, and collaborative learning environments; engaging prior experience early and employing ongoing reflection; and focusing on the assessment that improves practice, not on the evaluation.

Benefits of Mentorship

Mentor Benefits

Mentoring, which has been acknowledged as a significant process within the nursing profession, is also beneficial to the mentors. A study by Hinton (2009) indicated that successfully teaching and nurturing a mentee could be a very satisfying experience for the mentor. Mentors expressed that they learned from their experiences with mentees, with one mentor expressing that she learned that she did not know as much as she thought she did (Lafleur & White, 2010). Mentoring can keep the practicing mentors updated and allow them to network further into the profession through their mentoring work (Hinton, 2009). Mentors especially report feelings of being valued with improved engagement and less burnout following engagement in the mentoring process (Latham et al., 2008).

Race and Skees (2010) emphasized that mentors assist new nurses in developing their career goals by providing them with the needed resources, guiding them in recognizing their strengths and weaknesses, establishing goals to improve their performance, and evaluating their success in achieving their goals. High-quality, effective mentoring can be a valuable tool in recruiting and retaining nurses for these areas as well as improving their sense of job satisfaction.

Lafleuer & White (2010) found four conceptual categories of benefits for the mentor that included a positive impact on the mentee or practice, personal satisfaction, professional success, and organizational and professional contributions. Nurse mentors use effective communication, collaboration, and shared decision making skills to support a healthy work environment. Mentors empower their colleagues by participating in leadership and support their colleagues with recognition of their professional nursing work (Latham et al., 2008).

Mentee Benefits

For the mentee, the benefits of mentoring have been studied in business, education, and to a lesser degree in nursing. Mentoring has been an effective tool in the business arena. According to Allen, Eby, Poteet, Lentz, and Lima (2004), evidence shows that mentored mentees have a higher number of promotions, receive greater compensation and report higher career satisfaction, career advancement expectations, career commitment, and organizational commitment than non-mentored staff. Underhill (2005) examined the effects of mentoring, comparing individuals who were mentored to control groups of non-mentored persons. The effect of mentoring was significant including organizational commitment, intent to stay, job satisfaction, tenure with the organization, number of promotions, self-esteem, perceived alternative employment options, work stress, work-family conflict, and promotion or career opportunities. The effect of mentoring was significant compared to the non-mentored groups. Therefore, these results suggested that mentoring did improve the career outcomes for the mentored individuals.

Ronsten, Andersson, and Gustafsson (2005) measured novice nurses' views of themselves with respect to self-knowledge. Ronsten et al., who performed their study at a medium-sized hospital in Sweden, confirmed that a mentoring program strengthened a person's positive self-assessment, which included involvement, influence, individualization, and trust. Ronsten et al. described mentorship as a crucial step for novice nurses' motivation and the capacity to develop and maintain quality standards in nursing. Mentors provided mentees with a greater understanding of the unwritten rules of nursing practice by allowing the mentees to verbalize about the work and experiences.

New Graduate Benefits

Mentoring of new graduate RNs boosts satisfaction and lowers turnover rates (Burr et al., 2011). A mentor provides an additional layer of support and resources, leading the way to make a new graduate feel more comfortable in the RN role (Fox, 2010). Following the initiation of a mentor program at the Sharp Mary Birch Hospital for Women and Newborns (SMBHWN), the new graduate 1--year turnover rate decreased from a baseline of 20% to 7% after the first year (Burr et al., 2011). According to Burr et al. (2011), the SMBHWN new graduate RNs appreciated the support and encouragement they received from their mentors and felt the program enhanced their clinical growth and confidence.

Greene and Puetzer (2002) added that the long-term effects of mentoring include increased job satisfaction, decreased culture shock, and the empowerment of graduates to give back to their profession. Winfield, Melo, and Myrick (2009) highlighted that new graduates play a key role in shaping the future of nursing, not only as replacements for an

aging workforce, but also to ensure the survival of the nursing profession. Young (2009) stated that mentoring allows novice nurses to "develop a sense of empowerment" (p. 6). Young also said that mentoring is an important way to transfer knowledge and expertise and that the process often leads to nurses developing a sense of pride. Staff RNs must have inner motivation in order for mentoring and empowerment to occur. Through mentoring, energy can be channeled to accomplish goals and increase a mentee's perception of the environment. In summary, empowerment of an organization's staff is considered one of the most important aspects of whether or not an organization achieves excellence (Grossman & Valiga, 2009). All individuals need to feel successful and self-directed in order to generate excellence and accomplish the organization's goals.

Literature related to nursing students and the mentoring relationship revealed substantial benefits. Jones, Walters, and Akehurst (2001) studied undergraduate nursing students and their mentors in clinical placements. They found on days when students were present on the same shift as their mentors, the students and mentors spent significantly more time on education-related activities. Increased education-related interactions between a mentor and mentee lent support to the value of mentoring in the clinical setting.

Mentor and Mentee Benefits

Wolak et al. (2009) described how mentorship programs can provide a means of nursing education for both the novice and expert nurse. Related to the perceptions of being involved in a mentorship program, were three primary themes: availability, sense of community, support and knowledge. Mentees expressed the need to have access to

mentors, not in just formal settings but also during unplanned times, to become more comfortable asking questions. Mentees also described a sense of community as a benefit of the mentorship program in helping them develop relationships and learn the culture of nursing. Mentees indicated the support and knowledge provided by mentors was useful for developing their own skill set.

Harrison (2005) described learning that takes place between the student and teacher outside of the classroom setting. There is no evidence that a direct link exists, and one cannot assume that it is possible to pass on the appropriate knowledge and skills directly to students. Harrison attempted to identify a learning that occurs outside the transmission-based theories of education and beyond the conscious control of either the student or the teacher. This type of learning is outside the theories of the teacher and beyond the conscious mind of the student.

Positive outcomes are generated for mentors and mentees. Grossman (2007) pointed out that the benefits for both mentees and mentors include progression of one's career, empowerment, an increased professional knowledgebase and practice base, increased numbers of minorities in post baccalaureate programs, increased retention, and professional socialization.

Professional Growth Benefits

Mentoring can also enhancing the professionalism of RNs resulting in improved nurse retention and patient care outcomes, especially as mentoring becomes part of the hospital culture (Latham et al., 2008). Mentoring enhances professionalism, and both the mentor and mentee benefit from these supportive relationships that are based in a

professional context (Latham et al., 2008). Faron and Poeltler (2007) described a mentoring program for newly graduated nurses that helped to nurture their professional growth. The program's goals included increased employee retention and employee satisfaction, along with improved clinical outcomes and patient satisfaction.

Mentorship can also be a professional opportunity for mentors. Grindel and Patsdaughther (2000) discussed one nurse mentor's perception of her role and responsibilities and found that mentorship was perceived as a duty and professional obligation. The nurse mentor stated, "I think if you have a specialty in one particular area and you have a pretty good knowledge base, you have a responsibility to mentor" (p. 59-60). Mentoring enhances the professionalism of RNs, resulting in improved nurse retention and patient care outcomes, especially as mentoring becomes part of the hospital culture (Latham et al., 2008). These items validate the need for mentoring programs that utilize the knowledge base of mentors and assist in the development of novice mentees.

Work Culture and Environment Benefits

Mentoring programs can transform workplace cultures and environments. Butler and Felts (2006) described the common goal of all types of mentoring as the ability to retain nurses in active practice, facilitate recruitment, increase professional skills, help structure the profession, and increase client satisfaction. Strategies to enhance collegiality and utilize the experience of experienced RNs to create a healthy professional workplace and enhance their professional career development include formal mentoring programs and increased communication between mentors and management (Latham et

al., 2008). While decreased turnover and financial savings are tangible outcomes resulting from mentoring, more subtle changes emerge, such an as improved work environment and culture of support (Burr et al., 2011). According to Phillips-Jones (2007), indicators of a mentoring culture include one in which all forms of mentoring are occurring; that is, people act in the role of mentor and mentee at the same time.

Most of the literature regarding the effects of mentoring as it relates to professional development and overall satisfaction is primarily anecdotal. Glass and Walter (2000) looked at the effect of peer mentoring on the work environment and identified the following themes: sense of belonging, being acknowledged, feeling validated, verbalizing vulnerability, and understanding dualisms. This study focused on co-mentoring and learning from one another, as opposed to a clinical expert mentoring a novice or advanced beginner.

Wolak et al., (2009) utilized Kanter's (1993) theory of organizational empowerment, which offers a framework for creating meaningful environments. In relation to Kanter's theory of organizational empowerment, availability provided mentees with opportunities to ask questions and receive clinical guidance. For mentors, being paired with a novice nurse provided an opportunity to contribute not only to an individual's professional growth but also the professional environment. The identified theme of community is also consistent with Kanter's theory of organizational empowerment. Mentees stated how the mentorship program allowed them to learn the culture of nursing and the culture of the unit. The theme of support and knowledge identified within this qualitative study are clearly identified as pivotal pillars in Kanter's

theory of organization empowerment. The findings suggest an outline of an established mentorship program and provide insight into the experiences and perceptions of those within a mentorship program.

Mentoring has been shown to be a valuable strategy to advance positive health work environments and educational opportunities for mentees and mentors (Latham et al., 2008). The Burr et al. (2011) study suggested that mentees and mentors, although having different roles, undergo similar experiences and perceptions in a mentorship program. An established mentorship program can provide a framework for staff education, resource utilization, and professional development (Touring, 2006). Burr et al., (2011) discovered that because of the mentoring program's success with the enculturation and retention of new graduates, the program has been expanded to provide greater support for experienced nurses taking on new roles and responsibilities, such as matching advanced-practice nurses and charge nurses with mentors.

Patient Outcomes and Organizational Benefits

Organizations and patients benefit from mentoring programs related to cost savings from staff retention and satisfaction, along with improved clinical outcomes and patient satisfaction that result from a well-developed nursing staff (Race & Skees, 2010). Healthcare executives participating in Finley, Ivanitskaya, & Kennedy's (2007) study reported that their organization and the healthcare industry as a whole benefited from mentoring. Organizational cost savings result from staff retention; by lowering turnover rates, costs associated with recruitment and orientation can also be decreased (Faron & Poeltler, 2007). However, it must be understood that effective mentorship begins with the

organizational culture, which must have organizational buy-in to be successful (Race & Skees, 2010).

Nurse staffing levels affect patient outcomes and nurse retention in hospital practice. In the Aiken et al. (2002) study, there was a pronounced effect of nurse staffing on both mortality and mortality following complications. The Aiken et al. (2002) study suggested that RNs have significant effects on preventable deaths and also contribute to early detection of patient complications. The benefits of appropriate RN staffing also extend to the large numbers of hospitalized patients who are not at risk for mortality but nevertheless are vulnerable to a wide range of unfavorable outcomes. Improving staffing levels may reduce turnover rates by reducing burnout and job dissatisfaction, major precursors of job resignation.

Mentoring programs have the potential to decrease the attrition rate of new graduates and increase staff satisfaction and value to an organization (Jones, 2008). The Almada et al. (2004) study found a 29% increase in retention, and a 9.5% decrease in vacancy after the implementation of an intense 8 -week preceptorship program. The Sharp Mary Birch Hospital for Women and Newborns (SMBHWN) mentoring program estimated a cost savings of more than $300,000 after the first year alone, and a decrease in new graduate turnover rates from a baseline of 20% to 7% following implementation of the program. The hospital continues to experience lower new graduate 1- year turnover rates annually; therefore, the program has sustained the initial gains (Burr et al., 2011). A pilot study of mentoring the California Nurses Foundation conducted during a 2-year

study found that although 35% of non-mentored nurses left the health care setting, only 5% of nurses who were mentored resigned (Fox, 2010).

Barriers to Mentoring

Despite having characteristics conductive to mentoring, other factors could cause barriers to forming an effective mentoring relationship. Hayes (1998) described time factors, scheduling limitations, and space constraints as the most common obstacles for nursing educators in developing the mentoring relationship. Hurley and Snowden (2008) indicated lack of time due to clinical workload as the most frequent barrier noted. In the fast paced healthcare environment, mentoring may seem like another addition to a RN's already busy schedule (Allen & Eby, 2004). Greene and Puetzer (2002) cited a lack of organizational support as a barrier to mentoring. Mentor training programs required additional funding to increase the availability of mentors and decrease mentor overload; yet, they did not identify organizational costs of this training (Hurley & Snowden, 2006). Moseley and Davies (2007) identified barriers to mentoring that included developing an effective relationship, serving as a role model, and creating a learning environment. Elcigil and Sari (2008) also identified personal skills and qualities, lack of confidence in one's ability as a mentor, and lack of confidence in one's interpersonal skills as barriers to mentoring. It is important to realize that not every RN can be a mentor; the quality of a mentor is vital to a successful mentoring relationship. Awareness of these potential barriers can help mitigate the possible obstacles to a successful mentoring relationship.

There is little research on the barriers to mentoring. Grossman (2007) found some barriers, which included a mismatch of the mentor and mentee regarding values, work styles, and personality. Other barriers included mentors with poor communication skills, mentors with no specific nursing knowledge or clinical expertise, and mentors with manipulative behavior. An example of a manipulative behavior would be a mentor taking credit for the mentee's work.

Mentor and Mentee Characteristics and Qualities

Mentor Characteristics and Qualities

Specific characteristics of a mentor are suggested in the literature to promote the mentoring experience. Lafleur and White (2010) identified three themes associated with the qualities of mentors: personal attributes, professional skills and abilities, and communication skills. Honesty, openness, friendliness, enthusiasm, compassion, flexibility, and consistency were many of the other personal attributes associated with mentors. Professional skills were identified as competence, knowledge, and assessment skills. Other elements associated with effective mentors were sharing responsibility, role-modeling, interpersonal communication, and communication skills. Harrington (2009) suggested specific mentor qualities can optimize the mentoring relationship including being an authority in the field, an educator, a counselor, a sponsor, and having personal commitment. Gibson and Heartfield (2005) added characteristics of knowledge, skills, positive attitudes, and experience. Teatheredge (2010) emphasized that nurse mentors need to be motivated, have a positive attitude, take an interest in their mentees' learning, and encourage them to reach their full potential. Although these traits are

desirable, being an expert nurse does not necessary equate with being a good mentor. A mentoring program should, therefore, include a mentor's self-reflections to assess his or her skills (Cowling & Taliaferro, 2004). Teatheredge (2010) found that effective mentoring is "enabling and facilitating students to practice their theoretical knowledge and skills in clinical areas and enhancing their practice through reflection in and on practice" (p. 21). Fox (2010) stated, "mentors will be expected to motivate, support, teach, counsel, promote, and protect" (p. 313).

Mentors must be cognizant of how they interact with people in a variety of settings. It is imperative that a mentor understands the role of emotional intelligence and how it affects mentoring interactions. Mentoring is a process of modeling appropriated behaviors in order to influence others for the good. Emotional intelligence is defined as, "the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth" (Ashkanasy, 2003, p. 18). Emotional intelligence consists of four emotional intelligence skills that are grouped into two primary competencies: personal competence and social competence (Goleman, 2004). The four emotional skills are self-awareness, self-management, social awareness and relationship management. Self –awareness refers to how accurately one can identify one's emotions in the moment and understand one's tendencies across time and situation. Self-management refers to how one uses awareness of one's emotions to create the behaviors one wants. Social awareness is how well one reads the emotions of other

people. Relationship management is how one uses the first three emotional intelligence skills to manage one's interactions with other people.

Dracup and Bryan-Brown (2004) identified five core competencies of mentors: self-knowledge, strategic vision, risk-taking and creativity, interpersonal and communication effectiveness, and inspiration. The first competency, self-knowledge, is the ability of the mentor to understand and develop in the context of organizational challenges, interpersonal demands and individual motivation. The second competency, strategic vision, refers to the ability to connect broad social, economic, and political changes to the strategic directions of institutions and organizations. With this competency, mentors are able to focus on goals and advise wisely. The third competency is risk taking and creativity. Mentors need to have the ability to be successful by moving outside the traditional and patterned ways of success. Successful mentors are able to identify creative responses to organizational challenges and can tolerate ambiguity and chaos. The fourth competency is interpersonal and communication effectiveness. This skill set requires that mentors be able to give people they guide a feeling of being included and involved in a relationship. The fifth competency is inspiration. Mentors are ultimately change-agents who create personal as well as organizational changes. Change can be difficult, and mentors understand and address resistance to change and build teams that can move from planning to action. Mentors do more than teach skills; they facilitate new learning experiences, help new nurses make career decision, and introduce them to networks of colleagues who can provide new professional and opportunities. Mentors are interactive sounding boards who help others make decisions.

Mentee Characteristics and Qualities

The mentee must show a willingness to learn and drive the mentoring relationship, which includes clarifying goals and expectations. This involves mentees being self-directed and taking responsibility for their learning needs in the practice area (Downie & Basford, 2003). As a mentee gains experience, accumulates skills, and assimilates theory into practice, the mentee will then be more confident about seeking out new experiences and demonstrating a keenness to learn while feeling comfortable to ask for help (Downie & Basford, 2003). Other mentee characteristics include being open to constructive feedback and guidance. Mentees are accountable for personal development and willing to work on career development with the mentor. According to Fox (2010), the primary consideration for selection of mentees should be that they are motivated to develop different or greater competencies through an intensive relationship with their mentor. The goal is for the mentee to move from being subject centered to performance centered.

Mentoring Relationship

Role and Function

Fowler and O'Gorman (2005) identified eight mentoring functions that both mentors and mentees perceived as significant in their relationships and careers. These include personal and emotional guidance, coaching, advocacy, career development, role modeling, strategies and system advice, learning facilitation, and friendship. Personal and emotional guidance is very beneficial for a new graduate, especially when the mentor and mentee discuss the new graduate's first patient's death. Mentors are coaches by providing a novice nurse opportunities to explore alternatives and provide the mentee

with objective feedback. Mentoring enhances professionalism, and both the mentor and mentee benefit from these supportive relationships based in a professional context (Latham et al., 2008).

A mentor acts as a guide, role model, teacher, and sponsor. A mentor also provides knowledge, advice, challenge, and counsel for a new role (Johnson, 2002). A mentor is involved with self-actualization of the mentee as opposed to focusing on clinical instruction and evaluation (Latham et al., 2008).

Mentoring relationships have benefits for staff nurses regardless of the relationship's length and regardless of how they are formed or how long they last. Kopp and Hinkle (2006) found mentoring relationships that provide role socialization and nurturing are essential to the foundation of mentoring. Bally (2007) reflected that such relationships involve the undertaking of certain role and responsibilities including teaching, counseling, confirmation, acceptance, friendship, protection, and sponsorship. This relationship is found to reduce anxiety of novice nurses in the transition to practice (Billings & Kowalski, 2008). The relationships are intended to achieve safe and competent nursing practice though influencing both the mentee and the mentor (Greene & Puetzer, 2002). As the mentoring relationship develops, both the novice and expert nurse are energized, learn more about themselves, grow professionally, become empowered, and discover new opportunities (Wagner & Seymour, 2007).

There are two functions of the mentoring relationship: career and psychosocial. Career mentoring focuses on growth within the organization and psychosocial mentoring promotes personal and professional growth. Elements of career mentoring include

coaching, protecting from adverse situations, providing challenging assignments, and increasing visibility and exposure (Kram, 1985). Psychosocial functions involve aspects that affect each mentorship partner on a more personal level. Allen and Eby (2004) added to the list and included promoting professional ethics. This includes mentoring as a way to improve the welfare of others and also includes the desire to help others, the organization, and ensure the profession of nursing succeeds. Johnson (2002) described the career function of mentoring as "learning the ropes" (p. 89).

There are four components for psychosocial mentoring: development of the professional self, counseling, friendship, and role modeling. Allan and Eby (2004) enhanced the list of psychosocial functions to include increased competence and self-image. The primary psychosocial functions, which increase a mentee's self-worth, include competence, identity, and general effectiveness by receiving friendship and counseling from the mentor. The psychosocial aspect includes assisting a person to acclimate to an organization's culture and suggesting hints for balancing work and personal life, whereas career mentoring focuses on networking, providing new strategies for accomplishing goals for career advancement, and new professional endeavors (Grossman, 2007). The mentor's job includes career functions, such as sponsorship, coaching, protection, and exposure, while the psychosocial role involves role modeling, counseling, acceptance, confirmation, and friendship (Andrews, Brodie, &Andrews, 2006). The career functions focus on the mentee's career whereas the psychosocial function focuses on the personal development of the mentee. Grossman (2007) pointed out that not all of these functions may be appropriate in some organizations or with some

individuals, but clarified that a mentorship should include focusing on psychosocial as well as advising on steps for career advancement. Both of these types of mentoring are applicable to the novice RN.

Socialization and Relational Benefits

Siu and Sivan (2011) highlighted the value of mentorship in the socialization of psychiatric nurses. The major finding involved the process of mentoring in which there are interactions between mentees and mentors with subsequent relationship formation. The key to successful mentorship in nursing lies in the four themes mentees expressed in this psychiatric study. The findings revealed becoming acquaintances, developing a bond, feeling included, and obtaining affirmation as important elements to mentoring. The themes were progressive in terms of the respondents' degree of connection with their mentors and their eventual involvement in the nursing profession (Siu & Sivan, 2011).

The existence of a relational process and the interactions between mentees and mentors in the mentoring experiences of psychiatric nurses was vital to a successful mentoring relationship. The process started when novice nurses taking their first practicum would look for someone who could help them adjust to the hospital environment through informal conversation. These novice nurses were attracted to nurses with certain characteristics who could facilitate their interaction with experienced nurses. The novice nurses were looking for nurses who were accessible and approachable, competent charge nurses who were intuitive and could manage their workload with ease, and nurses who provided feedback on their performance with a view to help them improve (Siu & Sivan, 2011). The work environment must be conducive to

exchange and dialogue between expert and novice staff as well as allowing time for socialization activities.

In the Siu and Sivan (2011) study, relationships between mentees and mentors began to evolve when both parties were taking initiatives to interact with each other. It was through the reciprocal and mutual communications that a relationship developed. The relationship grew into a mentor-mentee bonding where the mentee and mentor shared ideas and feelings. The bonding was characterized by the investment of time and effort and the identification of mutual goals; regular, ongoing dialogues were designed to ensure the accomplishment of those goals. This study highlighted the value of mentorship for the socialization of nurses.

Theoretical Framework

Jean Watson's Theory of Human Caring

Watson's (2001) major conceptual elements of her theory of human caring include caritas processes, transpersonal caring, and the caring moment. "Clinical caritas" is from the Greek word meaning to cherish, to appreciate, and to give special attention to something that is previous (p. 6). Watson views the caritas factors as a guide for the core of nursing and stated, "the future of nursing is ironically tied back to Nightingale's sense of calling, guided by a deep sense of commitment and ethic of human service" (p. 344). It is this caring and trusting relationship that forms between a mentee and mentor to create the mentoring relationship. A nurse's caring consciousness becomes essential for the connection and understanding of the other person's perspective. This approach highlights the uniqueness of both mentor and mentee and also the mutuality between the two individuals, which is fundamental to the relationship.

Of Watson's (2001) 10 Clinical Caritas processes, eight of them have direct applicability to the mentoring relationship. Clinical Caritas #2 focuses on the instillation of faith and hope. It implies being authentically present and enabling the beliefs of the one being cared for and the one giving care. This means a mentor and mentee must be able to focus on only the other individual's need. Clinical Caritas #3 is the cultivation of one's own spiritual practices and being open to others with sensitivity and compassion. Both mentors and mentees need to be open to others by role modeling and nurturing individual needs and practices. Clinical Caritas #4, developing and sustaining a helping-trusting authentic caring relationship, addresses the need for both a mentor and mentee to have a trusting and caring relationship. Building a trusting and caring relationship is the foundation of the mentoring relationship. Clinical Caritas #5, being present to and supportive of the expression of positive and negative feelings, is essential to create an environment of trust where the mentor and mentee can verbalize their feelings so their needs are clearly identified. Both the mentor and mentee must be open to feedback. Mentors need to role model interpersonal and communication effectiveness. This skill set requires that mentors should be able to give the mentee a feeling of being included and involved in the relationship.

Clinical Caritas #6, creative use of self and all ways of knowing, implies the openness a mentor needs to use and role model critical thinking and creative problem solving skills to meet the mentee's needs. Mentors must have the ability to be successful by identifying creative responses to organizational challenges. Clinical Caritas #7, engaging in genuine teaching-learning experience that attends to the unity of being and meaning in attempting to stay within another's frame of reference, guides a mentor to

respond to the situation as it exists. Teaching and learning are key activities of nursing care and the mentoring relationship. A mentor needs to be cognizant of a mentee's way of learning. Clinical Caritas #8, creating a healing environment at all levels, supports the mentor's goal to provide a supportive, environment where wholeness, dignity, and peacefulness are promoted. Clinical Caritas #9, assisting with basic needs with an intentional caring presence consciousness, guides a mentor to promote a mentee's wholeness of body, mind, and spirit to bring the mentee to a place where wellness may be achieved even in the presence of healing.

The second major element of Watson's (2001) theory of human caring explores what she described as the "transpersonal caring relationship" (p. 348) that evolves between mentor and mentee as the caring mentor nurse seeks to connect with the spirit of the mentee's soul through the process of caring and healing. The term "transpersonal" (p. 348) means to go beyond one's own ego and the present as it allows one to reach deeper spiritual connections on promoting the mentee's comfort and healing. Great mentors have the ability to nurture a mutual and equal partnership with mentees. This skill set requires that mentors must be able to give people they guide a feeling of being included and involved in the relationship. Watson stated that the transpersonal caring relationship process occurs when "the nurse attempts to enter into and stay within the other's frame of reference for connecting with the inner life world of meaning and spirit of other" (p. 348). The transpersonal caring relationship is a special kind of human caring relationship that depends on the ability of the nurse to go beyond an objective assessment and show concern toward the person's subjective understanding and perception of his or her health care situation (Cara, 2003). In the same fashion, a mentee enters into a

mentor's experience, sharing the transpersonal caring moment as part of the mentoring relationship (Watson, 2000).

Watson (1997) described the transpersonal caring relationship as the foundation and the most important competencies for nursing as the focus is on the uniqueness of the other in the moment. A mentor's understanding of a mentee's experience makes possible the development of a transpersonal caring relationship that has a powerful positive impact on the lived experience of both mentee and mentor. It is this caring response that creates the foundation for a meaningful relationship for both mentee and mentor. Intentional, caring nursing interventions will promote comfort, healing, and a sense of well-being for a mentee and mentor. An assumption of a transpersonal relationship is that ongoing personal and professional development assists the nurse in entering into this deeper level of professional healing practice (Watson, 1999).

The third component of Watson's (2001) theory of human caring, caring moment occasion is achieved through intentional presence. Watson (2001) described a caring occasion as the moment when the nurse and another person come together in such a way that an occasion for human caring is created. According to Watson (1999), the "caring moment" is similar to the "mentoring moment" (p. 26); the person caring and the person being cared for share on a personal level, creating a mutual opportunity for learning from each other. Knowing anxiety is a part of a mentee's experience. A mentor is able to recognize the need for intentional presence of the nurse and specific strategies to enhance a meaningful relationship. Caring is the foundation of this connection that has the potential to enhance the mentor and mentee connection and relationship. Mentor and

mentee come together with their unique stories and backgrounds to form the caring moment in the mentoring relationship.

Watson's theory (2001) supports the need for nurse mentoring as the theory highlights the uniqueness of both the mentee and the mentor and also the mutuality between the two, which is fundamental to the mentoring relationship. The theory supports the connection between mentor and mentee by displaying an intentional caring presence. Watson also supports the mentor and mentee coming together with their unique stories and backgrounds, by giving of each other to the relationship through intentional presence and the development of a transpersonal caring relationship.

Patricia Benner's Novice to Expert Theory

Benner (2001) introduced the concept that expert nurses develop skills and understanding for patient care over time through a sound educational base as well as a multitude of experiences. The premise in Benner's novice to expert theory is that the development of knowledge in nursing is composed of the extension of practical knowledge through research and the characterization and understanding of the clinical experience. In short, experience is a prerequisite for becoming an expert. Benner described five levels of nursing experience as novice, advanced beginner, competent, proficient, and expert. Each step builds on the previous one as abstract principles are refined and expanded by experience and the learner gains clinical expertise.

Benner's (1991) foundation of novice to expert utilizes both techne and phronesis. Techne knowledge is book knowledge; it is the information that is captured from procedural or scientific knowledge. The novice nurse must be given safe and clear directions on how to proceed, as there is no previous experience on which to draw. For

example, if a novice nurse discovered a patient was short of breath, the novice nurse might attribute the symptom to anxiety and would talk to the patient about his or her concerns and hold the patient's hand. A more experienced nurse would have applied oxygen. Phronesis is more complex; it is reasoned practice developed through experiential learning where the nurse is continually improving his or her practice. A nurse who makes a series of rapid decisions during an emergency draws on phronesis. The rapid response team members in hospitals are made up of experts who use this kind of knowledge. Based on Benner's novice to expert theory, instead of seeing patient care as bits of unrelated information and a series of tasks, an expert nurse is able to integrate various aspects of patient care into a meaningful whole. In contrast, a novice nurse will focus on mastering the technical aspects of patient care, but how to care for an unstable, critically ill postoperative patient is an urgent manner. Vital signs must be noted every 15 minutes, the cardiac rhythm assessed, intravenous drips titrated to keep with blood pressure within a certain range, the lungs auscultated, and intake and output recorded.

Using Benner's (1991) model, an expert nurse taking care of the same patient would complete the same tasks but not be caught up in the technical details. An expert nurse integrates knowledge of cardiovascular physiology and pathophysiology to assess symptoms and guide patient care. For example, if a patient's skin is a little cooler than it should be, the patient is harder to arouse than an hour prior, the pulse oximeter shows a decrease in arterial saturation, and the cardiac monitor shows an irregular heart rhythm. An expert nurse integrates such information and determines the irregularity is new onset atrial fibrillation and that the cardiac output has probably dropped as a result. An expert nurse knows to watch for emboli, adjust intravenous medications to maintain blood

pressure, monitor for other signs and symptoms of reduced cardiac output, and notify the physician about the patient's change in status. An expert nurse has gone beyond the tasks to read and respond to the whole picture. It is the whole process of caring through the mentoring relationship that guides a mentor and mentee and provides the foundation to care for a mentee to develop through the levels of novice to expert.

The problem-solving ability of a proficient or expert nurse differs from that of a beginner or competent nurse (Benner, 2001). According to Benner (2011), a novice nurse displays role-governed behaviors that are limited and inflexible, for example, "tell me what I need to do and I'll do it" (p. 21). Because a novice nurse has no background experience of a new situation, he or she has difficulty discerning between relevant and irrelevant aspects of the situation. Generally, the novice level applies to nursing students and new nurse graduates. In contrast, an expert nurse performance is fluid, flexible, and high-proficient. Instead of seeing patient care as bits of unrelated information and a series of tasks, an expert nurse is able to integrate various aspects of patient care into a meaningful whole. An expert nurse no longer relies on principles, rules, or guidelines to connect situations and determine action because he or she has an intuitive grasp of clinical situations. Nurses' expertise develops when nurses test and refine principle-based expectations through practice.

Through effective mentorship, nurses can positively impact healthcare organizations, improve job satisfaction, promote professional development, and empower staff registered nurses. Mentors are a critical component of the mentoring relationship; therefore, mentors are essential to the growth and stability of the nursing profession. Benner (2001) advocated novice nurses working with expert nurses. This clearly

suggests the need for mentorship throughout the stages of novice to expert for successful clinical proficiency.

The benefits of mentoring for the mentee, mentor, and the healthcare organization are clear. Mentorship provides experienced nurses with a unique opportunity to enhance the professional development of novice RNs and can serve as a model to contribute to a positive work environment and empower nurses. In addition, mentoring allows new graduates to form relationships with expert staff and share knowledge and enthusiasm. As a result, both a mentee and mentor develop a sense of belonging and the knowledge that they are contributing to the work environment.

Effective mentoring programs can benefit all who invest in the program through improving and promoting recruitment, retention, morale, and professional development (Faron & Poeltler, 2007). The mentoring relationship can benefit the mentee, the mentor, and the organization. Further research is needed to investigate actual organizational costs of nurse mentoring programs and the impact on staff development. Most importantly, mentoring can result in improved nursing care, high quality health-care, and improved patient outcomes.

The proposed mentoring program will focus on factors that have been shown to enhance clinical success of new novice nurses, as well as provide much needed social support, noted to be critical elements of job satisfaction and nurse retention (Burr et al., 2011). The intention of this program is designed to keep novice nurses in nursing by nurturing them professionally and personally. The insights from the literature review provide a foundation for the main components of the mentorship program, which are outlined in chapter three.

Chapter Three: Development of a Mentoring Program

As a past nurse manager of an intensive care unit who has hired many new novice nurses and new graduates, I have observed how important mentoring is after the new nurse has completed orientation. Mentoring facilitates integration of novice and new graduate nurses into the social culture of the work unit. Mentoring increases staff retention by decreasing stress and promoting self-esteem and confidence. I have also observed what a difference mentoring is from a personal perspective for professional growth opportunities. Through effective mentorship, nurses can positively impact healthcare organization, improve job satisfaction, promote professional development, and empower themselves.

The proposed mentoring program strives to create and promote a positive and healthy work environment for nurses by supporting, teaching, and encouraging professional and personal growth of nurses. The mission of the mentoring program is to assist and support the novice nurse after orientation to grow professionally and personally for the first year as the novice nurse transitions into the intensive care unit. As the mentor nurse shares insight, knowledge and information, the mentee nurse will realize his or her full potential, therefore improving patient care and satisfaction of both the mentor and mentee.

The objectives of the mentoring program include developing supportive and encouraging relationships; guiding new nurses in their professional, intrapersonal, and interpersonal growth; promoting mutuality and sharing based on colleagues' needs; and communicating information concerning expectations, learning opportunities, and

stressors. The overall objectives for a mentor and mentee relationship include enhancing clinical skills and confidence, fostering working relationships, and promoting professional development.

The mentorship program is based on the principles of adult learning with a focus on identifying and addressing pertinent needs of the individual being mentored. The theoretical foundation for the program is based on Watson's (2001) theory of human caring and Benner's (1991) novice to expert theory. Throughout the 1-year program, a mentor will guide a mentee as the mentee transitions into the role of a professional nurse.

Mentorship Program

Background

The idea of the mentorship program originated from the Medical/Surgical/Transplant ICU Preceptor Committee at a large Midwestern teaching hospital. The Preceptor Committee members felt there was little support for new orientees once orientation was complete. The current orientation process includes a 6-month post orientation evaluation the preceptor completes. The nurse manager then discusses the evaluation with the orientee. The initial idea of a mentoring program was further discussed at the Medical/Surgical/Transplant ICU Unit Council, Practice, and Staff Development Committees. The nurse manager formed a mentor workgroup, and the conceptual plan to develop a mentorship program was discussed. The mentoring workgroup felt the mentorship program should be voluntary for both the mentee and mentor.

Differences between a Preceptor and a Mentor

The first step was to clearly distinguish between the preceptor and mentor roles. Many of the potential mentor applicants were also preceptors. The Department of Nursing and the Medical/Surgical/Transplant ICU at the Midwestern teaching hospital have a well-developed preceptor program. The preceptor role is to orient a new nurse during the defined 3- month orientation to the Medical/Surgical/Transplant ICU. The purpose of orientation is to introduce the nurse to policies, procedures, and ensure competency with nursing skills so that safe care is delivered. Preceptorship focuses on supporting new staff. During this orientation period, the orientee and the preceptor are responsible to complete orientations check off sheets to ensure competent care is delivered. Precepting has well defined outcomes. The preceptor is focused on orientating the nurse to specific tasks by using the standards of professional practice

The purpose of mentoring is to encourage, support, and guide nurses so they will continue to grow personally and professionally. Mentoring allows a person to focus on an aspect of their life or work. Mentoring is a voluntary relationship for both mentees and mentors. Mentors are not responsible for the nurse's day to day activities or solving problems. They offer a nonjudgmental listening ear for a mentee. Generally, mentors do not teach specific position-related skills or tasks. A mentor may challenge a mentee to operate outside of his or her comfort zone. Depending on what the mentee needs and desires, the mentor may help with continued socialization with the institution, communication issues, career goals and problem solving. Through their own experiences and expertise, mentors can help mentees determine what steps to take and identify

appropriate resources. The mentoring relationship is built on trust, and the information shared between a mentor and mentee is confidential. The mentoring relationship lasts for 1 year after the novice nurse completed the 3-month initial orientation period.

Mentee Selection and Competencies

A mentee is a RN who has successfully completed the Medical/Surgical/Transplant ICU and critical care unit orientation. A mentee will have a baccalaureate degree in nursing and meet performance expectations. Characteristics of successful mentees the workgroup developed include being open to receiving help and guidance, having a strong sense of identity, having strong commitment to their career, taking initiative, and being open and honest. Potential mentee candidates were then e-mailed these characteristics. It was emphasized in the initial mentees' solicitation meetings that the mentees needed to be willing to take the time and energy to openly share needs and goals and take advantage of suggestions or opportunities. Finally, it was highlighted that the mentee would drive the mentee and mentor relationship. Mentees e-mailed the nurse manger if they wanted to participate in the mentoring program. The nurse manger selected all mentees who met performance expectations and desired to participate in the mentoring program.

Mentor Selection and Competencies

Mentors are RNs in the Medical/Surgical/Transplant ICU with greater that one year of experience and a desire to mentor. Potential registered nurse mentors on the Medical/Surgical/Transplant ICU were e-mailed the characteristics of an effective mentor the workgroup developed, which include being patient, enthusiastic, knowledgeable, a good listener, having a genuine desire to share knowledge, having a positive attitude,

dealing with stress effectively, being able to support others without taking charge, and being open and honest. All mentor applicants needed to meet performance expectations.

Mentors needed to display components of emotional intelligence, a set of skills anyone can acquire, in their nursing practice. Emotional intelligence is the ability to identify, use, understand, and manage emotions in positive ways to relieve stress, communicate effectively, emphasize with others, overcome challenges, and diffuse conflict (Goleman, 2004). The essential premise of emotional intelligence to be successful requires effective awareness and control and management of one's own emotions and those of other people.

Emotional intelligence embraces two aspects of intelligence. The first aspect includes understanding oneself, one's goals, intentions, responses, and behavior. The second aspect includes understanding others and their feelings. For example, if a mentor struggles to communicate in social settings or is unable to control emotional outbursts when a colleague disagrees, the mentor needs to uncover the causes of these shortcomings. A mentor must do some self-evaluation and be willing to solicit the evaluation of others. Thus, a mentor has the responsibility to be a person who seeks to improve self and then improve others. By utilizing the principles of emotional intelligence, a mentor is able to recognize his or her emotional state and the emotional states of others. All of the emotional intelligence components relate to a successful mentor and mentee relationship.

In addition, mentors need to also have the nurse manager's approval by meeting the five core competencies of mentors: self-knowledge, strategic vision, risk-taking and

creativity, interpersonal and communication effectiveness, and inspiration (Dracup & Bryan-Brown, 2004). Self-knowledge includes the ability to understand themselves in the context of organizational challenges, interpersonal demands, and individual motivation. Mentors must be aware of their personal learning styles and are able to work with different styles of other people. The second competency of strategic vision refers to the ability to connect broad social economic and political changes to the strategic direction of organizations and understand the broader impact of the environment on healthcare. For example, the mentor is able to understand the reimbursement effects on organizations. With this competency, leaders are able to focus on goals. The third mentor competency is risk taking and creativity. This competency refers to mentors having the ability to take risks and turn mistakes into opportunities for growth. Learning from mistakes is an especially important competency for a novice nurse. The fourth competency is interpersonal and communication effectiveness. Mentors have the ability to nurture a mutual and equal partnership. This skill set requires that mentors be able to give those they mentor a feeling of being included and involved in the relationship. Mentors need to be great communicators and listeners. The final competency is inspiration. Mentors are ultimately change agents who create personal as well as organizational changes. Mentors encourage change by making others feel hopeful and optimistic about the future. After mentors e-mailed the nurse manager with interest, a group of mentors was selected.

Mentee and Mentor Relationship and Commitment

Both mentors and mentees were voluntarily solicited by an e-mail. To meet the definitions and objectives of the program, the formal mentoring program included voluntary mentee choice of a mentor. Both the mentee and mentor were given characteristics of an effective mentor-mentee relationship the mentor workgroup developed including a synergistic relationship that is continuously evolving, where both mentor and mentee benefit from the interactions; the mentee will recognize his or her areas of need and suggest topics for discussion based on that need, and seek out mentor guidance. Another characteristic of an effective mentor and mentee relationships is that both the mentor and mentee protect the integrity of the relationship and provide for a non-judgmental and confidential environment.

Theoretical Framework

The mentor and mentee conceptual model will produce a more positive work environment. Figure 1 is an example, utilizing Benner's novice to expert model (1991) and Watson's theory (2001) as the foundation for the program. Watson's theory of human caring is the foundation of the caring relationship developed between a mentor and mentee. Mentoring is about relationship and relationship building. It is this trusting, caring relationship that leads to enhanced professional skills. The mentor gives advice, guidance, protection, and encouragement to the mentee. The mentee creates the mentor's interest and curiosity. The mentee and mentor have a two-way relationship, as noted by the center arrows in the Mentor and Mentee Conceptual Mentoring Model (p. 56). The mentee and mentor are able to share on a personal level, thus creating a mutual opportunity for learning from each other. As the mentor and mentee begin to form their

relationship, they come together as individuals with their own experiences, reflective questioning, and their capacity to grow in a mentoring relationship. This relationship needs nurturing and a reflective approach to mature. This relationship is an example of Watsons' (2001) theory of human caring Clinical Caritas #4, developing and sustaining a helping trusting authentic relationship.

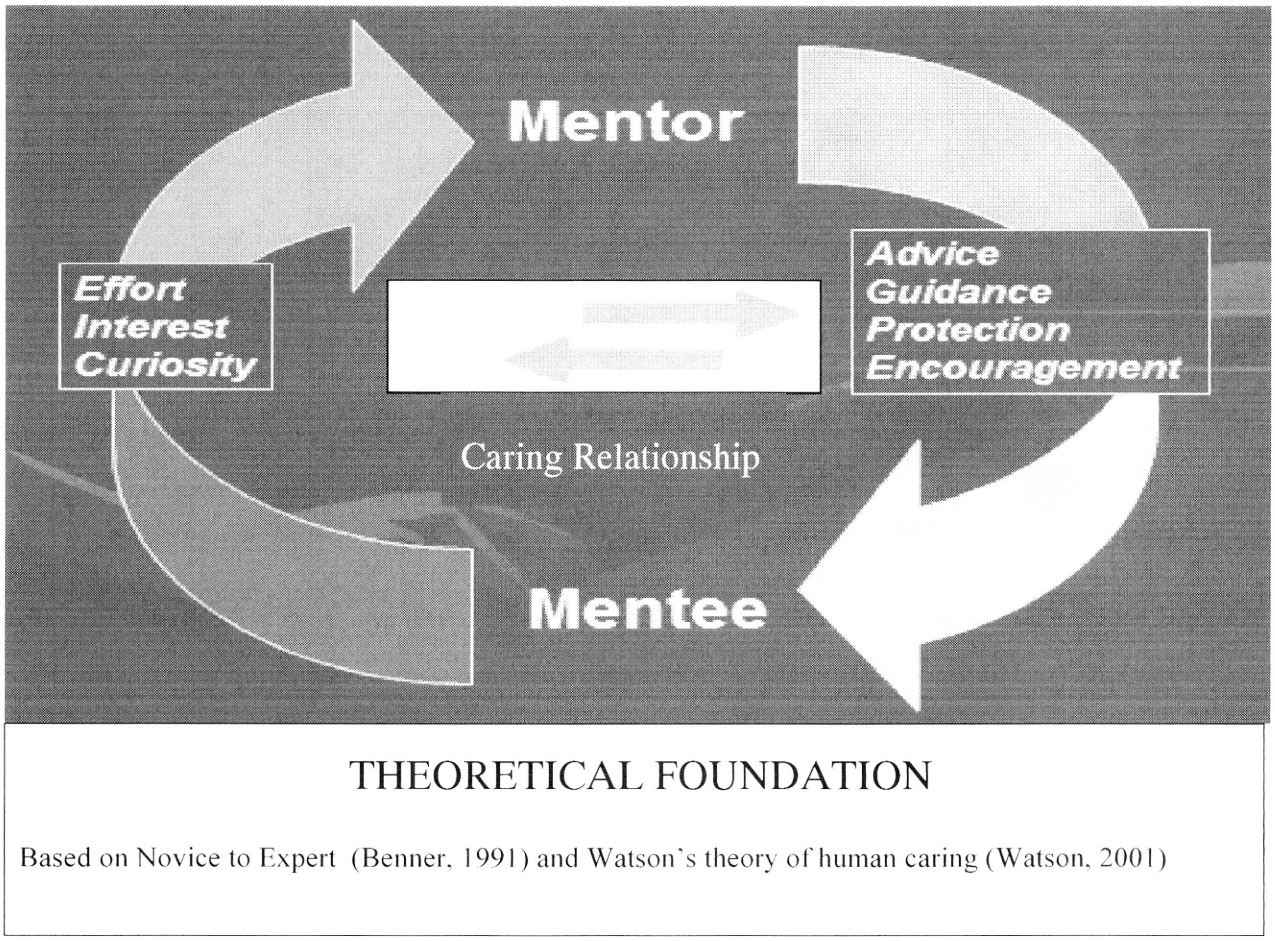
There are other clinical caritas that have direct applicability to the mentorship relationship. For example, Clinical Caritas #2 describes the importance for both a mentor and mentee to focus on each other with sensitivity and compassion. Caring for each other is essential to keep staff energized and able to work with patients with sensitivity and compassion as described in Clinical Caritas #3. Clinical Caritas #5 implies building a trusting relationship as the foundation of the mentoring relationship. The Mentor and Mentee Conceptual Model (p. 54) emphasizes both the mentee and mentor have much to gain from the relationship, as demonstrated with the two arrows in the center of the model. Clinical Caritas #6 is demonstrated by the mentor being able to role model critical thinking skills and creative problem solving skills. Clinical Caritas #7 is implied with the teaching and learning as key activities of nursing care and the mentoring relationship. Clinical Caritas #8 describes the creation of a healing environment for both the mentor and mentee. Finally, Clinical Caritas #9 guides the mentor to promote the mentee's wholeness of mind, body, and spirit.

Benner's (1991) novice to expert model will help guide the nurse with the five levels of development: novice, advanced beginner, competent, proficient, and expert. Each step builds on the previous one as abstract principles are refined and expanded by experience, and the learner gains clinical expertise. The novice nurse seeks rules to guide

action. The advanced beginner seeks strategic and contextual knowledge and begins to know when rules may be broken. Being able to monitor their own performance and make conscious choices of what to do describes competent nurses. The proficient nurse increases the use of intuition and tacit knowledge. Ultimately, the expert nurse is characterized by fluency and automatically and fully adapts and controls a situation. The transition does not equal time or years. Regression is faced with new situations or specialty. Transition takes time and experience.

Conceptual Mentoring Model

Figure 1. Mentor and Mentee Conceptual Mentoring Model



The Mentor and Mentee Conceptual Mentoring Model shows how the mentor and mentee benefit each other. The mentor gives advice, guidance, protection, and encouragement to the mentee. The mentee gives effort, interest, and curiosity to the mentor. Through the implementation of a mentor program, new graduate nurses will be provided support to guide them through the clinical and emotional challenges of their first year as a professional nurse. Furthermore, mentors have an opportunity to benefit

from the satisfaction of helping a less experienced colleague begin a career and reach a desired goal.

Mentorship Program Design and Implementation

The mentorship program was designed to be a structured, yet caring, arrangement of time for two individuals to use principles of adult learning to identify and address pertinent needs of the individual being mentored. The mentee and mentor commitment consisted of monthly meetings where the mentee's personal objectives were reviewed. The frequency, timing, and location of the meetings were based on the mentor-mentee dyad. However, a time period of no more than 1 month between meetings was recommended. If the meetings were held on the campus, the mentee and mentor were paid for their time. If the meetings were held off campus, it was on their own time due to the institutional policies.

The voluntary mentorship program started on a quarterly basis to coincide with new graduates' Medical/Surgical/Transplant ICU orientation completion. The identified mentors attended educational sessions focusing on the role of the mentor and mentee, the goals and objectives of the mentorship program, and review of the nurse mentorship tool kit (Appendix A). The educational sessions also reviewed emotional intelligence content to prepare the mentor. Watson's theory of human caring (2001) was discussed as the theoretical framework for the mentorship program. The mentees had the opportunity to choose their mentor. The nurse manager e-mailed both the mentee and the mentor with the requirements of the program and followed up every 2 months on an informal basis with both mentor and mentee.

The time commitment for the mentee and mentor the workgroup suggested was a 1-hour monthly meeting. These meetings involved discussion, support, and advice. The mentee was required to fill out a monthly sheet that included goals for the meeting, accomplishments during the meeting, tentative goals for the next meeting, items to discuss for the next meeting, and the date of the next meeting. The nurse mentorship toolkit provided forms for the mentee to fill out monthly to assist in completing identified goals (Appendix A). Both the mentee and mentor needed to sign the monthly form.

Critical factors that would contribute to the mentoring program's success included (a) clearly identified goals and objectives, (b) training and support, (c) ongoing evaluation, (d) administrative support, and (e) recognition and celebration. These factors will be evaluated at 6 months and 1-year post implementation.

Goals and Objectives

The Medical/Surgical/Transplant ICU developed a standing mentoring workgroup and identified clear expectations for mentees and mentors. In addition, the workgroup reviewed and revised goals on an annual basis. The workgroup adapted the goals to meet the mentoring needs of the staff. The mentoring program goals (developed by the mentoring workgroup) included the following:

Goal 1: Enhance professional growth and development of novice RNs after the first year of orientation on the Medical/Surgical/Transplant Intensive Care Unit

Goal 2: Maintain a culture of interpersonal support among nurses throughout the Medical/Surgical/Transplant Intensive Care Unit

Goal 3: Advance the mentoring skills of the mentors

Goal 4: Promote mentee-physician communication and collaboration

Goal 5: Sustain financial gains from decreased new graduate turnover.

Mentee expectations the mentoring workgroup developed were communicated to both the mentee and mentor:

- Initiates appointment with mentor
- Completes the monthly worksheet on goal setting
- Commits to the program for 1 year
- Provides feedback on the program at midpoint and at the end of the year long program

Mentor expectations the mentoring workgroup also developed were communicated to both the mentee and mentor:

- Willing to participate in workshops
- Agrees to meet with the mentee monthly
- Assists the mentee with meeting his or her goals
- Provides coaching, feedback, and opportunities for development
- Commit to the program for 1-year
- Provides feedback on the mentoring program at 6- month post implementation and at the end of the year long program

The mentoring program goals, mentee expectations, and mentor expectations will be evaluated one year after post implementation.

Education and Support

An initial mentor learning needs assessment was completed by each mentor to address the educational needs of the mentor (Appendix B). After reviewing the results of the mentor learning needs assessment, a mentorship program was tailored to meet mentors' needs. The learning needs assessment revealed that emotional intelligence training was requested the most; therefore, education was developed around elements of emotional intelligence. Emotional intelligence consists of a set of traits that enable people to use their emotions appropriately and to recognize and respond to the emotional needs of others.

The objective for the mentor educational session was to define the role of the mentor, define the role of mentee, discuss tools to make a successful mentor/mentee relationship, and discuss concepts of emotional intelligence to prepare for mentor role. The initial 4- hour mentor orientation teaches mentors how to be effective and gives them the tools to initiate and optimize the mentoring relationship. The educational session helped mentors differentiate mentoring from preceptorship and supervisory roles, explore personal values and experiences, and define mentoring skills. Mentors were paid to attend the session. The Leadership and Organizational Development Department at the Midwestern teaching hospital provided the education on emotional intelligence.

The session was grounded in the caring aspects of nursing, which is reflective of the vision, values, and philosophy of the Department of Nursing within the hospital. The Department of Nursing uses Watson's (2001) theory of human caring as the foundation for nursing practice. The focus of Watson's (2001) theory of human caring is the

interpersonal relationship between the patient and the nurse. In the mentorship program, the focus is on the relationship between the mentee and mentor. The core values of the nursing model include RN accountability and a professional practice environment. The core values provide a foundation for the mentorship program. The act of caring provides an internal compass that facilitates mentoring. Published research related to mentoring was presented at the mentor session including an article by Dracup and Bryan-Brown (2004). The published research provided the mentors with the importance of mentoring from a professional development aspect. Information was presented in lecture format with open reciprocal exchange of information and experience between the lecturer and attendees. This format provided an opportunity for mentors to also network with other mentors at the lecture.

All of the mentees completed a needs assessment (Appendix C). After compiling the mentees' needs assessments, a session was held for all the mentees where mentee and mentor requirements were reviewed. Mentee education included information on developing interpersonal management and organizational skills, guidelines for meeting with the mentor, hints for agenda preparation, and worksheets for each mentoring meeting that were included the nurse mentorship toolkit (Appendix A). The nurse mentorship toolkit worksheet includes the mentee's goals for the meeting, accomplishments of the meeting and tentative goals and plans for the next meeting (Appendix A). It was expected that the mentee completed a monthly worksheet to give the mentor. The worksheet helped the mentees focus on areas they wanted to discuss with their mentor, such as developmental goals, clinical skills, social skills/relationships,

problem solving, self-esteem, dealing with a patient death, accessing organizational resources, and dealing performance challenges. Both the mentee and mentor signed the monthly worksheet.

Ongoing support was provided to the mentee and mentors in the form of educational sessions, individual coaching, and monthly e-mail mentorships tips from the nurse manager. Quarterly sessions provided both mentors and mentees with educational opportunities to interact and develop social interaction, and professional networking skills that contributed to mentoring success as identified from the mentor and mentee needs assessment. Future session themes identified from the mentor and mentee needs assessment included effective communication, professional development, and nurse-physician collaboration. Periodic meetings with small groups of mentors were conducted on the unit to share ideas and identify opportunities to support mentees. The nurse manager oversaw the program activities, facilitated the mentor-mentee matching, and provided ongoing support and follows up for the mentee and mentor pairs. The mentoring workgroup members served as resources to the mentee and mentor pair on the unit, provided input, and assisted with training and educational sessions. The nurse manager provided other support if there were questions or concerns from either the mentee or mentor.

Ongoing Evaluation

Continuous evaluation is vital to ensure the mentoring program is relevant and meetings the needs of the staff and organization. Participants will complete a written evaluation at the conclusion of the mentoring relationship, which includes a series of

questions rated on a strong agree to strongly disagree scale to evaluate their experience and to provide additional comments (Appendix D). Specific class evaluations will also be obtained following the initial mentoring training session and the quarterly sessions. Secondly, overall retention will be measured. Finally, anecdotal feedback will provide another source of information.

Administrative Support

Key stakeholders from the Medical/Surgical/Transplant ICU include expert nurses, novice nurses, and the nurse manager as vital members to initiate as well as sustain the program. The financial commitment from administrative and nursing leadership ensures allocated funding for individual and committee meetings as well as educational sessions. Besides financial support, the nurse manager will promote mentoring as a means for staff development and will utilize the program as a recruitment tool. The nurse manager's presence at the mentoring workgroup meetings will be a testament to the value the nurse manager places on mentoring. The nurse manager uses the time as an opportunity to interact with and mentor staff.

Recognition and Celebration

Feeling valued and appreciated helps promote a mentoring culture. A mentor recognition event is planned on an annual basis in which new mentors receive a certificate and lapel pin. In addition, the mentees will be asked to write letters of appreciation for their mentors on the unit. The mentor workgroup will display a poster at the department's poster fair. Also mentors will be recognized at the unit council meetings.

In summary, mentoring is a complex process that develops over time with a caring, trusting relationship. Benner's (1991) novice to expert model and Watson's (2001) theory of human caring provides the foundational understanding of the mentoring process and a structure to promote successful mentoring as illustrated in the Mentor and Mentee Conceptual Mentoring Model (p.56). Mentoring can support the novice nurse for the first year after orientation to learn the culture of nursing and the unit. Mentorship programs provide a means of professional growth for both mentees and mentors.

Chapter Four: Challenges and Evaluation

The purpose of this project was to design a 12-month mentoring program for novice intensive care unit (ICU) nurses following their 3 months of ICU orientation. This project provided a unique learning environment and educational opportunities for both mentees and mentors. The goals of the educational sessions and the mentoring relationship were to improve job satisfaction, promote professional development, and empower staff registered nurses. The author facilitated and developed the mentorship program. After the first group of mentees and mentors had begun the program, the author transferred to another role in another department. At this time, the mentorship program has sustained itself on the Medical/Surgical/Transplant ICU; however, the author is unable to comment on the continuation or success of the nurse mentorship program on the Medical/Surgical/Transplant ICU.

Challenges

Nurses on all levels face very unique challenges specific to their roles. Unfortunately, each level of nursing is not always aware, empathetic, or understanding of the challenges of their nursing peers, colleagues, and leaders. Some of the challenges faced with mentoring include time, mentor and mentee selection and compatibility, number of mentors available, and motives for mentoring.

Time

One of the largest challenges was time, primarily due to clinical workloads. It needs to be recognized that mentorship takes time on both sides of the relationship. A mentee needs time to acquire new knowledge and time to reflect on the new knowledge and how it fits into existing experiences and knowledge. A mentor needs time to get to

know the mentee and his or her background, time to debrief with the mentee, and time to plan how to support the mentee's development. There was not an opportunity for the nurse manager to give mentors and mentees dedicated time to meet during the clinical shift. Some mentors and mentees would go to lunch together or meet after a unit committee meeting. There was lack of support from administration to have the mentors and mentees not care for patients on a shift to facilitate the mentorship program. Allocation of time is essential for the development of mentoring relationships. Mentors need to be given protected time away from their regular duties to devote to teaching and assessing mentees. Many of the mentors were also preceptors on the Medical/Surgical/Transplant ICU. Some mentors felt taxed as they were also preceptors. In addition, many of the mentors were also unit leaders as well as charge nurses. It is typically assumed that more frequent interaction between the mentor and mentee will translate into greater mentoring provided. Literature provided little information on dealing with the time constraints associated with scheduling and conducting mentoring activities. Others may argue that there is never enough time and that mentors' and mentees' commitment is the key to achieving maximum results. In reality, time entails more than willingness and dedication for both the mentee and the mentor; it needs to be a commitment.

Mentors required explicit details on how they can provide career advice and networking opportunities for new nurses. Mentors were provided this information in the educational sessions. To develop the program, administrative time was needed to develop and maintain the nurse mentorship tool kit. Having administrative support for

the project would have been helpful, such as a designated person to support the project as part of his or her job.

As the relationships between mentees and mentors continued to grow, keeping the program fresh and maintaining interest was a challenge, for example, how to continue to keep staff interested in mentoring along with many other items and changes frontline staff keep busy with on any given shift. Maintaining the momentum for both the program and mentor/mentee pairs is essential and passionate nurse mentors are necessary to keep the program moving forward.

Mentee and Mentor Selection, Compatibility, and Relationship

One of the challenges occurs when a mentee and mentor do not work well together. An appropriate mentor and mentee match is key to successful mentoring relationship and a mentor's strengths should be different from those of the mentee. This difference leads to mutual growth through sharing of ideas that signify a successful mentoring relationship. Finding the ideal match may involve elaborate procedures that include compatibility and interest assessments. However, random pairing may be as effective as a complicated matching method.

In this project, mentees chose their mentor from a list of interested mentors. Each mentee and mentor pair was given the option to change if one or both parties felt incompatible with the mentorship relationship. However, none of the pairs decided to change. Outside of the formal mentoring programs, mentors typically have complete discretion over their choice of a mentee.

There may be certain mentee characteristics mentors prefer. Mentors could be attracted to high-performing mentees with technical knowledge. Other mentee

characteristics include motivational factors such as a strong work ethic and initiative, competence, and a learning attitude. Mentors may prefer to work with mentees based on a mentee's ability and potential rather than on the mentee's need for help or guidance. Thus, mentors' mentee selection could be based on a combination of demographic, motivational, and personality variables.

It is also important to recognize that not every individual is a good mentee and not every individual needs a mentoring relationship. As previously discussed, most nurses have precepting relationships, not mentorships, and the precepting relationship has more of a skill-oriented focus over a defined period. Some preceptors find it hard to "let go" and allow the orientee to have continuous consultations with them even after the orientation period. This makes it difficult to develop a mentee and mentor relationship. Due to the nature of a preceptorship, the preceptor and orientee can generally work out any differences, whereas the relationship between a mentor and mentee is more intricate, and the behavior and productivity of mentees have a more direct reflection on the mentors.

Mentor Training

Each nurse mentor needs adequate training. The literature suggests mentor training cover skills such as goal setting, emotional intelligence, learning styles, job stress and difficult behaviors. This gives a mentor a variety of skills and ideas to become a dedicated mentor. Some of the mentoring programs cited in the literature asked new mentors to sign a contract outlining the expectations and commitment expected from each of them. The mentorship program described in this paper did not ask the mentors to sign a contract. The Learning and Organizational department at the large Midwestern hospital

where this mentorship program took place provided education on emotional intelligence. It is essential that the mentor program have available trainers to train the mentors.

Enough Mentors Available

There are likely more individuals who desire a mentor than mentors available. Mentors will be attracted to mentees who bring something of value to the relationship. Offering some type of reward for the mentor may increase the willingness to mentor individual mentees who are not as talented or motivated as other mentees. The author did not personally experience this challenge as the program was new. This could be a concern if there were a lot of new orientees needing preceptors or a high turnover on the unit leaving fewer experienced staff, and therefore, fewer mentors.

Motives for Mentoring Others

A factor that could contribute to an individual's decision to enter into a mentoring relationship involves the expected costs and rewards. Mentors might develop perceptions regarding the costs and benefits associated with being a mentor. This cost-benefit analysis should take into account the mentor's perceptions of the mentee's characteristics. The intention to mentor could be related to expected benefits and negatively related to expected costs.

Some potential mentors were worried that poor mentees could reflect badly on the mentor and energy drain could result. Some staff perceived the mentorship program as more work and time required either during or after a busy shift. The responsibilities that mentors assume are both time-intensive and challenging. Staff nurses who act as charge nurses in the clinical setting are rewarded with a differential in pay, but there was not a differential in pay for mentors. Mentors and mentees were paid for the time they met if

they stayed on the campus. The expectations to assist in developing a novice nurse should be viewed as additional responsibility and be rewarded accordingly. It was the author's experience that mentors "go above and beyond" when providing advice, counseling, and coaching activities with a new nurse. The Medical/Surgical/Transplant ICU had developed a "point system" to reward those who were mentors, preceptors, charge nurses, and participated on committees. The point system was utilized to select staff to attend educational activities as well as national conferences.

Plans for Evaluation

Participants will complete a formal written evaluation form at 6 months post implementation and at the end of the 1- year mentorship program (Appendix D). The purpose is to evaluate the program and obtain feedback for ongoing program development. The respondents will remain anonymous, although they will identify whether they were the mentor or mentee. Participants will be asked to rate the educational workshop as to whether it met program and personal objectives, as well as evaluate the speaker and overall quality of the educational session.

Other elements critical to evaluating the mentorship program will include online program and nurse satisfaction evaluations conducted quarterly to measure overall nurse satisfaction with specific program components. In addition to written evaluation and on-line evaluation, anecdotal reports will be documented.

Outcomes and Other Effects Associated With Mentoring Others

Further evaluation is needed on learning as an outcome of mentorship relationships. The effects of a mentoring program on the quality of patient care, productivity, job satisfaction, and retention could also be evaluated.

While decreased turnover and financial savings are tangible outcomes resulting from mentoring, more subtle changes can emerge, such as an improved work environment and culture of support. The program could be expanded to provide greater support for experienced nurses taking on new roles and responsibilities, such as matching more advanced-practice nurses with mentors and new charge nurses with more experienced charge nurses.

Limitations of Project

There was a limited sample size in one intensive care unit. The author was the nurse manager of the Medical/Surgical/Transplant ICU. After the implementation of the mentorship program, the author transferred to another department and was unable to follow up on the outcome of the program.

The Role of the Organizational Context

A relatively unexplored topic for future discussion is the role that the organizational environment plays in the mentoring process. Further study is needed to explore how specific workplace demands, such as tight schedules and limited resources, may create an environment in which individuals feel less able to mentor others. Further possibly valuable evaluation is examining the diversity of new nurses, including education level, previous employment, and age on the mentorship relationship.

Moving Forward

Following education and implementation of the nurse mentorship program, evaluation of the effectiveness will be done 6 months and 1-year post implementation to evaluate if any changes to the program are needed. Further discussion is needed to investigate actual organizational costs of nurse mentorship programs and the impact of

staff development. Enhancing nurse retention via mentorship programs is just one creative approach to address the nursing shortage and reduce significant costs associated with turnover. The mentorship program also emphasizes values inherent in the nursing profession, such as fostering opportunities for learning and networking and cultivating a spirit of collaboration.

In summary, mentoring increases support of colleagues and results in a more positive workforce environment. A mentorship program enhances professionalism in frontline staff and helps to sustain a positive, constructive environment. However, it can take years for RNs to institute culture change within an organization and to see the full impact. The professionalism developed by frontline staff helps to create a unit culture of support, professional teamwork, and improved nurse retention and vacancy rates. These factors are essential for the ongoing variability of today's health care environment. Ultimately, the patient benefits from the mentorship relationship through quality patient outcomes.

Chapter Five: Discussion and Conclusion

The goal of this project was to design a 12-month mentoring program for novice intensive care unit nurses following their 3- month orientation. Mentoring is about a relationship between two people. A mentor is an experienced nurse who has lived through, learned from, and succeeded in a particular aspect of life. A mentee is a nurse who is just starting out on that journey. Mentees tend to learn the wisdom of acquired knowledge from mentors, rather than specific techniques or skills. The benefits of mentoring for a mentee, a mentor, and the organization are clear. Mentorship programs can help facilitate educational opportunities of mentees and mentors, who although having different roles, undergo similar experiences and perceptions. The literature indicates that mentorship facilitates transition of a novice nurse into the workplace and social culture of the organization. In addition, mentoring increases staff retention by decreasing stress and promoting positive self-esteem (Jakubik, 2008). Watson's (2001) theory of human caring and Benner's (1991) novice to expert theory provided the theoretical framework for this project.

The author speculates that this project could be expanded to many patient care areas, especially those with novice new graduate nurses. This would directly enhance the healthy work environment and make a positive impact on patients and families.

Timing of a mentorship relationship to new nurses starting their first job and feeling overloaded must be considered to prevent overwork and the burden of another "to do" on a long list. Although a new nurse's first year can be overwhelming due to learning a new work environment, new policies and procedures, new skills and

equipment, as well as new coworkers and management, it is during the first year that new nurses can be most influenced by what is going on around them. The first year is vital in proving to each new nurse that he or she is a valued member of the team.

Recruitment of mentors who volunteer and are committed to accommodating mentees into their busy schedules is needed. Their dedication and commitment to spending the time needed must be established prior to recruitment.

It is vital to have leadership support for the program. The development of an effective mentoring program requires an understanding of the interrelationships among mentoring, organizational culture, and leadership. An effective nurse leader can exemplify the vision and values of an organization and assist in the promotion of the mentoring culture. Through authenticity and treating staff with dignity and respect, nurse leaders provide frontline support of mentoring through inspiration, motivation, developing trust, empowering, and collaborating with staff.

The Mentorship Relationship

The mentorship relationship is a special caring relationship where two people make a real connection with each other. It is built on mutual trust and respect, openness, and honesty where both parties can be themselves. It is a powerful and emotional relationship. The mentoring relationship enables a mentee to learn and grow in a safe and protected environment. The quality of the relationship is crucial to a successful outcome. If bonding does not occur and one or both of the two parties are not comfortable within the relationship, then neither learning nor mentoring will be sustained. A good relationship recognizes the need for personal development.

Nurse mentors need to be motivated, have a positive attitude, and take an interest in mentees' learning. Mentees must demonstrate a willingness to learn. Both mentees and mentors are responsible for fostering a positive, effective working relationship. Mentors have a responsibility to promote independence during the learning process. It is essential for mentors to have dedicated time to develop effective, committed working relationships, which support evidence-based learning. Mentoring is a two-way relationship.

A mentorship program can be an effective tool to attract and retain nurses. The mentoring process benefits not only mentees, but also mentors. Adequate training of mentors and mentees is vital to a successful mentorship program. Mentors require specific details on what mentoring is and must be provided with tools to assist the novice nurse who may have a variety of requirements, including career advice and networking opportunities. Likewise, mentees must be prepared to assume a relationship of equality and take responsibility to achieve and manage a formalized, time-limited relationship that will smooth their way into a career in nursing. Preparing mentors and mentees for their roles requires a sufficient number of trainers who are adequately prepared for this responsibility. Drivers of success include well defined goals and objectives, training, evaluation, administrative support and recognition and celebration. The mentorship program affirms the caring values of the department.

Watson's (2001) theory of human caring and Benner's (1991) novice to expert theory support the concept of a nurse mentorship program. Learning the art of mentoring is an essential tool at any level of nursing if new staff is to be successful. Mentorship is

important throughout a professional nurse's career. Nurse leaders have a responsibility to promote effective mentoring. Effective mentoring programs can benefit all who invest in them through recruitment, retention, improving morale, and promoting professional development. All of this will ultimately improve the quality of nursing care and patient outcomes.

Nursing leaders and organizations can make lasting impacts through high-quality mentoring relationships even when time and resources are limited. Mentoring can be extremely beneficial, especially during a nursing shortage. It is important that medical institutions grow nurses professionally, and it is essential to develop those who are new to the nursing profession. As the nursing profession moves forward, healthcare facilities have a unique opportunity to influence and shape their novice staff and the changing health care environment. Nurses must recognize their ability to be a mentor and understand clearly what mentoring is and is not. Mentorship provides nurses with a unique opportunity to enhance the professional development of novice nurses and can serve as a model to contribute to a positive work environment. Most importantly, mentoring can result in improved nursing care, high-quality health-care, and improved patient outcomes.

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Appendix A

Nurse Mentorship Program Toolkit

The Nurse Mentorship Program is intended to be loosely structured and a caring arrangement for sharing between two nurse colleagues, an experienced nurse, and a novice nurse. The ultimate goal is to contribute to the personal and professional development of all nurses through relationships that are nurturing and supportive.

The program is based on the principles of adult learning with a focus on identifying and addressing pertinent needs of the individual being mentored. Definitions of a mentor include counselor, guide, expert, wise teacher, and role model of virtue, achievement, and ways of life. Throughout this 1-year program, the nurse mentor will guide and counsel new nurses as they transition into the role of professional nurse.

The Nurse Mentorship program is a mentoring program for new nurses based on a framework for the passage of wisdom, caring, and confidence between new and experienced nurses. The program is based on Watson's (2001) theory of human caring. The theory emphasizes the humanistic aspects of nursing in combination with scientific knowledge. Watson (2001) designed this theory to bring meaning and focus to nursing as a distinct health profession. The theory emphasizes the interpersonal process between the care giver and the patient. Human caring, the caring to caring transpersonal relationship, and its healing potential for both who is caring and the one who is cared for are the main focus of Watson's theory of human caring. According to Watson the major elements of her theory are (a) the carative factors, (b) a transpersonal caring relationship, and (c) the caring occasion and caring moment.

Program Objectives

The objectives of the program include the following:

- To develop supportive and encouraging relationships
- To guide new nurses in their professional, personal, and interpersonal growth
- To promote mutuality and sharing based on the needs of colleagues
- To communicate information concerning expectations, learning opportunities, and stressors.

Program Design

This program is designed to be a structured, yet caring, arrangement of time for two individuals to use principles of adult learning to identify and address pertinent needs of the individual being mentored. The frequency, timing, and locations of the meeting times are based on the mentor-mentee dyad. However, a time period of no more than 1month between meetings is recommended.

Program Evaluation

To determine the effectiveness of the Nurse Mentorship program, mentors and mentees will be asked to complete an evaluation form at 6 months and at the end of the 1-year program.

Mentee Information

You will meet your mentor, discuss goals and objectives for the mentorship relationship, and arrange to meet on a regular basis. It is recommended that you meet every month or more often. Monthly meetings are the minimum requirement. You and the mentor determine the objectives of each meeting. These objectives should reflect the

needs, concerns, and/or issues that you have identified. For example, you may indicate that you are having difficulty communicating with a certain staff member. One of the meeting objectives would be to identify strategies that you could implement to foster better communication with the staff member. Later, you will evaluate how effective those strategies were.

The location of the meetings should be an agreed upon place. The location of the meetings should be one that will assure that you can have each other's undivided attention without interruptions. The meetings do not need to be lengthy, but you should allow for about 1 hour. For each meeting, you are asked to come with written objectives/topics for discussion. Your mentor will record the strategies that you decide to use to manage the issues as they arise. Certainly new objectives can be added during the meetings, but it is important that the meetings stay focused on your needs. The mentor will save all the worksheet/agendas from each meeting. Per nursing policy, all meetings must be held on campus in order for you to be paid.

Guidelines for Preparation for Meetings with Mentor

The following materials have been included to prepare you for your meetings with your mentor:

- Developing Interpersonal Management and Organizational Skills
- The Ideal Mentor Exercise
- Summary of Tips for Successful Mentoring
- Guidelines for Meeting with your Mentor
- Hints for Agenda Preparation
- Worksheet/Agenda for Each Mentoring Meeting double space list

Please read the materials. Complete the "Ideal Mentor Exercise" (see p. 92) so that you can share with your mentor some of the qualities that you think would support the mentor-mentee relationship.

The materials related to meetings with your mentor will help you prepare for those meetings. For each meeting with your mentor, you are asked to fill in your goals on the "Worksheet/Agenda for Each Mentoring" form. You will take a Worksheet /Agenda form to each meeting with your mentor. You and the mentor will fill out the rest of the Worksheet/Agenda form at each meeting. You will also evaluate the effectiveness of what you have accomplished since your last meeting.

The purpose of the meetings with your mentor is to provide an environment of open communication where you can discuss any and all aspects of your transition to professional nursing. You are encouraged to make the most of these meetings by sharing your thoughts, issues, and questions with your mentor.

Confidentiality

To foster an atmosphere wherein you are assured of open communication and support, it is critical that the communication shared between you and the mentor be kept confidential. The expectation is that, unless you grant permission, no information from your meetings will be shared with others. Breech of confidence will destroy the mentor-mentee relationship and foster distrust; we do not want this to happen. You may choose to disclose the identity of your mentor, but your mentor will not disclose any information, with the expectation of the following:

- Violation of hospital policy

The Mentee (the ideal qualities I would like my mentor to have)

The Ideal Mentor Exercise

1. An ideal mentor should have the following general skills:

2. An ideal mentor should have the following interpersonal skills:

3. If I were a Mentor:

_____

_____

_____

_____

_____

_____

_____

As a mentee, you will be developing skills in area of the areas listed below.

As the mentoring continues, you will be able to identify growth in these areas.

Interpersonal Skills

- Communication
- Feedback
- Assertiveness
- Customer Service Behaviors
- Conflict Management
- Relationship Building
- Dealing with Difficult People

Management Skills

- Delegation
- Motivation
- Team Building
- Organization Culture
- Networking
- Self-Management
- Self-Care

Organizational Skills

- Project Management
- Goal Setting
- Time Management

Guidelines for Meeting with your Mentor

The following guidelines will assist you in making the mentoring experience beneficial.

Bring the following items to your FIRST MEETING:

- Your Mentee Packet
- Your Ideal Mentor Exercise
- Your goals for the first orientation meeting with your mentor
- A blank Worksheet/Agenda for each mentoring meeting
- Your calendar, in order to set up future meetings

Bring the following items to ALL SUBSEQUENT MEETINGS:

- A **prepared** Worksheet/Agenda

- Your calendar
- Any of the above items needed

Your mentor has volunteered to participate in this important program and is available to support you in leadership development. It is up to you to set goals for each meeting with your mentor.

Each meeting should include the following:

- Follow up from the previous meeting
- Discussion of specific topic/situation from mentee
- Review of meeting discussion
- Plan for the next mentoring meeting

Summary of Tips for Successful Mentoring

- Be comfortable with the uncertainty of this type of new relationship.
- Meet in an environment where there will be few, if any, interruptions.
- Clarify roles, responsibilities, and confidentiality with your mentor.
- Write your goals for each meeting wither prior to OR during the current meeting while you and your mentor are together.
- Utilize the program as a growth and development opportunity. Do not say, "Oh I don't have any issues, problems, or development needs this month, so you just don't need to see me".
- Make appointments in advance and keep them. If you need to cancel, re-schedule immediately.
- Hang in there....as you know, good relationships take time. It is the consistent, quality time together that can build a relationship of trust, wherein positive development and success can occur

Summary of Tips for Successful Goal Setting

- Goals represent results of what you hope to achieve
- To develop a goal statement make it a brief, clear description of what is to be accomplished
- Goals should be balanced-both long and short
- Goals should be written down, committed to and reviewed on a regular basis
- Effective goals are SMART:
    1. Specific
    2. Measurable
    3. Attainable
    4. Realistic
    5. Time bound

Agenda Preparation

The Agenda and Tips for Agenda Preparation

When you are ready to prepare your worksheet/agenda, consider the following:

- Your immediate needs for the next few weeks/months
- Items you have identified based on a self-assessment. Begin with the current demands of your work.
- Feedback from others.
- Something that went wrong recently.
- Something that went very well that you'd like to utilize more often
- Short-term goals
- Long-term goals
- Questions
- Concerns/Issues
- Wishes

Assessing Progress

Determine progress against goals and what lessons were learned from the past:

- Ask mentee to evaluate progress
- Share feedback to recognize accomplishments and suggest opportunities for improvement

Suggested Questions for Mentee

- What measurable progress have you made?
- What do you still need to accomplish to meet your goal?
- Are you on course to meet your objectives within the time frame established?
- What steps towards achieving your goals are you having difficulty with?
- What can be done to reduce or eliminate those barriers to success?
- Are there additional actions you can take to meet objectives?
- Are there resources that would facilitate success?

Feedback Guidelines

- Focus on behavior, not the person.
- Feedback should be balanced.
- Avoid judging motives or intentions.
- Avoid hurtful/emotional language.
- Keep feedback confidential.
- Solicited feedback is more useful.

Maintaining Momentum

Follow up

Encourage Mentee to consider new options

- What worked
- What didn't work
- What should you do differently?
- What will likely work in the future?

Prioritize options

- Most important
- Highest payoff
- Quickest result

Share ideas and thoughts on each option

Evaluate the implications of each option

References

Watson, J. (2001). Theory of human caring. In M.E. Parker (Ed.), *Nursing theories and nursing practice* (pp.344-354). Philadelphia, PA: Davis.

The Mentor (the ideal qualities a mentor should have)

The Ideal Mentor Exercise

1. An ideal mentor should have the following professional skills:

2. An ideal mentor should have the following interpersonal skills:

3. An ideal mentor:

Worksheet/Agenda

(For Each Mentoring Meeting)

DATE _____

My goals for this meeting

_____

_____

_____

_____

_____

_____

What did we accomplish during this meeting?

_____

_____

_____

_____

_____

_____

_____

Tentative goals for next meeting

Plan for next meeting and other items

Date/time for next meeting

Mentee Signature_____ Mentor Signature_____

NOTE: Make additional copies as needed

Appendix B
Mentor Needs Assessment
Department of Nursing

Please take a moment to fill out this survey and return to your NM by_____. Your input is important in developing content of upcoming educational opportunities. Please rate your needs 1-5.

Effective Communication

No interest (1) (2) (3) (4) (5) Strong interest

Dealing with Challenging Personalities

No interest (1) (2) (3) (4) (5) Strong interest

Mentoring Boundaries (when to triage concerns)

No interest (1) (2) (3) (4) (5) Strong interest

Nursing Resources

No interest (1) (2) (3) (4) (5) Strong interest

Generational Differences

No interest (1) (2) (3) (4) (5) Strong interest

Healthy Work Environment

No interest (1) (2) (3) (4) (5) Strong interest

Leadership Development

No interest (1) (2) (3) (4) (5) Strong interest

Are you interested in being a mentor?

Yes No

What additional topics would you find beneficial?

Appendix C
Mentee Survey Needs Assessment
Department of Nursing

I feel a sense of belonging on my unit.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

I feel stress or anxiety related to my job.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

I feel that the nursing culture/work environment on my unit is safe

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

I feel I am a valued member of the team.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Rate the following on the scale of 1-5

1= Very Satisfied 2= Unsatisfied 3= Neutral
4= Satisfied 5= Very Satisfied

I feel satisfied with my nursing peers as follows:

Approachability	1	2	3	3	5
Resourcefulness	1	2	3	3	5
Willingness to help	1	2	3	3	5
Knowledge	1	2	3	3	5

What is the biggest obstacle of our job transition to the ICU? Explain how your colleagues could help you overcome this obstacle?

Do you feel you have been adequately prepared to work independently in the ICU? Why or why not?

How long have you been off orientation?

Currently in Orientation 1-3 months 4-6 months 7-12 months

How long have you been a registered nurse?

0-2 years 3-5 years 6-10 years 10+years

Appendix D
Nurse Mentorship Mentee-Mentor Evaluation

Date:

Person completing form: ☐ Mentee or ☐ Mentor

Person receiving feedback:

NOTE: Separate forms should be completed by the mentor and the mentee.

Please rate your current assessment of each of the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree
There is sufficient communication between my mentoring partner and me				
The mentoring partnership has positively affected my nursing career.				
There is adequate support of this partnership by the colleagues on the Medical/Surgical/Transplant ICU				
I feel a sense of belonging to the Medical/Surgical/Transplant ICU				
I feel stress or anxiety in my job on the Medical/Surgical/Transplant ICU				
I feel that the nursing culture/work environment on Medical/Surgical/Transplant ICU is safe				
I feel I am a valued member of the team				
There was sufficient opportunity/time to carry out the mentoring relationship to meet monthly				
We both (mentor and mentee) prepared for the interactions				
I feel satisfied with my nursing peers as follows: • Approachability • Resourcefulness • Willingness to help • Knowledge				

Please comment on the following items.

1. List one thing that we should continue doing.	
2. List one thing that we can improve upon.	
3. Where should we focus for future sessions?	
4. Would you like to continue with the current mentoring partnership?	
5. Is there is a specific practice development topic/growth area that has been identified? If yes, please list.	
6. If a practice development area is identified, what additional resources are required to meet this need?	
7. Other comments	
8. What action am I committing to take based on the answers to questions 1-7?	