



Growing Our Own

Inspiring Growth and Increasing Retention Through Mentoring



Q: I'm interested in becoming a mentor to novice nurses. Where do I start?

A: In this "Conversations with Colleagues," authors Sue Faron and Deb Poeltler make a strong case for why mentoring new nurses is so important and discuss how at their own institution—Sharp Mary Birch Hospital for Women—they're "growing their own."

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Many experienced nurses have "war stories" to tell related to painful events they experienced as new graduate nurses. How many of us repeatedly had the most acute assignment or had to face an angry physician by ourselves because that was "the way things were done"? Over the years, nursing initiation has improved, but it seems to focus more and more on technology and computer skills. Providing programs to

improve clinical skills performance just isn't enough to give new nurses the confidence they need to perform their new roles. New graduates finish hospital orientation and believe that they still need more support and mentoring than is available to them (Almada, Carafoli, Flattery, French, & McNamara 2004).

At Sharp Mary Birch Hospital for Women in San Diego, we identified the need to grow our own successful staff by developing a mentoring program for our hospital's new nursing graduates in order to nurture their professional growth (communication skills, integration to



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the team and job satisfaction) as well as personal growth (feelings of belonging and becoming part of a team, providing support and security and inspiring confidence and emotional maturity in giving and receiving feedback).

Historical Background

During the past several years, there has been well-documented identification of a nationwide nursing shortage, the aging of the nursing workforce and the need for hospitals to increase retention of nursing staff. Like many hospitals, especially those in California where the nurse-to-population ratio is the lowest in the nation, our freestanding women's hospital was experiencing the effects of the nursing shortage (U.S. Department of Health and Human Services, 2004). In addition, an increase in patient census resulted in the need to hire more nurses. The pool of available experienced nurses is small, and we found ourselves hiring many new graduates, even to specialty areas such as labor and delivery and the NICU.

Hiring new graduate nurses has its own set of challenges (see Box 1). These challenges put more emphasis on the importance of retaining the new graduates. This is especially true in light of the average new graduate turnover rate of 21 percent across the United States (American Association of Colleges of Nursing Media Relations, 2002). It's been reported that staff retention is higher in organizations in which time, effort and resources are spent on staff education and on supporting coaches and mentors (Hom, 2003).

Box 1.

Challenges of Hiring New Graduate Nurses

- Increased education and training needs of new graduates
- Extra work required of experienced staff in orienting and training new graduates
- Maintaining and improving patient, staff and physician satisfaction during the new graduate's transition to the new role

Definitions

Understanding the benefits, an RN Advisory Committee in our hospital set a goal to implement a mentor program to retain nurses, especially new graduates. A well-developed nursing skill orientation and preceptorship program is in place on the individual nursing units. Literature was confusing, though, as to distinctions between the terms "orientation," "precepting" and "mentoring." Our group defined for our purposes the difference between what a preceptor does and what a mentor does (see Box 2).

Committee Formation and Guidelines

Although theoretical support for the use of a hospital mentoring program was available, there was a need to develop a program framework. Our hospital's chief operating officer held a retreat in June 2003, to organize an all-volunteer staff mentoring committee and to create the vision for a nursing mentoring program. During the all-day retreat, the group set goals for the mentoring program, developed a Gantt chart (a chart used to depict project planning and progress over time) for clarifying the program development timeline, and assigned individual responsibilities for program material development. The initial goals of the mentoring program were to increase employee retention, improve employee satisfaction, promote outstanding clinical outcomes, improve physician satisfaction with nursing, improve patient satisfaction with nursing care and increase recognition of our hospital as a center for excellence.

Program Components

Using the literature and feedback from coordinators of other mentoring programs, the committee worked for several months to define characteristics of mentors and mentees, to set the framework for the mentoring program, to develop tools for mentor/mentee goal-setting and to create instruments to assist the staff to be successful mentors. The first four-hour orientation program was held in Oct. 2004 and focused solely on educating and developing skilled mentors. This program is offered each quarter for both mentors and mentees and is designed to define the relationship between the mentor and the mentee, to review etiquette guidelines, to discuss the program materials contained in a tool kit, to perform goal-setting

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