



Legacy mentors: Translating the wisdom of our senior nurses

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ABSTRACT

'Legacy Mentors' are nurses aged 55 or older with a wealth of knowledge and passion to share with other nurses. Finding ways to capture their wisdom, disseminate their expertise, and potentially retain them longer is critical. As part of an innovative Educator Pathway project in two health authorities in British Columbia, Canada, nurses with up to 40 years of experience proposed to share their wisdom and translate their expertise for the next generation of nurses. The Legacy Mentor Project involved 29 nurses who developed projects to share knowledge with students, novice and experienced nurses in their work settings. The project included an orientation workshop to facilitate project start-up, a mid-way workshop for sharing progress, and a celebration event in September 2009 which highlighted their learning and final outcomes in. Project evaluation through surveys, focus groups and interviews revealed that the nurses' expertise was validated, suggesting that the translation of expertise by re-energized nurses is a strategy with potential to enhance retention of our most experienced nurses while also enhancing practice learning environments. Unexpected outcomes were reciprocal learning and changing practice of nursing peers through modelling and discussion. This paper will describe the process and outcomes of this pilot project, including description of the projects completed by the Legacy Mentors.

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Knowledge not shared is wasted – spoken by a senior nurse upon realizing the knowledge and wisdom amongst a group of nurses 55 years of age, the Legacy Mentors.

Introduction

Health care is undergoing constant substantive change with restructuring and advancements in care delivery. The world-wide nursing shortage is challenging both health human resource management and workplace service delivery. New graduates require support as they transition into demanding practice settings. Experienced nurses require professional development if they change practice areas and ongoing support to manage complex care requirements within the health care system. Senior nurses are getting ready to retire, taking their wisdom and expertise with them. With unprecedented change occurring, nurses must mentor and support other nurses to successfully navigate these changes. Capturing and building upon the insight and knowledge of our

senior nurses before they leave the profession is an important strategy to enhance workplace skills for all nurses in dynamic health care settings. This paper will provide an overview of the Legacy Mentor Project (LMP), a pilot project with the goal of supporting the transfer of nursing knowledge from older expert nurses – Legacy Mentors (LMs).

Literature Review

The depth of the current nursing shortage in many developed countries requires innovative human resource management strategies. The Canadian Nurses Association reported that if health needs of Canadians continue to expand and if no policy interventions are implemented, Canada will be short almost 60,000 full-time equivalent RNs by 2022 (Tomblin-Murphy et al., 2009). Similar statistics are found in reports from Australia (Hogan et al., 2007), the United Kingdom (Buchan, O'May and McCann, 2008; Watson et al., 2003), the United States (Fitzgerald, 2007), and the International Council of Nurses (ICHRN, 2007). These statistics emphasize the urgent need for the health care industry to "aggressively implement workforce strategies to retain nurses as critical knowledge sources" (Hatcher et al., 2006, p. 5). Health care organizations need to reconsider human resource policies to enable

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retention of older workers and address retirement management (Bell, 2006; Bower and Sadler, 2009; Buchan et al.; Hogan et al.). Older workers have knowledge and experience that is valuable, and “companies cannot afford to lose the wisdom and expertise of talented, experienced, knowledgeable leaders and employees, because the 78 million baby boomers cannot adequately be replaced by the 40 million people of Generation X” (Bower & Sadler, p. 45). Multi-faceted organizational strategies that include redesign of work options, flexible work patterns, creation of new roles and educational support for older nurses in line with their changing interests and needs are essential in stemming the global tide of impending retirements (Armstrong-Stassen, 2005; Blakely and Ribeiro, 2008; Bleich et al., 2009; Buchan et al.; Cyr, 2005; Kovner et al., 2007; Letvak, 2002; Mion et al., 2006; O'Brien-Pallas et al., 2004; Palumbo et al., 2009; Stokowski, 2008; Watson et al., 2003).

In the United States, the Robert Wood Johnson Foundation was commissioned to develop a white paper to identify promising strategies and opportunities for retaining experienced nurses: *Wisdom at work: The importance of the older and experienced nurse in the workplace* (Hatcher et al., 2006). Twelve best practices that could contribute to respecting, honouring, valuing and effectively using older nurses were identified, including attention to knowledge transfer through mentoring and clinical resource roles. Mature employees were viewed as a “resource to be cherished rather than a liability to be minimized” (p. 44). Evaluation of retention strategies based on these best practices suggested that no single approach improved retention: success relied more on organization-wide factors such as sustained leadership commitment, a supported culture that values nursing, and a “structured approach to talent management and development” (Lewin Group, 2009, p. 5).

In Australia, a number of state/territory government reports between 1999 and 2005 recommended improved organizational cultures and strong leadership to retain nurses in acute care settings (Hogan et al., 2007). Buchan (1999) addressed the ‘greying’ of the nursing workforce in the UK with recommendations for flexible work patterns and continuing professional education for older experienced nurses. Studies in the United States and Canada have also supported these strategies as appropriate to the needs of older nurses (Hatcher et al., 2006; Wortsman and Janowitz, 2006).

Older nurses require opportunities to share what they have spent their careers learning (Bower and Sadler, 2009). Roles such as mentor, best practice coach, clinical resource, educator, consultant, or liaison with nursing schools contribute to the “intellectual capital of the organization” (Bryant-Hampton et al., 2010, p. 121). Mion et al. (2006) recommended roles and positions that utilize the cognitive and clinical skills of older nurses. A multi-site survey of over 900 mature nurses in one American health care organization revealed that more than 50% stated recognition influenced whether they would stay with the current employer (Bryant-Hampton et al.). Further, valuing of older nurses contributed to feeling respected by peers and new nurses, feeling energized, fulfilled and empowered, having a voice in the organization, and improved job satisfaction (Norman et al., 2005; O'Brien-Pallas et al., 2007; Palumbo et al., 2009). While devaluation of experience and lack of respect are leading factors in older nurse attrition, they will stay if they are valued, able to contribute and treated well (Stokowski, 2008).

Background

A unique partnership representing two large health authorities, two research-intensive university schools of nursing and a nurses' bargaining association in British Columbia, Canada, created the Educator Pathway (EP) project in 2007 (Educator Pathway Project, 2010; Semeniuk et al., 2010). The overall purpose was to address the nursing shortage by building education capacity and career

mobility in the health care workplace and schools of nursing. Specific goals were to:

- “(1) develop and retain skilled clinical staff in education roles, (2) support the translation of new knowledge into practice, (3) support the transfer of nursing knowledge from older expert nurses, (4) increase organizational capacity to align staff competencies with health service goals, (5) increase the capacity of clinical educators to work across the health care delivery sector and the academic setting, (6) empower successful candidates completing this career ladder to influence nursing practice at the health facility and nursing education program levels and (7) contribute to the preparation of an educator workforce for health facilities and the academic nursing programs from 2008–2015.” (Semeniuk et al., 2010)

Potential benefits of the EP were anticipated to be: valuing of education and the educator role; addressing educator development needs; building educator competency in developing effective clinical teaching strategies and educational programs; and, engaging nurses in networking across programs and health authorities. The EP was funded in 2007 for 3 years as a workplace skills initiative by Human Resources and Skills Development Canada (HRSDC, 2008). Ethical approval for all components of the EP was obtained from each of the partner institutions.

The EP was developed with four leveled competency-based educational programs, each level targeting nurses working in specific learning contexts (Educator Pathway Project, 2010). Level 1 focused on preceptor/mentor skill development for those nurses supporting learning in one-on-one situations with students, novice nurses and/or nurses entering a new practice area. Level 2 targeted the novice clinical educator supporting learning of individuals and small groups in a specific practice area. Level 3 was designed for more experienced nurse educators providing practice education across programs or disciplines and with diverse learner groups. Level 4 was aimed at educational leader development for those nurses ready to undertake a master's degree in nursing with an educational focus. The Legacy Mentor Project, a small pilot project within Level 1, was targeted to senior nurses nearing retirement to validate and disseminate their expertise, and retain them a little longer.

The legacy mentor project

‘Legacy Mentors’ (LMs) are nurses aged 55 or older who have a wealth of knowledge and experience to share with other nurses. The Legacy Mentor Project (LMP) focused on retaining older experienced nurses close to retirement who could support novices through mentorship and contribute to effective learning environments. The specific goals of the LMP were to: transfer knowledge from senior nurses to students, novice nurses, new hires, and/or experienced staff; improve the learning environment; and use teachable moments at the unit/program/work site level. An LMP working group was convened with membership from all EP partners plus two health authority managers. The working group framed the project structure and processes, and guided selection of the Legacy Mentors and their projects, development of workshops and a variety of evaluation strategies.

Recruitment and selection of legacy mentors

Prior to the launch of the LMP, focus groups were held with senior nurses and their managers to determine their overall interests and the types of projects they might consider doing. Analysis of focus group data confirmed significant interest from nurses 55 years of age or older (Riedel, 2009). This needs assessment strategy

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