



Graduate nurses' evaluation of mentorship: Development of a new tool



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ABSTRACT

Aim: Develop and test an instrument to measure graduate-nurses' perceptions of a structured mentorship program.

Background: New graduate nurses may experience difficulties in the transition from student to practitioner. Mentoring is commonly used to support graduates. However, there is a lack of published tools measuring graduate nurses' perceptions of mentorship. As mentoring is resource intensive, development and testing of a validated tool are important to assist in determining program effectiveness.

Methods: A pretest-posttest interventional design was used. Following a critical review of literature and content experts' input, the 10-item National University Hospital Mentorship Evaluation (NUH ME) instrument was tested with a convenience sample of 83 graduate nurses. Psychometric tests included internal reliability, stability, content validity, and factor analysis. Changed scores were evaluated using paired samples *t*-test.

Results: Seventy-three graduates (88%) out of a possible 83 completed the pre-and post-program survey. Internal reliability was excellent with a Cronbach's alpha of 0.92. Test-retest reliability was stable over time (ICC = 0.81). Exploratory factor analysis supported a 1-factor solution explaining 58.2% of variance. Paired samples *t*-test showed statistical significance between the pre- and post-program scores ($p < 0.001$).

Conclusions: The NUH-ME measure was found to be valid and reliable. Confirmatory Factor Analysis of the tool with different groups of nursing graduates is required. Mentorship programs can be an effective recruitment and retention strategy, but are also resource intensive. Measuring new graduates' perceptions of mentoring contributes to program relevance in addressing their personal, professional and clinical skill development needs. As mentoring engages a diverse range of mentors, feedback through measurement may also positively alter organizational learning culture.

1. Background

Graduate nurses often face difficulties in the transition to practice in highly complex, dynamic and intense healthcare environments (Jewell, 2013). Induction, orientation, mentorship and preceptorship programs are often developed and implemented to help graduates in their professional and workplace transition (Rush et al., 2013; Whitehead et al., 2013; Chen and Lou, 2014). The introduction of undergraduate baccalaureate level education in Singapore occurred less than ten years ago. Since the transition of baccalaureate graduates into the workplace in mid-2009, there have been anecdotal reports of difficulties experienced by graduates and the registered nurse (RN) workforce about the performance of new graduates. These difficulties often related to a lack of understanding by the RNs about the skills and attributes of new graduates; conflicting expectations that the new graduates would quickly become nurse leaders; and graduates' desire to move quickly

into specialty practice and use their knowledge of evidence-based practice and research (as many had completed a 4th year research-based Honours program). In response to these issues, a 3 year mentoring program, with a focus on graduate professional development, was implemented to support and retain new graduates at a major tertiary facility. This paper presents the development and testing of a new tool to measure graduate perceptions of the mentoring program.

Mentorship is the preferred term used in Singapore to describe the process of providing structured support to new graduates, roles in transition and/or talent development. Mentors do not necessarily have a formal teaching qualification as they do in the UK (Nursing and Midwifery Council, 2008), nor does the Singapore Nursing Board require hospitals to offer a compulsory graduate support program, as is the case in some other countries (Levett-Jones and FitzGerald, 2005). For the purposes of this study, mentorship is defined as a relationship between an experienced and knowledgeable mentor assisting and

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supporting a less experienced mentee to develop professionally and personally (Hendricks and Cope, 2013; Huybrecht et al., 2011; Komararat and Oumtane, 2009; Lipscomb and An, 2010; Mariani, 2012). However, in our review of mentorship programs, where particular authors of cited studies refer to ‘preceptorship’, that term is used when discussing their work.

New graduate nurses can become frustrated and experience reduced confidence when faced with stressful and challenging work environments (Chen and Lou, 2014). The stress experienced by new graduates may develop as a result of poor relationships with co-workers and managers, perceived lack of reward, and lack of organizational support (Shacklock and Brunetto, 2012). Research findings suggest that graduate nurses can experience role performance stress and moral distress, and become discouraged and disillusioned, and leave the profession (Duchscher, 2009; Komararat and Oumtane, 2009; Persaud, 2008). Mentorship aims to help graduates overcome elements of transitional stress (Duchscher, 2008).

In order to assist new graduates, the National University Hospital (NUH), a member of the National University Health System (NUHS) in Singapore, developed a 3-year Graduate Nurse Residency Program (GNRP) structured specifically to address the identified needs of new graduates. In Year 1 of the program, emphasis is given to induction and opportunities to develop clinical competence and confidence through a close working relationship with a registered nurse buddy. In Year 2, graduates commence a one-year structured mentorship program which focuses on workplace relationship issues, and provides a dedicated mentor for coaching in professional development and fostering a sense of professional identity. Year 3 focuses on clinical rotations, professional role consolidation, and preparation for an area of specialty practice.

A multi-faceted evaluation program was implemented. The evaluation framework explored graduate nurses' engagement with their mentors, impact of the program on graduate nurses' retention, perceived value of the program by stakeholders, and sustainability of the program in regard to cost-effectiveness. To the best of our knowledge, no published studies have evaluated graduate nurses' perceptions about a mentorship program in such a comprehensive manner. As an element of this evaluation program, the focus of this paper is on the development and testing of a tool to measure graduate nurses' perceptions of the structured mentorship program in Year 2.

2. Framework Underpinning the Graduate Nurse Residency Program

A critical review of the literature was undertaken to identify best available evidence on mentorship programs. The framework underpinning the GNRP considered the process of transition from novice to expert, alignment between mentors and mentees, development of critical competencies, possible inter-generational issues, and duration.

2.1. Transition Support

Patricia Benner's *Novice to Expert model* (1984) was used as a guiding framework to identify possible developmental initiatives and processes for the GNRP. Mentorship was perceived to play a critical role in facilitating the development of new graduates' clinical, professional and leadership abilities (Abdullah et al., 2014; Duchscher, 2008). In a recent systematic review by Chen and Lou (2014), mentorship was deemed to be a Level 3 evidence-based practice, which may help to reduce employee attrition, turnover costs to the organization, and medical negligence rates. However, job satisfaction and professional identity were also identified as areas for improvement in the field. Theoretically, mentoring in the GNRP is underpinned by concepts of: psychosocial support (role modeling, acceptance/confirmation, counseling, and friendship) (Eller et al., 2014); psychological empowerment for career development via “sponsorship, exposure/visibility, coaching,

and challenging assignments” (Wagner et al., 2010) and “consideration of inter-generational differences” (Pool et al., 2015).

2.2. Alignment Between Mentors and Mentees

The GNRP was developed on the premise of bringing together two individuals with near compatible personalities in a respectful, nurturing relationship with the common goal of guiding the novice nurse towards personal and professional growth (Jewell, 2013; Hendricks and Cope, 2013; Huybrecht et al., 2011). The new graduates (mentees) were matched with compatible mentors, who were nurses at a certain level of seniority, with demonstrated attributes and aptitudes for this role, such as a willingness to commit to a mentoring relationship, being accessible, open minded, supportive, a good listener, and sensitive to the mentees' needs and areas of interest (Wright-Harp and Cole, 2008). Both mentors and mentees attended mentorship program workshops to orient them to their respective roles and responsibilities (Abdullah et al., 2014; Duchscher, 2008).

2.3. Development of Critical Competencies

In line with best available evidence, mentorship in the GNRP was used to address critical competencies required by novice nurses working in intensive and complex clinical environments with escalating levels of patient acuity and workload (Duchscher, 2009). Competencies in areas such as clinical reasoning, information processing, decision-making, problem solving, human relationships, communication, quality assurance and evidence based practice (Komararat and Oumtane, 2009) are best developed through supported practice, observation, and critical reflection in conjunction with a mentor (Whitehead et al., 2013).

2.4. Consideration of Inter-Generational Differences

Despite the advantages of mentorship, its implementation in the workplace can be problematic (Duchscher, 2009; Carver and Candela, 2008; Beecroft et al., 2006; Eller et al., 2014). One area of potential difficulty relates to the widening age gap of over 40 years in the nursing workforce, which is certainly evident in Singapore. Today, the health-care industry employs at least three distinct generations of nurses: Baby boomers, born between 1943 and 1960; Generation X born between 1961 and 1981 and Generation Y/Millennial nurses born between 1982 and 2003 (Hendricks and Cope, 2013). Individuals from each era are known to demonstrate different values, work-related motives, competencies and professional development attitudes (Hendricks and Cope, 2013; Pool et al., 2015). Currently, little is known about the impact of these generational differences on Generation X and Y/Millennial nurses' continuing professional development (Pool et al., 2015). Generation Y and Millennial nurses appear to be more inclined towards mentoring and coaching (Carver and Candela, 2008; LeDuc and Kotzer, 2009; Shacklock and Brunetto, 2012). They prefer listening to individuals who are willing to share their wisdom, personal life experiences and knowledge (Pool et al., 2015). They seek employability over employment and are mobile, exceedingly well educated, and techno-intellectual (Carver and Candela, 2008). With Baby Boomers gradually exiting from the workforce, younger Millennial nurses are highly sought after (Hendricks and Cope, 2013). Leaders of the GNRP wanted to ensure that the personal and professional needs of young mentees were understood by middle aged and older mentors. Appropriate education and sharing of relevant mentoring processes were therefore offered during mentor training.

2.5. Program Duration

The integrative review by Rush et al. (2013) identified that programs supporting graduates varied in length from one month to

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