

Changing Tides

Improving Outcomes Through Mentorship on All Levels of Nursing

Tara Kay Race, MSN, RN, CNS, CCRN;
Janet Skees, DNP, RN, CNE

Critical care nursing is one of the most stressful specialties in the nursing profession. The demands of the specialty can lead to frustration and burnout at very high rates. High-quality, effective mentorship can be a valuable tool in recruiting and retaining nurses for these areas as well as improving their sense of job satisfaction. However, it must be understood that effective mentorship begins with the organizational culture and must have organizational buy-in to be successful. Also, because of the nursing shortage and high turnover in the critical care units, new graduates are frequently hired into these areas. Mentorship for these new nurses is crucial to their success and retention as a new employee. If we do not foster growth and development of young nurses, they may flounder, become extremely frustrated, and seek out new alternative employment settings. Mentoring new graduates may begin as early as their first exposure to critical care nursing in their undergraduate nursing program as it did for this author (T.K.R.). My critical care nurse faculty is the reason I entered critical care nursing and is now the reason that I have branched into education. The information in this article is not only pertinent to those working in critical care; it can be utilized and explored on all levels of nursing. Through effective mentorship, we can positively impact our healthcare organizations; improve job satisfaction; and promote professional development and empowerment in students, new graduates, staff nurses, educators, nurse leaders, and nurse faculty. Most importantly, mentoring can result in improved nursing care, high-quality healthcare, and improved patient outcomes. **Key words:** *critical care, faculty, job satisfaction, mentor, mentorship, outcomes, recruitment, retention, students*

WHEN I think about the fact that I have been a critical care nurse for almost 18 years, and for the past 2 years have been transitioning into a nurse faculty role at my alma mater, my career seems almost surreal. My critical care experience has provided me with a very sound foundation of skills, but that experience did not come easy. Reflect-

ing back upon my career, it is obvious that my professional success has become reality through professional mentorship and encouragement. I have truly been blessed with relationships with nurse faculty, experienced registered nurses, nurse leaders, nurse educators, and physicians who have fostered my professional growth and development and helped me find the courage to pursue my professional goals.

Just as each role in nursing is different and presents unique challenges, mentorship needs and challenges keep changing as well. Much like the changing tides of the surf, no 2 days in nursing are ever the same. Some are more challenging than others just as a storm can churn the waters of the sea, making navigation a bit more challenging.

As both a critical care staff nurse and a clinical education specialist of a medical intensive

Author Affiliations: *Heritage Valley Sewickley School of Nursing, Heritage Valley Health System, Moon Township (Ms Race and Dr Skees), University of Pittsburgh, Pittsburgh (Ms Race), and Waynesburg University, Seven Fields (Dr Skees), Pennsylvania.*

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Corresponding Author: *Tara Kay Race, MSN, RN, CNS, CCRN, Heritage Valley Sewickley School of Nursing, Heritage Valley Health System, 420 Rouser Rd, Airport Office Park, Bldg 3, Ste 1, Moon Township, PA 15108 (tararace@comcast.net).*

care unit, I have had opportunities to educate and mentor less experienced nurses. These opportunities have been professionally rewarding and have given me a sense of value.

During the time I was transitioning to my educator role, I was mentored by my educator peers and the unit director of the medical intensive care unit. These “sandwich” mentoring times are times when I was in need of mentoring as I grew into a role, and my new graduates and young staff were in need of receiving *my* mentoring as they transitioned to their new role. “Sandwich” mentoring was not only challenging for me, but also for those trying to mentor me. This was in part due to time constraints and limitations, as well as the dual responsibilities each of us had. We needed to be effective in our individual roles and mentor those transitioning to new roles.

Now, in my current new role of nurse faculty, I am “sandwiched” once again as I find myself pondering my ability as a new faculty member to be an effective mentor for my students. I have students on one side of me who need me to mentor and assist them in the transition to their new role as a professional nurse and on the other side, I still feel so inadequate in my new faculty role that I want and need to be mentored. That being said, where does that put “my mentors?” They too are “sandwiched” as I say and have the risk for becoming increasingly frustrated with their position and the demands placed upon them mentoring new faculty and students as well.

All of these questions have prompted me to look further into the dynamic of mentoring as well as the benefits and challenges of mentoring. I want to be able to share the benefits I have reaped having been surrounded by effective mentors in my life (many of whom I still keep in touch with and turn to in times of professional crisis). Also, I want to be an effective mentor to my students, staff nurses with whom I work, and eventually new faculty when the need arises.

Due to the fact that I am relatively novice in my faculty role (at least that is my perception), I have asked my colleague, mentor, and friend Janet Skees to assist in writing the sec-

tion on the challenges of “Faculty Mentoring Faculty.” She is a critical care nurse and clinical nurse specialist who has transitioned to a nurse faculty role as well and needless to say has become one of *my* mentors in my new faculty role.

DEFINING MENTORSHIP AND THE MENTOR

Over the years, the term “mentorship” has often been used interchangeably with other terms such as “preceptorship” and “coaching.” This accounts for some of the confusion that surrounds mentoring. It must be understood that the terms are different and each role is very important in the development of staff.

Merriam-Webster¹ defines a mentor as a trusted counselor or guide, a wise and trusted friend. On the contrary, a preceptor is defined as a teacher or tutor. The difference lies in the nature of the relationship. A preceptor is usually an assigned individual who has the task of teaching a new nurse about nursing practice. Teaching involves the tasks of the job as well as the critical thinking that goes into decisions made while caring for patients. (However, over time, as the preceptor-preceptee relationship develops, it may grow into a mentor-mentee relationship.) A mentor has the job of helping others learn. The goal of the mentor-mentee or protégé relationship is to promote the mentee’s career development. It stretches beyond tasks. Mentors assist new nurses in developing their career goals by providing them with needed resources, guiding them in recognizing their strengths and weaknesses, establishing goals to improve their performance, and evaluating their success in achieving their goals. It is often preferred that the mentor not be the nurse’s preceptor.²

THE RELATIONSHIP

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. An informal mentoring relationship develops in an unstructured manner between a mentor and a protégé. The mentor often realizes the protégé's career goals and begins to foster a relationship that promotes the professional development of the protégé. When effective, both formal and informal mentoring can foster collegial relationships and improve morale as well as improve nurses' confidence, promote professional development, and encourage lifelong learning.³

Mentorship can often be a very long-term commitment. Over time, the mentor and mentee or protégé develop a trusting relationship. The mentor is then able to fulfill psychosocial and career functions for the protégé by sponsoring, coaching, and protecting the protégé. The mentor is frequently a role model, a nurturer, and a caregiver who provides counseling, acceptance, and friendship to the protégé. By being available at informal times to talk, advise and counsel, the mentor can help the protégé to balance work and life issues.⁴

To fulfill the multiple roles that a mentor plays in the life of their protégés, an effective mentor has positive personality traits that impact the development of the mentoring relationship. Let us face it, who would want a mean and grumpy mentor? (Although this author (T.K.R.) has to admit, she has had a few who have offered her some "tough love.") Therefore, in addition to knowledge and competence, it is helpful for the mentor to have the following personal attributes or personality characteristics:

1. friendliness,
2. good sense of humor,
3. patience,
4. effective interpersonal skills,
5. approachability, and
6. professional development abilities.⁵

When the proper relationship is fostered and developed, mentorship can have profound positive effects. A good mentor can assist in maximizing a nurse's career potential and enhance career development, as well as prepare the nurse for potential leadership

roles.⁴ However, in order for mentorship to be successful, the organization needs to provide a supportive environment that will promote the growth and development of its leadership and staff. Although that sounds easy, there are challenges on all levels of nursing that often stand in the way of getting to a "culture of mentorship" within an organization.

NURSE CHALLENGES

It is so easy to preach mentorship and the promotion of a more collegial environment, but those of us who have worked in the environment know that it is much easier said than done. 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.

Bally³ cites several reasons for why nurses are leaving nursing practice. These reasons include feelings of stress, inadequacy, anxiety, oppression, and disempowerment often as a result of horizontal violence. Horizontal violence is a theme characterized by "gossiping, criticism, innuendo, scapegoating, undermining, intimidation, passive aggression, withholding information, insubordination, bullying, and verbal and physical aggression."⁶ Anyone who has been in nursing any length of time can claim to be a victim of horizontal violence. Nurses *have* been known to "eat their young." In addition to horizontal violence, other negative trends in acute care hospital settings which attribute to nurses leaving practice are low morale, general apathy regarding professional collegial support, heavier workloads, reduced resources, and higher patient acuity.³

Therefore, before an organization tries to create a culture of mentoring, they must first understand the challenges nurses face on a day-to-day basis. They must examine these challenges, facilitate change, improve the nurses' work environment, and then work to create a new culture that will promote mentoring.

ORGANIZATIONAL CHALLENGES, RESPONSIBILITIES, AND BENEFITS

Literature supports the fact that a culture-committed long-term mentorship can improve staff retention rates, nurse satisfaction, and patient outcomes as well as improve overall organization stability and performance.³

Unfortunately, healthcare organizations are facing tremendous challenges such as impending healthcare reform and an international recession that has resulted in very high unemployment rates as well as many uninsured patients seeking care. In addition, they are experiencing a nurse shortage, high rates of nurse turnover, attrition and retirement, and loss of highly qualified nursing staff that can impact their operations and affect their patient-care outcomes. Therefore, changing their organizational culture to one that supports mentoring may not appear to be priority.

According to statistics, over 40% of all registered nurses will be older than 50 years by 2010. This creates the potential for many vacant nursing positions due to retirement, which would exacerbate the current nursing shortage and further burden healthcare organizations. Retention needs to focus on *all* levels of nursing. Not only is it important to focus on the retention of younger nurses (population younger than 30 years), who are experiencing a high degree of "burnout" (emotional exhaustion) and growing increasingly more angry, irritated, and frustrated with the profession, but there is also a need to focus on retaining seasoned and highly qualified nurses nearing retirement age. Seasoned nurses can help the novice nurses cope with the demands of the nursing role. This could have a dual effect on decreasing the nursing shortage. Those entering the profession would stay, and those seasoned nurses with years of clinical experience and knowledge may choose to postpone retirement.⁷

To achieve development of a successful mentoring program, the organization must create a healthy organization culture that will foster the development of the program. Bally³

highlights several factors influential to the achievement of a healthy organization culture. They include

1. providing opportunities for autonomous clinical practice and participative decision making;
2. being valued as a practicing registered nurse throughout the organization;
3. continued learning; and
4. supportive relationships with their peers, physicians, and management.

In addition to a healthy organizational culture that promotes mentoring, there are key elements that must be in existence within the organization to sustain a mentoring program. They include (1) a stable infrastructure, (2) managerial and executive support, (3) schedule flexibility, (4) incentives, and (5) recognition.³ Also, the goals, vision, values, morals, and ethics of the organization and that of the mentoring program need to be aligned.

Once the organization is able to establish a mentoring program, there are many potential organizational benefits to sustaining an effective mentorship program. As a result of mentorship, staff will feel more valued and empowered in their roles. A nursing staff that feels valued and empowered will feel as though they have more of a stake in the functions of the organization. Nurses who feel they hold a stake in their organization will be more dedicated to the organization and take personal pride in their work, professional development, and career advancement. This results in the organization having more qualified staff. More qualified staff results in safer and more competent nursing practice. Safer and more competent nursing practice, according to Bally,³ is the overall intended outcome of an effective mentoring program.

In addition, the result of effective mentorship is nurses who are more satisfied in their jobs and their work environment. Nurses who are more satisfied in their jobs and work environments stay in their jobs. Hence, organizations experience improved nurse retention and reduction of organizational costs of nurse turnover,² such as recruitment, training, and orientation costs.

EFFECTIVE NURSE LEADERS— ADMINISTRATORS, MANAGERS, AND ADVANCED PRACTICE NURSES

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.³

Nurse leaders are the frontline supporters of the “mentoring culture.” It is important that nurse leaders be perceptive to staff needs; acknowledge, value, and recognize their achievements; and verbalize thankfulness and gratitude for individual contributions, suggestions, and input.³ Through these simple actions, nurse leaders have the opportunity to make their staff feel valued. As previously discussed, nurses feeling valued can have a profound effect on the environment in which they work as well as their feelings toward the organization for which they are working.

We should not forget the challenges nurses face on a day-to-day basis. Nurse leaders need to facilitate the eradication of the oppression of nurses by other nurses. They need to use their leadership roles and power to banish the gossip, criticism, devaluing of one another, and intimidation.³ In other words, the culture that allows “nurses to eat their young” needs to stop.

Nurse leaders are also challenged with the organizational responsibility of staff nurse retention and the cost of new nurse attrition. They need to be sensitive to what can make or break retaining a nurse. Wooten and Crane⁸ believe that “the most critical stage of socialization is the first year of employment. The first year is the staff nurse’s best opportunity to mold the newcomer into a team player and help that individual adapt to the organi-

zation’s culture.” This could be an area for the nurse leader to focus upon in order to retain her novice staff.

Although, the 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 this first year that the new nurse can be most influenced by what is going on around him/her. Nurse leaders need to “seize the moment” and place a positive spin on the nurses’ overwhelming experience. This first year is vital in proving to each new nurse that they are valued both by the nurse manager and the organization. This can be done simply by welcoming the new nurses with their names on a bulletin board, providing formal introductions to their preceptor, mentor, and the other staff, providing them a personalized binder of educational materials pertinent to critical care and the unit on which they are working, engaging them in stories about the unit and the staff, and celebrating successes such as completing orientation or passing the National Council Licensure Examination. (*Face it. . . All nurses love cake!*)

The nurse leader should also engage her seasoned staff in welcoming new nurses. The seasoned more experienced staff are very knowledgeable of their work environment and can facilitate the new nurses in acquiring a level of comfort in their new work environment. They will also feel more valued as they are being asked to share their experience with the new nurses as well. These simple and inexpensive ways of valuing staff nurses can prove *invaluable* in laying a very nice foundation for the mentoring of young nurses in the months that follow.

REQUIREMENT: A DEDICATED COORDINATOR

Organizational support of nurse leaders and of a mentoring culture is imperative. The organization cannot solely rely on their nurse leaders to maintain the mentoring culture and

implement the mentoring program. Nurse leaders have many other responsibilities that require their attention. In fact, Grindel and Hagerstrom⁹ suggest that on-site coordinators whose primary responsibility is implementation of the mentoring program are needed to facilitate a successful organizational mentoring program. In their study, questions arose as to the degree of organizational commitment to mentorship when the site coordinators were diverted to other pressing activities within the organization, resulting in attrition of participants from the study.

Although their results demonstrate evidence that mentorship can improve the retention of new nurses, it also demonstrated that the program could only be effective if the hospital and/or hospital system make a firm commitment in support of the mentoring program, including use of an on-site coordinator to run the program.

The coordinator should be a respectable nurse leader who can also solicit for organizational administrative support in the form of financial incentives, staffing and scheduling flexibility, and title and leadership recognition to reward mentor participation in the program, which are necessary for survival of the program.³

This individual may also be responsible for disseminating the appropriate educational material regarding the mentorship program to staff. Training and education should be available to staff on an ongoing basis and should be made available in a variety of forms and venues. The coordinator may organize workshops for her mentors and protégés as well as place-written literature on all the nursing units for staff. It is important that meetings and/or information sessions are scheduled at times convenient for staff attendance.

Ongoing evaluation of the mentoring program is imperative. The coordinator should be reviewing, presenting mentoring successes, evaluating mistakes, and implementing new and improved initiatives and ideas. Keeping ideas fresh and new will help keep the program viable.

STUDENTS IN CRITICAL CARE: RECRUITMENT OPPORTUNITY

Many students are attracted to the critical care environment. For some, the technical skills and high patient acuity intrigue them. Many find the environment challenging, stimulating, and rewarding. Others enter the critical care unit with the intention of acquiring experience to move on to other areas of nursing subspecialty, such as anesthesia, clinical nurse specialist, acute care nurse practitioner, or flight nurse. Each of these subspecialties requires a critical care background. Regardless of the reason, our critical care units are seeing more and more new graduates and novice nurses entering the critical care nursing profession. For this reason, a good mentoring program is even more imperative.

Although we see increasing numbers of novice nurses in critical care units related to high rates of nurse turnover because of either losing staff to burnout or attrition due to those who choose to move on and specialize, critical care is where we need skilled and experienced nurses. Critical care patient acuity is higher than ever, and there is frequently a shortage of critical care staff and beds in tertiary care facilities. Quality mentorship beginning at the undergraduate nursing school level with faculty and nurse mentors, which continues into organizations' critical care units can assure more highly qualified and skilled graduates to care for patients in these areas.

Student nurses are a population of potential new nurse recruits for the units they are assigned for their clinical experience. As the students develop their own sense of professional identity through interaction with patients and their families, nurse leaders have the opportunity to evaluate the skill level of the students and determine whether or not they would be a good fit to their staff upon graduation. During this time, effective nurse mentors are helping students develop technical, psychomotor, interpersonal, and communication skills as well as helping clarify their misconceptions and facilitate the students' safe practice in the

clinical work environment.⁵ In addition, the students are learning the functions of the organization and the unit they are working on which may have the potential to reduce orientation requirements and costs.

NURSE-MENTOR RESPONSIBILITIES AND CHALLENGES WITH STUDENTS

There is a high level of commitment required to mentor a student nurse. The mentor is responsible for providing the student with an environment that is conducive to learning as well as evaluating the student's clinical practice to ensure the accomplishment of clinical competencies. Through guidance and assistance the mentor helps the student develop and achieve learning objectives, develop essential skills for clinical practice, and meet continuing development needs. Due to the fact that the mentor spends the most time with the student in the clinical environment, the mentor is the best person to then judge the student's capabilities.⁵

Evaluation of students is a challenging process for novice faculty and nurse mentors working with the students on the units. It is a process that includes formative and summative assessment and evaluation. Comments should be made in the form of timely constructive feedback that promotes learning as opposed to critical and destructive feedback. To maintain the trust and respect of the student, feedback should be unbiased, supportive, and developmental. It should also be based on observed behavior or experience, not personality or presumptions.⁵

Mentors often struggle with the cognitive aspects of the role. Some of these aspects include keeping up-to-date, finding ways to give structural feedback, knowing the structure of the students' theoretical studies, and assessing students' knowledge and performance. Therefore, training of students' mentors should include each of these areas.¹⁰

To have a successful student-mentor relationship, the mentor and the students' faculty have to work collaboratively. Faculty can facilitate the mentor by providing the men-

tor with knowledge of theoretical concepts of learning, learning theories, assessment methods, and ways to provide constructive feedback. Faculty need to be sensitive to the time limitations placed on staff nurse mentors and their dual responsibilities of patient care and student teaching.⁵ A good faculty member will be working *with* the staff mentor to see that the students' objectives and outcomes are being met.

FACULTY CHALLENGES WITH MENTORING STUDENTS

A master's degree in nursing and years of clinical nursing experience does not make one a good teacher/faculty member. (At least that is this author's [T.K.R.] perception.) It is a learned art and skill that takes time and practice just as everything else we desire to achieve. However, there is no time to dwell on the challenges of being an educator because the faculty-student relationship and time for potential mentoring is very limited, often to the semester the student has the faculty member for class or clinical. This may be for just a few short weeks depending on the curriculum outline.

Faculty nurse educators must quickly establish an effective working relationship with their students and begin to facilitate their learning process. After creating an environment conducive to learning where students feel encouraged to ask questions and seek clarification of their queries and misconceptions, the educator must perform ongoing assessments of their students' needs and continually evaluate the students' progress and learning. In addition, the faculty educator must hold the students accountable for their actions and be sure that they are meeting the objectives and outcomes outlined by the course, such as paperwork and clinical hour requirements.⁵

FACULTY MENTORING FACULTY

Not only are faculty members challenged with mentoring their students, but are also

challenged with having to mentor new or more novice faculty who are making the transition from the clinical nursing setting to academia. Despite the best intentions of their mentors to serve as a guide or coach, new faculty members often cite a variety of challenges that can affect their professional development.

The shortage of faculty has been well documented. The average age of faculty is now 59 years.¹¹ The need for recruiting and retaining experienced, well-qualified educators is essential in offsetting the shortage of nurses in general.^{12,13} This section will address some of those challenges and offer possible strategies for more effective mentoring.

CHALLENGES FOR NURSE FACULTY

To those who do not work in academia, the journey of an educator may look easy. Having worked in the critical care setting and then transitioned to nursing education, it comes as no surprise to nurse educators that the road is actually long and hard, and the learning curve is steep. Not only do nurse educators have to remain clinically current with practice, they must also learn the art and discipline of teaching.¹² Novice educators may likely feel like jugglers because developing the role as an educator involves multitasking on a daily basis.

In addition, faculty members may feel a sense of incompetency as they start their teaching careers. One faculty member stated that it feels like being a fish out of the water. Once an expert in the clinical arena, they are now faced with learning a myriad of rules, policies, and nuances about their new role. They once again become a novice when entering academia.

Time management

One of the primary challenges that new educators face is that of time management. Few nurses can really appreciate all that goes on behind the scenes in the educator's daily schedule. No 2 days are ever alike, and much

of the time there is not enough time to accomplish all that is required in the role. New faculty members are generally oriented to their roles fairly quickly, and depending on which educational program they are employed in, many feel very overwhelmed by the expectations for the position.¹⁴ Nurses teach their patients, families, and students about the benefits of achieving a healthy life-work balance. Nurses however, and nurse educators in particular, need to be reminded of the importance of walking the talk.

One of the issues with time management for faculty is the requirement to pursue scholarly activities.¹⁵ Nurse educators with little experience can be overwhelmed by those requirements. Most schools articulate what activities constitute scholarly activity, and the work involved in achieving scholarship is quite extensive. Some examples of scholarship include teaching, research, and service to the profession. Hawkins and Fontenot¹⁶ shared their experiences as expert and novice, and the ability of the mentee to become successful in scholarly pursuits rested on the supportive reciprocal relationship between them. It could be beneficial for novice educators to watch mentors deal with time management issues. The difficulty is that new educators have little time to sit down and literally observe their mentors in action. The problem of time management seems to be widespread with new staff nurses, students, and even nurse leaders.

Novice educators without a doctoral degree have the additional stressor of pursuing this degree once they begin teaching. This additional mandate may contribute to the issue of time management in profound way.¹⁶

Toxic mentoring

A second challenge faced by novice educators is the issue of toxic mentoring. In their book, *Quantum Leadership*, the authors devoted an entire chapter to the toxic work environment and the dysfunctional behaviors noted in toxic mentors.¹⁷ Although the example of toxic mentor is used to illustrate those in leadership, it could also be applicable to

some seasoned faculty members. Issues with toxic mentoring include giving mentees unrealistic assignments that set them up to fail, transferring their prejudices based on early childhood issues and transferring their own identity onto the mentee.

Closely related to the toxic mentor is the academic cowboy. Gaberson and Oermann¹⁸ described the academic cowboy as an educator who pushes his or her individual agenda regarding the curriculum to the edge. The integrity of the program could suffer as a result if individual educators stray too far from the mainstream. In addition, chaos can occur when academic cowboys share their perspectives in an attempt to influence newer faculty. The results can lead to inconsistency regarding policy compliance, grading of students, and even professional misconduct. Both the academic cowboy and the toxic mentor negate the collective vision that is necessary for a healthful working environment. Clearly, the mentoring role is not appropriate for every seasoned educator, and administrators need to be careful in assigning a mentor to their new faculty.¹⁹

Mentor-mentee mismatch

Not every mentor-mentee relationship will be successful. Just as nurse preceptors in the clinical area can be mismatched with new staff nurses, the same circumstances can occur with pairing of a seasoned faculty and a novice educator. Personality differences can be so extreme that the relationship never solidifies or leads to conflict. Finding the right mentor can mean the difference between success and failure.¹⁹ The above advice on careful assigning of mentors is one solution to help prevent this problem.

Teaching basics

In addition to the previously listed challenges, new faculty must also learn all of the basics of classroom and clinical instruction. These essential elements include classroom management, department policies, course

management, and the nuances of evaluating students, including test construction,¹² to name a few. This broad area represents much of the time and effort expended in the mentoring relationship. Furthermore, if the novice does not have a basic understanding of pedagogical (educational) theory, additional time will be needed to ensure mastery. Many new faculty members could benefit from taking postgraduate courses and continuing education opportunities to help support this need.

STRATEGIES FOR SUCCESSFUL ROLE TRANSITION AND PROFESSIONAL GROWTH

Despite the many challenges facing new faculty and the need for effective mentoring, a number of strategies are available to assist both mentors and novice educators in pursuit of creating a positive transition to the role. The following tips and solutions may be helpful for both parties.

Collegial mentoring model

The collegial mentoring model was introduced as a model that incorporates relationship-based values that lead to personal and professional development.²⁰ In developing the model, the authors included elements such as promoting, creating ambience, beingness, and making time for each other. These components, when combined with the acts of caring, connecting, and communication, generate the desired positive outcomes of professional and personal development. An example of creating ambience that the authors used was the practice of mentor/mentee taking time to enjoy a coffee or tea break. This weekly ritual has also allowed the authors of this article, who are both mentor (second author) and mentee (first author), to engage in meaningful, spontaneous dialogue with one another. In this example, the tea breaks are used as opportunities to share, brainstorm, solve problems, and convey caring behaviors. Hence, the ritual is able to serve multiple purposes

simultaneously, and it is also an enjoyable activity that is often highly anticipated.

Formal or informal mentoring programs

The literature cited schools of nursing that have formal programs where mentors are assigned to work with new faculty for a period of time. In one institution, a formal program was used to help a number of new educators acclimate to their roles over a 1-year period.¹² A program handbook, instruction on Web-based course design, and weekly meetings with assigned mentors were among some of the components of the program. Central to the program's design was the construct of caring. Caring was incorporated into the mentor's overall approach to working with the mentee, and the program has been successful in retaining most of its newer educators.

In other academic settings, mentoring is informal. For example, mentors may be chosen by the mentee without a structured approach.¹⁹ In this type of program, the activities are specified by the 2 individuals as the need for advice is sought. In either program type, it is important for mentors to receive education to learn how to mentor. Seasoned faculty members may have had many years of experience mentoring students. However, experience alone is insufficient in ensuring the successful role transition for new educators. The process of mentoring is multidimensional and requires mentors to understand the complex learning needs of individual mentees. The National League for Nursing has provided a mentoring of nursing faculty tool kit on its Web site that could be helpful to administrators in designing education programs to guide mentors.²¹ The Web site address is found in the "References" section.

Learning needs assessments

A learning needs assessment can be helpful in addressing the unique learning needs of new educators.¹² Educators new to teaching will obviously need a more intensive approach than experienced educators who are

new to an academic setting.²¹ Once an assessment has been completed, a tailored program to assist the educator can be designed. Use of a timeline for meeting competencies related to the role essentials may also be incorporated to ensure completion in an efficient time frame.

Careful mentoring

Careful mentoring is one strategy suggested in the literature used to develop successful nurse educators.²² One component of this strategy needs to be the careful and prudent decision making in pairing new faculty with a mentor. Administrators need to know the individuals well enough to forecast potential success in the relationship. Characteristics of the mentor are a known entity. Characteristics of a mentee may be unknown. However, matching the 2 persons should involve more than just a passing thought. One way of finding similarities between the 2 individuals may be to administer the Myers-Briggs Type Indicator assessment.²³ While there are no guarantees of creating a compatible match, this assessment can identify personality styles that could assist in pairing the mentor and mentee more successfully.

On the other hand, formal assignment of mentor to mentee may not work, and mentees may search on their own to find a compatible mentor as they begin to establish new working relationships with seasoned educators. Whichever method is used to find a mentor is not as important as finding and keeping a mentor who is committed to helping the novice educator to succeed. In fact, it is critical to success.²² Given the ultimate importance of this relationship, it may be better for administrators to use a faculty preceptor to orient a new educator and later encourage the person to select a mentor that they feel comfortable with after a period of time.

Reward mechanisms

One strategy recommended to support mentoring programs is to create reward

models for developing excellence in new educators.¹⁴ The responsibilities that mentors assume are both time-intensive and challenging. Staff nurses who act as preceptors to new staff nurses in the clinical setting are often rewarded with a differential in pay. The expectations to assist in developing a novice educator should be viewed as additional responsibility and rewarded accordingly. It has been the experience of the second author that mentors go “above and beyond” when providing advice, counseling, and coaching activities with a new faculty member. A reward system established for this type of activity could improve morale and retention.¹⁴

While there are challenges that new and seasoned faculty members experience in academia, there are also a number of strategies that may be helpful in facilitating a successful transition to the role.²⁴ Future

research efforts should focus on additional strategies that promote professional growth and mentoring-related outcomes.

CONCLUSIONS

Learning the art of mentoring is an essential tool at any level of nursing if new staff is to be successful. Mentorship is important beginning at the undergraduate level and continuing throughout a professional nurse career. Leaders have a responsibility to promote effective mentoring as do our healthcare organizations. 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 bedside nursing care and patient outcomes.

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