Mentoring a Bond of Trust
Mentoring a Bond of Trust

Nursing is a profession that portrays many faces to the public it serves. Nurses may be young, aged, male, or female and reflect multiple ethnic groups. Nurses may be academically prepared at a variety of levels ranging from diploma to doctorally prepared. The setting in which nurses practice varies from acute, primary, and tertiary care. Regardless of age, gender, ethnical background, or place of practice, every nurse needs and can benefit from a structured mentoring program. New graduate nurses are excited about completing their academic requirements, passing NCLEX exams, and being hired; however, many cannot comprehend the depth of responsibility the nursing profession entails. The purpose of this paper is to emphasize how important a mentoring program is to the development of the fundamental practice standards for professional nurses.

The word “mentor” can be a noun or a verb. As a noun, a mentor is a wise and trusted counselor or teacher. The verb definition of mentor is to act as an adviser, master, guide, or preceptor ("Mentoring," n.d., p. 1). Mentoring is a reciprocal and collaborative learning relationship between two individuals with mutual goals and shared accountability for the success of the relationship ("Mentoring nurses toward success," 2016, p. 1). Nurses that have a mentor in the work place reap the benefit since the mentor often acts as a career coach. However, the process of pairing a mentor with a mentee is not always easy due to the shift work involved and abilities of the nurses that can serve as mentors.

One could reason that a new graduate nurse would need guidance and preceptorship to learn the roles and responsibilities associated with the nursing profession. New nurses exit a safe haven of academia and enter into a mine field of nursing reality. New nurses come into a hospital setting full of energy, idealism and often times overconfidence or immaturity. These
young nurses want to make a difference in the lives that are entrusted to them but often struggle with the components of the hospital. Questions like “Where to get a peritoneal catheter set up?” or “Where is the blood bank?” or “How do I contact the physician?” are daily barriers new nurses face. Often time assistance is not requested by new graduates for fear of looking “stupid” by their peers. At times the scenario resembles a college hazing as if the older, experienced nurses want to see if these new graduates can measure up or “handle the pressure”. As a result, feelings of inadequacy and disillusionment start to enter into the minds of these new nurses. Over time discouragement and dissatisfaction occurs resulting in resignations. Providing a personal mentor to come alongside new nurses once they are hired will promote job satisfaction, build lasting relationships, and assist with decreasing job turnover (Greene & Puetzer, 2002, p. 64).

One would need to ask what characteristics a successful mentor possesses. Defining the critical attributes of a successful mentor must be outlined in order to intentionally position new nurses with the proper mentor. The first characteristic of a mentor or preceptor must involve a willingness to invest himself or herself into the life of another nurse. Mentoring is self-sacrificing and involves making one-self available for the various shifts the mentee is scheduled. Alternatively, the mentor may coordinate with the manager to have the mentee model their schedule. The mentor must care for the mentee and make a commitment to the mentorship process. Another characteristic of a mentor is trustworthiness. Being a novice is scary and creates feelings of vulnerability. Trust needs to exist for the mentee to grow and feel safe under the guidance of the mentor. Constructive criticism given in a kind and gentle manner is more easily received and accepted than words spoken in a threatening or intimidating manner. The final characteristics of a successful mentor are knowledge or competency and patience. Mentors who
exhibit a firm, sound, competent knowledge base provides new nurses balance and reassurance of skill sets. A spirit of patience is like a breath of fresh air. Mentors who are capable of positive, constructive criticism with proper educational instruction for errors, prevents new nurses from feeling like failures when making mistakes. Learning from mistakes made in practice and applying that experience as a teaching platform is essential for proper learning and continuing education. Mentees have an equal, if not greater assignment in this relationship. The mentee should possess the following characteristics: openness to receiving help, learning and caring; career commitment and competence; a strong self-identity; and initiative. Both the mentor and the mentee commit to the mentoring relationship and collaborate together to produce both professional and personal growth that builds up the practice of nursing (Greene & Puetzer, 2002, p. 64).

Literature has described the mentoring process as a longitudinal relationship that develops through at least four stages over time. The first stage is called initiation. It is during this phase that the mentor and mentee interact with one another to get to know each other better and to develop a set of goals. As trust prospers, the pair moves into the second stage known as cultivation. During the cultivation phase educational information is shared resulting in problem-solving. This process promotes respectful confrontation of decisions and exploration of alternative interventions. The third stage of mentoring is separation. During this stage of mentoring, the pair moves away from their original novice-expert roles. The protégé is allowed to use knowledge gained and take action by his or herself. The separation phase is sometimes considered the most crucial step in the mentoring process. This process of self-cultivation allows for a fourth stage of mutually redefining the mentoring relationship toward long-term friendship or going in separate directions. Successful mentoring empowers the mentee to move forward in
his or her career and personal life (Wagner & Seymour, 2007, p. 2). Mentoring has proven to be a valuable tool in the development of nurses. Some hospitals have developed nurse residency programs that serve as a format of progressive mentoring. Residency programs include ongoing clinical education, development of skills such as critical thinking, and social networking. The common goal is to provide an atmosphere of learning and professional growth while exposing new nurses to research and evidenced-based practice (Hendren, 2010, p. 1-2).

However, new graduate nurses are not the only nurses that require mentoring. Seasoned nurses for example, that transfer from medical-surgical units to intensive care units require mentoring and education of new skills specific to the intensive care area and the understanding of equipment use. The complexity of intensive care patients requires the nurse to function autonomously and often under a more stressful environment. Even an experienced nurse must return to a skills lab to learn or relearn skills to perform in a different nursing environment. Nursing skills that have not been used overtime can become obsolete or the nurse trying to practice them may be incompetent in the technique. The experienced nurse in a new environment can exhibit the same feelings of isolation, insecurity and inadequacy as new nurses when it comes to learning new skills in a new environment. For experienced nurses, mentoring is frequently cast to the side or shortened due to the assumption that they have been practicing for years. Seasoned nurses are less likely to seek help. This can be dangerous to their patients and to the profession by not seeking clarification or admitting their lack of competency in areas of practice.

Nurses that seek leadership positions such as a Director of Nursing or Nurse Executive need mentoring either from the person they are replacing or from another nurse at an equivalent level. A new director may lack the skills needed to staff a unit, manage patient concerns, or
promote collaboration with other departments. The presence of a mentor provides insight and wisdom as the mentor watches over the mentee focusing on inherent strengths while encouraging professional development of the weaknesses. Developing a relationship with someone that can be trusted and will truthfully critique allows for transparency and early recognition of one’s shortcomings. The skill sets for a nursing executive include "balancing evolving financial and regulatory constraints, creating a culture of effective communication and collaborative practice, and expanding knowledge of the healthcare environment, and advancing business skills" (Thompson, Wolf, & Sabatine, 2012, p. 537). Within healthcare organizations there are some nurses that seek these professional opportunities and have the qualifications to be successful but often times individuals are placed in these roles due to seniority rather that ability or desire. As nurses we must recognize learning is a continuum and having a strong mentor is an asset.

In summary, having a nurse mentoring program is a valuable tool to nurses, institutions, and most importantly the patients. Experienced nurses that serve as mentors are able to take their knowledge and skills and entrust them to new hands thus leaving a living legacy. These experienced nurses receive gratification in making a difference in the life of another nurse. Research has shown that nurses that have been involved in a mentoring program are less likely to resign, have supportive work environments, and have increased personal and professional satisfaction (Greene & Puetzer, 2002, p. 68). Understandably, nurses that have been a mentee look forward to the opportunity to serve as a mentor, thus paying it forward (Orlovsky, 2006, p. 1). Mentoring programs allow for the development of nurses professionally which promotes a healthier work environment, increases morale, and fosters teamwork. Mentorship programs produce well-skilled, critical thinking professional nurses that contribute to the nursing practice as they utilize evidence-based practice in caring for their patients.
References


