NSW ICTN Local Project Fund Project:

“Increasing supervisory capacity in rural and/or remote health care: Mentorship of transitioning new graduate nurses / undergraduate nursing students by registered nurses”

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Bibliography

**Journal Articles - Annotated:**


The article focuses on the significance of nursing leadership in establishing a mentoring culture for acute health care systems in Canada. According to the Canadian Nurses Association (CNA), mentoring programs are exciting approaches for stimulating professional growth, career development, staff morale within nursing workplaces. It is stated that leadership has been shared by nursing administration as a professional responsibility and a collective venture.


This article discusses how to empower new ICPs by creating a mentoring culture. A brief history of mentoring is provided along with rationale for why mentoring is so critical in today's healthcare environment. Mentorship is contrasted and compared with preceptorship and coaching to elucidate those elements that are distinct to mentoring. The characteristics of an effective mentor, benefits of mentoring and phases of a mentoring relationship are described. Finally, the potential flashpoints that can occur in a mentoring relationship are reviewed. In the current healthcare environment, the growth and development of infection prevention and control professionals (ICPs) is essential to maintain quality outcomes. As provincial governments move to mandatory reporting of patient indicators there will be an increased demand for these professionals at a time when supply is dwindling. While recruitment into the profession is important, retaining experienced ICPs is also an issue. The purpose of this article is to discuss why mentoring in infection prevention and control (IPAC) matters, to identify what mentoring is and is not, and to present information on empowering staff through mentoring relationships.


This article describes a formal mentoring program for new nurse faculty at a small, private, mid-western university. Awareness of the shortage of available qualified nursing educators, loss of faculty due to retirement, and the desire to retain novice faculty prompted the initiation of a mentoring program in a rapidly expanding nursing department. Caring concepts from a previously offered "Caring" course were integrated into the mentoring program. Personalized attention, encouragement, and support and development of a positive attitude toward teaching were reported by new faculty in the program and mentor evaluations.
Continuation of this program and recognition of mentoring as part of a faculty member's teaching load demonstrate the Department of Nursing’s commitment to this process.


This paper is a report of a study exploring the empowerment of nursing students in clinical practice. 

**Background.** There is a great deal of literature regarding empowerment in nursing but most focuses on the empowerment of patients and registered nurses. There is very little regarding the empowerment of nursing students. Of the limited available studies, most explore empowerment in an academic, rather than a clinical context. 

**Methods.** This longitudinal study was underpinned by hermeneutic phenomenology. Thirteen first-year nursing students were recruited using a purposive sampling strategy. Annual, in-depth interviews were conducted with the students on their trajectory from the first to third year of the undergraduate programme. Data were collected between 2007 and 2009. 

**Findings.** By the end of the study, most students felt more empowered than they had at the beginning. They attributed this to increased knowledge and confidence. Empowerment of nursing students in clinical practice can be represented in the form of ‘spheres of influence’. Intrinsic, essential structures of having knowledge and confidence are at the core. External spheres influence the extent to which nursing students are likely to experience increased knowledge and confidence, and thus empowerment. However, nursing students use a number of strategies to promote their own empowerment in clinical practice. 

**Conclusion.** Efforts to promote the empowerment of nursing students in clinical practice need to be multi-layered and targeted at each of the spheres of influence.

The effects of health care economic constraints and restructuring have had a deleterious effect on the job satisfaction of registered nurses. Canada is also experiencing an aging nursing workforce, and a nursing shortage due, in part, to stressful work environments. Concurrently, workloads are increasing as nurses in dialysis units care for older patients with many co-morbid conditions. Mentorship has been shown to positively impact workplace culture and job satisfaction for both the mentor and the individual being mentored. The role of peer mentorship within the context of a community-based hemodialysis unit is explored as a potential strategy to improve job satisfaction of dialysis nurses.


The article presents an overview of the role that mentoring programs can play in helping to reduce high attrition rates that are found among new nurses in their first year of nursing employment. A discussion of a successful formal mentoring program for nurses which was developed and has been implemented at Sharp Mary Birch Hospital for Women & Newborns is presented.


The article discusses how to ensure occupational health (OH) nurses in Great Britain are Visible, Informed and Positive (VIP) to meet the changing needs of employers. It focuses on how mentoring benefits the statuses of OH nurses. The Nursing and Midwifery Council (NMC) defines a mentor as a nurse, midwife or specialist community public health nurse who facilitates learning and supervises and assesses students in a practice setting. The benefits to mentors include increased commitment to their career and organisation.

The article focuses on the peer mentoring relationship in nursing. The authors mention that they are nurses with differing specialties who were able to provide each other with knowledge of each other's unique tasks. The enhancement of the work environment through supportive collegial relationships is mentioned.


The article suggests that coaching or mentoring as early performance management strategies for nurses can turn challenging situations into opportunities for change in Great Britain. According to the article, poor behaviour and performance among nurses can occur for various reasons which include their being overwhelmed by the volume and scope of their work and frustration with a lack of opportunities for education or career progression. Several mechanisms and interventions needed to address the problem are also discussed.


This article describes a community-based mentoring program, Partners in Nursing (PIN), which was developed as a collaborative effort to address the nursing workforce shortage. While the primary goal was to increase retention rates of new nurse graduates, the program also produced secondary benefits of professional development and outreach opportunities. Furthermore, through the creation of PIN, local resources were identified to support new graduates and cultivate leadership potential. While the program was deemed
effective, continued research is needed to quantify the benefits of such programs so that similar initiatives can be successfully replicated.


Students who entered training as of September 2007 are required to have a 'sign-off mentor' in their final clinical placement to register with the Nursing and Midwifery Council. The sign-off mentor status is mandatory for confirming that, on completion of the final clinical placement, the student has met all the requirements of the pre-registration clinical assessment criteria and can register as a qualified nurse. This article describes the role of the clinical teacher in preparing and supporting mentors in one area of Wales.


Mentoring has been a confused and often misunderstood activity, which has been introduced somewhat haphazardly to date in the healthcare sector. The general principles are outlined in an effort to clarify the mentoring process, and the Egan Skilled Helper Model is described as a suitable framework which can be adopted and adapted for a developmental style of mentoring applicable to healthcare professionals, both clinical and non-clinical. Examples of existing schemes are described, together with the issues, including benefits and disadvantages, which require further consideration. It is acknowledged that the benefits of the mentoring process are difficult to quantify, but it is to be hoped that improved understanding of the process, together with an appreciation of modern knowledge-based management theory, will lead to a greater concerted effort on the part of senior NHS management to provide an adequately co-ordinated, skilled and resourced mentoring service for all who would benefit.

The article discusses the impact of positive mentoring on establishing and maintaining the nursing workforce in the U.S. The 10 characteristics of positive mentoring behaviors identified by author Kathleen Heinrich that nurse mentors can adopt to nurture mutually beneficial relationships in the workplace are presented, including transparency, respect and honor diversity. The author notes that young nurses are the future of the profession, who needed proper guidance from experienced nurses.


Mentoring offers a potential buoy in the sea of change in healthcare. Mentoring as a relationship between a novice and an expert can help promote stability in nursing. Studies have revealed that mentorship enhances the professional growth of nursing leaders and educators, but little is found in literature describing mentors for nurses engaged in clinical practice. Seventy-six members of a critical care nursing specialty organization's clinical practice network, spanning regions across the United States, were surveyed by mail. The relationship between mentoring and job satisfaction, as measured by the Index of Work Satisfaction, was examined. Scores were higher in the mentored group as compared to the group without a mentor, but the relationship was not statistically significant. Subjects did identify positive characteristics of a mentor.

The article discusses the importance of proper mentoring program for new nursing graduates required at the hospitals. It is mentioned that around 35 to 70 percent of newly graduated nurses leave their first job because of low work satisfaction and many move to change their profession. It is discussed that the experienced staff at the hospital should conduct orientation sessions with the new recruits and help in establishing cordial relationship between new nurses, physicians and patients. Also, the focus of the mentoring program should be on helping new hires in professional and personal growth, retaining them in the hospital and encouraging them to continue with the nursing profession. Additionally presented are tips for mentor selection and training.


The author shares an example of her mentor named Betty, who guided her through the first months as a new nursing graduate and comments on her relationship with Betty. She mentions that mentoring is defined as a supportive relationship to increase knowledge and skills and meet personal goals of the mentee. She suggests the readers to become a mentor while referring to the Academy of Medical-Surgical Nursing (AMSN) updates on the N3 Mentoring Program available at the AMSN website.


This series of articles explores various ways of supporting staff who work in the fast-moving and ever-changing health service. In previous articles, John Fowler an experienced nursing lecturer, author and consultant, examined the importance of developing a supportive working culture, learning from experience
and the role of preceptorship. This article examines how the principles of mentoring, as practiced in the business world, can be applied to nursing.


As the amount of hospital positions dwindles for the graduating nurse, more are looking for initial employment in home healthcare. A rural home healthcare agency in Virginia developed a preceptor program that effectively helps new graduates to make the transition to the home care nurse role by use of a 13-week orientation program using preceptors and clinical time in the hospital.


The author discusses criteria from the British Nursing and Midwifery Council (NMC) regarding nursing mentors' sign-off status which allows them to sanction a nursing candidate's ability to register with the NMC. Competencies for mentors to quality for sign-off status are discussed. Mentorship courses from the National Health Service are discussed.

Retention of new graduate nurses is a challenge for acute care agencies. The Academy of Medical-Surgical Nurses sponsored a hospital-based formal mentorship program, Nurses Nurturing Nurses, for interested agencies. The outcomes and lessons learned from this project are presented.


The article presents information on coaching and mentoring nursing students. The advanced nurse practitioner (ANP) role differs from that of other healthcare providers because of its emphasis on coaching activities, so that ANPs can act as educative resources for their organisations without imposing solutions on those they educate. They can, for example, use their coaching and mentoring skills to help patients understand how to both manage long term conditions and develop realistic plans of care.


The article discusses the importance of the mentoring programs for new graduate pediatric nurses in the U.S. The programs are designed to ease the transition of newcomers from student to practice nurse. A descriptive study was made at a pediatric academic medical center to compare the job satisfaction and retention rates of graduate nurses before and after the implementation of a Pediatric Registered Nurse Internship Program. The results of the said survey have also been discussed.

This paper reports on the findings of a postal survey used to enhance understanding into the backgrounds, experiences and support offered to supervisors and mentors of Primary Care Graduate Mental Health Workers (PCGMHWs). A postal questionnaire was sent to the total population of supervisors and mentors who had supported PCGMHW students from three universities in the Northwest of England, during the period of their introduction 2004–2006. Most supervisors and mentors had previous experience of supervision and mentorship with other types of students but not PCGMHWs. Data suggest that there were difficulties due limited understanding of the role of PCGMHWs and how it was to be operationalized. Respondents reported staff shortages, time constraints and competing commitments, which limited support available to students. The lack of organizational readiness and infrastructure to support the role was widely reported. However, the role has developed and is generally well received. The implications for future development of the PCGMHW and the preparation and support of supervisors and mentors are discussed.


Vacancy rates for registered nurses in the health care arena currently average 14 percent nationwide and are predicted to rise to 20 percent by 2010. The turnover of newly hired nurse graduates is of particular concern, as many leave their positions within the first year of employment. This article reports on an innovative course made available to new graduates employed at a hospital that is part of a large heath care system. A university faculty member was paid by the agency to provide one-on-one support for new graduates during their first five weeks of employment. Retention was 100 percent after the first year of the program and remained at that rate after the second year of employment.
The behaviours of nurses in the community of practice that new graduates and students participate directly contribute to learning. These behaviours are becoming more important with increasing numbers of students and graduates learning in health care contexts. Nurses, whether they assume the role of preceptor, buddy or mentor are pivotal in identifying appropriate learning opportunities for students and graduates, and assimilating these learners into the team. As nurses at the bedside have a designated caseload they need to be supported to perform this important role while delivering health care. The literature reports a number of constraints for nurses when facilitating the learning of others, namely, inadequate preparation about how to foster learning in this context, poor planning at the ward level, lack of reward or recognition for the role, lack of understanding about the specific learning needs of students and new graduates. This discussion paper provides direction for leadership and management teams to effectively support nurses who assume the role of preceptor, buddy or mentor to assist others' learning in the workplace. The recommendations suggest management teams provide for adequate preparation of nurses, effective planning of workload and organisation of work in the clinical area, and mechanisms for timely and specific feedback to maintain nurses interest and motivation in performing the role. Furthermore, senior leadership personnel need to establish a culture where the value of teaching and learning in practice is recognised and fostered by the entire team.
university-workplace transition is marked by differences between students' expectations of the graduate year and the realities of practice they encounter in the workforce setting. Nursing professionals and health service employers continue to debate the expectations required of the new nurse graduate. Yet there is little assessment of graduate nurses' expectations of the workplace. This study describes student nurses' expectations of the graduate year and the extent to which they regard themselves as well- or ill-prepared.

**DESIGN:** Third-year student nurses (n=105) from a 3-year Bachelor of Nursing (BN) course at a large Metropolitan University in Australia were surveyed. A group of nursing academics and their senior colleagues in the clinical setting designed a questionnaire in light of common themes derived from literature on the graduate year role. Responses were examined and analysed using descriptive statistics. **RESULTS:** Responses revealed that student nurses tended to favour large public hospitals, and sought a good graduate programme with associated opportunities for guidance and support. Most expected to achieve good working relationships with both professional colleagues and patients. Final year students expressed some apprehension about meeting the performance expectations of the workplace, given their self-perceived lack of clinical experience. **CONCLUSION:** When asked about their initial expectations of the workplace, third year student nurses expressed little apprehension and reported high levels on scales of organizational commitment and professionalism. The research literature suggests that divisions exist between students' expectations of the graduate year and the actual work experience. The expectations of the graduate year described in this study offer a student-centred perspective that contributes to future planning and policy directions of undergraduate curricula, graduate year programmes and nurse retention.

Preparing nursing graduates for entry into practice is a priority for academic and healthcare institutions. To effectively prepare competent entry-level practitioners, it is important to understand clinical agency expectations. Most clinical agencies utilize some form of a precepted orientation experience for new graduate nurses. The purpose of this study was to examine preceptors’ perceptions of the competence of new graduate nurses. Data analysis indicated several areas of weakness in new graduate nurses’ clinical skills. This information can be used by academic nursing programs to revise clinical experiences to better prepare graduates for entry into practice. Findings can also be utilized to assist healthcare institutions with designing orientation programs for new graduate nurses. Suggestions are provided to help train preceptors for their important role. It is essential, particularly in today’s complex healthcare environment, that strategies be explored to facilitate success of the emerging nursing workforce.


This article describes the results of research that investigated whether student nurses identified the moral aspects of everyday nursing care situations and, if so, how they dealt with them. We intended to elucidate the role of mentoring situations in moral development. Student written documents reflecting discussions during mentoring situations were analysed quantitatively and qualitatively. The students studied in one of the three nursing schools involved in the research. In only a small proportion of cases (<13%) did the students identify the ethical questions in those situations. The results indicate that the nursing students rarely identified moral issues, implying that there was little conscious moral reflection and deliberation in their mentoring situations dealing with their problematic experiences during their internship. Additional competences will be required for session leaders in order to allow mentoring situations to play a more prominent role in moral development.

Summary: This paper presents the initial research results of mentorship in Flanders, Belgium. A validated questionnaire has been used as well as a semi-structured interview, to investigate perceived characteristics, advantages and drawbacks of mentorship, as well as practical aspects in mentoring education. The questionnaire has been validated for the Dutch language. The response rate of 62% has been rather high. The ability to give feedback, experience, availability of time and a positive attitude were the elements considered important for mentors. In spite of workload, lack of time and drawbacks such as adverse effects on the team work on the ward, transferring of enthusiasm onto students was still possible. Benefits for mentors were immaterial and included closer follow-up of new developments, teaching and sharing of experiences. The benefits outweighed the drawbacks. Support by mentoring courses, additional study and especially of link lecturers proved to be beneficial. Especially the help of link lecturers proved to be necessary in problems and in evaluation of “unsafe” students. In the latter case, the link lecturer helps to solve the inherent conflict of interest by being mentor and assessor at the same time.


A consistent supply of competent and confident faculty is essential to meeting the growing demand for nurses. One way to ensure continuity among nurse educators is through faculty mentorship. There is very little literature about nurse educator mentorship models and no research was found that tested mentoring frameworks or strategies with nurse educators. The matriculation and retention of nursing faculty requires
diligence in the areas of practice, teaching, and scholarship. The authors of this article discuss current nursing mentorship models and propose a new one for consideration.


This research study explored mentoring benefits among pediatric staff nurse protégés through application of a business mentoring model, the Mutual Benefits Model (Zey, 1991), to nursing. The main finding of this study was that mentoring quality was the single best predictor of mentoring benefits among pediatric staff nurse protégés. The major implication of this study is that nursing leaders and organizations can make lasting impacts through high-quality mentoring relationships even when they are time and resource limited. This study and its pilot study provided a valid and reliable nursing research instrument, the Jakubik Mentoring Benefits Questionnaire, for use in future research to further explore the benefits of mentoring among pediatric nurses. The findings of this study support the conceptualization of effective mentoring relationships in nursing as a triad among the individual mentor, the protégé, and the organization where they work rather than a dyad relationship between the mentor and protégé only.


This descriptive, correlational research study applied a business mentoring model, the Mutual Benefits Model (M. G. Zey, 1991), to explore relationships among mentoring quality, mentoring quantity, mentoring type, length of employment, and mentoring benefits among pediatric staff nurse protégés in a single Midwestern, Magnet-designated, freestanding children’s hospital. Results support the hypothesis that the linear
A combination of quality of mentoring and length of employment explained 40% of the variance in mentoring benefits, more than any one factor alone (R = .63, p = .01). Nurse mentoring, conceptually and experientially, demonstrates the Magnet model components and provides implications for the Magnet Journey.


**Aim and objective.** This systematic review describes mentoring of nursing students in clinical placements. Background. Mentoring in nursing has been widely investigated, but mentoring among students has remained vague. There is no universal agreement on student mentoring in nursing placements; therefore, mentoring approaches vary. A unified description of student mentoring is needed to ensure the quality of placement learning in nursing organisations. Design. Systematic review. Method. The data were collected from nursing research articles over 20 years (1986-2006). The articles (n = 23) were analysed using inductive content analysis. Results. Mentoring of nursing students in clinical placements was described according to two themes: (1) facilitating nursing students' learning by creating supportive learning environments and enabling students' individual learning processes, (2) strengthening students' professionalism by empowering the development of their professional attributes and identities and enhancing attainment of students' professional competence in nursing. Discussion. This description of student mentoring in nursing clinical placements integrates environmental, collegial, pedagogical and clinical attributes. To ensure effective student mentoring, an individual mutual relationship is important, but also essential is organisation and management to provide adequate resources and systematic preparation for mentors. Conclusions. The description of student mentoring needs to be systematically reviewed to reflect changes in nursing and education and compared within related concepts to achieve and maintain a workable description. A clear and systematic strategy for student mentoring in nursing organisations could be one opportunity to enhance recruitment of nursing
students to the workforce. Relevance to clinical practice. A unified description of student mentoring will help improve the quality of placement learning opportunities and support for students, also for exchange students. A clear description of student mentoring enables the development of systematic provisions for mentoring of nursing students in placements and adequate mentor preparation programmes for nurses.


The revised Nursing and Midwifery Council (NMC) (2008) Standards to Support Learning and Assessment in Practice aim to support mentors in ensuring that new registrants are fit for practice. The standards also include criteria for sign-off mentors' competencies, which become mandatory this year. This article describes how 'mentor portfolios' can support mentors and help sign-off mentors meet the NMC criteria, and can be linked to the NHS knowledge and skills framework to enhance annual appraisals.


The purpose of this article is to provide a comprehensive overview of the experience of one cardiovascular surgical ICU (CVSICU) orienting new graduate registered nurses (NGRNs) directly to critical care. The authors share a collective experience of interviewing, hiring, orienting, and retaining NGRN to a CVSICU. The formal orientation processes and the critical care training program, Essentials of Progressive and Intensive Care, are detailed. The nursing leadership roles of placement coordinator, nurse manager, nursing education specialist, and clinical nurse specialist in this process are identified. Lastly, opportunities for growth are examined.
Interprofessional (IP) collaboration is recognized as critical for patient-centred care. The clinical setting is an ideal environment for students to learn the competencies required to effectively work with providers from other professions. To enhance traditional clinical placements, we propose an IP mentoring approach, defined as learning that takes place between providers and students who are from different disciplines or health professions. In IP mentoring, students have primary relationships with their preceptors, but also have interactions with providers from other professions. We implemented IP mentoring with the support of two faculties of nursing in Alberta, Canada who provided an IP clinical focus for interested fourth year students. We emphasized to providers and students that there are no prescribed interactions that comprise IP mentoring; experiences between providers and students are context-specific and often informal. Through our evaluation we demonstrated that in IP mentoring, provider commitment was important, students engaged in IP activities of varying complexity, and students learned about roles of other professions and how to work together to provide patient-centred care. IP mentoring is an effective learning strategy to enhance students' knowledge and skills in IP collaboration without radical changes to the structure of the placements or to the educational curricula.


INTRODUCTION: The recruitment and retention of health professionals in rural areas is a long-standing concern in Australia. In the context of an ageing rural nursing workforce, recruitment and retention of new graduate nurses is an important issue. Objective: To explore the role transition for new graduate nurses in
rural practice in New South Wales (NSW). METHODS: This study utilised a qualitative hermeneutic-phenomenological framework. Participants & Setting: A purposive sample was drawn from eight rural healthcare facilities in NSW where participants were employed as new graduate nurses in the first year of a graduate nurse transition program. RESULTS: The ward culture, workload and level of responsibility within rural healthcare facilities were of concern for new graduates and influenced their retention within the rural nursing workforce. Main outcome: There are specific aspects of the transition experience that are unique to graduate nurses in rural practice settings. CONCLUSION: The findings have implications for undergraduate curricula in the preparation of graduates for the reality of the rural nursing workforce. Additionally, the expectations that staff have of new graduates as they enter the nursing workforce, and the workplace cultural issues recognised as having a significant impact on the retention of graduates must be addressed locally and at the area health service level if nurses are to be retained in this unique nursing specialty.


The effect of a peer-mentoring strategy on student nurse stress reduction in clinical practice. International Nursing Review, 203-210 That nursing students suffer high levels of stress during clinical practice is a common topic in nursing education, but there are some effective strategies for dealing with it. The purpose of this study is to examine the effects that a peer mentoring program has on student nurses' stress levels during clinical practice. A quasi-experimental design was conducted. Forty-nine junior level nursing students (n = 17 in the experimental group; n = 32 in the control group) were enrolled in the same medical-surgical nursing class. Mentors were recruited from students who had received medical-surgical experience before entering university. A 6-point perceived Stress Scale for the nursing students' questionnaire was used to evaluate the stress level. Stress from 'lack of professional knowledge and skills' was the highest score before clinical
practice in the experimental (3.78) and control (3.57) group, and also was the highest score after clinical practice in the control group (3.44). Stress from 'assignments and workload' was the highest score after clinical practice in experimental group (3.25). Wilcoxon matched paired signed ranks test revealed that there are no significant differences in stress scores between the two groups. Study findings reveal that there are various advantages and disadvantages to implementing peer mentoring programs. The clinical teacher needs to provide suitable support and encouragement to the mentor and mentee students during this program. These results might provide information that can be used in improving clinical internship experience for the students.


ONS states that "nurses must help attract individuals into careers in nursing". The nursing shortage and the "graying" of nurses will impact the quality of comprehensive cancer care. There is also keen competition among nursing specialties for the scarce resource of nurses. Mentoring is a proven strategy to attract and retain nurses. The purpose is to develop a mentorship program for senior student nurses to recruit them into oncology nursing. Ten nursing students participated in the 9-month program; 70% were from ethnic minorities. Mentors were ONS volunteers from 4 community agencies. The students were required to complete a minimum of 10 activities planned with their mentor. Advocacy was an important theme; mentees joined ONS STAT and participated in e-mail advocacy. They were warmly welcomed into the ONS family, recognized at dinner meetings and the local ONS conference and presented certificates at the completion of the program. Mentees who completed all requirements are eligible for a grant to attend the 2007 Congress where the project coordinators will continue the mentoring. The project was supported by a national ONS Chapter Special Project Funding and a grant from Hawaii ASCO. 90% of the students completed the program. An
analysis of their logs indicated a wide range of activities and positive impact on the mentees ("The ONS mentorship program has made me confirm that oncology nursing is where I want to be"). A six-month follow up will assess the final impact of this mentorship program. Oncology nurses were able to give back to the profession and share their passion about being an oncology nurse ("Being a mentor is a great way to help create a legacy and give back to a profession that has given me so much."). Mentees were able to network with potential employers and the community of oncology nursing. Hawaii ASCO has partnered with ONS to submit a proposal to continue this program based on its success. New members to both the local and national ONS were recruited and we believe attending Congress will provide an inspirational and professional altering event for mentees.


Mentoring relationships occur across a range of nursing contexts and are shown to have multiple, favourable personal and professional outcomes. Specifically, mentoring has been associated with the development of nurse leaders. This study describes features that are integral to initiating mentoring relationships that focus on nursing leader development. These significant features are addressed in relation to the nursing literature. Thirteen nurse leaders from eastern states of Australia were interviewed during 2005 and 2006 about their understanding and experiences of mentoring for leadership. Their narratives were analysed using a hermeneutic phenomenological methodology. Mentoring relationships for nurse leadership were revealed as developing from esteemed connections between two people. Mentors were shown to unconditionally champion their mentee’s careers, and mentees were shown to possess a leadership vision for nursing. The findings of this study have implications for establishing mentoring relationships for nurse leader development. Consideration should be given to the specific focus and context of these relationships to ensure that the full
potential of the mentoring process is realised. It is also important to better understand the key aspects that contribute to the phases of mentoring relationships for nurse leader development because they are shown to influence the dynamic and function of these relationships over time.


This paper reports the benefits and challenges of a mentoring programme through which retired and senior nurses continued to support and nurture nurses and midwives currently working in the health system. Nursing has an ageing workforce and faces significant loss of expertise because of retirements. Previously, mentoring programmes have been instituted in a range of nursing contexts and they have been a retention strategy for older nurses and midwives. Mentors and their mentees worked together towards mutually agreed on professional and personal goals. They were asked to meet or speak together a minimum of twice per month for at least six months. As part of a collective case study, 15 mentoring dyads were established. Participants and mentors took part in qualitative, semi-structured interviews about their perceptions and experiences of the mentoring programme. Interviews were audio-taped, transcribed and analysed thematically. Mentors reported the mentoring experience to be rewarding experience that enabled them to re-connect with nursing-related activities and brought new challenges in retirement. They perceived the mentees were visibly helped by their support and influence. The mentors studied reinforced a positive self-concept as nurses and midwives in their mentees and assisted their development. Retired nurses and midwives in particular may have several characteristics that make them effective mentors. Potential benefits are demonstrated for nurses and midwives vulnerable to workplace adversity, especially those new to Australia who may have limited
professional and social networks. For health organisations, mentoring programmes may be an innovative method of retention that engages both mid-career nurses and midwives and those recently retired.


This study sought to explore how new nurses develop their knowledge and skill over the first 18 months following graduation, as well as factors promoting or inhibiting their development.

Background and Purpose
The graduate year requires the new nurse to make the transition from student in an academic setting to nurse employed within the health workforce. To facilitate the transition, many public and private hospitals in Australia offer formalised twelve-month duration graduate nurse programs that provide graduates with rotations through a number of clinical areas; preceptor support; and study days. Initially twenty five participants were followed for a period of eighteen months, incorporating the graduate year as well as the next six months when they no longer had support from a structured program. Findings from the focus groups after completion of the final six months are reported in this study at which time nine participants from three hospitals continued in the study.

Method
A qualitative approach using focus groups was adopted to allow for rich data to emerge. Four different hospitals in Victoria, Australia allowed graduates to be recruited into the research project. These included public and private hospitals, as well as metropolitan and rural hospitals. For the phase of the study being reported here, focus group interviews were conducted between 16 and 18 months following commencement of the graduate program. Data from all focus groups were analysed using Colaizzi’s (1978) framework.
Findings
Three main themes emerged from these focus groups: 'sense of belonging', 'knowing' and 'moving on'. It is only after the completion of a graduate year that new nurses gain a sense of belonging and are able to complete their socialisation into the clinical workplace.

Conclusions
The development of nurses beyond the graduate year does not end with the completion of their transition program. They may still be working to develop a sense of belonging, independence in their practice and exploring their future development. Further work is needed to explore the period beyond the graduate year in the development of the registered nurse.


This article discusses a unique educational partnership between nurse leaders and a university baccalaureate nursing program that nurtures future nursing administrators. A structured mentoring process in which students are guided through an internship with nursing administrators and executives promotes development of a career focus, leading novices to a more mature role on their career journeys.


Mentoring in rural and remote nursing receives little attention in the literature, even though it is emerging in Australia as a popular strategy to improve the retention of staff. The Association for Australian Rural Nurses established a 2-year Mentor Development and Support Project in 2003 with the aim of promoting mentoring
among rural and remote nurses. During the life of the project, 101 such nurses attended Mentor Development Workshops. This project demonstrated that training is an important prerequisite for rural and remote nurses who are planning to enter a mentoring relationship. Participant evaluation showed an increase in mentoring knowledge and skills and a subsequent rise in confidence about undertaking the role. Participants also believed that their increased capacity to mentor was reflected in their workplaces, contributing to a positive culture of learning.


While much has been written about the theoretical aspects of mentoring, the actual strategies, processes, and scope of mentoring are poorly described. Much of the literature is based on a formal model of "orchestrated" mentoring, rather than the spontaneous and very effective mentoring style of academic leaders. Phyllis Noerager Stern, a mentor par excellence, describes the scope and type of established mentoring relationships. These discussions show that our present conceptualization of mentoring should be expanded to include three types of relationships: direct (traditional) mentoring, collegial mentoring, and indirect mentoring. These mentoring relationships may extend internationally and have made a profound impact on a large number of students and emerging academics. They are capable of changing over time from one type to another. In this interview, Phyllis Stern describes the positives and the negatives, and the processes, pitfalls, and outcomes of these various mentoring relationships.

BACKGROUND: Becoming a new graduate nurse is both a complex and stressful transition. Graduates must socialise into the context of nursing practice, become accountable for patient care and ward activities, interact with other health professionals and develop their own clinical expertise. In Australia, many hospitals provide Graduate Year Programmes to assist new graduates to assimilate into their new roles and environments. AIMS: This paper describes a study that explored how graduate nurses develop their knowledge and skills during their graduate programmes, as well as identifies factors assisting or hindering knowledge and skill acquisition.

METHODS: Employing a qualitative approach, this study used a series of focus groups and anecdotes to collect data from 25 participants recruited from four different hospitals in Victoria, Australia. Focus groups were conducted between 4 and 6 months, 11 and 12 months into, and 4-6 following completion of the graduate programme. Interview transcripts were analysed allowing feedback to be provided to participants. RESULTS: Six themes emerged from the focus groups analysis that described graduates' knowledge and skill acquisition and reflected their development at the different stages. These were: 'gliding through' during undergraduate studies, 'surviving', 'beginning to understand', and 'sheltering under the umbrella' in the first interview, 'knowing how to', and 'we've come a long way' by the end of their programme. CONCLUSIONS: The year following graduation is one of immense personal and professional development. Despite nurse education being in tertiary settings for many years, preparation of undergraduate students still appears unable to reduce reality shock and ease transition for graduates into their working lives.


Successful training and initiation of new graduate nurses is a critical concern for the entire healthcare industry. Current literature reports that as many as 80-90% of new graduate nurses will leave their job within the first year of employment (Bradley, 2001). In summer 2001, the inpatient orthopaedic department of a
large community hospital in the southeastern United States was faced with significant recruitment and retention issues. In response, a new nurse graduate transition program was developed for the orthopaedic specialty. This program uses an adult learning model and a single dedicated preceptor. In addition to clinical experience, the program provides special attention to the development of professional behavior, relationship building, and critical-thinking skills. During the next 2 years, the program produced eight new orthopaedic nurses with a first-year turnover rate of 0%. In addition, this program has positively influenced other areas of importance for RN recruitment and retention, including quality of care, patient satisfaction, and staff satisfaction.


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.


The article presents an overview of a student mentoring service which was implemented in the nursing education program of Liverpool John Moores University. In the article the author discusses his experience of being a student mentor in the program and offers his opinions on the benefits that the program brings to student mentors, students being mentored and to patients being cared for by student nurses.


Current nursing and faculty shortages necessitate development of strategies that prepare all students to function in their roles immediately after graduation. This study used a practicum experience through which nurse educator students mentored nursing students to enhance the teaching and learning of both groups. Study methods, evaluation, and results are discussed.

With the nursing shortage and the high incidence of turnover among new graduate nurses (NGNs) within the first year of employment, there is an increased need to investigate the effectiveness of retention strategies aimed at retraining NGNs. The purpose of this article was to determine which organizational strategies increase the retention rates of NGNs. A systematic review of the research literature was conducted to examine published studies that focused on a retention strategy implemented to influence NGNs to stay in their place of employment. Data were extracted, and the quality of each study was assessed. Sixteen published studies were included in this review. Of these, 13 did not use true experimental study designs. Based on the studies with the strongest designs, the highest retention rates were associated with retention strategies that used a preceptor program model that focused on the NGN as well as a program length of 3 to 6 months. Evidence for the effectiveness of implementation strategies is limited; however, it is apparent from all the studies reviewed that implementing a retention strategy is effective for increasing retention rates of NGNs.


A shortage of nursing faculty is imminent. Factors contributing to this looming crisis include the aging professoriate, as well as a host of recruitment and retention issues. Mentoring programs enhance recruitment, promote retention, and create a caring environment that capacitates and enriches the teaching role. The purpose of this research was to complete a mentoring needs assessment of our nursing faculty, with the overall goal of establishing the foundation and validation for a formal mentoring program. We recruited 60% (n = 29) of our full-time faculty to complete the Faculty of Nursing Mentoring Needs Assessment survey/questionnaire. Consistent with previous research, primarily from other disciplines, career function and caring were cited as important roles and responsibilities for mentors. The most significant stressor for novice faculty was "fitting in" to the academic milieu; teaching expertise and caring were important qualities of "good
mentors." Barriers to mentoring were related to lack of time and faculty support. The evidence from this study lends support for mentorship in nursing education. A caring mentoring environment is an important and timely strategy to ensure that the integrity of nursing education is sustained in the years to come.


An innovative student-to-student peer mentoring teaching strategy was used to deliver health care to at-risk populations in a community-based setting. Students benefited through a collaborative effort to develop and implement a project in a community agency that did not have a nursing presence. Nursing students from three different levels of education participated in this pilot project. Strengths and weaknesses of this strategy were identified through journals, reflective comments, and pre- and post-test evaluation. Students at each level completed projects that benefited the agency and the population, while meeting educational objectives of the course.


To explore Australian nurse scholars' personal and professional perspectives on the nature and development of contemporary Australian scholarship, including its facilitators and barriers. A qualitative exploratory design, with snowball sampling, identified 13 well-regarded nurse scholars from Australian universities or clinical health services. Semistructured, in-depth interviews were conducted in 2008-2009, and transcripts of data were subjected to Morse's content analysis method. Four themes with supporting subthemes emerged: Views on Scholarship; Locations; Facilitators and Barriers; and Visioning the Future. New and reinforced
information about Australian nursing scholarship was revealed. The study revealed contemporary Australian perspectives on nursing scholarship. It included participants’ personal and professional histories; definitions of the attributes of scholars; mentoring; and that educational and practice maturity contribute to contemporary definitions of nursing scholarship. Scholars, working in either academic or practice environments, provided points of difference on scholarship. High workloads associated with curricula, lack of recognition of a scholar’s achievements, and securing research funding were seen as barriers to scholarship. Moreover, current scholars are aging, and there is a looming shortage of scholars prepared for the future. Urgent attention needs to be paid to capacity building of clinicians and academics for the future scholarship of Australian nursing. Scholarship is seen as the hallmark of the intellectual pursuit of knowledge and understanding and is essential for the practice of nursing and improvements to health. Educators, policy makers, and nursing leaders need to clearly develop strategies to sustain Australian nursing scholarship for the future.


Recently, the concept of mentoring, and the use of mentorship programs, is being touted as a strategic means within healthcare organizations to address the nursing shortage that promises to continue well into the future. Mentoring, on the surface, could also be considered as an excellent means of supporting the development and retention of intellectual capital and succession planning within nursing. However, without a better understanding of the concept of mentoring, nurse leaders can never really know the full impact of mentoring in order to achieve such goals within the organization. Several key results from a study of mentorship in nursing support the concept of ongoing knowledge sharing within the discipline, as seen through the eyes of
the mentee. The implications for nurse leaders shift the focus from formal mentoring programs to the creation of practice settings that foster the development of mentoring relationships.


This article focuses on how mentoring among nurses can help them to better serve their profession and health care organizations to more successfully achieve their goals. Specifically, it addresses how formal and informal mentoring can yield benefits to both the nursing profession and health care organizations. It presents some advantages and disadvantages of formal and informal mentoring. Finally, it delineates some important considerations that should be carefully analyzed before establishing a formal program.


Turnbull B. International Journal of Nursing Practice 2010; : 573-578 This paper discusses as study of mentoring and its relationship to nursing academics’ scholarly productivity. A hermeneutic phenomenological approach was used to explore participants’ experiences of mentoring and scholarship. Although all participants were well aware of the need to increase levels of scholarship, few had experienced the role modelling, guidance and leadership to assist them in meeting the expectations of the tertiary environment. While quality mentoring was viewed as a productive facilitator to improving levels of scholarly productivity, a supportive work environment with strong academic leadership was also considered an essential element in developing scholarship. Mentoring alone was considered unlikely to ameliorate any institutional issues, but rather, comprised one of a number of strategies. The picture that emerged from the study illustrates a
discipline in transition in which a culture of mentoring is not well established, one that requires change not only within the discipline, but within tertiary institutions.


Aim. The aim of this paper was to illuminate how recently graduated nurses experience their first year as a nurse. Background. Graduate nurses are expected to identify themselves as members of an interdisciplinary team, to feel comfortable in chaos and to make and defend decisions. By graduation nurses expect to have the necessary competence to perform nursing. Recently graduated nurses lack competence, especially relating to leadership. Design. A qualitative design was chosen and 12 nurses working in hospitals and home care were individually interviewed. Method. The interviews were transcribed verbatim and the texts were analysed using manifest and latent content analysis. Results. The nurses gave descriptions covering numerous experiences, interpreted and categorised in the following eight subcategories: uncertainty and chaos; need for induction; need for a supportive environment; need for recognition; awareness of responsibility; need for positive experiences; becoming experienced; and managing challenges. These subcategories gave reason for the three categories: experience of being new; gaining nurse experience; and gaining competence. The nurses described a tough start as a nurse, but they most of all gave descriptions interpreted as an experience of growth and development, which constituted the theme in this study. Conclusions. Recently graduated nurses have a positive attitude to the challenges of being a new nurse. Although the initial period as a nurse was tough, the nurses appreciated their experiences because they learnt from them. Relevance to clinical practice. Recently graduated nurses should be spared from being the only nurse on duty. Employers both in hospital and home care should facilitate induction programmes for new graduate nurses.

The study reported in this paper investigated the mentoring experiences and perceptions of pre-registration nursing students in one organization, on a theory/practice nursing module. It considered the extent to which students' understanding and expectations matched their actual experiences. Interviews were conducted with 35 students on a Common Foundation Programme, and 15 allocated mentors, using a semi-structured interview guide. These were done within the clinical setting of the wards on which the students were placed as part of their requirements for completion of the module. A distortion of the actual meaning of mentoring appears to be present because of the lack of clarity provided, both internally by organizations and by the English National Board (ENB) who have provided loose guidelines. The implications of this distortion are discussed. The application of a mentoring role in practice needs to be re-examined, with the provision of a clear structured guide internally and externally, with regard to the needs of students and staff who are expected to act as mentors. The study was small scale and cannot be generalized. Mentoring, however, is now widely used within pre-registration nursing education, even though it is generally considered that its use may not be appropriate. Follow-up studies need to be undertaken on an ongoing basis, to examine what actually happens in practice, and to consider ways of ensuring that the benefits for staff and students are enhanced.


Focus group methodology was used to evaluate faculty mentors (n=10) and student mentees (n=30) perceptions of a formal mentoring program. Prior to implementing the mentoring program, faculty
preparation involved cultural competence and mentor workshops. Overall, both mentors and mentees had positive perceptions of the program. Three themes emerged from each group. The mentor themes were role modeling, caring and academic success and the mentee themes were support system, enhanced perceptions of the nursing profession, and academic enrichment. In addition, there were similarities between the mentors and the mentees when asked what constituted a good mentor and a good mentee.


The article describes the process of mentoring novice nurses and the qualities a mentor needs. Professional nurses who want to become mentors need orientation and training in the mentoring role. According to the Dreyfus model of skill acquisition, the five levels of nursing experience are novice, advanced beginner, competent, proficient, and expert. Mentoring relationship is cited as an investment in future nurses. INSETS: Getting to the core of competency; Understanding the levels of experience.


There is a great need for the use of mentors--professional mentors, peer mentors, faculty mentors, and student mentors--to expand the capacity for professional caregivers to meet the needs of a diverse society. Nurses need to become more proactive by taking part in mentoring within their own profession to promote successful leadership and professional development. The nursing profession is ever-evolving; however, its focus centers on the principle of human caring and this is most often related to patients. Nurses must apply this same principal of human caring to each other. Nurses are first and foremost human, requiring the human relationship of caring, support, and encouragement that can come from good mentorship. There is great
potential for mentors to make important contributions to the career development of future minority nurse leaders-this demands a call to action. This article addresses the significance of mentoring in the growth and development of nurse leaders, faculty, and students. The focus is to place a call to seasoned professional nurses to gain knowledge on the importance of nurse mentorship in the development of our future nurse leaders. Recommended strategies include help for those interested in actively pursuing nursing mentorship.


Meeting benchmarks of Ontario's Wait Time Strategy and the expansion of The Ottawa Hospital are key issues driving the recruitment of perioperative nurses in Ottawa and Eastern Ontario. Added pressures resulting from Canada’s aging population and a nationwide nursing shortage mean perioperative nurses are overworked and understaffed. Preceptoring new members of staff raises valid concerns as many of the new recruits have little or no operating room experience. The Dreyfus Model of Skill Acquisition demonstrates the importance of time and patience in supporting the learning process. Mentoring is a valuable strategy in an effort to teach and guide new nurses, to increase nursing retention, and to promote professional growth and recognition. Building successful mentorship programs, through the creation of healthy organizational cultures, transformational leadership and staff development programs, will strengthen support for nurses in stressful times. The stress of meeting the province-wide benchmarks outlined in Ontario’s Wait Time Strategy and the expansion of perioperative services at The Ottawa Hospital in Ontario are two key issues driving the need for the recruitment of nurses into the specialty of perioperative nursing. As a result of Canada’s aging population and a nationwide nursing shortage, perioperative nurses are over-worked and under-staffed while being faced with the pressure to preceptor new staff members while struggling to meet the daily demands of the wait list strategy. This article discusses current trends in healthcare and the career path changes being made by many nurses in response to the demand for specialty trained nurses. It is followed by a brief explanation of the
Dreyfus Model of Skill Acquisition. Mentoring is presented as an effective strategy in the guidance and teaching of new nurses with a discussion of the benefits and suggestions on how to build a successful mentorship program to support nurses in these stressful times.

**Joanna Briggs Institute – Annotated:**


The transition period from student to newly qualified nurse where nurses are adjusting to their new role and consolidating their knowledge and skills can be stressful. It is a time when many newly qualified nurses are left feeling inadequately prepared. A variety of strategies to ease the transition process have been reported, which aim to increase confidence, competence, sense of belonging of new graduates, improve recruitment and retention and reduce turnover costs. The aim of this review is to synthesize the best available evidence on the effectiveness of support strategies and interventions aimed for newly qualified nurses.


This Evidence Summary answers the question: What is the best available evidence regarding the models of supervision and mentoring within health teams?
**Journal Articles - Reference only:**


**Book Reviews:**


The author discusses how nursing students experience poor mentoring and clinical practice when out on placements, which has a major impact on their performance, thus highlighting the challenges in educating students.

**Thesis – Annotated:**


The purposes of this study were to identify perceived mentoring experiences of staff nurses working in various hospital settings, to describe mentoring and career development as viewed by staff nurses and to develop a model that depicts mentoring and emergent variables. Verbatim audiotaped interviews of 37 female hospital staff nurses were performed. Nurses were selected from 4 hospitals in 2 states. Additionally, verbatim interviews of their female nurse managers were audiotaped. Hospital and nursing organization documents, including mission statements, philosophy statements, and job descriptions were scanned for key descriptive phrases applicable to mentoring. Using the qualitative methodology of grounded theory, data bits were analyzed and the core category of mentoring evolved. Three categories of mentoring emerged as well as a structural and process model of mentoring at the staff nurse level. A structural model of perceived mentoring influentials included the environment, people, and events. Within the environment, 4 constructs emerged: barriers, non-barriers, expectations, and rewards. For people, both primary and secondary influentials were noted. For influential events, the constructs included career incidents, clinical-patient situations, and socio-political-cultural circumstances. A process model also emerged from the data. It contained 4 phases. Phase I included mentoring characteristics; Phase II included dimensions of mentoring; Phase III encompassed
mentoring strategies provided to nurses by others in the mentoring process; and Phase IV career development outcomes. Additional themes from data provided by perceptions of nurse managers and analysis of selected hospital documents are included in the data findings. Major findings included: (a) mentoring for hospital staff nurses is a multidimensional process involving events as well as people as mentoring influentials, (b) the primary influence of peers and nurse managers in the mentoring of staff nurses, (c) mentoring influences were demonstrated through both positive and negative data as perceived by staff nurses, (d) staff nurses perceived mentoring to be a large part of their career development, and (e) no difference was found for teaching hospitals versus non-teaching hospitals regarding how mentoring was perceived. The dissertation concludes with a discussion of findings, conclusions, specific practice recommendations and recommendations for future research.


The literature suggests that mentoring is an important factor in the development of nurse leaders. Preliminary evidence suggests that self-efficacy may provide the conceptual link between receipt of mentoring functions and leadership performance.

The purpose of this study was to contribute to the scientific knowledge base that informs nursing administration by examining the contribution of mentoring to development of leadership self-efficacy (LSE) among nurses. The conceptual framework that guided the study integrated theoretical perspectives from mentoring, leadership, and self-efficacy theories. A prospective, repeated measures design was used. One hundred Registered Nurses completed measures of LSE at the beginning and conclusion of leadership training and three months following training, and mentoring just prior to the final LSE measurement.
Hierarchical regression analysis was used to assess the effect of mentoring on self-efficacy for each of five leadership practices. The change in LSE levels over the course of the leadership training intervention was included as a control for the effect of training. Participant administrative experience and professional education were included as controls.

Study results did not support the proposition that protege exposure to career and psychosocial mentoring would lead to higher levels of LSE. Mentorship did not predict self-efficacy for any of the leadership practices. The impact of participants' mentoring experiences prior to the study, low statistical power due to a small sample size, homogeneity of respondents with respect to their mentorship experiences, and the possibility of a ceiling effect for LSE are possible explanations for these results. Results did suggest that mentored nurses were able to enhance their LSE during leadership training, and to sustain this increase upon return to their home organizations.

Findings also provided insight into the prevalence of mentoring among nurses who are actively pursuing leadership development. Nearly two-thirds of the respondents were mentored during the study period, and these nurses reported that their mentoring relationships were active and positive. Mentoring continues to be advanced as an important contributor to leadership development among nurses. This study reinforces the need for further exploration of this relationship to inform and guide developmental interventions and allocation of resources.


This qualitative study examined the experiences of new graduates during the transition from student nurses to practicing registered nurses. The works of Kramer (1974) and Benner (1984) were foundational in consideration of clinical practice. Participants' values and moral conflicts were explored in relation to an ethic of caring explicated by Noddings (1984), Gilligan (1982), and Watson (1985). Fifteen new graduates of three
small liberal arts programs and one associate degree program participated. All participants were employed in hospitals and most worked in critical care units. Data were obtained through two semi-structured and open-ended interviews with participants at approximately three and 11 months after graduation. Study participants related their experiences, thoughts, feelings, and behaviors during audiotaped interviews which were transcribed and coded according to categories. Major themes that emerged were experiential learning, gendered work relations, caring and giving care, and the influence of college on moral reasoning and nursing practice. Experiential learning was vital to participants' acquisition of technical skills and self-confidence. Their efforts to care and give care were compromised by gendered work relations. Caring and giving care were dominant concerns throughout the transition period. New nurses were especially troubled by ethical dilemmas in regard to dying patients. New graduates believed that college taught them to recognize ethical dilemmas and to think critically. Comparison of participants’ comments at different points in time suggest that they cling to caring values in a sometimes indifferent work environment. Although some new nurses adjusted their values to adapt to the work reality, others maintained their ethic of caring and attempted to act on those values. Participants’ stories support the concept of a distinct transitional process in the movement from school to work. Nursing in conjunction with a liberal arts education may contribute to development of a caring ethic and critical thinking abilities. These attributes, however, are difficult to enact in bureaucratic work settings with competing professional hierarchies. The experiences of new graduates in the hospital workplace support an argument for a nursing curriculum based on a caring framework emphasizing ethical decision-making.

In the U.S., there is a growing nursing shortage that threatens to cripple the health care system as the need for nursing services, particularly in acute care, continues to outweigh the number of nurses available (Buerhaus, Staiger & Auerbach, 2000). Much attention has been paid to recruitment and retention of hospital staff nurses, who represent the majority of the nursing workforce. Mentoring has been widely suggested as one strategy to promote retention of hospital staff nurses (Allen, 2002a; Allen, 2002b; Fawcett, 2002; Hom, 2003, Oermann & Garvin, 2002; Pinkerton, 2003). Research has demonstrated the relationships between mentoring and both competency and retention among novice staff nurses. Nursing research examining interventions and benefits related to mentoring among nurses beyond the first year in practice is limited (Caine, 1998; Fagan & Fagan, 1983; Thomka, 2004). This research study explored mentoring benefits among pediatric staff nurse proteges through application of a business mentoring model, the Mutual Benefits Model (Zey, 1991), to nursing. This descriptive correlational study used a research booklet containing three questionnaires, demographic questionnaire, Caine Quality of Mentoring Tool (CQM) developed by Caine (1989), and the Jakubik Mentoring Benefits Questionnaire (Jakubik MBQ) developed by this researcher to collect data from 214 pediatric nurses who had experiences as staff nurse proteges in mentoring relationships. The hypothesis that the linear combination of quantity, quality and type of mentoring relationship would predict mentoring benefits better than any one factor alone was rejected. The hypothesis was tested by stepwise multiple regression analysis which revealed an overall R = .55 with quality of mentoring as the only predictor variable which entered the MR equation (p < .001). Both quantity and type of mentoring, however, were also positively correlated to mentoring benefits and reached significance (p < .001) but were excluded from the MR equation due to multicollinearity. Lastly, multiple regression analyses of the sample subset of nurses who were mentored a year or more, yielded similar findings to the overall study, reinforcing the finding that among the predictor variables tested, mentoring quality is the single best predictor of mentoring benefits.

With the ever-growing shortage of nurses in the healthcare arena, it is now more important than ever for the nursing profession to explore factors such as mentoring that may contribute to career satisfaction and intent to stay in nursing. The literature supports the concept of mentoring in nursing, but there is still limited research that demonstrates positive outcomes of mentoring on career satisfaction and intent to stay in nursing.

This research used a combination of descriptive comparative and correlational designs to study the effects of mentoring on career satisfaction and intent to stay in the nursing profession and to explore the relationship between career satisfaction and intent to stay in the nursing profession.

Benner's model of novice to expert practitioner and Peplau’s Theory of Interpersonal Relations were blended as a framework for the study. These theories support the concept of a knowledge or competence gradient that exists in the mentoring relationship and the ever-important interpersonal relationship that must exist in order for a mentoring relationship to be successful.

The variables of career satisfaction and intent to stay were measured through the use of the newly developed instrument, the Mariani Nursing Career Satisfaction Scale. This instrument was developed, content validated, and pilot-tested for internal consistency reliability for use in this study.

The findings of this study revealed no statistically significant effect of mentoring on career satisfaction and intent to stay in the profession; however, there was a statistically significant, low magnitude, relationship between career satisfaction and intent to stay in the nursing profession. Although the study did not yield statistically significant results demonstrating the influence of a mentoring relationship on career satisfaction, the majority of the nurses reported that they had participated in some form of a mentoring relationship. Implications of the findings include the importance of mentoring relationships in nursing, the need for future
E-mentoring is an innovative form of mentoring that uses the Internet as the primary communication vehicle. This form of mentoring expands access, minimizes time restrictions, and eliminates geographical boundaries. Since there was a significant gap in the nursing literature about e-mentoring as a contemporary type of mentoring, this quantitative, descriptive study explored nurses' attitudes toward e-mentoring and the identification of facilitators and constraints to e-mentoring in nursing. Ajzen et al.’s integration of the Theories of Reasoned Action and Planned Behavior provided the theoretical basis for this study.

Data were collected from a convenience sample of 139 RNs. The participants were employed in 26 states across the United States. More than half of the participants were employed as nurse educators and had graduate degrees. This exceeded the national percentage of RNs who are employed in education and the national percentage for highest level of education completed for RNs.

The study’s findings provided empirical evidence that nurses have positive attitudes toward e-mentoring, scored high on facilitators that support e-mentoring, and low on constraints that block e-mentoring in nursing. Facilitators included a high-speed Internet connection and computer access at work and home. Constraints included the lack of non-verbal cues with Internet communication. The study’s findings revealed that nurses with previous mentoring experience had more positive attitudes toward e-mentoring than nurses without previous mentoring experience. For nurses with e-mentoring experience, the higher they rated this experience the more positive their attitudes toward e-mentoring.
Nurses who were likely to engage in e-mentoring identified more facilitators and fewer constraints than nurses who were indecisive or not likely to engage in e-mentoring. However, even though nurses identified constraints to e-mentoring, they had positive attitudes toward e-mentoring, which suggested that constraints may not block nurses from engaging in e-mentoring.

E-mentoring may increase nurses' access to mentors beyond geographic boundaries and time limitations, while providing a generational adaptation for mentoring younger nurses and accessing older nurses for mentors. Organizations contemplating e-mentoring should encourage nurses with previous mentoring experience to participate in e-mentoring. E-mentoring is a viable approach that may facilitate a shift from traditional nurse mentoring toward e-mentoring.


Twenty-one nurses who experienced mentoring within the practice setting were interviewed for this descriptive qualitative study. Fifteen of these were nurses who identified themselves as having experienced a mentoring relationship(s) as the mentee, and 6 of those nurses whom individual mentees identified during the interview process as their respective mentors. Practice settings in which mentoring took place varied across participants. For some participants mentoring occurred within a clinical environment while others practiced nursing within an academic setting.

The mentees and mentor were interviewed individually in order to promote each individual's open sharing of experiences, thoughts, and feelings as these relate to aspects of the mentoring experience. Open-ended questions were used to elicit the participants' descriptions of their experiences with mentoring. Interviews were tape recorded and transcribed verbatim. Interview analysis using initial and focused coding techniques revealed twenty-six themes that emerged from the data. These themes fell under the categories of context for
mentoring: Mentee perspective, context for mentoring; mentor perspective, dynamics of the mentoring relationship: mentee perspective, dynamics of the mentoring relationship; mentor perspective, mentor characteristics; mentee characteristics; and benefits of the mentoring relationship from the mentee's perspective.

The themes represented elements of the mentoring relationship, as well as personal and professional qualities or characteristics of mentees and mentors that were important to the nurses in this study as they lived the mentoring experience. The most salient findings in this study were the informal nature of the development of mentorship, the mentor as possessing a sense of humor, that mentee’s wish to emulate her respective mentor in ways that are unique and not influenced by others outside of the mentoring relationship, and the mentoring experience as a timeless process. All of the nurse participants in this study described their experiences with mentoring as wholly positive.

The investigator was unable to find any published literature that addressed the concept of mentorship from the perspective of those who have been mentored and those whom the mentees have identified as having a positive and profound influence on their personal and professional lives. Therefore, comparisons to other studies cannot be carried out. Additional research in this area would be useful so that findings could be compared to those from this study.