
MENTORING PROGRAM SELF-STUDY

A Community Nurse Mentor Program for Associate Degree Nursing Students

Funded by a Department of Labor grant, Truckee Meadows Community College has developed a Community Nurse Mentor program for its associate degree pre-licensure nursing student. Community nurse mentoring is part of a comprehensive recruitment and retention program designed to retain students while they are enrolled in the nursing program and through their first year of employment. The goal is to improve graduation and employment duration. The mentor program was designed to match experienced nurses from the community with students who are in their first semester of a four-semester program. The mentor program is only one of the services funded by the grant.

TMCC's Mentoring program matches a nursing student with an experienced registered nurse from the community in order to facilitate the building of a relationship that provides for a formal psychosocial support system. The goal is to support the student's progress within the nursing program, their future career as a nurse and their chosen profession. The relationship involves formal and informal communication over a period of time between the mentor who has more experience and the mentee, who has less. The mentor is part of the system that helps a student attain their goal of becoming a nurse and getting and keeping the first job of their career. The assistance of a mentor at critical points in the progress of a nurse's career as a strategy is emphasized by Huston (2006). Many nurses can recall a mentor stepping in at a critical point in their education or career to help further their path. An experienced professional nurse caring for a novice in a supportive way is a key component of socialization into a new profession.

All professions benefit from mentoring. Mentors provide support for the development of novices in the profession by those nurses who are more experienced, serving as wise advisors or trusted coaches. There are a wide variety of mentorship models within management, business and healthcare professions, and nursing has many different ways of mentoring as well. The literature regarding the mentoring of nursing students within a nursing program provides some examples. One of those models is mentoring by staff nurses who facilitate the students' learning, and also provide some assessment of their learning. Gray and Smith (2000) describe such a program in Scotland. Their qualitative research found behaviors in the mentors which the students perceived as helpful. Abriam-Yago (2009) stated that nursing students of color found being matched with professional nurse mentors very supportive and had the effect of exposing the students to successful role models, whether or not they were from the same ethnic background as the mentor. The findings were based on a mentoring model that included a combination of professional nurse mentors, peer mentors, and faculty mentors.

There is support for mentoring as a strategy in recruitment and retention of student nurses. Connie Vance (McWeeny, 2002) stated that "mentoring can help us attract and retain talent and promote our profession's potential, thus enhancing our contribution to society" (p.1). Warner (1997), writing for a target audience of staff nurses on a hospital nursing unit lists mentoring strategies for nursing students, proposing supportive interventions of welcome. More recently, Sandoval (2005) describes a mentoring program in a school of nursing, and labels it a retention strategy. The program focuses on providing accurate information to students about the nursing program and also providing career information for a variety of nursing fields. Martinez-Rogers (2009) created and described a peer mentoring program where senior student mentored juniors. The program focused on retaining students academically. At a state supported university, a nursing faculty-lead mentoring program consisting of learning sessions to at-risk students and resulted in improved retention (Candela, Kowalski, Cyrkiel, & Warner, 2004).

The concept of mentoring in nursing was analyzed by Stewart and Krueger (1996) found that teaching and learning, reciprocal roles, career development, competence differences between participants, duration, and a resonating phenomenon were components of mentoring. These are themes that continue to be expanded and clarified as a definition of mentoring is developed. Bozeman and Feeney (2007) propose the following mentoring definition. "Mentoring is a process for the informal transmission of knowledge, social capital, and the psychosocial support perceived by the recipient as relevant to work, career, or professional development; mentoring entails informal communication, usually face-to-face and during a sustained period of time, between a

person who is perceived to have greater relevant knowledge, wisdom, or experience (the mentor) and a person who is perceived to have less (the protégé) (p. 731)". Huston (2006) defines mentoring as "an intense, positive, discreet, exclusive, one-on-one relationship between an experienced professional and a less experience novice" (p. 70). A mentor program focuses on the relationship, encouraging an exchange of wisdom between the parties, and supporting that over time.

A formal mentor relationship mutually benefits both parties. The relationship requires trust, respect and a genuine caring commitment to each other. A safe, nonjudgmental environment is essential for the success of the relationship (Dingman 2002). The type of mentor described by McWeeny (2002) as a peer-peer relationship is not based on the work environment, but on advancing the profession and is founded on a supportive, caring, and mutually beneficial relationship. Having 'been there', mentors can offer perspective to mentees and a long range view. Benefits for the mentor include increased job satisfaction, increased and enhanced creative energy, and a sense of contributing to the profession (Wilburn, 2001). "Mentoring is a gift to one's self and to each other" (McWeeny).

There is a difference between a mentor, a role model, a preceptor, a coach, and a tutor. According to Dingman (2002), a role model serves as an example, but does not necessarily have a relationship with the individual. The role model serves as a demonstration of values, skills, beliefs, and behavior. A preceptor guides another person in a work setting for a defined period of time. Coaches focus on results and create a connection based on trust, making a choice to function in the role. According to Davis-Dick (2008), mentoring is often confused with or used interchangeably with tutoring. "Tutoring is only one aspect of mentoring and is not necessarily expected to occur in every mentor-mentee relationship" (p2). Dingman states that a mentoring relationship requires mutual trust, but functions in multiple settings and for an extended period of time. The mentor and mentee both benefit from the relationship.

Characteristics of a good mentor include an interest in advancing the profession through others and the ability to listen, coach, guide and role model. Mentors use their knowledge, perspective, skills, and experience to guide the mentee, sharing their passion about nursing. They don't provide solutions, but guide decision making, replicating the critical thinking that goes into nursing practice (Dingman, 2002). Gray and Smith (2000) found that students described good mentors as enthusiastic, friendly, approachable, patient, understanding, and having a good sense of humor. In today's healthcare environment, that is a laudable goal.

Carr (2008) offers tips for mentors that include organizational ideas, such as making a list, creating an agenda, and planning for the meetings. These are valuable tools that mentors can use to begin structuring the relationship, especially for those who have not had previous experience with a mentoring relationship. Mentor and mentee alike might be wondering just what it is they are supposed to be doing. We suggest meeting for coffee, sending an email, or scheduling a formal meeting are all appropriate first actions, depending on the needs and lifestyles of the participants. Experimenting with a process that is mutually beneficial honors the needs of both parties. More importantly, however, Carr suggests that mentors "listen deeply and ask powerful questions" (p2), asking open ended and friendly, but challenging questions that help the mentee talk about what its important, and avoiding 'why' questions that create conflict and cause defensiveness.

The Community Nurse Mentoring Program at Truckee Meadows Community College has a full-time nurse employee who functions as the Coordinator. She recruits nurses who function as mentors outside of their work setting. The mentors and mentees are matched based on themes identified in their profile. The coordinator contacts the participants periodically to ensure that the relationship is working. Honoring the relationship is a key to its success, and at times the intensity and attraction between the two parties doesn't have chemistry. If not, rematches are made.

This product was funded by a grant awarded under the President's Community-Based Job Training Grants as implemented by the U.S. Department of Labor's Employment & Training Administration. The information contained in this product was created by a grantee organization and does not necessarily reflect the official position of the U.S. Department of Labor. All references to non-governmental companies or organizations, their services, products, or resources are offered for informational purposes and should not be construed as an endorsement by the Department of Labor. This product is copyrighted by the institution that created it and is intended for individual organizational, non-commercial use only.

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