Given the looming nursing shortage, a predicted 1.09 million job openings by 2024 (American Association of Colleges of Nursing, 2017), prioritizing the health of our work environments is critical. Strengthening a healthy work environment is the active ingredient in retaining qualified employees, improving staff engagement and satisfaction, upholding patient safety, and protecting the financial viability of an organization (American Association of Critical-Care Nurses, 2005). Mentorship programs bring limitless value to each of these areas and have been proven to increase nurse retention and job satisfaction (Zhang, 2016; Jones, 2017; Shroyer, 2016). Using the American Association of Critical-Care Nurses’ (AACN) healthy work environment standards as building blocks in mentorship program construction exponentially multiplies the benefits attainable to organizations.

Outlined below are the AACN’s six standards of a healthy work environment and how these foundational principles can shape a sustainable nursing mentorship program.

**Standard #1: Skilled Communication**

The structure of a formal nursing mentorship program provides its participants opportunities to develop various communication skills. The importance of communication to the success of the mentoring relationship cannot be understated (Chen & Lou, 2014). Communication techniques fostered within the mentor-mentee relationship are crucial to not only the success of the partnership, but can also be utilized in the clinical arena. Providing education to the mentors about the program itself, then positioning them as the provider of that education to their mentees gives mentors an opportunity to practice verbal communication skills. They articulate the design of the program, its requirements, and the expected outcomes of the mentoring relationship. Instruction on closed-loop communication, two-way feedback, and verbal/non-verbal communication are included in the education as is the expectation that these modalities will be practiced throughout the course of the mentoring relationship. This requirement compels both parties to engage in frequent, constructive dialogue.

Implementing monthly checkpoints ensures that communication occurs regularly and is being documented. A written submission of progress is what differentiates formal from informal mentoring and safeguards a regularly-scheduled opportunity to discuss successes and opportunities for improvement. Evaluating goal progress, communication methods, and the relationship itself should be formative and summative. Face to face interactions between the mentor and mentee are required quarterly, at a minimum, to enhance verbal and non-verbal communication skills. This requirement reinforces the importance of proficiency in interpersonal communication, balancing the efficiency of popular technologically-based methods such as text message, email, FaceTime and Skype.

**Standard #2: True Collaboration**

A voluntary mentoring program brings together nurses from all levels and matches mentee needs with mentor strengths. Thus, a clinical nurse seeking mentorship can obtain it from a variety of individuals: a peer, a nurse manager, a nurse educator, an advanced practice nurse, a clinical director, or even the chief nursing officer. A mentoring program thereby offers the rare opportunity to escape the limitations of hierarchy and confidentially collaborate alongside a fellow nurse for the purpose of goal-achievement.
Instituting a six month minimum for the duration of these partnerships not only adheres to the definition of mentorship as a long-term intentional relationship (Jakubik, Eliades, & Weese, 2016), but also ensures that this collaboration is more than simply an occurrence. This duration minimum sets the stage for lasting influence on the individuals and the organizational culture. An ongoing program with two enrollment phases annually ensures long-term program sustainability. Organizing participants into fall and spring cohorts is a way to maintain accessibility while avoiding the administrative overwhelm of rolling admission. Also, requiring that mentors and mentees submit confidential exit evaluations is an avenue for honest appraisals of the degree of collaboration that occurred throughout the relationship.

**Standard #3: Effective Decision-making**

Mentors can introduce mentees to venues outside their daily work that allow for greater influence on clinical decision-making. Leveraging the network of a nurse leader, mentees can learn what opportunities align with their strengths and interests to affect change in hospital policy and clinical practice. Exposure to a forum which broadens an employee’s scope and influence can inspire a nurse to become more engaged in positively influencing patient care operations.

Setting a future-oriented S.M.A.R.T. goal (Specific, Measurable, Achievable, Realistic, Time-bound) establishes the vision for the relationship and professional development of the mentee (Jakubic, Eliades, Weese, & Huth, 2016). With their knowledge, experience and networking capabilities, the mentor can nurture the mentee’s decision-making capacity through shared governance council membership, career advancement, or specialty certification. The mentees’ goal attainment is the yardstick to measure the success of the program.

**Standard #4: Appropriate Staffing**

Mentors can empower mentees to achieve their S.M.A.R.T. goal(s) by setting and accomplishing milestones along the way. Arranging shadow experiences in alternate units, investigating higher education programs and their requirements, assisting with advancement in the clinical ladder, or helping a nurse prepare for specialty certification are just a few ways mentorship can elevate nurses’ competencies to meet the ever changing needs of their patients. Once the goals are achieved, the organization benefits from retaining the enhanced talent of these mentees, and patients and families become the lucky recipients of nurses excelling in areas where they can thrive.

Throughout the mentorship experience, pragmatic staffing processes must be upheld. Therefore program participants must understand at the outset that clinical nurses’ time spent engaging in mentorship should occur outside scheduled work hours. This will ensure the mentees’ primary obligation, patients and their safety, will not be compromised.

**Standard #5: Meaningful Recognition**

A mentorship program provides countless opportunities to recognize the value of nurses at all levels. Actively seeking the involvement of all stakeholders during the program’s development phase is one way to affirm their significance (Montavlo & Veenema, 2015). Requesting input through shared governance councils and leadership forums on the framework design validates the contributions from nurses in a variety of roles and increases the likelihood that the end product is a program that meets diverse needs.

Additionally, a mentorship program can enable nurses to view themselves as valuable contributors to the profession. To be endorsed as a formal mentor by one’s supervisor serves as its own meaningful recognition. That value is amplified by broadcasting their accomplishments and qualifications on a website from which mentees may browse multiple profiles in search of their top mentor preferences.
Recognizing mentees for their desire to grow professionally and for goals accomplished through the mentorship program is another aspect of a successful program. An annual celebration attended by prominent leaders allows mentees to shine, and rewards their work toward goal achievement.

**Standard #6. Authentic Leadership**

Healthy work environments equip future leaders by supporting their development (Eliades, Jakubik, Weese & Huth, 2017), and mentors play a large role in providing such opportunities. Support of and participation in a formal hospital-wide nursing mentorship program are powerful demonstrations of a nurse leader’s commitment to the imperative of a healthy work environment. A chief nursing officer enrolling as a mentor models the accessibility and authenticity they hope to see throughout their organization. Clinical directors and nurse educators who serve as mentors convey that investing in others is a priority. Advanced practice nurses provide leadership insight through a different lens and are required to be included in mentoring activities according to Magnet standards (American Nurses Credentialing Center, 2017). An experienced nurse manager is well-suited to mentor fellow managers. This practice is noted in the literature as one of the richest forms of mentoring (Weese, Jakubik, Eliades, & Huth, 2015). Clinical nurses can realize their leadership potential by mentoring their peers. Mentorship across the organization collectively empowers nurses in all levels and settings to be strong leaders (Montavlo & Veenema, 2015).

In summary, achieving a healthy work environment is an ongoing and challenging process. Mentoring is a powerful yet accessible vehicle to propel progress toward that end. A formal mentorship program not only supports each of the AACN’s six standards, but also generates compounding benefits to its participants, their organization, and patients. In a program’s first year alone, hospitals can confidently expect over 90% of mentees’ goals to be achieved. In fact, when mentees’ goals include achievement of specialty certification, the literature attests that falls can be reduced and overall patient safety improved (Boyle, Cramer, Potter, & Staggs, 2015). These outcomes compel nurse leaders to support formal mentoring programs in their institutions. Aligning the mentoring program with the healthy work environment standards is a resourceful way for leaders to multiply the fruits of their labor.

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**Title:**

Build and Sustain a Hospital-Wide Nursing Mentorship Program Using the Healthy Work Environment Standards

**Keywords:**

Healthy work environment, Mentoring and Mentorship program

**References:**


Abstract Summary:

A hospital-wide nursing mentorship program built on the American Association of Critical Care Nurses' healthy work environment standards catalyzes a culture of collaboration. These criteria provide the framework for building a sustainable mentorship program that strengthens the health of the work environment and benefits the organization, nurses, and patients.

Content Outline:

I. Introduction

A. Strengthening a healthy work environment catalyzes a culture of collaboration.

B. The AACN’s healthy work environment standards provide the framework for a sustainable, formal, hospital-wide nursing mentorship program (American Association of Critical-Care Nurses, 2005).

II. Integrating healthy work environment standards in nursing mentorship program design
A. Standard #1: Skilled Communication

1. The structure of a formal nursing mentorship program provides its participants opportunities to develop various communication skills (verbal, non-verbal, written).

2. Communication techniques fostered within the mentor-mentee relationship are not only crucial to the success of the partnership, but can also be utilized in the clinical arena (Chen & Lou, 2014).

   a. Implement monthly checkpoints

   b. Institute minimum requirements for relationship duration, frequency of communication, and form submission

B. Standard #2: True Collaboration

1. Nurses from all levels are eligible to collaborate in the voluntary formal program without limitations of hierarchy.

   a. Includes the CNO, Directors, Advanced Practice Nurses, Managers, Educators, and Clinical Nurses.

   b. Conversations between mentor and mentee are confidential.

2. A sustainable program promotes long-term collaborative partnerships.

   a. Adheres to the definition of mentorship (Jakubik, Eliades, & Weese, 2016).

C. Standard #3: Effective Decision Making

1. Mentors introduce opportunities outside a mentee's daily work that allow for greater influence on clinical decision-making.

2. Developing S.M.A.R.T goals guides the mentee and the relationship (Jakubik, Eliades, & Weese, & Huth, 2016), and their attainment is a mark of a program's success.

D. Standard #4: Appropriate Staffing

1. Elevating a nurse's competence to meet the needs of the patient can be accomplished by creating S.M.A.R.T. goals and milestones.

2. Clinical nurses' time spent engaging in mentorship must occur outside of their scheduled work hours, ensuring no compromise of staffing and patient safety.

E. Standard #5: Meaningful Recognition

1. A formal nursing mentorship program provides opportunities to recognize the value of nurses at all levels.

   a. Recognize the stakeholders who provide input (Montavlo & Veenema, 2015)

   b. Receive Manager/Supervisor endorsement
c. Public display of mentor’s biography on website

d. Formal annual celebration

F. Standard #6: Authentic Leadership

1. Mentorship across the organization collectively empowers nurses in all levels and settings to be strong leaders (Montavlo & Veenema, 2015).

a. Chief Nursing Officer

b. Clinical Directors

c. Nurse Managers

d. Nurse Educators

e. Advanced Practice Nurses

f. Clinical Nurses

2. Nurse leaders role model accessibility and authenticity.

III. Conclusion

A. Nursing mentorship can strengthen the health of the work environment.

B. Building a formal, sustainable program on the AACN’s six standards can improve patient outcomes and provide benefits to the participants and organization (Boyle, Cramer, Potter & Staggs, 2015).

First Primary Presenting Author

**Primary Presenting Author**

Karen W. Ulmer, MSN, RN, RNC-OB, RN-BC
Penn Medicine - Pennsylvania Hospital
Clinical Nurse Education Specialist
Philadelphia PA
USA

**Professional Experience:** 2010-2013 Clinical Educator, Inspira Medical Center, Woodbury, NJ; 2013-2014 Staff Education Manager, Inspira Medical Center, Woodbury, NJ; 2015-present Clinical Nurse Education Specialist, Pennsylvania Hospital/Penn Medicine, Philadelphia, PA; 2015-present Nurse Residency Coordinator for 250 new-to-practice nurses annually; 2017 Mentor Award, Association for Nursing Professional Development; Co-creator of hospital-wide Nurse Mentoring Program (2017); Formal and informal mentor (2010-present); National podium presentations on Peer Review, Nurse Residency, Preceptor Education

**Author Summary:** Ms. Ulmer is a Master’s prepared Clinical Nurse Education Specialist at a large academic Magnet designated hospital. Ms. Ulmer holds national certifications in Nursing Professional Development and Inpatient Obstetrics. As a Nurse Residency Coordinator and Preceptor Course
Facilitator, she recognizes the need and value of nurse mentorship. She is the co-creator of a hospital-wide nursing mentorship program and the recipient of the 2017 Mentor Award from the Association of Nursing Professional Development.

Second Author
Heidi J. Beris, MSN, RN, CPN, RN-BC
Penn Medicine- Pennsylvania Hospital
Clinical Nurse Education Specialist
Philadelphia PA
USA

Professional Experience: 2012-Present Clinical Nurse Education Specialist, Pennsylvania Hospital/Penn Medicine, Philadelphia, PA; 2017 Co-creator of hospital-wide Nursing Mentorship Program; 2016-Present Nursing Competency Program Lead; 2014 National Podium Presentation on Nursing Orientation; 2013-2015 Clinical Instructor, Drexel University, Philadelphia, PA; 2010-2012 Nursing Coordinator for Bone Health Center, Children’s Hospital of Philadelphia, PA

Author Summary: Building on years of clinical experience and advanced degrees in Health Leadership and Organizational Dynamics, Ms. Beris is in her seventh year in the Nursing Education Department of an urban academic Magnet-recognized hospital. Board-certified in Nursing Professional Development, she has developed, implemented, educated on, and evaluated numerous hospital- and health system-wide projects and programs. As both the recipient and contributor of mentorship, it was a privilege to co-create her hospital’s first formal nursing mentorship program.