Exploring Mentorship in the Nursing Context

Linda Ferguson¹, RN PhD, Olive Yonge² RN PhD, Florence Myrick³ RN PhD (ret.), and Noelle Rohtansky¹ RN PhD
¹University of Saskatchewan¹, Saskatoon, Saskatchewan, ² University of Alberta, Edmonton, Alberta, CANADA

INTRODUCTION

New nurses entering professional practice experience significant challenges and, if unsupported in the practice setting, may be slow to develop competence and professional judgement, change employment, or leave the profession. These new nurses learn within the social context of the practice setting, and if they are fortunate, under the guidance of mentors in informal long-lasting relationships. Because of the importance of mentoring to the development of a knowledgeable competent nursing workforce, exploring the concept of mentoring, its context and antecedents, and its relationship to the more commonly used process of preceptorship is vital.

The literature on mentorship in nursing is often anecdotal and limited in its usefulness for evidence-based decision making. Literature in the field of organizational behaviour addresses mentorship extensively but we are uncertain of its applicability to nursing. Mentorship, which appears to be a significant factor in the integration of new nurses into professional practice, is a relatively unexplored phenomenon in nursing research.

RESEARCH OBJECTIVES

The Research Question: What is the nature of mentorship in nursing practice?

Objectives

The objectives of this research project are: 1) determination of the nature of mentorship in professional nursing practice; 2) identification of factors that promote or inhibit the development of mentoring relationships in professional nursing practice; 3) examination of the effect of preceptorship experiences long-term mentoring relationships; 4) determination of the effect of specific organizational contexts on mentorship.

PROCEDURES

Procedures

Participants consist of a stratified random sample of new nurses (between one and three years of practice) and experienced nurses (more than five years in practice) in both urban and rural nursing settings on 36 nursing units in 4 health regions. Lists of registered nurses were obtained through nurse managers on medical, surgical, obstetric, pediatric, and psychiatric nursing units. In rural settings, smaller hospitals were considered as single units. Sample size was calculated at a minimum of 84 participants per group for sufficient power for this correlational study.

The qualitative phase of the study involved interviews with both experienced mentoring nurses and newer nurses. Experienced nurses were nominated by nurse managers as mentoring nurses; New nurses volunteered. Twenty-six new and experienced nurses were interviewed over the two provinces.

Instruments:

Individually addressed questionnaires specific to each group of nurses were distributed to their nursing units, and returned to the researchers via self-addressed postage-free envelopes.

• Demographic Data
• Expected Costs and Benefits Scale (Ragins & Scandura, 1994)
• Willingness to Mentor Scale (Ragins & Cotton, 1993)
• Mentor Role Scale (Ragins & McFarlin, 1990)
• Mentor Functions Scale (Scandura and Ragins, 1993)
• Mentor Satisfaction Scale (Ragins & Cotton, 1999)
• Nursing Worklife Index [Revised] (Atkins & Patrician, 2000)

FINDINGS

Response Rate

23% for new nurses and 29 % for experienced nurses

New Nurses (n=139)

• 51 new nurses (37.5%) state they have been mentored
• 13 new nurses are being (were) mentored by nurses from other units
• 27 nurses (19.9%) report their nurse managers as mentor
• 54 new nurses (39.7%) report mentoring other new nurses
• 24 new nurses (17.6%) have participated in formal mentor programs

Experienced Nurses (n=218)

• 148 (69.5%) report mentoring new nurses
• The length of most mentorships is about 6 months
• 46 participants have mentored 1-2 new nurses
• 56 participants have mentored 3-5 new nurses
• 31(14.6%) have participated in formal programs

All Participants (n=357)

• 93.1% (n=325) indicated the intent to mentor
• 198 participants have not preceptored students
• 43.7% (156) have preceptored nursing students
• Approximately half have attended preceptorship workshops.
• 71.7% (252) were preceptored as nursing students
• 40 participants have preceptored more than 5 new nurses
• 67.5% (n=241) described their nursing units as mentoring environments

CORRELATIONAL FINDINGS

• Experienced RNs perceived more costs associated with mentoring and were less willing to mentor.
• RNs with less than 6 months of experience were most satisfied with mentorship.
• Nurses with 3 to 5 years of experience were most willing to mentor new nurses.
• RNs with 1 to 2 years of experience were least satisfied with mentorship available to them.
• RNs with previous mentoring experience were more likely to mentor again.
• RNs who had been mentored were more likely to mentor.
• Educational levels did not correlate with intent.
• Intent to mentor did not correlate significantly with nursing worklife index subscales.
• Preceptoring experience was not a factor.

Qualitative Themes

• Nurses in this study seemed uncomfortable with the term mentor; suggesting it connoted expertise.
• New nurses expressed gratitude to their mentors.
• Mentoring relationships were mutually prolonged.
• Nurses mentored for practice knowledge in their own practice settings.
• Nurses who chose to mentor wanted nurses to practice to the standards of the nursing unit, and were willing to support new nurses to these standards.
• New nurses described a number of their nursing units as mentoring environments.
• New nurses sought mentors who practiced nursing to the standards they aspired to, and with whom they experienced a relational connection.

CONTACT

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Contact information available from:
Dr. Linda Ferguson, Mu Sigma Chapter
linda.ferguson@usask.ca

UNIVERSITY OF SASKATCHEWAN
College of Nursing