

A Communications Service to Nursing School Deans, Administrators, and Faculty

Published by Anthony J. Jannetti, Inc. as a service to the National Student Nurses Association, Inc.

EDITOR: JUDITH A. TYLER, MA, RN

Nurses Nurturing Nurses: A Strategy for New Graduate Nurse Development and Retention

Cecelia Gatson Grindel, PhD, RN
Marlene Roman, MSN, RN, ARNP



Cece Grindel



Marlene Roman

As a result of the current nursing shortage, health care agencies are clamoring to hire new graduate nurses. These novice nurses are carefully selecting their first professional position with the expectation that their transition from novice to expert will be an exciting adventure. They are quickly disillusioned as they are expected to function as experienced nurses in a very short period of time. Often they complain that they cannot provide the nursing care as they were instructed. They find themselves in a quandary when their professional colleagues cannot be as supportive as they expected. And they report concerns as they question the quality of care provided in a work environment where nurses' workloads make compromises in patient care a regular happening. The result—over 50% of new graduate nurses leave their first professional nursing job in less than one year. The loss of these nurses is demoralizing to the novice nurses and costly to the institutions.

One of the best ways to help a person fulfill her/his potential in nursing is through the mentoring process. Accommodating the transition between graduation and acquisition of the professional nursing role is a challenge to expert clinicians. An experienced nurse can have a tremendous impact (either positive or negative) on the professional life of a new graduate.

Enhancing the personal and professional development of nurses is an important goal within the strategic plan for the Academy of Medical Surgical Nurses (AMS¹N). There is a great deal of literature supporting the importance of strategies that enhance relationship-building efforts and connectedness of new graduate nurses with colleagues in the work place. To this end, AMS¹N has incorporated several strategies into a program that promotes socialization and support for new graduates entering the nursing profession. The program,

"Nurses Nurturing Nurses" (N3), initially designed for medical surgical nurses, is designed with a framework for the passage of wisdom, caring, and confidence between new and experienced nurses through relationships that are nurturing and supportive. The ultimate goal is to support the new nurse during the transition from student to professional nurse and foster job satisfaction and retention. Program objectives include developing supportive and encouraging relationships, guiding new nurses in their professional, personal, and interpersonal growth, promoting mutuality and sharing based on the needs of colleagues, and communicating information concerning expectations, learning opportunities, and stressors.

The word "mentor" derives from Greek mythology when, in the Greek myth of Odysseus, Ulysses appointed a wise and trusted friend, Mentor, to care for his son. Mentoring definitions include coach, counselor, guide, advisor, protector, expert, wise teacher, role models of virtue, achievement, and ways of life, and friend. The Dictionary of Occupational Titles ranks mentoring as the highest and most complex level of functioning in the people-related hierarchy of skills. Mentoring involves a relationship where there is a personal, one-to-one nurturing between the mentor and the mentee. Mentors often find tremendous personal and professional satisfaction in this nurturing relationship. And the mentees are not only encouraged in their new role, but also contribute to the future growth of nursing. Successful mentors help the mentee recognize her/his strengths and weaknesses; encourage the mentee to establish goals for further performance improvement; monitor and review progress in achieving identified goals; identify problems that may be affecting progress; generate an action plan for dealing with identified problems; and assist the mentee in realizing her/his full potential.

The N3 program is designed to be a loosely structured and caring arrangement of time for two individuals to use principles of adult-learning to identify and address pertinent needs of the individual being mentored. The initiation of the mentor-mentee relationship in the N3 program differs from that reported in the literature. Rather than the natural process of mentor-mentee relationship development, the health care agency selects expert nurses to be paired with new graduate nurses. These mentors are master clinicians, have excellent communication skills, are good role models, and are committed to the professional growth and development of novice nurses. A unique requirement is that the mentor and the mentee do *not* work on the same unit. This allows for more open communication without fear of repercussions in the work environment. Both the mentor and mentee agree to keep all communications confidential so that all issues can be discussed freely.

Once introduced, the mentor and mentee establish a plan for communication. Initially the two are requested to meet face-to-face. The goals for each meeting are developed

by the mentor-mentee dyad and focused on the needs of the mentee. The frequency, timing, and locations of the meeting times are based on the availability of the mentor and mentee. A time period of no more than two weeks between meetings is recommended, particularly during the first six months. As the new graduate nurse becomes more confident in her professional knowledge and skills and adjusts to her work environment, it is expected that these face-to-face meetings could become less frequent; however, monthly visits are strongly recommended. Between meetings, other modes of communication (telephone, email) may be used. Mentor-mentee relationships are not time-limited and evolve over time. For the purposes of this project, the mentor and mentee will be asked to make a one-year commitment to the project.

An important part of this program is the evaluation process. Although mentor-mentee relationships have occurred in clinical settings, the literature is void of any studies similar to the N3 project. To determine if the N3 program does make a difference in nurse confidence, job satisfaction, and intent to stay or leave the job, the mentor and mentee will be asked to participate in an evaluation process. After signing consent forms, both will be asked to complete surveys to measure how well the program meets the N3 project objectives. The purpose of measuring these variables is to demonstrate that the N3 program does make a difference in new graduate nurse job satisfaction, confidence, and intent to stay/leave the job during the first year of employment as a professional nurse. Demonstration of high levels of confidence, intent to stay, and job satisfaction would suggest nurse retention, which is critical in this era of the nursing shortage and cost-effective for the employing agency.

To assure that the N3 program is implemented in a consistent manner, a designated representative from the participating institution serves as site coordinator. Communication is a key in the success of this program. An AMSN N3 coordinator is assigned as the contact person for the institution's site coordinator. Dyads are selected by the site coordinator. A booklet containing information about and guidelines for implementation of the program and the evaluation tools are sent to the site coordinator. The site coordinator's role includes orienting the mentors to the program, selecting the mentor-mentee dyads, and reminding the mentor and mentee to complete the evaluation forms according to the project protocol. The mentor and mentee mail completed evaluation tools directly to AMSN's research coordinator.

Over the years mentorship has been reported as a successful strategy in the development of nurse professionals. The Nurses Nurturing Nurses program adapts the mentorship model to serve as an anchor to enhance professional development in new graduate nurses and foster retention in the work place.

The N3 program is schedule to pilot at institutions this summer. If your facility is interested in participating, please contact AMSN, amsn@ajj.com or 856-256-2323. The program will be open to individual participants in the near future.

Cecelia Gatson Grindel, PhD, RN, AMSN N3 Research Coordinator. Associate Director for Undergraduate Programs, Georgia State University, Atlanta, Georgia.

Marlene Roman, MSN, RN, ARNP, President AMSN, Medical Surgical Clinical Nurse Specialist, North Broward Medical Center, Pompano Beach, Florida.

Nursing History in the Curriculum: Preparing Nurses for the 21st Century

The American Association for the History of Nursing (AAHN) advocates the inclusion of nursing history in the curricula of all undergraduate and graduate nursing programs. History content should be integrated into courses at the undergraduate and masters level. At the doctoral level, a history of nursing course based on the advanced scholarship of nurse historians, and exemplifying sound historical research methods, should be required. This position is based on the following rationale:

All nursing graduates will face challenges in the next decades as they respond to the complexities of health care and the knowledge explosion of the 21st century. These challenges will require new approaches to nursing education. Curricula designed to prepare nurses for the new millennium should be as different from the current curriculum as the current curriculum is from that proposed by the National League for Nursing Education (NLNE) in 1917 (Stewart, 1943). Creative approaches will be necessary to enhance a student's cognitive flexibility and receptivity. Critical choices will have to be made. While debate continues concerning the technical elements that should be present in nursing education, the temptation to base curricular decisions on technical knowledge, overlooking the relevance of other elements, is short sighted. Nurses in the 21st century will need more than sheer information; they will need a greater sensitivity to contextual variables and ambiguity if they are to critically evaluate the information they receive. Nursing history content accomplish several educational goals.

History offers not only contextual perspective, but also enlightenment. Two early historians of nursing, Lavinia Dock and Isabel M. Stewart expressed the depth of the gift that nursing history can provide: "No occupation can be intelligently followed or correctly understood unless it is, at least to some extent, illumined by the light of history interpreted from the human standpoint" (1938). Nursing does not exist in an unpredictable vacuum. The social pressures that have shaped nursing in the past persist today in new forms. Today's challenges are not easily understood nor addressed in the absence of such insight.

The classic reason for studying history is to avoid repeating it. However, there are health-related issues that could be addressed using "recycled" solutions. For example, there is a current concern with such epidemics as the AIDS and Ebola viruses. These problems can better be understood when epidemics of the past are studied. Today there is a resurgence of tuberculosis among the homeless in the inner cities. Public Health nurse Lillian Wald addressed similar problems nearly a century ago on the lower east side of Manhattan. Today we are faced with yet another nursing shortage. The shortages of the 20th century can provide valuable lessons for addressing the current situation. This wealth of historical nursing knowledge should not be ignored.

The content of nursing history is only one aspect of its contribution to the profession today. Nursing history also serves to expand students' thinking, and provides them with a sense of professional heritage and identity. Moreover, the

addition of historic methodology to doctoral courses serves to broaden the students' repertoire of research skills.

Reading history enlarges the students' knowledge base and promotes understanding of the social and intellectual origins of the discipline, including epistemological issues. In the mid-twentieth century, objectivity was singularly valued; positivistic research was the only path to professional credibility. However, this philosophy may have served to cripple the artistic, "non-quantifiable" elements of nursing. Understanding the history of how knowledge development in nursing developed is thus critical to freeing nurses from the "conceptual ghetto" identified by Clouser (1990) in which members of each profession are "locked into a certain way of seeing their world." It will open the doors to a wider philosophical tolerance or post positivistic research methods.

The study of nursing history also provides a sense of professional identity. Understanding that others have led crusades for improved health care to underserved populations in Appalachia or in the inner cities, or how early nurse leaders established nurse registration, is critical to the students' professional development. As nurse historian Olga Church asserted (1993) "graduates of nursing programs who have not been exposed to their heritage have not been properly oriented to the profession."

Furthermore, knowledge of historical research methods broadens the repertoire of research skills of the graduate student (Christy, 1975) and strengthens writing skills. Moving beyond quantitative research methods, the qualitative skill of conducting social history can enrich both the research of the scholar and the students one teaches. Moreover, communicating the complex contextual issues related to an historical topic is a challenge to the writing skill of any scholar, and enhances one's ability to think critically.

In summary, including nursing history into the curriculum will allow us to educate rather than *train* our students. In so doing, we will give them a sense of professional identity, a useful methodological research skill, and a context for evaluating information. Overall, it will provide students with the cognitive flexibility that will be required for the formation and navigation of tomorrow's health care environment.

This position statement was prepared for AAHN by Arlene Keeling PhD, RN and is based on her own work and that of Mary C. Ramos, PhD, RN (1995). *The role of nursing history in preparing nursing for the future*. Nursing and Health Care 16(1): 30-34. For a more complete argument, see that publication.

Christy, T. (1975). The methodology of historical research: a brief foundation. *Nursing Research*, 24(3): 189-92.

Clouser, K.D. (1990). Humanities in medical education: Some contributions. *Journal of Medicine and Philosophy*, 15:289-301.

Church, O.M. (September 1993). In search of nursing's history. A Communications Service to Nursing School Deans, Administrators and Faculty, 1-3.

Dock, L.L. & Stewart, I.M. (1938). *A short history of nursing* (4th edition). New York, NY: Putnam.

Stewart, I.M. (1943). *The Education of Nurses*. New York: The McMillan Company.

NSNA 50th Anniversary Convention

Four thousand nursing students, faculty, exhibitors, and alumni from across the country packed the Philadelphia Convention Center, April 3-7, to celebrate NSNA's Golden Anniversary. Educational sessions, business meetings, exhibits, and special celebrations highlighted NSNA's 50th anniversary. NSNA was founded in 1952 in Atlantic City, New Jersey, during the historic joint American Nurses Association and National League for Nursing's Convention.

The Opening Ceremony was punctuated by dramatic music and video, presentation of colors, greetings from ANA president Mary Foley, MSN, RN, who served as NSNA president 1974-75, and National League for Nursing President Eileen Zungolo, EdD, RN, FAAN, who set the stage for a spectacular week.

Highlights from the ceremony included clips from NSNA's history video and clips from Johnson & Johnson's "Campaign for Nursing's Future." The Foundation of the National Student Nurses Association received \$42,500 from Johnson and Johnson for 2002 undergraduate nursing scholarships.

Keynoter Sheila Burke, MPA, RN, FAAN, undersecretary for American Museums and National Programs, Smithsonian Institution, Washington, DC, encouraged students to "become nuisances" for better health care, and to consider the past when forging new nursing careers in the future. "We embrace the past to explore the challenges our predecessors faced, and take inspiration from their struggles," she stated.

All convention registrants received a copy of **NSNA: The First 50 Years**, by NSNA Executive Director, Dr. Diane J. Mancino, published by NSNA.

An **NSNA Time Capsule**, to be opened in 25 years at the association's 75th anniversary convention, was officially launched during a special closing ceremony as students placed their name badges and other commemorative items in the capsule.

Election Results — 2002-2003 Board of Directors

The following officers were installed at the close of the House of Delegates meeting on Saturday, April 6, 2002. **President:** Tom Quinn, Ocean County College, Toms River, NJ; **Vice President:** Sarah Jenkins, The Catholic University of America, Washington, DC; **Secretary/Treasurer:** Andrew M. Weller, Queens College, Charlotte, NC; **Imprint Editor:** Matthew Arant, Lincoln Memorial University-Corbin, Corbin, KY; **Breakthrough to Nursing Director:** Jamie Dixon, Louisiana State University Health Sciences Center, New Orleans, LA; **Directors:** Bridgette M. Carter, Villanova University, Villanova, PA; Ana Maria Pardo, Montana State University, Bozeman, MT; Jeffrey M. Waddell, Pittsburg State University, Pittsburg, KS; Lisa F. Holbrook, Floyd College, Rome, GA; **Ex-Officio, Chair, COSP Planning Committee:**

*Once you have finished with this newsletter,
please pass it along to share with a colleague or friend.*

PRSRT STD
US POSTAGE
PAID
Bellmawr, NJ
Permit #58

Editor Judith A. Tyler, MA, RN
President, NSNA Tom Quinn
Executive Director Diane Mancino, EdD, RN, CAE
Art Director Jack Bryant
Publisher Anthony J. Jannetti
Advisory Board Pamela Hammond, PhD, RN, FAAN
Cathleen M. McCormack, MA, RN
Erline McGriff, EdD, RN, FAAN

DEAN'S Notes is indexed in Cumulative Index to Nursing & Allied Health Literature.

DEAN'S Notes is published five times a year (September, November, January, March and May) by Anthony J. Jannetti Inc., East Holly Avenue Box 56, Pitman, New Jersey 08071-0056. Telephone 856.256.2300. FAX 856.589.7463. All rights reserved. No part of this publication may be reproduced without the express written permission of the publisher. Address changes should include mailing label and be forwarded to the publisher.

Andrea Pavelka, College of St. Benedict/St. John's University, St. Joseph, MN.

Plenary Sessions

Thursday morning's Plenary, "Embracing the Past," included a panel of past NSNA presidents from the fifties through the nineties, with NSNA's second Executive Director, Mary Anne Tuft, as moderator. Friday morning's Plenary on the Globalization of Health Care featured Afaf I. Meleis, PhD, RN, FAAN, president, International Council of Women's Health Issues, and Margaret Bond Simon Dean of Nursing, University of Pennsylvania. Dr. Meleis encouraged nursing students to think globally, to avoid cultural stereotypes, and to embrace diversity to the fullest.

Endnote Address and Farewell Reception

Diana J. Mason, PhD, RN, FAAN, Editor-in-Chief, *American Journal of Nursing*, presented an inspired Endnote exploring what the future generations of nurses will encounter in the years ahead. This was followed by refreshments as the convention came to a close.

Exhibit Hall

Over 350 exhibitors including 207 hospitals and 43 schools of nursing packed the Exhibit Hall. Students explored employment opportunities and gained valuable career information from the knowledgeable personnel.

Scholarship Campaign

At the House of Delegates meeting on Saturday, April 6, over \$9,000 was pledged to benefit the Foundation of the National Student Nurses Association Endowed Scholarship Campaign. The Liberty Auction, a fundraiser for the Mary Ann Tuft Scholarship Fund, raised \$4200.

NSNA Foundation Award Ceremony

The NSNA Foundation Awards Ceremony honored many deserving nursing students and scholarship winners. NSNA's highest award, presented to the individual with an outstanding record of service to NSNA and to nursing students, was presented to Dr. Lynn Wieck, associate professor of nursing, Texas Woman's University, Houston, and president, Texas Nurses Association.

NSNA's 20th Annual MidYear Conference takes place in Kansas City, MO, November 14-17, 2002. The 51st Annual Convention will be held in Phoenix, Arizona, April 23-27, 2003. For more information, click on MEETINGS on NSNA's home page, www.nсна.org.