MARN Mentoring Program Summary Report

The Massachusetts Association of Registered Nurses (MARN) formally launched its state-wide mentoring program: Mentoring Matters: A Program for Novice Nurses, on April 29, 2009. This evening welcome and information gathering for the sixteen mentors and mentees who had been accepted into the program was the culmination of months of planning and application process and marked the beginning of a year’s journey into the mentoring experience. Deep relationships formed and many lessons were learned about the power and essential need for mentoring to help sustain the profession of nursing. The following is a brief summary of the year’s program.

Planning:
An advisory committee was formed within the MARN organization to explore the concept and need for mentoring in nursing and to begin to conceptualize the program. The committee applied for and received a small grant that partially supported the endeavor. As part of the plan, a coordinator with expertise in mentoring programs was sought and hired through a competitive application and interview process to develop and facilitate the mentoring program. The coordinator worked closely with the MARN Executive Director and Advisory Committee.

Recruiting Mentors and Mentees:
The Mentoring Program was publically announced on the MARN website and in the MARN quarterly newsletter, as well as in hospital and clinical settings through contact with nursing leaders. Qualifications for mentees included candidates who were within the first 18 months of practice and had completed a preceptorship or formal orientation; willing to commit to a 12 month relationship with a mentor; and had some proficiency in electronic communication. Mentor qualifications included full or part time RN employment, a minimum of 3 years of consecutive full time clinical experience, involvement in professional activities, strong communication skills, and a willingness to commit to mentoring for 12 months. Interested candidates applied via a short online application process that explored educational and practice experiences, career goals, expectations around mentoring, qualities and skills that would make the mentoring experience successful, and contributions to the program. The mentor applicants also were asked to provide a letter of reference from a professional colleague who could speak about their potential as a nurse mentor. Through a review and screening process, eight mentors and eight mentees were selected to participate.

Demographics:
The eight mentors’ ages ranged from under 30 to over 60. Their educational preparation ranged from BSN to PhD (1 PhD, 3 MSN, 4 BSN with 2 of these in MSN programs. Their range of nursing experience was 6 yrs to 41 years experience with a mean of 25 years, representing a wide variety of nursing specialties including pediatrics, medical-surgical, psychiatric, gerontology, rehabilitation, and quality management. The mentors worked in a variety of nursing settings (acute care, home care, long-term care, education, advanced practice). They lived across Massachusetts from Springfield to Cape Cod.

Of the eight mentees, five had Associate Degrees in Nursing with two in second degree programs working toward their MSN; three had BSN degrees. Their ages included two under 30, three 30-45, and three 45-60 years. At the start of the Program, the eight mentees’ work as a Registered Nurse range from no job to 11 months, with the average of 5.4 months. One mentee started to work during the Program. They worked in a variety of settings that included medical acute care, orthopedics, sub-acute care, long-term care and telemetry. Mentees lived throughout Massachusetts. One moved to Washington state during the Program, but elected to stay connected to her mentor and continue in the Program.
Program Framework:
The mentoring program was based on the caring philosophy and ethic of Watson’s (2008) Theory of Human Caring and the ten Caritas Processes. Wagner’s (2007) Caring Mentoring Model guided the development and facilitation of the program.

Program Structure and Time Frame:
- **Planning:** Formation for the Advisory Committee; planning; application for grant; hiring of coordinator (Dec. 6, 2008).
- **January-April 2009:** Continued planning and Application period
- **April 29, 2009:** Welcome and orientation/information evening for mentors and mentees to learn more about the program, meet each other, and form pairs through a “dating game” process.
- **May 6, 2009:** All day workshop developed and run by the Program Coordinator for Mentors and Mentees to explore the framework of the program, expectations and their own contributions; to learn about the caring mentoring process; and to get to know each other through both didactic and experiential activities.
- **November 18, 2009:** Mid-program dinner gathering of all mentors and mentees to explore how mentoring was going and share experiences.
- **April 29, 2010:** End of Program dinner gathering and celebration with all Mentors and Mentees, MARN President and Executive Director and MARN Mentoring Program Advisory Committee to share the year’s experience and explore the continuing relationships without the Program structure.
- **Ongoing meeting of the mentor-mentee pairs** occurred via face to face meetings, emails, phone calls, and other social networking.
- **Coordinator held monthly conference calls** for each group of mentors and mentees to help support and advise on relationship building. These calls also afforded a support system between the participants. The coordinator was available to all participants on an individual level at any time throughout the Program.
- **Evaluation data** (quantitative and qualitative) and feedback was formally collected at the beginning, mid-year and end of program time periods.

Critical Elements of the Mentoring Program:
The key elements that made this Program successful include:
- Increasing the motivation and commitment of the participants through an application process and being grounded in the mentoring process;
- The paring process that honored flexibility as well as personal choice.
- The participants’ openness to using technology and social networking mechanisms (email, phone, Facebook) to communicate in between a few face to face meetings;
- The flexibility for the mentor-mentee pairs to creatively find their own ways to build their relationships with support from other mentor-mentee pairs and the Coordinator.
- The orientation process of the welcome/information session and the all-day workshop to prepare each participant with knowledge, skills, and empowerment to begin mentoring relationship/partnership;
- The continued support of the Program Coordinator through monthly conference calls and consistent availability to each individual participant throughout the Program.
- The mid-year face to face dinner meeting of the group to allow time to share and celebrate their accomplishments that further anchored them in the Program.
- The end of Program dinner and celebration with the MARN leadership to honor their work and commitment to caring for each other.
**Brief Summary of Outcomes:**

Data collection occurred at each face to face group meeting, on monthly conference calls, and on participants’ feedback at beginning (qualitative stories), mid-year and end of program (quantitative survey and qualitative narratives). All mentors and mentees stayed in the Program for the year.

- The majority of the mentees reports that they had formed a strong mentoring relationship and felt very supported, they felt prepared to enter the mentoring relationship, mentoring helped them grow and that sharing ideas with other mentees/mentors helped them in their mentoring role. Most said that the face to face meetings with their mentors were most valuable to form the relationship, the emails and phone calls were important and helped maintain the relationship. All reported that mentoring was very important to their nursing career and to the nursing profession. It made them stronger to advocate for themselves at work and helped them find solutions to challenging nursing situations. Three told stories that they would have left nursing this first year if they had not had a mentor to help them sort their feelings and challenges out. The time commitment and geographic distance were reported as limitations in relationship building, but did not affect the relationship once they got to know each other if the communication was consistent. They all reported sharing more than nursing with their mentors, including life events and personal interests and the majority said that they considered their mentor a trusted friend. Most felt that age, gender and nursing specialty were not important considerations in matching mentors and mentees, as the most important criteria was the caring relationship and acceptance and respect of each as a person. They grew to understand the power and importance of mentoring. All reported that they would participate in a mentoring program again and seventy-five percent reported they would continue their relationship with their mentor.

- Similarly, the majority of the mentors reported strong relationships with the face to face meetings being the most effective in building and maintaining the relationship, but the emails and phone calls helped to sustain the relationship despite geographic distance. They each reported being comfortable in the role, that mentoring had help them grow too and could change the workplace to a more caring environment and help retain nurses. Most reported their mentees had become trusted friends, that they shared many aspects of their lives along with nursing and career goals, including personal interests, family life, fears and challenges, losses and joys. Geographic distance, age, nursing specialty were not important factors in pairing mentors and mentees. Personal interest and commitment to the relationship were key to successful mentoring partnership. Each felt they had made a difference in their mentee’s life and about seventy-five percent said they intend to continue the relationship.

**Qualitative Data Sample:**

“Mention spent a lot of time “talking me off the ledge” throughout the first months of our relationship. I was feeling very overwhelmed. I made so many different kinds of “mistakes.” My mentor taught me to celebrate the successes in my practice while learning from the mistakes and moving on. My mentor helped me find my nursing voice. She gave me permission to constantly ask questions and to expect excellence and quality and then do the best I can. As my confidence grew and my situations changed so did our relationship. We didn’t always talk about work and I wasn’t continuously feeling in crisis. Our exchanges shifted to more about regular life stuff and I got to know her a little better….the relationship moved to less “all about me.”

“I think this relationship is the reason I survived my first year in nursing.”
“I have made friends with both the mentors and mentees. I have found a role-model and a friend in my mentor. I have gained the courage to make it through my first year as a nurse and my first job as a nurse with the support of my mentor.”

“I have found support; knowing that someone who has been where I am now is there for me. Encouragement; I am not the first and the only one to face the challenges of providing care. Mentoring helps me also not only redefine my focus and getting the strength I need to grow from each and every bump that I encounter but also I am able to value more the purpose of being a member of the great profession of Nursing.”

“I have received a feeling of being cared for in a way different than regular friends and family and access to nursing wisdom separate from actual physical skills.”

“It developed just like any relationship. At first, open questions about our backgrounds, families, living situations, personal choices, work history, school history, etc. Eventually, we turned to more intimate conversations about handling complex and personal situations with patients and fellow staff members, about our own trials whether it was patient related or not, and about our feelings. We are now at a point of comfort and can say anything to each other….doesn’t matter if it’s specific to nursing or not.”

“I have a feeling of more connectedness and understanding of the new nurses of today. I also have a reinforced perspective of the importance of nursing in the health care system and of nurturing and caring among all nurses. I also have a new hope for the future of nursing as new nurses such as our group of mentees are up to the challenges of today and tomorrow.”
