

The Measure of Success: A Mentoring Project:

By Valerie Campbell, RN, BSN

Lions Gate Hospital in North Vancouver, British Columbia is a 323-bed acute and long term care community hospital and a part of the North Shore Health Region(NSHR). It supports a busy eight-theatre operating room, which covers all specialties except open heart. Along with many other hospitals in the country, we currently find ourselves critically short of experienced operating room nurses. Of course the operating room is not the only area to be affected by nursing shortages.

The Canadian Nurses Association in their 1997 discussion paper, "The Future Supply of Registered Nurses in Canada", predicts that by 2011 the vast majority of nurses "will be in their mid to late 50s and leaving the profession at a rapid rate". In a March 1999 News Release, the Registered Nurses Association of British Columbia stated that the province of B.C. "...is on the brink of an acute nursing shortage" ...with 15% of nurses at age 55 plus and..."are likely to retire at any point". Furthermore, in the next ten years..."33% of B.C. nurses will consider retirement". Coinciding with this scarcity of nurses is the increased need for them as our population ages.

The Nursing Shortage Crisis is Compounded in the OR

This looming crisis has been compounded in the operating room because most Canadian nursing schools have eliminated the "OR" component from their curriculums. Thus, nurses who wish to pursue a career in the operating room must take extra education involving both theory and clinical experience. The clinical portion varies from two to six months of hands-on experience providing only the most basic skills necessary to begin functioning in

the operating room. This lack of experience, coupled with the explosion in new technology has created a nightmare for orientors and orientees alike.

In the past, we had the luxury of hiring only experienced nurses. As a result, our orientation program consisted of two weeks primarily focused on policy, procedure and general environmental peculiarities of our operating room. Very little time was devoted to the acquisition of traits and skills associated with the professional role.

In 1998 we hired three brand new graduates from the British Columbia Institute of Technology (BCIT) post graduate course in Operating Room Nursing. By 1999 all three of them had left! It was clear that the problems we were facing were not only recruitment but also retention of professional nursing staff.

With the ongoing shortage of operating room trained nurses projected, creative means to specifically address the retention of OR nurses was imperative. We felt that several factors contributed to the loss of the nurses. The constant pressure to perform tasks quickly, the overwhelming amount of information and skills expected upon job entry and the lack of understanding from their colleagues (nurse and physician alike) had driven these nurses away.

The fact is, brand new operating room nurses are not job ready when they finish their course. Once we conceded this fact, we were able to move

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ahead and tailor our orientation program towards meeting the needs of this new generation. Our vision was to create a culture and environment to retain the nurses that we hired. To realize that vision we needed to focus on four areas:

- Skill competence,
- Job satisfaction,
- Work efficiency, and
- Improved collegiality (staff relations).

For our purposes, mentoring seemed to be the most logical means of increasing the success of new graduates in the work environment.

May et al, (1982) defines the mentoring relationship as an intense relationship calling for a high degree of involvement between a novice in a discipline and a person who is knowledgeable and wise in that area. At a staff meeting in early January 1999, we presented the concept of a "Mentoring" relationship for a period of time extending from three weeks to two months as necessity dictated. During this time the new staff member would be super numerary; basically, they would have the time to learn under the guidance of an experienced nurse. A recent study on job satisfaction cited teamwork as number one in what matters most to OR nurses, (Donald, 1999). We saw mentoring as teamwork at the highest level, and the staff was very receptive.

Andrews and Wallis, (1999) suggest that certain personal characteristics significantly increase the chance of a successful mentoring relationship. Using these characteristics as a guideline, we selected the mentors on the basis of their willingness to be involved in the program, their enthusiasm, their degree of professionalism, and their ability to inspire, support and nurture.

Being a mentor would not be an empty title; it would come with responsibilities. Although documentation of the mentee's progress was not an expectation, continuous feedback to the mentee was, as well as weekly feedback to the clinical instructor and continuous goal setting.

The program was set up to facilitate as much continuity of experience as possible. The mentee followed the mentor through their regular rotational schedule which included evening and weekend shifts. Each week was considered to be a separate unit consisting of experience in only one surgical specialty. Clearly the emergency nature of

evening and weekend work is not limited to one surgical service and it does require a different set of skills.

At the end of each week the mentor, mentee and clinical instructor came together to discuss the week...what went well, what needed more work, whether the week's goals were met and finally, the next week's goals. There was also individual meeting time allocated for both the mentor and mentee. To the credit of the participants, that time was never used. The length of each mentorship was individually assessed based on the combined opinion of the mentor, mentee and clinical instructor.

Mentees felt better prepared, more confident as OR nurses

As of September 1, 1999, we have had 13 people participate in the mentoring program. The vast majority of the comments have been positive. The mentee's generally expressed relief at having one consistent person guiding them throughout the entire orientation experience. They appreciated the time commitment, the patience, and the expertise of their mentor. They all commented on feeling much more prepared, confident and comfortable as they became full-fledged staff members.

Enthusiasm of the mentees was revitalizing

The mentor's comments indicated that their self-esteem was enhanced as they conveyed their experience and knowledge to their mentee..."it makes you realize how much you do know!" Comments such as "I was constantly questioning my practice", and "I've done things by rote for so long that it was good to reflect on the reasons why", show that experienced nurses were reaffirming the validity of their practice. The enthusiasm of the mentees was considered by many as a revitalizing experience for them. Most of the mentors stated that they were unprepared for the incredible time commitment and that the constant talking and teaching was very tiring. Several of our mentors have volunteered two and three times. This speaks reams for the quality of experienced nurses we have at Lions Gate Hospital.

This project has been a successful learning experience for all of us. We have had only one new person leave since its inception. The success of

the program is largely due to the warmth, graciousness and dedication of the mentors. The sharing of their knowledge in a non-threatening, supportive manner has enriched the experiences of our new nurses and has created bonds that will last at least the duration of their time at Lions Gate. Thank you to all the participants for being so competent in your roles and not allowing yourselves to perform less than your best.

Where do we go from here? In the North Shore Health Region's 1999 strategic plan for health services, one of the goals is to recruit and retain human resources. In accordance with this goal, we at Lions Gate are committed to keeping the mentoring project in place. Thus far, although expensive, it has proved to be a sound investment. Beginning in March, 2000, the hospital is sponsoring four more nurses to complete the BCIT Postgraduate Operating Room Nursing Program. These nurses will be ready to come on staff and into the mentoring program by July, 2000. Due to the shortage of experienced nurses, we must be very sensitive to the possibility that too many new people will put undue strain on the good will of the mentors. The management team is certainly aware of this potential challenge and we are all currently exploring creative ways to avert any such problem. Our nurses are our most precious resource. Our vision is to keep them! ■

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