



STUDY OF MENTORSHIP AMONG NURSES: 2023

Healthcare as an industry is facing a time of unprecedented strain and change – and at the heart of this is nursing. The nursing profession is a resilient workforce; but continued shortages, high rates of burnout, and an ever-increasing demand on their role necessitates a hard look at how we are investing in and supporting this critical workforce.

One area proven to yield improvements in retention, engagement, building supportive networks, and accelerating professional growth, is mentorship. These benefits could support the nursing workforce facing the challenges mentioned above. Yet, we find that roughly only a third of healthcare organizations have mentoring programs in place and of those, only 25% of eligible participants are engaged in the programs (2022, Lead for Care study). Why aren't more organizations investing in mentorship programs and why aren't more nurses taking part when they are available? Further, for organizations that want to reap the benefits of mentorship, how can you ensure strong participation?

In our 2023 Mentoring Study, we sought to understand:

- What increases a nurse's desire to be a mentor?
- What are the keys to a successful mentorship?
- How can organizations best deploy mentorship programs?

In Fall 2023, Lead for Care (LFC) deployed a nation-wide survey to uncover the state of nurse mentorship and share best practices and insights in how organizations can approach mentorship for an exhausted nursing enterprise.

LFC received responses:

- Across a variety of settings: children's hospitals, acute care setting, clinics, ambulatory locations and more
- Capturing roles from bedside nurses to CNOs
- Spanning tenure from 1 to over 20 years

Nurses Rate Importance of Mentorship

We found that 98% of respondents stated mentorship was of high importance to their professional growth!

Surprisingly, as mentioned above, in our 2022 research we found that only 35% of organizations even had a mentorship program, and of those, only 25% of eligible nurses participated. So why is it that if nearly all nurses have a desire for mentoring to support their professional growth, we see so few programs and fewer participants? Hint, it is not financial incentives – only 3% of our respondents cited that as a reason to serve as a mentor.

Likely to Engage in Mentorship

When asked what would make nurses more likely to engage in mentorships, we found that Time (31%), Structure/Framework (21%), and Being Asked/Recognized (21%) were the top three themes.

TIME: (31%)

While many nurses site a desire for mentorship, whether as a mentor or as a mentee, they also note that finding time to dedicate to this type of relationship is the biggest factor holding them back. We can't create hours in the day, so we have to find ways to streamline. The two main ways we see this happening are, one, in the efficiency of having guided touchpoints (more on that under 'Structure') and two, flexibility in what mentoring "looks like." Mentoring doesn't have to be a sit-down, face-to-face discussion. Technology has evolved allowing nurses to connect with each other in a myriad of ways. We see successful mentorships where they text during the day to seek out and give advice; or talk via FaceTime, zoom, or videochats; phone calls and emails work too! Mentorship is about connection, regardless of how that happens. While not possible in all organizations, being able to offer dedicated time on shift to spend with their mentor/mentee is another extremely effective way to ensure mentorship can occur. Even providing a 15-30-minute window twice a month can be highly valuable.

STRUCTURE/Framework OF A PROGRAM: (21%)

The second theme we heard was a desire for structure or a framework to go by. The most common focus on "structure" we see in the market today seems to come in the form of technology to track meetings, or goal sheets to complete. This type of structure can miss the mark on helping shape the content and context of the mentorship. Yet what we hear from mentors (or even potential mentors who may hesitate to step up) is that they want to know what to focus on and how to drive specific conversations, not that they need to be required to complete forms or track meetings with their mentees. The structure provided needs to eliminate burden, not add to it.


BEING ASKED/RECOGNITION: (21%)

We also found that about a fifth of nurses said they'd participate in a mentorship if someone simply asked them! Note that having a mentoring program 'sitting on a shelf' with self-directed participation won't cut it. Organizations can create a way to recognize their tenured nurses by asking if they would be willing to serve as a mentor. Often, we hear nurses who do not consider themselves mentors, yet they have years of experience and insights to share – recognizing their value and asking them to share their wisdom often is seen as a compliment. Offering a younger nurse a mentor to help him/her grow and serve as a resource can make them feel valued and supported. When coupled with a structure that can guide their developmental focus and conversations, you can create a scenario where the mentorship is maximally effective.


Note the lowest theme to come out regarding likelihood to mentor was a need for Incentive Pay at only 3% of respondents.

Keys to Success

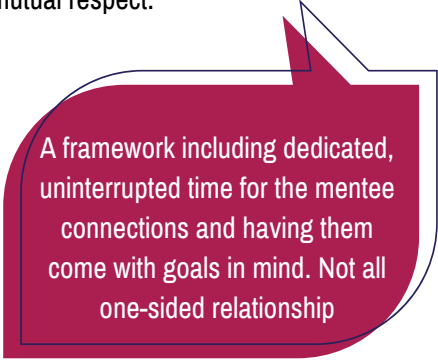
Once barriers to participation have been addressed, how can we ensure mentorship success? Based on responses from those who had mentoring experience, we found several themes to what they saw as the key to successful mentorships. The most common element to success was that both parties were open to learning and growth (19.6%). And not just on the part of the mentee; when mentors are also open to growing the relationship is deemed to be more successful. The second most common key to their successful experience was open communication where there are clear expectations, open dialogue, and honesty (15.2%). The next three themes (all 11%) were that mentors had to be a “safe space” for their mentees to share concerns and vulnerabilities, agreement on shared goals, and mutual respect.



Commitment to the development of the relationship and having an open mind to new opportunities and learning from each other.



Open mind, strategic goal in mind, structured support.



A framework including dedicated, uninterrupted time for the mentee connections and having them come with goals in mind. Not all one-sided relationship

Solving The Heart of the Issue

The questions remain – Why aren't more organizations investing in mentorships and why aren't more nurses taking part – especially given that 98% of our respondents' stated mentorship was highly important to their professional growth. For those organizations who do invest, how can you ensure the investment is utilized and yields the benefits we expect from mentoring?

We heard firsthand some of the factors that will improve mentorship uptake – time, structure, and recognition. We can't make more hours in the day, but we can take some of the burden of mentoring off those who participate through how we support them and the flexibility we give in what mentoring looks like. What we've seen is that simply having tools to track check-ins or note goals doesn't help with the actual mentoring part. Provide a framework that gets to the heart of the purpose – the topics to discuss, how to mentor specific to those topics, and ways to start the conversation for both parties. And finally, celebrate your mentors and mentees! Recognize those silent mentors who may not raise their hands to volunteer, but others see them as valued centers of knowledge. Highlighting their value may make them more likely to give back through mentorship. Once they do, recognize those contributions in a visible and meaningful way.

Finally, ensure mentors and mentees know what they can do to make the relationship successful. Both parties need to be open to growth. When mentors are open to their own learning, the relationships are more successful. Communication is key – clear goals and expectations should be set right from the start and programs should include training on how to do this for both mentors and mentees. As the relationship progresses, honesty and an open dialogue are vital to productive conversations.

So, how can organizations support nurses in serving in mentorship capacity?

At Lead for Care we firmly believe in the benefit of mentorship. However, we recognize many mentorship programs, tools, and software are missing a few key pieces to ensure successful mentorships:

1. Robust program recruitment and scalability.
2. Ability to create strong interpersonal connections (trust, openness, communication skills).
3. Framework with a common goal and supportive resources (what do we focus on, what should we discuss, how to start the conversations).
4. Flexibility that works in a healthcare setting.

Lead for Care's Mentor-enabled Bedside Nurse Leadership Development Program provides a dual focus to facilitate the key elements above. One, develop nurse mentees with key leadership skills that can be used while still in a bedside role (communication, conflict resolution, etc.). And, two, equip mentors to deepen and accelerate the learning process for mentees.

To do so, Lead for Care ensures that the mentor-enabled development program can be deployed to a broad range of nurses allowing for maximum participation. Next, we begin our program with a proprietary exercise called the Quick Connect, that's shown to create openness and trust between mentor and mentee right off the bat, whether they know each other or not.

"The exercise allowed me to open up to someone that I was previously only briefly acquainted to, allowing us to being to form our mentor/mentee relationship."

-Feedback from mentor nurse after completing Quick Connect exercise

80% of mentees and mentors report feeling somewhat to very close to their mentorship pair after completing the LFC proprietary Quick Connect exercise.

"I've worked with my mentor for 10 years and I learned several new things about her."

-Feedback from mentee participant after completing Quick Connect exercise

LFC then provides mentees with 10-minute microlearning lessons across key leadership concepts that are tailored to the nursing experience by licensed nurse reviewers. This program is designed to be available via phone, computer, or tablet – giving access at any time in various forms. In parallel, we provide mentors with educational training on how to serve as a mentor, tips to serving as a mentor, prompts to use to initiate conversations, and content specific guidance to align with their mentees' leadership development. This allows mentors to serve in the program easily and effectively. All LFC programs are eligible for ANCC NCPD contact hours.

Through this structure, LFC clients see improvement in leadership confidence, improved retention, and an increased desire and engagement with continued mentorships. Together, these benefits provide a foundation for a mentorship culture that can maintain a positive impact on the nursing workforce.

What our clients have seen:

89%

89% indicate they are confident in their leadership skills post program

95%

95% retention rate of program participants

88%

88% of participants getting more involved or growing their roles within the organization (shared governance, new certifications, moving into leadership, etc.)

85%

85% of participants state an intention to continue being involved in mentorships beyond the Lead for Care program

80%

On average, 80% of participants complete the Lead for Care program – indicating that with a guided structure and cadence, time is not a barrier to program engagement

Lead for Care is an accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

