

*This article discusses the challenges of working in long-term care, the benefits of mentoring, and five self-mentoring strategies to improve staff knowledge and staff retention.*

**By Kathryn P. Gordon, M.H.S., R.N. and Sherri Melrose, Ph.D., R.N**

# Self-mentoring

## Five practical strategies to improve retention of long-term care staff

Unveiling the challenges of working in long term care is not straightforward. As a consequence of an aging population, nursing home clients present with more complex needs.

### **Our aging population**

The identified percentage of the Canadian population aged 65 and older was very small throughout much of the 20th century (5-8%); however, low fertility rates, longer life expectancy and the effects of the baby boom generation have contributed to the aging of the population (Statistics Canada, 2007).

The number of seniors in Canada increased from 2.4 million to 4.2 million between 1981 and 2005 and their share of the total population increased from 9.6% to 13.1%. This trend is anticipated to accelerate with older age groups becoming increasingly represented in future generations (SC, 2007).

Due to the influence of chronic conditions, multiple morbidities and high rates of cognitive impairment, these older adults are at increased risk for adverse incidents such as confusion,

falling and incontinence (Turner, et al., 2001; SC, 2007). In turn, these adverse incidents place mounting pressure on LTC facilities to retain nursing staff with the geriatric-specific knowledge and training needed to care for them (Turner et al., 2001; Hegeman et al., 2007).

### **Coping with staff shortages**

Health Canada (2007) predicts a shortage of 80,000 to 100,000 nurses by the year 2016 and identifies a loss of two to three nurses for every five graduates within the first five years of graduation.

In 2008, the average age of a registered nurse (RN), a registered psychiatric nurse (RPN), and a licensed practical nurse (LPN) was 45.1 years, 47.5 years and 43.4 years respectively (CIHI, 2010).

### **Scarce nursing resources**

The average entry age into nursing professions following graduation is currently age 30 or older, with nurses aged 40 to 60 constituting 58.3% of the RN workforce, 63% of the RPN workforce and 55.2% of the LPN workforce (CIHI, 2010). These statistics suggest

a significant portion of the nursing workforce could begin retiring in the next decade.

Scarce nursing resources have been identified as harmful to patient care by the Canadian Health Services Research Foundation (CHSRF, 2001; 2006). This loss of experienced nurses leaves novice staff with limited mentors.

### **Job Strain**

Recurrent episodes of health care restructuring in Canada, with a focus on cost and efficiency, have created job strain (Rankin and Campbell, 2006; Health Canada, 2007). Increased complexity of patient care, staffing issues, shift work, heavy workloads, inter-staff conflict, scarce resources and limited organizational support contribute to stressful work environments (CHSRF, 2001; 2006; Health Canada, 2007).

Health Canada (2007) and Pellico and colleagues (2010) reported that the working conditions of nurses impacts their individual health, their professional satisfaction and the efficiency of the entire health care system - including

the capacity of the health care system to retain nurses.

### The LTC environment

Long-term care practice environments face additional job strain including:

- an aging population of clients and increasing prevalence of age-related diseases;
- an aging and shrinking nursing workforce in long-term care;
- ageism;
- perceived lack of status for aged care work;
- poor image of aged care nursing;
- the physically and emotionally demanding nature of working with clients over long periods of time;
- troubling turnover rates of direct care staff;
- complex clients who require in-depth assessments, often without the aid of medical technology;
- utilization of a variety of licensed nursing staff and unregulated employees precipitates role confusion and limited training/career advancement opportunities (Health Canada, 2007; Hegeman et al., 2007; Hirschfield, 2009; Fussell et al., 2009).

Coping with increasingly complex clients, nursing staff shortages and sustained job strain are important consideration in the area of nurse retention and mentoring programs.

### Benefits of mentoring

Mentoring positively influences professional outcomes and can occur in all domains of nursing practice including direct care, education, research and administration (CNA, 2004). The benefits of mentoring include:

- decreased social stress;
- increased job satisfaction and sense of professionalism (CNA, 2004; Bryson, 2005; Hurst and Koplín-Baucum, 2003);
- development of leadership skills (Owens and Patton, 2003; CNA, 2004; Miller et al., 2008; Morrow, 2009);
- opportunity to become a fully func-

tioning and contributing member of the profession (Thorpe and Kalischuk, 2003);

- increased self-confidence and professional competence (Brey and Ogletree, 1999; Miller et al., 2008); and
- enhanced intrinsic motivation that supports research in aging (Wells and Short, 2010).

### Benefits to health care

Health care organizations benefit from nurse-mentoring strategies by the development of nurse leaders (Owens and Patton, 2003; CNA, 2004), and the monetary benefits associated with the retention of committed nursing professionals (CNA, 2004; Grindel, 2004; Scott, 2005; Lacey, 1999). Also, Cummings and colleagues (2008) reported that mentoring increased nurse productivity levels, enhanced organizational communication, and improved retention initiatives and leadership skills.

Lee and colleagues (2009) reported mentoring enables nurses to become more knowledgeable, sensitive, focused and committed to care that is tailored to the specific needs of older adults and their families.

Mentoring positively impacts nurse retention. Ashley (1980) identified the emotional aspects of mentorship (i.e., caring and support) as a potential strategy for nurses to establish a community of caring to improve their ability to gain the necessary power to collectively control nursing practice and the destiny of their profession.

Hale (2004) and Walsh (2008) suggested that social support and mentoring enhanced employee satisfaction and resulted in improved nurse retention. AbuAlRub (2004) acknowledged mentoring as a positive influence on job performance which enhanced quality patient care, reduced stress, and resulted in higher rates of nurse retention.

Block and colleagues (2005) recommended the adoption of a mentoring model which supported long-term growth and retention of nurses by providing structured systems that enhance job satisfaction.

Hegeman and colleagues (2007) offered mentoring programs as one method to increase nurse retention and prevent the deleterious effects of high staff turnover rates on co-worker relationships and client care. Lastly, Escallier and Fullerton (2009) highlighted mentoring as having potential in relation to minority student retention.

### Loss of public trust

A significant number of Canadian nurses (RNs, RPNs and LPNs) are expected to retire in the near future (CIHI, 2010). Retaining an adequate long-term care workforce who are competent and enthusiastic about caring for older adults will become increasingly critical as the population ages. Failure to act could endanger patients, increase nursing workload, exacerbate staff shortages, deteriorate working conditions, and, perhaps most significantly, result in a loss of public trust in the nursing profession (AARN, 2003; Hirschfield, 2009).

Traditional mentoring programs, heavily reliant on financial and nursing human resources, are in short supply. Innovative problem solving is required to increase the quality and quantity of nurses available to meet the health care needs of our aging society. Simply put, as nurses, we must self-mentor, or guide ourselves. Five practical self-mentoring strategies are described below.

#### Strategy #1 Reflection

Rapid changes in health care and the increasing complexity of nursing practice can be daunting to both novice and experienced nurses in long-term care settings. Negative impacts on patient care and nurse retention can also result.

Advances in science and technology, changes in the nursing workforce, staffing patterns, the organization and structure of work environments,

and a global recession are additional challenges (Yannaco, 2005).

One self-mentoring strategy that helps to combat the sense of professional isolation, uneasiness and discouragement nurses may experience is 'reflection.' Thinking about past events and circumstances, about role models, and work and/or clinical experiences which influenced the pursuit of a nursing career can assist in recognizing the value of caring for the oldest and frailest of our society.

These 'reflections' can help reclaim the courage and spirit to make a difference for these patients/residents and the nursing profession. Nurses need to consider the following:

- individual accountability for growth and development;
- personal levels of self-motivation;
- awareness of personal strengths and limitations;
- comfort with self-directed learning;
- feelings regarding situations in which they are involved;
- openness to and acceptance of feedback and willingness to take risks by accepting challenging assignments and new responsibilities (Theobald and Mitchell, 2002; Bower, 2003; Lacey, 1999; Morrow, 2009).

Taking the time to reflect upon one's practice and learning needs, including supports required, is crucial for the continued evolution of nurse thinking and the advancement of professional knowledge and skill (Lee et al., 2009). 'Reflection' also helps nurses reconnect with the values, beliefs, goals and ideologies of their practice, thereby productively serving the nation's aging population and their health care needs.

## Strategy #2 Continuous learning

Nurses have a responsibility to continually grow and refine their practice in light of their patients/residents' needs and the multiple constraints imposed by the health care system - and using

the most current and appropriate information when making decisions. In short, they must become self-mentoring, reflective and autonomous learners.

This type of personal development can take place in a multitude of contexts outside of traditional educational institutions. Consider the following:

- maintaining a spirit of openness and inquiry: learning often comes in unexpected ways and unexpected sources such as exposure to healthy older adults in natural settings (Bernard, 2004).
- Subscribing to journals in geriatrics to enable review of relevant research articles, both qualitative and quantitative (e.g., *Canadian Journal on Aging, Nursing Older People (CAG), International Journal of Older People Nursing, Nursing Perspectives, Journal of the Gerontological Nursing Association of Ontario, Canadian Nursing Home*, etc.). Clarify if employer/facility funding is available to enable colleagues to access these and other journals.
- Identify online resources (websites) which offer evidence-based information in nursing, such as:
  - RNAO: Long-Term Care Best Practices Initiative: <[www.rnao.org/Page.asp?PageID=122&ContentID=2589&SiteNodeID=133&BL\\_ExpandID](http://www.rnao.org/Page.asp?PageID=122&ContentID=2589&SiteNodeID=133&BL_ExpandID)>.
  - RNAO's "The Nursing Best Practice Guidelines Project: Shaping the future of nursing." <[http://cms.tngsecure.com/file\\_download.php?fFile\\_id=353](http://cms.tngsecure.com/file_download.php?fFile_id=353)>.
  - "Patient Safety and Quality: An Evidence-based Handbook for Nurses." <[www.ahrq.gov/qual/nursesfdbk/](http://www.ahrq.gov/qual/nursesfdbk/)>.
- Share articles of interest with co-workers. Consider starting a journal club or discussion group in your employment setting.
- Look for opportunities to participate in the research process specific to your learning needs which can include: involvement in quality improvement projects (e.g., nursing management of older adults), community needs assessments, and becoming a research

assistant to nurse educators. These activities can improve one's appreciation of the importance of research in guiding excellence in practice (Wheeler et al., 2008; Wells and Short, 2010).

- Build networks and a sense of community (e.g., join the Canadian Association on Gerontology or the Canadian Gerontological Nurses Association). Attend conferences or join social networking sites that focus on gerontological nursing.
- Join a geriatric interest group which may open the door to peer mentoring opportunities. Consider starting one if one does not exist in your area. Examining one's own practice and comparing it with those of a group of peers is an important factor that facilitates learning and retention (Bourduas, 2001; CNA, 2004; Scott, 2005; White, Buhr and Pinheiro, 2009; Lee et al., 2009; Stewart and Carpenter, 2009).
- Take advantage of electronic learning opportunities as they relate to areas of clinical interest (Miller et al., 2008; Blake, 2009), including the following:
  - E-Nursing-Strategy for Canada: <[www.cna-aiic.ca/CNA/documents/pdf/publications/E-Nursing-Strategy-2006-e.pdf](http://www.cna-aiic.ca/CNA/documents/pdf/publications/E-Nursing-Strategy-2006-e.pdf)>.
  - CNA's NURSEONE: <[www.nurseone.ca/](http://www.nurseone.ca/)>.
- Consider obtaining voluntary national certification in gerontology from the CNA. See: <[www.cna-aiic.ca/CNA/nursing/certification/default\\_e.aspx](http://www.cna-aiic.ca/CNA/nursing/certification/default_e.aspx)>; Also, the CNA Specialties/Areas of Nursing Practice: <[www.cna-aiic.ca/CNA/nursing/certification/specialties/default\\_e.aspx](http://www.cna-aiic.ca/CNA/nursing/certification/specialties/default_e.aspx)>.
- Seize the opportunity to serve as a mentor to new nurses/students. Consider becoming involved with the Canadian Association on Gerontology Student Mentorship Program. Benefits include: personal and professional development via shared learning and caring (Owens and Patton, 2003); professional renewal, enhanced professional image and potential de-

velopment of new knowledge via collaboration (Brey and Ogletree, 1999; Scott, 2005, White et al., 2009; Lee et al., 2009; Stewart and Carpenter, 2009), and reducing the stigma associated with specialty areas of nursing practice (Menninger Clinic, 2008).

- Consider electronic (i.e. web-based) mentoring opportunities in nursing. This format offers the following:
  - a forum for knowledge exchange;
  - skill building and access to unfamiliar resources;
  - improves communication skills;
  - requires less time and money than traditional face-to-face mentoring;
  - expands one's network of colleagues;
  - breaks down geographical and time zone barriers;
  - pairs experts with novices based on learning needs;
  - enhances critical thinking skills due to reflection on multiple perspectives from a global context and increases nursing knowledge of research and culture in international settings (Cahill and Payne, 2006; Rodriguez and Brown, 2000; Scott, 2005; Miller et al., 2008; O'Keefe and Forrester, 2009; Stewart and Carpenter, 2009).

### Strategy #3 Make a plan

Although barriers exist (such as difficulty in obtaining time away from work to pursue educational goals, the sense of isolation when seeking to apply learning to practice, and life events such as relationships, children/family commitments and financial issues), for many nurse learners, it is important to focus on what you want to achieve in terms of professional learning and how this goal can be achieved (Melrose and Gordon, 2010).

Humanistic theorists, such as Maslow and Rogers, believed that individuals grow and develop throughout their life span. These theorists stress that adult learners are capable of identifying their own learning needs and solving

their own problems (Herrick, Jenkins and Carlson, 1998; Knowles, 1990).

Allen Tough's seminal work on self-teaching and self-directed learning emphasized that learners were more likely to retain information if they were actively involved in the learning process (Tough, 1967; 1971; 1982). The self-mentoring strategies offered herein follow this same premise.

### Professional satisfaction

Nurses are required to become active learners in modern health care environments, adhering to their institutional policies and mission, the provincial and territorial standards, as well as professional codes of ethics (CNA, 2008). Further, the CNA (2004) recommends the following steps be taken to enhance professional satisfaction and implement successful mentoring strategies:

- assess learning needs (i.e., think about what is important to you in your work life and write it down);
- identify personal philosophy (i.e., core values that help guide your decision making and your life);
- create a plan (i.e., learning contract);
- organize (i.e., learning goals, priorities and objectives that address your identified learning needs); and
- implement and evaluate (i.e., assess and quantify the outcome of your plan).

Initial learning areas to consider are:

- knowledge of one's organization and its' culture;
- the concept of mentoring and its' benefits and limitations;
- principles of adult learning theory;
- personal competency assessment (that is, analysis of personal strengths and limitations);
- goal setting;
- one's personal learning style (e.g., read and reflect, group discussion, hands on practice, etc.);
- identifying, choosing and practicing learning strategies;

- identifying opportunities to obtain meaningful feedback and recognizing and utilizing available resources to meet one's learning objectives (CNA, 2004).

### Strategy #4 Volunteer

Participation in a special interest committee, task force, or one's professional nursing association benefits both nurses and patients. Involvement in these organizations offers opportunities for networking, knowledge sharing, staying current with best practices, promotion of the nursing profession, (provincially and nationally), and development of leadership skills and visible support of the nursing discipline and the group's mission (Hill, 2008; Felton and Van Slyck, 2008).

Volunteering and getting involved professionally enhances one's knowledge of health care organizations and their structure, the nurses' individual and collective ability to affect health care policy and direction, as well as impact client outcomes as a result of nursing actions. Volunteering also furnishes opportunities to give back to the profession (Hill, 2008; Felton and Van Slyck, 2008). In short, volunteering offers long-term care nurses' significant personal and professional rewards and a legitimate venue to learn and remain actively engaged in their work.

### Strategy #5 Communicate

The final strategy is taking the opportunity to share one's experiences and stories with colleagues, and encouraging them to do the same. Each nurse has a unique story with respect to what brought them into nursing, and into aged care specifically, and each deserves respect and thoughtful consideration.

When engaging in collegial discussions, endeavour to recognize the inherent diversity of Canadian nurses and acknowledge their different needs, challenges, desires and goals.

Peers and co-workers contribute to each other's learning (Dixon, 1993; Hurst and Koplín-Baucum, 2003; Scott, 2005; White et al., 2009; Lee et al., 2009; Stewart and Carpenter, 2009). The generous sharing of personal insights, experience and knowledge could inspire the development of innovative venues for ongoing dialogue in which to contribute ideas, learning and resources with others who are committed to life-long learning in gerontology.

Lastly, speak of the values that have been integrated during professional growth and development such as: openness to new ideas, willingness to submit one's ideas and beliefs to critical reflection, and a confidence in the power of collaborative learning, essential for today's long-term care nurses when addressing the complex challenges in contemporary health care.

### Conclusion

This article presents five self-mentoring strategies for nurses to consider:

1. reflection
2. committing to continuous learning
3. making a plan
4. volunteering, and
5. communicating

These strategies offer an economical and effective tool for long-term care staff to enhance recognition of their valuable contributions and commitment to a culture of excellence in resident care. They also provide tangible personal and professional development and "caring" in all stages of one's nursing career. Health care organizations also benefit.

Although challenges exist in the implementation of these strategies (e.g., time demands, cost, etc.) much can be done by committed staff to ensure nurse retention and the continued provision of safe, high quality elderly care. ■

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### About the authors

Kathryn Gordon, M.H.S., R.N. is a clinician at Foothills Medical Centre, Calgary, and a graduate of Athabasca University.

Sherri Melrose, Ph.D., R.N., is Assistant Professor, Centre for Nursing and Health Studies, Faculty of Health Disciplines, Athabasca University, Athabasca, Alberta. Corresponding author: Dr. Sherri Melrose: <[sherrim@athabascau.ca](mailto:sherrim@athabascau.ca)>.

**Address:** Centre for Nursing and Health Studies, Faculty of Health Disciplines, Athabasca University, 1 University Drive, Athabasca AB, T9S 3A3.

## Myths about long-term care nursing

If you've never nursed in long-term care (LTC), you're probably harbouring at least one misconception about the sector. But don't feel too bad, there are a lot of reasons why; maybe one of your student placements gave you the wrong impression; perhaps someone told you the pay is bad, or you likely assumed that doling out oodles of medicine all day couldn't be that challenging, not stacked against the fast-paced, glamorous world of acute care nursing in the ER or ICU, right?

"When I teach our first-year nursing program, I ask the group of students where they see themselves five years after graduation. I can count on a pinhead the number interested in gerontology nursing," says Beryl Cable-Williams, RN and faculty member at the Trent/Fleming School of Nursing at Peterborough, Ontario's Trent University. Later in the program she asks students about their work in ER and ICU. They often talk about the diagnoses of the clients. But when she asks, "What is the average age of your patients?" they always pause and say, "You got me!"

Ms. Cable-Williams' point is that many patients in acute care are elderly, and that's only expected to increase given the demographic shift afoot in Canada. In 2026, 1 in 5 Canadians will be over age of 65; in 2001 it was 1 in 8. That means many of the ageist assumptions we are guilty of making about caring for the elderly are increasingly less exclusive to long-term care (especially since acute care is overloaded with complex cases). In addition, the field's never quite lived up to its image as the place one goes to take on casual work or to get a "break" (as some unsuspecting nurses have discovered).

### The new "in career"

In fact, you may just find, what with increasing media attention, new Long-Term Care Homes Act regulations . . . , and growing awareness of the importance of LTC, that gerontology could be the new "in career" in nursing.

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