IN TODAY’S complex healthcare environment, it is essential to support newly qualified nurses and those making the transition into new nursing roles, as well as nurses already in practice.

To recruit and retain these nurses, nursing leaders must promote a positive work environment. A healthcare organisation’s culture is reflected in its written mission and vision statements. A positive organisational culture fosters nurse creativity and acknowledges the scholarship efforts of its staff members. In such an environment, the attitudes of nursing leaders signal support for the mentoring of their nurses.

The culture of a healthcare organisation also influences the success of establishing a mentoring programme and its sustainability. Leadership support for mentoring is evident not just at the organisational level, but also on the unit and the individual level. Nursing leaders recognise that as nurses experience personal and professional growth, their knowledge will benefit the organisation in its aspiration for evidence-based practice. It is hoped that as employees experience personal satisfaction, they are more likely to bring positive energy into the healthcare environment and their work ethics, leading to professional satisfaction.

The terms mentoring and precepting are sometimes used interchangeably, but they are put into practice differently. Mentoring is defined as a long-term relationship that typically occurs outside the work setting with goals defined by the protégé. In contrast, precepting is defined as a short-term relationship in a clinical setting with the goal of orienting nursing students and newly qualified nurses, typically between two and 12 weeks (Mills et al 2005).

Once the decision has been made to start a mentoring programme, goals need to be set and all mentors and protégés need to attend training sessions on their common expectations of the role and how to begin and maintain an effective relationship. Mentors and protégés need to commit to meeting regularly so that the mentoring relationship can grow. Each mentoring pair will decide on the frequency of meetings that works best for them, which typically is weekly or once every two weeks for about an hour each time. In turn, the organisation needs to commit to providing time, and sometimes space, for the mentoring relationship to develop.

One core aspect of mentoring is recognising that it is the protégé’s goals that need to be met, not goals imposed and defined by the mentor. Instead, effective mentors reflect on how they can assist their protégés in meeting their stated goals throughout the mentoring relationship.

**Feedback**

Although the relationship is mutually beneficial, it is up to the protégé to give the mentor feedback on what is working in the relationship and what could be improved. They should formulate requests on how the mentor can help them meet their scholarship and career goals most effectively.

Trust and mutual respect are the foundation of an effective mentoring relationship. A trusting atmosphere is essential for meaningful communication to occur. Mentoring is not a static process; it requires time and effort on the part of both mentor and protégé, and the mentoring relationship may change after a period of time. When protégés experience meaningful mentoring relationships they frequently become mentors themselves in time, giving back some of what they have received by contributing to the success of other nurses.

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**Reference**


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