

# Registered Nurse

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**How  
MENTORS  
Keep  
Nurses  
Nursing**

## LONE NO LONGER

**Texas RNs Rally to Protect Patients**



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Though we didn't win all we wanted in the November elections, CNA/NNOC ran a great campaign, and the election results show that the public wants genuine healthcare reform. *By Rose Ann DeMoro*



**ON THE COVER:** Texas RN Roger Cleaveland waves his state's flag high during a Nov. 14 CNA/NNOC rally in Austin. *Photograph by Jaclyn Higgs.*

# Nurturing Nurses

Growing nurses need care and feeding, too. How one mentorship program is getting results. **BY BONNIE HO**

**A**FTER EARNING his nursing degree and passing the Boards in 2004, Wally Daniels started working in a pediatric intensive care unit, but quickly found that the job wasn't as he imagined. He said that some of his coworkers, instead of supporting him as a new nurse with advice and understanding, were more interested in initiating him

onto the unit by giving him a hard time. Working among tragically sick children made him paranoid about his own children's health, questioning their every fever. And Daniels was entering the female-dominated world of nursing after a first career in the male-dominated world of construction. All these challenges contributed to a difficult transition.

"It's a different world," said Daniels of nursing. He's now a registered nurse on a medical-surgical-orthopedics-oncology unit at Sequoia Hospital in Redwood City, Calif., a different facility than where he first started nursing. "It's a frightening world where you have a lot of responsibility and a lot of accountability for the patient's safety. You're frequently the last stop on the way to some kind of event that could turn out badly or positively for a patient."

With so much pressure, said Daniels, he felt he needed, but lacked, the trust of his colleagues. "Going into nursing is a place where a lot of people get chewed up, where you start out and have a terrible time," he said. "For me, I didn't want to be one of those people."

In June 2005, he tried his hand at nursing again, but in adult patient care. This time, Daniels found a mentor through the pilot nurse mentorship program run by the California Nurses Foundation (CNF), an Oakland, Calif.-based nonprofit organization dedicated to maintaining and improving the quality of nursing.

The two nurses had a lot in common. Daniels' mentor had also worked in construction prior to nursing, but had 10 more years of nursing experience. Daniels was

able to talk openly with his mentor, bouncing off his ideas and observations about the differences between construction and nursing. He got to develop his clinical skills, such as practicing starting IVs together, and even got help exploring which unit was best for his career. Daniels stayed, and has now been nursing for two years.

A recent evaluation of CNF's pilot nurse mentorship program shows that Daniels' situation is not an isolated case. Preliminary two-year data of the program analyzed in April 2006 showed that newly-hired RNs who did not participate in the mentor program were seven times more likely to leave their hospitals than RNs at those same hospitals who participated in the program.

These promising results have excited the nursing and hospital communities, and the program's reputation is growing. Students in nursing schools from across the country have been sending inquiries to the Foundation website, according to CNF program director Anna Mullins, RN. They want to know once they graduate which hospitals will have a mentorship program. "As far as we can tell, this is not only the first time a mentorship program that relies on leadership from veteran staff RNs themselves has been implemented in this country, but it is rare to collect solid data that shows the effectiveness of mentoring for staff nurses of any kind," said Mullins. "We are beginning to show it works."

With successful preliminary results, expanding the program will be a priority in coming years, according to CNF staff.



Wendy Vu, RN and a lead mentor at Kaiser Permanente in Hayward, says that her goal is to develop self-confidence and self-sufficiency in newly-hired nurses.

**Right:** California Nurses Foundation development director Joyce Mills, RN discusses the mentor program during a recent meeting.

**Far right:** Foundation program director Anna Mullins, RN says that with data showing that mentoring cuts attrition, they will work on expanding their programs.



**B**OTH NURSES AND HOSPITALS have for decades bemoaned the high attrition rate of new and returning nurses. The number of new nurses leaving after 18 months of work has been as high as 50 to 60 percent for some hospitals, according to the Foundation. These turnover rates reflect an unstable workforce of new nurses struggling to adjust to the realities of working in a hospital. Without assistance and support, their untreated anxiety can harm patient care. And, from hospital management's perspective, high turnover is not cost-efficient. Every time a nurse leaves, the average replacement cost for each RN, including recruitment and retraining, is at least 1.5 times the total annual salary of the position.

Enter the California Nurses Foundation, a nonprofit supporting organization to the California Nurses Association. The Foundation believed that if new and returning nurses had an institutionalized support system led by staff RNs, and on whom new and transitioning nurses could depend for advice and encouragement, they would survive those crucial first years better than those without. Choosing veteran staff nurses as mentors for new and transitioning nurses seems intuitive, but Joyce Mills, RN and program development director for the Foundation, finds that one of the fundamental problems with other programs is their use of managers as mentors. "The assumption is usually that managers are the best mentors," she says. "Maybe that's true for nurses stepping into management roles, but it is the experienced staff RN currently working at the bedside who can make or break a new RN's experience."

The nurse mentorship program launched at two hospitals in 2003 and led to a series of pilot programs developed after extensive inquiry into literature in this field and interviews of staff RNs. Sponsored by the California Endowment, the Gordon and Betty Moore Foundation, and the San Francisco Foundation, the program is now being tested in seven major acute care hospitals throughout California, four as part of an agreement with Catholic Healthcare West. Aside from Sequoia in Redwood City, the participating hospitals include Mercy General in Sacramento, Kaiser Permanente in Hayward, O'Connor and Good Samaritan hospitals in San Jose, St. Bernardine Medical Center in San Bernardino, and San Gabriel Valley Medical Center in San Gabriel. To date, the CNF programs have reached more than 800 RNs.

Veteran staff nurses act as the mentors, and are selected from volunteers with at least three years' experience at their facility and who show good leadership, cultural competency, and strong patient and nursing advocacy skills. Mentors complete a three-day mentor certi-

fication class and then meet with mentees several hours a week or month over the course of up to two years. The mentee-mentor relationship is confidential, creating a safe space for new nurses to raise their concerns in a supportive environment.

The critical position to ongoing implementation of the program is the lead mentor—a staff nurse mentor who helps run the program in the hospital by overseeing other mentors while *also* mentoring mentees. The lead mentor matches mentors with mentees, considering any requests for compatibility such as gender or ethnicity. "These 12 lead nurse mentors have crafted their own unique role and they are the key secret to implementation of the program," said Mullins.

In addition to the mentor program which focuses on professional survival and development, CNF is also testing a cultural competency program and a preceptor program. The preceptor program was developed after the Foundation found that clinical orientation, particularly for newly-graduated nurses, was sorely deficient in many hospital units. More than 100 RNs in four hospitals have attended the preceptor programs so far. The cultural competency program has reached more than 260 RN preceptors in other hospitals. "While all of our programs include cultural competency, this stand-alone program can reach even more staff RNs involved with either clinical or professional development of new and transitioning nurses," said Catherine Kennedy, CNF program manager. "Together with the ongoing work of the Professional Practice Committees and Quality Liaisons established over the last 10 years by the California Nurses Association, these programs go a long way toward creating a better and safer work environment."

**M**ENTORS HELP NEWLY-HIRED RNS in all kinds of situations. "One young girl made a pretty big medication error and it was bad enough where she felt like she was going to quit," said Carol Koelle, lead mentor at St. Bernardine Medical Center. "We had the opportunity to call a mentor who came to the hospital, took her downstairs, and sat down to have lunch and talk with her." The hospital later transferred her to a unit with a less intensive pace.

"That's somebody we would have lost, who may have quit on the spot. People spend so much time in school to become nurses and then come into the real world and it's pretty devastating. I have seen probably two or three events where, if they had not had a mentor or someone to talk to, they would have quit the nursing profession

**“People spend so much time in school to become nurses and then come into the real world and it’s pretty devastating. I have seen probably two or three events where, if they had not had a mentor or someone to talk to, they would have quit the nursing profession altogether.”**

**—CAROL KOELLE, LEAD MENTOR**

altogether,” said Koelle, remarking on how the intensive care unit is particularly difficult for new nurses.

Cristina Gaspari, a new RN at Sequoia Hospital, was recently matched with a mentor who has 20 years more experience than she. She could tap into a resource, she said, that helped keep her sane during frustrating and stressful times. The first time she saw somebody die, she returned home and called her mentor. And for patients struggling with the possibility of their own death, Gaspari has learned to find channels for them with the advice of her mentor, such as getting help from the spiritual care department.

But mentors are also invaluable for helping new nurses navigate the sometimes treacherous political waters of the hospital or unit. Balancing doctors, procedures, and wanting patients to like her and feel cared for, is an act that’s difficult for a new nurse like Gaspari to perform. Mentors help their mentees forge relationships between doctors, coworkers, and even managers or sometimes act as bridges themselves.

For example, Koelle helped intervene in a dispute her mentee, Al Springer, RN was having with management at St. Bernardine Medical Center. A tall man, nearly 50 years old, Springer came into nursing from a business background.

“My mentor was able to guide me and show me the realities of how to provide superior patient care without running afoul of the administrative hierarchy,” Springer said, explaining that sometimes nursing administration’s expectations did not match what the patient needed. Koelle pulled him aside to explain what he had to learn and how to handle the situation.

Coming out of nursing school, Springer learned that the nursing school’s “white tower” ideals of perfection and order did not compare to the real world where nurses are “understaffed, underpaid, and underappreciated.” If not for Koelle, said Springer, who signed onto the night shift because he so enjoyed working with her, he may have quit bedside nursing. He connected with Koelle at first sight for being the technophile that he was, carrying her medical instruments around with her. Now two years into his own career, Springer has since moved on to act as mentor to several new nurses. Teaching others is the right thing to do, he said. “I don’t have all the answers, but two minds are always better than one,” said Springer. And he still continues to consult Koelle.

Nurse mentors also help mentees develop their careers, whether it’s directing them to resources they need, helping them become more aware of their rights by getting involved in their union or professional associations, or suggesting different opportunities in nursing. Daniels, the nurse who left pediatric care, approached his mentor about gaining experience in different units. His mentor managed to “pull a few strings” and Daniels crossed units into psychiatry, skilled nursing, critical care, the medical surgical unit, and the orthopedic ward before finding his niche.

“Nursing is a very busy profession,” said Daniels. “New nurses may want to progress in their career, but they’re so close to the unit they work on, it becomes their whole world from the time they begin, to the time they leave. They may have the idea, I want to go there or

here, but they don’t know who to see to figure out the politics of making a request. If you have a mentor, you call them and say, ‘I’d like to do this.’ They’ll say, ‘I’ll see what I can do.’ Next thing you know, you’re over there.”

While they’re just a phone call away, mentors ultimately strive for mentees to recognize and develop their own capabilities. RN

Wendy Vu, a lead mentor at Kaiser Hayward, tells her mentees to be patient with themselves, but also to use resources around them, such as their colleagues and their charge nurse. The process takes time. In nursing school, Daniels remembers the often-repeated adage that it takes three to five years to become an expert nurse. That’s misleading, he finds. It’s more like five to 10 years.

**T**HE PROGRAM APPEARS to have benefited both new and senior nurses. As teachers often find, they learn as much from the students as they teach. The mentors sometimes gather to discuss their mentees, and many find great purpose or a renewed appreciation of nursing in making a permanent impression on new nurses beginning their careers. “Their mentorship will last them forever,” said Vu.

Hospital culture is changing as well. “Before [the pilot mentorship program], we went through a period where some new hires didn’t stay for more than a year,” said Pamela Quasney, RN and a lead mentor at Sequoia Hospital. “They weren’t really connected to the staff already there. It was a different kind of generation that came to work, did their job, and left without any feeling of connection or cohesiveness. I’m feeling that now the mentor program is pulling the new people to start feeling like a family, part of the facility, feeling like they are wanted there. Older nurses who have taken on [new nurses] are feeling a stronger connection to new hires because they’re taking a personal interest and getting to know them. It’s a good positive thing.” ■

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*Bonnie Ho is a news intern at Registered Nurse.*

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**CHANGE WILL COME** (Continued from page 9) We had the nurses who got the signatures, rode on buses doing mobile phone banking, trying tirelessly to get people to vote. We had great theater with Batman 89 arresting corrupt politicians throughout the state with our “Stop Corporate Corruption” bat signal shining on buildings during opposition fundraisers. Working again with the truly best consumer activist force in the country, the Federation for Taxpayer and Consumer Rights organization, we had Channel 89 which documented fundraisers and hilariously put lobbyists in the spotlight and in daily bulletins to all press.

And then there were the staff who worked their hearts out and demonstrated an inconceivable creativity and dedication, earning the respect of all. I believe that we introduced new cultural aspects to campaigning. If I had one word to ascribe to the CNA/NNOC staff who undertook such Herculean tasks, it would be imagination.

The nurses, this staff, and the good people throughout the nation who step up is why we will ultimately change the political system in California and nationwide, just like our counterparts in Maine did. It is why in the final analysis, we will have a healthcare system with a single standard of care. ■

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*Rose Ann DeMoro is executive director of CNA/NNOC.*