Letters to the Editor

Valid Staffing Models Needed

I found the article in the May-June 2016 issue of Nursing Economics titled “Developing Staffing Models to Support Population Health Management and Quality Outcomes in Ambulatory Care Settings” by Haas, Vlasses, and Havey (2016) informative. The authors discussed the Affordable Care Act and the changes that occurred in health care as a result. They also discussed the staffing challenges ambulatory care faces and how evidence-based practice and high-performing interprofessional teams can promote improved patient outcomes.

I currently work as a leader in a large health care organization in which there are many outpatient clinics who are under the Patient-Centered Medical Home (PCMH) model that is discussed in the article. Staffing assignments in our clinics are not adequate; nursing assignments are made without regard to acuity, education, or skills (Tevington, 2011). We’ve had major increases in medication errors and nurse turnover rates as well as decreased nurse satisfaction.

I agree with the authors that staffing in the ambulatory care setting should be related to population problems and complexity; however, this is not the case in many situations and nurses in many PCMH models are feeling the effects of it. As a leader, I hope to be a catalyst for change so I’m suggesting improved legislation and support on this issue. The American Nurses Association also advocates that legislation is needed that will help empower nurses to create valid and patient-specific staffing plans and public reporting to promote safe patient care (Tevington, 2011).

Cassandra Lawrence, BSN, RN
Arlington, TX

REFERENCES

The Value of Mentorship

I appreciate your journal sharing the article “A Leadership Development Program Through Mentorship for Clinical Nurses in Turkey” by Fahriye Vatan and Ayla Temel (2016). As a nurse on a floor with a high turnover rate and many new nurses, I am always seeking ways to encourage and retain staff. It is important to be reminded of the impact of mentorship and I am encouraged to implement a formal mentorship program. The authors motivate one to create positive change at the unit level. The unit I work on does not have a mentorship program in place, but new graduates are participating in nurse residency programs. I would like to know how formal nurse residency programs compare to the authors’ formal mentorship program in retaining staff. I also wonder if it would be beneficial to repeat such a mentorship program after 2 years of working as a nurse.

Personally, I was enrolled in a nurse residency program upon being hired in 2014. This program added an additional 6 weeks to my hospital orientation and provided courses related to infection control and prevention, early detection of sepsis, hospice care, and effective resuscitation. The Institute of Medicine (2010) in The Future of Nursing: Leading Change, Advancing Health states that “residency program(s) positively impact job satisfaction, with a retention rate of 87%.” I believe this course helped better prepare me for a higher level of nursing care than orientation alone. With that being said, there was no clinical mentorship at the unit level outside of my preceptor. My preceptor went above and beyond in her role when I was out of orientation and has continued to encourage me over the past 2 years. Having her by my side to consult has been invaluable. Her wisdom provided me with knowledge and support that no residency program could ever provide. She effectively talked me out of quitting, allowed me to vent on bad days, and made sure that I ate lunch. Her mentorship has been highly beneficial. The unified encouragement of management, a higher level nurse, and unit staff would have been a boost to my self-esteem as a new nurse questioning why on earth I had entered this career. The American Nurses Association encourages nurse leadership to make frequent contact and foster a relationship with new nurses in order to facilitate their role into practice.

As I pass my 2-year anniversary, I find myself having similar “new grad” thoughts and once again my original preceptor is cheering me on. I would like to know if the authors intend to follow up on the mentees and mentors at the 2-year mark and if a second round of mentoring aids in nurse retention. I believe this would provide vital information to further encourage hospitals to implement a formal mentoring program.

Alisha Almond, RN, ONC
Kannapolis, NC

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The turnover rate among new graduate registered nurses (NGRN) is extremely high. Turnover is defined as the number of NGRNs that leave a position before 12 months (Trepanier, Early, Ulrich, & Cherry, 2012). Reality shock may contribute to a majority of NGRN turnover. Therefore, it is imperative for nurse executives to consider retention of the NGRN workforce as central to their staffing and financial efficiency.

Nursing shortage is also a serious problem in Turkey. Apart from insufficient staffing, the high turnover rate, especially at university and private hospitals in the past 10 years, is a top priority for nurse managers (Kocaman, Seren, Kurt, Danis, & Erer, 2010). Unfortunately, the studies on this problem are very limited.

According to the results of a study conducted in three university hospitals, turnover of regular staff nurses from 2003 to 2007 ranged between 2.0%-5.3%, and that of contracted staff nurses between 2.2%-17.5%. The resignation rate of contracted nurses who left the hospitals during this period due to their passing centralized state employee exams for state employment ranged from 30.9%-82% (Kocaman et al., 2010).

In Turkey, reasons for leaving nursing have been investigated in many studies. Unsatisfactory working conditions (overtime, irregular work hours, overload, stressful and unsafe work environments), negative perceptions of the role and status of the nursing profession, administrative attitudes/policies (negative attitudes, unfair and discriminatory job assignments), personal/family commitments (marriage, pregnancy, child care), and unwillingness in choosing nursing as a career were reported by the nurses as the main reasons for leaving (Duygulu & Korkmaz, 2008; Gök & Kocaman, 2011).

Nurses’ intentions to leave in private hospitals have become an increasingly important component of Turkey’s health system during the past decade. In a study implemented in 16 private hospitals by Yürümėzoğlu and Kocaman in 2016, nurses’ general job satisfaction and emotional exhaustion were predictors of both intentions to leave the organization and the profession.

Each hospital applies diverse strategies to prevent nurse turnover, such as customized mentoring programs for new graduate nurses and preceptor programs. Both mentors and preceptors provide emotional and technical support to new graduate nurses. A preceptor program is applied for the first 3-6 months of employment, and a customized mentoring program that focuses on nurses’ personal characteristics is implemented for up to 1 year (Yu & Kang, 2016). NGRN residency program shows significant potential as a form of orientation. Characteristics of a residency program include standardization of curriculum and competencies, practical application of knowledge, a support system, rigorous evaluation, and continuous improvement (Krozek, 2008). However, the current orientation process, preceptor programs, and residency programs play a limited role in the socialization of a new graduate nurse.

Our country does not have institutionalized preceptors or residency programs for new graduates. Nursing faculty are mainly responsible for the clinical teaching of the undergraduate nursing students. In some hospitals, the registered nurses support the nursing students as preceptors. However, they do not have a preceptor role for the new graduates. In our country, there are varying orientation programs according to the content and duration of the institution for the new graduates. There are no residency programs in Turkey.

The mentoring relationship can be sustainable so long as the necessities and expectations are available. Besides professional issues, the mentoring relationship is specifically beneficial for the development of career and leadership. When compared with the residency program, mentoring is a much more durable type of relationship. Generally, the terms preceptorship and mentorship are used interchangeably. It is important to note mentorship is not synonymous with preceptorship although they both support roles with similar components. In contrast to the supportive and mutual relationship of mentoring, precepting is an orientation technique involving the formal assignment of staff RNs and holding them “ accountable for the transition of new staff ... over short, limited periods of time” (Block, Claffey, Korow, & McCaggrey, 2005).

A comprehensive literature review reveals numerous studies that conclude retention is increased with the application of a mentorship program (Block et al., 2005). The voluntary participation of both mentor and mentee is extremely important. It is of vital importance that, for the correct selection and pairing of the mentor and mentee, both make suggestions as to their needs and expectations. Unlike preceptorship, the mentoring relationship can be sustained to the point mutual needs and expectations come to an end. If it is available as a graduate working for 2 years as a nurse, Ms. Almond can benefit from the mentoring support for career development.
Our study was a doctoral thesis project. Afterwards, we discontinued the monitoring. Since 66% of the mentees in our study group work as tenured on contract, their internal and external displacements do not sustain owing to the position change of mentors as well, and unfortunately the mentoring relationship that can’t be sustained is at the rate of 80%.

Again, we thank Ms. Almond for leading us to reconsider such issues.

Fahriye Vatan, PhD, RN
Assistant Professor
Ege University
Faculty of Nursing,
Department of Nursing Administration
İzmir, Turkey

Ayla Bayık Temel, PhD, RN
Professor
Ege University
Faculty of Nursing
Department of Public Health Nursing
İzmir, Turkey

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