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Mentors Supporting Nurses Transitioning to Primary Healthcare Roles: A Practice Improvement Initiative

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Abstract

Introduction: Effective primary healthcare services have been identified by the World Health Organization as the most equitable approach to enhancing universal healthcare. Robust models of mentoring for registered nurses (RNs) transitioning to primary healthcare roles have yet to be described in the Australian context. A robust mentoring model can support RNs to fulfill their potential, bridging the gap between theory and practice. In 2015, the peak body for nurses in primary health care (PHC) began developing a transition to practice program, including embedded mentoring to support newly graduated and more experienced registered and enrolled nurses. This quality improvement study reports the experiences and perspectives of nurses participating as mentors in two separate offerings of the program delivered between 2019 and 2021.

Method: A two-phase concurrent mixed methods evaluation utilized data from pre- and post online surveys and post program meetings. Quantitative items underwent descriptive analyses. Thematic analysis of free-text responses and comments was conducted independently by two researchers. Mentors voluntarily provided self-report data and were informed that data is routinely collected to support continuous quality improvement processes for all programs. An Information Sheet informed mentors of data usage, confidentiality, and options to withdraw without penalty from the program at any time.

Results: Seventy-nine mentors were recruited to support two groups of nurses ($N = 111$). Mentor self-rated overall satisfaction with program participation was 86.67% (very or extremely satisfied). Mentors described being "witness to mentee growth," "having facilitated access to learning" and receiving "unexpected benefits" including personal and professional growth and enhanced enthusiasm for their role in PHC.

Conclusion: The embedded mentoring reported in this article combined a focus on skills acquisition and professional identity with the provision of a range of resources and support activities. Sustainable mentoring programs will be an important mechanism for supporting the expanding roles required of nurses working in primary health.

Keywords

mentoring, primary healthcare, health workforce, quality improvement

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Background

Primary health care (PHC) is described as the most effective, efficient, and equitable approach to enhance universal healthcare (World Health Organization & United Nations Children's Fund, 2018). The Organisation for Economic Cooperation and Development's (OECD) evaluation of PHC services in its 38 member countries reports that those countries with strong systems have better health outcomes with improved health outcomes delivered at lower cost (OECD, 2017). There is increasing recognition that globally healthcare systems need to redesign primary, community, and home-based care to better integrate physical and

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mental health services with public health and other support services, to become the location for most care and treatment (All-Party Parliamentary Group on Global Health, 2022).

Post the COVID-19 pandemic, the International Council of Nurses called for a renewed focus on expanding PHC services and supporting nurses to work to their "optimal scope of practice" (ICN et al., 2021). Likewise, in the Australian context, the 2022–2032 Primary Health Care 10-Year Plan emphasized the need to ensure that nurses, nurse practitioners, and allied health professionals are enabled to work to their full scope of practice (Department of Health, 2022). Existing shortages in the nursing workforce in Australia have worsened post-COVID (Berlin et al., 2022). Given the limited preregistration clinical exposure to PHC settings for nurses and a lack of familiarity with the scope of PHC practice (Murray-Parahi et al., 2020), clearer role definitions, training, and support are essential if nurses are to fulfill their potential in primary care (WHO & UNCF, 2018).

Mentoring has been reported as a key strategy enabling effective transition and socialization to specialist or advanced practice nursing roles (Gazaway et al., 2019; Kidner, 2022). While the mentoring role is extensively utilized in a hugely diverse range of settings, definitions of mentoring as a concept vary widely. In its broadest terms, mentoring is described as a "developmental relationship with relational and instrumental aspects" (Dominguez & Kochan, 2020). It has been suggested that mentoring is one of the "most effective ways of helping individuals to develop" yet outcomes have been reported to vary widely (Stoeger et al., 2021). Mentoring is firmly established as an integral component of health professional development, for undergraduates and for graduates entering clinical practice. A systematic scoping review identified mentoring in medicine as integral to nurturing professional identity formation. Mentoring was defined as a "dynamic, context-dependent, goal-sensitive, mutually beneficial relationship between an experienced clinician and junior clinicians and or undergraduates that is focused on advancing the development of the mentee" (Toh et al., 2022). Of note, in this recent systematic literature review, was the inclusion by the authors of supervision, coaching, teaching, and instruction under what was identified as the "mentoring umbrella" (Toh et al., 2022).

The mentor–mentee relationship has been described as one that can facilitate knowledge acquisition and leadership skill development and support the transition to new roles (Hale & Phillips, 2019). Positive benefits in the hospital setting have been described as supporting the delivery of quality person-centered care and collegial workplace relationships (Coventry & Hays, 2021). In the face of high levels of staff turnover, mentoring relationships have also been identified as a strategy to support and build a resilient nursing workforce (Hoover et al., 2020; Wei et al., 2019). A recent scoping review seeking to identify models of mentoring for nurses in practice (i.e., graduates registered to practice independently) described mentoring as "an interactive social process" extending beyond didactic teaching and direct supervision, as "a relationship between two people that has the specific purpose of one assisting the other to grow and develop and to increase their role effectiveness" (Hoover et al., 2020). Recognition of the critical role that nurses have in delivering quality care to individuals and communities, has resulted in the establishment of a primary care clinical mentor academy in Alabama, USA specifically to prepare mentors supporting future clinicians (Daniel et al., 2022). A recent integrative review of how general practice nurses (GPNs) support adult lifestyle risk reduction identified significant variability in GPNs' interpersonal skills and the need for mentoring programs to develop capacity for motivational interviewing, relational sensitivity, and empathy (Morris et al., 2022).

Although the benefits of mentoring for retaining registered nurses (RNs) are widely accepted, creating and sustaining mentoring programs has proved challenging and careful planning is needed to ensure programs align with organizational needs. For experienced acute care Australian RNs, a decision to transition to PHC nursing has been reported as an opportunity to achieve an improved work–life balance, improved work hours, and stop shift work. However, programs to support this transition, to attract new RN graduates to PHC and enable PHC nurses to work to their full scope were reported as limited (Ashley et al., 2017; Halcomb & Ashley, 2017). Robust models of mentoring for RNs transitioning to PHC have yet to be described in the Australian context and research is needed that focuses on the key features of effective mentoring programs to enable implementation across a range of PHC settings.

This article reports the experiences and perspectives of the RN mentors participating in two separate offerings of the transition to primary practice (TPP) program delivered by the Australian Primary Health Care Nurses Association (APNA) between 2019 and 2021. The perspectives of the transitioning nurses completing the TPP is the subject of a separate paper, in which the mentoring component of the TPP "was identified as one of the most helpful components of the program" (Cox et al., 2023).

Method

Commencing in 2015, with funding from the Australian Government's Department of Health and Aged Care (DoHAC), APNA developed a practice improvement program to support the transition of both newly graduated and more experienced RNs to PHC. TPP is a structured 12-month transition support program. Embedded in this program is 10-months of intensive clinical and professional mentoring (Cox et al., 2023).

Development of the mentoring program included a robust consultative process and was informed by the findings of a comprehensive literature review. This review investigated existing evidence and models of mentoring, preceptorship,

clinical supervision, and coaching. The resultant blended role is described in Figure 1.

Given the challenges inherent in the mentor role, APNA developed a 1.5-hr interactive induction workshop and a toolkit to provide guidance on how to establish a rewarding relationship with the transitioning nurses. Support for mentors included regular teleconference mentoring from experienced PHC nurses within the APNA program team, access to mentoring-specific education, and the full suite of APNA online educational resources (see Supplemental File 1 for further details). At the commencement of each TPP program, all mentors and mentees attended an orientation workshop where they met face-to-face or virtually. The funding provided by DoHAC included an allocation to mentors of $2,400 per mentee to ensure they were able to participate in all aspects of the TPP program and to provide a minimum of 40 hours of mentoring for each mentee.

Eligibility and Recruitment of Mentors

Calls for expressions of interest from potential mentors were disseminated via existing primary health networks and APNA databases. Criteria included at least 4 years' experience in PHC; availability to support one or two transitioning nurses over 10 months; providing a minimum of 40 hours of direct and indirect mentoring; and a signed statement of support was required from the mentor's workplace (see Supplemental File 2 for complete mentor application criteria).

Evaluation of Mentors' Participation and Experience

The QI evaluation of the mentors' perspective and experience of participating as a mentor used a two-phase concurrent mixed methods design (Creswell & Creswell, 2017). The data set comprises quantitative data from a survey completed pre--and-post participation as a mentor. The survey questionnaires included personal and work profile items and overall satisfaction with the program (rated on a 5-point Likert scale from "not at all satisfied" through to "extremely satisfied"). Demographic data were aggregated and tabulated, with descriptive analyses undertaken to provide averages and proportions, as appropriate. Post-program scale response data were aggregated and summarized.

Qualitative data comprised free-text comments from quarterly reports, the exit survey and the meeting notes recorded by APNA. Free-text comments related to overall experience with the program, changes in practice (if any) resulting from participation and enabling factors and barriers to the mentoring relationship. They were also asked what changes they would recommend and what success in the program would look like. Using a qualitative descriptive approach, two authors independently coded the data, before identifying first-level themes. Following robust cross-checking of these initial themes, further analysis, and interpretation of the data revealed three key themes which were then verified by all authors (Kim et al., 2017).

Analysis of the quantitative and qualitative data sets was undertaken separately. While the initial intent was to triangulate the findings from each data set, this process was restrained by the limitations of the quantitative data set.

Ethical Considerations

This QI study collected data in short and rapid cycles throughout each program. APNA is bound by a formal constitution that includes a robust governance framework that requires oversight of all data collection. Participating mentors voluntarily provided self-report data in the surveys

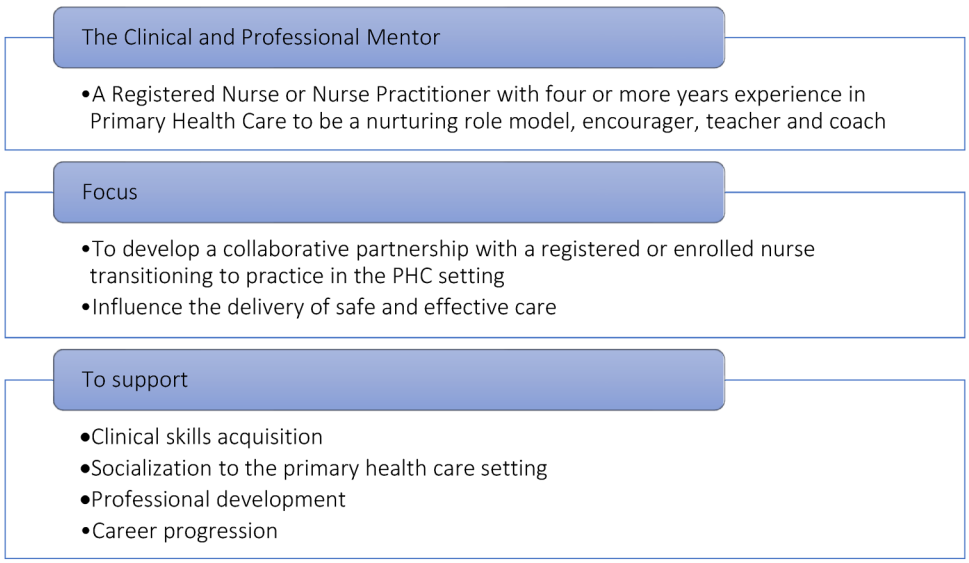

Figure 1. The mentor role.

and meetings and were informed that APNA routinely collects this data as part of their continuous quality improvement (CQI) process for all programs. An information sheet, provided via an online link, informed mentors about the use of the data, confidentiality, and the fact that they could withdraw from the TPP at any time, without penalty. These findings are presented according to the Standards for Quality Improvement Reporting Excellence (Ogrinc et al., 2016).

Results

This section presents the aggregated findings specific to the mentors from two rounds of the implementation project.

Participants

Deidentified demographic data for mentors are presented in Table 1. A total of 79 mentors were recruited to support two groups of nurses ($N = 111$) participating in the TPP during 2019 and 2020. Of these, 81% ($n = 64$) worked in general practice. All mentors were female with a median age of 47 ($M = 45.9$, range: 28–64 years). Mentors all had over 4 years' experience working in PHC (4–15 years; $n = 58$, 73.5%: 16–21+ years; $n = 21$, 26.5%). More than 78% of participants were in three states, Queensland (40.51%), NSW (22.78%), and Victoria (15.19%). Of the total, 68.35% ($n = 54$) of the mentors were either located in metropolitan areas (MMM1) or large regional centers (MMM2) (Australian Government & Department of Health & Aged Care, 2021).

Post-program Quantitative Outcomes. In relation to mentor self-rated overall satisfaction with program participation, of the 45 complete responses, 86.67% (39) were very or extremely satisfied, with the remaining 13.33% (6) being somewhat or moderately satisfied. Further, 93.75% (45) reported that they were satisfied or very satisfied with their current role and the various aspects of their current position, with 6.25% (3) being neither dissatisfied nor satisfied. While 34 mentors did not provide exit survey responses for these items, an assessment of their characteristics showed that those responding compared with those not responding were slightly older (median 49 vs 42 years), more likely to reside in the States of NSW (26.7% vs 17.7%) or Victoria (20.0% vs 8.8%) and less likely to reside in the State of Queensland (28.9% vs 55.9%).

Qualitative Findings. This section presents the themes that emerged from the analysis of the mentors' free-text comments provided in quarterly reports, the exit survey and the meeting notes recorded by APNA.

Mentors' Experience of the Program and Their Role. Three key themes emerged from mentors' reflections on their experience as a mentor in the TPP program (see Figure 2).

Table 1. Demographic and Work Location Data.

	n	%
Sex		
Female	79	100.00
Male	0	0.00
Registration		
Registered nurse	67	84.81
Registered nurse and midwife	4	5.06
Nurse practitioner	8	10.13
Years of experience in PHC		
4–15 years	58	73.5
16–21+ years	21	26.5
Healthcare setting		
General practice	64	81.01
Aboriginal and/or Torres Strait Islander Health Care Services	1	1.27
Aged care facility	2	2.53
Community health services	3	3.80
Correctional services/prison	2	2.53
Rural/remote nursing	1	1.27
Specialist medical rooms	1	1.27
University/TAFE clinic	4	5.06
Workplace health center	1	1.27
State		
Australian Capital Territory (ACT)	0	0.00
New South Wales (NSW)	18	22.78
Northern Territory (NT)	1	1.27
Queensland (QLD)	32	40.51
South Australia (SA)	4	5.06
Tasmania (TAS)	6	7.59
Victoria (VIC)	12	15.19
Western Australia (WA)	6	7.59
Rural location (modified Monash model area)		
MMM1 (metropolitan area)	31	39.24
MMM2 (regional centers)	23	29.11
MMM3 (large rural towns)	6	7.59
MMM4 (medium rural towns)	5	6.33
MMM5 (small rural towns)	9	11.39
MMM6 (remote communities)	2	2.53
MMM7 (very remote)	3	3.80

Witness to Mentee Growth

Although a few mentors had the disappointing experience of the mentee withdrawing from the program or being overwhelmed by the multiple unexpected demands that occurred because of the COVID-19 pandemic, others wrote of being a "witness to mentee growth." My Mentee was more confident with her practice and more motivated to learn (MN 21). The growth in confidence observed by one mentor was attributed to a collaborative approach with both working together to optimize the learning from the program. I loved watching the Mentee grow in confidence and I think it probably works because the mentee and mentor both work together to make the most of the program (MN 80).

Mentors also identified the dual focus on clinical skill development and professional identity as important to

Figure 2. Key themes.

transitioning to PHC practice. Great program that supports and fosters skill development and professional relationships in nurses (MN 78) and the positive benefits that result, The GP practice now has well trained and skilled nurses working in it (MN 37). The attributes that indicate successful engagement with the program and mentoring were described as a mentee who is more developed and confident to utilize critical thinking, reflective techniques, and evidence-based practice in the workplace every day (MN 61).

Facilitated Access to Learning

The application criteria and program requirements for potential mentors listed what mentors could expect if they committed to being mentors. Mentors' comments revealed these expectations were indeed met. "*I enjoyed my time mentoring. It is an opportunity to share the knowledge I have gained in working in primary care for 20 years"* (MN 50). Ongoing support provided by the APNA team throughout the program was integral to building mentor confidence: "*Now that I have completed my program—I feel more confident to do it again. But did not feel that way at first. Constant back up from the APNA has been wonderful and inspiring*" (MN 88).

Access to resources from APNA was identified as significant in supporting mentors' own practice development. "*I enjoyed the learning modules and will continue undertaking those ongoing*" (MN54). *"Excellent online learning opportunities*" (MN 62). *The o*nline accessibility of these resources provided the opportunity to strengthen online skills. "*I have further developed my skills working online and providing support and education in an online forum*" (MN 16).

For many nurses working in PHC, contact with other nurses is often limited, thus the design of the program that enabled networking and collaboration was valued: "*Success for me includes networking, sharing ideas and knowledge, education, conforming to best practice and staying abreast in current affairs related to Primary Health care …. I loved the workshop and connected with a lot of primary health nurses on the day*" (MN 71).

Unexpected Benefits

A number of mentors described benefits beyond what they had perhaps anticipated, describing a shared experience of learning. I feel the mentor gains as much from the program as the mentee (MN 62). For some, their reflections revealed mentoring as an opportunity to reflect on their own practice, to acknowledge both personal and professional growth and enhance enthusiasm for their role in PHC.

> *I have grown professionally in directions I had never ventured before, I realised how much information and knowledge I had to offer, and it made me think outside the box. I learned a lot from my TNs also and it has really made me find a whole new level of enthusiasm to keep going and keep sharing and collaborating with primary health nurses, it's a tough gig and we need to work together to make the path easier for those coming through* (MN 48).

For another mentor reflecting on her role revealed significant professional and personal learning.

> *Mentoring has helped me to develop my own communication and clinical facilitating skills. It has given me opportunity to reflect on my own limitations and boundaries in regard to resilience and burnout* (MN 60).

The opportunity to participate as a mentor, reactivated interest in teaching the next generation of nurses for one mentor. *"I am in the process of inquiring to the local University to facilitate student nurses in our practice. I have always had a keen interest in teaching others"* (MN34).

For experienced PHC nurses, what was once new and challenging can become familiar, and at times a loss of empathy for the newly recruited nurse trying to adapt to the new context emerges. For one mentor, her role enabled her to "*remember the struggles of nurses starting in primary care settings* and to be more *understanding"* (MN 32).

Enabling Factors and Barriers to the Mentoring Relationship.

While the program is underpinned by a robust development process, identifying the factors that enable or impede the development of an effective mentoring relationship is essential to optimize the benefits for future offerings of the program (see Figure 3).

When asked what helped their mentoring relationship, the most cited factors included open and honest communication, regular contact, flexibility, and a shared understanding of

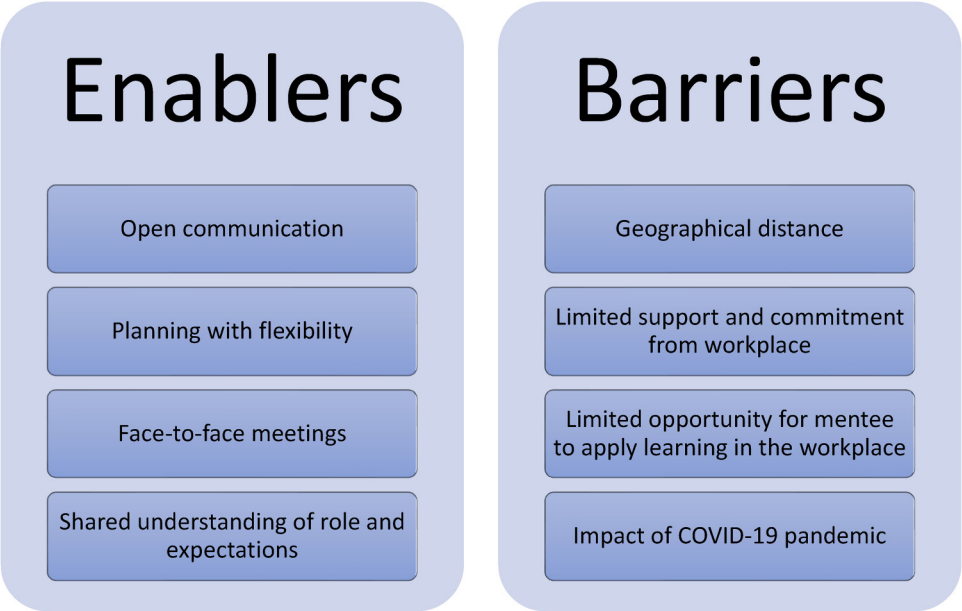

Figure 3. Enabling factors and barriers to the mentoring relationship.

each person's role and expectations. Many mentors cited the importance of open and ongoing communication. *"Open communication, reasonably quick responses to each other, friendly chats. Regular contact"* (MN 54). Frank discussions that enabled adjustments to initial expectations and aligning the focus of mentoring sessions to the specific needs of the mentee while maintaining a focus on PHC were identified as important to an effective relationship. One mentor described this as an "*ability to reduce ideal expectations of the relationship and work towards the needs of the mentee"* (MN 43). Regular meetings also facilitated adjustments to the focus of the mentoring sessions. "*Regular communication. Being aware of what the mentee wanted from the program. Being aware of the skills of the mentee and where they needed guidance*" (MN 62).

The value of the initial 2-day face-to-face workshop and opportunities to meet face-to-face enhanced communication and provided a richer understanding of mentee's workplaces: "*meeting face-to-face at commencement of the program was vital—meeting at each other's workplaces gave a clearer understanding of the work role and expectations*" (MN 61).

In contrast, geographical distance was repeatedly identified as a barrier. For the second cohort, COVID-19 restrictions disrupted opportunities for face-to-face interactions, while disrupting clinical practice routines with the demand for rapid rollout of vaccination clinics. "*Geographical distance, and not being able to catch up face-to-face*" (MN 71). In some areas, extensive bushfires also proved disruptive.

Organizational factors proved a significant barrier to the mentoring relationship for several mentors, especially where there was a lack of support and commitment from the transitioning nurse's workplace: "*Lack of commitment from the Practice, lack of communication from the practice managers, lack of time to spend together in direct contact*" (MN 45). This lack of support from the workplace resulted in scheduling difficulties with "*poor allocation of protected time*" for the mentee (MN 60). For some, workplace challenges, described as workplace conflict or tension and staff turnover proved a barrier to maintaining an effective mentoring relationship and for some limited opportunities for the transitioning nurse to practice their PHC-specific skills.

Mentors' Recommendations to Strengthen TPP Program. When asked what changes mentors would recommend for future implementation, face-to-face meetings, visits to transitioning nurses' workplaces and formal agreements relating to meetings with mentors were common responses. Visits to each other's workplaces were identified as particularly valuable: "*Blocks of direct supervision for at least 1 week in each other's practices. This direct supervision would be priceless"* (MN 62). One mentor recommended that meetings need to be clearly stated in workplace agreements: "*mentor and TN meeting perhaps quarterly written into the workplace agreement. TN seemed to have difficulty accessing protected time"* (MN 78).

While APNA's support for mentors and the mentoring toolkit was viewed by mentors as invaluable, more support was also a recommendation for future iterations, including the development of more specific online modules "*More in-depth modules for the mentors*" (MN 69). More face-to-face meetings with mentors and APNA staff were recommended by several participants: "*more face-to-face meetings with mentors and APNA staff*" (MN 94).

Discussion

The mentoring role as implemented in the TPP can be described as a formal role, "planned, structured, and intentional" specifically developed to address gaps in the mentees' nursing knowledge, skills, and confidence (Mullen & Klimaitis, 2021). The development process and structure of the program align with recommendations for developing effective mentoring programs which include reviewing best practices and research evidence specific to the particular discipline and context; ensuring activities are aligned with the requirements of the particular program and providing relevant resources (Stoeger et al., 2021). The development of this model has thus resulted in a program which combines a focus on skills acquisition and professional identity with the provision of an extensive range of PHC-specific resources and support activities.

This study is consistent with previous research that found mentoring is beneficial, not only for mentees but also for mentors themselves who have reported positive impacts on their practice, personal satisfaction, and a renewed interest in their own careers (Burgess et al., 2018; Coventry & Hays, 2021; Vance, 2022). For nurse managers, mentoring and supporting the development of others was identified as a "source of joy and meaning" (Hahn et al., 2021). Similarly, mentors in our study confirmed that their involvement helped to refine and update their own nursing skills and offered professional development opportunities, while also enabling an experience they described as rewarding, leading to personal growth and a renewed passion for PHC.

The transition to practice period for new graduates and advanced practice nurses has been identified as a critical period where inadequate support increases stress, adversely impacts emotional health, and increases attrition (Reebals et al., 2022). Given the international and Australian recommendations to strengthen the PHC workforce (Department of Health, 2022; WHO & UNCF, 2018), developing this mentoring program as a key component of the overall TPP is consistent with these recommendations. Although the traditional transition to practice programs have focused more on the acute care sector and new graduate programs, this study supports previous reports that there is considerable scope to extend transition programs to PHC (Cox et al., 2023).

The most frequently mentioned enabling factors for mentoring relationships were open communication, resources, and support from APNA, the initial face-to-face workshop and the toolkit. Mentors reported a preference for in-person meetings with site visits identified as key factors that assisted in building and sustaining their mentoring relationships. Site visits to mentee's workplaces were identified as an important component (although they were significantly reduced during COVID). However, one of the few benefits of the pandemic has been a marked increase in the use of virtual platforms to deliver services, including in PHC. While nurses were challenged by this shift, those who were confident with using the various technologies, adapted and identified the advantages of telehealth (James et al., 2021). The use of online platforms for mentoring has been reported as important to both the recruitment and retention of healthcare professionals in remote areas of Canada (Rohatinsky et al., 2020). The vast distances separating mentors and transitioning nurses in rural and remote areas of Australia have frequently precluded access to face-to-face mentoring. APNA's adoption of virtual meetings during COVID-enabled ongoing access to mentoring and to the TPP program.

PHC services in Australia are provided by a complex mix of private businesses, not-for-profit organizations, publicly funded community health services and Aboriginal Community Controlled Health Organizations (Department of Health, 2022). Existing PHC funding models are described as fragmented and complex, rewarding volume over value, and limiting capacity to deliver comprehensive care (Reddy, 2017). The common barriers to an effective mentoring relationship included a lack of engagement from general practice managers, limited understanding of nurses' scope of practice and sudden changes to the workload that led to mentoring meetings being rescheduled or canceled (despite service agreements with organizations). Low levels of trust, limited understanding of the clinician's role and limited engagement from managers have been reported as significant barriers to the delivery of effective clinical supervision programs (Charlotte et al., 2021). Similar barriers, including workload, lack of support, and role ambiguity have been reported for novice nurse practitioners transitioning to PHC (Faraz, 2019).

The PHC nursing role is a unique role needing competent generalist skills to provide the broad range of services required, including preventative screening, health education and promotion, chronic disease management, and acute episodic care. Emerging literature reports positive patient experience outcomes when care is delivered by PHC nurses that compare favorably with that delivered by other primary care providers (Lukewich et al., 2022). Research has identified that PHC nurses value being able to work in a team characterized by respect, collegiality and autonomy that provides the opportunity to use the many clinical skills that they have developed across their careers (Halcomb & Ashley, 2017). Thus, investing in a mentoring program that is a "developmental relationship with relational and instrumental aspects" carefully designed to meet the specific needs of the PHC nursing role is an essential measure to support the transitioning nurse (Dominguez & Kochan, 2020).

Given the unique role of the PHC nurse requires competence across the many domains of PHC delivery, there is a clear need for more seasoned colleagues to help transitioning RNs navigate a multifaceted role and better understand the challenges associated with their transition. Mentoring programs and the ability to sustain them for long periods will be an important mechanism for supporting the expanding roles required of nurses working in PHC.

Strengths and Limitations

This QI initiative demonstrates mentoring as an effective component of a transition program to support nurses new

to working in PHC. Most of the mentor participants were employed in general practice. Relevance and feasibility are yet to be determined in other primary care contexts. In addition, the data was self-reported, with limited robust quantitative data from 54% of participants only. The data set is largely comprised of free text comments and meeting notes, thus limiting the planned triangulation, nevertheless, the limited quantitative data is positive and congruent with the qualitative findings. However, a more structured approach to evaluating mentor training and delivery of mentoring programs is needed, with attention given to developing robust assessment tools (Goh et al., 2022).

Implications for Practice

- PHC mentoring programs should be discipline and context-specific, carefully "planned, structured, and intentional" and purposively developed to support transition and enable safe and effective care delivery.
- Effective use of virtual platforms has the potential to increase access to mentoring and transition to PHC-specific programs for nurses in rural and remote areas.

Conclusions

Given the imperative to increase access to PHC, a focused, discipline-specific transition to PHC practice for nurses is a priority. There is an urgent need for mentoring programs to support the recruitment and retention of nurses new to PHC.

In the face of time and workload pressures, models of mentorship that include effective use of online and group mentoring are essential. Likewise, structured support for mentors including communication with APNA and regular meetings form an integral component of an effective mentoring program.

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Ethical considerations

This QI study collected data in short and rapid cycles and as such, there was no controlled data collection, and the authors did not seek permission from a human ethics research committee. Participating mentors voluntarily provided self-reported data in the surveys and meetings and were informed that APNA routinely collects this data as part of their CQI process for all programs. An Information Sheet, provided via an online link, informed mentors about the use of the data, confidentiality, and the fact that they could withdraw from the TPP at any time, without penalty. These findings are presented according to the Standards for Quality Improvement Reporting Excellence publication (Ogrinc et al., 2016).

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Supplemental Material

Supplemental material for this article is available online.

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