

# **Mentoring Health Information Professionals in the Department of Veterans Affairs**

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## **Abstract**

As a major employer of health information professionals, the VA faces significant recruitment and retention challenges. The authors evaluated mentoring as a retention tool through a review of existing literature and the retrospective review of a VA health information management mentoring program. The literature review showed a link between employer mentorship and employee retention, regardless of the nature and structure of the mentoring relationship. Most organizations support employees who are willing to serve as mentors through increased compensation, recognition, and other types of support. No literature was found that studied retention rates for more than three years after a mentoring experience. The review of the VA mentoring program showed increased retention in the three years following enrollment in the program, but the increase was not statistically significant. The review did not demonstrate improvement in retention over a seven-year period. The combined evaluation gives mixed findings for mentorship as a retention tool and demonstrates the need for more research on the topic.

**Key Words:** Recruitment, retention, employment, mentor, mentorship, coaching, public sector, human resources, employee engagement, work force

The Department of Veterans Affairs (VA) manages the largest healthcare system in the nation. As such, the VA is a major employer of health information professionals. For the VA, as well as for other employers, recruitment and retention are a significant problems. A national scarcity exists as the work force ages, demand increases, and educational institutions do not produce an adequate number of new graduates to meet current and future work force needs. This study evaluated mentoring as a retention tool through a review of existing literature and the retrospective review of a VA health information management (HIM) mentoring program.

## **Background**

According to the Bureau of Labor Statistics, employment of medical and health services managers, including health information managers, is expected to grow faster than the average employment growth through 2016.<sup>1</sup> The American Health Information Management Association (AHIMA) estimates 6,000 new job openings per year, with educational programs graduating only about 2,000 per year.<sup>2</sup> This is not good news for the VA, which employs over 350 individuals in health information positions with more in nontraditional positions such as corporate compliance. Among current managers, 80 percent are over age 40, and 95 percent are over 30.<sup>3</sup> If the VA is to have an adequate number of health information professionals in the future, it must examine the factors that attract and retain individuals. This study analyzes whether mentorship is a factor in employee retention.

## Methods

The evaluation of mentorship as a tool for employee retention had two aspects. The first was an evaluation of existing literature. The second was a retrospective analysis of a VA HIM mentorship program started in 1995. Long-term employment data were reviewed and compared for both participating and nonparticipating health information managers. Fisher's Exact Test was utilized to determine statistical significance due to the small number in the sample. The results of the literature review and the assessment of long-term retention of VA HIM mentorship program participants were considered in making recommendations for future VA mentorship activities.

## Literature Review

### *Impact of Mentoring on Retention*

Mentorship plays an important role in attracting and keeping staff. Hamilton, Murray, Lindholm and Myers, in a study on the impact of mentorship among new graduate nurses, found that at the end of the year, 100 percent of the mentored nurses were employed full time compared to 63 percent of the control group.<sup>4</sup> In another study, retention of new graduate nurses dropped from a 34 percent turnover rate to 8 percent within one year of starting a mentorship program.<sup>5</sup> At another facility, 21 nurses had terminated employment within 18 months of hire. After inception of a mentoring program, only five nurses left within 18 months of hire.<sup>6</sup>

Cigna established a mentorship program to improve retention of life insurance agents and reduce the costs of new-agent development. New hires worked 27 months with a mentor. The program met goals to "increase productivity of new agents, accelerate the recovery of the investment in new hire training and development, and increase the system's four-year retention rate to 35 percent or more (from less than 20 percent)."<sup>7</sup>

### *Viewpoints and Styles of Mentoring*

According to Pinkerton, mentoring has two components: a career function and a psychosocial function. The career function can include making challenging assignments and providing protection, exposure, and visibility. The psychosocial function "promotes a sense of competence, clarity of identity, and effectiveness in role acquisition."<sup>8</sup>

The focus of the mentorship relationship can affect the later outcome for the protégé. According to Tharenou, career support "entails mentors sponsoring their protégés for advancement, coaching them, providing challenging assignments, protecting them and making them visible in organizations, and is argued to primarily help protégés' hierarchical advancement. Psychosocial support entails mentors providing their protégés with friendship and acceptance, counseling them, and acting as role models, and therefore is argued to primarily help protégés' emotional well-being and personal growth (e.g. self-worth) and, secondarily, their career advancement."<sup>9</sup>

### *Sources of Mentors*

Peluchette and Jeanquart note that mentoring has been seen as a relationship between two individuals within the confines of the same organization.<sup>10</sup> Other researchers argue that mentors may come from a variety of sources. The need for mentors from other sources may be particularly relevant for professionals who need to show allegiance to their employers and to professional standards of excellence.

Several professional organizations offer their own mentorship programs. AHIMA sponsors a mentoring program for students and recognizes outstanding mentors through an annual recognition award. Schoenhard describes benefits he gained from being mentored as a young healthcare executive and believes becoming a mentor for the American College of Healthcare Executives is an indicator of commitment to the field.<sup>11</sup> Altman describes an online mentorship program offered by the American

Society of Health System Pharmacists, which connects new practitioners with experienced professionals. She describes a good mentor as someone who “will have sufficient professional experience, a history of overall professional success that has not come at the expense of personal happiness, a good professional reputation and history of professional involvement, sufficient time to devote to a mentee, and the willingness to become a mentor.”<sup>12</sup>

Scheerer describes mentorship in dentistry as benefiting protégés through a personalized experience; mentors, who fulfill a professional obligation to share knowledge; and patients, who end up receiving better care.<sup>13</sup> Selwa states that mentoring is an essential catalyst for a successful medical career in science or clinical practice and has been seen as a necessary tool to encourage the development of clinical and basic scientists in medicine.<sup>14</sup>

From the perspective of the employer, the source of mentorship can be significant. A study by Brashear, Bellenger, Boles, and Barksdale compared four categories of salespeople: those with no mentors, those with a peer mentor inside the firm, those with a manager mentor inside the firm, and those with mentors outside the firm. “Salespeople who had manager mentors inside the organization . . . had high performance and a low intention to leave. Those with peer mentors inside the organization also had a low intention to leave but lower performance. Salespeople with mentors outside the organization where they work had high performance but also a high intention to leave. Finally, salespeople with no mentor had relatively low performance and a high intention to leave. These results suggest that manager mentors inside the organization produce the best combination of results.”<sup>15</sup>

### *Mentor Incentives*

What has not been thoroughly considered, however, is that mentoring can energize the midcareer mentor. “Mentoring is a win-win situation for mentor and protégé.”<sup>16</sup> While this may be true, many programs have found difficulty finding mentors and maintaining involvement by mentors after initial orientation periods. One program provides financial incentives, staffing and scheduling flexibility, and title and leadership recognition.<sup>17</sup> Another program offers mentorship bonuses at 9 months, 15 months, and 18 months. The program is monitored, and after confirmation that goals have been met, bonuses are awarded.<sup>18</sup>

### *Organization of Mentorship Programs*

Pinkerton recommends that mentees informally choose their own mentors because there is usually a better fit of personalities.<sup>19</sup> Verdejo used a different approach for matching mentors and novice nurses. Mentors were selected through an application process and received education in effective communication and role expectations, which included role modeling, counseling, and coaching.<sup>20</sup> Hurst and Koplín-Baucum describe a similar role expectation of the mentor as coaching, teaching, and conveying a firm belief in the charge’s ability to succeed.<sup>21</sup>

Greene and Puetzer found that the mentor-mentee relationship should be an assigned task with additional compensation. The mentor and mentee outline the goal and expectations of the relationship. A competency-based outcomes tool outlines expected learning. Feedback sessions and formal performance appraisals are used. Administrative support is provided to the mentor.<sup>22</sup> Pieper identified mentoring mistakes, such as lecturing rather than listening, failing to respect the role of the protégé’s boss, and using mentoring as a disciplinary tool.<sup>23</sup>

### *Literature Summary*

*Mentoring* is a broad term that is understood in a variety of ways, from an experienced nurse who shows a new nurse how to use equipment, to a mature healthcare executive who sponsors a newcomer into the profession, to a relationship designated by the newer term *coaching*. The terms used vary and include *mentor*, *sponsor*, *veteran*, *coach*, *mentee*, *protégé*, *novice*, and *newcomer*. The constant is that the protégé and the mentor both know they are in a relationship. Mentorship had a positive impact on retention in all literature reviewed. The tools for making that determination varied, and the length of the studies rarely exceeded 18 months.

## Description of the VA Mentorship Program

In 1995 the VA established a mentorship program. The focus was to help new managers operate effectively in the VA environment and to improve the retention rate of new hires.

The program was offered to all eligible health information managers. Supervisory concurrence was required. In order to be eligible as a protégé, also known as a “newcomer,” individuals had to have been in their positions for less than two years. Mentors were referred to as “sponsors” and were required to have more than two years of experience. While the relationship between the mentor and the newcomer contained some components of both career and psychosocial mentoring, it was not designed with either model in mind.

Those interested in being mentored or serving as a mentor completed an application. A task force paired newcomers and mentors with an attempt to match interest and experience. For example, if a newcomer worked at an affiliated facility, a mentor from an affiliated site was sought. Mentors received education in a process similar to the one described by Verdejo.<sup>24</sup> The VA program did not provide incentives to the mentors, such as the bonuses described by Hurst and Koplín-Baucum or the administrative support, financial incentives, flexibility, and recognition described by Greene and Puetzer.<sup>25, 26</sup>

The pairing was generally peer-to-peer, but in some cases the sponsor was at a higher organizational level. Once matched, the pair created an individualized development plan that targeted the newcomer’s specific needs and represented an agreement and pathway for the mentorship relationship. A sponsor handbook included instructions on creating the plan and suggested activities, such as site visits. The newcomer handbook contained a description of the mentoring program, expectations, and reference materials on numerous topics. The targeted time for completion was 12 months.

The mentor, the protégé, and the protégé’s supervisor were asked for feedback at the six-month point and at the end of the program. At six months, all protégés said they had developed an individual development plan with clear objectives. Only one wanted to discontinue, citing an inability to commit adequate time. Comments included “I find the program very helpful because it doesn’t spoon feed answers” and “[the mentor] provided me with information as well as moral support during these months.”<sup>27, 28</sup>

The mentors were also asked for feedback. Mentors’ time estimates averaged 5.1 hours per month. One mentor said, “This experience also helped me. It’s always a rewarding experience to help someone and share your experience.” Other comments included “I had to do some reviewing myself, as well as confer with the supervisors who work for me—it made a nice review for me” and “It was nice to know I made a difference.”<sup>29, 30</sup>

One mentoring mistake can be the failure to respect the role of the protégé’s boss.<sup>31</sup> To prevent this mistake, supervisor support was sought up front. After six months, all the supervisors stated that the protégé was benefiting from the program, and they wanted the protégé to continue. Some of the comments received were that the “employee has gained confidence in her supervisory duties and interacts with other staff in a professional manner,” “the program has been extremely helpful,” “the sponsor acts as a good sounding board,” and the program “provided professional growth and a different perspective” for the newcomer.<sup>32, 33</sup>

## Findings on Employee Retention

A review was conducted to determine if participation in the program resulted in a higher rate of retention. Information on the participants in the sponsorship program was reviewed, in addition to information on all health information managers hired by the VA between October 1, 1993, and September 30, 1994, whether or not they enrolled in the sponsorship program. The retention rate was calculated for newcomers who did and did not participate, newcomers who started and did or did not complete the program, and mentors. Twenty-three health information managers hired in 1994 did not participate in the

sponsorship program. Of those, 11 (48 percent) were still employed in 1997. Of the 20 who participated, 14 (70 percent) were still employed in 1997, as were 11 (73 percent) of the 15 who completed the program. Of the 18 mentors, 17 were employed in 1997, which represents 94 percent. Table 1 summarizes participation in the program.

By 2002, 11 (48 percent) of the 23 nonparticipating newcomers were still employed. The number of participating newcomers who were still employed dropped from 14 to 8, or 40 percent of the newcomers who began the program. Seven (47 percent) of the newcomers who completed the program were employed, and 14 (78 percent) of the mentors were employed (see Table 2).

In 1997, the order of retention from highest to lowest was mentors, newcomers who completed the program, newcomers who participated in the program, newcomers who started but did not complete the program, and newcomers who did not participate in the program. While this might seem to support a hypothesis that participation increases retention, Fisher's Exact Test returned a 1-sided significance of  $p = .123$ ; thus the differences are not statistically significant. The lack of significance may be an artifact of the small sample size. By 2002 the retention rates had shifted in the order from highest to lowest. Mentors still had the highest rate. The next highest retention rate, a surprising result, was for newcomers who did not participate, the group that had the lowest retention rate in 1997. These rates were followed by those of newcomers who completed the program, newcomers who participated in the program, and finally newcomers who started but did not complete the program. Again, these differences were not found to be statistically significant, with Fisher's Exact Test returning a 1-sided significance level of  $p = .418$ . Figure 1 displays the results.

The three-year rates were consistent with other mentorship programs in that participants had a higher retention rate than nonparticipants. Among newcomers who enrolled and completed the VA HIM mentoring program, 73 percent were still employed, compared to 48 percent of newcomers who did not enroll. Although this seems intuitively significant, the difference was not found to be statistically significant. By 2002 it was more apparent that the study did not prove that mentoring improved employee retention. A comparison of employment rates from 1995 to 2002 showed that 47 percent of newcomers who enrolled in and completed the program were still employed compared to 48 percent of those who did not enroll. The seven-year results could not be compared to other findings since no literature was found that studied long-term retention rates.

## Discussion

Specific recommendations for the VA's mentorship program were difficult to make based on the results of the project. The literature review consistently showed a positive impact on retention regardless of the structure of the mentoring program. In contrast, the VA's program did not demonstrate a long-term positive impact on retention.

There are many reasons to have a mentorship program, most commonly to improve the effectiveness of new employees. The failure to show improved retention is not a reason to abolish an existing program. The programs reviewed in the literature resulted in a reduced employee turnover rate without regard to the nature of the program. It would seem the VA could adopt a program easily maintained and enjoyed by employees without impacting employee retention in a positive or negative manner.

The review appears to support the VA's current approach to mentoring. An optional program is now available to health information professionals who are new to either the profession or the VA. The program is designed to be flexible for the participants. The lack of required assessments, formal plans, and periodic evaluations makes participation more achievable and realistic for busy individuals. Reference Web sites replace the guidebooks. Further description of the current program and its successes are the subject of a separate manuscript.

## Conclusion

Several studies linked mentorship and employee retention. However, the literature revealed no studies on the long-term impact of mentoring on employee retention and a paucity of research on mentoring and

retention in health information management. The review of the VA mentoring program for new health information managers showed increased retention over a three-year period, but the increase was not found to be statistically significant. The review did not demonstrate improved retention over a seven-year period. The small sample size is a weakness of the current study and did not allow solid conclusions.

These results, coupled with the scarceness of literature, suggest the need for more research on mentorship and the need for larger studies. The answers to many questions could benefit the profession. What factors support retention? Would the results have been different in the private sector? Does mentorship help keep an individual in the profession, even if he or she leaves a particular position or employer? Did the improved retention found in other mentoring programs persist longer than 18 to 24 months? Did mentorship result in other benefits, such as improved job performance, confidence, or job satisfaction? What factors led to an individual's decision to leave a position? Do demographic variables play a role? Research into these questions would be of interest and value.

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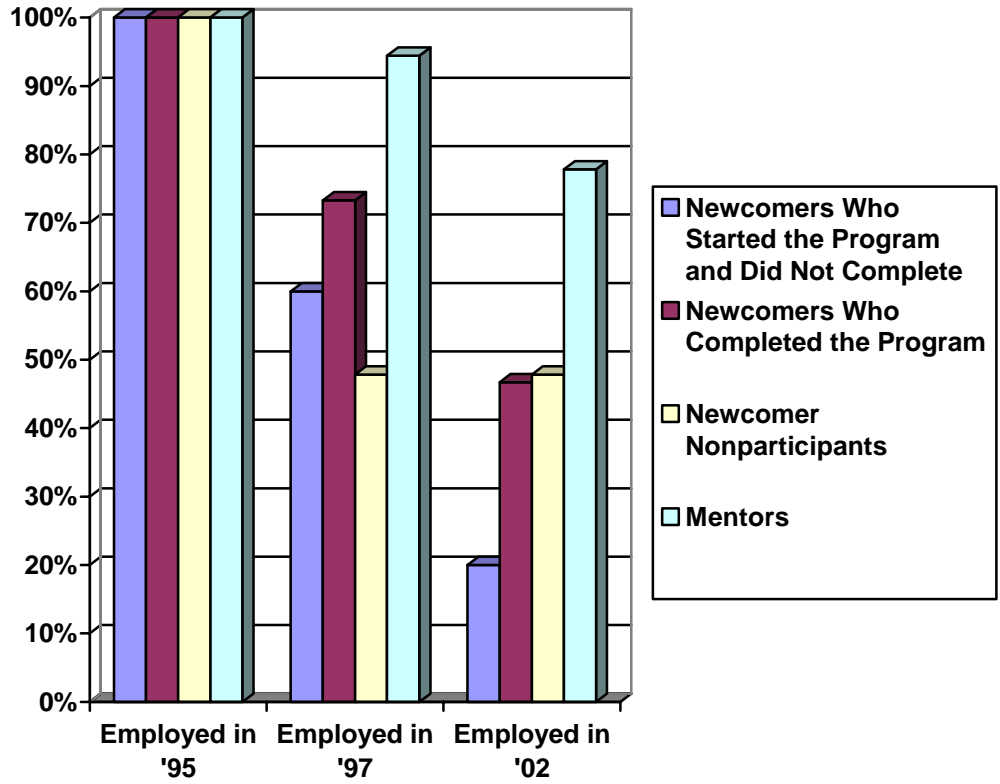
## Notes

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Figure 1



**Table 1****Summary of Participation in VA Sponsorship Program**

Health information managers who were hired in 1994
<ul style="list-style-type: none"><li>• 15 enrolled in program</li></ul>
<ul style="list-style-type: none"><li>• 23 did not enroll in program</li></ul>
Health information managers who participated in 1995 program
<ul style="list-style-type: none"><li>• 18 mentors</li></ul>
<ul style="list-style-type: none"><li>• 20 newcomers (15 hired in 1994, 5 hired prior to 1994)</li></ul>

**Table 2****Retention Rates**

	<b>Employed in 1995</b>	<b>Employed in 1997</b>	<b>Percent Still Employed Since 1995</b>	<b>Employed in 2002</b>	<b>Percent Still Employed Since 1995</b>
<b>Newcomer participants</b>	20	14	70.0%	8	40.0%
<b>Newcomers who completed the program</b>	15	11	73.3%	7	46.7%
<b>Newcomers who did not complete the program</b>	5	3	60.0%	1	20.0%
<b>Newcomer nonparticipants</b>	23	11	47.8%	11	47.8%
<b>Mentors</b>	18	17	94.4%	14	77.8%