

Cultivating the future: the imperative for mentorship in pain management nursing

Abstract

As the complexity of pain management in clinical practice continues to expand, the need for intentional mentorship in nursing becomes more urgent. This article examines the critical role of mentorship in orienting and retaining pain management nurses. Drawing on recent survey data presented at the American Society for Pain Management Nursing (ASPMN), we explore how mentorship impacts satisfaction with orientation, professional development, and long-term career sustainability. Our findings indicate that structured mentorship programs can reduce turnover, enhance clinical competency, and improve patient outcomes. Recommendations for integrating mentorship into nursing orientation frameworks are also discussed.

Keywords: mentorship, pain management, orientation, professional development, retention

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Introduction

The field of pain management nursing requires a blend of clinical acumen, compassionate care, and interdisciplinary coordination. Yet, as new nurses and advanced practice providers enter this demanding specialty, many report inconsistent onboarding and inadequate mentorship. In an era when health systems face high turnover rates and increasing demands for pain-specific expertise, the need for structured, supportive mentoring frameworks cannot be overstated.

Mentorship is not merely a “nice-to-have,” it is essential to developing clinical confidence, fostering professional identity, and ensuring high-quality care. Lucido and Brunner¹ strengthened this point by having an orientation navigator providing close mentorship and peer support demonstrated a 92% retention rate compared to two years prior to implementation of the mentorship of 67% retention rate. In pain management nursing, where patients’ needs are complex and interventions are multifaceted, mentorship plays an especially crucial role in bridging the theory-practice gap.

The cost of inadequate onboarding

Nursing turnover is a pressing concern for healthcare organizations, with estimates ranging from \$4.2 to \$6 million in annual costs due to avoidable attrition.² Among pain nurses, turnover is often linked to inadequate orientation, lack of professional development opportunities, and insufficient support during the transition to practice. Addressing these issues through mentorship and structured onboarding is not only financially prudent; it’s clinically necessary.

Mentorship is a return on investment by decreasing the turnover rate. This has been echoed by Grek et al.,³ who performed a quality improvement project after they found that there was a lack of formal orientation for new Advance Practice Providers (APPs) which led to dissatisfaction and a high turnover rate. When the new employees were integrated into the team there is greater confidence in their roles. Although this study focused on APPs in general, the lessons can be applied to pain management and can reinforce a formal onboarding program with mentorship.

Our 2021 survey of 100 pain management nurses from diverse professional backgrounds (BSN, MSN, APN, DNP, and PhD) aimed

to evaluate the effectiveness of current orientation and mentoring practices. The findings suggest a clear link between mentorship and orientation satisfaction, confirming previous literature that underscores the value of experienced guidance in professional development.^{4,5} The researchers conducted a study of 100 pain management nurses. Fifty of which were APNs. The complete breakdown of respondents is in Table 1 below. Table 2 shows the years of experience among the respondents.

Table 1 Level of practice

Level of Practice	Respondents
APN	50
MSN	14
BSN	17
RN	10
Other (DNP, APN-BC, Ph.D., PA)	7

Table 2 Experience in pain management

Years of Pain Management Experience	Respondents
Less than 2 years	6
Between 2 and 3 years	4
Between 3 & 5 years	12
Between 6 and 10 years	11
More than 10 years	65

Mentorship and orientation satisfaction

Participants in our study who had either formal or informal mentors reported significantly higher satisfaction with their orientation experience. Respondents who had a mentor (formal or informal) had a statistically higher satisfaction based upon a two-tailed Mann-Whitney U test. $U = 430.5$. The z -score was 3.34952. The p -value was .0008. The result was significant at $p < .01$ (See Table 3). This aligns with research from Lindfors et al.,⁶ which found that mentorship quality directly influences the success of new nurse orientation. There was not a significant difference between whether it was a formal or informal mentorship. The z -score was -0.86959. The p -value is .3843. The difference between types of mentorship was not significant at

$p < .05$. When nurses are satisfied with their orientation and have a mentor, the nurses were more likely to stay, which served as a return on investment.

Table 3 Satisfaction with orientation by type of mentorship

Type of Mentorship	Extremely Dissatisfied	Dissatisfied	Satisfied	Extremely Satisfied
Formal Mentor	6.67%	0.00%	60.00%	33.33%
Informal Mentor	7.32%	7.32%	63.41%	21.95%
No Mentor	19.05%	28.57%	52.38%	0.00%

Interestingly, mentorship type mattered less than its presence; both formal and informal mentorship relationships contributed positively to satisfaction. This highlights the importance of ensuring that every new pain nurse is assigned with a more experienced colleague, even if the relationship develops organically.

The role of orientation length and personalization

The study also explored the impact of orientation length and structure. Nurses who received a longer orientation, particularly those extending beyond five weeks, reported greater satisfaction. A structured and comprehensive approach, as suggested by Langley et al.,⁷ was linked to better preparedness and lower stress.

However, length alone was insufficient without personalization. Needs assessments prior to orientation were rare in our sample, with only 8.99% of respondents reporting that they completed one. Yet those who did receive a tailored orientation based on a formal needs assessment reported higher satisfaction levels.

Mentorship can serve as a critical complement to personalized orientation. Experienced nurses are uniquely positioned to identify learning gaps, tailor real-time support, and guide novice clinicians through complex clinical decision-making processes. One respondent commented the following about her mentor: “I was trained by someone who had been in the role for 17 years. Coming into a role as a new graduate, this was extremely helpful.” Gularte-Rinaldo et al.,⁸ found benefit for new nurses with increased ability for problem solving, improved self-confidence with communication. It was found to foster professionalism and was a nice transition from novice to expert. The positive of mentorship continued to grow over time. It has been documented that there remain benefits for up to two years of support.

Professional development and retention

Beyond orientation, mentorship supports long-term professional development. Pain management nurses often navigated rapidly evolving pharmacological treatments, interventional procedures, and regulatory guidelines. A mentor provides both clinical coaching and career guidance, encouraging participation in professional organizations, certification, and continuing education.

Moreover, mentored nurses are more likely to stay in the profession. Turnover is frequently associated with feelings of isolation, role ambiguity, and burnout, all of which can be mitigated by supportive mentoring relationships.⁹ Louwagie, et al.,¹⁰ surveyed 632 Advance Practice Registered Nurses (APRNs) and found that the APRNs who were mentored were twice as likely to serve as mentors to others and were more likely to grow in the profession and seek leadership roles. Vazquez-Caltayud & Eseverri-Azcoiti¹¹ focused on new graduate residency programs where there are roles of classroom, clinical, and individualized mentorship thereby improving new nurse satisfaction and decreasing turned over rates. It is not uncommon that

we see residency programs with mentorship with new graduate nurses in multiple facilities throughout the United States.

Implications for practice improvement

Our findings supported the following recommendations for healthcare leaders seeking to develop or refine their mentorship and orientation programs for pain nurses.

- i Assign mentors early:** Mentorship should begin during the onboarding phase, not after. Formal assignment of a mentor, ideally a senior clinician trained in both pain management and adult learning principles, can improve satisfaction and reduce anxiety.
- ii Standardize yet individualize:** While core orientation content (e.g., pain scales, opioid safety, pharmacological and non-pharmacological treatments) should be standardized, personalization based on prior experience and self-assessed competencies enhances effectiveness.
- iii Support informal mentorship:** Encourage a culture of collegiality where informal mentoring can flourish. Provide time, recognition, and resources to those who support novice clinicians.
- iv Evaluate outcomes:** Implement metrics for assessing the impact of mentorship, including orientation satisfaction, retention rates, and clinical performance. Feedback from both mentors and mentees should be used to continuously refine the program.
- v Promote leadership development:** Mentorship should be seen not only as a tool for supporting new nurses but as a pathway for leadership development among experienced nurses. Mentors gain teaching skills, professional recognition, and a deeper sense of purpose in their work.

Conclusion

Mentorship is a powerful, evidence-based strategy for strengthening the pipeline of pain management nurses. New staff, particularly seasoned staff, should have a orientation and mentorship based on a thorough and individualized needs assessment. As healthcare systems strive to improve retention, satisfaction, and care quality, mentoring and orientation must be considered an integral part of organizational strategy. It should not be an afterthought. By investing in mentorship, we invest in our patients, our profession, and the future of pain nursing.

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Conflicts of interest

The author declares that there is no conflicts of interest.

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