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### RN Perception of Mentoring in a Hospital Environment

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# **Nurse Perceptions of Mentoring in a Hospital Environment**

Diane Kramer, BSN, RN  
Eve Butler, PhD, RN  
Kayce Tugg, MSN, RN  
Vivian Fuentes, MSN, RN  
August 2016-August 2017

# Introduction

- ROIs and Benefits of mentoring in organizations
  - Retention
  - Satisfaction
  - Increase workplace safety
  - Personal and Professional growth
- Baptist Health South Florida currently has a formal mentoring program. Although there has been good attendance with the mentoring classes, the participants fail to commit to formal mentoring. Consequently, system-wide, there are few formally trained mentors.



# Purpose of the Study

- To understand the nurse mentoring culture within a hospital environment as well as identify and analyze the barriers to nurse mentoring.



# Objectives:



- **Examine the benefits of a robust nurse mentoring culture in the hospital setting.**
- **Review focus group research related to nurse perceptions of mentoring.**
- **Summarize the themes related to culture, experience, barriers, and a paradigm shift.**

# Study Personnel/Locations:

- **Principal Investigator: Diane Kramer, BSN, RN, P-PC**
- **Co-Principal Investigator: Kayce Tugg, MSN, RN, P-PC**
- **Co-Principal Investigator: Vivian Fuentes, MSN, RN**
- **Co-Principal Investigator: Eve Butler, PhD, RN**
- **Co-Principal Investigator: Andrea Prentiss, PhD, CNS-BC, ARNP-BC**
- **Co-Principal Investigator: Sally Bonet, MSN, RN**
- **Co-Principal Investigator: Vicky McCue, MSN, RN, CPN**
- **Co-Principal Investigator: Maria Ojeda PhD, RN**
- **Key Personal : Juanita Gumbs MSN, RN**
- **Key Personal : Vanessa Ginarte**
- **Liason: Diana D'Orazio Garcia**

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# Design

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- This qualitative study explored nurse perceptions of a mentoring culture within a hospital environment.
- Open-ended, conversational-style interviewing techniques with a semi-structured interview guide followed by probes to elicit more specific information were used to gain a full description of each nurse's perceptions.



# Methods

- Inclusion criteria: All nurses employed at BHSF (CNOs, all nursing leadership, CNEs, and bedside clinical nurses)
- 21 one hour focus groups scheduled over a 2 month period N=42
- Data analysis = themes developed
- IRB approved study



# Semi-Structured Focus Group Questions

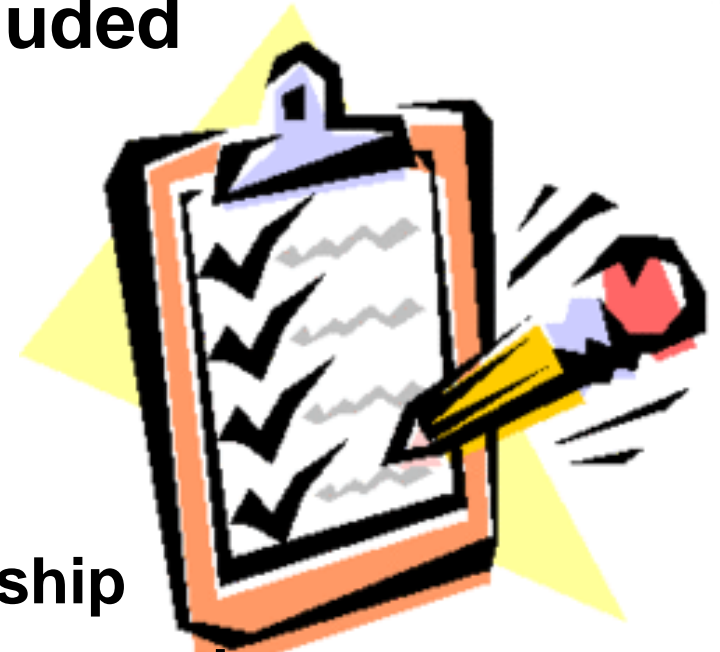
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- **How would you describe mentoring culture at BHSF?**
- **What are benefits and barriers of a mentoring culture at BHSF?**
- **Can you please share any of your experiences of being a mentor or a mentee?**
- **Can you please share what is the value of mentoring in your professional growth and development in the BHSF organization?**



# Demographic Questions

- **Demographic questions included**
  - Age
  - Gender
  - Years of experience
  - Hospital and unit worked
  - Certifications
  - Leadership verses non leadership
  - History and experiences with mentoring
  - Formal verses informal
  - In or out of BHSF
  - Role as a mentee



# Analysis

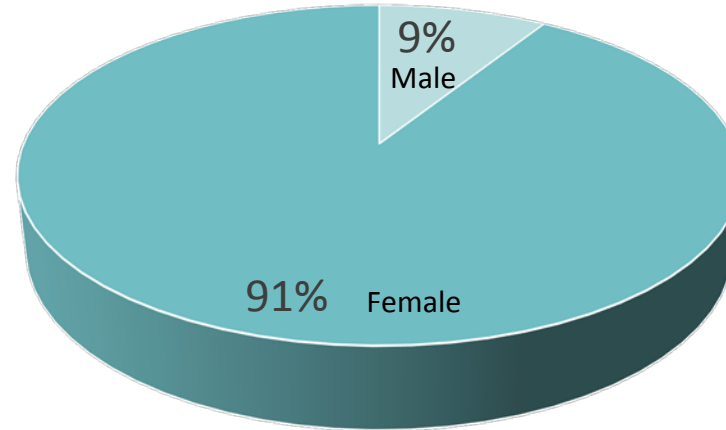
- Demographics were analyzed using frequencies and descriptive statistics
- Audio recorded interviews were transcribed verbatim
- Each transcripts was read at least one time without taking notes to obtain a clear overview of the participants perceptions
- Text was then read again multiple times by each individual research personal recording possible themes related to the research questions
- Themes by each researcher were extrapolated and then brought to the group to form consensuses
- These themes were analyzed to develop 5 major over arching concepts
- The emergent themes were used to build a model of mentoring



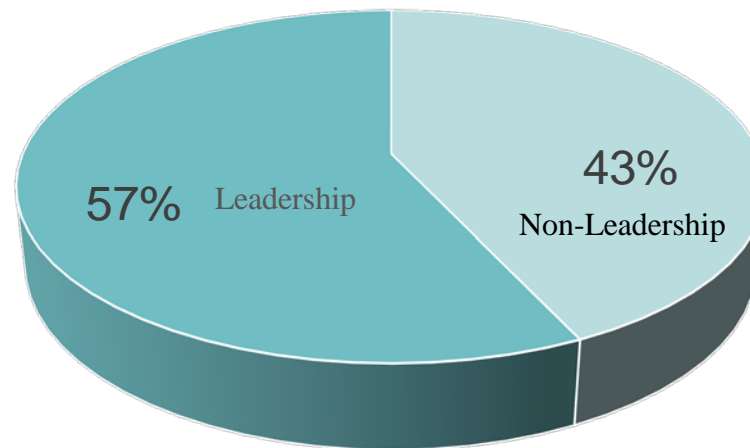


# Demographic Results

% of Participants by Gender

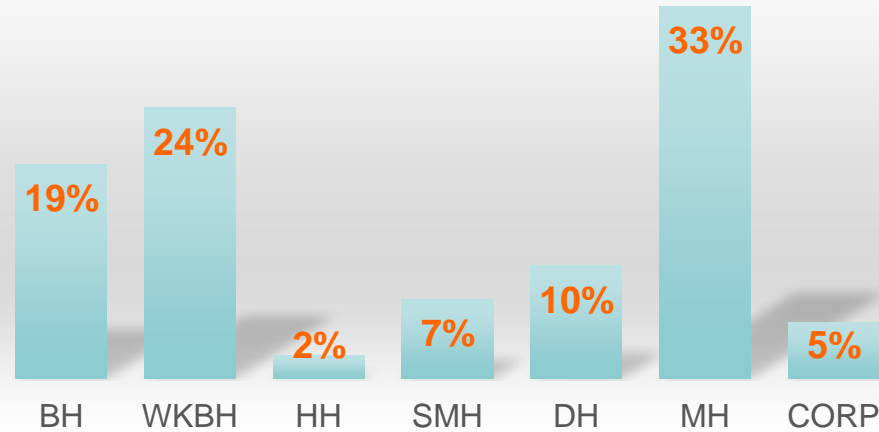


% of Participants by Role

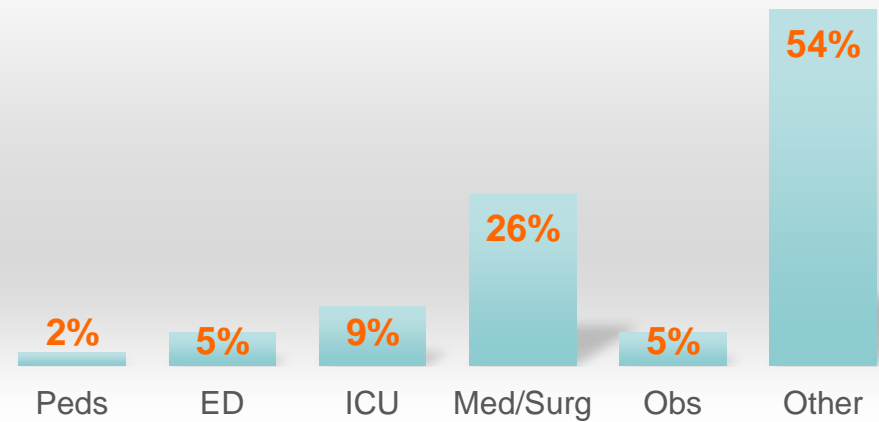


# Demographic Results

% of Participation by Entity



% of Participants by Department





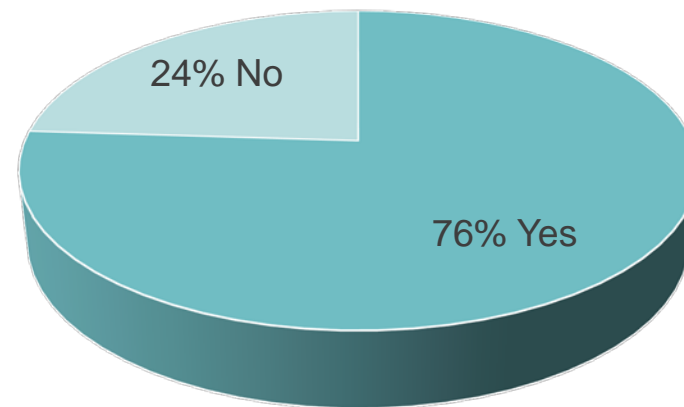
## Demographic Results

	Mean (SD)	Minimum	Maximum
Age in Years	48 (11.2)	30	70
Years Experience	22 (11.99)	4	50
Years worked at BHSF	15 (10.35)	3	50



## Demographic Results

% of Participants that Served as a BHSF Mentor



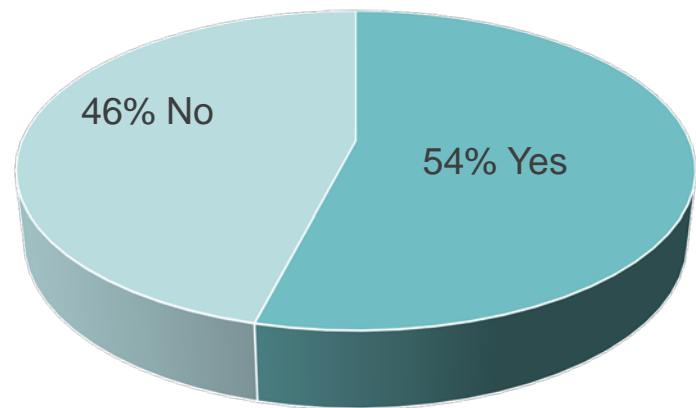
\*Out of 50 mentoring experiences 12 were assigned.



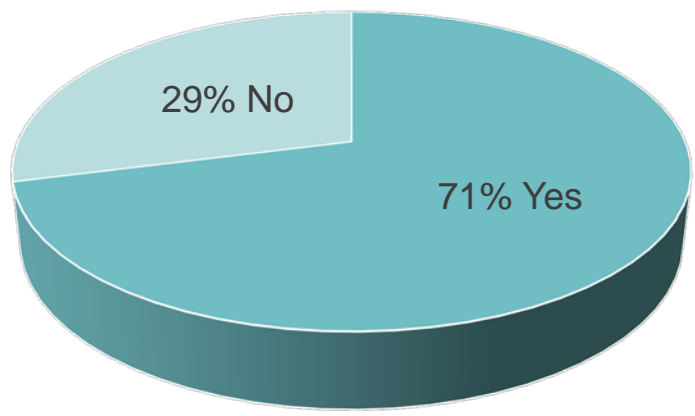


# Demographic Results

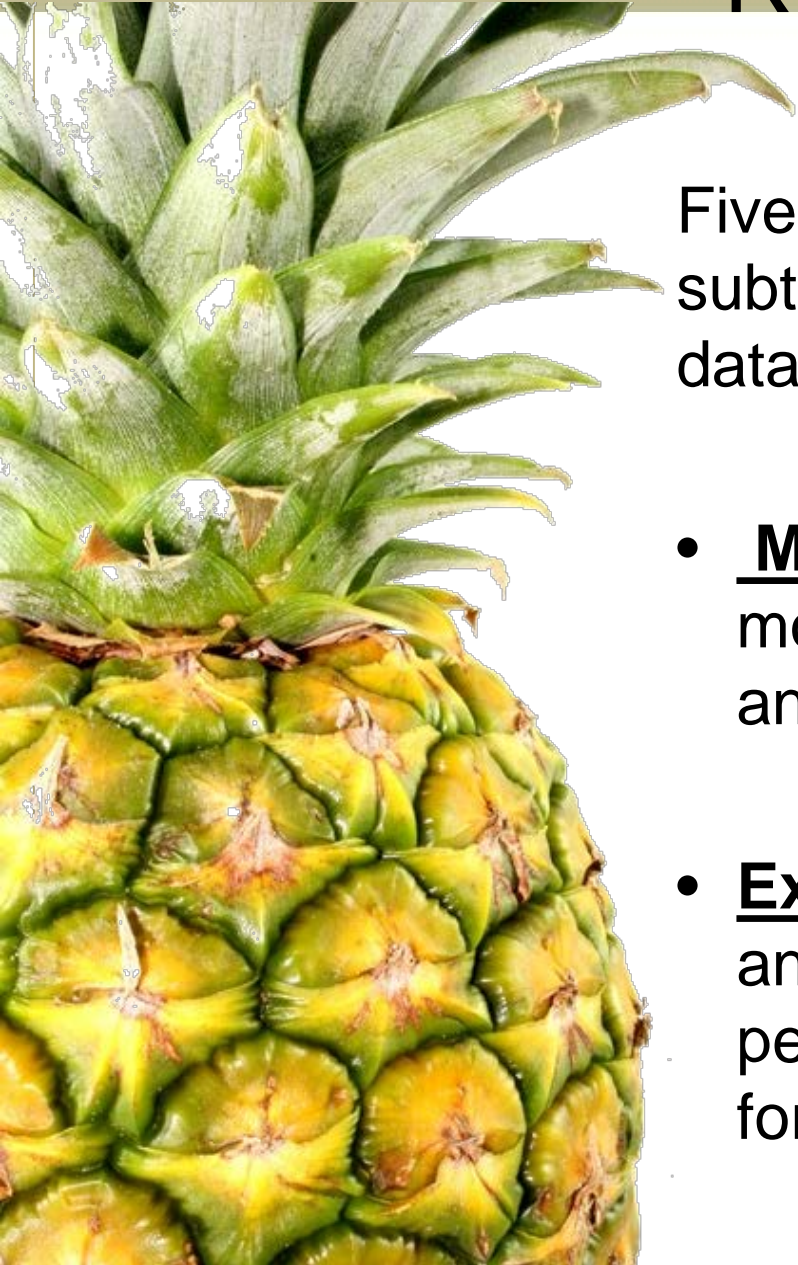
% of Participants that Attended Formal Mentoring Class



% of Participants that Attended a BHSF Mentoring Class



# Results



Five overarching themes with corresponding subthemes emerged from the focus group data.

- **Mentoring culture**: various mentoring models, informal vs formal, leader focused, and evolving.
- **Experience with mentoring**: going above and beyond, lifetime relationships, personal/professional growth, feeling cared for.

# Results



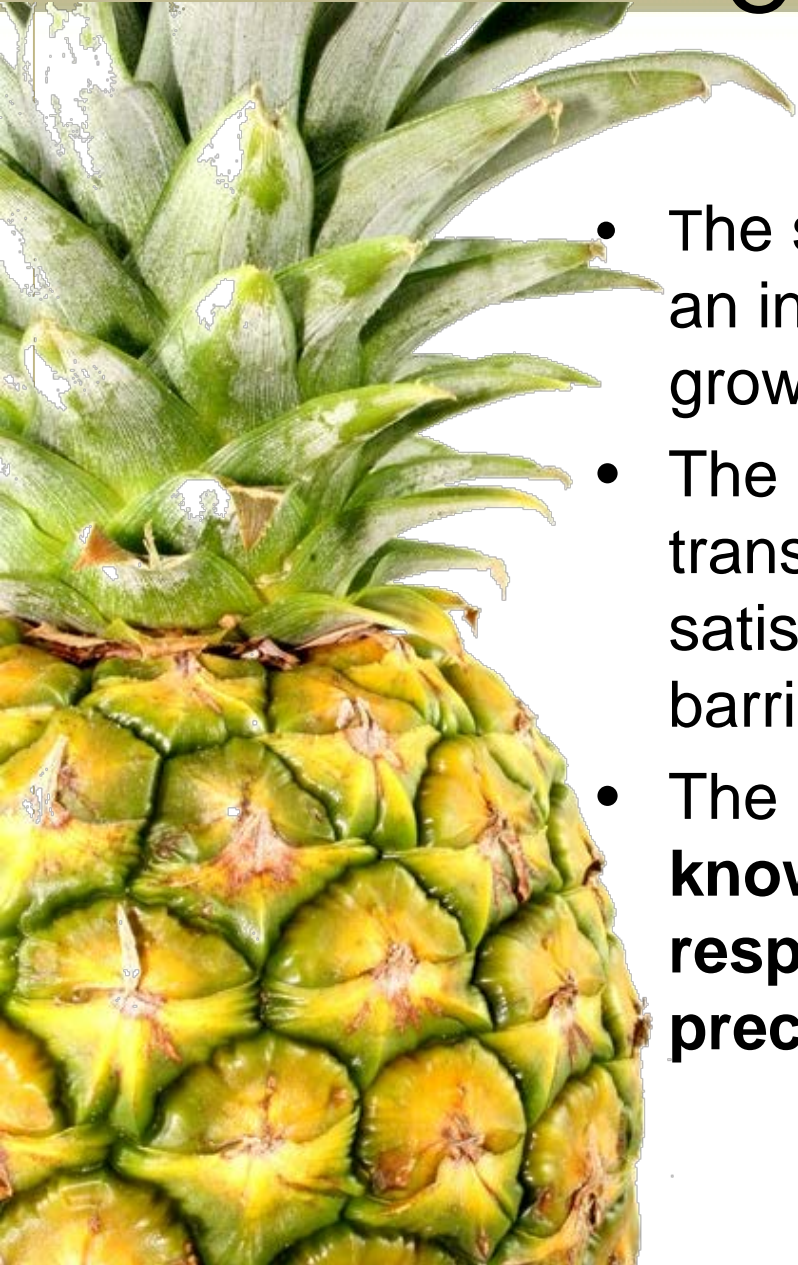
- **Benefits:** connections, development, retention, stability, patient safety, and making a difference.
- **Barriers:** time, patients/patience, competition, knowledge deficit regarding mentor verses preceptor roles, lack of incentives, receptiveness, and voluntold
- **Paradigm shift:** match generational and cultural differences, resources, face to face, and voluntary



**A structural model of mentoring as perceived by hospital nurses was developed from the data.**

(Trust is at the core )

# Conclusions



- The study results have identified mentoring as an integral aspect of personal and professional growth within the hospital environment.
- The rewards of mentoring or being mentored translated into increased retention, and nurse satisfaction. However there are identified barriers that need to be overcome.
- The most notable finding was the distinct **knowledge deficit regarding the role and responsibilities of a mentor versus a preceptor** in the hospital environment.

# Next Steps



- Create education and awareness of the differences between preceptor and mentor roles
- Incorporate into the current residency workshop
  - Residency alumni Mentoring program (June 2018)
- Roving carts (Tables at Nurse Week)
- Mentoring consults for leaders and staff (CSC, BH, HH)
- 15 Minute Mentoring Moments (2018)





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