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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 WF MAKF A Key Personal : Vanessa Ginarte GET. Liason: Diana D'Orazio Garcia /F MAKF A

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Design

- 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

- 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

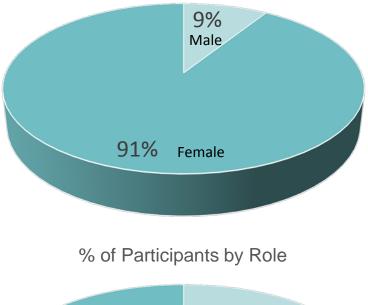
Analysis

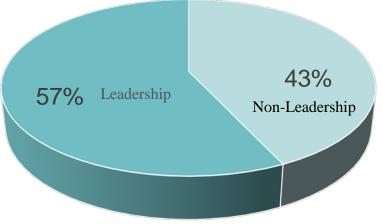
- Demographics were analyzed using frequencies and descriptive statistics
- Audio recorded interviews were transcribed verbatim
- Each transcripts was read at least one time without taking notes to obtain a clear overview of the participants perceptions
- Text was then read again multiple times by each 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



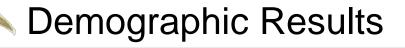


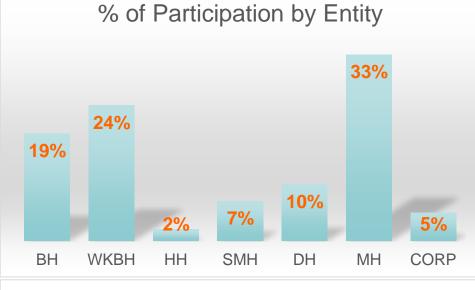
% of Participants by Gender



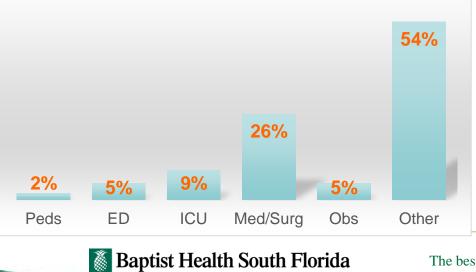


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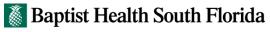


% of Participants by Department



Demographic Results

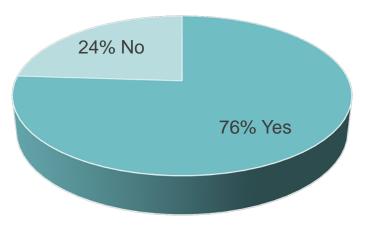
	Mean (SD)	Minimum	Maximum
Age in Years	48 (11.2)	30	70
Years Experience	22 (11.99)	4	50
Years worked at BHSF	15 (10.35)	3	50





Demographic Results

% of Participants that Served as a BHSF Mentor



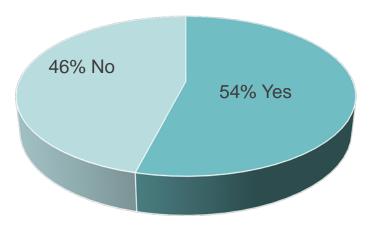
*Out of 50 mentoring experiences 12 were assigned.



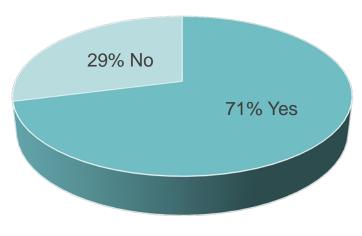


Demographic Results

% of Participants that Attended Formal Mentoring Class



% of Participants that Attended a BHSF Mentoring Class

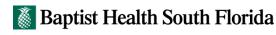


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Results

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

- <u>Mentoring culture</u>: 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

- <u>Benefits:</u> connections, development, retention, stability, patient safety, and making a difference.
- <u>Barriers:</u> 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



Results

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

(Trust is at the core)



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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 verses 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

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