Mentoring Practices that Predict Mentoring Benefits in a Magnet® Hospital
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About Akron Children’s

• Ranked a Best Children’s Hospital by *U.S. News & World Report*
• Magnet® Recognition
  – Nursing research exemplars
• Largest Northeast Ohio pediatric provider
  – 2 hospital campuses
  – 20+ primary care locations
  – 60+ specialty locations
  – 600,000+ patient visits a year
• More than 5,000 employees
• 1,600+ nurses
Objectives

• Examine the mentoring practices that predict mentoring benefits among staff nurse protégés

• Describe the background, purpose, design, methods and findings of a research study examining if mentoring practices predict mentoring benefits among pediatric nurse protégés
Background

- Mentoring established as beneficial to staff nurse protégé professional development

- Previous studies demonstrate:
  - Specific **benefits of mentoring** for staff nurse protégés
  - Protégé perception of **mentoring quality** as the most significant predictor of mentoring benefits

- Gap in the literature regarding specific **mentoring practices** that predict mentoring benefits
Conceptual Framework

- **Nursing and Service Professions**
  - Dyad Relationship (Mentor & Protégé)
    - A Relational Phenomenon

- **Business**
  - Triad Relationship (Mentor, Protégé, Organization)
    - An Organizational Phenomenon
    - Zey’s Mutual Benefits Model

- **Jakubik et al. Nurse Studies**
  - Combine these perspectives to be a Triad relationship that is BOTH a relational and organizational phenomenon
Hypothesized Predictive Relationships of Mentoring Practices on Mentoring Benefits

<table>
<thead>
<tr>
<th>Mentoring Practice</th>
<th>Mentoring Benefit</th>
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<tbody>
<tr>
<td>Welcoming</td>
<td>Belonging</td>
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<tr>
<td>Mapping the Future</td>
<td>Career Optimism</td>
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<tr>
<td>Teaching the Job</td>
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<td>Supporting the Transition</td>
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<td>Security</td>
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<tr>
<td>Equipping for Leadership</td>
<td>Leadership Readiness</td>
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</tbody>
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Study Aims

• Determine if mentoring practices predict mentoring benefits
• Explore the relationship between the subscales of mentoring practices and benefits
Study Design and Sample

• Study Design:
  – quantitative, correlational design
  – descriptive study

• Human Subjects Protection:
  – Reviewed by IRB and determined to present minimal risk with no direct benefits

• Convenience sample of nurses who reported being mentored as a pediatric staff nurse protégé

• Sample size minimum of 100 (based on Cohen’s Power Analysis)
Sample: Inclusion and Exclusion Criteria

Inclusion

– Current employment at Akron Children’s Hospital
– Minimum 1 year experience as RN
– Self-identified experience as a pediatric staff nurse protégé in a mentoring relationship occurring at Akron Children’s Hospital

Exclusion

– Subjects engaged in mentoring relationships in which the protégé and mentor work for different organizations
– Nurses engaged in mentoring relationships as a mentor rather than a protégé
– Protégés in roles other than pediatric staff nurse during the time of the mentoring relationship
Sample:
Position, Experience and Work Setting

**Position**
- Staff nurse: 60%
- Charge nurse/nurse supervisor: 19%
- Nursing development or education: 7%
- Administration: 6%
- 1%

**Experience**
- 1-5 years: 45%
- 5-10 years: 20%
- 10-20 years: 20%
- >20 years: 14%

**Work Setting**
- Outpatient: 66%
- Inpatient: 20%
- Combination of inpatient and outpatient: 14%
Methods

• Electronic survey
  – Sent to nurses on hospital email list
  – Dillman’s “Tailored Design Method”
  – Incentive to participate

• Survey included:
  – Mentoring Practices Inventory (MPI)
    • 36-item valid and reliable instrument
    • Current study (n=186) Cronbach’s alpha = 0.98
  – Mentoring Benefits Inventory (MBI)
    • 36-item valid and reliable instrument
    • Current study (n=186) Cronbach’s alpha = 0.98
Results: Mentoring Experience

- 96% (n = 171) were mentored as a pediatric staff nurse
- Mean length of mentoring relationship was 4.4 years
- Types of mentoring relationships:
  - 28% informal
  - 34.4% formal workplace sponsored
  - 34.9% both formal and informal
Results

• Do mentoring practices predict benefits? **YES!!!!**
  – 0.89 (p<0.01) Correlation between total mentoring practices and total mentoring benefits
  – Coefficient of determination, \( r^2 = .79 \)
  – Stepwise linear regression \( R = .889 \)
    • 79% variance in benefits explained by practices (p<.0001)
Hypothesized Predictive Relationships of Mentoring Practices on Mentoring Benefits

Mentoring Practice → Mentoring Benefit

- Welcoming → Belonging
- Mapping the Future → Career Optimism
- Teaching the Job → Competence
- Supporting the Transition → Professional Growth
- Providing Protection → Security
- Equipping for Leadership → Leadership Readiness

Statistically Confirmed Predictive Relationships of Mentoring Practices on Mentoring Benefits

Mentoring Practice → Mentoring Benefit

- Teaching the Job
- Equipping for Leadership
- Welcoming

- Career Optimism
- Competence
- Professional Growth
- Security
- Leadership Readiness

Akron Children's Hospital
Limitations

• Single organization
  – Magnet®-recognized pediatric hospital
• Very high rates of mentoring
• Response rate 22% (n=329)
  – exceeded minimum of 100 sought
Conclusions

• Specific practices on how to mentor are now known
• Provision of concrete, teachable and measurable mentoring practices, and resulting mentoring benefits reinforces the paradigm shift from the dyad to triad perspective of mentoring.
• Study findings:
  – Suggest a connection between the science of developing people through mentoring and the science of leadership development
  – Support the value of mentoring and associated outcomes.
  – Lay the groundwork for creating a mentoring culture in nursing practice that demonstrates a structurally empowering work environment of a Magnet® organization.
Questions and Discussion

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References


References


References


