Perceptions Within a Mentorship Program

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Purpose/Objectives: The purpose of this study was to examine the experiences of mentees and mentors in a structured mentorship program. Design: A qualitative study using focus group methodology in a nonrandom purposive sample was used. Setting: The study was conducted at a level 1 university-affiliated hospital within a 9-bed cardiothoracic intensive care unit. Sample: Mentors were identified as Clinical Nurse III’s within the institution’s clinical ladder. Mentees were identified as Clinical Nurse I’s who had no previous critical care nursing experience. To meet inclusion criteria, mentors and mentees had to be paired for at least 10 months before the study. All mentors participated in the study (n = 6) and all but 1 mentee participated (n = 5). Findings: Results of this study revealed the following shared perceptions from the mentees and mentors: (1) availability, (2) sense of community, and (3) support and knowledge. Conclusions: This study suggests that mentees and mentors undergo similar experiences and perceptions in a mentorship program despite different roles. Implications: Mentorship programs create a unique environment that facilitates the educational opportunities for both the novice and expert clinician.

KEY WORDS: empowerment, mentorship, perceptions

New graduate nurses display various degrees of enthusiasm, anxiety, and readiness to learn when beginning their new profession. Many practice-based professions, including nursing, rely on clinical staff to support, supervise, and teach the novice in practice settings. By working alongside expert clinicians, the novice practitioner can learn in a safe, supportive, and educationally adjusted environment. However, this support and educational framework is inconsistent throughout nursing practice settings. One way to provide constructive orientation to the profession of nursing is through assignment of a mentor to nurses who are beginning their career. This mentor should be experienced in the field of nursing and have the ability to teach the neophyte nurse. The
role of a mentor employed as a strategy to provide a comprehensive and supportive orientation to new graduates is multifaceted. The current and projected nursing shortage has been significantly linked in the literature to burnout, frustration, increased workload, and a lack of respect and support. Through implementation of a mentor program, new graduate nurses are provided support to guide them through the clinical and emotional challenges of their first year as a professional nurse. Furthermore, mentors have an opportunity to benefit from the satisfaction of helping a less experienced colleague begin his/her career or reach a desired goal. Because these perceptions are only speculative, the purpose of this study was the examination of the experiences of mentees and mentors in a structured mentorship program.

**REVIEW OF LITERATURE**

Literature suggests that the present nursing shortage is a result of nurses leaving direct patient care for other jobs within the nursing profession, resulting in a critical shortage of bedside nurses. In a study by Rudd et al, 21% of 700 surveyed nurses in current practice planned on leaving bedside nursing within 5 years for reasons other than retirement. Another study by Aiken et al found that approximately 30% of nurses younger than 30 years anticipated leaving their current job within a year from the survey date, citing poor communication, stress, and lack of autonomy as primary areas of dissatisfaction. These data are further supported by Lynn and Redman, who cite lack of satisfaction with colleagues and lack of support as primary reasons for nurses to leave an organization.

A study by Laschinger et al tested a theoretical model that specified the relationships among structural and psychological empowerment, job strain, and work satisfaction. This study tested Kanter’s Theory of Organizational Empowerment, citing access to information, support, resources, and the opportunity to learn and grow as important factors to the empowerment of employees. It is well documented that empowered nurses perform their jobs more effectively, exhibit greater commitment to the organization, and are more motivated to achieve institutional goals. Mentorship initiatives were highlighted in the findings of Almada et al, indicating a high level of satisfaction, 29% increase in retention, and 9.5% decrease in vacancy after the implementation of an intense 8-week preceptorship program. The findings of this study demonstrated that new graduates still felt a need for more support and mentoring after the completion of the preceptorship program. This conclusion was further supported in a qualitative study by Andrews et al, which emphasized that clinical support was superior to unit placement, as it relates to optimal nursing knowledge and implementation of theory into practice.

Most of the literature regarding the effects of mentoring as it relates to professional development and overall satisfaction is primarily anecdotal. Glass and Walter studied the effect of peer mentoring on a small group of student nurses (N = 7) and identified 5 themes: (a) sense of belonging, (b) being acknowledged, (c) feeling validated, (d) verbalizing vulnerability, and (e) understanding dualisms. This study focused on co-mentoring and learning from one another, as opposed to a clinical expert mentoring a novice or advanced beginner. Neary synthesized data from more than 400 interviews on student and instructor perceptions of the mentoring role. Although comprehensive, this study was primarily concerned with perceptions of mentor-student relationship as opposed to the effects of the relationship on professional development.

Although it is suggested that mentoring has a positive impact on the mentor, there was no literature found to support or refute this premise. Therefore, the effect that mentorship has from both the mentee and mentor perspective is largely speculative and requires further research and investigation.

**THEORETICAL FRAMEWORK**

Institutional support to assist in the role transition of new graduate nurses has been supported in the literature with the use of several theoretical models, specifically Kanter’s Theory of Organizational Empowerment. This model of organizational empowerment offers a framework for creating meaningful work environments. Kanter argues that situational aspects of the workplace influence employee attitudes and behaviors to a greater extent than personal predispositions. She describes various tools that enable employees to accomplish their work in meaningful ways: access to information, support, resources, and the opportunity to learn and grow. According to the model (see Figure 1), employees with access to these power tools are more motivated at work than those without access. They also experience greater job satisfaction and commitment to the organization.

There is a growing body of research and data that stresses the importance and need for supportive leadership.
and empowerment as a means of professional development and improved job satisfaction. In response, mentorship initiatives are being introduced in primary care settings to attract nurses to healthcare systems with the ultimate goal of nursing retention and support. Mentorship programs provide the core concepts of Kanter’s Theory of Organizational Empowerment.  

RESEARCH QUESTION

The research question guiding this study was “What are the perceptions of a mentorship program from both the mentee and mentor perspectives?”

METHODS

This study was conducted in a 9-bed cardiothoracic intensive care unit at an academic medical center located in the Southeastern United States that has an established structured mentoring program. This program goes beyond typical clinical precepting. The mentor program does not begin until completion of the required clinical precepting. Within the context of this study, the term mentor is defined as a Clinical Nurse III, per the clinical ladder within the hospital. The clinical ladder is a tiered performance-based professional advancement system that provides a professional framework for developing, evaluating, promoting, and rewarding registered nurses who are direct caregivers. The levels are based on Patricia Benner’s novice-to-expert model. Within the framework of this study, a Clinical Nurse III practices at the level of an expert practitioner of nursing. The Clinical Nurse III serves as a role model, is instrumental in establishing unit goals, and participates in endeavors to increase nursing knowledge. Finally, to be a mentor, the Clinical Nurse III must have completed an hour-long class entitled “The Mentoring Spirit,” which educates the clinician on what it means to be a mentor and the expectations of that role.

Within this study, the term mentee is defined as a Clinical Nurse I within the institution’s professional advancement ladder. A Clinical Nurse I is identified as a novice. Mentees within this study had completed clinical orientation but had less than 1 year of critical care experience. Clinical Nurse III’s (mentors) were paired with Clinical Nurse I’s (mentees) upon completion of clinical preceptorship. Mentors met with their mentees at least monthly outside of the work environment for 1 year. No formal structure was required as to the activities that mentor/mentees must perform; however, case study presentations and attendance at classes and conferences were encouraged. Mentors and mentees met with the unit manager monthly for 1 year to ensure that the relationship progressed constructively. After 1 year, the mentor-mentee relationship continued at the discretion of the mentor and mentee (see Figure 2).

This study used a qualitative research design using focus group methodology. Two separate focus groups were conducted to capture the perspectives of the mentors and mentees. As the only mentorship program within this institution, a nonrandom purposive sample was used. Inclusion criteria included mentor/mentee participation for at least 10 months. This population set included 6 mentees and 6 mentors. Institutional review board approval was obtained. At the time of data collection, 1 of the mentees had recently resigned. This limited the potential mentee population sample to 5. Participant recruitment was accomplished via letters of interest. A total of 6 mentors and 5 mentees (n = 11) submitted intent to participate, at which point full consent was obtained. Six open-ended questions were developed for both mentee and mentor focus group sessions (see Table 1). Each question was assessed for content validity by a professor with expertise in qualitative nursing research. Data collection for the focus groups occurred 1 week apart, and each lasted approximately 30 minutes. Each focus group was audiotaped, with field notes to capture any nonverbal communication observed. After each meeting, the principal investigator transcribed the audiotaped dialogue. To ensure accuracy of the transcription, an assistant reviewed the typed dialogue and compared it with the audiotape.

RESULTS

The mentee sample (n = 5) was composed of 4 white women and 1 white man, ranging in age from 22 to 27 years (mean, 24.4 years). All mentees had 1 year of nursing experience at the time of the data collection. The educational level of all mentees (n = 5) was a bachelor of science in nursing. The mentor sample (n = 6) was composed of 3 white women and 3 white men, ranging in age from 27 to 47 years (mean, 36.2 years). The educational level of the mentor participants included 1 diploma degree in nursing, 2 associate’s degree in
nursing, and 3 bachelor of science in nursing. The experience level of the mentors ranged from 5 to 18 years of critical care experience.

Analysis of data included long-table methodology, as described by Krueger and Casey. A total of 45 mentee statements were recorded during the mentor focus group session and 42 mentor statements during the mentor focus group session. Each statement within the transcribed data was numbered and cut. This allowed the investigators to not only analyze each statement in isolation but also to be aware of where the statement occurred during the focus group session. Mentee statements were cut out of white parchment whereas mentor statements were cut out of blue parchment. This allowed analysis of mentor statements and mentee statements together while also looking at them collectively. All statements were grouped according to consistent themes. The data were analyzed separately for theme saturation by 2 investigators using the same technique. After a week of independent data analysis, the investigators collaborated and identified 3 primary themes: availability, sense of community, and support and knowledge.

Availability

The context of this theme was accessibility of the mentor for questions and clinical support. All mentees verbalized that the presence of an assigned mentor helped them feel more comfortable asking questions. One mentee reported,

> There is someone that you knew and they expected you to come to them with questions and, um, you didn’t feel like you were bothering them. It’s someone there for you and asking and answering questions for you. I used my mentor at the very beginning because I didn’t know anybody else, as my person to vent to and reflect on, you know, reflect on “well this happened, this is what I did, should I have done this or should I have done it differently?” That’s nice to have someone to go to.

The ability to access mentors, not just during planned meetings or while working together but also as learning needs arose, was cited as instrumental to their nursing practice. Mentees reported that the individual attention of an identified mentor enabled them to initiate contact at leisure and helped create an environment of support and trust. One mentee stated,

> ...when I had a lot of anxiety about ACLS, I thought, “oh my gosh, I’m not prepared to handle situations like this by myself,” but then I met with my mentor and he was asking me all these questions, and I knew everything. I just needed the reassurance..."  

Unlike the mentees, the theme of availability with the mentors was not related to clinical support but instead centered on how the mentors are perceived as clinical experts and role models. One mentor stated,

> It made me feel important. It was just really nice, you know. You could identify with this person. It gave me a big sense of contribution to her practice and it made me feel like I was contributing to the unit.

It was clear from the mentor responses that being assigned as a mentor to a new graduate nurse made them feel like they were contributing to the practice of the mentee and positively affected their own clinical practice. This is evident through one mentor stating,

> It’s extra responsibility, but it’s good responsibility, because, like, um, it does make you think about what you are doing, how you are portraying yourself, how someone else perceives how things are going on the unit, and if policies, procedures, and protocols are being followed like they’re supposed to.

Sense of Community

Mentees discussed how the mentorship program allowed them to learn the culture of nursing and the culture of the unit. Mentees went to great lengths to describe the benefits of the mentorship program in helping them develop relationships. Out of the 45 mentee statements, 12 consisted of the theme of community. The following 2 quotes highlight this concept of personal connection between the mentor and mentee:

> I think my mentor and I had more of a friendship than more of a professional mentor-mentee kind of thing. And when we had our meetings, we didn’t necessarily talk about nursing-related stuff, but sometimes just talked about life stuff and how things were going. It helped, I think because she was my first preceptor also, I had more of a professional development with her then, but during the mentor-mentee relationship, it was more of a friendship thing, which I think is sometimes a little more important that I have a really, really good friend on the unit.

> It was somebody on the unit who you would want to be associated with and be able to put your name next to and say, “Hey, this is who I’m with.” So I like that.

Often, this sense of community engendered a drive for the mentees to make their mentors proud:

> I felt like once I did something cool or that we had talked about something at my meetings, and then I actually did it out on the floor, it was nice to be like “my mentor will be so proud of me”. ... It kind of gave me, like ambition to do it and talk about it...  

The mentees spoke at length regarding how having a mentor provided them with someone who knew unit culture and history.

> My mentor is very blunt about the way things are, and that was really nice. He was able to give me perspective into how things really are versus what they sugarcoat and, you know what I mean, the picture they paint when you

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Mentorship has been identified as a method of structured support and integration to assist role transition and reduce anxiety. Consequently, mentoring has been assumed and accepted as a component of a nurse's role that is essential to professional growth and development. Nurses who have been mentored report increased confidence and competence, as well as a sense of belonging to the profession. 

The focus group questions were developed to target the perceptions of the mentorship program from both the mentee and mentor perspective. Data analysis for these themes seems robust, as all study participants were active in the focus groups and content analyses was on theme saturation.

DISCUSSION

Assistance during the first year of being a nurse has been described as the single biggest factor that helps the individual to develop professionally. Mentorship has been identified as a method of structured support and integration to assist role transition and reduce anxiety. Consequently, mentoring has been assumed and accepted as a valid approach to support novice nurses during periods of change and transition into professional roles.

The results of this study demonstrated 3 primary themes related to the perceptions of being involved in a mentorship program: (1) availability, (2) sense of community, and (3) support and knowledge. In relation to Kanter’s Theory of Organizational Empowerment, the theme of availability provided mentees with opportunities to ask questions and
receive clinical guidance. For mentors, being paired with a novice nurse provided an opportunity to contribute not only to an individual’s professional growth but also to the professional environment of the unit.

The identified theme of community is also consistent within Kanter’s Theory of Organizational Empowerment. Mentees stated how the mentorship program allowed them to learn the culture of nursing and the culture of the unit. It also allowed them to identify with a formal leader of the unit. The mentee focus group had specific discussions regarding how the mentors were viewed as friends, as opposed to assigned mentors. From the mentor standpoint, the established relationships served to help the mentors see the mentees not as new graduate nurses but as “a person in the unit.” Mentors spoke to learning and remembering what new graduates go through as they transition through their first year as a professional nurse.

Identifying one another not as coworkers but as friends and as dynamic individuals with life experience and clinical knowledge connotes mutual respect. When employees are treated and viewed as peers, they are more likely to be committed not only to each other but also to the organization. For mentors, this feeling of organizational respect stems from formal identification as clinical leaders and experts. From a mentee standpoint, this concept of institutional respect emerged as mentees spoke of how their mentors provided them with insight into institutional culture and history.

The other prominent theme noted during data analysis was that of support and knowledge. All 5 mentee participants spoke to the mentors as an outlet for professional support and clinical knowledge, citing instances such as helping them study for an advanced cardiac life support class or prepare for staff meeting presentations. From the mentor perspective, the theme of support and knowledge was primarily discussed in the context of mentors learning from their experiences with the mentees. All 6 mentor participants verbalized that their relationship with their mentee provided them with opportunities to not only teach but also learn. For example, when asked “Did being a mentor teach you anything about your own nursing practice?” one mentor responded,

...it taught me that I didn’t know as much as I thought I did. And that was good, because it makes you learn something. They [mentees] ask you questions, and you are like “I don’t know.” Then you look it up or make them look it up and tell you...

Thus, evidence from this study demonstrates how mentorship programs can provide a means of nursing education for both the novice and the expert clinician. The theme of support and knowledge identified within this qualitative study are clearly identified as pivotal pillars in Kanter’s Theory of Organizational Empowerment.

A mentoring program can be an effective means of establishing these outcomes. Although intuitive, little research exists regarding mentorship within the profession of nursing, specifically the experiences of those in mentorship programs. Subsequently, this study focused on the perceptions of a structured mentorship program that emphasized experiential analysis, critical thinking, and professional development. The results of this study shed light on the perceptions of mentees and mentors who have simultaneously experienced a mentorship relationship. Results demonstrate themes that are consistent with Kanter’s tools (access to information, support, resources, and opportunity to learn and grow), further supporting the program’s primary intention of creating an environment of empowerment within the unit.

A noted limitation of this study was the small sample size. The mentee focus group consisted of 5 participants and the mentor focus group consisted of 6 participants, for a total number of participants of 11. This small sample size prevents all possible realities of the lived experience to be adequately explored and hinders the transferability of the data obtained. Each focus group consisted of participants who know each other well and work with each other often. This group homogeneity and lack of diversity can limit group discussion and exploration of concepts. Furthermore, there was only 1 focus group session for both the mentees and mentors, which limits the robust data that nonhomogeneous groups with multiple focus group sessions can provide.

The nursing profession is facing a nursing shortage that will reach exponential proportions within the next half decade. Bureaus et al argue that the nature of the work environment in nursing contributes significantly to this shortage. The current nursing shortage mandates a comprehensive response to evaluate retention strategies and workplace values. Mentorship provides nurses with a unique opportunity to enhance the professional development of its newest members and can serve as a model to contribute to a positive work environment. This study provides data that demonstrate mentorship programs can help facilitate the educational opportunities of not only the novice but also the expert clinician. This study suggests that mentees and mentors, although having different roles, undergo similar experiences and perceptions in a mentorship program. Further research is needed to fully explore the experiences of mentors and mentees and to comprehensively evaluate if such programs truly contribute to improved job satisfaction, organizational commitment, and overall retention.

Clinical nurse specialists play an integral role in the professional development and facilitation of critical thinking for novice and expert nurses alike. This study offers an outline of an established mentorship program that has been successful in providing a framework for staff education, resource utilization, and professional growth. Furthermore, this study provides insight into the experiences and perceptions of those within a mentorship program, whether they are the novice or the expert. This improved understanding can be valuable tools in the clinical nurse specialist’s toolbox when helping develop and implement staff development initiatives, such as mentorship programs.

References


