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CHARACTERISTICS OF NURSING MENTORS IN A HEALTHCARE SETTING

Jennifer Davis

CHARACTERISTICS OF NURSING MENTORS

IN A HEALTHCARE SETTING

by

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ABSTRACT

CHARACTERISTICS OF NURSING MENTORS

IN A HEALTHCARE SETTING

Jennifer L. Davis, B.S. Nursing

The University of Texas at Arlington, 2016

Faculty Mentor: Susan M. Baxley

Several studies have shown that the mentoring of nurses in the healthcare setting is beneficial for involved nurses. Yet there is little research considering what mentoring characteristics nurses need to help them reach their goals. The purpose of this study was to determine characteristics of a mentor that are important to nurses in a healthcare setting and if age, gender, ethnicity, nursing position, and mentoring experience have an influence on preferred mentoring characteristics.

This descriptive study used quota sampling and an electronic survey to collect responses. A statistically significant difference between genders was noted related to the characteristics of "Caring" (p=0.002) and "Listens" (p=0.008). In regards to nursing position, a statistically significant difference was noted for the characteristic of "Competent" (p=0.03) and a nearly significant difference related to the characteristic of

"Listens" (p=0.06). There were no differences in preferred mentor characteristics according to age, ethnicity, or mentor experience of the participant.

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CHAPTER 1

INTRODUCTION

<u>1.1 Background and Significance</u>

Mentoring is a cyclical, supportive relationship that has different meanings to each nurse. Mentorships focus on advancing the mentee's professional goals, developing leadership skills, and opening doors to growth opportunities (Smith, Hecker-Fernandes, Zorn, & Duffy, 2012). Successful mentoring programs should include an agreed set of objectives, communications and training, matching of mentors and mentees, and evaluation and review of the program (Baxley, Ibitayo, & Bond, 2014). Organizations that continuously create an environment for mentoring also benefit through increased retention rates, improved morale, commitment, leadership development, better planning, and stronger and more cohesive teams for research and learning (Zachary, 2007). The ability to identify which aspects of the nurse-mentor relationship elicit perceived benefits for individual nurses will provide a better understanding of how mentoring relationships can be improved upon and expanded within healthcare organizations while promoting mutual mentoring benefits (Weese, Jakubik, Eliades, & Huth, 2014).

Mentoring nurses in the healthcare setting has been shown to improve overall job satisfaction and professional growth in nurses. Results of several studies have shown that nurses find mentoring in the healthcare setting to be helpful in their transition to the workplace. However, not much has been done in regard to furthering and improving the mentoring programs that have been established. To be able to improve mentoring

programs and further expand them, there needs to be a way to evaluate the mentors who participate which is not possible without a better understanding of the characteristics that are valued in a mentor by nurses in a healthcare setting.

<center>1.2 Research Questions</center>

Results of several studies have shown that the mentoring of nurses in the healthcare setting has been beneficial for the nurses involved. Nursing mentors have been shown to be helpful in aiding new nurses adjust to their job environment, roles, and expectations, as well as helping them reach their goals. However, there has been very little research done about what are characteristics that are wanted by an individual to help them reach their goals. The purpose of this study was to determine which characteristics of a mentor are important to a nursing population in a healthcare setting, and if age, gender, ethnicity, nursing position, and mentoring experience have an influence on which characteristics are selected.

The research questions of this study were:

1. What do nurses consider to be characteristics of a nursing mentor that lead to a quality mentoring experience to assist them in reaching their goals?

2. Which characteristics that nurses want in a nursing mentor are associated with age, gender, and ethnicity?

3. Which characteristics that nurses want in a nursing mentor are associated with nursing position (nurse executive, manager and supervisor, advanced practice nurse, nurse researcher, staff nurse, or nurse educator) and previous mentor experience?

<center>2</center>

CHAPTER 2

REVIEW OF LITERATURE

The most frequently studied purposes for mentorship in the literature are educational or academic mentoring, career mentoring, and personal development mentoring (Meier, 2013). There is not a single definition for mentoring, and within the context of nursing, the broad scope and multiple roles that the nurse mentor needs to meet make defining their professional relationship with the mentee difficult. However, there are seven roles that have been established that the nurse mentor needs to fill: teacher, sponsor, advisor, agent, role model, coach, and confidante (Meier, 2013).

In addition to the roles that the mentors need to fill in a professional nurse mentorship, the practices that the nurse mentor follows also have an impact of the benefit of the mentoring program. Weese, Jakubik, Eliades, and Huth (2014) designed a descriptive, correlational, non-experimental research study that identified the relationships between specific mentor practices and perceived benefits of the nurse-mentor relationship. In their study, data was collected from a Magnet recognized, free-standing, pediatric hospital in northeast Ohio over a one-month period through an electronic survey. The researchers found that the mentoring practices of welcoming, mapping the future, teaching the job, supporting the transition, providing protection, and equipping for leadership were associated with the benefits of belonging, career optimism, competence, professional growth, security, and leadership readiness (Weese et al., 2014).

Previous studies have evaluated the respondents' perceptions of the mentoring programs as well as their perceptions of a good mentor. Wilson, Sanner, and McAllister (2010) gathered information through focus group interviews and evaluated the mentee's responses regarding the themes of support system, enhanced perception of the nursing profession, and academic enrichment of the mentor program. The data collected based on the three themes of the mentoring program suggested that the mentoring program was successful and beneficial to the participants. The results of the focus group also showed that the mentees' perceptions of a good mentor were: coach, encourager, listener, and supporter (Wilson et al., 2010).

Studies that focused on the outcome of the nurse-mentor relationship found that nurses who participated in mentoring programs were more satisfied with their jobs and felt more comfortable in the workplace. Specht (2013) designed a descriptive, comparative study that explored the relationships between mentoring, role conflict, and role ambiguity. The 224 participants were full-time novice nursing faculty members of American Association of Colleges of Nursing (AACN) member schools within their first five years of service. Data collected from electronic surveys found that high-quality mentoring relationships are associated with low levels of role conflict and role ambiguity (Specht, 2013).

The quality of mentoring relationships are not only associated with lower levels of role ambiguity and conflict, but also correlated to more occupational commitment in the workplace. In Gwyn's (2011) quantitative, cross-sectional, correlational study, an electronic survey was utilized to examine whether the quality of mentoring relationships and the number of years of employment in the professoriate were related to occupational

commitment among nursing faculty. Data was collected from the sample of 133 full-time nursing faculty and suggested that mentoring relationships are related to the affective occupational commitment of faculty, meaning that faculty who are mentored feel more committed to the nursing profession (Gwyn, 2011).

Mentoring relationships have also been found to be related to the affective occupational commitment of faculty. Mariani (2012) used a descriptive and correlational study that focused on nurses who were employed in nursing practice, education, administration, or research to explore the influence of participation in a mentoring relationship on career satisfaction and on intent to stay in nursing. This study found that the majority of nurses who have participated in a mentoring program reported that they would choose nursing as a career again and that they would recommend a nursing career to others (Mariani, 2012). Jakubik, Eliades, Gavriloff, and Weese (2011) also studied the relationship between mentor relationships and nurse retention. Their study explored relationships among mentoring quality, mentoring quantity, mentoring type, length of employment, and mentoring benefits. The descriptive, correlational study focused on 138 pediatric staff nurse mentees in a single Midwestern, Magnet-designated, freestanding children's hospital and collected data using an electronic survey. This study found that mentoring quality was the most important and significant predictor of mentoring benefits. The findings also suggest that high-quality mentoring relationships may have a role in nurses' longevity in a single organization (Jakubik et al., 2011).

Overall, the literature has found that mentoring nurses in the healthcare setting leads to higher job satisfaction, lower levels of role ambiguity, lower levels of role conflict, and more occupational commitment in the workplace. Literature has suggested areas for

future research that include examination of the predictors of mentoring quality. Since mentoring quality is an established primary predictor of mentoring benefits, nursing research is needed to explore predictors of mentoring quality to promote and support them in practice-based nurse mentoring.

CHAPTER 3

METHODOLOGY

3.1 Sample Population

A quota sample was used to obtain a representative number of participants from each position (nurse executive, manager and supervisor, advanced practice nurse, nurse researcher, staff nurse, or nurse educator) of registered nurses in healthcare facilities. The inclusion criterion for this study included registered nurses in a healthcare setting. Recruitment e-mail invitations were sent to the registered nurses at six hospitals in a Magnet designated health system to request that they participate in the survey. The nurse scientists at each of the participating hospitals sent the recruitment e-mail that explained the purpose of the study, included a link to obtain the informed consent, and included a link to the survey.

3.2 Data Collection Process

Data was collected from registered nurses who chose to participate in the study. The participants answered ten multiple-choice, select all that apply, and short-answer survey questions in Qualtrics Survey Tool (2014). The survey included questions regarding demographic information in addition to questions used to understand which characteristics of a mentor are valued by registered nurses. The survey was open for nurses to participate in the study from December 2015 to January 2016. A Likert scale was used in the survey to rate the importance of the characteristics. (See survey and informed consent in Appendix A.)

Dual approval was obtained from The University of Texas at Arlington's and Baylor Scott and White's Institutional Review Board (IRB) prior to the start of the study. (See approval letters in Appendix B.) The risks to subjects for participating in the study were minimal. Participant involvement remained confidential. The conditions of informed consent were addressed to the participant prior to linking to the survey. If they chose not to participate (chose No to the informed consent on the initial page of web-based program), they did not proceed to the survey. Survey responses were downloaded and retained in a spreadsheet. All responses were removed from Qualtrics, the online program used to collect responses, and the electronic data files were encrypted and stored in read-only files.

3.3 Analysis of Data

Descriptive statistics were computed and a statistical analysis was performed using Statistical Package for the Social Sciences® (SPSS) Version 23 (2015) to summarize which characteristics registered nurses reported that they would value in a nursing mentor. Cronbach's alphas were computed to assess the internal consistency among the nurses' survey responses.

A correlational analysis was conducted to determine if the characteristics that a registered nurse values in a mentor were affected by the age, gender, ethnicity, nursing position, and mentor experience of the nurse. To determine if there was a correlation between the characteristics chosen and the variables of gender, age, and previous mentor experience; Pearson r was calculated. To determine if there was a correlation between the characteristics chosen and the variables of ethnicity and current nursing position, Analysis of Variance (ANOVA) was calculated.

CHAPTER 4

RESULTS

This study specifically aimed to gather information from registered nurses from different nursing positions in a healthcare setting; therefore it was important to obtain a sample of registered nurses with statistically significant representation in each nursing position. A power analysis, calculated based on Pearson r, was conducted before data collection and indicated that statistical significance would be reached at a sample size of 216 participants. A sample size of 216 participants, with representation in each nursing position, assumed a power >.80, given a significance level [alpha] of .05 and a median effect size (r) of 0.25. In this study, there was not equal representation from each nursing position, but the sample related to the percentage of each position in a hospital setting. The Cronbach's alpha was .77, indicating good reliability related to the survey of mentor characteristics.

Two hundred and thirty-eight nurses completed the survey, with 232 respondents providing complete information about age, gender and ethnicity. Caucasian (178/232, 74.8%), females (216/232, 90.8%) comprised the majority of respondents. The mean age of 221 respondents who provided information about age was 46.9 (+/- 11.7) years. Among respondents who indicated their position (234), staff nurses (67.5%) were most frequently represented, followed by managers and supervisors (25.2%), and nurse executives (1.7%). Nurses who worked on an as-needed (prn) basis, and nurses in other roles, comprised just over 5% of the sample (Table 4.1).

Table 4.1: Survey Respondents by Position

Position	Frequency	Percent	Cumulative Percent
Staff Nurse	158	67.5	67.5
Manager or Supervisor	59	25.2	92.7
Nurse Executive	4	1.7	94.4
Other	13	5.5	100.0
Total	234		

The majority of respondents (64.9%) reported having a mentor at some point in time (Figure 4.1), and 64 of 231 (27.7%) respondents indicated that they currently have a mentor (Figure 4.2).

Figure 4.1: Survey Respondents by Position Who Have Ever Had a Mentor
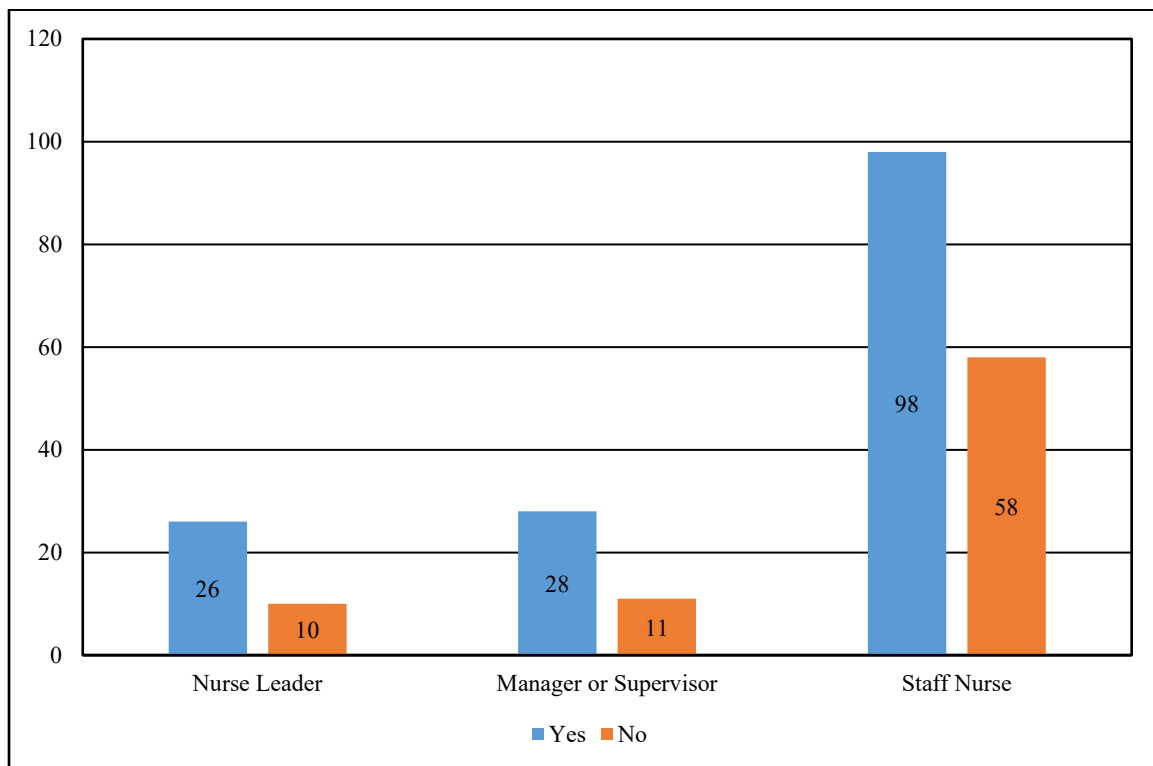
Figure 4.2: Survey Respondents by Position Who Currently Have a Mentor
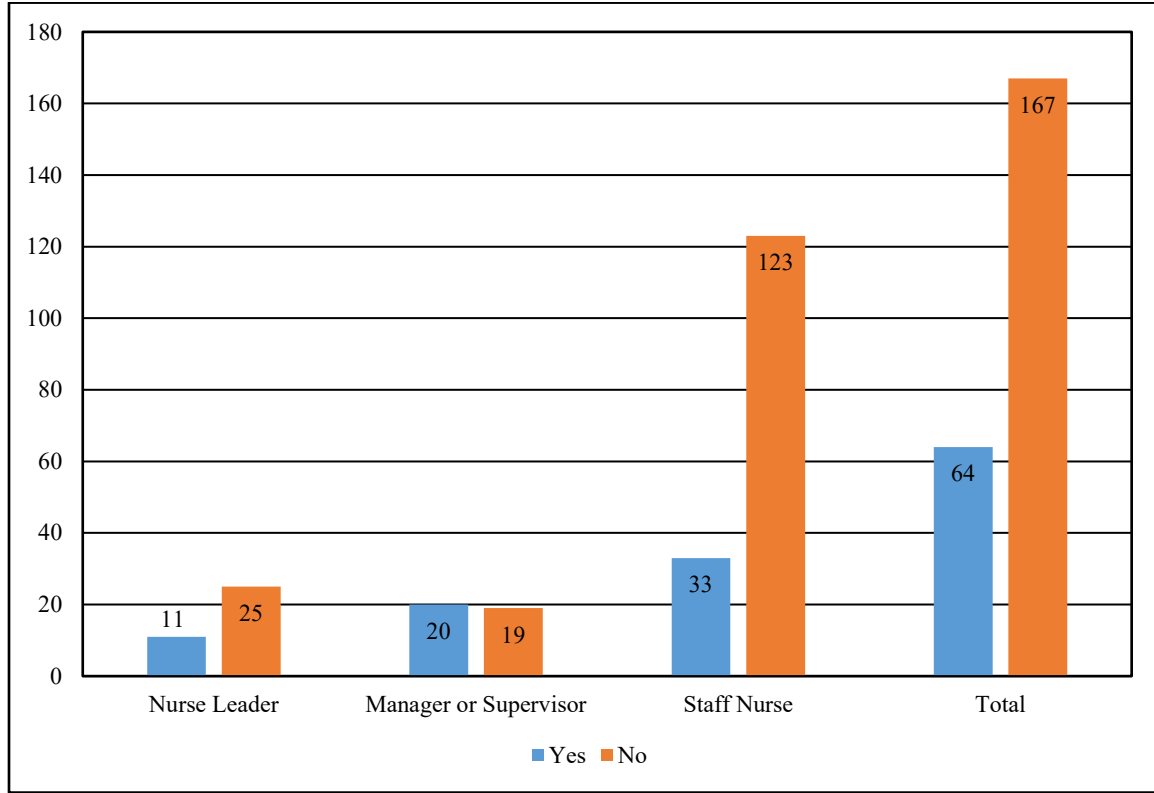
4.1 Variable Correlations

Correlational analysis using Pearson r was computed to explore the relationships between preferred mentor characteristic and age, gender and previous mentor experiences. ANOVA was calculated to explore preferential difference in mentor characteristics between groups of nurses by position and race. Males were statistically significantly less likely to select "Listens" or "Caring" as "Very" or "Extremely Important" characteristics of quality mentoring (Table 4.3). When analyzed by position, more managers and supervisors were likely to select "Competent" (statistically significant at .05) as a "Very" or "Extremely Important" characteristic (Table 4.4). Staff nurses were more likely to select "Listens" (leans towards statistically significant at .06) as a "Very" or "Extremely Important" characteristic (Table 4.4).

Table 4.2: Correlation with Age, Gender and Previous Mentor Experience

Mentor Characteristic	Age Pearson (Significance)	Gender Pearson (Significance)	Previous Mentor Experience Pearson (Significance)
Knowledgeable	.088 (.19)	.033 (.62)	-.07 (.25)
Competent	.055 (.41)	.030 (.65)	-.106 (.11)
Supportive	.005 (.93)	.053 (.42)	-.019 (.78)
Available	.012 (.85)	.042 (.53)	-.069 (.30)
Resourceful	-.072 (.29)	-.001 (.98)	-.022 (.74)
Listens	.101 (.14)	.175 (.008)*	-.048 (.46)
Caring	.013 (.86)	.207 (.002)*	.072 (.28)
Sharing	.091 (.18)	.014 (.83)	-.082 (.22)
Giving	.091 (.18)	-.018 (.79)	-.092 (.16)

Table 4.3: Mentor Preferences Between Groups of Nurses

Mentor Characteristic	Position F (DF= 6) (Significance)	Race F (DF=2) (Significance)
Knowledgeable	.679 (.67)	.501 (.61)
Competent	2.27 (.03)*	1.47 (.23)
Supportive	1.26 (.27)	.347 (.71)
Available	.405 (.87)	.036 (.96)
Resourceful	.922 (.48)	.573 (.57)
Listens	2.04 (.06)	.179 (.84)
Caring	.395 (.88)	.321 (.72)
Sharing	1.29 (.26)	1.39 (.25)
Giving	.423 (.86)	.437 (.65)

CHAPTER 5

DISCUSSION

The results of this study suggest that there is no correlation between preferred mentor characteristics and participant age, previous mentor experience, or race/ethnicity of the participant. A statistically significant difference between genders was noted related to preferences for the characteristics of "Caring" (p=0.002) and "Listens" (p=0.008). Males (16 participants) most frequently indicated the mentoring traits of "Knowledge," "Competency" and "Resourcefulness" as important characteristics. Females most frequently preferred mentor characteristics of "Knowledge," "Competency" and "Supportiveness." A statistically significant difference between nursing positions was noted related to preference for the characteristic of "Competent" (p=0.03), and a nearly statistically significant difference was noted related to the characteristic of "Listens" (p=0.06). Nurse managers and supervisors most frequently preferred the mentor characteristic of "Competent." Staff nurses most frequently indicated the mentoring trait of "Listens" as an important characteristic.

5.1 Strengths and Limitations

Despite the fact that only 16 of the 232 participants were male, this study is worthy of consideration in that it suggests that there is a correlation between the gender of the registered nurse and the mentoring characteristics that were selected. Further research is warranted to explore the correlation of the mentor characteristics chosen and the gender of the registered nurse. Limitations of this research were the one-month time

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period that responses were gathered from the surveys completed by the registered nurses in a healthcare setting. Future research gathering information over a larger span of time might result in a larger respondent rate with greater numbers in each category, leading to a better representation of the population of nurses in the healthcare setting. Other limitations were that the information was obtained from employees of only one private non-profit hospital system. Further research utilizing different hospital systems will give an indication if the results are attributed to the culture of the hospital system or if they are internal attributes, independent of environmental factors.

<div align="center">5.2 Implications for Nursing Research and Practice</div>

The findings from this study recommend further research and exploration of the characteristics that registered nurses value in a mentor. Nurse mentors help those that they are mentoring reach their professional goals and provide guidance in a healthcare setting, which improves the quality of patient care. The ability to evaluate the nurse mentors is critical for improving the help and service they provide to the nurses that they mentor. This evaluation of nursing mentors is not possible if there is not a tool that can appropriately gauge their effectiveness. In turn, there needs to be a collective set of characteristics identified in order to create an efficient tool that determines the quality of a mentor. A better understanding of the characteristics that are valued in a mentor is required in order to improve existing and future mentoring programs that specifically cater to nurses in the healthcare setting.

While the literature suggests that an organization that supports mentoring promotes an environment for increased retention rates, improved morale, commitment, leadership development, better planning, and stronger and more cohesive teams for improving patient

care (Zachary, 2007), more research and planning of mentoring programs is needed to engage staff. Further research is warranted to determine a possible correlation between the mentor characteristic chosen and the nursing position of the participant. Exploring the rationale for the significant difference in selection of nursing characteristics between nurse managers and supervisors and the staff nurses would be beneficial in understanding both sides of the mentoring relationship. Additional research should also be conducted that explores the mentoring characteristics of nurses that are important to nursing students. Understanding the characteristics that are valued by nursing students would be helpful in strengthening nurse mentoring relationships for them as they enter the healthcare setting. Successful nurse mentoring programs will increase the probability of newer nurses reaching their professional goals and will facilitate the improved quality of patient care.

Related to the large number of nurses who do not currently have a mentor, further investigation is also needed related to the mentoring culture of healthcare organizations. The commitment of the staff to the mentoring programs needs to be explored as well as the commitment of those in leadership positions. To determine the level of commitment each organization has to the mentoring programs, the following factors need to be explored: role training, allotment of time, time commitment of mentor and mentee, and the resources provided by the healthcare organization (Zachary, 2007). The mentoring culture of the healthcare organizations is important to determine the success of the mentoring programs that exist and will be expanded upon in the future.

CHAPTER 6

CONCLUSION

While nurse mentoring programs exist in healthcare settings, methods of evaluating the effectiveness of the programs have not been established. The characteristics that nurses value in a mentor and would find beneficial in advancing their goals have not been fully established in the literature. The results of this study strongly support the need for further research regarding the characteristics that nurses in a healthcare setting value in a mentor. Furthermore, it is also important to explore the relationships between the characteristics selected and the age, gender, ethnicity, nursing position (nurse executive, manager and supervisor, advanced practice nurse, nurse researcher, staff nurse, or nurse educator), and mentoring experience of the registered nurse to determine if there is a difference related to these factors. Further research exploring the characteristics that nursing students value in a nurse mentor is also recommended. Identification of the characteristics that nurses value in a mentor can aid in the evaluation of current and future nurse mentors which can help strengthen existing mentoring programs and expand upon them.

APPENDIX A

CHARACTERISTICS OF NURSING MENTORS

IN A HEALTHCARE SETTING INFORMED

CONSENT AND SURVEY

ONLY COMPLETE IF YOU HAVE NOT COMPLETED THIS PREVIOUSLY

Informed Consent and Invitation for Study Participation

Dear registered nurse,

As an RN at Baylor University Medical Center Dallas, Baylor Medical Center at Grapevine, Baylor Garland Medical Center, or Baylor Medical Center at McKinney, you are being asked to participate in a research study about nursing mentors in a healthcare setting. This study includes registered nurses selecting characteristics of a nursing mentor that lead to a quality mentoring experience to assist them in reaching their goals.

My name is Jennifer Davis and I am a Senior Honors Nursing student at the University of Texas at Arlington. Other members of the research team are: Susan Baxley, PhD, RN, Janet Glowicz, MPH, MSN, RN, CIC, April Rhoads, MBA-HCM, BSN, RN-BC, Marygrace Leveille, PhD, RN, ACNP-BC, Kathleen Ellis, RN, PhD, and Ruth R. Robert, PhD, RN-BC, FNP-C, CMSRN, PCCN and Mallory Piaschyk RN, MSN, CCRN.

The purpose of this study is to determine what characteristics of a mentor are important to a nursing population in a healthcare setting and if age, gender, ethnicity, nursing position, and mentoring experience have an influence on which characteristics are selected.

Participation in this study will involve filling out an online survey that has 10 multiple choice questions and should take no longer than 10 minutes to complete. The survey link is highlighted below.

https://utanursing.co1.qualtrics.com/SE/?SID=SV_eVbdFc6n9IxN4Db

All responses will be confidential. All data collected from this study will be converted to electronic format and all other records will be destroyed. The electronic data files will be encrypted and stored in read only files. The results of this study may be published and/or presented at meetings without naming you as a subject. Additional research studies could evolve from the information you have provided, but your information will not be linked to you in anyway; it will be anonymous. Participation in this research study is completely voluntary. There are no perceived risks or discomforts for participating in this research study. You have the right to quit any study procedures at any time at no consequence.

No compensation will be offered for participation in this study and there are no specific benefits to you. Mentoring nurses in the healthcare setting has been shown to improve overall job satisfaction and professional growth in nurses; however, not much has been done in regard to furthering and improving the mentoring programs that have been established. Having a collective set of characteristics that are wanted in nursing mentors

Completion and submission of the online survey indicates **informed consent** to allow for data collection and analysis. For this study, **informed consent** means that participants understands and consents to the collection of self-perception data for analysis about hospital structures, processes, and outcomes. Informed consent is further discussed by the U. S. Department of Health and Human Services at http://www.hhs.gov.

This research study has been approved for the protection of human subjects board at the University of Texas at Arlington and at Baylor Scott & White Health.

If you have questions about this research study, please send these to jldavis@mavs.uta.edu, sbaxley@uta.edu, or Marygrace.Leveille@baylorhealth.edu. If you have any questions about your rights as a research subject, please contact Dr. Lawrence R. Schiller, M.D., IRB Chair, at 214-820-2687 or the UTA Office of Research Administration; Regulatory Services at 817-272-2105 or regulatoryservices@uta.edu.

Participating in nursing research is one effort to advance our understanding of the important role of nurses in hospital patient care. Without the help of nurses like you, this important research would not be conducted. Thank you for considering this opportunity.

Sincerely,

Jennifer Davis

Default Question Block

Age to the nearest whole number

Gender
- ○ Male
- ○ Female

Ethnicity
- ○ White non Hispanic
- ○ Black/ African American
- ○ Asian/ Pacific Islander
- ○ Hispanic
- ○ Native Indian American
- ○ Mixed
- ○ African
- ○ Other

What position do you hold?
- ○ Nurse Executive (VP, CNO, Director
- ○ Manager & Supervisor
- ○ Advanced Practice Nurse
- ○ Nurse Researcher
- ○ Staff Nurse
- ○ Nurse Educator
- ○ other

Describe what your idea of mentoring would be

Do you have a mentor?

- ○ Yes
- ○ No

Have you ever had a mentor?

- ○ Yes
- ○ No

If you answered yes to the previous question, for how long? (to the nearest year)

What characteristics would you want your mentor to possess (check all that apply).

- ☐ Available
- ☐ Caring
- ☐ Competent
- ☐ Giving
- ☐ Knowledgable
- ☐ Listens
- ☐ Resourceful
- ☐ Sharing
- ☐ Supportive
- ☐ Other

Rate the characteristics using the Likert scale from Extremely important to unimportant.

	Unimportant	Somewhat unimportant	Somewhat important	Very Important	Extremely Important
Available	○	○	○	○	○
Caring	○	○	○	○	○
Competent	○	○	○	○	○
Giving	○	○	○	○	○
Knowledgable	○	○	○	○	○
Listens	○	○	○	○	○
Resourceful	○	○	○	○	○
Sharing	○	○	○	○	○
Supportive	○	○	○	○	○
Other _____	○	○	○	○	○

Thank you for your consideration to participate.

Block 1

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APPENDIX B

UNIVERSITY OF TEXAS AT ARLINGTON AND BAYLOR

SCOTT AND WHITE INSTITUTIONAL REVIEW

BOARD APPROVAL LETTERS

UNIVERSITY OF
TEXAS
ARLINGTON

Institutional Review Board
Notification of Exemption

October 9, 2015

Jennifer L. Davis
Susan M. Baxley
College of Nursing and Health Innovation
Box # 19407

Protocol Number: 2016-0045

Protocol Title: *Characteristics of Nursing Mentors in a Healthcare Setting*

EXEMPTION DETERMINATION

The UT Arlington Institutional Review Board (IRB) Chair, or designee, has reviewed the above referenced study and found that it qualified for exemption under the federal guidelines for the protection of human subjects as referenced at Title 45CFR Part 46.101(b)(2).

- (2)Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:(i) information obtained is recorded in such a manner that human subjects can be identified, either directly or through identifiers linked to the subject; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

You are therefore authorized to begin the research as of **October 9, 2015.**

Pursuant to Title 45 CFR 46.103(b)(4)(iii), investigators are required to, "promptly report to the IRB *any* proposed changes in the research activity, and to ensure that such changes in approved research, during the period for which IRB approval has already been given, are **not initiated without prior IRB review and approval** except when necessary to eliminate apparent immediate hazards to the subject."   Please be advised that as the principal investigator, you are required to report local adverse (unanticipated) events to the Office of Research Administration; Regulatory Services within 24 hours of the occurrence or upon acknowledgement of the occurrence. All investigators and key personnel identified in the protocol must have documented Human Subject Protection (HSP) Training on file with this office. Completion certificates are valid for 2 years from completion date.

The UT Arlington Office of Research Administration; Regulatory Services appreciates your continuing commitment to the protection of human subjects in research. Should you have questions, or need to report completion of study procedures, please contact Alyson Stearns at 817-272-9329 or astearns@uta.edu. You may also contact Regulatory Services at 817-272-3723 or regulatoryservices@uta.edu.

REGULATORY SERVICES
SERVICES

The University of Texas at Arlington, Center for Innovation
202 E. Border Street, Ste. 201, Arlington, Texas 76010, Box#19188
(T) 817-272-3723 (F) 817-272-5808 (E) regulatoryservices@uta.edu (W) www.uta.edu/rs

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BAYLOR
Research Institute
Affiliated with Baylor Health Care System

IRB Approval – New Study Exemption

To: Jennifer Davis

Copy to: Jennifer Davis, Marygrace Leveille, PhD, RN, ACNP-BC, Susan
             Baxley, RN, PhD
Date: November 16, 2015

Re: 015-273
             Characteristics of Nursing Mentors in a Healthcare Setting
             Reference Number: 094443

Your proposal was reviewed by a designated member of Baylor IRB Red and determined
to qualify for exemption under the following category :   Category 2: Educational tests
unlinkable to individuals and no risks from disclosure.

This review included the following components:

Study Application	
Form Name	Outcome
Study Application - Review by BRI IRB	Approved as Presented

Study Document			
Title	Version Number	Version Date	Outcome
Davis form 1 protocol 015-273	Version 1.1	11/13/2015	Approved
standard nursing research protocol	Version 1.2	11/01/2015	Approved
Davis 015-273 Form 35	Version 1.0	11/13/2015	Approved
chief scientific officer	Version 1.0	11/01/2015	Approved
baylor administrator	Version 1.0	11/01/2015	Approved
email request	Version 1.0	11/01/2015	Approved
informed consent and online survey	Version 1.0	11/01/2015	Approved
irb approval	Version 1.0	11/01/2015	Approved

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BIOGRAPHICAL INFORMATION

Jennifer L. Davis was born in Bedford, Texas, and spent her entire childhood residing in Fort Worth, Texas. She began her college career in the fall of 2012 at the University of Texas at Arlington to pursue a career in nursing. After advancing in her degree program, Jennifer was accepted in the Honors College in the spring of 2013 and decided to accept the challenge in pursuing an Honors degree in her chosen discipline. Jennifer was accepted to the College of Nursing in the spring of 2014 to obtain a Bachelor of Science in Nursing.

With the help and support of her faculty mentor, Dr. Susan M. Baxley and Principal Investigator, Janet Glowicz, Jennifer was able to explore the scarcely researched subject of nursing mentors in a healthcare setting. Her Honors College Senior Project resulted in an oral presentation at the Honors Research Symposium at the end of the Spring 2016 term.

Jennifer is very thankful for the help and support her mentors and faculty have given her throughout her degree program. She is excited to begin her professional career as a critical care nurse and plans on attending graduate school in the future to one day obtain a Doctor of Nursing Practice degree.