THE LIVED EXPERIENCE OF NURSE MENTORS: MENTORING NURSES IN THE PROFESSION

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by

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The undersigned, appointed by the dean of the Graduate School, have examined the dissertation entitled

THE LIVED EXPERIENCE OF NURSE MENTORS:
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Presented by Allison W. Norwood,

A candidate for the degree of Doctor of Education

And hereby certify that, in their opinion, it is worthy of acceptance.

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DEDICATION

This dissertation was truly a family affair. Over the many years that it has taken to culminate in the actual dissertation, my husband and two sons have continually encouraged me and asked the question “are you done yet?” To Scott who has provided presents of doing laundry and other housework so that I could read, research and sometimes write, you are my friend and companion. To Josh and Jake who knew that I had put part of their life in my going to school while they were in high school, I am proud of the men that you have become. Jake, at least we came close to graduating together! What a journey this has been! My mother and late father were constantly supportive and understanding in the times that I may have locked myself at home to read and reflect and had Scott help with your care. Although many in my church family have provided reassurance and support, one family in particular asked weekly where I was in the writing and in the “just get it done” stage. To Judy and her late husband, Tom, I could not have realized my potential without so much support, although I was not always focused on the writing. The balance between God, family, friends, and work was sometimes daunting but knowing that you would always question where I was in completing the process made me continue to plan and eventually accomplish the task set before me.

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THE LIVED EXPERIENCE OF NURSE MENTORS: MENTORING NURSES IN THE PROFESSION

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ABSTRACT

This qualitative study explored the lived experience of 13 nurse mentors in various practice settings, specialties, and roles. Additional findings included understanding facilitative practices, obstacles, and benefits of the mentoring relationship. Interviews were conducted to obtain rich participants stories which suggested significant relationships occur in informally instead of formally matched mentoring relationships. Communicating, listening, and growth resulting in mutuality were identified as part of the professional relationships important for mentoring success.

Preparation for the role was identified as occurring from the positive and negative experiences of being mentored. Facilitative practices included characteristics of mentors and institutional and professional factors. Obstacles mentioned included lack of organization support, time, and matching protégé. Benefits were described as stimulating mutual learning, giving back to the profession, and rekindling the passion for nursing.

Mentoring relationships are mutual experiences supporting the growth of the protégé, mentor, and the profession. Implications for education, practice, and research were included to enhance support for mentors in nursing practice.

CHAPTER ONE

INTRODUCTION

Imagine yourself as a graduate nurse, assigned to an oncology unit being responsible for 23 patients on the night shift. Your clinical experience is based on what you learned in school and a six-week orientation to the unit. You are providing leadership for a licensed practical nurse (LPN) and one, maybe two, nurse aides. Your responsibilities include monitoring medications, assessing physical and pain status, and providing spiritual comfort for those patients who are dying. Are you ready for the challenge?

Nurses today face many experiences on the journey to becoming an experienced nurse. Along the journey, nurses will have the opportunity to be in contact with other nurses who will influence professional development. Possible outcomes of these mentoring events might include gaining confidence, improving decision making, and increasing expertise needed to advance their careers. Mentoring programs help to guide nurses through the maze of institutional policies.

Nursing has had a long history in mentoring and apprenticing those desiring to join the profession. Historically, nursing's beginnings have been documented in many contexts: from early Egypt, to wars, and to the current profession of nursing (Hood, 2009). Since the early centuries, nursing has been involved with spiritual healers and caring for the ill in religious orders. Although Florence Nightingale has been noted as the founder of nursing, her contributions served to elevate nursing to a higher, more respected level of practice. Through her efforts in social reform, Nightingale changed the

nursing practice from using slaves and other marginalized people with minimal education to educating individuals for the provision of patient care.

In the early years of Nightingale nursing, nurses were taught by physicians and were considered to be taught while on the job. Apprentice training had been the foundation of nursing practice in the absence of formal training (Kopp & Hinkle, 2006). Roberts (1954) noted that the first independent nursing program was established at Yale University in 1923. Apprentice style training continued in diploma programs during the war due to nursing shortages (Hood, 2009).

Educational preparation has evolved over many years based on hospital need and advancement of the profession. The oldest preparation is as a diploma. Diploma nursing is accomplished as an apprenticeship model with on-the-job training in the hospitals and focuses on bedside nursing care. Diploma programs began in the United States (U.S.) in 1873 at Johns Hopkins Hospital (Roberts, 1954) and are decreasing as they matriculate into associate degree programs. Associate degree programs are completed in two years at a community college with a clinical focus on practical skills with some leadership responsibilities. The third method of entry to practice is the baccalaureate degree program that is located at the university or college level. The program is a four year program and includes general and nursing-focused education needed for professional nursing practice (Harkreader & Hogan, 2004). The baccalaureate-prepared nurse provides care, leadership, and community-based care.

Although there are three levels of entry into the registered nurse (RN) practice, there is only one national licensing exam. Upon completion of the National Council Licensure Examination for Registered Nurses (NCLEX-RN) exam, nurses from all three

levels can practice in the same role. Nursing organizations have discussed what educational preparation should be the entry level into practice, although there currently is no agreement on what that level should be. Many Magnet™ hospitals are currently moving to the bachelor degree for staffing purposes and requiring their diploma and associate degree nurses to complete their education. The public expects the same quality of care from all nurses although the educational preparation is so varied.

At the completion of the educational preparation, nursing students have the daunting task of transitioning from the school and instructor environment to the independent practice and decision-making required of professional nurses. New graduates have frequently reported feelings of lack of preparedness, lack of self-confidence, difficulty in caring for several patients at once, and difficulty in providing leadership for the nursing unit (Duchscher, 2008; Romyn, Linton, Giblin, Hendrickson, Limacher, Murray, et al., 2009; Santucci, 2004). Although the new graduate will gain confidence over time, the initial few weeks feel overwhelming.

Compounding the issues with role transition is the impact of the cycle of nursing shortages. These shortages have continued to plague the profession and nurses have sought professional advancement through other means to develop autonomy and independence (Goodwin, 2003). Hospital facilities have attempted many solutions over the decades to reduce the stress of transition while attempting to relieve the shortage of professional staff. Attempts at transitioning graduate nurses to professional nurses have included using preceptors, including longer orientation time, and planning frequent meetings with staff for performance evaluations (Block, Claffey, Korow, & McCaffrey, 2005; Santucci, 2004). While making these transitions, nurses must also develop a sense

of professionalism and professional leadership. In clinical settings, nurses practice under orders and rules established by others in different professions (such as physicians) while also being regulated by professional nursing organizations that establish standards of care (Block et al.; Boyask, Boyask, & Wilkinson, 2004; Hood, 2009).

Preceptors have been used in clinical settings to orient new graduates to professional nursing practice (Santucci, 2004). The use of preceptors connotes assessing protégé performance in reaching an organization-specified goal and assessment criteria. Mills, Francis, and Bonner (2005) further attributed preceptors as providing performance assessments usually in a formalized setting. Precepting focuses on meeting competencies and, in nursing, refers to acquisition and performance of clinical skills. The protégé or preceptee in this situation is evaluated on his performance and ability to provide care based on prescribed standards (Kopp & Hinkle, 2006). These standards of care are established at the organizational and national level, and nurses are legally held accountable to these standards in patient care.

Van Eps, Cooke, Creedy, and Walker (2006b) write that mentoring differs from "preceptorship in terms of duration, intensity, scope of support and development" (p. 520). Although there are interchangeable terms for mentoring such as coaching, preceptorship, and buddying, these are often enacted very differently in the literature. The most common confusion is in publication of studies in which the term mentor is used to describe precepting activities. Similarities between the terms include modeling critical thinking, enhancing problem solving, and transitioning through role changes. Precepting and coaching are usually formal, or planned, focused on outcomes, and short-term (Kopp & Hinkle, 2006; Santucci, 2004).

Clarification of mentoring as applied to nursing will provide greater support for developing a plan for implementation and evaluation of the process. The literature reveals confusion in defining the concept of mentoring through unclear definitions of terms, identification of activities, articulation of the process, and generalization of research findings (Francis & Bonner, 2005; Gilmour, Kopeikin, & Douché, 2007; Kilty, 2006; Mills et al., 2005; Roberts, 2000; Thomka, 2004; van Eps et al., 2006b).

Mentoring has been a tool used to assist in many levels of nursing, from skill training to leadership development. Nursing has more frequently used mentoring in the academic setting to promote faculty research development and create master teachers. Mentoring can be strengthened by using mentors in the clinical setting to provide support for the professional in the learning process. Mentoring used in other fields has not lent itself to a smooth transition into the nursing profession. Moss (2005) identified that "mentoring in its essence provides an element of social support; however, the learner should also have available the support of other groups or team members who are also learning" (p. 132). This type of support usually comes from those more experienced in the hospital or facility environment as well as in the complexity of patient care.

Statement of the Problem

Health care in America continues to face a nursing shortage. Heinrich (2001) stated that the number of new RNs has declined from 1996 statistics by 23%. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) (2002) identified a shortfall of at least 400,000 nurses to meet the need of the aging baby boomer population. The American Academy of Collegiate Nurses (AACN) anticipates a shortage of over 500,000 nurses by the year 2025 (Buerhaus, Staiger, & Auerbach, 2009). Jeffreys (2004)

suggested that the primary focus of nurse educators should be on graduation rates in order to retain and graduate qualified students. Although the current student enrollment is increasing, the nursing shortage continues in 2010 and graduation rates are still the primary focus for nurse educators.

New nurses in the field have a turnover rate of between 35% to 60% across the United States (Zucker, Coss, Williams, Bloodworth, Lynn, Denker, & Gibbs, 2006). At a cost of approximately $40,000 per turnover, increasing retention is a major goal in health care organizations. Nurse managers and hospital administrators are exploring many avenues to encourage retention and job satisfaction. The American Nurses Credentialing Center (ANCC), a component of the American Nurses Association (ANA), has developed Magnet™ status for hospitals. The qualifications for hospitals to achieve Magnet™ status are to have specific guidelines for leaders, management, nurse input, and institutional climate (Kowalski, 2004). In Magnet™ status hospitals, Williams, Goode, Krsek, Bednash, and Lynn (2007) studied nurse turnover and found that turnover was approximately 12%, as compared to 35-55% in non-Magnet™ hospitals. The growing need for nurses in the field puts a strain on the quality of care provided in hospital settings and limits the ability of the nurse to function in all the roles identified in nursing literature (Santucci, 2004).

Health care organizations face a continual challenge of providing high quality care while often being outweighed with a high technology environment, multiple stakeholders, cost regulations, and diversity of staff development while continually maintaining national standards from multiple accrediting bodies. Tourigny and Pulich (2005) posited that the utilization of mentor results in assisting new employees to learn

the explicit and tacit organizational knowledge that may result in increased retention, improved job satisfaction, and improved commitment of nurses.

Nursing shortage and retention issues are not limited to health care organizations. Nursing shortages are also being identified in academic organizations. Kaufman (n. d.) reported for the National League for Nursing (NLN) in the *Annual Survey of Schools of Nursing* that there were more than 1,900 full-time faculty vacancies in 2007, mainly due to lack of qualified faculty. At the same time, the NLN report noted that approximately 99,000, more than 40% of qualified student applicants were rejected due to the scarcity of educators. Blauvelt and Spath (2008) explored new faculty entrance into academe and noted that to successfully overcome the hurdles of entrance into a new culture, a caring community which fosters support and nurturance can be achieved through mentoring relationships.

AACN (2009) noted that there is a national deficit of nursing faculty of 7.8%, with the Midwest having approximately a 12% reduction. This shortage of educators led to universities and colleges turning away approximately 50,000 nursing applicants. Preparation of nursing faculty increases the opportunity for additional students to graduate and enter the profession. A major impact also affecting nurse preparation is the current economic status. Universities are under budget restrictions and are hiring fewer faculty which also reduces the number of students who can be admitted to nursing programs. Hospitals are reducing positions available so that even with the nursing shortage, there are minimum positions available.

Mentoring students at both the undergraduate and graduate level has been successful in assisting students in program completion. Mentoring has been identified as

an aspect of transitioning, graduating (a) students into the work field as new employees, (b) nurses into educators and deans, and (c) nurses into leadership and advocacy roles in health care. Socialization of nurses occurs through learning the explicit knowledge needed in various settings, such as hospitals, academe, and government. The socialization process that may occur through mentoring also assists the protégé in learning tacit knowledge required for success in leadership, teaching, service, advocacy, and scholarly activities (Bondas, 2006; Brightman, 2005; Roberts, 2000; Tourigny & Pulich, 2005; van Eps et al., 2006b). The mentoring process has resulted in reduced nurse turnover by assisting with softening the reality shock that sometimes occurs between being a new graduate encountering the realities of nursing in the workforce.

Mentoring programs in nursing have demonstrated increased retention of nursing students, new graduates, and faculty. Mentoring also has been utilized to improve retention of nurses transferring to new areas within the hospital environment, such as moving from one unit to another or into leadership roles (Bondas, 2006; Kovner, Brewer, Wu, Cheng, & Suzuki, 2006). The research in other fields identifying the use of mentoring in transitioning to leadership roles is as abundant as the literature describing the benefits of mentoring (Luecke, 2004; Schwiebert, 2000).

This use of the term mentoring to describe different functions has led to contradiction and confusion as to role responsibilities between orienting, evaluating the nurse (preceptoring role), and encouraging (coaching role) (Block et al., 2005; Kilty, 2006; Mills et al., 2005; Stone, 2004). Traditional aspects of mentoring are on a continuum with mentor on one end (protégé initiated), precepting on the other (organization initiated), and coaching in the middle (mutually initiated). Mentoring is

protégé driven whereas precepting is organization driven (Luecke, 2004). Coaching is considered a collaborative process but more driven by the organization need with some collaboration with the protégé. Luecke defined coaching as fostering skill development and growth as determined from performance appraisals.

Some studies have explored and identified outcomes of mentoring for the protégé, the organization, and the mentor (Allen, Poteet, & Burroughs, 1997; Dyer, 2008; Fowler & O'Gorman, 2005; Ragins & Kram, 2007; van Eps et al., 2006b). Further findings have explained the components needed in a mentoring program, including the type of training that is needed prior to initiating a formal mentor program (Ragins, Cotton, & Miller, 2000, van Eps et al., 2006b). Casto, Caldwell, and Salazar (2005) studied gender and race issues specific to mentoring in order to create an understanding of the unique challenges facing cross-race and cross-gender mentoring. Other researchers have conducted studies that explored characteristics of mentors and protégés that enhance a mentoring process (Kwan & Lopez-Real, 2005, van Eps et al., 2006b; van Eps, Cooke, Creedy, & Walker, 2006a; Young & Perrewé, 2004). Few articles, however, have explored the experience of mentors in mentoring protégés (Ragins & Kram; Ragins & Scandura, 1999; van Eps et al., 2006a). Understanding the "costs and benefits" to mentors results in greater ability of administrators to plan programs assisting mentors in being successful, and in being prepared in their role as mentor (Santucci, 2004; van Eps et al., 2006b).

The ANA's *Nursing's Agenda for the Future* (2002) identified mentoring as a method to be utilized for promoting an (a) increase in diversity within the nursing workforce; (b) increase in nursing leaders; and (c) opportunity for career advancement in management, leadership, education, and clinical expertise. Mentoring has been identified

to be an effective strategy for career development in education (Irvine, 2001; Johnson, 2002; Owens & Patton, 2003; Schwille, 2008), business (Dickinson, Jankot, & Gracon, 2009; Fowler & O'Gorman, 2005; Ragins & Kram, 2007), and nursing (Dyer, 2008; Kilty, 2006; Tourigny & Pulich, 2005; van Eps et al., 2006a). To improve retention of nurses in the profession, strategies must be implemented to assist nurses to assume new roles in the nursing field (Blauvelt & Spath, 2008; Duchscher, 2008; Jeffreys, 2001; NLN, 2006; Santucci, 2004; van Eps et al., 2006a). As nurses mature into the expert role identified by Benner (2001), an expectation is present in the nursing community to mentor and socialize the less experienced of the profession.

Levinson, Darrow, Klein, Levinson, and McKee, (1978), Erikson (1963) and Benner (2001) have identified that to be a good mentor, one needs to develop the ability of self-reflection to better understand self and, therefore, understand others. Self-reflection in mentoring prevents projecting oneself onto others under the mantle of being a mentor. Becoming a reflective practitioner, the nurse can become more effective in the professional role and in developing lifetime learners.

The lack of studies that thoroughly explore the thoughts, feelings, and experiences of mentors and protégés limit the richness of understanding of mentoring programs. Engaging in the research process to more fully understand the unique aspects of humans involved in mentoring will help develop effective programs and provide clearer direction for the outcomes defining effectiveness in mentoring.

Theoretical Framework

The theoretical framework for this study was based on several components to support mentoring. Theories of Erik Erikson (1963) and Patricia Benner (1984) provided

a foundation for the framework for mentoring experiences. These mentoring experiences are a complex blending of factors based on human interaction. As the interactions unfold, the richness and challenges of mentoring are identified, and theoretical concepts help in understanding these components. These theories supported several underlying aspects of mentoring and help to understand the basis of this study. Aspects of mentoring factors included providing back to society, protégé participation, developmental learning, professional attainment, and the relationship that occurred between the individuals and the environment.

In looking at the multiple theories associated with mentoring, one sees that professional involvement is not only a single component but also many components woven together to make a learning community. The interweaving of these components is very much the nature of the theoretical models needed for studying mentoring. Mentoring is a component of professional accountability and involves relationship, self-efficacy, self-actualization, learning environments, knowledge capacity, levels of competency, and developmental growth. Depending on the perspective, society looking at the individual or the individual looking at society, different theories will influence how one explores mentoring. For the purpose of this study, the guiding theories supporting the research are based on individual and professional development (Erikson, 1963) and professional competency (Benner, 1984).

Therefore, as nurses consider building mentoring programs in nursing settings, we must understand what it is like to *be* a mentor so that we can provide constructive material for a better mentoring relationship. The literature reveals that the "what" of

mentoring has been well documented, but the "how" remains a mystery (Ensher & Murphy, 2005; Ragins & Kram, 2007).

Purpose of the Study

The primary focus of this study is to explore the lived experience of nurse mentors involved in mentoring nurses during various transitions in their professional careers. The intent of this study is to describe nurse mentors' perceptions and experiences that occurred during the mentoring process. This study used a descriptive qualitative design resulting in a description of themes. These perceptions and experiences included psychological and functional support through mentoring strategies, the use of encouragement through role transitioning, development of problem solving skills, and teaching practices. Additional perceptions included aspects of the relationship that are considered facilitators, obstacles, and benefits experienced by the professional nurse mentor.

Research Questions

The cross-sectional study of nurses' perceptions and experiences of the mentoring process may expand the knowledge about mentoring and may add information within the profession of nursing to enhance preparing mentors. There is a plethora of literature exploring mentoring from the protégé perspective, the outcomes of mentoring, and the characteristics needed of mentor/protégé; but there is limited research addressing the mentors' perspective. For this reason, an exploratory study is appropriate to determine the perceptions of mentors. The main research question is to understand the lived experience for nurses when engaged in the mentoring process.

There has been limited research of the lived experience of mentoring from the mentor perspective and this study will help to provide a deeper focus and insight on the lived experience of mentoring. Research questions that will guide this study include:

1. What are the experiences of nurses serving as mentors?
2. How are nurses prepared to be mentors?
3. What facilitates the mentoring relationship?
4. What are obstacles to being a mentor?
5. What are the benefits of being a mentor?

Limitations

Limitations of the study may exist due to the methods of using personal interviews. The participants of this study will be a purposive sample of nurses who have mentored graduates transitioning into the profession and nurses moving into leadership roles. Additional nurse mentors will be obtained from a snowball sampling. An initial email will be sent to nurses who have mentored students and nurses. From this communication, volunteers will be identified for the beginning interviews. Using self-selected participants may also lead to biased results. Information recall over time may distort the memory/perception of the self-report. The nurses selected for the study may not be representative of other nurses who may have been mentors or mentored in different roles.

The participants will not be selected based on their clinical expertise but based on their experience as a mentor. They will come from various organizations that may have specific organizational cultural norms regarding mentoring. An additional limitation of the study is in not testing a theory model but in generating additional understanding about mentors, which could assist in developing mentoring theory. The findings from this study

should enhance the understanding of mentoring that could assist in the development of mentor programs that would guide mentors in the mentoring process. The researcher has past experience as a mentor alongside some of the participants in the purposive sample of nurse mentors, which may influence some subjects' responses. Methods to reduce bias included providing clear instructions, journaling events that may occur during the data collection, assuring confidentiality, and providing an open communication to promote trust (Wood & Ross-Kerr, 2006). Allowing mentors to come from various mentoring situations may influence the data versus being limited to specific mentoring situations.

Definition of Terms

Mentoring in the literature uses many different terms that reflect similar meaning. These terms are often used interchangeably but have subtle differences in meaning (Kilty, 2006; Ludwig & Stein, 2008; Roberts, 2000; van Eps et al., 2006b). These variations result in challenges in researching mentoring. Roberts identified the need for clarifying definitions and providing consistency of terminology for research endeavors. The following terms are defined for the purpose of this study:

Benefits - Those factors, components, or processes identified as positive aspects in the mentoring experience.

Coaching - "An interactive process through which managers and supervisors aim to solve performance problems or develop employee capabilities" (Luecke, 2004, p. 2).

Facilitators - Those factors, components, or processes that work to enhance and support the mentoring experience.

Mentee - One who seeks to be guided by someone with greater knowledge or seeks support in the transitioning process. Terms with common definitions include protégé, advisee, apprentice, and student.

Mentor - "Provide protégés with knowledge, advice, counsel, support, and opportunity in the protégé's pursuit of full membership in a particular profession" (Johnson & Ridley, 2004, p. xv). Ragins and Scandura (1999) noted that a mentor is "an influential individual in your work environment who has advanced experience and knowledge and who is committed to providing upward mobility and support to your career" (p. 496).

Mentoring - "An act of generativity—a process of bringing into existence and passing on a professional legacy" (Johnson & Ridley, 2004, p. xv). "Mentoring, then, is the offering of advice, information, or guidance by a person with useful experience, skills, or expertise for another individual's personal and professional development" (Luecke, 2004, p. 76)

Mentoring relationships - "Dynamic, reciprocal, personal relationships in which a more experienced person (mentor) acts as a guide, role model, teacher, and sponsor of a less experienced person (protégé)" (Johnson & Ridley, 2004, p. xv).

Nurse - A registered nurse (RN) having completed an associate or baccalaureate degree and successful completion of the National Council Licensure Exam for RN.

Obstacles - Those factors, components, or processes that work to hinder or block the mentoring experience.

Preceptoring - "Preceptors acculturate learners into the rule of conduct, skills, competencies, procedures, policies, and protocols of the profession and organization"

(Kilty, 2006, p. 17). Gilmour et al. clarified additional focus is on "clinical supervision and assessment and an emphasis on teaching and learning" (2007, p. 36). The term preceptoring and precepting are used interchangeably in the literature.

Protégé - A synonym of mentee. Merriam-Webster (2009) defined protégé as "one who is protected or trained or whose career is furthered by a person of experience, prominence, or influence." For the purpose of this study, the term protégé will be used.

Significance to Nursing

Mentoring has many benefits that have been outlined in the literature. The mentor, the mentee/protégé, the patient, and the organization can experience benefits. Mentors benefit from the process by fostering the growth and development of others in the profession, enhancing personal and professional staff development, and gaining leadership growth (Grossman, 2007; van Eps et al., 2006a; Cooke, Creedy, & Walker, 2006b). Protégés gain guided clinical accomplishment and self-confidence, tacit knowledge of the organization, contacts for future mentoring relationships, and comments from clinical evaluation (Block et al., 2005; Grossman; Ragins & Kram, 2007; Tourigny & Pulich, 2005). The organization gains dedicated and committed employees, increased team effort, improved community reputation, reduced turnover, and increased productivity (Benson, Morahn, Sachdeva, & Richman, 2002; Grossman; Kovner et al., 2006). Grossman noted the need for more health care agencies to develop a mentoring culture and develop programs on preceptorship and mentorship to enhance protégé knowledge of the setting, develop collaboration and relationship skills, and increase self-confidence.

Research exploring the evidence is needed to substantiate the claims about mentorship in nursing. Results from this study could be used to establish a broader foundation for the development of mentoring programs. Through this foundation a greater understanding of the mentoring process from the mentors' perspective will assist nurse leaders in developing mentor programs. Creating mentor programs based on evidence provides mentors with the knowledge of possible challenges and solutions that might occur during mentoring. Nurse leaders will be able to build strong programs to assist new nurse mentors in developing a plan for working with protégés. Knowledge from this study can benefit nurses by using mentors to transition into new leadership roles. Hospital administrators will gain from the results of this study in order to apply greater evidence to develop programs to reduce staff turnover and increase staff satisfaction, thereby reducing fiscal loss. Nurse educators can collaborate with institutions to transition graduate nurses into the nursing profession.

In going back to the beginning example, the new nurse could begin her practice with a mentor from the organization as well as having a mentor from the university from which she graduated. Through networking, she would now have multiple mentors to role model what it means to be a nurse providing care, leadership, advocacy, and political action. The mentor would be able to overcome diversity in education, social background, communication styles, and knowledge in developing a mutual developmental plan with the nurse.

Summary

Chapter One began by looking at nursing as a profession and the historical use of mentoring through on-the-job and apprentice styles of job preparation. Information on the

current nursing shortage in the United States was presented with inclusion of the need to improve job satisfaction and thus increase retention. This conclusion is supported through statements from the ANA and AACN identifying the significance of retaining nurses to improve patient outcomes. Strategies reviewed included use of Magnet™ status and of mentoring. A need for research on mentoring was supported in order to develop clearer expectations of mentors with application to relationships with protégés as new graduates, nurses who are cross-training, and nurses advancing into leadership. Next, possible theoretical perspectives were presented relevant to the aspect of the mentor. Chapter Two presents a review of the literature on mentoring in a general perspective in all fields and, specifically, to the discipline of nursing. The review will include definitions of the terms, characteristics of the relationship during mentoring, outcomes of mentoring, mentoring in different fields, and mentoring in nursing. The use of mentoring in various aspects of nursing, education, work, professionalism, and leadership will be developed. The qualitative methodology will be presented in Chapter Three. This will include human subjects' protection, selection of subjects, and analysis of data. Chapter Four describes the findings while Chapter Five will include the discussion of the findings. The conclusion, implications, and further study recommendations will also occur in Chapter Five.

CHAPTER TWO

REVIEW OF LITERATURE

The study began with a description of a new graduate nurse transitioning to becoming a professional nurse. This was the beginning for this author's professional journey and the impact of many nurses' mentors. Our experiences can be defined by part of a speech given by Adlai Stevenson (1954), shared at a college graduation as he discussed ones journey in life and the impact of human interactions.

> What he knows at fifty that he did not know at twenty boils down to something like this: The knowledge he has acquired with age is not the knowledge of formulas, or forms of words, but of people, places, actions — a knowledge not gained by words but by touch, sight, sound, victories, failures, sleeplessness, devotion, love — the human experiences and emotions of this earth and of oneself and other men; and perhaps, too, a little faith, and a little reverence for things you cannot see. (¶ 9)

The mystery of mentoring is sometimes contained in those experiences that are challenging to define but consist of those human interactions as we strive for the goal and find our own potential.

History of Mentoring

Greek mythology assists in understanding the early beginnings of the term *mentor*. In Homer's *Odyssey,* Odysseus's trusted friend, Mentor, was given the responsibility to teach, counsel, and tutor Odysseus's son, Telemachus. With Odysseus's absence fighting in the Trojan War, Mentor's main responsibility was in the nurturing of Telemachus to become the future king (Block et al., 2005; Campbell & Campbell, 2000; Emerson, 2001; Ensher & Murphy, 2005; Johnson & Ridley, 2004; Schwiebert, 2000). Some authors

(Johnson & Ridley; Schwiebert) have identified Mentor as the goddess Athena, indicating that it is the female nurturing qualities that were used in the relationship with Telemachus. However, Roberts (1999) described what he believes to be the true origins of Mentor and the characteristics of a mentor. Roberts noted that Mentor had a marginal role in the *Odyssey*, whereas the qualities ascribed to Mentor were from *Les Adventures de Telemaque,* written by Fenelon in 1699 (Roberts, 1999). In Fenelon's romantic story, Mentor served as guide, teacher, and friend to Telemaque. Roberts noted that "It is Fenelon, not Homer, who endows his Mentor with the qualities, abilities and attributes that have come to be incorporated into the action of modern day mentoring" (p. 7). Mentor was important in introducing Telemaque to those who may benefit his growth, pave the way with other relationships, and develop a network for his future responsibility.

Through the periods of history, the apprenticeship model has taken on the characteristics of mentoring as one guides a novice through the trade and assists in making connections, or networking, as the novice gains status (Jones, 2001; Kopp & Hinkle, 2006; Schwille, 2008). One current example of an apprenticeship model is found in the Waterford Crystal factory. The factory hires an employee to serve as an apprentice for five to eight years, at which time they can attempt to successfully create a very intricate piece of crystal, the Apprentice bowl, which is their final evaluation. Upon successful completion, the apprentice can then become a crystal cutter for the company (Madaus, 1999).

The term *mentor* gained in popularity with the discourse of Levinson et al.'s theory in the text, *The Seasons of a Man's Life* (1978). Identification of mentoring as a task of older, mature, and seasoned individuals provides a beginning understanding of the desire

to show the way. Levinson et al. studied adult male development and noted that in middle age, individuals seek the opportunity to mentor. Mentoring thus fulfills a maturational need for enhancing psychological development. Beyene, Anglin, Sanchez, and Ballou (2002) built on these findings and described mentoring as providing interactions that are relational and transfer knowledge and skills.

Kram's (1985) classic research on mentoring defined mentoring as a set of two major functions. These two functions are similar to the functions carried out by Homer's Mentor. The first is career functions and included those aspects of mentoring focused on enhancing one's career, such as introducing Telemachus to leaders. Additional functions focused on career advancement, guidance, networking, sponsoring, "revealing the secrets of a profession" (Enerson, 2001, p. 8), and growth through varied assignments (Kram; Ragins & Scandura, 1999). The second function is social psychological. Kram identified these functions as nurturing, relationship building, counseling, and protecting, such as the protection provided by Mentor. Often in a mentoring relationship, these psychosocial functions occur later in the relationship after the career functions have been developed.

Schwiebert (2000) noted that the terms "role model" and "mentor" may be used interchangeably but mentoring actually encompasses an aspect of being a role model. Confusion continues when studies indicate that the mentors are "also required to act as their assessors and as gatekeepers to the teaching profession" (Jones & Straker, 2006, p. 166). The definition of mentoring needs further clarification between the other behaviors identified as mentoring. These terms are often intertwined between mentoring process, mentoring outcomes, and mentoring activities and thus add to the confusion in interpreting the findings (Dyer, 2008; Kilty, 2006; Roberts, 2000). As research refines the

definitions, consistent applications can be implemented across multiple fields adding to an inclusive theory of mentoring.

Mentoring Process

Dorsey and Baker (2004) noted that the mentoring process "focuses on the dynamics of the mentoring relationship" (p. 262). These dynamics can occur as a mutual experience that is reciprocal in nature and is dependent upon the needs of the protégé. Roberts (2000) presented one component of the process as reflective practice to bridge teaching and learning. He stated that "this form of Socratic dialogue appears as an essence of mentoring practice, and would seem to sit well within a caring, nurturing and protective relationship" (p. 155).

The process of mentoring assumes different stages in the development of the relationship. Stone (2004) described the stages of the mentoring process as consisting of orientation, discovery, and terminating. Kram (1985) described the stages of the mentoring process as imitation, cultivation, separation, and redefinition. In academe, business, and health care settings, successful transition consists of a structured orientation providing content for preceptor and mentor (Block et al., 2005; Brightman, 2005; Valeau & Boggs, 2004). Mentoring has many variations in definitions and implementation. As the body of knowledge continues to grow, greater clarity will assist in unifying the concept as applied to the discipline of nursing (Dyer, 2008; Turban & Lee, 2007).

Lopez-Real and Kwan (2005) expanded on this concept of relationship and process. The authors studied community mentors, protégés, and university tutors to determine the perceptions of professional development. Through surveys and interviews, the authors determined that professional development occurs through self-reflection and

through learning from protégés. Mentors experience benefits, and occasionally losses during the process. Lopez-Real and Kwan concluded that the mentoring process "can act as a catalyst for further mentoring and sharing between teachers themselves" (p. 24).

Significant Findings of Mentor Research

Ragins and Kram (2007) have noted that much of the research on mentoring has been framed using Kram's (1985) original study. This study identified the functions of mentors in the mentoring relationship. These functions are focused on career and psychosocial development. The career function includes explicit and tacit knowledge of the organization in which the mentor serves as a protector, a sponsor, and a coach (Kram, 1985; McKinley, 2004; Ragins & Kram, 2007; Tourigny & Pulich, 2005). To accomplish this function three phases occur. These phases are sponsorship, challenge, and coaching (Packard, 2004-2005). The psychosocial functions involve a strong development of trust and a relational process. The focus of the process is more on personal growth, self-worth, and self-efficacy. The mentor serves as a role-model, a counselor, and a friend (Ragins & Kram, 2007; Smith & Zsohar, 2007).

The challenge of conducting research on mentoring is the ever-changing dynamics of the relationship. Individual differences, lack of clarity of definitions, and increased identification of variables have created greater opportunities for research. Additional research about mentoring and the varying components will provide depth for continued building of an overarching theory. Using theories from other disciplines such as adult development, communication, psychology, and socialization, researchers can provide a broader understanding of mentoring (Ragins & Kram, 2007).

Although studies have used various frameworks, only a limited number of studies address the process of mentoring (Dorsey & Baker, 2004). Findings are based on anecdotal evidence and surveys exploring outcomes of mentoring and perceptions of the protégés (Campbell & Campbell, 2000; Ragins & Kram, 2007). Research others have contributed to the knowledge of mentoring includes studies on leadership theory (Yukl, 2002), social learning theory (Bandura), role theory (Dorsey & Baker, 2004; Ragins & Kram), psychosocial development (Erikson, 1963), and skill acquisition (Benner, 1984). The inclusion of multiple theories provides richness to the understanding of the many facets of mentoring. Various theories are more applicable depending on the mentor component being studied, such as the protégé, the mentor, or the process. These multiple theories contribute to the refinement of the body of knowledge, about the process of mentoring. As additional focused research is completed, including replication, greater generalizability of the findings will be possible thus creating interdisciplinary theories.

Two theories that provide understanding for the basis of mentoring and possible perceptions of mentoring are founded in Erikson's (1963) life stages for psychosocial development and in Benner's (1984) nursing theory on skill development. Erikson (1963) described eight stages of man and the resulting crisis that occurred with each stage. The positive resolution of each stage supported a successful advancement to the next stage as the individual developed psychologically while interacting with the environment and the social elements. Erikson identified the seventh stage, generativity versus stagnation, as the opportunity to give back to society. Individuals in this stage range from 35 to 65 years of age. The tasks of the individual at this stage were to reach out to others and society in order to guide, support, and nurture those who are to come. This reciprocal interaction

expanded the individual's fulfillment through being productive and giving back to society. From a professional perspective, generativity occurred not only with age but also with experience. Generativity took on the meaning of sharing knowledge, expertise, and modeling professional behaviors for the new graduate or to one transitioning into a new role. Erikson's theory assisted in understanding some of the motivation of one willing to be a mentor to new graduates and nurses in transition.

Benner (1984) built upon the concepts that learning occurred in stages and that as more experience is gained, further critical thinking skills are acquired, allowing one to look at the whole problem. Benner posited that a nursing student passes through several stages of proficiency, from novice, advanced beginner, competent, proficient, and expert levels. Benner founded these stages on the principle that one moved from (a) being reliant on others to being an independent practitioner, (b) from seeing the problem in parts to seeing it as a whole, and (c) from being an observer to being an active participant. McKee (2005) noted that Benner's theory is significant to nursing because nurses at the competent level were qualified practitioners and provided cost-effective health care. Benner pointed out that nurses graduating from school function at the advanced beginner role and need supervision and coaching to progress to the next level. She stressed the importance of hospitals providing preceptors for the transition. Nurses do not usually reach the proficient stage until at least three to five years following graduation (Benner, 2001; Duchscher, 2008).

Components of Mentoring

Components of mentoring identified in the literature include aspects of structure, delivery of the mentoring process, characteristics of the dyad, roles of mentoring, and the

preparation needed for successful mentoring. Various forms of mentoring occur within an organization based on the needs of the organization and the needs of the protégé. Ragins et al. (2000) described mentoring as on a continuum between formal and informal design. Design alone is not the only factor that impacts satisfaction of the relationship. Ragins et al. found that the quality of the relationship had an impact on the study. Although some studies indicate that informal mentoring results in greater mentoring outcomes, with high quality mentors, positive outcomes can occur in either end of the continuum between formal and informal mentoring designs.

Mentoring Structure

Dorsey and Baker (2004) described formal mentoring as goal-oriented, with a finite duration, and established by the organization. Formal mentoring is focused more on career-function goals rather than psychosocial goals (Gilmour et al., 2007; Kram, 1985; Ragins et al., 2000; Roberts, 2000). Organizations use formal mentoring to maintain standards through such activities as orientation programs for new employees and career development for current employees. There is greater organizational control of programs, objectives, and activities in order to meet institutional goals. These activities are contractual in nature and create an expectation of cooperation of employees. Mentoring programs are structured and include matched pairing of mentor and protégé and have been used in business, education, and more recently in health care (Tourigny & Pulich, 2005). Allen, Eby, and Lentz (2006) reported that someone else besides the mentor/protégé often does matching in formal settings. Formal mentoring has also been described as planned mentoring involving a specific focus and outcomes to be met by the mentor/protégé dyad.

Formal mentoring programs foster higher job satisfaction and a feeling of being valued by the organization (Tourigny & Pulich, 2005). Recognition from the institution is more common in formal mentoring and often requires mentor training, time specific interactions, and focus on orienting new employees. Through this form of recognition, career development occurs with both the mentor and protégé. Irvine (2001), studying a formal mentoring program for master teachers in education, found that mentors identified that assertiveness training should be included in the orientation program. Mentors also noted that time given to mentoring was a hindrance as a few of the master teachers identified that their own class teaching was compromised in order to mentor beginning teachers.

Informal mentoring is described as spontaneous and need-based, with a length that matches the need of the protégé (Dorsey & Baker, 2004). Ragins et al. (2000) added that informal mentoring is usually mutual in selection and more focused on psychosocial goals. The informal mentoring process occurs as a voluntary, natural occurrence and is a result of continuous interactions between the protégé and the mentor as trust develops. Through the course of these interactions, a mutual agreement develops based on the protégé's desire for further personal and professional growth. Protégés involved in informal mentoring experienced increased satisfaction, higher salaries, and increased mentor support (Ragins et al., 2000). Haider (2007) noted that in informal mentoring mentors may have little to no preparation for the mentoring process.

Informal mentoring does not have the constraints of formal contracts and prescribed organizational outcomes. Through these relationships, the focus is on meeting the needs of the protégé (Williams & Schwiebert, 2000). A protégé may have many chosen

informal mentors to support growth in multiple aspects of one's development. A protégé may have an informal mentor over a brief time or over one's lifetime. The mentoring process that occurs may not be focused on meeting organizational goals but may match the personal desires of both the mentor and the protégé.

Methods of Delivery

A current trend in the literature is the use of technology for networking protégés and mentors in distance mentoring situations (Bierema & Merriam, 2002; Duchscher, 2008; Ensher & Murphy, 2007; Hansen, 2000; Huang-Nissen, Lin, & Lee, 1999; Miller, Devaney, Kelly, & Kuehn, 2008). Technology can overcome constraints of distance and time. Using electronic mail (email) and video conferencing techniques, a protégé can benefit from multiple mentors as well as the convenience of being "physically" present when distance can be limiting. Protégés and mentors can communicate when personal and professional time is least demanding of the protégé's time (Stone, 2004). Electronic mentoring (e-mentoring) can benefit both mentor and protégé by expanding the boundaries of time and distance to enhance the ability to meet the protégé's professional development goals.

In e-mentoring activities, communication is completed in email that limits the ability to use nonverbal communication to enhance the interaction (Purcell, 2004). The style of the written message that occurs with email can be a barrier in developing a mentoring relationship. An email style of communication is usually very brief, using shortened sentence structure, which may hinder understanding of meanings and feelings. Sometimes email responses come as a result of quickly reading a request and often with less thought than if in a face to face interaction. Participants in Stokes' (2001) study also

identified the importance of occasional face-to-face interaction to enhance the more regular electronic communication. Ensher and Murphy (2007) also noted that depth of commitment using e-mentoring is still in question and needing research.

Group Mentoring

Newer trends to individual mentoring are the use of group mentoring (Purcell, 2004; Schwille, 2008), networking mentoring (Kilty, 2006; Schwiebert, 2000), and cascade mentoring (Dickinson et al., 2009). Group mentoring involves mentoring two or more protégés with similar needs. Use of this form of mentoring is more common in an orientation process, more formal in structure, and may involve peer mentoring for socialization (Kilty). These forms of mentoring are an opportunity to develop a learning community with peer and mentor support. Organizational resources for alternative mentoring promote successful transitions and role accomplishment. Mentor and protégé use effective communication, trust, and goal articulation to establish mutual goals and expectations.

Network and cascade mentoring promote developing several mentors during the same period. Multiple mentors may each have specific expertise that can enhance a protégé's personal and professional development. Network mentoring can benefit both the mentor and the protégé. It is rarely possible to find one mentor who meets the needs of a protégé and multiple mentors expand the opportunities for protégé success. The mentor can share the value of teamwork and build on the specific expertise of mentors in different areas. Packard (2005) described cascade mentoring that promotes faculty mentoring graduate students who mentor upper-class students who then mentor novice students.

A common form of mentoring that has occurred at both student and faculty level is known as lateral, peer-to-peer, or horizontal mentoring (Jeffreys, 2001; Kilty, 2006). This form of mentoring can be informal and focused on community building through reducing competition. Peer mentoring provides the opportunity to develop a network of support (Schwiebert, 2000). Peer mentoring in academe focuses on individual and mutual professional growth (Jeffreys; Kilty). Minimal hierarchical structure of peer mentoring encourages protégés to closely identify with the mentor. Peer mentors have the advantage of recently being protégés. This advantage, however, also serves as a disadvantage in the area of acquiring expertise.

Role of Mentoring

Mentoring can take on many roles and there are commonalties throughout different fields studied. From the definitions of mentoring, one can identify roles that are assumed by the mentor to provide a successful experience. These roles are teacher, role model, protector, advisor, and guide (Dyer, 2008; Kilty, 2006). Mentor roles include aspects of an apprenticeship model, competence model, and reflective model (Jones, 2001; Schwille, 2008; Smith & Zsohar, 2007). As newer strategies develop, mentors need to practice flexibility to meet the demands of the role. Additional roles identified in the literature include being an advisor, an assessor, a counselor, and a role model (Chong, 2009; Haider, 2007). Kwan and Lopez-Real (2005) clustered the various roles of mentors into three areas: (a) the pragmatic, (b) the interpersonal, and (c) the managerial. Of these areas, Lopez-Real and Kwan discovered that mentors who noted that their perceptions of the role change moved from the pragmatic to the interpersonal role focusing on relational issues.

Blauvelt and Spath (2008), studying mentoring for new faculty, also identified the role of nurturing and caring as a component of the role of a mentor. Mentors must be able to offer trust, approachability, objectivity, and empathy. A safe and trusting environment will allow protégés to share areas of vulnerability and gain opportunities for learning. A strong sense of teaching strategies will assist the mentor in developing a relationship with the protégé. Strategies such as storytelling, case presentation, reflective techniques, and effective and active listening are tools the mentor will use during the mentoring experience (Blauvelt & Spath; Haider, 2007). Protégés had strong previous clinical experience but limited exposure to teaching in an academic environment. Protégés recommended the mentoring program have an extended time frame and reduced ratio for mentor to proteges.

Johnson (2002) suggested the primary role of a mentor is to assist the protégé in recognizing his or her full potential and advancing toward the identified goal of the protégé. Past expectations of mentors were in promoting career success whereas current expectations include interpersonal aspects and skill development. The mentor teaches more than the *what* or the skills of a profession. A mentor also teaches the *how* of the profession.

Characteristics of Mentors

The majority of articles written about mentoring have explored the characteristics of mentoring and characteristics of a mentor preferred by protégés. These characteristics include teaching critical thinking, being a communicator (Dickinson et al., 2009; Johnson, 2002), providing leadership (Tourigny & Pulich, 2005), and modeling the values of a professional (Johnson; Owen & Patton, 2003). Through the decades of

studying mentoring, common characteristics that were shared between the mentor and protégé included mutuality, willingness to engage, and willingness to trust (Owens & Patton, 2003; Dyer, 2008; Dickinson et al.; Dracup, 2004; Vance 2000).

Dickinson et al. (2009) reported on characteristics of mentors that are present in best practice situations. These characteristics included those previously mentioned, as well as flexibility, objective support, and some degree of personal sharing between the dyad. Characteristics identified in worst practice situations included lacking confidentiality, intimidating and threatening questions from mentors, attempting to 'clone' the mentor, and lacking explanations or rationales for mentor actions.

Dyer (2008) noted additional characteristics of mentors needed to create successful relationships are more focused on personal characteristics of trust, generosity, approachability, and having a positive outlook. Characteristics supporting career success were enhancing critical thinking techniques, developing problem-solving skills, focusing on others, and providing accurate responses (Chong, 2009; Smith & Zsohar, 2007). Mentors also possess characteristics of commitment, approachability, generosity, and self-confidence. Luck (2003) summarized characteristics of mentors and the mentoring experience as one consisting of mutual trust, sharing of experiences, exploring of options, and clearly defined boundaries. Success in mentoring involves a combination of these characteristics for ideally matching characteristics complementing each participants need.

Preparation

Mentoring skills may come naturally for many individuals; they may need to be acquired for others. Skills needed for mentoring include communication ability, knowledge of leadership concepts, and clinical expertise. Although many studies

discussed the importance of having orientation programs, the content of each training activity is not clearly articulated. Smith and Ingersoll (2004) described variations of induction programs for education. These programs are similar to mentoring programs and orientation programs in the business sector. The variations that Smith and Ingersoll described included purpose, length, structure, selection, and how training is conducted. Mentoring preparation varies by program and purpose and lacks consistency between programs. Successful mentor programs include opportunities for preparing individuals to become mentors.

Mentor training programs should include information on establishing a mentoring relationship (Beyene et al., 2002; Dickinson et al., 2009), negotiating gender and cultural differences (Grant & Simmons, 2008), identifying boundaries of the relationship (Casto et al., 2005), and terminating the relationship when goal attainment has occurred or dysfunction is present (Deck, 2000; Schwiebert, 2000; Tourigny & Pulich, 2005). Additional information to include in training programs may be more organization specific, such as methods for assessing learning styles, developing goals, and evaluating the relationship (Allen et al., 2006; Kilty, 2006). Dickinson et al. (2009) also described the significance of including a focused training session with the mentoring dyad with education about communicating, conflict resolution, and understanding individual uniqueness.

A major component of preparation for mentoring focuses on the matching of mentoring pairs (Bernier, Larose, & Soucy, 2005). P-Sontag, Vappie, and Wanberg (2007) outlined a plan for matching women in leadership who have demonstrated high potential for success. Interviews were completed on both mentors and prospective

protégés. Computer assisted and manual selections were completed and 250 partnerships were then matched in a group mentor process. The success of this program has led to the expansion to over 32 countries using electronic mentoring as a venue.

Stone (2004) shared experiences of the mentor programs of several companies. These companies have a half-day to full-day training for mentors. Materials were provided via video, written handbooks, and role-play exercises. General content presented in orientation programs included overview of program, time commitment, expectations, summary of policies, and possible negative aspects (Stone). Schwiebert (2000) additionally identified the importance of establishing training programs that teach women how to effectively mentor other women in organizations.

Goals of Mentoring

Roberts (2000) stated that "socialisation refers to the need to adhere to the 'rules' of the group; mentors may help in this process. Indeed, induction to organisations has been identified as an area where mentoring is often utilised" (p. 150). Students beginning their professional experience may face challenges in transitioning from guided practice as a student to independent practice as a professional. Graduating students, whether from undergraduate or graduate programs, may have difficulty practicing in a competent and confident manner (Duchscher, 2008; Johnson, 2002).

Mentoring has been utilized to assist in increasing retention of students in specialized fields such as science and technology (Packard, 2004-2005), at-risk students (Pagan & Wilson, 2002-2003; Santos & Reigadas, 2004-2005), school teachers (Lopez-Real & Kwan, 2005; Schwille, 2008; Pitfield & Morrison, 2009), physicians (Purcell, 2004), and nurses (Duchscher, 2008; Smith & Zsohar, 2007). These areas may experience

a high level of attrition as a result of changing majors or transitioning into new roles. Tinto (1988) documented the importance of faculty interaction to assist in successful transitioning in academic settings.

Mentors have been used in business to promote transference of tacit knowledge, cultivation of new leaders, and development of activities to promote confidence in protégé (Dickinson et al., 2009; Tourigny & Pulich, 2005). Benson et al. (2002) described other events in business that used mentoring during a period of reorganization to successfully meet the outcomes established by the organization. Mentoring has also been described in education settings to assist in the transition of novice educators (Lopez-Real & Kwan, 2005; Schwille, 2008; Smith & Zsohar, 2007).

Increased Diversity

Mentoring in cultural situations have presented unique challenges. These challenges were a result of variations in customs, traditions, and practices (Stone, 2004). Cultural considerations of communication have lead to misunderstanding and possible conflict. In order to overcome these challenges, the mentor needed an awareness of personal values and assumptions that may have lead to conflict between protégé and mentor (Scisney-Matlock & Matlock, 2001; Stone; Williams & Schwiebert, 2000). Developing a clear understanding of personal assumptions and biases allowed for communication that was more open and provided opportunities to focus on similarities which helped to build trust.

Mentoring in cultural diversity encouraged both mentor and protégé to develop sensitivity to the uniqueness of each individual. Cultural sensitivity has promoted a synergistic growth and collaboration. The dyad required a strong sense of trust, open

communication, reciprocal learning, and acceptance of values (Ensher & Murphy, 2005; Williams & Schwiebert, 2000).

The literature identified protégés acknowledging career benefits occurring with having a mentor of a similar background (Ensher & Murphy, 2005; Huang-Nissen et al., 1999). One possible solution for mentoring in cultural diversity was to use multiple mentors. This style of mentoring has provided a source of synergistic growth that was different from what might occur in traditional mentoring styles. There was more of a natural development of the mentoring dyad than was common in formal mentoring which also enhanced the development.

Women have identified a lack of female mentors in leadership (Greenhaus & Singh, 2007). Additional studies have indicated several unique aspects experienced by women in leadership in which mentoring may provide support. These areas include (a) balancing work commitment and family (Greenhaus & Singh), (b) gaining leadership experience (Luecke, 2004); (c) establishing networking (Luecke), and (d) providing sponsorship for career advancement (Giscombe, 2007).

Luecke (2004) noted that there are many challenges facing women in mentoring. Women who try to balance work-career and family are often viewed as lacking commitment to career. Matching with cross-gender mentors still creates challenges due to differences in perceptions of responsibilities of work and family. Another challenge noted by Luecke is the possibility of the suggestion or rumors of sexual intimacy between mentor and protégé.

Chang and Schwiebert (2000) included the challenge of perception of power in male/female mentoring. Females as mentors can be viewed as having less power than

males as mentors. Schwiebert (2000) noted that women who mentored women provided career and psychosocial benefits. In discussing the most beneficial form of mentoring for women, using multiple mentors can enhance achieving advanced positions (Casto, Caldwell, & Salazar, 2005; Schwiebert).

Community mentoring programs support involvement of community and programs. Big Brothers, Big Sisters are an example of a community partnership-mentoring program. The advantage of this type of program is to learn life skills and exposure to careers. Self-esteem is enhanced and skills can be developed for the protégé. Mentors in a community mentor partnership serve as role models for the protégé and encourage continuation in a learning setting (Schwiebert, 2000).

Improved Retention

Administrators in higher education have focused on recruitment of students and are now facing a greater need to retain students. Several researchers have explored factors that affect student retention (Andreu, 2002; Elkins, Braxton, & James, 2000; Tinto, 1975; Tinto, 1988; Tinto, 1993). Variables that have been identified by researchers include academic variables, environmental variables, intent to leave, educational goals, and faculty attitudes (Jeffreys, 2004; Packard, 2004-2005). In Tinto's model of social/professional integration, social integration is an important model in which faculty have an opportunity to provide guidance (Jeffreys, 2004).

Student retention is a multifaceted experience. Campbell and Campbell (2000) identified the use of faculty mentoring matched to undergraduate students to minimize dropouts in diversified enrollment. Faculty mentoring enhanced student academic success and promoted progression to post graduate studies (Packard, 2004-2005). Woodyard

(2000) suggested that mentoring relationships supported graduate students in completion of graduate education.

Mentoring of new faculty into the academic community assists with enhancing teaching quality (Brightman, 2005), socialization (Blauvelt & Spath, 2008), and diversity (Grant & Simmons, 2008). Mentoring programs in the academic setting encourage collaborative work to enhance research and publication and to improve teaching techniques. Working collaboratively becomes a role-model for students and improves the shared governance of the department as well as enhances the possibility of interdisciplinary publications.

Enhanced Work Environment

Mentoring in organizations promotes leadership, staff retention, and improved job satisfaction. These findings have been consistent across organization settings, including business, academe, K-12 education, and health care. Mentoring programs have been developed to meet strategic goals in challenging economic time (Ragins & Scandura, 1999; Santucci, 2004). A challenge in developing a mentoring program is in creating a mentoring culture that encourage employees to become mentors (Dyer, 2008). Ragins and Scandura found that employees were more inclined to become mentors if they had previously been protégés.

Institutions have also used mentoring to reduce job related stress and improved retention (Sosik & Godshalk, 2000). Decreasing job stress can increase individual productivity, reduce health care costs, and increase effectiveness of the organization. Mentoring has been beneficial in challenging new leaders and reducing the length of time for the learning curve. Sosik and Godshalk explored the relationship between mentors'

leadership behaviors and the outcome of job related stress. Job related stress can contribute to decreased effectiveness, dissatisfaction, and increased turnover. Sosik and Godshalk identified leadership styles affecting job stress and discussed how leadership styles that included a more mentoring focus had decreased job stress. This is supported by Stone (2004) regarding using mentoring in leadership. Stone described the use of mentoring in supporting the growth of new leaders as well as enhancing the mentor's role.

A current innovation to mentoring is called reverse mentoring which involves mentoring someone in a higher position (Ragins et al., 2000; Stone, 2004). Stone described the benefits of this form of mentoring to improve management's understanding of the workings of the company. Reverse mentoring has been used to improve understanding of technology, interpersonal relationships, leadership styles, and networking.

Santos and Reigadas (2004-2005) studied at-risk students, based on ethnicity, and looked at the impact faculty mentors had on student success. Although the authors found that having homogeneity positively affected student success, a greater finding was the barriers to the mentoring program. These barriers included lack of recognition for commitment of faculty and possible deletion of programs based on economic factors. Huang-Nissen et al. (1999) also reported on the importance of homogeneity mentoring in graduate students to create a sense of understanding and unity with protégés.

Cornell (2003) explored perceptions of mentors in an educational setting with pre-service teachers, university educators, and liaisons. The areas surveyed included training, time-on-job, role satisfaction, decision to become a mentor, importance of role to success

of the program, willingness to be a future mentor, and effectiveness of university liaison. While this study explored mentors' perceptions, it was focused on a partnership arrangement with a university and the perceptions explored were more on the "workings" of the partnership. The findings supported the need to have effective communication between participants to reach strategic goals.

Cost Analysis of Mentoring

Mentoring programs are increasing in organizations to improve satisfaction of employees and to develop leadership attributes. Organizations evaluate a return on investment in order to understand a mentoring program and develop a strategic plan. Understanding the goals of the organization and of a cost-benefit analysis leads to developing a more successful program. Mentoring programs assist in meeting organizations' goals of reduction of staff turnover, increased confidence, and deepened mentor professionalism (McKinley, 2004; Ragins & Scandura, 1999).

Leaders in organizations evaluate a return on investment in order to understand a mentoring program and develop a strategic plan. A mentoring program can enhance an organization through incorporating evidence-based criteria and programming strategies to provide the greatest return on investment. An increase in mentoring programs has lead to a sharing of strategies and structure, thus creating the opportunity to build on successful programs currently in place.

Benefits

References to the benefits of being mentored abound in the literature. The fields of management and education have the largest findings on how mentoring develops professional skills, promotes confidence in thinking, encourages professional

identification, supports satisfaction with the field of practice, and fosters student success in completing programs (Johnson, 2002). Nursing literature is now supporting similar benefits to mentoring and being mentored (Gilmour et al., 2007; McKinley, 2004; van Eps et al., 2006a).

Mentors also identify intrinsic and extrinsic rewards from the relationship. Mentors have reported increased networking, renewal of the passion for their profession (Andrews & Wallis, 1999; Deck, 2000; Johnson, 2002; Ragins & Kram, 2007; Ragins & Scandura, 1999; van Eps et al., 2006a), increased research, and a sense of generativity (Deck; Erikson, 1963; Johnson & Ridley, 2004; Kilty, 2006). Outcomes noted for the mentor and protégé included personal and professional growth, improved recruitment and retention of staff, and improved job satisfaction (Craven, Mengel, & Barham; 2004; Dyer, 2008; Stone, 2004; Zachary, 2002). Specific organizational benefits included decreased orientation costs, increased effectiveness of new nurses, leadership support, improved reputation, and improved cost savings as a result of retention (Craven et al.; Dyer). Stone (2004) also identified an increase in minorities in upper management and increased employee productivity. Mentoring programs have been identified as an attraction for prospective hires (Chong, 2009).

Dickinson et al. (2009) noted that mentoring could result in a "boomerang" effect when helping a protégé. The boomerang effect occurs when a protégé has matured and met their goals and the reward than "boomerangs" back to the mentor. The mentor then receives some of the same benefits that the protégé experienced. The boomerang action affected the mentor as well, was often identified upon reflection, and was viewed as more of a mutual relationship when the reward was not expected.

Outcomes

Outcomes of mentoring have been identified in the literature from a variety of different perspectives. Quantitative studies linking outcomes directly to mentoring have been limited. Protégés have responded that mentoring led to career outcomes of preparing for advancement, easing socialization into the organization culture, and a feeling of protection and sponsorship among peers (Kilty, 2006; McKinley, 2004; Stone, 2004). Career outcomes described by mentors included increased job satisfaction, recognition from upper management, and being assigned more challenging assignments (Schwiebert, 2000). Psychosocial outcomes identified by both protégé and mentor were confirmation of skills, sustained and improved self-image, confidence, and friendship. Protégés further described personal growth, new attitudes, and gained knowledge and competencies (McKinley, 2004).

Institutions have also been studied to explore outcomes. The outcomes identified were an improved return on investment. Institutional loyalty has been noted to increase from both the mentor and protégé perspectives. Individuals believe that mentoring programs recognized their value to the institution which resulted in increased loyalty and productivity (Benson et al., 2002).

Obstacles

Misalignment of the organizational culture and mentoring culture may exist, resulting in a possible ineffective and unsuccessful mentoring program (Bally, 2007; Johnson, 2002; Ludwig & Stein, 2008). In education, this misalignment occurs if there is a lack of clarity in the role of mentoring as applied to the promotion and tenure process. Mentoring has not been identified as an activity that can be counted toward promotion or

tenure, but it has been identified to assist with success at scholarly activity. In a study completed by Irvine (2001), mentors were not as willing to repeat being a master teacher due to discrepancy in extrinsic rewards and the expectations of the district for the workload of master teachers. Workload issues have been identified as possible obstacles in business (Dickinson et al., 2009; Stone, 2004), education at all levels (Irvine; Johnson; Santos & Reigadas, 2004-2005), and in the nursing profession (Bally; Dracup; Johnson; van Eps et al., 2006a). Additional barriers may include time constraints, misalignment of goals, lack of trust, and fear of failure. The misalignment may include confusion of roles. Ludwig and Stein (2008) identified possible conflict if the mentor is also a protégé's supervisor. Through communication and trust, clarification of the roles assists in developing a successful mentor relationship.

Turban and Lee (2007) pointed out that most of the research and anecdotal literature has stated that there is a positive outcome of mentoring, but some recent literature has discussed negative results. Turban and Lee also noted limited research exploring personalities of the protégé and mentor in the mentoring relationship. Dickinson et al. (2009) from Sun Oracle Microsystems documented the Sun Engineering Enrichment and Development (SEED) mentoring program. The SEED program has been designed for developing and preparing an employee for leadership. In the report, the authors explored the personalities of the employees using the Myers-Briggs-style personality survey as a beginning communication strategy for the mentoring pair. Few authors reported using a personality survey to study the mentoring dyad.

Turban and Lee's (2007) review of literature noted mentoring studies have found possible limitations and obstacles that affect the mentoring relationship. These limitations

included increased reliance of protégés, inaccurate information from mentors, impact of change in status of the mentor, length of time of the mentoring process, and mismatch of personalities of the mentoring pair (Dickinson et al., 2009; Johnson, 2002). Those who have written about the mentoring dyad have also noted mismatches in attitudes, values, beliefs, manipulative mentor behaviors, general dysfunctionality, power issues, lack of mentor time and expertise, and formalizing mentoring can limit the success for mentoring (Johnson; Ragins et al., 2000; Tourigny & Pulich, 2005). The major influence affecting matching mentor and protégé is based on the characteristics protégés seek in a mentor (Dickinson et al., 2009; Turban & Lee). While these characteristics have been explored in the literature, a limited number of studies have explored the characteristics measured from the mentor perspective (Allen, 2007; Ragins & Kram, 2007). A new component in identifying characteristics of protégés and mentors is in exploring the emotional intelligence of the mentors (Johnson; Turban & Lee). Emotional intelligence refers to the ability of the mentor and protégé to understand the emotions of self and others, which can enhance the mentor and protégé to better understand how to relate emotionally to others for mentoring success (Cherniss, 2007).

Campbell and Campbell (2000), studying perceptions of protégés and mentors, reported that protégés' perceptions of the mentor role were not as accurate as the mentors' perceptions of the protégé role. The authors also noted potential for conflict between perceptions of the mentor and protégé dyad. Benefits reported by protégé included having received advice, guidance, and information. Mentors reported deeper conflicts than did students. Mentors viewed lack of student commitment through poor responses to emails, lack of attendance at meetings, and failing to respond to telephone

messages. An interesting component to the study was for each participant to identify what he or she perceived as benefits for the other participant. Protégés were not able to identify as many benefits for the mentors. Kram's (1985) presentation of the two main components of mentoring, career and psychosocial, was supported by Campbell and Campbell's finding of greater mentor focus on social relationship and protégé focus on "career" in academic success.

Cross-cultural and cross-gender. Those who studied cross-cultural and cross-gender mentoring have identified several limitations. Additional writings have suggested cross-cultural and cross-gender mentoring as a limitation (Casto et al., 2005; Johnson, 2002; Santos & Reigadas, 2004-2005). The majority of the studies noted that the information is gleaned from cross-sectional rather than longitudinal research so that findings in the majority of the research do not lend themselves well to transferability of the findings. Findings from previous research are loosely held together through although there is a lack of theoretical underpinnings and evaluative research (Valeau & Boggs, 2004). One consistent finding is the lack of female role models for mentoring females through the ranks of leadership (Grant & Simmons, 2008; Johnson, 2002; McKeen & Bujaki, 2007). Reasons the lack of female mentoring might occur is due to differing expectations of women in the socialization process and career expectations of society (Casto et al., 2005; Johnson, 2002; Luecke, 2004; Ragins & Kram, 2007; McKeen & Bujaki). In spite of the challenges of finding female mentors, women are still developing informal mentoring experiences and recognize the need for mentoring for success in work (McKeen & Bujaki; Santos & Reigadas, 2004-2005).

Casto et al. (2005) discussed the dynamics of mentoring in cross-cultural and cross-gender conditions. The authors noted that women had decreased access to women mentors in their profession. Their study involved the personal stories of women in graduate study with the focus on benefits to protégés. Through the participants' stories, the mentor role was identified as one of giving back to others, having flexible boundaries, and gaining a sense of fulfillment. A significant finding from the stories is that "mentoring can combat feelings of isolation and marginalization" (Casto et al., p. 333). Limitations identified in this study included the risk of protégés overstepping boundaries, lack of women as mentors, and challenges of cross-gender and cross-cultural mentoring.

Grant and Simmons (2008) wrote about mentoring of African-American women in academe. Delving in depth in their experiences as a graduate student and as a tenure-track faculty, the authors developed a theory on mentoring African-American women. Their study supported the need for African-American female mentors in academe. In contrast, the participants in Campbell and Campbell's (2000) study did not report any conflict due to culture or gender.

Dysfunctional relationship. The mentoring process may result in a dysfunctional mentoring relationship. Johnson (2002) reported on the literature in the field of psychology, especially in the academic setting. A mentor's personality and behaviors, such as being controlling, aloof, critical, egocentric, and unrealistic, along with mismatched expectations, may result in dysfunctional mentoring (Ensher & Murphy, 2005; Johnson).

Problems found to create issues in the mentoring process included multiple roles of the mentor, lack of organizational support, unrealistic expectations of all involved, and

challenges with ending the relationship (Ragins et al., 2000). Sensitively addressing these issues in a mentor orientation program would provide the skills needed to work through these challenges during the mentoring process. Dysfunctional mentoring can result in increased job stress, decreased desire of mentor and protégé to participate in a subsequent experience, increased turnover, and decreased efforts in teamwork. Unfavorable actions include using manipulation, providing too much criticism, and challenging the protégé. These actions can result in resentment, jealousy, and rejection (Stone, 2004).

Imbalance of power has been documented as a major obstacle in mentoring relationships. Johnson (2002) noted that in academe, power imbalance might result in exploitation of students, ethical issues about the relationship, and lack of boundary setting. Stone (2004) described the use of influencing skills to assist protégés in making changes in attitudes and skills. Skills that can be used to influence include establishing trust, affirming the message was heard, and using mediating statements. If the mentor is in a supervisory position, the influencing skills can be viewed as threatening communication. This form of mentoring can become dysfunctional with unfavorable outcomes.

Additional obstacles to mentoring relationships noted in the literature are in using self-reported competencies to assist in matching mentors and protégés. Dickinson and colleagues (2009) described the potential for cognitive bias resulting from having protégés and mentors self-report strengths and characteristics they possess that might influence matching of the dyad. The authors described this bias, noting that "neither the mentee nor the potential mentor can be fully objective in assessing strengths and

weaknesses (competencies), so the match will to some extent be based on a false compatibility evaluation" (p. 26).

Time has been noted as a factor affecting availability to mentor, conflicting time with protégé and work requirements, and lack of time for preparation for mentorship (van Eps et al., 2006a). Van Eps et al. completed an evaluative study of a mentoring program during 1999 and 2002 and respondents noted that a major contributor to the dissatisfaction of mentoring was a result of time elements. Mentors reported the challenge of caring for a full patient caseload and being required to also spend time with the students. The mentors stated that they spent personal time to fulfill the responsibility of mentoring as a result of lack of time provided by the administrators. Time commitments and administrative expectations require a different standard than for nurses without protégés.

Facilitators of Mentoring

Several strategies have been noted in the literature promoting effectiveness of the mentoring relationship. Johnson (2002) identified several strategies that enhance the mentoring process and outcomes of mentoring. These strategies are expressed in the areas of organizational, departmental, and personal strategies. Significant planning and preparation promote a healthy mentoring environment (Dickinson et al., 2009; Johnson).

Organizational strategies include establishing an award structure, including mentoring in accreditation standards, and providing training with practice guidelines (van Eps et al., 2006a). At a department level in the education process, strategies promoting mentoring include the requirement in the job description, providing training for the mentor and for the protégé, developing assessment criteria, and providing clear reward

components (Johnson, 2002). At the individual level, there are several salient points to becoming a successful, intentional mentor. These points demonstrate an exemplar in mentoring and include being selective, clarifying expectations, affirming the protégé, intentionally modeling behaviors, and providing for developmental growth (Schwiebert, 2000). Whether the mentoring program is formal or informal, there are essential steps in establishing the guidelines for mentoring. Ethical considerations also are a component of the steps in establishing guidelines: be ethical and avoid power exploitation, be aware of conflict and dysfunction, model healthy relationships, and attend to issues of gender, race, and culture. Van Eps et al. (2006b) further noted that mentors who serve as liaisons between the organization and academics need more communication with clear expectations. Communication with open dialogue and clarity have been mentioned by others as a major need for mentoring to be successful (Deck, 2000; Dyer, 2008; Pulsford, Boit & Owen, 2002).

Mentoring in Discipline of Nursing

Mentoring literature in the fields of business and education has set the foundation for our understanding of mentoring in health care. Although there is great similarity in findings for definitions, types, and outcomes, there are also unique aspects of mentoring. In this section, the unique components as applied to nursing were explored. Grossman (2007) described the importance of health care organizations in having a culture that values mentoring. In this type of culture, mentoring and precepting can abound, providing improved quality of care, increased retention, reduced orientation time, and sustained employee satisfaction.

Although the terms "mentor," "coach," and "preceptor" are often used interchangeably, the meaning in nursing is very different (Block et al., 2005; Gilmour et al., 2007). Literature from Great Britain and Sweden use the term mentor to mean someone who supervises, grades, evaluates, and manages conflict with care (Andrews & Wallis, 1999; Pulsford et al., 2002). These terms are associated with the term "preceptor" in the United States. Using these two terms interchangeably creates confusion as to the impact of the findings (Tourigny & Pulich, 2005; Wagner & Seymour, 2007; Yonge, Billay, Myrick, & Luhanga, 2007).

Consistency in the use of the terms "mentor" and "preceptor" enhances developing a common understanding of the concept, generalizing the findings to different locations, and understanding of the terms utilized (Myall, Levett-Jones, Lathlean, 2008; Yonge et al., 2007). Additional terms that have been used in place of mentor include role model, guide, confidant, coach, sponsor, advisor, leader, and supervisor. The multiple terms used synonymously adds to the complexity of the concept and the contexts in which the terms can be applied. Yonge et al. posited that "without a clear understanding and correct usage of these two terms, one will fail to achieve a successful implementation of both in nursing curricula, professional programs, and the mentoring of faculty" (p. 1).

Preceptoring

Preceptoring, also called precepting (Chong, 2009), is defined in the U. S. from a clinical perspective. In nursing, preceptors are used predominately in the clinical setting to assist new graduates as they transition to the role of staff nurse (Gilmour et al., 2007; Yonge et al., 2007). The preceptor's role includes teaching, supervising, promoting preceptee skill acquisition, and evaluating the protégé (Mills et al., 2005; Roberts, 2000;

Yonge et al.; Santucci, 2004). The length of the relationship is usually assigned, evaluative in nature, and encompasses a short-term time frame (Kopp & Hinkle, 2006; Ragins, et al., 2000; Yonge et al.). The goals of a relationship within a clinical setting are established by the organization. Benner's (1984) work has a loose origin in the preceptorship model for nursing as the new graduate transitions from the novice to expert level.

Kilty (2006) concluded "preceptors acculturate learners into the rule of conduct, skills, competencies, procedures, policies, and protocols of the profession and organization" (p. 17). The University of British Columbia's College of Health Disciplines (2004) described preceptoring as "an instructional role in which a health sciences professional is paired for a specific time period with a learner…to assist and support learning experiences and orient the learner" (¶ 2). The authors further reported that a survey completed in 2000 at a Children's and Women's Health Center reported that 16% of the preceptors were confused in their roles, thus leading to challenges in implementation.

Internationally, the definition of the preceptor role is defined as mentor. Andrews and Wallis (1999) chronicled the history of the term mentor in England. Prior to 1990, the term was defined by the English National Board (ENB) for Nursing, Midwifery and Health Visiting as a wise and trusted counselor and advisor. During the next several years, the ENB added the components of supervising and assessing students working in the clinical field (Andrews & Wallis). The added components now put the definition of mentor in line with the U. S. definition of preceptor.

Mentoring

The term mentoring is a process between two or more people; a relationship between an experienced individual and an aspiring protégé (Yonge et al., 2007). Tourigny and Pulich (2005) described the process as a relationship with shared learning and commitment that is mutual in nature. The relationship formed with a mentor is usually long-term and provides mutual growth and reflection (Bally, 2007; Johnson, 2002; McKinley, 2004). McKinley noted that an additional component to mentoring was the establishment of a value base. Mentoring new nurses helps clarify the values of the profession as well as the organization. This process of clarification supports the beginning values of the nurse while developing increasingly complex skills required of the profession.

There are similarities between mentoring and preceptoring. Such similarities may include skill development, as well as learning about the structure of the organization (McKinley, 2004). Both activities use reflective questioning to challenge the context in which the nurse is practicing. As the framework is questioned, the nurse develops additional critical thinking skills, thus enhancing practice and improving patient outcomes (Forneris & Peden-McApline, 2006; Santucci, 2004).

Internationally, the Welsh Board for Nursing (WBN) Midwifery and Health Visiting provided the definition of mentorship as one including a long term relationship, a relationship between a person with experience and one seeking advancement and progress. Thus, literature coming from the United Kingdom and Sweden created confusion with being able to generalize findings due to differing role definitions (Andrews & Wallis, 1999). Bally (2007) noted that the Canadian Nurses Association

defined mentoring as a voluntary, long-term relationship between one with experience and one less-experienced with leadership potential.

Foundation for Nurse Mentors

In approaching the expert stage of Benner's (1984) theory, the mentor gains security in his or her role in order to be able to give back to the profession. In order to become an expert, the nurse will include seeking a preceptor for skill acquisition, long term mentoring for professional development, and peer mentoring for continued skill growth. This finding is supported by Levinson et al.'s (1978) discussion of mentoring to transition into adulthood. The expertise of the mentor is based on seniority, knowledge, and respect in the professional arena. This aspect of mentoring is comparable to the apprentice model previously discussed. Benner noted that advancing to the expert level of skill acquisition might take up to five years following graduation. The expert, or master, shares the expertise of skills, values, and attitudes of the profession with the novice, or apprentice. As a mentor, the focus is on guiding protégés to their stated goals and outcomes.

Benjamin (2007) noted that "serving as a mentor is a learning experience for both the people I mentor and myself….we learn from each other because we each bring a wealth of knowledge and experiences to the interaction" (p. 103). Benjamin compared his personal growth as a leader and department chair to the stages identified by Benner's (1984) Skill Acquisition theory of novice to expert clinicians. Through the experience, Benjamin noted his growth from a novice department chair to proficiency based on his self-assessment and willingness to mentor others in their growth.

Nurses can benefit from the process of mentoring through having an experienced nurse to share ideas (counseling), to observe expertise in interactions with other health team members (role-modeling), and to share stresses and joys experienced during the work day without fear of discipline (friendship). To illustrate the phases of sponsorship, challenge, and coaching (Packard, 2004-2005) for the nursing profession, a graduate nurse applying for a job would receive letters of recommendations from faculty members (sponsoring), assistance in planning and caring for complex patients (challenge), and encouragement to develop the art and skills needed for becoming a charge nurse or advance in leadership (coaching).

Components of Nurse Mentoring

Studies about formal mentoring programs abound in the business and education context, but have had limited research in health care settings (Gilmour et al., 2007). Currently, use of formal mentoring in health care settings supports new graduate nurses as well as nurses transitioning to new settings and roles (Ali, 2008; Gilmour et al., 2007). The formal mentoring programs include structured workshops and a process for matching mentors and protégés.

Waters, Clarke, Ingall, and Dean-Jones (2003) described using mentoring in supporting a nurse's transitioning into a leadership position. Initially mentors went through a full-day orientation, and during orientation the protégés were assigned a mentor in a formal structure. Protégés reported that informal mentoring would have resulted in a better match although there was still support for the program and the results it provided, support for the transition into leadership.

The use of mentors in nursing is still at an early stage of implementation. Research about mentoring in the discipline of nursing is beginning to expand and mature. As research is being developed, providing a clear distinction between mentoring and preceptoring will assist in developing a clearer understanding of the terms. Dracup (2004) discussed mentoring and preceptoring and applying the characteristics to Robert Wood Johnson (RWJ) Executive Nurse Fellows Program core competencies. Characteristics presented by Dracup, included the need for strong preceptors during this time of the nurse shortage. She defined preceptors as clinical experts who help nurses transition through Benner's (1984) novice to expert levels. She stated that career mentors in nursing have characteristics of being effective listeners, humorous, open to share insights, supportive to assist with career decisions, and able to present entrance into opportunities in nursing.

Dracup (2004) presented core competencies identified for the RWJ Executive Nurse Fellows Program for the development of leaders and mentors. These competencies were applied to the mentoring process and mentor development; they included self-knowledge, strategic vision, risk-taking and creativity, effectiveness in interpersonal communication, and inspiration. In presenting the results of the RWJ Fellows program, Dracup provided examples of the application of these descriptors to the clinical nursing setting. Dracup called for support in hospital settings for the development of preceptors and career mentors to promote growth in nursing.

Nursing has been challenged with providing qualified nurses to meet the demands in the current nursing shortage. Jeffreys (2001) identified that the changing workforce and demand for nurses has resulted in a more diverse applicant pool. Nontraditional students have increased the number of applicants to nursing schools. Jeffreys has

explored the characteristics that affect the retention of nontraditional students and has developed a theoretical framework for studying student retention. Jeffreys defined at-risk students as "individuals who overestimated their academic supports and underestimated their need for preparation" (p. 142). The students' perception of their academic ability in nursing is often overestimated. The student fails to perceive a need for support to be successful in nursing. Jeffreys studied programs consisting of "proactive, ongoing, and transitional interventions" (p. 142) focused on academic success, including mentoring. Shelton (2003) presented student perceptions of faculty support and concluded that functional support and psychological support had a strong effect on students who were less likely to seek support. Functional support was defined as monitoring academic status, providing academic assistance with study skills, and referring to the appropriate enrichment programs. Psychological support was defined as approachability of faculty, listening to students needs, and demonstrating respect for the worth of the student.

Kilty (2006) presented content needed for a mentor orientation program for nurses. Kilty stated "mentors often volunteer their time and expertise, but this alone does not guarantee that they have all the other skills for effective relationship building and communication for mentoring" (p. 49). Additional content to include from a nursing perspective includes empathy, relationship building, and the process of mentoring. An essential step in mentoring preparation is in the assessment of mentors and proteges for developing a matching plan. Organizations need to assess mentors and protégés to develop a plan for matching the dyad and to determine if a formal mentoring program or informal mentoring program will match the organizational goals.

Goals of Nurse Mentoring

Health care facilities identify the need for mentoring as demonstrated through standards in position statements from the American Nurses Association (ANA), the National League for Nurses (NLN), the American Association of Collegiate Nurses (AACN), and Magnet™ status criteria, although there is a need for alignment between leadership and those providing the mentoring (Grossman, 2007). Kopp and Hinkle (2004) studied staff nurses' opinions about factors affecting longevity in the workplace. Staff nurses noted that mentoring and positive interpersonal communications are key to maintaining staff in the workplace. Bondas (2006), studying leadership advancement in nursing, noted that respondents stated the influence of role models and "influence of significant people who expressed confidence in, and encouraged the nursing leaders" (p. 333). The nurses recommended the importance of having mentors and role models to create the environment of continuous learning to gain self-confidence. Nurse mentoring in this form may include the use of multiple mentors as described in an earlier section. In nursing, this might involve using the expertise of the infection control nurse and the obstetrical nurse in learning how to incorporate a complete team in problem-solving and providing care to high risk patients.

Mentoring of nursing students is often used to improve retention of minority students, who have a higher attrition rate than Caucasian students. The need for diversity in nursing goes beyond the desire to increase retention of students in nursing programs; it also involves increasing diversity of nursing faculty (Gardner, 2005). One intervention that has been identified is the use of peer-to-peer mentoring for nursing schools. This process has shown promise not only in retention of minority students but also for non-

traditional students (Gardner; Jeffreys, 2004). Gardner's study supported Tinto's (1993) theory of student transition into university life. Integration is supported with increased social and intellectual association with peers and faculty. Faculty contact outside the classroom is viewed as supportive and caring and increases retention (Tinto, 1993). Gardner explored the success of an implementation program focused on minority retention and found with mentoring, retention increased to 100%. The previous attrition was high and of those students who quit the program, 80% were minority students quitting due to academic concerns. The program used mentoring with community and minority nurses who served as a role models and support networks for the nursing students.

Mentoring is also a tool used in promoting retention of students completing graduate degree's in nursing in an accelerated program. Pullen, Mueller, and Ashcraft (2009) studied a mentoring program for nurses pursuing graduate degrees in nursing. They found that the graduates had increased retention, increased graduation, and increased satisfaction with the program.

Block et al. (2005) studied preceptorship in hospitals, found mentoring reduced errors, and improved patient care. Employees in organizations that embrace a culture of mentoring demonstrate consistency of patient care and increased quality of the work environment. This supports the goal of ANA, Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), and others in providing safe patient care and reducing medication and medical treatment errors (Joint Commission on the Accreditation of Healthcare Organizations, 2002).

Cultural competence in nursing is crucial not only for patient care but also for recruiting and retaining nurses of diversity. Campinha-Bacote (2010) developed a theory for cultural competence in mentoring. Preparation of mentors for cultural competence includes training about cultural awareness, skills needed, enhancing encounters, and increasing knowledge of cultures. Additional content to include is the basics of mentoring, including roles and responsibilities, functions, barriers, and tips for success.

Cross-gender mentoring takes on a unique perspective. Nursing is a female-dominated profession with approximately 5% male nurses. Campinha-Bacote concluded that cultural competence goes beyond ethnicity to include gender. Males in nursing are in the minority and "routinely experience bias and even discrimination because of their sex" (p. 134). Becoming culturally competent benefits the profession and health care. Nursing organizations have established programs to assist in mentoring nurses. These organizations are the American Association of Black Nursing Faculty established in 1987 and the Mentoring Leadership Development Program with the national nursing organization of Sigma Theta Tau. Many other specialty organizations in nursing also have mentoring structures within the organization to assist with role transitions and career enhancement.

Cost Analysis in Nurse Mentoring

Research indicated that mentors could negatively influence nurses' desire to go into leadership positions (Bondas, 2006). Nurses stated that witnessing negative leadership led them into leadership roles to provide better role modeling. Leadership style and methods can affect the development of mentor programs and the success of protégés (Bally, 2007; Dyer et al., 2002). Additional obstacles include limitation of time for mentoring and

providing care (Haider, 2007). Haider also noted that obstacles included staff shortages and increased workload. Nurses working on a patient care unit focus on providing quality care and expect nurses to work together and support each other. There is a lack of additional time to nurture a protégé unless the hospital administrators have nurtured a culture of mentoring. Hospitals in rural areas are also at risk for lacking support for a mentoring culture (Waters et al., 2003). Specialty services are not as common in rural hospitals so there can be e-mentoring and network mentoring to assist nurses in rural settings to still have the ability to develop specialty skills.

Summary

This journey began with imagining yourself as a new nurse beginning practice after graduation. The large Midwest hospital did not have a formal mentoring program although there was a six-week hospital orientation. Several nurses assisted the novice nurse in the journey to become an expert nurse; from the RN who first oriented the novice, to the licensed practical nurse who taught her the art of patient care, and to the nurse educator who taught her to challenge student thinking while being fair. These mentors assisted in transferring the knowledge of skill performance from school to practice, learning the art and science of leadership, and applying nursing expertise to academic teaching. Through these paths, the novice nurse has joined the rank of mentors to assist new students and new educators to increase the collective knowledge of nursing as an art and a science.

This chapter discussed many aspects of mentors and the mentoring relationship. The definition of mentor was identified and delineated from the term preceptor as applied to nursing. Additionally, characteristics of the mentoring relationship, venues for

mentoring, types of mentoring, facilitating factors, barriers, and limitations of mentoring were also presented. The mentoring literature was reviewed within the context of nursing. The literature review provided a foundation in which to examine the interviews conducted during this study.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

Research Design

This study is a qualitative exploratory study to gain deeper insight into the experience of nurse mentors involved in mentoring nurses during various transitions in their professional career. Within the main question was embedded an exploration of obstacles, benefits, and facilitators of the nurse mentoring experience. Developing understanding of the perceptions of nurse mentors of the mentoring experience, staff developers, and administrators will enhance the preparation of future nurse mentors. The nursing profession has only begun to explore using mentoring to guide nurses through transitions and the levels of Benner's (1984) skill acquisition. This chapter covers the overview of the study design, participants and human subjects, methods, data collection, and analysis.

Using an exploratory approach was fitting for the nature of this inquiry. Fraenkel and Wallen (2003) found that "many researchers are more interested in the *quality* of a particular activity than in how often it occurs" (p. 430). In looking at the quality of an event or phenomenon, such as mentoring, Fraenkel and Wallen noted that the focus of such research becomes holistic in nature. The important element is in the sense-making that the participant creates in the setting and focuses on words, observations, non-verbal communication, and other aspects that enhance the meaning or essence of the event. The literature consisted of a broad wealth of studies on mentoring with the primary focus on the protégé, characteristics of the mentor and protégé, and types of mentoring. Limited qualitative studies on mentoring focus on the perspective of the mentors.

Merriam (1998) explained that the basic qualitative study builds on theory from other fields such as psychology, sociology, and other disciplines. Merriam further described that data analysis "usually results in the identification of recurring patterns…that cut through the data or in the delineation of a process" (p. 11).

The researcher reviewed the literature available on mentoring and noted limited research on the essence and meaning of mentoring for the mentor. Semi-structured interviews were conducted with nurses who have been mentors to identify common threads or themes in the perceptions of nurse mentors. Although there is extensive research on various components of mentoring, Ragins and Kram (2007) identified few studies of the perspective of the mentor. The focus of this study was on making meaning of the mentoring experience, and qualitative research is well suited as the focus is on process, meaning, and understanding (Merriam, 1998). The researcher was also interested in understanding the experience of the mentors, which is consistent with "qualitative researchers are interested in understanding the meaning people have constructed" (Merriam, p. 6).

Problem and Purpose Overview

There is little understanding of the essence of the mentoring experience from the mentor perspective. Few studies have addressed the mentors' experiences within the context of nursing. As nursing continues to experience a shortfall of nurses in health care settings, in academia, and in higher management positions in hospital organizations, well-developed mentoring programs can assist in transitioning nurses into these areas. Orientation experiences have become more developed, thus meeting the needs of the

organization. Mentoring programs can assist to meet the needs of the individual and result in greater job satisfaction.

The developmental theorists, Erik Erikson (1963), and the nursing theorist, Patricia Benner (1984), guided this study. Significant findings from Erikson's research reported that individuals would progress through eight stages of psychosocial development. The significance of Erikson's theory to this study is that as all individuals develop, they will reach a stage of generating success to support the learning and transitions of others in the earlier stages. The desire is to support others' development, thereby giving back to the next generation. Benner's theory supports the desire of nurses, who have advanced to the expert level, to mentor others who are at the novice, advanced beginner, and competent levels.

Research Questions

Research questions that guided this study included:

1. What are the experiences of nurses serving as mentors?
2. How are nurses prepared to be mentors?
3. What facilitates the mentoring relationship?
4. What are obstacles to being a mentor?
5. What are the benefits of being a mentor?

Population and Sample

The population for this study involved nurses in various contexts of nursing in the Midwest. The study explored the concept of mentoring as perceived by nurses and was not limited to specific settings. The settings included academics, hospitals, community,

political, or other settings. The diversity of settings contributed to greater transferability of the findings.

Qualitative research was chosen in order to learn more about the phenomenon, mentoring in nursing. Merriam (1998) explained that in basic qualitative study, "researchers who conduct these studies…simply seek to discover and understand a phenomenon, a process, or the perspectives and worldview of the people involved" (p. 11). Merriam further described that basic qualitative methods include descriptions and analysis "that uses concepts from the theoretical framework of the study" (p. 11). The current study seeks to learn more about the phenomenon of mentoring and fits the characteristics for completing a basic qualitative study. This study does not seek to develop theory nor is it bounded by system as a case study would be. The findings of a qualitative study are reported in a holistic picture using descriptive writing and presenting the richness of the stories that are shared (Creswell, 1994). This methodology is congruent with the desire of the researcher to learn the stories of nurse mentors.

Fraenkel and Wallen (2003) described purposive sampling as using the researcher judgment to select a sample reflecting what they can contribute. A disadvantage of this type of sampling is that the researcher's judgment as to contribution may be in error. A nonprobability, purposive sample was used for this study. With the purposive sample, a snowball sample was also used to obtain 15 participants or until saturation has occurred (Merriam, 1998). Permission was obtained to contact nurse mentors through the Missouri League for Nursing (MLN) (see Appendix A). Participants were recruited through sending emails through the Missouri League for Nursing's list of mentors who have assisted with mentoring final year undergraduate nursing students in the Missouri

Leadership Council for Nursing Students (MLCNS). Fain (2009) noted that "an advantage of purposive sampling is its allowance for the researcher to handpick the sample, based on his or her knowledge of the phenomenon under study" (p. 102).

Participants interviewed were then asked for additional names of nurse contacts in the practice setting who have been mentors. The interviews were the primary data source in conjunction with field notes and demographic data. An introduction letter (see Appendix B) was given to the mentors briefly describing the study and requesting willingness to participate. Permission for audio recording of interviews was also included during the information and consent process (see Appendix C).

Specific criteria were established that were congruent with the purpose of the study and with studies in the nursing literature. Criteria for inclusion in the study were as follows:

1. Experienced registered nurses who demonstrated recent (within the last three years) mentoring experience.
2. Stated willingness to participate in the research study.

Participants in the study included adult nurses who had been mentors or are currently mentors. The nurses had completed an Associate Degree in Nursing (ADN), Bachelor of Science in Nursing (BSN), Masters of Science in Nursing (MSN), or doctoral degree, and mentored students, nurses, nursing educators, and managers in nursing, whether in a formal program or on an informal basis. The mentoring experience was limited to having occurred during the last three years due to biases in self-reporting. The sample size was 15 registered nurses who have been mentors and the size was based on

adequacy and ability to understand the meanings shared pending saturation of answers (Creswell, 1998).

Data Collection and Instrumentation

The data were collected at mutually agreed upon sites to make the interviews as convenient as possible for the participants. The settings were determined through communication with the participants and feasibility of the researcher. The settings were established through choosing a mutual place for the interviewer to create a climate conducive to development of trust between the participant and the interviewer.

Seidman (1998) maintained that the focus of interviewing as a research technique "is an interest in understanding the experience of other people and the meaning they make of that experience" (p. 3). Through interviewing, the researcher obtained the stories of the participant and the rich understanding of the experience. Wood and Ross-Kerr (2006) identified that an advantage of interviewing is that "there is an opportunity to collect nonverbal data as well and to clarify the meaning of questions if the subjects do not understand" (p. 179). An interview protocol (see Appendix D) was developed to guide the interviews. Additional data were obtained through a demographic data survey describing participant education and previous mentoring experience (see Appendix E). Face-to-face interviews were conducted and audio recorded. The recorded interviews were used to allow for expansion of answers (Wood & Ross-Kerr, 2006). A semi-structured interview assisted the interviewer in staying on task with the questions (see Appendix F), while allowing for flexibility in focusing on relevant content that arose during the interview (Cohen & Crabtree, 2006). Open-ended interviewing encourages depth of understanding combined with attempting to maintain objectivity while gaining

greater depth of understanding of the lived experiences. The interviews are planned to be deep and rich in nature by the interviewer spending time with the participant who will assist in building trust and obtain deeper stories and sharing of the nurse mentor experience.

There are limitations to the interview technique. Boyce and Neale (2006) noted that interviews are time-intensive and those interviewed can be prone to biases. The interview, maintaining field notes, transcribing the interview, and analyzing the data add to the time consuming aspect of interviewing. Bias comes in the form of the interviewer focusing on other pressures, such as concern about being a stakeholder in a program. Bias may also come from the interviewer if interviewing techniques include leading questions and imposing personal opinions. An additional limitation is the need to document observations of the interview as well as recording notes from the verbal component of the interview. This limitation may be overcome by audio recording.

The interview protocol was established to encourage structure and participation with trust to share additional information. In addition to the open-ended interviews, a demographic questionnaire was used to collect general data. The questionnaire encouraged anonymity and comfort in obtaining sensitive information.

Verification Steps

Trustworthiness in qualitative research is focused on accountability of internal and external validity and reliability (Merriam, 1998). Validity incorporates spending time in the field, obtaining robust data, and being close to the participants. The process of authenticating the data in a qualitative study is what allows others to read and interpret the findings compared to the literature. A researcher would engage in peer review,

triangulation, research bias clarification, member checks, description that is rich and thick, and external audits.

Verifying the data obtained in qualitative research can be described as "validity and reliability" according to Creswell (1994, p. 158). Merriam (1994) explained that validity is presenting the "insights and conclusions that ring true to readers" (p. 199). Validity can be addressed in several different ways within the qualitative process. Creswell noted basic strategies enhance the internal validity, or how findings are presented to match reality. These strategies include triangulation, member checks, peer examination, participatory modes of research, and noting researchers' biases. Researcher bias has been discussed above. Creswell also described using triangulation and an audit trail to support consistency of findings with the data collected. A final verification of data in a qualitative study explores external validity, or the ability of applying findings from the study with findings from other studies.

An audit trail consists of data developed by the researcher, which consists of field notes that include thoughts, observations, and documented changes that might occur during the research process. During this study, specific notes were recorded in order to capture data that influences the decisions of the researcher. The information recorded needs to be critically documented in order to promote rigor and demonstrate details in describing the setting and the interview experience. The researcher recorded the findings on a table format to be able to document date of interview, observations during the interview, interviewers' thoughts and feelings, and the field notes. Transcripts will be reviewed for accuracy.

Triangulation explores the congruence of the findings. Merriam (1994) described triangulation as obtaining data from multiple methods. This might include obtaining data from interviews, field notes, observations, and documents supporting the event. This study will use field notes, interviews, and observations.

Creswell (1998) described member checking as incorporating taking the data obtained from an individual and have that individual review it for accuracy and credibility. Several other authors (Fraenkel & Wallen, 2003; Wood & Ross-Kerr, 2006) support using member checking whereas Merriam (1998) questions the appropriate use of "data collected and the "reality" from which they derived" (p. 202) to support validity. In this study, participants were asked to review the material in a rough draft form and provide comments and suggestions of alternate language as needed.

Interview Protocol

The purpose of this study was to gain, through interviews, an understanding of the participant's experience as a mentor. Wood and Ross-Kerr (2006), in presenting aspects of planning research, explained the use of the interview to explore participant attitude, beliefs, past experiences, and feelings, most appropriate for qualitative data gathering. An advantage of using interviews, according to Wood and Ross-Kerr, is in having an opportunity to observe nonverbal cues and to clarify anything misunderstood. The interview questions (see Appendix F) were developed through the review of literature and were constructed to be open-ended and semi-structured. Creswell (1994) suggested that interview questions also evolve during the course of the study as more depth is gained from the interviews. Merriam (1998) supports this evolution by identifying that "analysis begins with the first interview, the first observation, the first document read" (p. 151).

According to Fraenkel and Wallen (2003), using probes during the interview process adds to the validity of the findings.

The interview protocol included verbally explaining the process to participants before the interviews (see Appendix D). Confidentiality was maintained through coding the interviewee and changing the names in the written report. In addition to the interview protocol, a confidential demographic questionnaire was completed that included age, gender, position, years of experience as a nurse, number of times as a mentor (formal and informal), training received in mentoring, and level of nursing education. This information was used to create a profile of the mentors for the study.

Permission to contact participants was obtained from the director of Missouri League for Nursing through a written formal request and electronic communication. The study design, purpose, and the researcher and participant roles were outlined to provide clarity and support. An interview guide was completed to identify questions to be asked during the interview. Possible probes during the questions were also identified to assist in eliciting appropriate information and enhancing thoroughness in covering the material.

Seidman (1998) advocated that completing a pilot test can provide the opportunity for the interviewer to reflect on the process, determine what is working, and adjust protocol as needed. The researcher conducted one preliminary open-ended personal interview using the interview protocol. This interview was not included in the data for the study but was used for evaluation and revision of questions. Such recommendations included areas of ambiguity, methods to increase comfort of the participant, distractions related to flow of questions, and suggestions for the inclusion or elimination of any questions.

Merriam (1998) explained that audio recording is the most common method of documenting the data. Additional notes are taken by the interviewer to document factors observed or felt during the interview that might assist in expanding the understanding of the event. Merriam continues in explaining the use of transcription or an interview log to begin the analysis process of the data. The interview audiotapes were transcribed maintaining confidentiality. Accuracy of the transcription was obtained by reading the transcripts while re-listening to the recording. Corrections to the transcription were made as needed during the verification process. Creswell (1998) noted that at this point, analysis of the data begins. Notes were completed on an interview form to provide opportunity to document observations to assist with controlling biases (Wood & Ross-Kerr, 2006; Creswell, 1998). The interviewer elaborated the notes upon completion of the interview to prevent loss of depth of answers. The responses were compared following the completion of each interview to identify trends and exceptions to the content and questions.

Procedures

Following contact with the participants, an interview time and place was scheduled. Prior to the interview, the participant was informed of the rights as outlined in the informed consent form. The informed consent form was signed and a completed copy was given to the participant. Written permission was sought for the audio recording.

The participants were interviewed per arrangements previously made with the interviewer. The interviews lasted approximately one hour. The interviews were planned to be long in nature to increase the time with the participant who will assist in building trust with the individual in order to obtain deeper stories and sharing of the nurse mentor

experience. An assigned code number identified participants and the master list of participants and code numbers was placed in a secure and locked location until completion of the study. Upon successful completion of the study, the list was destroyed.

Field notes were kept to document thoughts of the investigator, observations during the interviews, and decisions about changes in the questions or process utilized in the interview. Field notes included additional information such as interruptions that occurred, specific concerns or issues that develop, biases the interviewer experienced during the interview, and technical issues with recording (Creswell, 1998). Field notes provided an audit trail to document the process of interviewing and data collection, reflections of the interviewer, and structure of the process to maintain rigor.

Human Subjects Protocol

The study was submitted to the University Institutional Review Board. The Missouri League for Nursing was also presented with the material to obtain approval to contact members who have participated in the organization's mentoring program to initially obtain a purposive sample. The research design, participant's role, and any possible negative impact from completing the interviews were presented to the participants. The participants were also provided with contact information should they decide to withdraw from the interviews or have additional questions regarding the study. The participants read an informed consent and signed before beginning the interview process. A copy of the consent was then given to the participant and one kept in a locked file separate from the transcripts and from the demographic data.

Data Analysis

Techniques used to analyze and reduce the data included sorting, open coding, and thematic analysis (Creswell, 1998; Dey, 2010)). The demographic data obtained from the questionnaire were presented in descriptive statistics. Seidman (1998) noted that the researcher should search for connections and patterns to construct themes. Merriam (1998) explained that "category construction begins with reading the first interview transcript, the first set of field notes, the first document collected in the study" (p. 181). Each interview was read thoroughly, line by line with notes recorded in the margins during the read. These notes, including repeated phrases, thoughts, and repeated words, were reduced to a set of categories. Observation notes were treated in the same way to produce another set of themes. These two sets were then combined and reduced again to common themes. Creswell (1998) described this process in terms of a data analysis spiral. The loops in the spiral are identified as beginning with the data loop, then managing data, memoing, describing, and finishing with visualizing or presenting the reduction. After searching for the themes, the researcher then identified interesting passages, labeled, and then classified item.

The themes were identified through analyzing the data and organizing materials through a coding process and connecting threads. A coding scheme was developed, materials were transcribed and coded, and the themes were restructured into conceptual files. Using an iterative approach, these themes were refined and material re-evaluated. The author used a journal for record keeping and maintaining notes occurring through the reflexive process. This journal process allowed the investigator to identify thoughts, feelings, and biases that may affect researcher-participant interactions. Reflections

regarding the interviews, field notes, and observations were documented, reviewed for emerging concepts, and themes based on the data, the literature, and the research questions (Creswell, 1998; Fraenkel & Wallen, 2003; Merriam, 1998; Seidman, 1998; Wood & Ross-Kerr, 2006).

Member checking was also incorporated into the data analysis to support or contradict the findings. The final themes were woven into a new whole to provide an integrated description of the phenomenon. During theme analysis, subthemes were identified and collapsed as appropriate to the category. Following initial coding, the statements were clustered into meanings significant for the phenomenon. These transformations were then pulled together to make connections to describe the experience, what was experienced, and how it was experienced (Creswell, 1998). Cross-validation was also used by having a nursing expert review two transcripts and coding. These codes were then compared with the researcher until agreement was established.

Summary

This chapter described the methods for an exploratory qualitative study designed to explore perceptions of nurse mentors and to examine obstacles, benefits, and facilitators of the mentoring experience as reported by nurse mentors. The nurses will have previously completed a mentoring experience or currently be in a mentoring experience. The chapter further presents the human subject protections, sample criteria, use of open-ended personal interviews and questionnaires for data collection, and techniques for data analysis.

Results of the study may help nurses in various practice settings understand the mentoring process from the point of view of nurse mentors. This study may also be of

importance as nurses develop mentoring programs to meet the goals of their professional development situation. Identification of specific issues concerning the development of mentoring programs may be of interest to other nurses in various practice settings. The study may reveal what is meaningful and significant about the process, and about its value to the nursing discipline. The study may uncover ways to prepare nurses to become master teachers, leaders in various settings, and to be confident in professional development situation. This study supports the initiatives of the National League for Nurses (Jeffreys, 2001) that address evidence-based programs to reduce the nursing shortage, increase retention, transition nurses into various settings, and increase nursing leadership.

Understanding mentoring in nursing is a complex process based on multidimensional aspects. Understanding the experience of nurse mentors is necessary to begin to see the web of interactions that influence success in mentoring and meeting the goals of the institutions with cultural support for mentoring. At the heart of mentoring is the human dynamic of caring as exhibited in the discipline of nursing. This study on the experience of nurse mentors will expand the knowledge base of mentoring in nursing.

CHAPTER FOUR

RESULTS AND FINDINGS

The primary purpose of this study was to explore the lived experience of nurse mentors involved in mentoring nurses in a professional nursing career. Data for this study were based on interviews completed with experienced registered nurse (RN) mentors. Interviews were conducted until saturation occurred and no new data were obtained. A total of 13 nurses participated in this study. Participants were provided with a survey to obtain general demographic data. The interviews were documented with audio and written recordings and followed the interview protocol. Included in this chapter are demographic findings, a summary of the interview process, and the presentation of the analysis of the interview data. Quotations from the participants are used to support the themes that emerged through the analysis of data.

The original research questions provided the organizational framework for presenting the data. The research questions that guided this study included:

1. What are the experiences of nurses serving as mentors?
2. How are nurses prepared to be mentors?
3. What facilitates the mentoring relationship?
4. What are obstacles to being a mentor?
5. What are the benefits of being a mentor?

Demographic

Participants were initially obtained through contacts with the Missouri League for Nursing and through snowball sampling. Thirteen interviews were held, with more RNs

willing to participate. Data were collected until saturation was reached and no new information was obtained as subsequent interviews were completed.

The participants of this study consisted of 12 females and one male. Of the 13 participants, 12 were Caucasian and one was African American. The mentors ranged in age from 25 to over 55 years. Two of the participants were 25 to 34 years. Two of the participants reported to be in the 35 to 44 years of age group. The largest age group was 44 to 54 years with five participants and the next highest age group of above 55 years with four participants. Table 1 presents the age, gender, race, and education degree for each participant.

All of the participants were still actively working in the nursing field. There was diversity in education preparation, experience in nursing, clinical specialty area, and job description. Two of the mentors had experience in the academic setting, nine had experience in the hospital context, one in clinical office setting, and one in the community health setting. Within the hospital setting, three participants provided direct patient care, three of the mentors practiced in the education setting, and three in the management setting.

Table 1

Demographic Status

Age	Gender	Race	Education
44-54	Female	Caucasian	MSN
>55	Male	Caucasian	MSN MBA
>55	Female	Caucasian	Ph.D. nursing
44-54	Female	African- American	Ph.D. Education
>55	Female	Caucasian	MSN
25-34	Female	Caucasian	BSN
44-54	Female	Caucasian	MSN
35-44	Female	Caucasian	MSN
44-54	Female	Caucasian	BSN
44-54	Female	Caucasian	BSN
>55	Female	Caucasian	BSN
35-44	Female	Caucasian	MSN
25-34	Female	Caucasian	BSN

Mentor participants had varied experiences as formal and informal mentors. Thirteen had participated in informal mentor experiences. Nine of the mentors had participated in a formal mentoring experience. Five mentors held baccalaureate degree in

nursing, while six of the mentors completed a master of nursing degree and two held a doctoral degree, one in nursing and one in education. All of the mentors had received their education in the United States. Years of experience in nursing ranged from two participants working six to ten years, one 11 to 15 years, one 16 to 20 years, and nine of the mentors had more than 20 years of experience.

There were diverse descriptions of clinical specialty areas. These included certified registered nurse anesthesia, critical care, public health, neonatal nurse practitioner, pediatrics, geriatrics, orthopedic, medical surgical, cardiology, administration, and trauma nursing. Although many nurses had varied clinical experience, all of the participants were in a leadership position whether in a practice setting or in academia.

Table 2 represents a summary of job positions, primary functions, and length of time in current position. The time in position did not necessarily represent the time employed in that facility but did represent the time in the current position. Several of the mentors had experience in various job positions and had changed specialties during their years of experience in nursing. Many of the mentors had multiple functions that were listed as their primary job functions.

Table 2

Description of Participants

Job Position	Job Functions	Time in Job
CRNA (Certified RN anesthetist)	Clinical and educational	6 years
Clinical Director	Clinical and research	14 years
Assistant Dean	Administrative	3 years
Dean	Academic leadership	5 years
Manager of Nursing Standards	Quality, research, education	2 years
Clinical specialty nurse	Triage, clinical assistance	12 years
Assistant Director of Nursing	Strategic planning, JCHAO	19 years
Nurse manager	Management of unit, coaching	7 years
Education coordinator	Nursing orientation, educator	2.5 years
Director of patient care services	Leadership of specialty clinics	3 years
Health agency administrator	Management	4 years
Magnet Program Director	Leader in Magnet Process	2.5 years
Staff nurse, part-time educator	Patient Care, nursing education	8 years

Interviews

The mentors who participated in the study expressed willingness to be interviewed and share their experience of being a mentor. Most of the mentors readily shared names for additional contacts as well as sharing about their mentoring program. The researcher allowed the participant to choose where the interview was held. Some participants chose

their offices, while others chose another room in their facility. One participant met me at the entrance to the hospital and chose the cafeteria as "it is usually not too crowded this time of day and my office is hard to find." Most of the participants were quick to respond to the questions and went into detail about their mentoring experience. Some replied in short answers and needed additional probe questions to expand on their experience.

Data Findings

Mentors vividly described their experiences as applied within their recent mentoring relationships and the context of their practice. The participants exhibited comfort and openness in sharing during the interviews.

Participants' comments are presented here based on the format of the research questions that guided this study. This organization provides a logical flow from identifying their perceptions of the experience and then describing the cost analysis presentation of aspects of mentoring that facilitate, benefit, and create obstacles.

Experience Mentoring

The mentors were initially asked to define mentor and mentoring. Specific words for the mentor included being a "guide," "companion," and "teacher." Additional terms used included "professional confidante," "sounding board," and "encourager." In addition to describing mentoring as guiding and teaching, the participants also defined the term mentor as relational, commenting that:

> You have to grow into them [relationships]….trying to help others along the pathway…imparting wisdom…helping people to keep going forward and not get…stuck in places where maybe I did when we were younger, thinking we couldn't do or couldn't accomplish or had to do it on our own.

Additional comments about being a mentor included describing mentoring as "someone who is more experienced in the role and which the mentee is going to be in."

An education coordinator, who mentors preceptors working with new graduates, shared, "It's a relationship that provides opportunities to discuss not just actual workings of the job, but the emotional components." Additional comments shared about the mentoring relationship included that the experience is a "relationship between one person with knowledge and professionalism and who provides inspiration." Another participant, who is a clinical director, commented on the professional aspect of being a mentor. He commented that "to me it [mentorship] means serving in a role where I …identify and assist in the professional development of people who [are] junior to you."

A participant, a Certified RN Anesthetist, as well as having affiliation with military service, commented that a mentor was:

> Someone who is willing to teach, share their experiences as nurse, as a clinician, and experiences in life to help guide another nurse into improving or learning about their professional roles.

A dean of nursing shared that a mentor is someone who offers encouragement, even in times of defeat. She described her mentoring experience as currently formal in nature. She related that she had been contacted by a national nursing organization that coordinates networking new nurses in academic leadership with nurses currently in the leadership role. She stated that the responsibility is to "help this person to maybe filter or learn things about the role as dean. Also about the organization and the benefits the organization can provide in the role as dean."

The nurse manager shared about the formal and informal aspect of mentoring. She stated that her role was to be a manager of an intensive care unit at their hospital. She recalled:

> I think of being a mentor…[as] two separate roles. I think you can be a formal mentor; that maybe falls more into the shape of the preceptor, but maybe you're assigned that role…to mentor someone, to help their professional development. I think it could even help personal development too. Being a mentor can just as easily be an informal role where maybe you adopt someone, or they adopt you as someone they would like to emulate.

The director of patient services identified the role of the mentor as one providing education and direction. She commented on various aspects of the definition of the term mentor. She stated, "When I think of the term mentor, I think of teacher, along with guidance; to be an instructor as far as direction or information and instruction … to guide somebody along the path that they are trying to achieve."

A Magnet™ program director related a unique aspect to the term mentor. She stated:

> When I think of the term mentor, I think of someone who is chosen by the individual who needs guidance, direction, experience, content, etc., with regards to a specific issue….That would be a very basic definition of a mentor. I think the key to that is that someone chooses their mentor; the mentor doesn't choose the one they will mentor.

A staff nurse, who works with young graduates in transitioning into the nursing profession, commented on defining a mentor as "A guide, as somebody to promote, somebody to become the best they can be, somebody people can look up to or strive to be. Can I say like a person I want to be when I grow up?"

Formal and informal. Many of the participants shared their experiences of mentoring as they described the formal and informal relationship and interactions with the protégé. The vast majority of the participants were able to identify how they were matched with their protégé. Some commented that their role with the protégé changed over time into a mutually beneficial relationship. The assistant dean described two

experiences, one providing research mentoring and one in nursing administration. After describing the basic situation, she continued:

> And I would say both of the relationships maybe started out a little informally and have become very strong and I can see them being lasting….They are inviting me on projects, I invite them on projects….We started out on one thing so they developed and I imagine they'll stay strong relationships for the near future.

The assistant director of nursing described the mentor relationship as beginning with the protégé actively searching for a mentor. The protégé had goals and watched for someone in a role or with the experience to enhance her professional development:

> She was seeking-she felt insecure and she was actively seeking-to become a quality educator, and she was seeking knowledge and guidance. So, she initially came to me as my designated role as the education coordinator….We also clicked in terms of personal values and the ways that we felt about nursing. So that created a kind of bond between us that she recognized and that I recognized.

Several participants shared information regarding the initial relationships as occurring while being colleagues. Concepts that were presented were role modeling, respecting clinical skills, and recognizing another nurse's strengths. The CRNA shared her story about retiring from her position and recruiting a reluctant nurse. She described her experience as follows:

> We had a lot of lunch sessions and we were on the same executive group committee so she could see what was involved and how I prepared my report, how I communicated with our commander,…how I communicate with someone who at times could be a road block, so it was quite interesting.

She was able, through the lunch meetings, to share about the chief nurse position and assist the nurse to recognize that not only was she qualified, but that it was good for her military role.

A clinical specialty nurse shared, "We have a personal relationship…that helps with the level of trust in the mentoring role." She stated her mentoring started as a long-time friend and became a formal mentor at the request of the company she worked with. She shared she is leaving her current position in the company. She is mentoring the incoming replacement. She referred to the mentoring relationship she is currently in as "duty mentoring," and it is "about how to do things a certain way," and "how to maneuver through the organizational politics." She described the mentoring relationship as the protégé being willing to "embrace the challenges of the position and to hear from someone else who's been through it to know that success is possible."

The nurse manager described the changing role as beginning as colleagues, then moving to formal mentoring, eventually resolving into an informal role as the job positions changed. She stated:

> Prior to [his current role] he was the house supervisor for a short period of time.…Before his role of the house supervisor he actually worked for me as an employee…an excellent bedside clinician. Very honest in communication,…forthcoming with his peers, professional in the way he coached people and he was one of those people where when one of the positions became available…I immediately thought of him….What I have seen evolve…was me taking the reins at first and teaching him and helping him grow,…helping him learn. You know what I have seen more recently is way more collegial. I may have been his mentor at one point;…he has kind of taken that role from me in some regards.

The education coordinator stated that the graduate nurses are assigned a preceptor. The education coordinator serves in a support role for the preceptor and graduate nurse. She described the interactions:

> This was just a one on one and I was just a sounding board for her and gave her some of my personal experiences for how I survived as a nurse,… interact[ing] with her monthly and I see her in the halls and she is always really happy to see me. And we always interact and say hi…so I think that the potential is still there.

She continued that her support is in "giving them opportunities…to get them to really think about how they feel about things and how they are incorporating them into their professional life."

She shared more about the relationship:

> When I see them on the floor they know who I am and they say hi and I can say how is it going today? You know I was just up there today and I ran into one that I knew had, somebody said she'd been going home crying….We did go in a separate room cause she didn't want everyone listening, so we did go in and shut the door.

The unit manager described the relationship from previously being friends and working together. This relationship had changed as both became unit managers and established mutual goals to have the two units work together. As this change has occurred, the relationship has become reciprocal in nature. She shared:

> You know I may be stronger with budget or with how to articulate difficult concepts in written form, but he has a very natural way of communicating with people verbally that I learn from. So, it is almost kind of switched a little bit. You know I was the teacher at first, and now it's been cool to see us take that colleague from where I may still be his mentor sometimes, but he serves that purpose for me, too.

She shared about the mentor role and the personal development she observed in the protégé. She compared the role to the enjoyment experienced in a maternal relationship:

> My favorite part of that whole experience was watching him and it sounds weird, it sounds very maternal. You know we are the same age. Watching him grow, watching him learn and then, at this point three years into it, seeing the kind of manager that he is….Seeing the kind of leader he has evolved into and thinking that maybe I had some small part in that. That makes you feel pretty good.

She commented that through working on common goals with this protégé the relationship "is now more reciprocal. There is a lot of reciprocity, and exchanging ideas and calling for advice….Now it is far more reciprocal than in the beginning."

The staff nurse described two situations in which she serves as mentor. She stated "I have more than one. I have formal and informal. I have formal through our program. But, I also have informal that I just became the person she would come to – to talk about things both personally and professionally."

She shared the story of meeting with the protégé as one who is lead by the protégé. Her position allows her to be informal with new graduates and being available on different work shifts to encourage the employees to share with her as the need arises. She encourages the nurses to guide the direction that occurs when they come together informally. She described the exchange "Sometimes we get together to laugh and sometimes we get together to cry. It's really planning and goal setting, but it's kind of what their needs are at the time. It's not all about me."

Mutuality. Participants identified enjoyment in observing the change in protégés to a mutual role. The occurring growth in the protégé resulted in a sense of satisfaction with the mentor role. The assistant director of nursing stated that she enjoyed "the relationship. That it was mutual and it felt good to be recognized as having something to contribute, that a younger person…would value." She continued talking about the changes occurring with the protégé. "I also could see her growing in her role and gaining confidence and that was rewarding for me as well." This participant described the interactions as based on "kind of a bond of common values, common beliefs in nursing, common desire to continue to grow, even for me." She continued describing the relationship as supporting each other in mutual interactions in assisting with presentations. She stated that the protégé had recently invited her to talk with the protégé's staff nurses. The participant stated:

> She shared with them that she thought I had wisdom that they could learn from. It was a little embarrassing, but it was nice to know that after all these years, that's what she values. She sees knowledge, wisdom, and experience that she sees can lead her and others.

Later in the interview, she returned to sharing about the mutual growth that occurred as a mentor. As she shared, her voice became animated, and she smiled as she remembered the experience. She described the mentoring relationship as

> Unique because of the personalities and what they were seeking and what they were needing and what I thought I had to offer to them and yet the same principles of relationship and sharing knowledge….There is some mutuality…in terms of bonding and relationship there is some mutual respect, some mutual camaraderie as well as a mutual vision of what nursing should be, can be.

The clinical specialty nurse also noted that one of the main aspects of mentoring is "willingness to not only teach but to learn" and to be transparent to "admit you're not sure and to wait through things…but you're willing to go there with them."

Enjoyment. The participants reflected on the enjoyment that they experienced as mentors in the mentoring relationships. One participant identified that she enjoys the "passion" experienced during the interaction with the protégé. She commented that mentoring "Brings back the passion and learning and the pleasure…learning new things and the excitement. Honestly, I think it is just as rewarding for the mentor as it is for the recipient…to have that relationship and that growing."

She continued by describing those aspects that she enjoyed:

> I enjoyed that teaching aspect or that leading aspect of it [mentor relationship]….I think that it is just our nature and that is why we gravitate to this. So, certainly, helping and nurturing aspect is inherent in our personality and that piece is rewarding to me. Also, I think, I kind of said this before, it kind of reminds you of when you were young and why you did this and brings you back to …[the] realization of why you do this every day.

The CRNA identified her enjoyment was "helping to develop people." She continued, "Just allowing people to have a new experience as a nurse or an air force reserve nurse and grow from that and develop a personal sense of satisfaction from their experiences." Later in the interview she was asked if she would mentor again. She shared "just the sense of pride, satisfaction, the whole 'service before self' idea that you're contributing to your profession." She concluded that enjoyment was "seeing people grow."

The clinical nurse specialist shared that her enjoyment and willingness to mentor again is based on "a lot of personal growth in the experience and so I think that it's a process that should be ongoing and a lifelong learning process." The assistant dean also shared that the enjoyment is lifelong learning, "because I think the informal true mentorship ends up a lifelong relationship,… they are friends. They end up being your friends. Your professional friends."

Transitioning. One participant, working as a staff nurse and as a mentor for a graduate nurse transition program, identified several scenarios of mentoring relationships. She stated:

> I love nurturing…nurses because there are so many obstacles and barriers and so many difficult things we do as a nurse. Helping them get through things like your first patient death can be very scary and traumatic,…your first code and how you get through that,…make sure that you know you did everything and make people not beat themselves up. Just be very supportive to them. There are too many nurses trying to eat their young.

This same participant shared, "I like pointing out what they are doing well. We're quick to beat ourselves up about what we don't do well. Kind of being a cheerleader and helping increase their confidence." She furthered stated that "when you make them feel

good about themselves you in turn feel good about yourself. It's self-gratifying at the same time."

Several participants identified the ability to recognize potential in staff. This ability assisted in choosing people to mentor. The research administrator described his experiences as a chief nurse in the military. During these experiences, he had the responsibility to select junior officers who had potential as leaders. He described how

> I would make sure that they got experiences where they could kind of ruthlessly develop faster than the other…I had to pick out my top ones, I had to pick out …who I wanted to be the chief of nursing services…I am going to give them best jobs that I think they can develop more quickly.

The hospital nurse administrator identified mutual recognition:

> We recognized that we each shared enthusiasm and professional passion. I responded to that because she was young and just starting out in her career and I loved that she had that! (laughs). So I know that I responded to her more than I might others because of that enthusiasm and that desire to learn more about the profession and to be excellent.

She further identified that she appreciated planning for their meetings with her protégé with "shared expectations, what is it she is wanting from me, what does she think she can gain from me that would contribute to the goals." These expectations have set the tone of the meetings and "she has come to expect that, too, so she comes kind of more prepared now than she did in earlier days."

The dean of nursing shared that informal relationships have the possibility of natural growth

> Where someone may have observed your career trajectory and wanted to know if you could help guide them with theirs. It was a similar pattern so it was an informal mentorship that was agreed upon between both parties,…a gentle guidance and advice-seeking type relationship.

Nurse Preparation

Research question two focused on the type of preparation participants had received or thought was needed to be a mentor. All of the mentors noted that becoming the mentor was based on their experience as a protégé. They also noted components that were necessary for the mentoring process included "commitment," "compassion," and "passion." The participants did not indicate that these could be taught in classes. The assistant director of nursing stated, "years of experience" and then laughed. She stated:

> Well, because I think I do have professional passion and commitment and I have some amount of knowledge over the years that allows me to be in a position to share what I have learned but also the professional passion makes me want to share that with others, if interested.

As the interview progressed, she noted, "I think in my own having been mentored, that helps me model, created a model for me for mentoring others." She furthered described that to be a mentor,

> I think people need to be open to the fact that, and confident, secure with the fact that they gain experience and have some knowledge that they may have something to offer. That they DO have something to offer. Not, if at all, in a know it all or arrogant kind of way. You have to be comfortable with your level of…expertise, your knowledge, the boundaries of what you have to offer.

The clinical director commented:

> I have been mentored by others. I have gone through some formal training mentorship programs with the military and I think over my nursing career, I have developed skills and ability in nurse leadership and in management. As I come to the end of my career, I feel a strong obligation to develop the next generation.

He continued by describing the connection between mentoring and leadership:

> It's kind of like building blocks, but I don't think I ever go out and say, "Hey, you've got to learn to be a mentor." I think you've got to learn to be a leader and then you've got to share your, what you know about this with other kinds of people and that process is sharing your mentoring.

In reflecting on preparation for being a mentor, the unit manager explained,

> I don't know that any of my education has formally prepared me to be a mentor….In getting a master's degree…in some ways that prepares you for mentorship because it matures you as a professional. But I didn't get any formal training as a mentor…. I think that probably the best training that I've had to be a mentor is just in that real world experience, whether it was as a bedside caregiver or a manager. Having had good mentors, you know picking those pieces of what a good mentor was to me. Likewise picking those pieces of maybe what a not very good mentor was to me….Melding those together and figure out your own strategy.

The assistant dean in the academic setting identified that to become a mentor there was a development in one's own growth:

> Maturing in your own life span, your own career, but you know I have had formal classes and taken different courses. I have a background in counseling, and so everything that I have done contributes to who I am and what I have to contribute to a relationship….I think that it all adds up and takes you to where you are today and what your contribution can be….You kind of realize the things you need to stay away from and that aren't your strengths, but maybe have the resources to point people in the right direction, too. That could also be mentoring.

Experience as protégé. The majority of the participants identified it was the "experiences with my own mentors, both professionally and academically. And being able to mimic what my mentors, what their roles were." Additional comments included learning from "being mentored" and from "life experiences." Other comments from participants included:

> I remember how thankful I was to a couple of people who had faith in me and wanted to teach me what they did, how to do it. It really helped me in my pursuit of my career and I wanted to do something similar. I would just say, I modeled myself after the people that mentored me.

The director of patient services noted she experienced very little preparation for mentoring except "the best preparation that I had was somebody I felt to be a mentor." She continued, "I honestly felt that I would not be the person that I am today without her.

She provided me so much insight into human behavior." The staff nurse noted that "when I came to this hospital I found a natural mentor, one that was not assigned. She has helped me to grow and I learned from her how I wanted to treat other people."

The CRNA commented her mentoring knowledge was learned from the military experience, "they have policies and definitions of what a mentor is and what it is that you are suppose to do." She continued, "They actually want you to inform the person you are mentoring on their skills, professional qualities, leadership abilities, and things like that." She shared mentoring knowledge was what "I had learned from other mentors and other people who supervised me. So, it's kind of like you learn from the bad mentor as well as you learn from the good mentor."

Educational preparation. Two of the participants identified that information included from a preceptor academy and a mentor training program had some influence on the mentor preparation. One participant stated that "A lot of it is really learning what a mentor is. What a mentor is not, and the difference between mentoring and precepting. A lot of effective communication." The hospital nurse educator identified that the preceptor academy

> Actually helped me a little bit just to get myself in the mindset of being more experienced and being someone who could be a mentor. As far as training I pretty much have watched people that have mentored, well, that have helped me or guided me.

An additional comment made by the dean of nursing included her preparation for being a mentor was "more or less revealing the literature on the topic and for lack of a better word, on the job training." She also shared that her mentoring experience "is based on my experience as a mentee….I just absorbed a lot of that [bad mentoring] and then thought, when I mentor I will never do this or make someone feel that way." She

described the relationship as one in which the mentor expressed behaviors that were interpreted as being rushed or lacking care and interest in the protégé. These actions strongly influenced the participant in her development as a mentor.

Skill development. The participants were very clear on what needed to be included in the mentoring relationship. The comments most repeated included "trust", "listening," "respect," "communicating," and "time." The clinical specialty nurse added "just communication skills and morals that you've been taught." The assistant dean also included

> I would advise people about communication and that the relationship is confidential….I would really encourage people to watch and listen to people who are making a difference in moving forward and are positive in life achievement and see what it's like to be with them.

She further affirmed that "a mentorship program, it's about relationships, so that's what you teach." She also identified the importance of confidentiality in the area of trust when she stated, "The confidentiality of those relationships and, you know, especially [assigned] in that first year or two years that I think people are just tender."

Another nurse in an administrative position also noted that preparation included "training for mentors, in terms of what was a mentoring relationship. There would be some class sessions, some role modeling, some reading list."

Trust. A participant described her relationship as a mentor for nurses completing research projects in the hospital setting. She shared that she works with small groups and specifically supports the principle investigator on the path to complete a research project. During the process, she also learns about the content and shares her research knowledge to guide the group to complete the project. The Magnet™ program director shared while there are challenges, one thing that she has found significant is the importance of trust:

> Trust is a very important thing to me; I want others to trust that I will fulfill my obligation. I want others to trust that I will always give everything I have to something I have committed to, and that if they have asked me to be a mentor to them and they trust I am a content expert, that if I have accepted that mentorship, that I truly am a content expert and that I am not blowing smoke.

In matters of developing trust, one participant, a clinical director, stated:

> I think you need to have - each one of you has to have - trust in the others. I think it [is] really difficult to develop, to mentor somebody unless there is some level of trust. You know they've got to have confidence in the advice and information that you are giving them is valid, valuable. So, I think as a mentor, I have to establish some credibility.

The Magnet™ program director also noted she

> See[s] mentorship even when it is a formal thing, it is very relational to me…I can't be afraid of my mentor. I have to have a good relationship with them….This sounds so plebian but I would imagine that my mentor, whether formal or informal is somebody that I could sit down and have a beer with. I could trust them to that level that they're not going to think of me differently because we have been able to engage in that level of activity.

Humor. The nurse administrator also included the importance of humor in the relationship. She stated "there is humor and enthusiasm. We play off one another a lot. To each other's ideas." She continued, later in the interview, that humor can be used to overcome limitations. She said

> Well I use humor some. Like the other day when she said she is so wise that she will really help us frame what we need to do here. I joke about it is just because I am old. It is a factor of being old!….I cope a little bit by humor. There are times when I have said to her that I may not be all knowing that you think I am and this is what I think I can offer. Is this what you are expecting?

Communication. The nurse manager discussed communication in terms of "I think one of the best classes I have ever taken in my life was a two day crucial confrontations class….I learned a lot about coaching and confronting." She continued "It is also important to offer praise, you know, on things you see are going really well. That helps

with confidence." The focus on communication in times of conflict management was also identified by the Magnet™ program director in helping a protégé "recognize her leadership abilities and their ability to have those crucial conversations and to confront that team member."

The CRNA noted:

> Good communication skills. You know, you can go to school, you can get a couple of degrees, you can read about leadership, you can read about mentorship, but you still have to practice it. You have to give feedback or criticisms that guide people without offending them, without making them emotional or upset. You have to be a good listener.

The education coordinator described one skill that is significant to the mentoring relationship: "to really, truly try to listen." She continued: "I have decided that the older I get, truly listening is a skill all on its own," and instead of thinking what to say, the focus should be "truly listening to what people are trying to tell me." The director of patient care services also affirmed the importance of listening. She stated: "A key skill of a mentor is to listen with understanding. Which is what we as nurses do for our patients so why can't we do it for each other?" She also stated listening and empathy will "let her know she is not alone in what she's feeling."

The assistant dean supported the importance of communication. When asked what she would include in classes for mentor preparation, she said active listening. "Probably understanding, allowing people to see a motive. Probably being able to dissect things to help people go in a direction, helping them solidify their thoughts." The dean of nursing shared that within the component of communication is the content of the communication. She repeated several times during the interview that planning and commitment lead to the success of the mentor relationship. She stated the mentoring relationship included

working on "the mentees goals. These are what I want to work on so it was very focused and I think all of those things contributed to the success of it as opposed to vague goals or not even defining what it is we are going to do." She also identified the importance of having a component of evaluation to assist with ending the relationship when goals are met or there is incompatible matching. She stated, "an evaluation component, what really worked for you, what didn't work for you, what should I do differently?"

Technology and communication. A few participants shared various methods of communication have been used to support their protégé. The health agency administrator shared some of these methods of communication could be face-to-face with an "open door, stop in whenever you have a question" and "phone conversations, it could be email, it is still conversation." The staff nurse participant also included various methods of communication. She noted with the current generation "we talk more frequently on the phone, sometimes with a text message with the younger more technologically savvy groups, and even just message on Facebook™." As the interview continued regarding communication, she noted that alternative communication has been successful:

> Sometimes you just can't meet face-to-face. But, sometimes they need somebody just to vent to. "I just need to get this off my chest and I know you are an open ear." But they may not be able to call at three o'clock in the morning when their family is asleep.

Matching. The dean of nursing shared her most recent mentoring experience evolved from a matching with a national nursing organization that matched a new dean with a "senior dean" to share information about the role. She described the relationship as completed by telephone and some emails. She stated that both she and the protégé "established early on…that if you really wanted a mentor/mentee relationship, it had to be based on commitment and a willingness to satisfy time to meet and talk." She

described the importance of commitment through establishing goals and a structured timeline of meetings. She shared the importance of reviewing the goals prior to the meetings in order to answer some of the questions raised in a timely manner.

Facilitating Factors

Participants identified several factors that facilitate the mentoring process. Additional comments were obtained in the responses to what else the participants shared about becoming a mentor. Many of the participants commented on matching the mentor to the protégé, establishing goals, creating a development plan, and recognizing organizational support.

The clinical specialty nurse shared she thought one of the factors assisting in facilitating mentorship was in the mentor's desire in "seeking other people in roles similar to mine and just…asking questions and putting myself out." Although several participants did not identify organizational support from a positive aspect, some of the participants identified organizations as providing support for mentoring. The clinical director noted,

> I see every one of my current managers as somebody I have a need to mentor or I have an obligation to mentor. In the military I had a lot more discretion….I would make sure that they [nurse officers] got experiences where that they could kind of ruthlessly develop faster than the other lieutenants.

Organization support. The assistant director of nursing also discussed the importance of organizational support. She included components that would support the personal development plan for individual employees for their professional advancement. She described a concept that has been on their strategic plan for eight years, and

components have been redesigned and implemented in the last several years. She also described a program they have been able to develop through a grant:

> I think we were in the beta pilot group. So that residency program nurtures new grads. That creates faculty and also unit relationships where they [new grads] are facilitated or mentored in a formal mentoring kind of way, but a supported relationship kind of way. We have also developed a relationship with the nurse advisory board for ongoing development of senior leaders, but also they have a program called FL leadership….There is talk again of going back and finally picking the [strategic plan] up. I think that within the next year or two we will have a more formal mentoring….It was to create some guidelines for a mentoring program and some expectations for what it could be, so that a younger seeking nurse could actively be supported in looking for an experienced nurse relationship; somebody with whom they would click. Again, in particular, they thought might offer them growth in an area that they might be interested.

Respect. The CRNA identified the mentor is there to support the protégé as they are working out their own decisions. She shared the story regarding one of her protégés making the decision regarding career promotion. The participant concluded,

> You can't lead the horse to water and make them drink. You can lead the horse and stand there and hope that they drink, and guide them, encourage them, tell them you really ought to drink. But ultimately, it's their decision. Whatever choice they make.

The clinical specialty nurse shared part of the mentoring experience is valuing one's own growth as a mentor. She described mentoring as valuing the process and explained the significance of mentoring is the,

> Value that you place on the relationship in and of itself that you take the time to grow in those areas and to do better. You can make time to talk to other people who have been facilitating mentoring relationships longer than you have or who have more life experience than you…how can I grow as a mentor?

She also shared the importance of "constantly re-evaluating your relationship with your mentee asking very honest, open-ended questions." These questions include "How are

you benefiting from this relationship? What do you feel like you're lacking from this relationship?"

Reflection. The assistant dean stated a facilitative practice was "a lot of reflective thinking, so I think that it all adds up and takes you to where you are today and what your contribution can be." She added with mentoring "you have to pay attention to it…to be successful and to share something in common as a common goal, a common thing, a common something that is really going to carry you through. You have to be attentive." She concluded with time and attention you "Cannot be in a relationship with someone who is sincerely a mentor two or three years maybe and call up tomorrow and it's like you never ever skipped a beat. I think they [mentoring relationship] can be that strong and powerful."

The staff nurse stated mentoring is "a lot of self-reflection on your own behalf. It's easy to say the right thing to do. But if you don't walk the walk, it's hard to talk the talk and be believable to the mentee." The Magnet™ program director stated she used introspection in her mentoring practice. She stated,

> I always try to turn that introspection piece back in my mentoring relationship. I try to turn that back to the person I am mentoring and help them understand and introspection helps them move forward. It will never move you backward; it will always move your forward.

Selection. The clinical director shared more about recognizing the potential in some of his nurses and assisting with developing their career for advancement. He further shared that in his current position, he uses the same expertise in recognizing potential and selecting those employees he thinks he can assist with professional development. He explained:

> T. was somebody I picked out almost immediately when she joined my reserve unit.…I saw a lot of potential, a lot of skill and a lot of energy. S. S. is now the chief of nursing service, or she replaced T. as the next chief nurse. So to see two people back to back that I saw promoted from junior officers to being the chief nurse executive of that unit really gives me a lot of deep satisfaction.

He also described the opportunity to identify employees in his current job in which he has identified several employees who have the potential to increase in the ranks of the institution. He shared a current mentoring experience in identifying someone who has the skills to assume some of the participant's responsibilities as the participant prepares for retirement in the next several years. He commented,

> I have been harassing him for the last three to four years that he needs to either decide to become a history professor or get a degree in either health care administration, business administration, or something along those lines. He is about two-thirds of his way through his MBA [Masters in Business Administration] program at a college. I am extremely excited about this.

Matching. The assistant dean discussed their program to assist new educators. She commented new employees are assigned a "friend to negotiate the first year. If it blossoms into a mentorship relationship, that's fabulous." She continued, "That word is powerful and we are very…respectful of it and really appreciate what it is and …believe here that you grow into mentorship relationships and you just, you find them naturally." Her main comment centered on the principle that educators should have someone to help negotiate the first year of teaching at a new institution. She described that individuals who "try to negotiate the world alone…can stall you out and you really do need to trust that other people will help you go forward."

The Magnet™ program director shared when trying to match and have a good fit, "You set goals in the beginning and speak about feasibility of whatever it is you want to work on. Sometimes these are just personal development mentorship relationships and

the barriers seem to be fewer." The unit manager also responded about the importance of having "common ground." Through finding "that common ground that you can converse about other things," the mentoring relationship can be developed easier. She also added how "a healthy mutual respect for one another" facilitates the relationship.

Another facilitating aspect of mentoring identified by several participants included formally or informally matching the mentor with the protégé. Most of the participants shared there was not a matching process but offered several suggestions to assist in establishing a matching process. Some of the components of matching included "common values and beliefs about nursing." Another participant explained their mentor program plan by describing the initial step is completing a questionnaire. She stated,

> We have a profile book where the mentors available complete a profile page where we put their picture, where we talk about personal and professional goals, what they like to do, hobbies, so people can find a way that they can connect.

Two of the participants mentioned doing personality testing to assist with matching the pair. One participant identified that in matching in a formal setting, a personality profile may assist to "get the right kind of people," but finished by recognizing that "there has to be that trust, that value that the mentor provides to that person." The Magnet™ program director stated,

> With this particular relationship I have currently, we didn't do any type of Myers-Briggs or anything like that. It wasn't really necessary for the type of mentoring activity, but I have done that in the past, so I could see if there was compatibility. In some cases there doesn't need that compatibility….Maybe the issue at hand really needs opposites, so you can play off one another's weaknesses and strengths.

Trust. The concept of trust in the relationship was mentioned on several occasions as something that holds the relationship together so that mentoring can occur. The

director of patient services continued to share: “When I think about my mentor, I trusted her wholeheartedly and looked like a sponge. Everything that she told me and instructed me…and I think that the relationship came together.” As the interview continued she commented again about trust: “I think there has to be somewhat a trusting relationship between the people. Your personalities have to somewhat match. You know, it has to be a relationship that you can kind of give and take.”

The nurse educator identified having experience helped, although “sometimes people with less experience can still mentor you and help you work through things and see things differently. Not that it’s a requirement, but I think there has to be some maturity there, because there has to be privacy, confidentiality, trust.”

Participants also described components that facilitated the mentoring relationship as being honest, flexible, and having common interests. The dean shared a relationship with a protégé in which the protégé was more impressed with being mentored by the dean. She shared being “honest is part of” mentoring. She continued the importance of honesty in explaining to the protégé the match was not conducive for the relationship and she referred her to another mentor. The staff nurse also identified that mentoring is to “be respectful, to be dependable, to lead by example.” The Magnet™ program director also shared, “I think if someone is coming to me for mentoring then I owe it to them to be truthful and honest….You owe to folks if you know you are just not going to be a good fit for them.”

Flexibility. Sometimes the flexibility factor was in working with protégés schedules. For some, setting goals was identified as facilitating the relationship. The patient care director stated, “There has to be the discussion piece. There has to be a

giving and taking along the way or it gets to be more instruction. To me that is not true mentorship." The academic nurse administrator commented, "You have to pay attention to…be successful. You have to share something in common as a common goal, a common something that is really going to carry you through. You have to be attentive." The staff nurse acknowledged the importance to be open and "we just sit down and we'll talk and see where it takes us."

Commonality. The unit manager explained the importance of connection:

> Make a personal connection no matter how small or big before you jump into the task. But if you can relate to someone on a personal level, it just seems to make some of the professional things flow a little more easily.

This is consistent with the hospital administrator who shared how she and her protégé would "have interchange, and I think that the common values and beliefs about nursing" affected their mentoring relationship. The clinical specialty nurse also shared the relationship she has with her protégé is sometimes formal with agendas and a list of "things that she would like for us to discuss" and other times the protégé may send her "a text message or an email saying, 'Hey this came up. Can you offer me your two cents?'"

One comment from the unit manager summed up the importance of having the knowledge and awareness of recognizing role change.

> There comes a time when your job is essentially done in the formal aspect and you need to kind of let them grow and learn their own methods and ways that they want to do things and maybe take on more of that informal, you know. "Call me when you need me." I'm going to offer you feedback.

Obstacles

The research question pertaining to obstacles related to two interview questions. Mentors were asked to describe barriers and limitations of the relationship. Probes

included seeking information on how the barriers and limitations were overcome. In several comments, the barriers became the opposite of facilitating components. Many of the barriers identified reflected on work schedules, time, lack of common focus, difference in personalities, and generational differences.

Some participants who identified the formal or informal style of the relationship as facilitative practices also shared the style of match were a hindrance. The clinical specialty nurse discussed that:

> There are times where formal matching is appropriate, but just because you meet all of these qualifications where on paper it looks like this person and this person are going to match nicely together, doesn't mean that the relationship is going to be successful. I don't know if I would exclusively say formal matching versus informal matching are better all the time. I think there are circumstances by which both are acceptable.

A few described the negative experience of being assigned a protégé and how they learned from that experience. The assistant dean commented, "For the more formal relationships that you get kind of assigned and we use that word mentorship, maybe not having matching personalities or common, like really common ground so they never really mature or take off." A few participants also identified issues related to power and the effects of the mentoring relationship.

Time. Almost every participant mentioned the obstacle of time as having an impact on mentoring. Comments included "negotiating time and insight into the way you think," "not defining a time frame," "time in hours of the day as well as time to commit." Further comments included, "Time is huge and I think some of that also is management support." "You can say that time is a problem;…it takes two individuals that value that relationship…to make time." "You have this timed thing when you have to get things done on a time line." One participant declared, "Mentoring is looked upon as if you have

the time, you can certainly do this but it's not supported. It's considered non-productive time financially."

With regards to the barrier of time and distance, several participants stated that time was an obstacle that could be overcome and was still a positive aspect of mentoring. The nurse administrator described an eight-to-ten year relationship and stated, "We don't see each other really often, because I am an administrator and I am in a different building." She continued "We still do seek each other out, she sought me just last week and I sought her out just last week to do something for me as a leader."

Another comment from a participant regarding time limitations stated "I think true mentorship occurs over generally a longer period of time."

In describing the important aspects of the "early on" components of mentoring, the nurse unit manager shared,

> If you have a mentor and a mentee that have completely different ways of dealing with things or different ideals about how you would address issues, that could potentially be a problem if there is not that mutual respect or willingness to look at both sides of the coin.

Jealousy. One participant identified a limitation:

> Since you are researching and I feel like I can be honest,…I will tell you this is funny. I don't know if you have heard it before. It is intimidating when someone that you mentor becomes better at something than you are. And I wouldn't say that that's a problem. I think it can be if you allow it to be, but there are things that he does that he was probably inherently better at in the beginning than I have ever been.

She continued sharing how this was a bitter-sweet feeling of success and possibly envy. She stated,

> I don't want to say frustrating, but it is a little jab in the heart when you see somebody that you've felt like you've cultivated and grown and they surpass you. That can be a hard pill to swallow. But I wouldn't say that it keeps me

> up at night or makes me anxious or anything like that. But it's just a hard pill to swallow.

The assistant dean shared a similar story regarding growth of a protégé. She commented,

> You can have disagreements and sometimes that can be really uncomfortable. I think sometimes that people can be successful and are doing very well and they outgrow, well, I don't know if they outgrow you, but they may appear to be more successful or accomplishing more and there can be a little streak of jealousy. The relationships can sometimes become one sided. But it is like any relationship. It's like a marriage….You just have to negotiate through and understand.

She continued to compare these relationships with the relationship she had as a protégé. She commented, "Some of my mentors have retired, but I still look to them for wisdom and support as I kind of move through the end of my career." She continued describing how formal mentorship does not have the effectiveness and continuity of the informal match.

> I have probably been in …more informal. Formal mentorship….like in a job situation that you are assigned to somebody and…have this relationship or have these discussions on a weekly basis or monthly basis and sometime they're a little artificial and you may or may not have common threads to build on….More often than not, I think they don't develop or have not developed for me, let's put it that way, into lifelong friendships or mentorships or working relations.

The clinical specialty nurse shared a similar story in identifying some mentors may experience "fear that you're being a disappointment or that you know, you weren't as successful as they were at the period of time." She continued the mentor "has to be responsible to honesty and to transparency and their feelings to help a person grow."

Boundaries. The unit manager also shared changing roles and a lack of clear boundaries were barriers in the mentoring process. She identified "honesty in what's going well and having the skill and the confidence to coach when maybe something isn't

going as well." She shared that her protégé was her friend, as they had worked together at the hospital for several years before she accepted the job as unit manager. She stated, "That is a difficult transition to make." She shared how some employees perceived her protégé to be having "favorites." Reflecting on her own challenges in setting boundaries, she stated she had "never been good at socializing with some employees and not socializing with others" as her protégé appeared.

This awareness guided her to set her boundaries, "so my decision from the outset of my position has been to not socialize with employees unless it was a work related event. I am just not good at those boundaries." In making this decision, she reflected on how "to gain the confidence to approach him [protégé] about it and say, here is what I see, take it or leave it. If it is helpful to you I am glad, if it is not, tell me to mind my own business." She shared the protégé did express the need to establish boundaries in his new role as a unit manager.

Generation differences. One barrier identified from several participants was with differences in generation and expectations. The hospital administrator identified she and her protégé have "because of her young family, a number of things that didn't evolve into a friendship that included [the] social." The staff nurse reflected on barriers and noted,

> Sometimes the number one [factor] is time. Especially I've found with the younger generation that a lot of people will go to work and put in their hours and leave work at the door, where previous generations want to be involved and want to go above and beyond.

The unit manager described the differences in learning from a 20 year-old and someone in their 40's. She stated,

> The culture is different, the generation is different. How you approach them needs to be tailored differently, so you can't really have a cookie cutter approach to that. You know likewise, different personalities…what's

> different about an introvert and an extrovert….Be prepared to modify your delivery depending on who you are talking to.

Mismatch. The clinical nurse specialist explained one way to facilitate the relationship is to recognize when the match is not effective. She continued describing how the mentor should ask the question, "If at any point you feel like I'm not providing you the guidance that you need, is there something that I can do to facilitate a relationship with someone else?"

The dean of nursing also shared about an informal relationship in which the protégé was in the relationship for the wrong reasons. After sharing with the protégé, she noted the protégé was still not receptive. She then commented,

> This was an informal relationship so it was easy to resolve in that you know, "I don't know if I'm the person that can really help you because some of the things that I offer you, you're not very open to them." But yet it is just not my opinion because sometime you do want to separate what you're feeling about a particular matter and what is really required in the field.

Another participant stated that if "I'm not hearing them [protégé] or that we're talking about the same thing over and over again" then it is time to encourage the protégé to "get another mentor. You know, get another mentor that works for them." She did explain that she felt it was her responsibility to "assist them in finding another mentor."

The Magnet™ program director shared the importance of being truthful and honest in sharing if the match will be successful. She noted the importance of acknowledging when she "wouldn't be able to work with them; that's part of the truthful and honest piece. I think you owe two-fold if you know you are just not going to be a good fit for them."

She concluded that sometimes the fit was based on lack of time, lack of common focus, and personal belief. At these times, she has referred the person to other people and shared the protégé has been receptive to the referral.

The assistant dean described a mentoring relationship where the interactions

> Got out of balance…. It was very highly focused on her needs and her life for quite a long time and going back looking at it probably really necessarily, it made me really angry.…I had to get help to have somebody tell me that I had to confront it….I need to not just always be giving. I took a bit to rebalance it and I would say it's much healthier today….Now there's kind of a sense of humor, but five or six years ago it was not very funny.

The nurse educator and researcher described several barriers. She stated:

> Time is a barrier. I think mental awareness can be a barrier. Introspection can be a barrier. One's own ego can be a barrier. That is to say that if a person enters into a personal relationship for the glory or for some other reason other than aiding the development [of an] individual or group of individuals, then they are in it for the wrong reasons. Maybe I should say power of some sort for mentoring is really a gift to the mentor.

She also noted, "Within our organization, political barriers can also exist; financial barriers can exist." Although the participant did not identify tiredness as a barrier, she did describe mentoring "makes me tired mentally. That is probably another hallmark of mentorship, it makes me very tired mentally. It is not a bad tired, because like I said with any mentoring relationship, you go away a more thoughtful person."

Some participants identified they had experienced a bad match both as a mentor and as a protégé. The nurse manager of standards shared, "Sometimes a personality is just not working out or you know that I personally do not have the time that they need." She continued to comment the role of the mentor is to assist the protégé in finding a more suitable match. Another participant noted "I guess a barrier would be how to put together

a more formalized program to facilitate those relationships…so that the relationship grows."

The clinical specialty nurse also reflected on how a limitation would affect the relationship. She stated, "I don't know that I could be an effective mentor to the person if I had unresolved ill feelings or disagreements with a core value or with a basis of the individual or the organization."

The CRNA shared learning from a bad mentor helped her become a better mentor. The experience led her to an understanding that "you can't delegate all of your jobs away and you can't delegate all of your responsibilities away. You still are ultimately responsible." The dean reflected on a mentoring experience in which she "felt that [high level leaders] seemed rushed or it was just a chore or a job. It didn't feel like a genuine interest." She concluded, "I just absorbed a lot of that and then thought, when I mentor I will never do this or make someone feel that way." The unit manager shared that becoming a mentor is "picking those pieces of maybe what a not a very good mentor was to me. You know, it teaches you what to do and what not to do. What might work and not work."

Organization culture. The clinical director shared the organizational culture can be a barrier and he "would look at the organizational culture which goes back to what we talked about earlier here, and say, 'Does the culture of this organization promote mentoring or not?'"

The clinical specialty nurse commented organization barriers included focus on mentoring being underutilized. She stated upper nursing management is recognizing mentoring as "primary to the transition plan with the organization" and "it just needs to

be more recognized as not only important but necessary." She also noted, "Cross-cultural mentoring can be difficult if the mentor is unaware or unlearned with regard to cultural expectations" could be a barrier. She also shared "differences in expectations regarding time or with regard to crisis management" can cause barriers.

Additional areas mentioned "trust," "respect issues," and "privacy" were aspects of mentoring that could create obstacles. She did recommend these barriers could be overcome by communication and using the method that works best for the protégé.

Participants did discuss one barrier to understanding mentoring is based on the confusion of the terms. The nurse researcher shared, "Because we are so use to the preceptor concept, we tend to want to use preceptorship for mentorship. This drives me crazy, and I want to throw my hands up in the air and it is not a mentorship." Another participant who had experiences in hospital and in academia, compared the two and said, "In the academic world we were assigned to be 'mentors' to students. To help them with advice and their academics and they would come to us….It really wasn't mentorship."

Several participants shared an obstacle that occurred in mentoring relationships were encountering individuals who created roadblocks. These roadblocks occurred as individuals or other aspects.

The CRNA shared about several encounters that were roadblocks. In sharing about one experience, she described a story of one nurse who had the abilities to be "groomed" for her (CRNA) replacement. Her replacement had multiple issues that were a barrier for her. The participant stated, "I continued to try to communicate that [accept the chief nurse job] with her but there's a roadblock because I was working hard to try to get her to accept it. She was so busy doing other things I felt like I really couldn't properly give her

all of the information that she needed." The protégé did accept the position and the CRNA noted that for about a month, the protégé was angry with her until she realized "what the job was really like, how there are politics, how you have to guide, supervise, administrate. You can't be the friend anymore." At this point the protégé now had an understanding of the role and their relationship changed to "a warm comfortable experience as now she understands what I was going through." She concluded she is now "her sounding board and her friend and wise advisor."

The dean also identified additional barriers based on commitment. "How committed are you really to the development of another person?….How willing are you to work with that person when it doesn't seem like its working out?"

One clinical researcher did comment on the relationship with his protégé and noted that they are still in a "formal relation…I still do his performance appraisals and that kind of stuff."

One participant did share "fatigue is another…we're not talking about preceptors but I think it's similar [for them]….Constant mentoring I don't think is a good thing. I think you need to have a break." Another barrier shared by this participant about her husband's experience as part of the Missouri League for Nursing had to do with gender. She stated they had not considered the gender barrier until they were scheduling to meet with the protégé. They had not planned on both going but they realized the impropriety that might be perceived. They resolved the gender issue by traveling together to meet the young female protégé.

Benefits

Research question five focused on the benefits acquired by the participants. The interview questions used to obtain the information about benefits including what they enjoyed about the relationship and benefits that they think they received during the relationship.

Giving back. Several participants identified that part of the experience of mentoring was in giving back to others. One participant described this aspect of mentoring as

> Kind of in the turning place in life is watching others or helping others and I take great pleasure in that…In fact, the dean, the associate dean made a comment to me about [how] I needed to be first author more often and I was like, no, that's not where I am in my life….I am at moving other people along. I am there. I am happy and now it's other peoples' turn and its time to help them move.

The dean of nursing shared that mentoring affected her life in many ways:

> Giving back means a lot, and I think probably what helped me most…is the opportunity to give back and deposit into others whether intentional or not. You've either observed or done something, seen others do something that either inspired you to say I want to be like that. I want more of that characteristic or trait so I would think it's just be open to the relationship and where it takes you and the individual.

She concluded the interview by imparting these words:

> I think [mentoring] is really valuable. It actually gives the mentor the opportunity to leave a legacy, so to speak, because you impart into others who impart into others and you really never know how many lives you touch through what you helped the person become and also what that person has helped you become. It's definitely mutuality in that relationship.

She also described that she feels good about "pave the way for others or share an understanding or have them thinking in a variety of ways. So I guess that's a positive feeling for me, it creates significance."

The hospital administrator reflected on her mentoring experiences as giving back to her protégé, herself, and the profession.

> I feel like I am leaving something behind, not only for her for the future, for her growth and development as a nurse but to the profession piece. That is very important to me. The continuation of the profession and the vision of what professional nursing is and can be for the future.

The CRNA also noted that "it's something outside of yourself that you're giving and by your giving, you're going to help many more people." The director of patient services shared that in giving as a mentor to a new generation, she is reminded of the why she became a nurse. "To me that is the most rewarding part of becoming a mentor. You see that passion, and learning, and growing, and doing new things. It makes you remember, that is, why I do this."

Mutuality. The dean of nursing commented on the benefits of mentoring "I think the mutual exchange, growth…I always feel good that I can help either pave the way for others or share and understanding or have them thinking in a variety of ways….It creates significance."

The clinical specialty nurse shared how she enjoyed "sharing the experience that I've gained with other people and I also enjoy seeing their growth areas because…during the process you are also able to identify your own growth areas and you're able to share honestly and openly." She continued: "The mutual growth that happens during the mentoring experience both the satisfactions of seeing success in your mentee but also identifying new growth areas for yourself." It is a "very rewarding and professionally growing experience."

She noted the "personal success of my mentee," "continued success of the organization," and "continued respect from the organization" are also aspects of mentoring providing her enjoyment in the mentoring relationship.

Rejuvenation. The staff nurse shared that mentoring helps her to "remember what you wanted to do when you graduated from nursing school. What were your goals? Are you obtaining them? Kind of re-ignites your spark."

One participant, sharing about her role as a protégé's supervisor, identified that the role has now changed from formal to informal, and she would continue to be a mentor because the role "keeps you enthused about your job….It's the new people you work with, the mentoring…it just rejuvenates you and I think mentoring does the same thing. It makes you think outside of yourselves, which is always a good thing."

Sponsorship. Several of the participants identified the benefits in their lives by having a mentor. Having a mentor influenced their lives in the career paths they choose. The mentors for the participants opened doors that made significant advantages for career development by giving them confidence and support. Comments made from the participants included,

> It starts with relationship, but the other person, the mentor, because of their knowledge, their experience, the way that they are respecting you as a young seeking person that there is a level of inspiration that you want to live up to. And so you become more than you could have become without that mentoring relationship.

All of the mentors expressed the importance of having an experienced mentor. The clinical director shared the experiences he had in the military with the director of nurses encouraging him to get his masters degree, and other nurses guiding him in programs he needed in order to advance and obtain promotions. They assisted in guiding his plans for

his career. He commented, “When I got to a point where I could reciprocate, I just felt it was the normal thing to do.”

The nursing administrator shared her story about having been mentored as an undergraduate in nursing. She had been mentored by two of the nurse educators who encouraged her to apply for scholarships at the local hospital in the rural area. She applied for the hospital auxiliary and it was available the year she graduated the undergraduate program and she won the scholarship. She continued to strive to reach the expectations as she did “not want to let the mentor down, so I kept becoming more than I had envisioned in the beginning.” Through those mentoring experiences, she became a department chair at 29 years-of-age. She concluded that having a mentor for her was “them instilling in me that I could become more than I had envisioned for myself.” She concluded that “the one thing I have to offer is the mentoring. And I serve on a number of boards…where I see this role maybe continuing.”

Socialization. Participants expressed benefits of mentoring from a personal basis. One hospital nurse educator commented that “touching people’s lives and …you can make a difference. Make their day better.” She commented on the benefits for the organization: “Retention is one of our goals in doing our nurse internship program and mentoring.” The hospital nurse educator and researcher shared, “there’s been a lot of teaching that has occurred both on my side and theirs – from them. Every time I mentor it seems that I learn more and more about successes of mentoring and the failures.” She reiterated the significance of mentoring on people’s lives. “Think about that person’s future, as I said earlier that mentoring is a privilege and I think we should consider it a

privilege that someone felt and wants you to guide them and see you in that light as being a mentor."

The staff nurse stated: "The benefits are that it encourages your own growth….It makes you take a second to look back and say what are my goals." She also shared,

> [The] mentor relationship is rewarding for both the mentor and the mentee. The way of seeing through the eyes of somebody the first time again and remembering how you felt and what you did to get through those times in your life. And how you can make that journey easier for someone else.

She concluded that the program had been in place for a year and "we've a verbalization from one of the mentees that if it wasn't for her mentor she wouldn't still be here. So that, in and of itself, is a small victory."

Several participants spoke in terms of growth of the protégé and the feelings they experienced in viewing those accomplishments. The manager of nursing standards commented that the "feeling of accomplishment not necessarily for me but to see the look on their face. That's the part that's most enjoyable that they have a sense of self-esteem. I can do this." She further reflected she has "become more patient, more respectful of others. Another benefit is personal satisfaction and…the joy that you see when someone is really happy about what they've done; to be able to share in that."

The assistant dean responded: "Generally, there have been good products out of these relationships in terms of moving forward in the profession and research and publication and presentation and so that's a pleasant part of it, too." The assistant dean continued to share "It's not always what is the hypothesis, but somehow it is always moving forward. It is always about creativity or intellectual stimulation."

Multiple mentors. Another benefit identified by several participants was having multiple mentors. The CRNA stated, "I have benefited from having some good mentors

introducing someone to several mentors, not just one but several different ones." She also asserted that "reaching out beyond the United States I think is another way to make it an interesting job as a mentor." The assistant dean stated "How many mentors do people need? More than one." A manager of nursing standards also noted another benefit was "a network of other mentors and resources." Further comments came from the dean of nursing regarding her protégé learning to be a dean:

> If it [question] was something that I didn't know, and often times it was something that I had not experienced firsthand in terms of starting it from scratch, I would either refer her to contacts of mine like in either my professional or personal networks.

She further stated, at a meeting in Texas when she met her protégé, "We had the opportunity to meet there and chit chat and…then I introduced her to my colleagues…and she introduced me to hers so it became a networking opportunity as well."

Summary

This chapter provided findings from the study exploring the lived experience of nurse mentors who have mentored nurses in the profession. Thirteen nurse mentors participated in the study and were able to describe their relationship with enthusiasm. Many went into detail about the experience, incidents that occurred, feelings they experienced as mentors and as protégés, and their willingness to continue to mentor others.

Using a demographic survey and semi-structured interviews, data were gathered. The data gathered through these steps was supplemented through field observations. The demographic survey findings were reported as descriptive statistics. Through the interviews, the qualitative component was developed to support the participants sharing

the richness of their stories. The interviews were transcribed and thematic analysis was applied to develop themes and categories. Analyst triangulation was used to support validation of the findings and coding used in data reduction.

The participants were from diverse clinical experiences and roles in the nursing profession and included nurse educators, a dean and assistant dean, clinical managers, and clinical specialist nurses. Mentoring relationships occurred in the academic and clinical setting. The findings were addressed using the research questions for organizational clarity.

CHAPTER FIVE

DISCUSSION OF FINDINGS

Overview of Study

The purpose of this study was to explore the experience of nurses who are in the mentor role. These nurses practice in various settings within the profession of nursing. Within the overarching question of the experience of being a nurse mentor were the questions exploring preparation, obstacles, benefits, and facilitating factors of mentoring. This study began with a story about a new graduate nurse and her experiences in transitioning into nursing practice. It was through her experiences with more mature nurses and, sometimes, with mature patients that she learned empathy, clinical skills, and the importance of nurturance.

Nurturance was also learned and observed in caring for those patients who were at the end of their lives due to cancer. Through this process, this researcher was mentored by patients in how to assist in supporting the transitions between life and death. Deck (2000) described how "a mentoring relationship involves coming together; experiencing a deep, emotional bond over time; and then recognizing the signs and the timing for separating and redefining the relationship" (p. 166). From these experiences, this researcher had the desire to enhance her own knowledge and expertise in mentoring others.

The definition of mentor and the application to practice necessitated an understanding of multiple aspects of the mentoring relationship. These aspects included understanding mentor experiences, preparation, facilitative practices, and challenges inherent in the relationship. The researcher was able to gain meaning of mentoring as the

participants shared their personal and professional experiences in the mentoring relationships.

The researcher selected a qualitative method using interview guides with semi-structured questions to gather data. The findings were presented in the previous chapter. In this chapter, the findings are discussed and emergent themes presented. These themes began to emerge during the interviews as additional information was obtained through the open-ended questions. The discussion of the themes and answers to the research questions will be compared to the literature. Implications for nursing practice, education, and research are also addressed in this chapter.

Demographic Findings

The demographic findings were consistent with the literature regarding age. A total of 13 nurses were interviewed for the study. Nine of the participants were 45 years of age or older. The remaining age categories were 25 to 34 years and 35 to 44 years of age. Erikson (1963) defined the age groups 35 to approximately 55, as the crisis of generativity versus stagnation. Erikson described this stage as "primarily the concern in establishing and guiding the next generation" (p. 267). The tasks of this age are to give back to society to better the world in which we live. Erikson noted that generativity usually begins in middle adulthood. The participants were all female except one male. This is consistent with the 5.8 % of males in the nursing profession (American Association of Collegiate Nurses, 2009). The areas of practice for the participants were diverse and included many settings in the practice and education area.

Discussion of Findings

The interview data were reduced using the process of thematic analysis. The data were coded and themes were identified. The themes that emerged from the definitions were based on mentor characteristics and professionalism. The participants identified the importance of relationship in mentoring. This relationship was described as predominately informal and included a considerable investment in time. The participants were able to describe several factors that support the complexity of the relationship. One of the main factors identified by the participants in the mentoring relationship was being able to develop a mutual sense of trust.

The main themes that emerged addressed several aspects of mentoring. The themes of mentor process, relationships, and legacy emerged as participants described the mentoring relationship. Additional factors identified by the participants represented the uniqueness of mentoring. Participants shared essential components of trust, listening, and communicating as the common thread interwoven throughout the process.

Mentor Process

The theme of mentoring process developed around statements from the participants in sharing about the knowledge and skills needed for being a mentor. The participants identified the significance of developing skills necessary for successful mentoring. Nurse mentors shared their experience about formal and informal matching. Also included under the area of knowledge of the mentoring process were organizational culture, preparation for mentoring, and methods to provide encouragement, as well as using networking, acknowledging mutuality, and nurturing creativity.

A component under the category of mentoring process dealt with matching, preparation, and organizational culture. Those participants who had formal mentoring experience described a lack of effectiveness of the formal process. The functions shared by the participants included knowledge regarding the ability to select or match mentor to protégé. The clinical director commented on what he perceived the professional role of mentoring to be. He stated "To me it means serving in a role where I…identify and assist in the professional development of people who [are] junior to you." The nurse manager defined the informal mentor as "maybe you adopt someone, or they adopt you as someone they would like to emulate" so professional growth can occur. She also identified the role of formal mentoring, stating it is when one is "assigned that role. You know, to mentor someone to help their professional development. I think it could even help personal development, too." Three participants discussed the need to provide personality inventories to assist in matching mentor and protégé. Although participants suggested personality inventories would assist in helping to create a successful foundation, three different participants believed that personalities do not always need to match so much as having a common goal. This is consistent with the literature on protégé development and mentoring as a career and psychosocial function (Kram, 1985).

Additional areas of knowledge development included the ability to share in growth through encouragement of the protégé. Participants believed their knowledge of organizational structure assisted them as they advocated for the protégé and worked through the organizational system. This knowledge did not come from formal training, but rather from the participant's "on-the-job" training and previous experience as a protégé.

Another component of the mentoring process included aspects of skill development. Skills identified were similar to those career functions noted in Kram's (1985) mentor study. These skills were shared in stories describing goal setting with the protégé to assist with networking and encouraging creativity in meeting those goals. The nurse manager described her experiences of working with her protégé as she developed a budget for the unit, working with conflicts, and creating a challenging assignment by setting a goal for two units to work together. Mentors have the ability to share their own stories and, as one participant noted, mentors can use experiences such as "times of defeat" to support the protégé on their path.

Participants believed that experience and knowledge prepared them to be able to identify possible protégés to groom for leadership positions. Although most of the participants shared that protégés sought them as mentors, three participants expressed their view of the mentor role as searching for and picking future leaders. By selecting possible protégés, the participants were able to assist those chosen to identify the activities that will make them successful in advancing their career.

Relationship

The second major theme to emerge concerned relationships. Acceptance of each other was demonstrated through respecting values, establishing common ground, clarifying expectations, maintaining trust, and expressing suggestions in a non-judgmental manner. As relationships grew between mentors and protégés, creative thinking, risk-taking, and understanding of each other's point of view grew. Acceptance of the protégés and seeking to understand their desires and goals for the mentoring relationship provided a basis for successful mentoring.

An element of acceptance mentioned by participants was the importance of trust and respect. As the mentor and protégé begin the relationship, each seeks to establish trust through sharing of goals and experiences in order to build common ground. The sharing and trust building encourage the relationship to grow so that the mentor dyad can be successful. One participant shared that there was a loose matching between the mentor and protégé, a new dean of nursing. Although they did not have common ground on a personal basis, they did come together, with respect, to establish goals for the relationship. The process of communicating, as they reviewed the goals and problems brought forward each month, resulted in a successful relationship, as identified by the participant. She stated that she had recently received a card from the protégé, offering this as evidence that they had achieved a successful relationship. Trust was identified as the component that enhanced the sharing between the unit manager and her protégé in sharing possible areas for growth.

Another relationship component that became evident was communication. The participants shared that they listened, used humor and warmth, and communicated. One participant stated that some communication occurred in non-verbal ways that allowed the participant to understand the behavior of the protégé. Communication was the tool used to gain trust, establish goals for evaluation, and to work through difficulties. One participant stated communication is a significant component of mentoring and that through communication, "you have to give feedback or criticisms that guide people without offending them, without making them emotional or upset. You have to be a good listener."

The art of listening was a significant thread through all of the participant's stories. One participant noted "truly listening to what people are trying to tell me" was a skill that she has learned over the years of mentoring. Another component added to listening was to listen with understanding. The participant concluded that listening is what nursing is about and we need gain expertise in applying the same knowledge to the mentoring relationship.

One interesting aspect about communication that arose from the interview extended to the method of communication. Some participants did share about alternative forms of communication besides face-to-face interactions. These methods included email, text, and social networking methods such as Facebook. The significance of this information was that it was an opportunity to meet the needs of nurses with differing generations entering nursing practice. Stone (2004) shared a benefit of electronic mentoring expands the boundaries of time and distance to enhance supporting the protégé when there are time constraints.

Evaluation of mentoring goals was an important component of the process of communicating. The establishment of boundaries, goals, and plans for the relationship were important. Several of the participants noted that the mentoring experience was based on what the protégé wanted to "get out of the relationship." Misperceptions from either the protégé or mentor resulted in an unsuccessful mentoring relationship. One participant stated that without a plan, they would "waste a lot of time" trying to establish meetings and "you get frustrated and then there is nothing." Goal planning and on-going evaluation of the relationship assisted in keeping the relationship focused on the protégé and ultimately more successful.

Mutuality

Participants shared that part of the enjoyment of mentoring was the mutual engagement and satisfaction in reaching the protégé's goals. Mutuality was also expressed in the energy shared between the mentor and protégé that created a "synergy" that promoted the relationship to a higher level of support. Participants used terms such as "reciprocal," "collegial," and "mutual exchange" to describe the interactions that occur in the maturing relationship. The participants believed that growth of the protégé resulted in a greater openness and broader sharing between the pair.

The sharing, giving, and receiving usually resulted in changes in the relationship, ultimately developing into friendship for some dyads. For several participants, this friendship has continued for many years as a work friendship. Many participants shared that the friendships that developed were more in the work setting and not on a social setting. As the relationship grows, the participants explained a growth in collegiality and less in a mentoring relationship. Some participants recognized there was still a relationship and a respect for their protege although there may have been many months or years since they last met.

Discussion

The researcher desired to seek a deeper understanding of the mentoring experience through the eyes of the mentor. This study was designed to seek knowledge and gain a broad understanding of the mentor experience. The study sought to include nurses working in multiple venues in an effort to create a broad picture of mentoring in nursing. Moss (2005) stated "mentoring in its essence provides an element of social support" (p. 132). The American Nurses Association (2002) established recommendations to use

mentoring to increase diversity, nursing leaders, and career advancement. It is hoped that this study can assist in laying the groundwork to explore the mentor experience in possibly meeting these recommendations. Individual interviews were conducted with nurse mentors who have experience in practice and academic settings as a means to answer the research questions.

The findings from the study are displayed in figure 1 demonstrating the factors affecting mentoring relationships. These factors included the relationship between the protégé and mentor, or expert nurse. The protégé is demonstrated in a hash line, as the protégé was not interviewed by the researcher. The research questions are diagrammed in the labeled boxes. Obstacles are discussed in the literature as barriers and limitations with limitations occurring between the mentor and protégé. The middle box represents the roles that can be shared at different levels by both protégé and mentor.

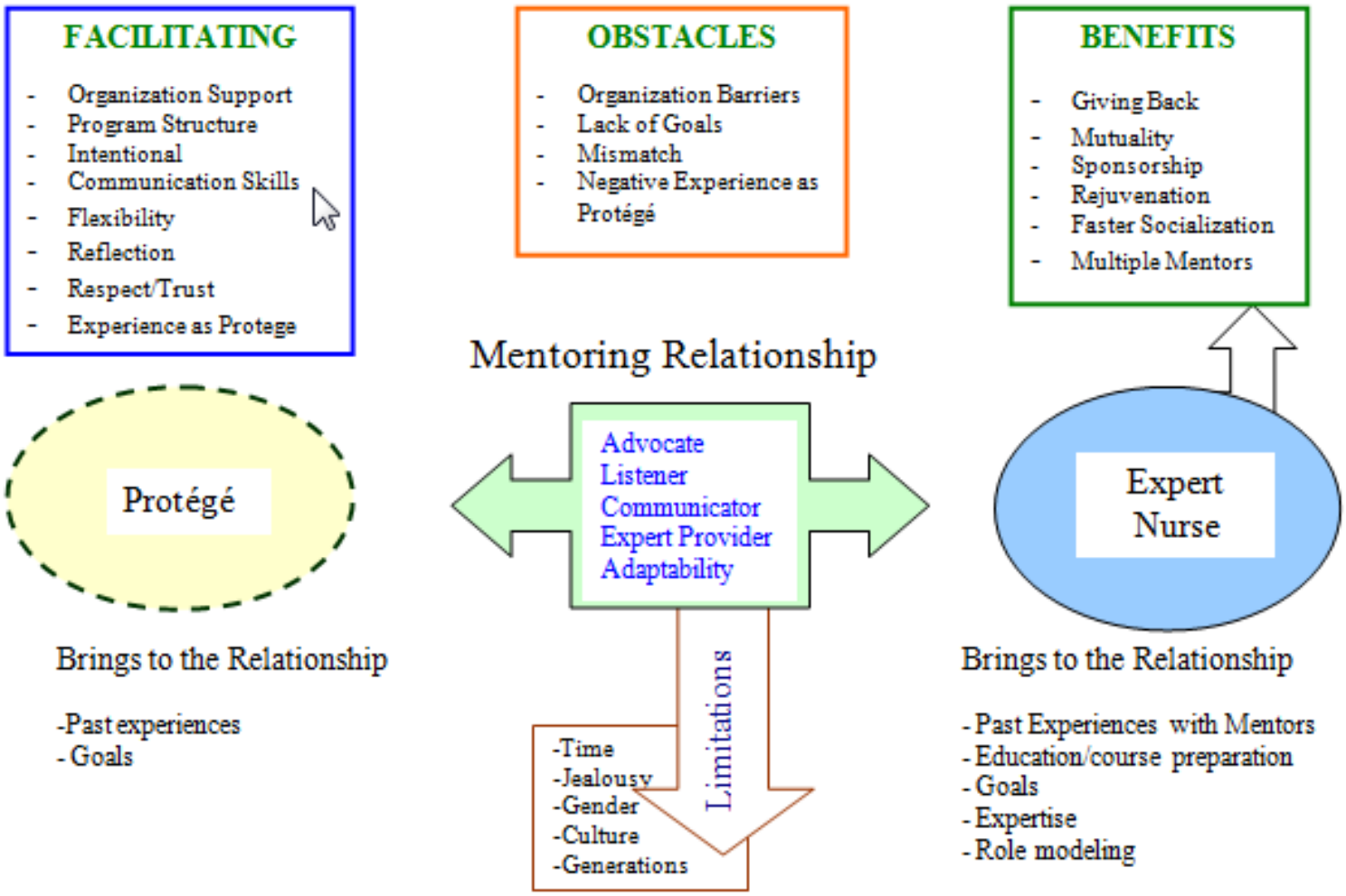

Figure 1. Factors affecting the mentoring relationship

Question One: Mentoring Experiences

The first research question sought to explore the participants' understanding of the definition of the term "mentor." Many nurses define mentor in terms of a preceptor in a clinical practice setting. The participants described mentoring in terms of giving back to society and the profession. They also used the phrases of being a guide, a sounding board, someone to listen, a teacher, an encourager, and someone who recognizes strengths in others. Some participants described a mentor as teacher and instructor. These terms are consistent with the definitions of mentoring in general practice. All participants, except two, identified that they were not in a supervisory position over their protégé. The two who stated they are in a currently mentoring a protégé. Johnson and Ridley (2004) defined a mentor as someone who will "provide protégés with knowledge, advice, counsel, support, and opportunity in the protégé's pursuit of full membership in a particular profession" (p. xv). In contrast, Kilty (2006) defined a preceptor as someone who helps the learners into the skills "competencies, procedures, policies, and protocols of the profession" (p. 17). Terms used by the participants support the literature in the confusion of the terms as used in nursing (Block et al., 2005; Gilmour et al., 2007; Pulsford et al., 2002; Yonge et al., 2007). The impact of these findings indicated the need to articulate the term that is being researched. This confusion has an impact on the results of studies and the ability to generalize the findings. Studies that might use the term "mentor" when actually referring to "preceptors" or someone who is orienting a person can create inaccuracies.

Mentoring relationships that participants are involved in have assisted the transitions of new nurses into the profession. They also shared that the relationships have

provided support for nurses' transitioning into leadership positions. This is consistent with the literature findings in using mentoring to promote the learning of tacit knowledge of institutions, cultivating leadership strengths, and building confidence (Dickinson et al., 2009; Lopez-Real & Kwan, 2005; Schwille, 2008; Smith & Zsohar, 2007; Tourigny & Pulich, 2005).

Communication skills. Participants identified several traits that a mentor would use to strengthen mentoring relationships. Participants noted that listening, communication, and respect were fundamental skills in the mentoring process. One participant compared the mentoring relationship to a patient relationship; suggesting mentoring skills such as trust, confidentiality, and therapeutic communication are consistent with skills needed in a therapeutic relationship. Wood and Ross-Kerr (2006) also supported the need for open communication and confidentiality in order to promote trust. Participants also valued mentoring support provided by the institution, although they commented that mentoring would still occur, as it is valued by the profession. Comparing the mentoring relationship to the patient relationship has significance for developing recognition of mentoring in health care. These have significance for the strategic plans for establishing priorities for the soft skill development of relationship.

Participants described the interactions with their protégés, and many shared that there was the presence of some structure or formality about the relationship even though it was matched as an informal relationship. Relationships were able to provide a structure for goal setting and evaluation, where goal setting was identified as an important process to be able to meet the goals of the protégé and not the mentor. Participants described the journey as one focused on the protégé and the protégé's desire. Williams and Schwiebert

(2009) identified that informal mentoring is more protégé driven and not institutionally guided, and the outcomes of the relationship are focused on meeting the needs of the protégé.

Matching. While one participant shared that mentoring was more about him choosing the protégé and then preparing that person for a management job, the remaining participants shared that it was more the protégé seeking and choosing the mentor. This is consistent with the career functions identified by Kram (1985). Tourigny and Pulich (2005) presented formal mentoring as more organization driven and often consisted of structured orientation programs to assist new employees in meeting organizational expectations, which is similar to how preceptor programs are developed in the health care field.

Participants identified the informal nature of the match. In fact, comments from the participants defined the unsuccessful nature of a formal match unless there had previously been some form of relationship. Those who did use the term "formal mentoring relationship" were not describing an assigned relationship but more the structure of the meetings and interactions. All mentors who discussed having been in an assigned mentor relationship described it as unsuccessful, but did describe how they used it as a learning opportunity for what to do differently in future relationships. Some participants commented that some relationships were more about orienting the protégé and not really a mentoring situation. These findings are inconsistent with the literature on formal mentoring and assigned mentoring. Formal mentoring has been associated with higher job satisfaction and a feeling of being valued by the institution (Tourigny & Pulich, 2005). The participants interviewed did not express those feelings. This is an area

that may need more exploration about the relationship of formal mentoring within health care.

An important aspect from the findings is the importance of the mentor and protégé nurturing the relationship to develop common ground. This may be through identifying goals or a focal point, common interests, or similar professional values. These common components assist the mentors and protégés to re-evaluate the relationship and find tools to assist in meeting the desired outcomes, possibly resulting in the mentor guiding the protégé to another mentor who can provide the appropriate resources to meet the protégé's goal. The findings from this study are consistent with Ragins et al. (2000) when looking at formal and informal mentoring on a continuum, with results varying on the degree of expertise of the mentor. Interwoven in the mentoring relationship are the variables of age, clinical expertise, frequency of being a mentor, and the mentor's personality.

Question Two: Preparation

Research Question Two asked what prepared the mentors for their role and how they would design a mentor program. The majority of the participants stated they had not received formal training for being a mentor. Many of the participants shared that their ability to mentor came from past experience, learning about listening, and communicating in their nursing preparation. Ragins and Scandura (1999) found that previous mentoring was a motivating factor for people to become mentors. The findings from this study support the literature regarding effects of mentoring on protégés becoming mentors.

Matching. All of the mentors noted they had been in informal mentoring relations. Haider (2007) studied mentoring and found that informal mentoring relationships usually had no preparation. The findings from the current study are supportive of Haider's study. The question is still valid to explore the preparation, even informally, to determine whether the ability to mentor is inherent in the nature of the person, specific to academic nursing preparation, or truly learned from having been mentored. The significance of the finding is in beginning to explore leadership styles, mentoring styles, and personality styles. As Magnet™ status continues to take hold in the health care field, these components of leadership may assist in developing programs to meet the American Nurses Association (2002) recommendations for mentoring and leadership growth.

Three of the participants discussed using tools to assist in matching individuals to provide more commonality if a mentor program were going to be established. However, none of the facilities currently use personality inventories to match mentors with protégés. Dickinson et al. (2009) identified the use of Myers-Briggs and other learning style tools to assist in matching pairs so there were similarities for the mentor and protégé. Bernier et al. (2005) also discussed the importance of matching of mentors with their protégés. The findings in this study are consistent with the concept of using screening tools to match mentors and protégés when planning an assigned match.

Most participants discussed their past experience as a protégé and the influence this had on their mentoring of others. Many of the participants also identified that their mentoring was in line with what they were doing in their job. They stated they were upholding the professional accountability of the nursing profession and giving to the future growth of the profession. One person identified she had attended a mentoring

academy that clearly discussed the difference between preceptors in a clinical practicum versus mentoring. Another participant described a preceptorship academy that included some of the tools needed for the relationship, such as listening, communicating, and providing conflict resolution strategies. These topics are consistent with the findings of Beyene et al. (2002) and Schwiebert (2000) in identifying topics on establishing a mentoring relationship and in ending a relationship through using communication and evaluation skills. The significance to nursing is in the area of nursing education. An essential component in nursing education is distinguishing a social relationship from a therapeutic relationship in the professional interactions with patients. This is consistent with Dracup's (2004) discussion on preparing nurse leaders based on findings from the Robert Wood Johnson Foundation competencies. Dracup called for the development of support from hospital settings to develop an action plan to prepare preceptors and mentors to meet the challenge of today's nursing.

Question Three: Facilitating Factors

The participants interviewed discussed practices that facilitate the mentoring relationship. Several items were identified through the interviews that lead to more successful mentoring relationships, thus resulting in benefits to the organization, mentor, and protégé. These practices included organizational support, trust, previous mentoring experience, flexibility, common values, matching of the pair for common focus, knowledge of changing roles, and multiple mentors.

Organization support. Although organizational support was identified as a facilitative practice, it also served as an obstacle. Several mentors shared joys and frustrations with management's decision about having a mentoring component in the

strategic plan. Over half of the participants described the espoused support from administration for nurses being mentors, but they noted the lack of financial support for the mentoring program. Those who were directly involved with mentoring new nurses were able to identify that nurses had better job satisfaction and were able to comment regarding nurse retention that at least one nurse was retained specifically due to the mentoring. One participant commented that the administrative group was incorporating mentoring back into the strategic plan for staff development and retention. The challenge to nursing is for nursing leadership to advocate for mentoring to be a part of the organizational culture and to present the cost analysis to administration as something valuable and needed in practice.

Van Eps et al. (2006b) presented organizational strategies such as an award structure and additional training as two components that assisted mentoring. Grossman (2007) also identified the significance of health care organizations having a culture of mentoring. This study partially supported the literature findings about mentoring in the hospital setting, even though organizational support for mentoring was limiting. Comments from participants in the academic setting confirmed they provide support to new faculty by introducing new professors to mentors to assist in adjusting to their role. As mentioned previously, some of the skills learned in a mentoring relationship are considered more of the soft skills in a relationship, such as listening and communicating. These are the necessary components to lay the foundation for individual personal and professional growth.

Intentional. Schwiebert (2000) presented several points that facilitate successful mentoring. These points of intentional mentoring include being selective in choosing

protégés, clarifying expectations and developing goals, affirming the protégé, intentionally modeling behavior, and advocating for developmental growth plans. Participant responses dealing with facilitative practices supported Schwiebert's recommendations. Of the items listed, a primary practice is in role modeling, which leads to a protégé choosing to seek someone out as a mentor. After the initial choosing, the participants identified the importance of establishing goals that can be used as a method of matching. Goals can assist in selecting or choosing to be a mentor based on the evaluation of what the mentor has to bring to the relationship. Through the mentoring process, the interview participants noted the importance of demonstrating value to and respect for the protégé for their knowledge and skill. These findings are supported in the literature (Bondas, 2006; Dracup, 2004; Waters et al., 2003)

Participants shared additional facilitative practices that included assisting the protégé when making decisions, recognizing role changes within the relationship, and negotiating the policies in a new organization. In the hospital setting, new nurses are assigned to a preceptor while a nurse educator often serves as the mentor to the dyad and assists with nurturing communication skills and time management issues. This is consistent with Schwiebert's (2000) description of essential steps in establishing guidelines for mentoring. The guidelines included ethical behavior, recognizing conflict, and modeling healthy relationships.

Two participants described programs using mentors to support a precepting dyad. Mentoring in these situations may require different experience or support systems. New nurses are focused on learning policies and the requirements of the facility. Preceptors are used to support the new employee adjust to the new facility as well as to instill the idea of

acquiring a mentor. In light of the nursing shortage, the desire to obtain Magnet™ status, and the need for mentoring in the practice arena, nurse leaders need to continue working on alignment between leadership and those advocating for mentoring.

Communication skills. All participants shared the need for mentors to be strong listeners and to display positive interpersonal communication skills. They noted the need to have conflict resolution skills and the abilities to communicate with protégés. Some participants viewed their role as being a listener and allowing the protégé to talk about their day as a nurse. A nurse in hospital education shared the focus of communication should be "truly listening to what people are trying to tell me." Another participant stated that "a key skill of a mentor is to listen with understanding." A few participants noted that humor can be an effective strategy to use in reducing stress, when the humor is used more directed toward self. Dracup (2004) also noted the need for appropriate humor and communication. Communication has been mentioned by others as an essential component of mentoring success by providing clarity and two-way sharing (Deck, 2000; Dyer, 2008; Pulsford et al., 2002). The findings supported what is present in the literature regarding the essential component of listening and communicating.

Trust, flexibility, and respect. An important aspect of the mentoring relationship shared by the participants included trust, flexibility, and respect. Dyer (2008) and Luck (2003) described traits of mentors that can enhance the relationship in order to promote successful mentoring. One participant explained how trust and commitment demonstrate willingness to fulfill her obligations as a content expert. Another participant shared, "There has to be that trust. That value that the mentor provides to that person."

Participants described the importance of flexibility in working with the new nurse's schedule. The mentor and protégé may work different shifts, different areas, or have different clinical focus. Participants commented on the use of different communication technologies using various methods such as Facebook™, email, texting, as well as the traditional forms of face-to-face and telephone. Technology can help overcome time restraints often caused by shift work. (Bierema & Merriam, 2002; Duchscher, 2008; Ensher & Murphy, 2007; Stone, 2004). Through the technology process, protégés can also have multiple mentors to meet the protégé's professional development goals.

Reflection. One facilitative practice noted by several participants was the inclusion of self-awareness into the mentor and protégé relationship. Roberts (2000) described reflective practice as a method of bridging teaching and learning. He recognized that the questioning included within the reflective practice is "an essence of mentoring practice" (p. 155). Dorsey and Baker (2004) also identified that mentoring is dynamic, occurs through mutual experiences, and is designed to meet the needs of the protégé. Several participants commented on the importance of establishing goals and reflecting on meeting the goals. They believed goal setting was the primary responsibility of the protégé, with review and discussion with the mentor. Mentors shared that one of the outcomes of the goal review was to assist in determining if they had the skill set or needed to provide resources for additional mentors. The research findings were consistent with the literature on reflective practice.

Two participants noted that one aspect of mentoring is observing a protégé's strengths and areas for improvement. These observations are to assist the mentor in identifying the potential for growth and to select someone to groom for leadership. One

role of a mentor is to guide a protégé in recognizing her desires, strengths, and goals to develop her potential (Johnson, 2002). The recognition of potential by a mentor can facilitate the growth of the protégé and facilitate the mentor-protégé relationship.

Experience as protégé. The concept of power has many components that can serve as a facilitative practice, an obstacle, and a benefit. Power has been identified by several participants as a word that is viewed with respect, not to be used unwisely. Participants shared their stories about their mentors who used the position in an organization to network to open doors for them as they were negotiating the path to leadership. Four of the mentors identified how they would not be in the position they are in without the influence of their mentors. The mentors opened the doors, recognized their potential, and guided them toward leadership positions in their field. These examples of sponsorship were often implemented when the protégé did not see her own potential. Schwiebert (2000) noted that sponsorship is a mentoring strategy used to "connect to professional and personal networks and making sure the protégé's accomplishments are noticed" (p. 89). This sponsorship has also been noted to ease the socialization process into the organizational culture (Kilty, 2006; McKinley, 2004; Stone, 2004).

Question Four: Obstacles

Several obstacles were identified by the participants including individual culture, gender, power, lack of time, bad mentors, mismatched personalities, and supervisory position. Additional obstacles included organizational culture, protégé advancing past the mentor, lack of boundaries, and roadblocks created by others. An additional obstacle brought up was generational differences with the younger generation as "going and doing their job and leaving" and the "older generation making a connection and giving back."

The interview questions that elicited these answers included asking about limitations and barriers to the mentoring process. Several participants also shared mentoring skills that can be used to overcome the obstacles. One piece of information not included was discussing extrinsic rewards. It is not clear as to whether a lack of mentioning extrinsic rewards is because these rewards are not important or because the interview questions did not trigger participants to share. None of the participants mentioned pay raises, position changes, or recognition for their mentoring service.

Time. Time was an essential element noted by many participants as a being an obstacle to the mentoring process. Time was interpreted differently by several of the participants when they discussed limitations. For some, time was in the element of hours in the day. For others, it was interpreted as being time over months and years. Basically, the participants concurred that mentoring takes time, lasts a long time, and evolves over time. Turban and Lee (2007) described several limitations and obstacles that can affect mentoring. These obstacles were similar to those found in the study, including time, inaccuracy of information, mismatch of personalities, power issues, and dysfunction in the mentoring process (Dickinson et al., 2009; Johnson, 2002; Ragins et al., 2000; Turban & Lee; van Eps et al., 2006). One component identified by the participants as being in contrast to the literature was a mentoring situation established more formally but through a nursing organization for a one-year commitment to assist in transitioning into the role of dean. This relationship was structured but informal in nature with a limited time frame.

Some participants did not actually have an obstacle of time but did acknowledge that time could be an obstacle. Many shared that even over time, the relationship still flourishes and they are sought out as needed by their protégé. They stated they continue

to enjoy the mentoring relationship despite not having worked or spoken with the protégé for a long time. When they do meet, it is "like starting where we left off."

Organization factors. One obstacle noted in the literature by Ludwig and Stein (2008) was having your supervisor serve as your mentor. This was noted as a possible obstacle due to the nature of power in a relationship. Two participants were in this situation and briefly mentioned this as a possible barrier. They noted that communication and clear boundaries help to overcome the barriers. This is consistent with the literature regarding supervisors as mentors.

It is important to understand the potential barriers when planning mentoring relationships. Nurse leaders can plan for the teaching and evaluation of the obstacles as well as methods to overcome the obstacles. Organizational barriers have been identified by some of the participants as a possible hindrance. Several participants shared that their facility does not have formal mentoring programs although there is informal mentoring that is used to assist in leadership transitions. These participants also commented on strategic development plans to overcome the barrier but stated that it would be a year or two before the plan would be implemented. Some participants did explain that informal mentoring relationships have been successful in their institution. Working with leaders in an institution can assist in changing the organizational culture so that mentoring can flourish (Bally, 2007; Dyer, 2008; Grossman, 2007; Johnson, 2002). Although mentoring is espoused in an organization, it is not evident in practice, as noted by the participants. The significance for nursing is that this is a missed opportunity to advocate for the profession, promote a method of retention, and develop a cost analysis plan.

Mismatch. Several participants discussed assigned mentoring. Obstacles that were discussed included mismatch of personalities, and in one instance the participant shared that the professional values were also mismatched. Another participant shared she had been in a mentoring situation in which she felt the protégé was more interested in being able to take pride in the fact she was being mentored by the participant rather than the actually learning. The experience helped her to learn how to redirect the relationship to include redefining the goals and ending the relationship by finding additional resources which may include a new mentor. Turban and Lee (2007) pointed out recent studies have revealed negative results from mentoring.

Ensher and Murphy (2005) suggested negative aspects of mentors, including being controlling and egocentric, and mismatched expectations can result in dysfunctional mentoring. Stone (2004) further noted that dysfunctional mentoring can result in increased stress, increased turnover, and decreased desire of the mentor and protégé to continue in subsequent experiences. The participants shared their learning about how to be a mentor was a result of the "bad matches" in their own experiences as protégés. One mentor believed her negative mentoring experience left her feeling that her mentor did not have the time for her. She chose to mentor because she desired to not "make someone feel" the way she had felt during the mentoring experience. Other participants shared they learned about mentoring through the good and bad experiences they had as protégés. Bondas (2006) indicated that bad mentors could negatively influence nurses going into leadership positions. The participants in this study were in leadership positions and were mentoring even though several had negative mentor experiences. They believed they

learned how to become a better mentor through their own negative experiences as protégés.

Lack of goals. Several of the participants noted that lack of goals setting and boundaries hindered the effectiveness of the relationship. The assistant dean of nursing commented on the importance of goal setting in order to establish commitment to the relationship. She shared "vague goals or not even defining what it is we are going to do" leads to unsuccessful mentoring. The Magnet™ program director also spoke to the importance of goal setting to assist in setting the tone of the relationship between protégé and mentor. "You set goals in the beginning and speak about feasibility of whatever it is you want to work on." Through these discussions, the mentor can focus on developing mutual plans with the protégé. Creating common focus, common goals, or common interest between mentor and protégé provide a beginning framework for the relationship.

Jealousy. A limitation to the relationship between mentor and protégé includes feelings of jealousy and fear. One participant stated that, "It is intimidating when someone that you mentor becomes better at something than you are." She continued with saying that this factor does not need to be a problem but that it does become a "hard pill to swallow." The assistant dean expressed a limitation comes in the form of other joining the relationship that were not expected. In this situation, the mentor and protégé re-establish common goals to assist in overcoming the barrier of a lost focus in the relationship.

The assistant dean also shared a similar experience when "people can be successful and are doing very well and they outgrow, well I don't know if they outgrow you, but they may appear to be more successful or accomplishing more and there can be a little

streak of jealousy." Ragins (2000) and Stone (2004) shared that many challenges such as stress, misalignment, and change of focus and result in mismatch and possibly jealousy.

Generation, gender, and culture. Several participants shared the challenge of working with protégés with different generations. "How you approach them needs to be tailored differently….Be prepared to modify your delivery depending on who you are talking to." Very few participants shared issues of gender and culture in encountered in mentoring relationship. The manager of nursing standards shared an experience in mentoring with the Missouri League for Nurses with her husband. In the experience, they choose to meet a protégé at another town and realized they needed to go together to not raise suspicions with an older man meeting a young girl. The husband and wife went together to meet the protégé. The clinical specialty nurse also listed the possibility of culture could be a limitation in the relationship although she had not experienced this in her mentoring relationships.

Question Five: Benefits

Research Question Five asked what benefits were experienced by the participant during the mentoring relationship. Most of the participants shared that one benefit was the joy of seeing growth in the protégé. They also shared that they saw growth in themselves and experienced intellectual stimulation. All of the participants focused the initial answer on an accomplishment from the protégé. The accomplishment could have been meeting a goal, completing a project, or gaining self-confidence; all of these brought joy to the participant. The benefits mentioned by the protégé were intrinsic rewards for being a part of the mentoring process. One participant stated that

Johnson (2002) noted benefits identified by protégés. These benefits included confidence, satisfaction in the field of practice, and in professional identification. As the participants shared, they would comment on benefits that they gained when being mentored themselves. Many participants stated the benefit was gaining confidence and promotion in the field. The participants desired to "give back" to the profession while giving to others using those positive desires that were brought forth through their own mentoring relationships.

Giving back. Many of the participants shared their personal joy in the desire to give back to the profession. One participant described mentoring as leaving a legacy: "You impart into others who impart into others and you really never know how many lives you touch." Participants used terms or phrases such as "renewal," "reminds you why you became a nurse," "rejuvenates," and "it creates significance" when describing benefits of mentoring. One participant said, "I got to a point where I could reciprocate and I just felt it was the normal thing to do." Erikson (1963) described the stage of generativity as leaving things better for society. Benner (1998) noted an expert nurse has the skills that can be shared with other levels in order to improve the profession. The example supports the theories as applied to nursing.

Mutuality. Another benefit described by most of the participants is mutuality of the relationship. Johnson and Ridley (2004) noted "mutuality is the shared respect, trust, and affection that evolve in a reciprocally beneficial mentoring relationship" (p. 34). This comes out of growth in the relationship and not at the beginning. As growth occurs, participants noted a change in the relationship to one of collegiality. Participants noted advances with the profession for themselves and for the protégé. Personal growth in

meeting the goals and expectations was established at the beginning of the relationship. The reflection that occurs and the re-alignment with goals is another benefit commented on by the participants. This was sometimes described as the joy of learning that occurred in the relationship.

Rejuvenation. Benefits have been described in the literature as increased networking, renewal of the passion for the profession (Deck, 2000; Johnson, 2002; Johnson & Ridley, 2004; Kilty, 2006), personal and professional growth, improved job satisfaction (Dyer, 2008; Stone, 2004), and mentors receiving the same benefits experienced by the protégé (Dickinson et al., 2009). The participants overwhelmingly identified personal growth and reward as a benefit gained in the mentoring relationship. Comments included "it just rejuvenates you," and mentoring "brings back the passion and learning and the pleasure" of being a nurse. One comment that represented many of the participants was shared by the certified registered nurse anesthetist (CRNA): "It's something outside of yourself that you're giving and by your giving, you're going to help many more people."

Sponsorship. Several participants expressed the benefit of having mentors in opening doors for advancement, providing additional opportunities for growth, and guiding them faster through leadership advancement. The director of nursing shared how she had multiple mentors and did "not want to let the mentor down, so I kept becoming more than I had envisioned in the beginning." As she continued to grow and meet the expectations, more growth was expected. She viewed this growth as "them instilling in me that I could become more than I had envisioned for myself."

Protégés have mentioned that mentoring provides sponsorship and protection (Kilty, 2006; McKinley, 2004; Stone, 2004). Sponsorship is also a method to support career advancement and opportunities for greater career satisfaction (Giscombe, 2007). The findings are consistent with previous studies regarding the effects of sponsorship for the protégé.

Multiple mentors. Providing networking and encouraging the use of several mentors in maturing as a nurse, was mentioned by several participants. The CRNA mentioned having several mentors as well as introducing the protégé to several mentors to enrich individual and professional growth. She also encouraged using international mentors to acquire a different viewpoint on one's learning.

Mentoring relationships can benefit the protégé and mentor in forming networks (Johnson & Ridley, 2004; Kilty, 2006). These networks provides a method of meeting the protégés needs. One participant asked "How many mentors do people need? More than one." The dean of nursing also shared her experience with her protégé in introducing her to various mentors and the protégé introduced the dean to various mentors. This experience allows for meeting various goals the protégé may have.

Socialization. One of the outcomes of mentoring is in the transitioning of the protégé into new positions and new experiences. Participants described how mentoring was used in assisting new nurses in coming into the profession as well as nurses into leadership positions. One goal of socialization is retention. The staff nurse shared that one new nurse was still in her job because of having a mentor. Retention of staff and assisting in socializing the new graduate to the profession of nursing can be a big hurdle.

Mentoring is a tool that can provide guidance for the protégé and someone to share her experiences.

The significance for nursing is to provide those opportunities for staff to be mentored and to have the opportunity to mentor. The individual growth that occurs with the skill development enhances patient care through acquired skills, knowledge, and interpersonal relations (Benner, 1998). In academia, the growth can result in increased creativity and scholarship.

Relationship to Theoretical Framework

The theoretical framework for this study was based on the studies of Erik Erikson (1963) and Patricia Benner (1984). These theories provided the underpinnings for understanding mentoring from the aspects of psychosocial stage and clinical expertise. Erikson stated, "Generativity,…is primarily the concern in establishing and guiding the next generation" (p. 267). Included in the discussion of generativity are the synonyms of creativity and productivity. As an adult "emerges from critical periods of development" (Erikson, p. 246) and demonstrates the integration of the ego, one has the ability to give back to society and make the world a richer place. Many of the participants were in the generativity stage or in the next stage of ego integrity. The participants stated a desire to give back, to provide protection by not getting stuck in individual growth, and in providing a legacy. These comments are consistent with the framework and support the use of Erikson's theory in psychosocial development.

Patricia Benner's (1984) skill acquisition theory focuses on the clinical development to obtain clinical expertise. Benner described that as nurses reach the clinical expertise level, there is greater opportunity to share the knowledge with other

nurses in the clinical area. Some nurses can gain recognition of their clinical knowledge through providing clinical teaching situations so that the clinical expert can share with colleagues. The participants of this study commented on being able to give back to the profession and providing knowledge to new nurses. Three of the participants were actively engaged in the mentoring process to assist new nurses' transitions into providing care at the bedside. Sharing clinical expertise is the focus of the nursing profession using Benner's theory in the clinical field. Nurses are able to use mentoring to provide professional skill growth through Benner's model, while combining Erikson's growth and development theory for the personal growth.

Implications for Practice and Education

The purpose of this study was to explore the experience of nurse mentors involved in mentoring nurses in the profession. The following are implications for practice and education:

1. Nurses in education need to consider strengthening content about continued professional growth. Specific content about communication and conflict resolution will lay the foundation for nurses to understand the importance of seeking mentors to further their practice and career.
2. Nurse leaders can be role models and advocate for a culture of mentoring in the practice setting.
3. An organizational culture that values and supports professional development should be established. This support can enhance job satisfaction and improve patient care and meets a component of Magnet™ status.

4. Nurses who have been in practice can be role models for less experienced staff nurses by demonstrating the importance of having a mentor. This role modeling can support the role of mentor by expressing the value within their professional development.
5. Nursing orientation programs should encourage informal mentoring as well as the more formal preceptor program. These actions can promote changes in organizational culture to improve the socialization of nurses.
6. Nursing educators must begin role modeling how to incorporate professional culture into a beginning career. Academia is the initial contact with students to lay the foundation of discipline-specific actions.
7. Nurse leaders have the opportunity to develop policy to support research exploring the effectiveness of formal and informal mentoring effectiveness in terms of retention and job satisfaction within their own facilities.
8. Nurse leaders should identify facilitative practices within their institutions to ensure accountability for the mentor dyad.
9. Mentors should establish a collegial structure for support and accountability for power issues and other issues that may arise in which a mentor may need guidance when working with protégés.
10. Mentors need to be aware of different technologies that may enhance the mentoring relationship and meet the needs of different generations.
11. Nurses in education can use the information in student nursing organizations and in nursing programs to develop peer-to-peer mentoring as well as mentoring nursing students in beginning leadership positions.

Implications for Further Research

Based on the findings from this study, several recommendations for further study are identified:

1. Does continuing nursing education provide the skills for mentors which will contribute to mentoring success?
2. Does mentoring need to be either personal or professional or can there be a degree of both components?
3. What are the benefits of group mentoring as compared to individual mentoring?
4. How do preceptor programs compare to mentoring for retention of nurses in the practice setting?
5. Is there a relationship between Magnet™ status hospitals and the organizational culture for mentoring?
6. Do nurses in a leadership role seek the mentors?
7. How does the profession instill the professional values in undergraduate programs?
8. What are the differences in the perceived value of mentoring in the different generations?
9. What is the effectiveness of alternative methods of communication in the mentoring relationship?
10. What are differences in mentoring practices in urban facilities (hospital or academia) versus rural facilities?
11. How might different leadership styles impact mentoring?

12. What matching strategies are used in matching of mentors for effectiveness and the impact of intergenerational mix of nurses?
13. What is the impact of using technology with mentor and protégé?

Summary

This study explored the lived experience of nurse mentors as they mentored other nurses in the profession. This study also sought to understand the preparation, facilitative practices, obstacles, and benefits involved in those mentoring relationships. The practice settings included transitioning from undergraduate education into 'real' practice, as well as growth in leadership. These experiences enhanced the nurses' confidence in transitioning into different jobs in the nursing profession. Although all of the participants had identified having been in informal mentoring, only a few had been in a formal mentoring situation. As a result, the participants identified mentoring as developing from a more natural matching, developing over time, and occurring in a dynamic process. These relationships were viewed as effective, long lasting, and "powerful." Some described this process as a gift and something to be respected because of the influence on those involved. Findings indicated that participants clearly found mentoring as a pathway to growth and development of the protégé as well as for themselves. The majority of the participants identified that mentor knowledge and skills were learned from previous mentoring experiences. Participants, who responded that classes influenced their mentoring relationships, indicated that content on communication and conflict resolution had the greatest impact.

Those participants who had been in a formal mentoring situation identified the relationship more as a process to groom a replacement for a leadership position. One

participant called the mentoring experience “duty mentoring” in which she was orienting a long-time friend to assume the participant’s job. Two of those participants who had been in formal mentoring pairings had shared the forced nature of the process and the resulting accomplishments. Although the accomplishments may have met the goals established, the relationships were not of a long-lasting nature.

Within the relationship, participants shared the importance of several characteristics that had significance for mentoring success. These characteristics included listening, communicating, sharing, supporting, and being mutual. Also included by a few of the participants was a sense of humor. Humor was described as a method to diffuse tension and to overcome the unknown to build bridges and connections between the mentor and the protégé.

Valued traits in the mentoring relationship are the art and skills of establishing trust, listening, and communicating. These skills, as well as organizational support, provided the framework for a facilitative practice for the relationship. Although most of the participants shared that listening was the most important skill, especially from those with more maturity, all participants included the art of communicating. Communicating was identified for use with building trust, conflict resolution, establishing goals, sharing frustrations, and demonstrating mutual respect.

Participants shared how they felt they were at a place in their career in which they had clinical experience and were able to give back to the profession through working with newer nurses. The participants commented on confidence in knowledge, ability to find resources, have networks, and have insights into strengths and needs of protégés as

some of the strengths they brought to the relationship. These intrinsic rewards were part of the motivating factor that participants identified in their reason to continue mentoring.

In the discussion with the participants regarding benefits and obstacles, there was overlapping of findings. When participants commented on obstacles, they would then bring out ways to resolve the problem to make the barrier become a positive component of mentoring. For example, time would be an obstacle but solutions would be to use a different venue for communicating when you worked different shifts, including e-mail, Facebook, other social networking, and being intentional with planning meeting times. The positive aspects included sharing of experience, feeling of being cared about, satisfaction of seeing protégés grow, and learning problem-solving skills. Other obstacles mentioned were lack of organizational culture, possible jealousy of relationship, and mismatch of mentor-protégé pairs. One finding discussed by several participants was the difference in expectations of different generations. Other specific benefits included rejuvenation, continued passion, promotions, feeling of giving back, and re-connection with original desire to be a nurse. One finding noticeably absent was a lack of mention of any extrinsic rewards for mentoring. This lack of mention has some significance to the mentoring relationship and lends itself to further study.

Chapter Five included a presentation of the themes that emerged through data reduction, linking connections, and making meaning of the data (Seidman, 1998). These themes were discussed and comparisons to the literature were used as support for the conclusions. The discussion section provided a connection in which the research questions were addressed and compared to literature and the significance to nursing was presented. Implications were identified for nursing education, practice, and research.

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Appendix A

Letter of Permission

From: Lana Martin [Lana@mlnmonursing.org]
Sent: Monday, September 20, 2010 10:09 AM
To: Allison Norwood
Subject: RE: Permission Letter for Mentor/Student Contacts

Allison,

Following our previous discussion, the Missouri League for Nursing (MLN) has given Allison Norwood permission to contact mentor nurses who have assisted in the Missouri Leadership Council for Nursing Students (MLCNS) leadership mentor program. This is in support of her dissertation on the experience of nurse mentors.

Best wishes for success in your research and we look forward to your findings regarding experiences of the nurse mentors. Let me know if you need anything else.
Lana Martin, CAE
Executive Director
Missouri League for Nursing
573-635-5355
lana@mlnmonursing.org

Appendix B

Letter of Introduction

Dear Participant:

My name is Allison Norwood. I am a nurse and a doctoral student from the University of Missouri, Columbia. I am working on a study to learn more about the perceptions of nurses who have been mentors. Mentoring is currently a component of many facilities to enhance retention and job satisfaction. The literature supports that there are many areas of nursing benefited by having a mentoring program. The literature has also demonstrated that there is a limited quantity of research exploring the perception of the mentor. The perceptions can impact how mentor orientation programs are developed. The purpose of this letter is to request your participation in the study in order to explore the perceptions of nurse mentors about their experience of mentoring.

As someone who has been in a mentoring experience, your perceptions of being a nurse mentor can guide how institutions design and develop a nurse mentor program. This study seeks to identify nurse mentors perceptions of their role, the facilitators, barriers, benefits, and limitations occurring during the experience. This research study is in partial fulfillment for the Doctorate Degree in Education from the University of Missouri, Columbia.

If you agree to participate in this study, I will talk with you about your experience as a nurse mentor. The study includes completing interviews with approximately 18-20 individuals and will take approximately 1.5 – 2 hours of your time. You will be presented with an informed consent providing you with your rights as a participant. The interview material will be maintained in a secure location for until completion of the dissertation at which time it will be destroyed. The material will only be shared with the investigator and my research advisor. The material may be used in publication using quotations from the interview without using participant's name.

Your participation is voluntary and you may choose to withdraw from the study at any time without any penalty. If you do choose to withdraw, your interview material may be destroyed pending your request.

Upon completion of the study, I will give you a copy of the results if you would like. If you have any questions, I would be happy to answer them. You may contact me:

Allison Norwood, RNC, MSN
305 Lawson Dr
Warrensburg MO 64093
H – (660) 747-2294
W - (660) 543- 8546

Appendix C

Informed Consent

Title of Research: The Lived Experience of Nurse Mentors in Mentoring Nurses in the Profession.

Project No.: 1177357 Approved 10/7/2010

I consent to participate in this research project and understand the following:

PROJECT BACKGROUND: The researcher is exploring the perceptions of nurse mentors who have been/are involved in a mentoring situation. Analysis of these data will be used to support learning on mentorship.

PURPOSE: The purpose of the evaluation is to understand the perception of nurses who have been involved in a mentoring relationship.

VOLUNTARY: The survey and interview is voluntary. You may refuse to answer any question or choose to withdraw from participation at any time without any penalty or loss of benefits to which you are otherwise entitled.

WHAT DO YOU DO? The participant will be interviewed and the interview will be audio recorded. The participant will also complete a set of demographic survey questions about being a mentor. The interview should take no more than 90 minutes to complete.

BENEFITS: Your participation in this research project will enrich the knowledge base related to mentors perceptions of mentoring and mentoring programs. The outcomes of this study will provide information to assist other nurses in education, administration, and staff development to increase understanding of the perceptions of mentors.

RISKS: This project does not involve any risks greater than those encountered in everyday life.

CONFIDENTIALITY: Your confidentiality will be maintained in that a participant's name will not appear on the survey or in the published study itself. The data will only be reported in aggregate form. The data will be stored in a lock file cabinet in a locked office with the consent forms, transcripts, and audio recordings being stored separately. Any digital recordings will be stored on a computer that is password protected. All data will be kept for 7 years after the completion of the study.

Thank you for your assistance in participating in the interview and in providing information about your mentoring relationship. Your efforts are greatly appreciated. If you have any questions regarding the study, please contact my advisor, Dr. Sandy Hutchinson at (660) 543-4720. Any additional questions or concerns about research procedures, you may contact the University of Missouri Institutional Review Board at (573) 882-9585.

Project team member: Allison Norwood (660) 543-8546

Signature_____ Date_____

Appendix D

Interview Protocol

1. Greeting
2. "The purpose of this interview is to gather information about your experience and perceptions as a mentor. This will include information about benefits, facilitators, and obstacles of the mentoring experience with at least one experience during the last three years. The questions are designed to get your views/stories (thoughts and feelings) about the mentoring experience."
3. Present Informed consent, Permission to audio record, and Questionnaire
4. Background information on interviewees.
5. Ask if the interviewee has any questions. The interviewer will state the confidentiality policy and obtain informed consent. The interviewer will remind the interviewee that participation is voluntary and confidentiality will be maintained when writing the report. The interviewer will allow the interviewee to express questions they may have regarding being taped before completion of the interview.

Appendix E

Mentor Questionnaire

Demographic Information

A. Age

___Below 25 __ 25 – 34
___35 – 44 __44 – 54
___Above 55

B. Gender

___Female ___ male

C. Education Background

__2 year Associate Degree
__Baccalaureate
__ Master's Degree
__ Nursing
__ Other _____
__Doctoral Degree
__Nursing
__Other _____

D. Ethnic Status

__ African-American
__ Caucasian
__ Hispanic
__ Native Alaskan
__ Native American
__ Other _____

E. Nursing Education obtained

__ U. S. __ Foreign Country

F. Number of years as a nurse

__ Less than one
__ 1 – 5 years
__ 6 – 10 years
__ 11 - 15 years
__ 16 – 20 years
__ 20 + years

G. What is your clinical specialty?

_____

H. What is your job position?

_____

_____

I. Primary functions in job:

_____

_____

_____

J. Length of time on job:

_____

_____

K. Have you been a mentor before?

__ Formal (assigned)
__ Informal (natural development)

Appendix F

Interview Questions

1. How would you describe the term “mentor”?
2. What type of preparation have you had to assist you in being a mentor?
   a. Probe: What else has prepared you to be a mentor?
3. Tell me about your mentoring experience.
4. Tell me about the relationship that you had with the protégé.
   a. Probe: formal, informal, mutually sought, how matched
5. What about the experience did you enjoy?
6. How would you describe the interaction when you and your protégé get together?
7. What are some benefits you received from being a mentor?
8. Tell me about issues or problems that you may have experienced during the mentoring relationship. (Describe what might have made the experience “unsuccessful”?)
   a. Probe: How did you overcome the problems?
   b. Probe: Assumptions of protégé, of role, of self?
9. What kind of things do you believe facilitated the mentoring relationship?
10. What kind of things do you believe could be a barrier to the relationship?
11. What kind of things do you believe are limitations to the mentoring relationship?
12. What action or strategies did you think a mentor would take to improve the quality of the relationship with a protégé?
13. If I were to become a mentor, what else would you tell me about the experience?
14. Tell me about other mentoring experiences.

15. If you could design a nurse mentoring program, what would it look like?
16. Would you be willing to be a mentor again?
17. Is there anything else that you would like to share about the mentoring relationships that I did not include?
18. Thank you for taking the time to complete the interview and sharing about being a mentor. I will send you a copy of the transcript for you to review for accuracy when it is transcribed.

Use probes as needed. These include:

• Would you give me an example?

• Can you elaborate on that idea?

• Would you explain that further?

• I am not sure I understand what you are saying.

• Is there anything else?

VITA

Allison Worth Norwood is a 1977 graduate of University of Missouri in Columbia and a 1984 graduate of University of Texas, Austin. She holds both her bachelor and Master of Science degrees in nursing. She entered University of Missouri at Columbia doctoral program in Educational Leadership and Policy Analysis to obtain her Doctor in Education. She has been employed at the University of Central Missouri in Warrensburg since 1985. She has held the position of assistant professor of nursing in the Department of Nursing with three terms of employment. Her teaching areas include nursing fundamentals, graduate class in using technology in nursing education, and maternal-child nursing clinical specialty. She holds certifications in perinatal nursing, childbirth educator, and as an International Board Certified Lactation Consultant. Her areas of interest of study include nurse advocacy, mentoring, and use of technology in education.

Allison's clinical experience has been in the field of maternal-child nursing. She has held positions as a staff nurse and head nurse in the area of obstetrics. She has also work with Air Force as a New Parent Support Nurse in providing education to families with infants and young children.

These experiences have lead her to be a mentor to new students, new nurses, and nurses desiring professional develop. She desires to continue to expand her knowledge and skills in providing education on mentoring in the nursing field.