

**FACILITATORS, BARRIERS, BENEFITS, AND LIMITATIONS
OF A NURSE MENTORING RELATIONSHIP**

by

Hattie L. Johnson

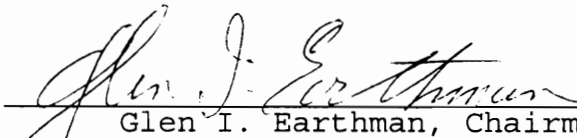
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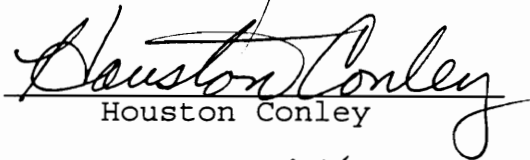
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(ABSTRACT)

This qualitative study explores the facilitators, barriers, benefits, and limitations of the mentoring relationship between recently graduated nurse mentees and their mentors. These nurses participated in a seven-week New Nurse Internship Mentoring Program in an urban hospital.

The study sample consisted of twenty inexperienced and nineteen experienced registered nurses who represented diverse racial, cultural, and clinical nursing specialties. Focus group and open-ended personal interviews were used to gather data. Findings were reported by open coding, domain and thematic analyses.

Major findings of the study were related to four research questions accompanied by important information regarding the mentoring experience in general. Four research questions which guided the study included: (1) What are the facilitators of the mentoring relationship? (2) What are the barriers to the mentoring relationship? (3) What are the benefits of the

mentoring relationship? and (4) What are the limitations of the mentoring relationship?

Findings suggested the relationships were viewed as good to excellent. The transition from student nurse to graduate nurse was seen as both difficult and smooth. Mentoring was defined in relation to mentor characteristics. Positive mentor traits were identified as patient, supportive and knowledgeable.

Facilitators to mentoring were identified as factors which were helpful including mentor and mentee personality characteristics and institutional factors. Barriers to mentoring were identified based on debilitating factors, personality conflicts, scheduling conflicts, mentor dislike for the job and mentor lack of knowledge. Means to overcoming barriers included matching team schedules, rewarding the mentor and increasing mentor training. Benefits were defined as advantages to the mentor, mentee, institution and profession. Respondents were reluctant to identify limitations.

Findings verified that a nurse mentoring relationship is an important factor in assisting the transition of graduates into the nursing profession. Findings offer implications for nursing education and professionals responsible for providing a work environment supportive to developing clinically competent nurses.

DEDICATION

I humbly dedicate this document to the many people who contributed to the completion of this milestone in my life and throughout my growth and development, including:

My late mother, Luada Lowe-Rogers, and late maternal grandmother, Hattie Carr,
for nurturing, guiding and encouraging me during my formative years.

My late father, Dudley C. Lowe,
for financing and supporting my undergraduate education.

My Aunt and mentor, Willie "Bill" Mufree, her husband, Iley Mufree, particularly Aunt Bill,
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who motivated me to attend college by allowing me to receive inspiration while accompanying him to visit his girlfriend at college.

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who assisted me during the attainment of my masters degree.

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And to God, my two sons, three brothers and their families,
who have always been there for me and are the center and the love of my life.

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CHAPTER I

Introduction

Background

The period of orientation and transition of nursing student to graduate nurse is a difficult and stressful time. Although new graduate nurses have successfully completed a professional education program designed to prepare them for the real world of work and have taken the National Council Licensure Examination for Registered Nurses (NCLEX-RN), self-doubt occurs. New graduates report feelings of being lost, overwhelmed, and afraid they will miss some significant findings (Andrews, 1987). They often report feelings of being unprepared for the demands of the work-place and being clinically incompetent (Andrews, 1987). Results of interviews with 30 recent nursing graduates reported difficulties with performing selected technical skills, providing nursing care for large numbers of patients, critical decision-making, functioning in a leadership role, and delegating tasks (Andrews, 1987).

The phenomenon experienced by new graduates upon realization they are not adequately prepared for the first job in nursing has been termed "reality shock" (Kramer, 1974). Health care agencies, in an effort to assist new graduates make the journey from student to beginning practitioner, have

developed various types of orientation programs. Close one-on-one supervision, on the job training, structured staff meetings with performance feedback, and scheduled performance appraisals are a few examples. Many of these orientation programs have been noted to lack integrity and completeness with varying degrees of effectiveness, and in many instances duplication of efforts. To avoid the latter, many health care agencies have orientation programs for new graduate nurses which use the mentoring process, namely preceptorships and internships.

Mentoring programs are not new to nursing and have as many interpretations as there are programs. Hoff and Stachura (1990) provided an analysis of mentoring research literature which revealed four general criticisms:

- (1) the phenomenon of mentoring is not clearly conceptualized;
- (2) from a research design perspective, the literature is relatively unsophisticated;
- (3) the potential limitations or dangers of the mentoring relationship are referenced only occasionally; and
- (4) formal mentoring programs established in some businesses and institutions of higher education need to be evaluated more extensively before definitive conclusions can be reached as to their value (Merrian, 1983).

The mentoring phenomenon thus needs clarification and development of a more adequate means for assessing its importance.

Hagerty (1986) provided a critical look at mentoring in nursing through analysis of the mentoring literature. Mentoring can be described in terms of either the mentor (person) or the process. Mentor relationships can range from intense, highly emotional, chemistry-driven attachments, to those of a formally established, organizational management opportunity. Mentoring can be conceptualized from the basic perspective of an organizational power framework, as a structural role phenomenon (i.e., a process between two people), and as an intense type of interpersonal relationship (Hagerty, 1986). Also, there is no agreed upon definition of the mentor concept and no demonstrated construct validity, i.e., the literature consistently confuses the person, process, purposes, and activities. Hagerty (1986) found only one nursing research study that addressed mentoring at the staff nurse's level.

Statement of the Problem

Based on the literature, there appeared to be a need for an in-depth exploration of the mentoring phenomenon which formed the basis for this study. The intent of this study, then, was to describe what occurs during the mentoring process, focusing on those facets which are reported as facilitators, barriers, benefits and limitations of a nurse mentoring relationship between experienced registered nurses

and recently graduated nurses in an urban city hospital setting. Additionally, an outcome of this study was the development of an outline for a manual which could be used in establishing a mentoring program for recently graduated nurses capable of guiding nurse mentoring programs in other sites.

Purpose of the Study

The purpose of the study was to identify facilitators, barriers, benefits and limitations of a nurse mentoring relationship as reported by experienced registered nurse mentors and recently graduated nurse mentees in a New Nurse Internship Mentoring Program in an urban hospital setting.

Research Questions

The study was guided by the following research questions:

- (1) What are the **facilitators** to a nurse mentoring relationship between an experienced registered nurse mentor and a recently graduated nurse mentee?
- (2) What are the **barriers** to a nurse mentoring relationship between an experienced registered nurse mentor and a recently graduated nurse mentee?
- (3) What are the **benefits** of a nurse mentoring relationship between an experienced registered nurse mentor and a recently graduated nurse mentee?
- (4) What are the **limitations** of the mentoring relationship between an experienced registered nurse mentor and a recently graduated nurse mentee?

Significance of the Study

Mentoring may benefit the mentor, the mentee, and the organization. Benefits for the mentor include the satisfaction of fostering the growth and development of another person or professional, feedback about one's ideas and projects, and being part of a network of former proteges (Hall & Sanders, 1983). For the mentee, there is individual attention and encouragement, constructive criticism and feedback, advice on setting priorities, knowledge of informal rules and potential pitfalls to be avoided, and support in making useful contacts. For the institution, there is increased productivity and commitment, cooperation and cohesiveness, and positive attitude about the institution by those who leave (Hall & Sanders, 1983).

Results from this study, then, could be used in designing mentor programs to better prepare new graduate nurses. Nursing education and nursing service administrators along with nursing education faculty and clinical agency educators responsible for designing and providing orientation programs for new graduate nurses would be particularly interested in the findings of this study. Hospital chief executive officers would also be interested in this study's findings. Because of reduced nurse turn over, mentoring is cost effective and contributes to improving the fiscal health of the institution.

Theoretical Framework of the Study

The theoretical framework underlying this study was Erickson's Psychological Stage of Generativity (1963) and Bandura's Social Learning Theory (1987).

Erickson's Psychosocial Stage of Generativity

Erickson (1963) described the generativity stage in adulthood, 25-45 years of age, as a concern for and an interest in guiding the next generation. Accomplishing this task of generativity occurs when the individual reaches out to others, his own child or another individual, to guide and nurture. The individual in the mid-life generative stage becomes richer for this reciprocal experience. The individual sees the need to share knowledge and experience in a helpful way with another. The generativity concept includes facilitating "productivity" and "creativity" in another individual. The experienced registered nurse mentor in the stage of generativity in the current study assisted in guiding in the development of recently graduated nurses through modeling behaviors and sharing of their knowledge and experience.

Bandura's Social Learning Theory

Bandura's Social Learning Theory, an expansion of Skinner's Stimulus Response Theory, is based on imitation or

modeling behavior of another like a child imitates or models behavior of a parent, or a new nurse who imitates or models the behavior of an experienced nurse. Modeling encompasses four processes:

1. **Attention** to the stimulus. The more intense the stimulus the more attention is given. The information about the behavior is taken in by the imitator.
2. **Retention** of the stimulus. This is the process of coding information to fit into the individual's schemata of memory. Bandura (1987) stated, "Observers who code modeling activities into either words, concise labels, or visual imagery learn and retain behavior better than those who simply observe or are mentally preoccupied with other matters while watching".
3. **Reproduction** of motor activity is the ability of the individual to demonstrate the behavior as observed. Skills are learned slowly through repetition and feedback from the demonstrated performance.
4. **Motivation** is the satisfaction received by the individual when modeling the behavior so the behavior is generally repeated. Individuals do not enact everything perceived or learned. They

generally adopt modeled behavior if outcomes or results are valued. The reward for adopted behavior can be intrinsic (internal) or extrinsic (external).

Bandura (1987) summarized a change in behavior noting modeling affects adoption and innovation in several different ways. It allows individuals to explore new styles of behavior through social, pictorial, or verbal display. Observers are initially reluctant to embark on new undertakings that involve risks until they see the advantages gained by earlier adopters. Modeled benefits accelerate diffusion by weakening the restraint of the more cautious potential adopters. As acceptance spreads, the new gain further social support. Erickson and Bandura's historical constructs have been selected for this study because the researcher contends they are foundational in mentoring relationships. The experienced registered nurses serving as mentors ranged in age from 25 to 45 years. They characterized Erickson's (1963) generative developmental stage and were expected to be capable of guiding and counseling inexperienced nurses. Modeling behavior theory as discussed by Bandura (1987) was applied to the behavior of the recently graduated nurse mentees.

Definition of Terms

The following terms were operationally defined for this study:

1. **Mentor** - A professional more experienced registered nurse who provides general direction and guidance in a nurturing manner to a neophyte or inexperienced nurse.
2. **Recently Graduated Nurse** - A nurse who graduated from an associate degree or baccalaureate degree nursing program, employed in a hospital for less than six months as a beginning practitioner, in the first staff nursing position prior to receiving NCLEX results.
3. **New Nurse Internship Mentoring Program** - A structured seven-week program in which the experienced professional nurse works with the neophyte nurse in an assigned setting to improve clinical performance.
4. **Facilitators** - Factors, processes, or conditions which provide support and encouragement for development of helping relationships.
5. **Barriers** - Factors, processes, or conditions which are identified as obstacles to the development of helping relationships.

6. **Benefits** - Factors, processes, or conditions which are identified as advantages of a helping relationship.
7. **Limitations** - Factors, processes, or conditions which are identified as drawbacks or negative results of a helping relationship.

Limitations of the Study

Limitations of the study may be found in the methods which use ethnographic or case study procedures, viz focus groups and personal interviews. The number of cases which could be studied was limited because of time constraints and the volume of data. With a limited number of subjects and only one hospital setting with specific peculiarities, few generalizations can be made, if any. Respondents tended to limit or edit their responses when interview items were emotionally provocative or touched sensitive areas. The researcher's past experience as a nursing faculty member may have affected some subject's responses positively or negatively. It, however, enhanced her ability to collect, analyze and interpret the data.

Organization of the Study

In this study the researcher explored those processes which were reported as facilitators, barriers, benefits and

limitations to mentoring between experienced registered nurse mentors and recently graduated nurse mentees in a New Nurse Internship Mentoring Program. Chapter I contains a statement of the problem, research questions, significance of the study, theoretical framework, definition of selected terms and limitations of the study. Chapter II presents a review of related literature in eight areas: i.e. definitions of mentoring, characteristics of the mentoring relationship; mentoring among women in general; facilitators, barriers, benefits, and limitations to mentoring and mentoring in nursing. Ethnographic or qualitative methods protection of human subjects and analysis of data are discussed in Chapter III. Chapter IV describes the findings of the study. Findings are discussed and summarized in Chapter V, along with conclusions, implications and recommendations.

CHAPTER II

Review of Related Literature

A significant amount of research in the area of mentoring has been conducted over the past twenty years. This chapter focuses on literature related to the following eight major areas: the definition of mentoring; characteristics of the mentoring relationship; mentoring among women in general; facilitators, barriers, benefits and limitations to mentoring; and mentoring in nursing.

The term mentor has been used throughout history in a variety of settings. From the early Greek period to the modern period, literature is replete with examples of mentors and their proteges or mentees. Numerous case examples of the concept were found in the literature. Willie Mayes was one example. He took a 17-year old O.J. Simpson who, while excelling in school, was part of a street gang and gave him careful guidance. According to Simpson, Mayes urged him to use his brains and talents to get out of the ghetto. The results are widely known. O.J. went on to become one of the premiere running backs in football history. O.J. attributes this success to his relationship with his mentor, Willie Mayes (Phillips-Jones, 1982).

Jane Evans, with the help of her mentor, Maxie Jarmon, Chairman of the Board of the parent company of her employer,

became president of I. Miller Shoes at the age of 25 (Phillips-Jones, 1982). The approach to mentoring of the present study is based on the concept of individual orientation as a helping relationship. It sought to review the process whereby supervisory nurses assisted the movement of new graduate nurses with varied life experiences, ethnic heritage and levels of theory and clinical expertise.

The essence of the subject mentor mentee relationship is based on a nurse colleague relationship that takes the new graduate through a productive, supportive transition from school to service. Implicit in this relationship is recognition of the mentor nurse's ability to effectively teach, evaluate, and assist in determining the direction of a new professional. The literature in mentoring provides an appreciable amount of material to undergird the present study.

Definition of Mentoring

While there is little disagreement in the literature or its importance, there is less agreement on the definition of mentoring. Many different terms are currently used to describe the concept. Preceptor, role model, guide, confidant, coach, developer, guardian, parent substitute, boss, employer, sponsor, advisor, advocate, master, good person, champion, and leader are but a few synonyms used for mentor. While all of these terms describe a person who may

play an important role in the development of an individual within his or her profession, the degree of involvement is quite varied. These terms represent a gamut of variations from a deeply personal relationship to exertion of an influence without any degree of personal involvement.

"The word mentor is sometimes used in a primarily educational sense--an advisor, teacher, protector--but we use them in a more complex sense" (Levinson, 1974, p. 210). In a subsequent text, Levinson et al. (1978) further defined the concept:

No word currently in use is adequate to convey the nature of the relationship. Words such as "counselor" or "guru" suggest the more subtle meaning but they have other connotations that would be misleading. The term "mentor" is generally used in a much narrower sense to mean teacher, advisor, or sponsor. As we use the term, it means all these things and more (p. 97).

Levinson et al. (1978) also referred to mentoring as part of a developmental process that Erickson called generativity, which was, "the concern in establishing and guiding the next generation" (Erickson, 1968, p. 138). Mentoring was a manifestation of this task of adulthood, and was motivated by both the altruism and need of the mentor to help younger persons. According to Erickson, man reaches a point in life where he "needs to be needed." Browning (1973) has further identified the primary virtue of the generativity stage in psychosocial development as that of caring for others.

Within Darling's (1984b) writing, the concept has been used in four distinctly different ways:

1. Traditional mentor is usually an older person who counsels a younger co-worker in much the same manner as a parent would counsel a child.

2. Step-ahead mentor is older in expertise. He or she helps to pave the professional way for the less experienced worker.

3. Comentor is a peer in both age and experience. This is a reciprocal relationship of one peer assisting another. Darling (1985c) classified this as a traditional friendship relationship between co-workers.

4. Spouse mentor is seen as a supportive spouse who offers encouragement and helps with the career development of the mentee spouse.

In her later writing, Darling (1984c) defined mentoring as a process by which one is guided, taught, and/or influenced in one's life's work. She further considered experience that promotes professional growth and leads to the assumption of professional responsibility to have a mentoring effect even if there is no direct involvement with another person. Books, articles, and movies can serve as mentors or having a mentoring effect provided they guide, teach, or influence one's professional life (Darling, 1984c).

Darling (1986a) also discussed "self" as mentor. This is defined as an activity involving one's self that provides guidance and direction. It means being self-directed and goal-oriented. Her work delineates several strategies for the self-mentoring experience. Questions may be used to provide self-mentoring. Answers to these questions can be obtained by direct contact with others or by self-exploration of the literature available on the subject. Listening to others is considered important, but no further personal involvement is needed for this form of self-mentoring.

Another strategy for self-mentoring is formal education. Formal education for many does not involve a close personal relationship with the teacher. On the undergraduate level where one teacher must offer guidance to a large number of students, there may be little or no personal interest in the individual student. Even on a graduate level, personal involvement by a teacher, while seen to occur more frequently, cannot be assumed. Many students arrive at the degree stage with a minimal amount of educator guidance. These students use listening, observation, and research to meet their goals. Because the primary involvement is with one's self, this is a self-mentoring behavior (Darling, 1986a).

Pilette (1980) expressed difficulty in defining the concept:

I do not have an all-embracing definition of this special relationship. For its essential nature defies the rigid

specificity of a structured role description. I have, however, become quite mindful, through personal experience, of two seemingly essential elements of mentoring . . . human relationships . . . and direction (p. 22).

Phillips-Jones (1982) conceptualized mentor according to several different roles. She set forth the following definitions of a mentor.

1. Traditional mentor. From a somewhat different perspective, this person expects a great deal from his or her protege and, in return, provides considerable help for the usually younger colleague. There appears to be a personal interest in the protege.

2. Supportive boss. This type of mentor, the immediate supervisor, will usually advance up the career ladder with a protege. There may be a long-standing relationship in which both advance but one remains in the subordinate role.

3. Organization sponsor. Personal interaction may or may not be involved in this situation. The mentor in this case may be a top level manager who evaluates and makes decisions on promotion.

4. Professional career mentor. This is the paid career counselor. His or her major job is to help solve career problems. A professional career mentor is only involved at the time a career problem is identified.

5. Patron. The major role of a patron mentor is financial assistance in the form of work space, room and

board, and/or money. It can involve no personal involvement with the protege. The government, as a provider of scholarships, would qualify as a patron mentor.

6. Invisible godparent. This is an individual who provides assistance in some form without one's knowledge.

7. Peer supporter. This is a person from one's personal rather than professional life (friends, neighbors, spouse) who provides career support. Encouragement is the main tool used. This person may or may not be able to assist directly with professional growth. The career support results from the provision of space in which the professional can grow.

Phillips-Jones (1982) defined the concept so broadly that nearly anyone or anything which exerts influence on a person's career becomes a mentor. Thus, the term appears to mean many things to different people and professional groups. Consequently, no clear-cut definition can be assumed when the term mentor is used.

Characteristics of the Mentoring Relationship

Characteristics of the mentoring relationship have also been studied extensively. Major perspective(s) can be grouped into five categories including aspects of education, authority, counseling, sponsorship, and personal commitment. Characteristics of mentoring are addressed in relation to each of these aspects.

Education Aspect

A mentor needs to be an authority in his or her field of study (Collins, 1983). To assist the mentee, he or she needs to be clearly established in the area in which he or she is to serve as a mentor. The mentor is "older in experience" and uses that experience to educate the mentee into a field. This form of education is somewhat different from the formal education received in a planned program of study. Although both the mentor and mentee are considered professionals, they possess different levels of knowledge. The mentor shares his or her knowledge of the field to assist the mentee in refining professional abilities (Collins, 1986). This type of education Collins (1986) refers to as "teaching the ropes." She suggested the relationship provides a learning experience which can be utilized throughout one's life by pointing out professional opportunities, helping set realistic goals, and giving feedback to the protege.

Clausen (1986) explained the role of a mentor as one of an expert who manages learning for the protege. This management is accomplished by recognizing teaching opportunities within the job setting and actively planning learning experiences.

Bergen and Connally (1988) reported the results of mentoring on faculty production. This production was measured by research output, an act that is considered a part of the

professional educator's role. A mentor helps provide learning experiences that lead to socialization in the role of research scholar.

One of the primary functions of a mentor is to act as a teacher (Levinson et al., 1978). The role of this teacher (mentor) is to enhance the skills and intellectual development of the protege. He or she uses his or her knowledge to facilitate the learning process of the protege. The mentor teaches not just facts but values, customs, and resources of the profession which helps the protege recognize his or her full potential in the profession.

Johnson (1980) perceived the complex role of the mentor as an educator by investigating the complex education task accomplished in a mentoring relationship. The mentor does not merely pull or push the protege up the career ladder but undertakes to educate him or her into the accepted role behaviors necessary to excel in the profession. Thus, the mentor does more than teach facts; he or she teaches the skills needed to develop self-confidence and allow individual growth. This is accomplished by sharing knowledge of responsibilities and duties with the protege.

Authority Aspect

A second characteristic that appears in the majority of the literature is the fact that the mentor is an authority in

his or her field of study. Much of the literature suggests the mentor is older. This age, while often chronological, is always one of being older in the profession. Puetz (1986) reported the mentor is usually respected because of his or her professional capabilities. He or she is confident in his or her ability and is willing to share that ability with others. The confidence he or she possesses comes from the fact that he or she has already succeeded in the profession. Mentors share their knowledge and experience freely within the profession.

The "step-ahead mentor" is defined by Darling (1984b) as an older, more experienced peer who assists in paving the way for a younger professional. The step-ahead mentor helps to professionalize the younger peer by sharing with him or her what the mentor has learned about the profession. The step-ahead mentor is an authority in his or her field of study.

Kelly (1978) describes the mentor as one with prestige within the profession. He or she is an established authority and has created a positive reputation within the field. This reputation has been gained by demonstration of expertise in the field. The mentor is respected not only for his or her knowledge but also for contributions to the field. The mentor is then ready to share not only his or her knowledge but also his or her reputation with the protege by promoting him or her within the field.

Levinson et al. (1978) considered the mentoring relationship to be one that is not only complex but developmentally important to socialization into early adulthood. One of the necessary attributes they defined for a mentor is one of expertise within the field. They discussed the need for the mentor to have excelled within the profession to be able to share that level of expertise with the protege. The mentor has seniority in the professional world that has been established not only by the passage of time but also by exhibiting knowledge of the profession.

Gray (1986), in discussing the need for the development of a formal mentoring program, described some of the needed characteristics of a mentor. He contended a person had to have more experience and be an expert in his or her field to qualify as a mentor. The exemplary behavior of the mentor helps to promote and develop the career of the protege. Hamilton (1981), in her definition of a mentor, also pointed out the importance of the mentor being an authority within the profession. She defined a mentor as:

. . . the accomplished, more experienced professional who extends to a young, aspiring person within the context of a one to one relationship, advice, counseling sponsorship, guidance, and assistance toward her establishment in her chosen profession. (p. 42)

Hamilton further discussed the need for the mentor to be respected by others in the profession. Having a mentor who has become established as an authority in the field, the

protege finds it easier to succeed. He or she is assisted by a professional well respected as an authority in the field. The mentor-protege relationship is like the master-apprentice relationship in that the master is a master at his or her given profession, while the protege is a novice or apprentice in the field. The master mentor guides and teaches the crafts of the profession to the protege or apprentice.

Counselor Aspect

A third characteristic seen in mentoring relationships is that of counselor. The mentor serves as a counselor or guide for the protege as he or she develops his or her professional being. Puetz (1986) discussed the role of the mentor as one that provides support and advice to the protege. This counseling may be in the form of a formal linguistic exercise or in the form of an on-the-job demonstration. Counseling, as a linguistic exercise, provides the protege with verbal counseling related to the field. It helps guide career decisions by offering advice. This advice can range from how to dress to what committee to volunteer to serve on. Puetz described counsel as the modeling of professional behavior and decision making. This is accomplished as a conscious activity, differentiating it from role modeling. The master attempts to exemplify the appropriate form of professional behavior.

Brown (1983) defined a crucial role for the mentor as assisting the mentee in planning and advancing his or her career. In this role the mentor gives both positive and negative feedback on ideas, aspirations, and intentions. Since the mentor is a step ahead of the protege in the profession, he or she can offer counsel on career paths and can advise on the expected reactions of superiors. As a counselor, the mentor advises on all aspects of the protege's career.

Lawrie (1987) also perceived the mentor as a guide or counselor for the protege. He stated once the mentor's career is established, he or she can advise others on ways in which to direct their career. The mentor offers advice in the areas of both knowledge and behavior. In the area of knowledge, the mentor helps point out the information that is needed for success in the field, thus helping the protege focus attention on useful information. In the area of behavior, the mentor provides guidance on the expected behavior of the profession. This might involve counsel on appropriate dress, expected social and professional relationships with other members of the profession, and the code of ethics for the profession.

Vance (1985), in her research on mentors in nursing, found that counseling and guidance were perceived as major functions of the mentor. The largest number of respondents in her study reported the major influence of their mentor was in

the area of advice and guidance. This advice was perceived as important in making proper career choices. The respondents reported requiring help at several critical stages of their life. Transition points in the career of the protege were perceived as critical times for counsel. The respondents reported guidance offered at times of graduate school selection, job selection, and advancement to the status of scholar as times in which a mentor was most influential in their lives. The counsel and guidance of their mentor assisted in their decision-making process.

Levinson (1978) reported similar findings in his research study of 40 men examined at times of transition in their lives. Levinson reported the primary function of the mentor was to serve as counselor during these times, especially as the protege began a new occupation. This counsel involved acquainting the protege with values, customs, and resources in the area. Counsel and support were also provided at stress points in the protege's life. Development was fostered by helping the protege define his or her newly emerging self and by creating a reasonably satisfactory life within the newly discovered space.

Sponsorship Aspect

Sponsorship appears to be another important aspect of mentoring. As a sponsor, a mentor gives the protege

professional opportunities that he or she might not otherwise experience. In an interview in Harvard Business Review ("Everyone Who Makes It Has a Mentor," 1978), Lunding described the sponsorship he received from his mentor. He stated his mentor appeared to recognize leadership ability in him and helped to promote and sponsor him in the company by affording him opportunities to utilize his ability. Although Lunding stressed his mentor provided opportunities for him to grow within his ability, success depended on his own ability to complete the task.

Personal Commitment Aspect

Perhaps one of the most critical characteristics of a mentor is one of personal commitment to the protege. Levinson (1978) suggested that, "Mentoring is defined not in terms of formal roles but in terms of the character of the relationship and the function it serves" (p. 98). Levinson went on to explore the type of relationship known as mentoring. He defined it as requiring but not necessarily limited to a personal interest and commitment in the protege. This interest is accompanied by risk taking on the part of the mentor as he or she promotes and sponsors the protege.

Tatzel (1977) discussed the importance of the personal relationship to the concept. He described the relationship as one in which the participant learns to develop an appreciation

for the inner resources that comprise an individual. This type of relationship involves the sharing of personal ideals and values as they relate to the profession.

Phillips (1977) surveyed 331 women managers and executives. The survey was followed by an interview with 50 of the women to define factors that contributed to their career development. She found the mentor mentee relationship had a significant impact on the lives and careers of women in business. She concluded that defining a mentoring relationship always included helping, caring, and special attention. Phillips provided numerous examples throughout her research of the deep and personal feelings that are established within the relationship.

Brown (1983) described mentors as professional risk takers. The mentor risks emotional involvement by the close one-to-one relationship he or she develops with a junior associate. He further discussed the interdependence found within the relationship. A mentor does not attempt to produce a new professional who is a complete replication of himself or herself. The relationship is characterized by an exchange of professional values and ideals. The mentor allows room for the protege to challenge ideas. This requires a relationship of mutual trust and respect. The personal aspect of the relationship allows for this type of confrontation without a challenge to the authority of the mentor. The mentor must be

able to separate the challenge of ideas from the challenge of authority and provide a relationship in which challenge of ideas can be used as a means of personal growth.

Zey (1985) focused his research on observation of the interpersonal relationship within the work setting not always extending beyond the workplace. Zey found the crucial components of the mentor relationship were mutual trust, respect, and a belief in one's ability to perform, more so than personality fit. Although personal commitment was present on the job, private socialization did not necessarily figure in as a part of the relationship.

Collins (1983) found commitment of both time and emotion as critical factors of the mentoring relationship. In her study of 400 women in leadership positions, 75 percent perceived mutual trust and caring as crucial components of the relationship. Commitment to develop and promote the protege within the workplace was perceived as the most valuable function of the mentor. Collins further expressed that the commitment did not automatically give one a "pal." Inclusion of the relationship into one's personal life may or may not occur. The mentor is committed in a professional manner.

Beyer and Marshall (1981) also discussed the mentoring experience as one involving a commitment. This interpersonal commitment consists of confidence, trust, and mutual support. They pointed out that both the mentor and the protege must be

willing to share knowledge, lend assistance, and help solve problems. The confidence and trust they show in each other promotes an honest and dependable environment in which to grow. This type of relationship helps create a secure, non-stressful atmosphere in which the protege can learn. The mentor shows confidence and trust in the protege by providing opportunities for growth.

Pilette (1980) further described the mentoring encounter as one in which there is a personal commitment on the part of the mentor to provide leadership that allows the mentee to bring his or her innate potentialities into being. The direction which the mentor provides is described as a gentle guidance aimed at the professional actualization of the protege. The mentor provides person-centered leadership for the emerging professional.

In summary, a mentor relationship, then, can be viewed as a specific type of helping relationship. It has been described as an intense, close, personal and trusting relationship and involves some degree of emotional involvement over a period of time. Mentor relationships embody the spirit of caring and helping others, which to some is the "heart of nursing" (Kelly, 1984).

Mentoring Among Women

Mentoring among females has received significant attention in two major settings, career and education. Issues most relevant to the present study are reviewed as they occurred in these categories.

Career Setting

Bolton (1980) underscored the importance of the mentor relationship in the career development of women. In summarizing the reasons why women tend not to form mentoring relationships, she cited: (a) absence of female role models, (b) women are not socialized to enter into team relations, (c) females rarely mentor other women, (d) fear of potential sexual conflicts, and (e) talents of women are often not recognized.

It has been assumed that the absence of mentoring has been a major reason for women's lack of career advancement. Speizer (1981) proposed the lack of mentoring has been a rationalization by women for their failure to progress professionally and questioned whether the lack of mentoring actually explains women's difficulties in career advancement. The career orientation and socialization of women are different from men's career orientation and socialization (Clawsen, 1968; Hennig & Jardim, 1977; Isaacson, 1977). Women place greater emphasis on current performance, men focus on

future performance. Women expect others to support them while men expect to support themselves. Women strive to keep personal and career goals separate, whereas men have difficulty in separating such goals. Women view risk taking negatively, men view risk taking as necessary for advancement. Lane et al. (1981) reported women are usually older when seeking doctoral degrees and have to balance family and child rearing responsibilities with work commitments.

Staats and Staats (1983) compared the differences between female and male professionals in relation to stress levels, stress responses, and stressors. Women professionals reported a higher overall level of stress than males, however the sources of stressors were different for the two groups. Women experienced more familial stressors and viewed interpersonal situations with more sensitivity.

Halcomb (1980) suggested it is more essential for women than young men to have mentors. Women need mentors at two crucial points in their careers, during the early phase and when it is time for the final push to the top.

A woman's need for a mentor arises due to special career problems, juggling private life and career roles, traditional sex role conditioning, lack of career planning, deficits in self esteem, lack of access to formal and informal power structures, the low value assigned to traditional women's

work, and the need for solid academic credentials (Vance, 1982).

Academic Setting

The major share of studies regarding mentoring among women has been in academia. The number of women in entry level positions within higher education has remained fairly consistent, however the number of women at advanced levels within higher education has declined. According to Ayer (1984) women often leave the academic setting before promotion to a higher rank or advancement to a level of authority and influence.

Howard and Downey (1980) reported no change within rank or in the total number of female faculty from 1970-1980. Twenty-five percent of full time faculty were women. Broken down into ranks, eight percent were full professors, sixteen percent were associate professors, twenty-eight percent were assistant professors, and forty-nine percent were instructors. Women's salaries were twenty percent lower than men's salaries. The 1985 report from the National Center for Educational Statistics stated women continued to be concentrated in lower academic ranks and salaries averaged eighty-one percent of those received by men. A smaller number of women than men have doctorates.

Discussed within Opportunities for Women in Higher Education (1973) are four stereotypes women must work to overcome. First, a married man with a family and equal credentials is viewed more positively than a woman and will be given a monetary raise sooner than a woman in the same position with equal credentials. Second, because women utilize maternity leave, all women are viewed at a lower status than men. Lower expectations are thus held for women. Third, women are not usually viewed as the breadwinner of the family when, in fact, the number of women as single parents continues to increase. Lastly, women in academia work in a male dominated situation. It is understandable then, that women would improve their economic plight if they change from concealing their knowledge and abilities to being more persuasive and influential.

Academic departments have been said to take advantage of women because women traditionally have less bargaining power than men (Ayer, 1984). Married women are not usually in a position to move to another college or university because, in the past, the husband's occupation and salary have been viewed as more significant than the wife's. When women are viewed as secondary earners for a household, they tend not to strive as hard for salary increases. Again this trend may be changing as more and more women are becoming the primary breadwinners for their families. Unfortunately, too, women must also

contend with the subtle concept that a woman's salary and career status should not be superior to that of her husband.

McNeer (1983) examined the influence of mentoring and the mentoring system on the career development of a small sample of academic women administrators. She found mentoring appeared to be a practice used to develop leaders in both faculty and administrative positions in higher education. Variables which appeared to influence the success of mentoring relationships were the relationship itself, the kinds of help requested and given, and its impact, and the timing of the experience, both in terms of the protege's career and the organizational environment. The time span of the relationship as reported by the subjects in this study ranged from one year to more than twenty years.

Fowler (1982), in a study which attempted to obtain information on differences by sex among assistant professors regarding mentoring relationships and current work environment, found no significant differences in the number or quality of mentoring relationships between male and female assistant professors in the study. Moreover, women in the sample were significantly more likely to perceive discrimination in their work environment than men. This area is clearly one in which many questions exist and many aspects remain unexplored, thus indicating the need for further scientific investigation.

Cameron (1978) and White (1970) examined the importance of mentors for women in the academic world, especially among science professions. White reported that working with a mentor who is well-received in the particular profession can have great rewards. She stated,

One might assume (or hope) that excellence and productivity in scientific work is all that is needed for recognition, but in reality, ideas are more likely to be accepted if they are promoted or sanctioned by dominant sponsors, or if they are the product of joint authorship with a well-known professional, or derived from a well-known laboratory or university. Whether a woman is "sponsored" in these ways will partially determine who reads her work, listens to her reports, or even offers friendly comments on the draft of a paper. Such informal signs of recognition increase motivation, and affect one's subjective feelings of commitment to a field, as well as feelings of professional identity. (p. 414)

The mentor mentee relationship was also found to be important in the profession or specialty that women choose to pursue. Epstein (1970) pointed out that women select occupations that do not involve sponsorship, but rather ones that hire and advance members on strictly universal criteria, such as standing on competitive examinations. One of these occupations where women far outnumber men is government service where a woman can improve her status by taking an examination, and avoid the barrier of sex or race status.

Shapiro, Haseltine, and Rowe (1978) described female mentors as the most intense, paternalistic types of patrons and compared them to godfathers. They suggested the mentor relationship can perhaps be facilitated but not legislated.

They further stated that to assign mentors to women might well be an exercise in futility, that a mentor is not a realistic option for all women entering a profession, and declared that mentorships are not democratic.

They also described and discussed role models as individuals whose personal styles, behaviors, and specific attributes are emulated by others. They felt careful consideration should be given to all patron relationships and, rather than touting code words such as "role models" or "mentors" as panaceas, careful examination of the implications of the terms should be made. They concluded that role modeling isn't the end-all, be-all, and encouraged professionals to use both men and women as "partial" role models, selecting and rejecting traits to create for themselves a composite ideal that represents the kind of professional image to which they aspire.

Facilitators to Mentoring

Kram (1985) suggested two strategies which can encourage mentoring. One strategy is education to create awareness and understanding of mentoring and its role in career development. This strategy also includes the development of interpersonal skills which enable both mentors and proteges to participate in mentoring. The other strategy recommended by Kram (1985) is structural change which is a systematic effort to modify

those organizational structures such as the reward system, performance management system, or task designs. The object for use of both strategies is greater availability and practice of mentoring for all members of the organization (Kram, 1985).

Another facilitative practice was studied by Orzek (1984) who proposed a model of mentoring based on a match between the particular stage of development of the protege and the functions valued and provided by the mentor. This arrangement would facilitate a more productive relationship for both protege and mentor. The framework for this model was Chickering's seven vectors of development for young adults; i.e., achieving competence, managing emotions, becoming autonomous, establishing identity, freeing interpersonal relationships, clarifying purpose, and developing integrity (Orzek, 1984).

This model requires extensive communication between protege and mentor, particularly in relation to developmental tasks being worked through by the protege, functions to be performed by the mentor, and discussion of the needs of both parties (Orzek, 1984). This model is appropriate and compatible with Erickson's generative stage of the mentor used in this study.

Eight features determined to be critical for the success of mentoring programs are deemed facilitators by Phillips-

Jones (1982). They are: (1) administrative support; (2) monitoring as part of an overall personnel development program; (3) voluntary acceptance and participation; (4) careful selection of mentors and proteges; (5) preparation of mentors and proteges for their roles; (6) allowance of flexibility for mentors; (7) preparation for potential challenges; and (8) monitoring of the system. Both mentors and proteges are advised to identify their goals for the relationship, as well as their own needs, expectations and limits.

Barriers to Mentoring

Several barriers to mentoring have been noted by Quesada (1984). Women and minorities are seen in general as poor risks; males in general report a lack of trust in the commitment of women and minorities to pursue careers of distinction; fear of gossip or sexual distraction inhibits the development of cross-sex mentoring relationships; differences in culture, values, and expectations interfere with the development of cross-cultural mentoring (Quesada, 1984). The rejection of minorities as potential proteges is also viewed as subconscious in nature. The reluctance of potential mentors to adopt minority proteges is believed to be related to a fear of non-recognition and non-acceptance of the proteges by the mentors' peers (Quesada, 1984).

Another cultural conflict is the traditional female role in the Hispanic culture is viewed by potential mentors as incongruent with career obligations and goals for such a woman. In conclusion, Quesada (1984) stated the mentor may be the critical element in assisting the Hispanic woman to overcome barriers in graduate programs.

Kram (1985), focusing on an organizational context, cited several obstacles to mentoring. One obstacle is a reward system which does not place high priority on the development of the organization's human resources. Because pay and promotion are important to people, distractions from task-related activities, such as mentoring, are not considered important. Attention is mainly given to those activities which lead to pay increases and advancement opportunities. This is particularly applicable to those persons in mid-career who could provide useful mentoring to junior members of the organization but find little reward for those activities related to the development of personnel (Kram, 1985).

The "reluctant mentor," described by Hamilton (1981) as a phenomenon in nursing, is one who provides limited guidance because of her own personal limitations. She does not know how to foster creativity because of her own rigidity, discipline, high expectations, and inability to create an atmosphere for sharing ideas. Not having learned to be an aggressive decision-maker, risk-taker, and pioneer of ideas,

the "reluctant mentor" has difficulty nurturing these traits in others (Hamilton, 1981).

Potential difficulties of mentoring within nursing were also cited by May, Meleis, and Winstead-Fry (1982). Mentors may stifle innovation and risk taking to protect the mentee from the possibility of rejection. Hamilton (1981) suggested mentors may be unwilling or reluctant. Relationships may have negative developmental functions as well as positive ones. There may be exploitation, undercutting, envy, and oppressive control on the part of the mentor and there may be greedy demands, driving admiration, or ingratitude on the part of the protege (Levinson, 1978).

Further, the relationship may be terminated with feelings of bitterness, resentment, grief, rage, as well as admiration, appreciation, and a sense of relief for both parties. Another barrier resides with the pressures of the mentoring relationship. These pressures may be somewhat problematic for those involved in the relationship. One pressure on the protege is to conform to the wishes of the mentor, particularly in the selection of a new position. Declining a position for which one has been recommended by one's mentor is quite risky and may mean termination of a valued relationship. Another pressure is that of a protege's loyalty which causes her to remain in a position beyond the point of its fruitfulness to the protege. The pressure and social

implications of a cross-sex relationship have been highly publicized because of the sexual overtones of such a relationship. The woman who is the token woman in an organization is also under pressure because she is seen as a woman who is not like other women and also not like other leaders (Moore & Salimbene, 1981).

Benefits to Mentoring

Mentoring literature suggested benefits of mentoring for the mentor, mentee, and the organization can be grouped into four areas. Firstly, mentored individuals attain and occupy leadership positions more rapidly and receive higher pay (Gleiser, 1986; Queralt, 1981; Roche, 1979). Secondly, mentoring facilitates increased technical and political knowledge of the business, product, and customers (Clawson, 1979; Kram, 1980; Kram, 1983; Phillips, 1978; Phillips-Jones, 1982; Zey, 1985). Thirdly, mentoring increases individual productivity and performance levels (Dalton, Thompson, & Price, 1977; Queralt, 1981). This change in productivity and performance not only benefits the mentor, mentee, and organization, but the profession benefits from the individual's acquisition of relevant skills and values (Schmidt & Wolfe, 1980). Fourth, mentoring is beneficial to the career advancement of women (Alleman et al., 1984; Anderson & Devanna, 1981; Bowen, 1982; Collins & Scott, 1978;

Collins, 1983; Misserian, 1982; Phillips-Jones, 1982; Roche, 1979).

Professional Development Benefits

Bohannan (1985) reviewed and discussed the importance of mentoring to professional development. Mentoring is considered important to professional growth because adults prefer to learn from more experienced colleagues. The importance of mentorship in the development of individuals is evident in testimonials by leaders Andrew Carnegie and Dwight Eisenhower who witnessed that mentors played a role in their professional development (Zaleznik, 1977). Valliant's (1977) study of 268 men indicated men remaining successful at the age of 47 or older had earlier availed themselves to a mentor.

Academic Benefits

According to Conway and Glass (1978) mentoring causes the junior faculty member to appreciate the guidance and help with the socialization process while senior faculty members feel gratification in having their expertise and wisdom recognized. The mentoring process may pave the way for joint ventures, in areas such as research and publication, while simultaneously facilitating the development of a strong collegial relationship.

Little, Galagaran, and O'Neal (1984) stressed the importance of a collegial relationship among teachers. The ideal school is one where all faculty work together, some as mentors, to aid the beginning teacher's growth within the profession.

Gladstone (1987) examined mentoring as an educational strategy and supported mentoring as a valuable concept primarily because of the tendency for interpersonal relationships to weaken as a result of rapid societal changes. In Huffman and Leak's study of 108 new teachers within one school system, 96 percent of the respondents endorsed the mentor role as an important element in the induction process (Huffman & Leak, 1986). Mentors provided encouragement, collegiality, and specific suggestions for the improvement of teaching.

Hamilton (1981) identified self-esteem as a critical benefit of the mentoring relationship. Likewise, May, Meleis, and Winsten-Fry (1982) researched the role of the mentor in higher education and found mentoring helpful in the role clarification of new college professors. Because of the delayed rewards associated with teaching, the mentoring relationship was perceived as very important by participants in the study. It allowed for feedback on an intangible role, scholarliness.

Roche (1979) surveyed top executives to assess the importance of the role of mentors in business. His results revealed two-thirds of the respondents had a mentor. Those who had a mentor earned more money, were better educated, were more likely to obtain their career goals, and reported having a higher level of job or career satisfaction. Unfortunately, results of this study were not conclusive due to limitations in the sampling.

McGinnis and Long (1980) conducted a study of 688 male biochemists to determine the importance of mentoring to scholarly output. The purposes of the study were to determine if a mentor, defined as major professor, affected the student's subsequent productivity and to observe the benefits of acting as a mentor. Productivity was measured by counting publications and citations. Findings indicated a positive effect in the immediate post-mentor phase, although less effect was seen as time passed after termination of the relationship.

Queralt (1981) found much the same results. In his study, a higher percentage of individuals with mentors had published, received grants, assumed leadership roles, and attained full professorship. Similarly, Pierce (1983), in a study of 244 females and 241 males, was able to support the hypothesis that mentors positively influenced the number of publications and citations obtained by their protege. Pierce

concluded that having a mentor was important to professional growth.

The mentor, through his or her sponsorship, can help break down barriers within the system. This can be done by using his or her influence and credibility to promote the protege. Promotion can be done by both advice and assignment. Advice helps the protege see opportunities, while assignment assures placement of the protege. The sponsorship of the protege is perceived as a core responsibility of the mentor (Woodland Group, 1980).

May et al. (1982), in addressing the use of mentors to prepare new faculty as scholars, discussed the importance of sponsorship in these relationships. The mentor, as a sponsor, helps the protege find a place within the organization. This type of activity includes introductions to appropriate groups. In providing sponsorship, the mentor also enhances the visibility of the new scholar.

Benefits in Business

Zey (1988) researched the use of mentors by large companies including Johnson & Johnson, AT&T, and Merrill Lynch. These companies all reported dependence on a system whereby mentors provided advice to new employees. By their sponsorship, the mentors provided the company with direction.

The corporate mentor by the use of sponsorship, promoted the professional development of his or her protege.

Hennig and Jardis (1977), Levinson (1978a), Phillips (1977), and Sheehy (1974) reported findings to support the importance of "significant others" and a mentor in the "socialization" of an individual into a particular career. White (1970) stated in the normal course of an adult's career development, only a part of his/her training took place in formal educational or training programs. White further stated many occupations have periods during which the individual learns to behave in ways that other people in the field regard as "professional." Such "socialization" occurs during schooling, and during the first decade of employment in a particular occupation. Socialization consists of learning the roles, the informal values and attitudes, and the expectations that are an important part of the organization. White described the socialization process in the following words,

Many people are unaware of this period of role learning in scholarly, scientific, or academic professionals, and fail to realize how important such a stage is. . . . There are elaborate social systems in all parts of academic and business life, and purely technical training is rarely enough. The aspiring young scientist must be knowledgeable about many aspects of institutions, journals, professional meetings, methods of obtaining source materials, and funding grant applications. Knowing how to command these technical and institutional facilities requires numerous skills, many unanticipated by the young student. . . . This is the kind of learning we speak of as "caught," not "taught" . . . (p. 414)

Many words appear in the literature to describe the process of entering, being socialized and advancing in a profession; including "old-boy network," "gate-keepers," and "mentors." In his classic study of the American and British educational systems, Turner (1960) pointed out the systems promise two kinds of upward mobility, sponsored and contest. He felt the British system exemplified the system of sponsored mobility with its emphasis on the established elite club. In contrast, Turner felt the American educational system, with its rhetoric of merit and competition, exemplifies contest mobility.

Recent research, however, in American corporations (Collins & Scott, 1978; Jennings, 1971; Levinson, 1978a; Roche, 1979; Thompson & Dalton, 1976), with American presidents (Cohen & March, 1974), as well as observations in academia (Laws, 1976; Schmidt & Wolfe, 1980; Shapiro, Haseltine & Row, 1978; Toughton & Shavlick, 1978; White, 1970), have shown that sponsored mobility also exists in the American system.

In the business world, the importance of the mentor-mentee relationship for entry, advancement and socialization has been well documented. James Penney espoused a management philosophy that is an early example of what is now called mentoring in business. In 1901, he and his backers evolved a system in which the manager-partner of each dry goods store in

his chain selected and trained a man who could then be sent out to find another store. Penney believed that the manager who trained good men would profit commercially from the mentee's successes and spiritually by guiding others to a good and useful life (Roche, 1979). The chairman and chief executive of the Jewel Companies (Star Market, Owen Drug, etc.), Donald S. Perkins, says, "Everyone who succeeds has had a mentor or mentors" (Collins & Scott, 1978, p. 100). Orth and Jacobs (1971) espoused the idea that, "Behind every successful young businessman, there stands a successful older businessman" (p. 145). Kellogg (1977) describes the success factor of "young career hotshots," as one of the necessary requirements for success that she has identified is that of a mentor.

Becker and Strauss (1956) stressed that "until a newcomer is accepted, he will not be taught crucial trade secrets, much less advance in the field" (p. 259). Gordon and Stroher (1975) stated,

. . . in business . . . most skills are not objectively learned but are rather the product of intelligence, diplomacy, know how, and "know-who." Information about who is the best producer of an item and what kind of pricing is possible is passed on to proteges, who are also introduced to top people. (p. 15)

Roche (1979) surveyed 1250 top executives of companies of at least \$100 million volume in sales, which showed the importance of the mentor-mentee relationship. He concluded two-thirds of the executives had a mentor, and those that had

a mentor earned more money at a younger age, were better educated, and were more likely to follow a career plan. More importantly, Roche said,

. . . those who have a mentor are happier with their career progress and derive somewhat greater pleasure from their work. (p. 15)

Hall (1988) underlined the importance of the mentor mentee relationship in the medical profession. He traced the process in medicine by which young medical students were groomed to be future colleagues by doctors on the staffs of teaching hospitals. According to Hall, through sponsorship of newcomers, the established doctors in the subject city actively shaped the careers of them.

Gordon and Stroher (1976) offered the following report on the importance of the mentor-mentee relationship in the professions of medicine and law,

Top surgeons learn their special skills not when they are in medical school, but when they are selected to be residents with the finest physicians in their specialty. Top lawyers start as apprentices to the senior partners in the large firms. (p. 15)

White (1970), observing mentoring in the field of science, comments,

. . . sponsorship is common to the upper echelons of almost all professions, including the scientific fields. One must be in both to learn crucial trade secrets and to advance within the field. (p. 414)

Benefits in Nursing

The benefits of mentoring for nurses have been documented in regard to faculty productivity, clinical practice, and research. Chamings and Brown (1984) and Hamilton (1981) maintained mentoring encourages the sharing of ideas which results in increased faculty satisfaction and productivity. Atwood (1979) and Fawcett (1979) supported mentoring as a positive aid in the development of one's clinical practice and research skills. Kelly (1987) emphasized the need for mentors within nursing in order for nurses to obtain positions of influence and make positive contributions to the nursing profession.

Nursing education below the baccalaureate level does not include management or leadership courses as a part of the basic curriculum. Because of the deficit in formal leadership education, many nurses often need special instruction to assume this role. Mentoring has been used successfully in role preparation for nursing leadership (Vance, 1982).

Vance (1982) further discussed the use of mentoring to advance careers in nursing. Because it involves the promotion of one's profession by another (the second being more skilled in some aspect of the profession), the career of the first is advanced. This career advancement promotes job satisfaction, self-esteem and confidence by affording the new and different roles and duties to the protege nurse. Vance also found the

mentor enjoys increased job satisfaction by participating in the professional development of a young colleague.

Vance's research (1982) was performed with nurses and managers to assess the importance of mentoring. Her conclusions related to two dimensions of the mentoring concept. First, she concluded that mentoring is a good way to increase the number of competent nurses, and, secondly, because of the nurturing personality of nurses they should make good mentors.

In addition, faculty who serve as mentors can gain both personal and self fulfillment (Policinski & Davidhizar, 1985) and assist the protege with securing career opportunities (Kanter, 1979). Junior faculty benefit from the guidance of mentors in terms of faster institutional and academic socialization. Strong collegial relationships may develop which result in joint ventures in research and publication (Conway & Glass, 1978).

Limitations, Drawbacks, or Pitfalls of Mentoring

The major limitations of mentoring can be related to the type of mentor and type of relationship. Mentoring in the past usually occurred between men because there was a lack of mentors for women (Kanter, 1979). Very few business executives or educational administrators were women. While men can serve as mentors for women, mixed gender mentoring can

create tension between spouses, gossip, and sexual attraction (Bowen, 1982; Misserian, 1982; Sheehy, 1976b).

Alleman et al. (1986) questioned the negative assumptions related to the mixed gender mentoring. Alleman's study indicated no difference in the behavior of cross gender pairs and same sex pairs involved in a mentoring relationship. Lean (1983) viewed cross gender mentoring as a situation holding a multitude of unique opportunities. He suggested a critical step in developing good cross gender mentoring is correctly matching the participants.

A second limitation to mentoring may arise if the mentee becomes dependent on the mentor, if the mentor enjoys the dependence of the mentee, or if the mentor emphasizes the position of power over the mentee. Either situation may precipitate a crisis when separation occurs (Darling, 1985c; Darling, 1986; George & Kummerow, 1981; Levinson, 1978; May, Meleis & Winstead-Fry, 1982).

Mentoring relationships may be viewed negatively in two other situations. First, if the relationship is not complementary, or is ended prematurely, both mentor and protege can experience negative outcomes such as loss of self-esteem, frustration, blocked opportunity, and a sense of betrayal (Hunt & Michael, 1983). Second, Kram (1980) reported relationships with the wrong mentor can cost the protege

valuable career time and bring negative feedback from the association.

Suspicious by fellow employees about the mentor-mentee relationship, especially if they are of opposite sexes, can cause many problems. Teasing by colleagues and envy and resentment can occur, especially when a mentee is promoted by a mentor. Sheehy (1980) depicted how the mentor relationship of Mary Cunningham and William Agee of the Bendix Corporation was out done by envy and spite by fellow Bendix employees. Phillips (1977) provided an extreme example in the experience of one woman treated poorly by her former co-workers:

. . . (they) became so jealous of her status in the company that they would telephone her house at all hours of the night and even sent "Roto-Rooter" over as though she had called . . . (p. 130) [The woman continues] . . . They called the funeral home, and that's when it almost killed my husband. He was a wreck. I was gone and my kids were down the street playing. When he came to the door, they had the stretcher out on their way in the house . . . said they came to pick up my son. And he was a wreck until he found the kids. They were down the street playing, of course, but he didn't know what had happened. . . . (pp. 103-104)

Another hazard is that a mentor may become jealous of his/her mentee. Fearful that a mentee might outshine his or her work, a mentor may engage in destructive forms of discipline and control. Or, at the other extreme, the mentor may devote himself or herself with excessive altruism to the mentee's needs creating an imbalance that is destructive to both.

Sheehy (1976) pointed out difficulties which could arise when mentors and mentees become too intimately involved.

The woman may have a difficult time finding her own equilibrium because her professional, emotional, and often her sexual nourishment as well have their source in the same person . . . (p. 34)

Difficulties also happen when it is time to end the relationship. Some mentees may cling too long and the mentor may have to sever the cords. Separations usually bring pain which can occur for the mentor as well as for the mentee. Sheehy (1976) describes,

Even the best of all outcomes will not be without some pain. Just as child must inevitably see parent as less than the repository of all the world's wisdom, so must the apprentice eventually repudiate the mentor in order to believe in her independence. What small corner of her heart dies when she slips away? Will she honor him, ridicule him, immortalize him in memoirs, dissect him with her psychiatrist, or will she simply leave him to his sunset years forgotten? (p. 36)

Mentoring Within Nursing

The mentor system is an important element to advance the influence, power, and leadership of the nursing profession. Brown (1983) addressed the need for mentors within nursing as vital for the development of nursing as a profession. Nurses need mentors not only in the clinical setting, but in business, political and educational settings. The necessity of mentoring relationships for nursing to flourish as a profession is supported by several individuals (Atwood, 1979; Cooper, 1983; Davis, 1984; Fagan & Fagan, 1983; Fagan &

Walter, 1982; Kelly, 1978; Lepping, 1985; O'Connor, 1988; Pilette, 1980; Schorr, 1978; Vance, 1982).

Fagan and Fagan (1983) established mentors can be utilized in the professional development of nurses by encouraging informal mentoring, the more natural process, or by developing formal mentoring programs. The best approach within nursing is yet to be determined. Williams (1977) likened a mentor relationship to falling in love with an older person. A person cannot force love to happen and love only works if the chemistry is right. A person can, as in a mentor relationship, become receptive to such a relationship by displaying a teachable attitude and an eagerness to learn.

Atwood (1979) discussed the use of mentors within the clinical setting to provide guidance and support as nurses develop new and changing roles and to improve patient care. By utilizing mentors, support systems were established, the socialization period was shortened, money was saved, patient care was improved, and both mentor and mentee experienced increased job satisfaction.

Larson's (1986) study of nursing leaders from four metropolitan hospitals in the Pacific Northwest reported both parties, mentor and protege, experienced greater job satisfaction because of the relationship. Nursing leaders included head nurses, clinical and administrative supervisors, assistant and associate administrators, and nursing

administrators. Sixty-one percent of the respondents had engaged in a mentoring relationship.

Vance (1977), using a very select sample of nursing leaders, found the majority reported having mentors in their careers. She reported proteges became mentors to others, the mentors were female nurses, and mentors were teachers when the relationships began.

The most frequently cited types of mentoring help were: career advice, guidance, promotion, professional career role modeling, and intellectual and scholarly stimulation. More recently, Vance (1982) emphasized the key ingredients in a mentor relationship were long-term involvement and a strong emotional exchange between mentor and protege. Although she described some of the roles and functions of the mentor, Vance did not investigate the beginning, development and end phases of the relationship. Vance's research, nonetheless, contributed much to stimulate interest in and heighten awareness of the concept of mentoring for nurses.

Spengler (1982) compared mentored and non-mentored female nurses who had doctoral degrees. She found that mentored nurses were more satisfied in their career progress, and followed a more definite career plan than the non-mentored nurses. Other research supports the idea that mentors help to increase protege's self-esteem and confidence, as well as promote career development (Pilette, 1980; Vance, 1977).

The research of Spengler and Vance revealed similarities in sex and occupation of mentors, position held by the mentors, desire of proteges to become mentors to others, and the kind of mentoring help provided. Spengler also investigated ages of mentors and proteges, length of relationships, positive and negative aspects of the relationship, and protege's perceptions of the mentors' significance in career development. A majority of Spengler's subjects reported their mentor relationships were supportive. Almost one-third, however, complained that the relationship was anxiety-producing and overly competitive.

Kinsey (1985) performed a replication of Vance's study with a similar group of nurse influentials. Eighty-five percent of the nurse influentials studied reported having had a mentor and 93 percent reported they had served as a mentor to others. This group reported most of their mentors were their professors, teachers, advisors, or professional colleagues and peers; others reported nursing deans and relatives as mentors (Kinsey, 1985).

The nurse influentials in Kinsey's study were also asked to relate favorable and unfavorable incidents within the mentor relationships. Favorable incidents reported were career advice, guidance and promotion. Intellectual and scholarly stimulation ranked second. Other positive incidents included professional career role modeling, inspiration and

idealism, financial support, and emotional support (Kinsey, 1985). Unfavorable incidents reported by 33 percent of the group included confrontations with the mentor, feeling "let down" by the mentor, being "overpressured" by the mentor, and physical separation from the mentor (Kinsey, 1985). Kinsey concluded that both having the support of a mentor and serving as a mentor to others continue to be essential factors in achieving influence (Kinsey, 1985).

Pilette (1980) described mentoring as a process that provides both internal and external direction. Internally, the protege has personal responsibility and externally, guidance or leadership from an experienced mentor. Both are conducive to professional growth. While most mentoring for the nurse is believed to be accomplished in academia, Pilette (1980) called for mentoring for the young nursing professional who is interested in planning a career in clinical practice. This neophyte needs an advocate who will assist her to define her professional boundary, redefine herself as a professional registered nurse, and to learn nursing as it is practiced in the institution in which she is working. She is also assisted in learning to reduce stress and to develop expertise.

Spengler's (1984) exploratory study described the frequency and characteristics of the mentor-protege relationships of nurses who had earned their first doctorate between 1975-1979. The study examined whether nurses who had

a satisfactory relationship with their mentor would report a greater degree of career planning, career satisfaction, research productivity, and scholarly activities than nurses who did not have a mentor. Fifty-seven percent of the subjects had a mentor. The mentored subjects when compared to non-mentored subjects followed a definite career plan more frequently ($p < .01$), were more satisfied with career progress ($p < .004$), and had a greater sense of accomplishment related to career goals ($p < .007$). No significant differences were noted regarding scholarly and research activities. The majority of respondents (99.2 percent) regarded the mentor-protege relationship as positive. Spengler recommended that a mentoring system be devised in nursing to foster mentor-protege relationships which can help improve career satisfaction.

Slagle (1986) interviewed 25 members of the Academy of Nursing who reported having mentors. The purpose of her study was to explore elements of the mentor-protege relationship from the protege's perspective relative to career development. Findings indicated mentor-protege relationships were a significant factor in the career development of the individuals interviewed. Slagle identified stages of the relationship characterized by initial dependency then shifting to increased independence and autonomy. Relationships were affected by the protege's abilities and needs, the stage of

the protege's career development, the talents and willingness of the mentor to help, and the type of setting in which the relationship developed.

White (1986) concluded from a survey of academic nursing leaders both mentored and non-mentored academic administrators strongly supported the concept of mentoring as an aid to nurses' career development and advancement. The majority of academic nurse administrators reported having either a primary or secondary career mentor who positively influenced their career development and academic success.

Summary

This chapter presented a review of significant literature and research on mentoring. It initially presented definitions of mentoring, characteristics of the mentoring relationship, mentoring in women in general, and facilitators, barriers, benefits, and limitations to mentoring. Mentoring literature was then examined in relation to nursing. The literature provided a platform that both supported and provided basic data upon which the present study was designed.

CHAPTER III

Methods

This study was designed to assess factors impacting the mentoring relationship between experienced registered nurses and their recently graduated nurse counterparts just entering the nursing profession. This chapter provides an overview of the study design, human subjects protection process, data collection procedure and data analysis.

Permission to conduct the study was obtained from the nurse administrator through a written formal request and a series of meetings. The study design, purpose and participant role were outlined to enlist administrative support. The Associate Administrator for Nursing forwarded the request through appropriate channels and permission was obtained. The Director of Staff Development designated a Nurse Educator to coordinate activities. The Nurse Educator assisted with the identification of participants, scheduling and securing the use of facility resources.

Design of the Study

This research was designed as an exploratory qualitative study of facilitators, barriers, benefits and limitations to a nurse mentoring relationship as reported by recently graduated nurses and experienced registered nurses. The

subject nurses participated in a mentoring relationship in a hospital orientation program for new nurses.

Focus groups, open-ended personal interviews and questionnaires were employed as a method of data collection. Study participants were experienced registered nurses who served as mentors, and recently graduated nurses who were identified as mentees. All subjects were participants in a seven-week New Nurse Internship Mentoring Program at an urban hospital located in Washington, DC.

Focus groups were selected as a data collection method because they provided a stimulating and secure setting for participants to express ideas without fear of criticism. Additionally, focus groups allowed the synergy of the group to operate to uncover important constructs which may have been lost with individually generated self-reported data. Folch-Lyon and Trost (1981) viewed focus groups as helpful in uncovering dynamic emotional processes, which determined behavior to a large extent. They argued these processes are often untapped by closed-ended questionnaire items and other attempts to obtain rigidly measurable information. Most researchers would concede that using focus groups to collect quantitative research data creates a fuller, deeper understanding of the phenomenon being studied. However there is no universal agreement on this claim (Cook, 1988).

Focus groups are not without limitations. They may be quite costly and require investigators skilled in group process and qualitative research. Focus groups are inadequate for testing hypotheses or drawing inferences about large populations. As with all research methods, bias may be a problem. The investigator must view the focus group solely as a means to obtain data not provide evidence to support preconceptions. The validity of focus group findings relies heavily on objectivity and moderate interpretation (Folch-Lyon & Trost, 1981). Cognizant of these disadvantages, the researcher obtained assistance from a qualified professional to review the data analysis process thereby reducing investigator bias, particularly during the data interpretation process.

The proposal design required two data collectors, one researcher for focus groups and an assistant to conduct the personal interviews. Due to time constraints and conflicting schedules, the researcher was obliged to conduct the focus groups and personal interviews, as recommended by the Dissertation Committee Chairperson. All focus groups were held in conference rooms in the Staff Development Department over a four-month period. Lunch was provided to subjects as an incentive for participation.

Open-ended personal interviews were chosen for this study because they provided a desirable combination of objectivity

and depth in gathering insightful data on interactions that could not be obtained by highly structured quantitative approaches. The major advantage of the interview method cited in the literature was a high response rate. Researcher control, accessibility for disabled individuals, and protection from ambiguous items are other advantages. Wilson (1985) noted greater effectiveness in gaining information about feelings or perceptions because it allows the interviewer to probe certain responses in depth.

Limitations of the interview technique center on data collection and analysis because they are very time-consuming. These factors cause this method to be expensive because of the one-on-one nature of the interview. Another disadvantage is respondents may edit their comments about which they may feel self-conscious (Wilson, 1985). Recording of responses is a potential problem of interviewing due to difficulty in writing and describing the emotions associated with articulations of the respondent. Cognizant of these limitations, the researcher used video tapes, audio and written recordings as methods of documenting responses during the focus group and personal interview sessions. Open-ended personal interviews, not videotaped, were conducted over a three-day period in patient care units where the subjects were employed. Areas on the units varied including the conference room, empty patient's rooms, the kitchen, and locker room.

A questionnaire was used to collect demographic and general data related to the mentoring relationship. It was selected for the study because it provides a useful mechanism for obtaining sensitive data while increasing anonymity.

Study Population Subjects

Subjects participating in the study were experienced registered nurses and recently graduated nurses with diverse cultural, racial and ethnic backgrounds. They were employed by a local urban hospital and participated in a New Nurse Internship Mentoring Program. Criteria for inclusion in the study were:

Mentors:

1. Experienced registered nurses who demonstrated outstanding clinical competence.
2. Recommended by the Director and Clinical Coordinators to the Staff Development Department because of outstanding clinical competence, as well as positive personality characteristics.
3. Stated willingness to participate in the study.

Mentees:

1. Employed as a staff nurse at the graduate nurse's rank on a medical, surgical, pediatric, maternity, ambulatory or critical care unit or the emergency room.

2. Six months or less of nursing service experience.
3. Have not been notified of NCLEX results.
4. Stated willingness to participate in the study.

Thirty-nine of the forty-three individuals in the New Nurse Internship Program participated in the study. Nineteen were mentors and twenty were mentees. Two mentors did not participate because of scheduling conflicts. Two mentees declined to participate for reasons not fully disclosed to the researcher.

Protection of Human Subjects

The series of steps outlined below were followed to provide human subject protection:

1. The study was submitted to the University and Institutional Human Subject Committees for review going through the following steps:
 2. Institutional administrative review/approval to provide staff protection and involvement.
 3. Research design, purpose participant role and potential negative impact were outlined to enlist the subjects support.
 4. Confidentiality was assured and signed consent forms were obtained.

5. Appointments were scheduled to prevent subjects being charged leave while participating in the focus groups and open-ended personal interviews.

Site

The site chosen was D.C. General Hospital, a 485 bed facility. It is the only acute care public hospital in the Nation's Capital and is the primary provider of health care to District residents regardless of their ability to pay. The hospital is unique in its complex and intricate governing as well as fiscal structure, responding both to the directives of the District of Columbia Government and the Congress of the United States.

The institution provides a full array of medical and surgical services including surgery, both in and out, same day surgery, a full range of out-patient clinics and an in-patient substance abuse unit. Its staff is a diverse workforce comprised of individuals from a wide range of ethnic backgrounds. This site was chosen because of its size and it provided a diversity of characteristics of the subjects needed for the study, such as gender, race, cultural and ethnic background, as well as easy access to conduct the present study.

Description of the Mentoring Program

This seven week structured New Nurse Internship Mentoring Program was designed to assist the new graduate in making the transition from student to beginning nurse practitioner. In 1981, it was implemented with ten new graduated nurses who were allowed to choose clinical areas of specialty, i.e., Critical Care, Operating Room, etc. The original program's duration was six months. Results were considered to be very productive, but costly. The nurses were fully salaried but not working independently nor carrying a full patient load. As a result, the time period was decreased to seven weeks.

The current seven-week Internship Program consists of an initial two-week period which is spent in a didactic setting wherein general hospital policies are presented as well as orientation of the mentee to their respective units of employment. In the second phase beginning the third week mentees undergo a process similar to Bandura's modeling theory wherein the mentee is assigned to a mentor. This experienced registered nurse who has exhibited clinically competent behavior worthy of modeling, serves as a role model or mentor in guiding and assisting the recently graduated nurse or mentee, on a one-to-one basis for the remaining five weeks as they work concurrent shifts. In this program major emphasis is placed on the mentor - mentee relationship.

Mentors for the New Nurse Internship Mentoring Program at this hospital are those experienced registered nurses who have demonstrated outstanding clinical competence. They are identified by their Director and Clinical Coordinators to function as mentors to the recently graduated nurse mentees. This mentor candidate's name is submitted to the Staff Development Department, after which he or she is selected to participate in the New Nurse Internship Mentoring Program when a recently graduated nurse is assigned to the unit on which he or she is employed.

There is no job description or career ladder for the experienced registered nurse mentors. However, for their participation in the program, they become eligible to receive release time to attend a one-day, seven-hour Mentors Workshop. Topics discussed in the Workshop included the Internship Program Design, Roles and Responsibilities of the Mentors, the Mentor - Mentee Relationship, Adult Education Teaching and Learning Principles, Time Management and Organization, and Conflict Resolution. Presentations on the "The True Experience of a Mentor and That of a Nurse Mentee" provided by former mentors and mentees, along with assistance in planning, organizing and evaluating the mentee's learning experience are also included. The workshop's primary methods of instruction included lectures, discussions, role playing, case studies, and audiovisual aids. Mentors who attended the entire

Workshop were awarded six contact hours along with a certificate of attendance.

Data Needs

Qualitative data was collected by the researcher with institutional and participant permission. Eleven focus groups, and fifteen open-ended personal interviews were conducted. The focus groups and interviews were guided by written protocols (see Appendix).

The following three types of data were collected:

Type I Data consisted of responses to non-critical items and included Types IA, IB and IC data.

Type IA Data consisted of the demographic profile of participants elicited by the questionnaire.

Type IB Data consisted of non-threatening warm up items. Warm-up items were designed to develop rapport, decrease anxiety and stimulate discussion.

Type IC Data consisted of items related to the mentoring relationship in general.

Type II Data addressed the research questions and related to critical aspects of the mentoring relationship.

Type III Data consisted of closure items designed to assist participants to bring the discussion to a close or make recommendations for modifying the New Nurse Internship Mentoring Program.

Instrumentation

Protocols with interview guides and questionnaires were developed by the researcher to obtain data related to the mentoring process during the orientation of new nurses. The protocols consisted of general directions and guidelines for conducting focus groups and personal interviews. Four protocols were developed, two for focus groups and two for personal interviews. The mentor focus group protocol consisted of sixteen open-ended items. The mentee focus group protocol consisted of fourteen open-ended items. The mentor personal interview protocol consisted of seven open-ended items. The mentee protocol consisted of six open-ended items. These protocols were designed to elicit perceptions related to the mentoring relationship.

The questionnaire consisted of a two part instrument, Section I and Section II. Section I items were designed to elicit demographic information and Section II contained one item designed to provide general information regarding the mentoring relationship. The mentee questionnaire was identical to the mentors' questionnaire with the exception of one question.

The researcher conducted two preliminary focus groups. Five former nurse mentees participated in one of these groups, and five former mentors participated in the second group. The researcher also conducted two preliminary open-ended personal

interviews, one with a mentee and one with a mentor, using the interview protocol designed for the study. In adherence with recommendations from previous research, nurses in these focus group and open-ended personal interviews were not included in the population of the current study. The purpose of conducting the preliminary focus groups and personal interviews was to obtain evaluative comments regarding the instruments in the following areas: 1) modifications which would enhance comfort during the focus groups and interview sessions; 2) flow and continuity of the questions; 3) ambiguity or potential misunderstanding; 4) identification of items which are objectionable in nature; and 5) other comments, reactions or overall impressions which may be helpful in gathering data. Comments from the preliminary focus groups and open-ended personal interviews resulted in no modifications in the instruments. An atmosphere was created within the focus groups whereby respondents could express their own understandings in their own terms (Patton, 1980).

Data Gathering Procedure

The method for data collection was focus groups, personal interviews and questionnaires. The information from the focus groups was documented with videotapes, audio and written recordings. The purpose for videotaping the focus group sessions was to candidly capture the participants' verbal and

non-verbal behavior concurrently. They were useful in analyzing the congruence between verbal and non-verbal behavior. Psychiatric literature indicates congruent non-verbal behavior validates the corresponding verbal behavior. Transcription of the audiotapes was accomplished as soon after the session as possible to prepare them for analysis. Written recordings and reactions of the participants were combined in summary comments immediately after each session. Based on recommendations of Spradley (1980), these written recordings reflected body language, included verbatim comments of significance and were concrete to ensure data gathered were usable for the study and validated taped comments.

In facilitating the focus groups, the researcher served as moderator and opened the sessions with brief disclosure comments about the purpose, information sought and the importance of each participant's contribution. General questions directed to each participant designed to trigger short answers served to warm up the group and give everyone an opportunity to participate. The more specific research items in order from non-threatening to more threatening ones followed. See Focus Group Protocols in Appendix (Kingry, Tiedje & Friedman, 1990). Group members were encouraged to openly express themselves without fear of being criticized. The expression of differing opinions and reasons underlying

each member's particular viewpoints were explored in a non-threatening manner.

Personal interview information was documented with audio and written recordings. The researcher was required to conduct personal interviews due to time constraints and conflicting schedules upon recommendation of the Dissertation Committee Chairperson.

Each open-ended personal interview began with a statement reinforcing confidentiality and assurance of the researcher's objectivity. Disclosure comments about the purpose and information sought were provided. The value of the participants input was acknowledged with expressions of appreciation for willingness to participate in the study. Warm up items were used to establish support and increase the participants comfort level. Using a personalized approach, the participants were encouraged to self disclose without fear of incrimination. Additionally, information from the two section questionnaire was collected from participants on forms provided by the researcher. The researcher assured the participants of confidentiality prior to distributing the forms. They were informed the questionnaire information would only be reported in aggregate form.

Data Analysis

Techniques used for data analysis were: sorting, open coding, domain analysis and thematic analysis.

Sorting. Data was sorted into three types in relation to research questions, information elicited on the protocols and questionnaires. Type I data consisted of non-critical items including Type IA, IB and IC data. Type IA data consisted of demographic profiles of the participants elicited by the questionnaire. Type IB consisted of non-threatening warm-up items. Type IC consisted of items related to the mentoring relationship in general.

Type II data consisted of items which addressed the research questions and were related to critical aspects of the mentoring relationship.

Type III data consisted of closure items designed to assist the participants to bring the discussion to a close or make recommendations for modifying the New Nurse Internship Mentoring Program. Data from Types IB, IC, II, and III were analyzed using open coding (Corbin & Strauss, 1984) and domain analysis followed with a thematic analysis summary (Spradley, 1980). Type IA data were tallied by item and presented by frequency distribution tables.

Table 1

Items By Data Type

Mentors and Mentees

	Focus Group Items		Personal Interview Items		Questionnaire Items	
	Mentors	Mentees	Mentors	Mentees	Mentors	Mentees
Type IA	0	0	0	0	1-10	1-9
Type IB	1-2	1-2	0	0	0	0
Type IC	3-8	3-7	1-3	1-3	11	10
Type II	9-13	8-12	4-5	4-6	0	0
Type III	4-16	13-14	6	7	0	0

Open Coding. In this technique transcripts and notes were closely examined to name and categorize phenomena in preparation for domain analysis. The responses for each category were tallied by groups and compared for similarities and differences.

Domain Analysis. In this technique the broad category data was reviewed for frequency of responses by groups and data type to provide insight and meaning. Data with similar conative and denotative meaning were collapsed into domains. For example, transition was the domain; responses were collapsed to form the categories of difficult and smooth.

Thematic Analysis. This technique was used as an additional level of analysis. It involved comparing and contrasting domains between groups and within groups. Special attention was given to similarities and consensus between groups, to form population themes. Sub-themes were found for group data. For example, the theme was anxiety as a source of difficulty during the transition from student nurse to graduate nurse consensus between Mentors and Mentees. The sub theme for the Mentees population was smooth while the Mentors had no sub theme. Frequency distribution tables were constructed to represent references made by mentors and mentees.

Summary

This chapter reviewed methods employed to design, collect and analyze data and protect human subjects in the assessment of factors perceived to impact the mentoring relationship between experienced nurses and their recently graduated counterparts in an urban hospital setting. The study was designed as a qualitative exploration of facilitators, barriers, benefits and limitations associated with mentoring among nurses. The process of employing focus groups and open-ended personal interviews was explained and limitations of such methods were discussed.

The researcher arranged for and conducted both preliminary and focus group interviews in conference rooms located in the Department of Staff Development. She conducted both the preliminary and final open-ended interviews on the units where the nurses were employed. Methods of choosing eligible participants and their protection were outlined. Participant focus group interviews were audio and video taped while personal interviews were audio recorded with written recordings only and subsequently analyzed through sorting, open coding, domain analysis and thematic analysis which were described in detail in this chapter.

CHAPTER IV

Findings

Introduction

The purpose of this study was to explore facilities, barriers, benefits and limitations to a nurse mentoring relationship. Data for the study was based on information reported by experienced registered nurse mentors and recently graduated nurse mentees, who participated in a New Nurse Internship Program.

This chapter presents data obtained from focus groups and personal interview sessions which were documented with video-taped, audio and written recordings. Four instruments with protocols and interview guides were developed by the researcher and preliminarily tested. Subjects were provided a questionnaire to obtain demographic data and general information regarding the mentoring process.

The data were sorted into three types labeled I, II and III. Type I data addressed non-critical information including three types: type IA data addressed demographics; type IB consisted of warm up information; type IC consisted of general non-critical information pertaining to the mentoring relationship. Type II data addressed critical information included in the research questions regarding the mentoring relationship. Type III data addressed closure information including

suggestions for improving the New Nurse Internship Mentoring Program. Open coding was used to prepare data for domain and thematic analyses.

Summary of Data

Type I Non-critical Data

Type I data consisted of non-critical data, including Types IA through IC.

Type IA, Demographic Data

Thirty-nine nurses comprised the sample, nineteen of which were mentors and twenty of which were mentees. There was considerable diversity in relation to ethnicity, educational preparation, experience in nursing, clinical specialty area and job position. Only one participant, a mentor, was male. Ages of the mentors also varied, ranging from 26 to 45 or above. Mentee ages ranged from 25 or below to 44.

A majority (16) of the mentors were 35-44 years of age while a majority (12) of the mentees were 25-34 years of age. A majority (12) of the mentors were married while a majority (14) of the mentees were single. A majority (12) of the mentors had one or more children while a large majority of mentees had no children. Eight (40 percent) of the mentors held associate degrees while 5 (26 percent) each held a three year diploma or baccalaureate degree. One mentor and one

mentee held a masters degree. A majority (13 or 65 percent) of the mentees held baccalaureate degrees. None of the mentors or mentees held a doctoral degree. A majority (15 percent) of the mentors received their nursing education in the United States while all (100 percent) of the mentees received their nursing education in the United States. Five (26 percent) of the mentors each had 6-10, and 11-15 or twenty or more years of experience, respectively. The demographic data is presented in tabular form in Tables 2 and 2A. Among mentors, a majority 8 or 42 percent were in the specialty area of critical care and 5 or 26 percent were in the Medical Intensive Care Unit-Surgical Intensive Care Unit. Most, 10 or 53 percent, were in the job position of clinical nurse while 8 or 42 percent were assistant clinical coordinators. Data pertaining to the mentor-mentee assigned clinical specialty areas are presented in Table 3. Data pertaining to the mentor job position are presented in Table 4.

Type IB Data (Warm Up Data)

Transition from Student Nurse to Graduate Nurse

The mentors and mentees were asked to describe the transition from student nurse to graduate nurse. In spite of many hesitations, pauses, and prompts, the discussion in each focus group was lively and each nurse contributed. At times,

Table 2

Demographics of Mentors

Number	Age	Sex	Marital Status	Race	No. of Children	Educational Background	Nursing Experience
1	41	F	S	AF Am	2	AAS	12
2	35	F	M	AF Am	1	BS	9
3	37	F	M	Asian	1	Diploma	15
4	40	F	M	Panamanian	3	BS	3
5	42	F	M	AF Am	3	AAS	22
6	35	F	M	AF Am	2	BS	8
7	44	F	M	AF Am	1	AAS	20
8	37	F	S	AF Am	1	AAS	10
9	38	F	M	AF Am	1	Diploma	18
10	38	M	M	AF Am	1	AAS	2
11	35	F	M	AF Am	2	AAS	11
12	26	F	S	AF Am	2	AAS	2
13	48	F	M	Ang Am	2	Diploma	27
14	36	F	S	Ethiopian	0	Diploma	10
15	35	F	M	Nigerian	1	BS	9
16	43	F	D	AF Am	0	AAS	8
17	34	F	S	Jamaican	3	BS	7
18	45	F	S	Trinidadian	3	Diploma	20
19	45	F	M	Persian	1	MS	20
Legend: F = Female M = Male S = Single M = Married D = Divorced AF Am = Afro-American Ang Am = Anglo-American AAS = Associate Degree BS = Baccalaureate Degree MS = Masters Degree Diploma = 3 Year Nursing Diploma							

Table 2A

Demographics of Mentees

Number	Age	Sex	Marital Status	Race	No. of Children	Educational Background
1	35	F	M	Jamaican	1	BS
2	25	F	S	AF Am	0	BS
3	34	F	S	Ang Am	0	MS
4	40	F	S	Ang Am	0	BS
5	23	F	S	AF Am	0	BS
6	22	F	S	AF Am	0	BS
7	33	F	M	Nigerian	3	AAS
8	35	F	S	AF Am	5	AAS
9	32	F	M	AF Am	0	AAS
10	37	F	M	African	4	BS
11	26	F	M	Jamaican	2	BS
12	25	F	S	Gyana	0	BS
13	26	F	S	AF Am	0	BS
14	27	F	S	AF Am	0	BS
15	24	F	S	AF Am	0	BS
16	29	F	S	AF Am	0	BS
17	25	F	S	AF Am	0	BS
18	26	F	S	AF Am	0	BS
19	31	F	S	Ang Am	0	AAS
20	22	F	S	AF Am	1	AAS

Legend: F = Female
 M = Male
 S = Single
 M = Married
 D = Divorced
 AF Am = Afro-American
 Ang Am = Anglo-American
 AAS = Associate Degree
 BS = Baccalaureate Degree
 MS = Masters Degree
 Diploma = 3 Year Nursing Diploma

Table 3

Mentor and Mentee Clinical Specialty Areas

Unit	Mentors	Mentees
Medical and Surgical Intensive Care Units	5	2
Critical Care	8	1
Labor, Delivery & Nursery	2	6
Medicine	1	6
Medical/Surgery	1	2
Orthopedics	1	2
Pediatrics	1	1
Total	19	20

Table 4

Mentor Job Position

Job Position	Number
Clinical Coordinator	0
Assistant Clinical Coordinator	8
Clinical Nurse	10
Clinical Nurse II	1
Staff Nurse	0
Total	19

several nurses spoke simultaneously, particularly among the mentors.

The domain transition was divided into two aspects, smooth (ease) and difficult. An analysis of the responses in each type is presented below.

Domain: Transition

Smooth (Ease)

Of the six focus groups conducted with mentors, only one mentor reported the transition from student nurse to graduate nurse as smooth. That response was qualified in the statement, "Only if the staff are good."

Of the five mentee focus groups conducted, there were 53 references to the transition as smooth, noting internship experience as being the greatest factor attributing to smooth transition. Other attributing factors mentioned were nursing school curriculum (55 percent) and current position (15 percent). Some of their responses were:

...I think the preceptor that I have, you know, she gives me a lot of support and she makes herself available. So that helps a lot....

...my transition was pretty smooth, whatever, basically because of my mentor. She was very patient and understanding....

Difficult

The entire group of mentors interviewed reported the transition from student nurse to graduate nurse as difficult.

Reasons most frequently cited were related to anxiety with a total of thirty-five references. Others included high expectations of the mentee, a new environment, increased responsibility, anxiety on the part of the mentee due to being alone to make decisions and age difference between the mentee and mentor.

When asked if the adjustment (transition) was difficult and what made it difficult, one focus group consisting of mentees reported it was difficult due to increased responsibility as a graduate nurse. One mentee from one focus group stated:

...it wasn't so difficult it was just that I was scared, but my mentor was real good about saying "don't be scared," (slowly) and ah she was recall; she was really a good guy.

Themes Based on Attributing Factors to Transition

Tables 5 and 6 provide a thematic analysis of both mentor and mentee response references regarding the transition from student nurse to graduate nurse. These responses represent mentors' perceptions and mentees' reported experiences regarding the transition of the subject mentees.

All instances wherein references were made to theme categories were counted. Therefore, 53 references were offered by the 20 respondent mentees.

Among respondents identifying the transition as smooth, three themes based upon perceived attributing factors emerged.

Table 5

References to Perceived Ease in Transition From Student to Graduate Nurse

Category: Attributing Factors

Theme	Mentors		Mentees		Total	
	Number	Percent	Number	Percent	Number	Percent
General	1	20	16	30	17	29
Internship Program	4	80	29	55	33	57
Nursing Curriculum	0	0	8	15	8	14
Total	5	100	53	100	58	100

Table 6

Difficulty in Transition from Student to Graduate Nurse

Category: Attributing Factors

	Mentors		Mentees		Total	
	Number	Percent	Number	Percent	Number	Percent
General	11	23	14	33	5	27
Increased responsibility	3	6	17	40	20	22
Anxiety	35	71	11	27	46	51
Total	49	100	42	100	91	100

They were general, (e.g., assistance from other staff on the unit), the internship program and the nursing school curriculum. Eighty percent of the references made by mentors were to the internship program as the attributing factor while only one (20 percent) identified general and none identified the nursing curriculum. Fifty-five percent of the references made by mentees identified the internship program as an attributing factor, 30 percent of their references identified general, and 15 percent identified the nursing curriculum as the attributing factor to the smooth transition. Of the total respondents, 57 percent referenced the internship program, 29 percent referenced general factors and 14 percent referenced the nursing curriculum.

Among respondents identifying the transition of the subject mentees as difficult, three themes based upon perceived attributing factors emerged. They were general factors (e.g., clinical unit coordinator, other staff nurses and doctors), increased responsibility, and anxiety. Of the references made by mentors, 71 percent identified anxiety as a factor attributing to the difficulty, 23 percent identified general factors, and only 6 percent of their references identified increased responsibility related to the difficulty of transition. Among mentees, 40 percent of their references identified increased responsibility, 33 percent general factors, and 27 percent anxiety as factors making the

transition difficult. Among the total, 51 percent of their references identified anxiety, 27 percent identified general factors, and 22 percent identified increased responsibility as factors underlying difficulty in the transition from student to graduate nurse.

Definition of Mentoring

When asked the definition of mentoring, both mentee and mentor responses varied. There were many pauses and hesitations.

Domain: Definition of Mentoring

Within the domain of the definition of mentoring, one category emerged, positive personality characteristics of the mentor. An analysis of the references made is presented below.

In addition to describing mentoring in terms of the mentor being a guide and providing consistent nurturing for the mentee, two groups of mentors described it as a process while two other groups suggested ways of making mentoring work. Some of their verbatim comments were:

...mentoring is the process in which one is able to (pause) help others achieve certain goals or standards in which they can make them, ah, deliver or provide for another person.

Four of the five groups of mentees described mentoring in terms of the mentor as a guide and someone who is experienced. Some of their verbatim comments responses were:

...someone who can....

...the process (pauses) of the relationship of being guided by an experienced individual and in, in learning about the field that you're entering as a novice and then, ah, being someone entering into, consciously entering into a relationship with the (pauses) with the commitment to, you know, to support you in that way....

Themes Based on Mentoring Characteristics in Definition of Mentoring

Table 7 presents a thematic analysis of references made by mentors and mentees to the question asking for the definition of mentoring.

Among respondents offering a definition of mentoring, two themes emerged based on mentor characteristics. They were supporter and experienced individual. One hundred percent of the references made by mentors identified supporter as the definition. Eighty-nine percent of the references made by mentees identified supporter, while 11 percent responded with references to experienced individual. Overall, a total of 96 percent identified supporter and the remaining four percent defined mentoring in relation to an experienced individual.

Table 7

Definition of Mentoring

Category: Mentoring Characteristics

	Mentors		Mentees		Total	
	Number	Percent	Number	Percent	Number	Percent
Supporter	34	100	16	89	50	96
Experienced individual	0	0	2	11	2	4
Total	34	100	18	100	52	100

Mentor Characteristics

Both the mentors and mentees commented in a lively manner when asked to describe three positive characteristics of the mentor.

Domain: Characteristics

Within the domain of mentor characteristics, the category, positive personality characteristics emerged. An analysis of its responses is presented below.

Four of the six groups of mentors described themselves as patient and supportive while only one mentor from one group described herself as knowledgeable.

When asked to describe three positive characteristics of their mentor, four out of five mentee focus groups described their mentors as patient, supportive and knowledgeable. The latter characteristic was most often expressed, a total of thirty-five times. Both the verbal responses and non-verbal behavior indicated the apparent affection these inexperienced nurses felt for their mentors. Among the verbatim comments were:

...Understanding, supportive and non-judgement....

...An, I like to feel that I'm very patient and if that person doesn't perceive it the first time, I....

...She knows her stuff....

...She's very, she's very she's very knowledgeable and in her field and, ah, I know that if I get very hyper, I can

come to her (voice almost inaudible) and she'll give me her support....

...Knowledgeable. She's very knowledgeable (pause) and she's also very loving; very loving (pauses) and a perfectionist....

Themes Based on Positive Traits of Mentor Characteristics

Table 8 provides a thematic analysis of both mentor and mentee responses related to positive mentor characteristics.

Among references identifying mentor characteristics as positive traits, three themes emerged. They were patient, supportive and knowledgeable. Forty-seven percent of references made by mentors identified patient, 45 percent identified supportive, and eight percent identified knowledgeable. Among mentees, 44 percent of their references identified knowledgeable, 38 percent identified supportive, and 18 percent identified patient as positive mentor traits. Overall, 41 percent identified supportive, 31 percent patient, and 28 percent knowledgeable as positive mentor characteristics.

Themes Based on Negative Characteristics of Mentor

The mentors had a great deal of difficulty with negative self-evaluation. Their responses varied a great deal to include non-related ventilating even with several reinforcing prompts. Some of their verbatim comments were:

Table 8

Mentor Characteristics

Category: Positive Traits

	Mentors		Mentees		Total	
	Number	Percent	Number	Percent	Number	Percent
Patient	30	47	14	18	44	31
Supportive	29	45	30	38	59	41
Knowledgeable	5	8	35	44	40	28
Total	64	100	78	100	143	100

...I would like to see them have a class to tell us how to mentor....

...the important thing, the thing with students, they should be with one person throughout....

While the negative responses among mentees regarding their mentor were virtually non-existent, there was a great deal of dialogue regarding a deficit in their work schedules. Their responses centered around making the schedule of both the mentor and mentee coincide during the entire Internship Program. One mentee stated she felt the mentee should not be required to work beyond the end of the shift with the mentor while she, the mentor, is determining if all of her tasks for that day have been completed. Another mentee in one focus group casually eluded to a language barrier which she encountered with her mentor. She emphasized it did not create a problem for them, however.

Increased Clinical Performance

Situations regarding increasing the clinical performance of both the mentors and mentees elicited varied responses, many of which were not related to clinical performance, in spite of many prompts. Both groups spoke of situations to increase the clinical performance of the mentee while only one mentor shared how her mentee had increased her clinical competence.

Domain: Clinical Performance

Within the domain of increased clinical performance, the category was participation in patient care. An analysis of its responses will be analyzed below. Some of their verbatim comments were:

...encourage them to do things even though they might be shy or not be sure of themselves....

...An, in codes...she didn't loose her cool, she let me participate right from the get go, you know, instead of being there afraid I couldn't do it, she was there to guide me and she, she really understood, but, ah (pauses)....

Table 9 contains a thematic analysis of both mentor and mentee responses related to increasing mentee clinical performance.

References relative to increasing mentee clinical performance identified two themes based on participating in patient care. They were "practice of technical skills" and clinical situations, specifically, Code Blue charting and critical care. Seventy-eight percent of the references made by mentors indicated practice of techniques and 22 percent indicated clinical situations. Among the mentees references, sixty-five percent identified practice of techniques while 35 percent indicated clinical situations. Overall results were 72 percent, practice of technical skills and 28 percent, clinical situations.

Table 9

Increasing Mentee Clinical Performance

Category: Increasing Mentee Clinical Performance

	Mentors		Mentees		Total	
	Number	Percent	Number	Percent	Number	Percent
Practice of technical skills	29	78	22	65	51	72
Clinical situations (Code Blue Charting and Criticare)	8	22	12	35	20	28
Total	37	100	34	100	71	100

Increase In Mentor Clinical Performance

Mentor's responses to the question of how their clinical performance had increased because of the relationship with their mentee resulted in only one response related to clinical situations. Instead, they spoke in terms of increasing their knowledge base. Some of their verbatim comments were:

...Ah um, um L&D we do not do scalp ph's and I learned from one of the orientees [mentees] that, ah um, just by doing a vaginal exam, ah um, you can tell whether or not it's positive without the strip, and I didn't know that....

...It forces you to...ah nurses (mentees) ask so many different things I had to review to make sure I tell them the correct thing (laughs aloud).

Type IC Data, Mentoring Relationship in General

When asked on the questionnaire and in the personal interview to describe the mentor-mentee relationship, the overwhelming majority of mentors (63 percent) and mentees (70 percent) described the relationship as excellent. The next highest number of references was to good which received 25 percent among mentors and 25 percent among mentees. Within the domain of mentor-mentee relationship there was no category. The data were tallied by number and percent of references and placed in a frequency table. Table 10 presents the raw data.

Table 10

Relationship with Mentee

	Number	Percent
Excellent	14	70
Very Good	0	0
Good	5	25
Fair	0	0
Poor	0	0
Total	20	100

Table 11

Relationship with Mentor

	Number	Percent
Excellent	12	63
Very Good	2	11
Good	5	26
Fair	0	0
Poor	0	0
Total	19	100

When asked how they got along with their mentor, all seven mentees responded positively and gave reasons why. Some of their verbatim comments were:

...Great, she was really supportive. She knows her stuff...

Type II Data, Critical Information from Research Questions

Facilitators to the Mentoring Relationship

Both the mentors and mentees interviewed in the focus groups and personal interviews overwhelmingly reported feelings that the responsibility for facilitating the mentoring relationship rests with the mentor in terms of possessing positive personality traits, i.e., patience, being positive, and encouraging the mentee. Both groups included barriers when asked the question related to facilitators and vice versa.

Domain: Helpful Factors

The category which emerged within the domain of facilitators to the mentoring relationship was helpful factors. An analysis of its response references are presented below. Some of their verbatim comments were:

...Having somebody; having a mentor that remembers what it was like to be a new graduate and you know, take the time and be patient....

...At all time the mentor should be efficient and try not to cut corners (voice escalates) show the mentee exactly the way things should be done and try to impart as much

of your knowledge as you have to them." Also..encourage them to ask as many questions as they have and if you don't have all the answers you can look them up; come back to them and both of you can study new things together.

Table 12 provides a thematic analysis of both mentor and mentee responses related to facilitators to the mentoring relationship.

Themes Based on Helpful Factors in Facilitating Mentoring

Facilitators to mentoring were identified in terms of helpful factors. Three themes were the mentor-related factors (e.g., positive personality characteristics), mentee-related factors (e.g., positive attitude) and the institution-related factors (e.g., coordination of mentor-mentee schedules). Fifty-nine percent of the references made by mentors identified the mentee as a helpful factor, while 41 percent of them identified mentee as a helpful factor. Among the references made by mentees, 54 percent identified mentor-related factors as the helpful factor, 30 percent identified mentee-related factors, and 16 percent identified institution-related factors. Overall, the respondent references identified mentor-related factors (57 percent), mentee-related factors (35 percent), and institution-related factors (8 percent) as helpful factors in maintaining the mentoring relationship.

Table 12

Facilitators to MentoringCategory: Helpful Parties

	Mentors		Mentees		Total	
	Number	Percent	Number	Percent	Number	Percent
Mentor-related factors	22	59	20	54	42	57
Mentee-related factors	15	41	11	30	26	35
Institution-related factors	0	0	6	16	6	8
Total	37	100	37	100	74	100

Domain: Barriers to the Mentoring Relationship

Mentors and mentees were asked what the barriers to mentoring were. They were then asked how these barriers could be overcome. With a large number of pauses, prompts and hesitations, both mentors and mentees related to the barriers essentially as the reverse of what was described as facilitators. They also addressed solutions.

Within the domain of barriers to the mentoring relationship, two categories emerged, debilitating factors and corrective actions. An analysis of responses is presented below.

Some of the verbatim comments were:

...A personality conflict. Not everyone gets along, perhaps somebody (mentor) that's very rigid in their set of routine....

...Well, I guess the reverse of what we've been talking about...the lack of communication or being what we're always to be and that includes the expectation of the person so the institution should explain these....

...I think if the institution rushes the intern too quickly and sees her as part of the staff too soon....

...Like I said before schedule..the mentee should be with the mentor at all times....

Tables 13 and 14 reflect a thematic analysis of both mentor and mentee responses related to barriers of mentoring.

Barriers to mentoring were identified based on debilitating factors. Four themes were personality and scheduling conflicts, mentor dislike for the job and mentor's lack of knowledge. Thirty-five percent of the mentor

Table 13

Barriers to Mentoring (Contributors)Category: Debilitating Factors

	Mentors		Mentees		Total	
	Number	Percent	Number	Percent	Number	Percent
Personality Conflicts	9	35	1	8	10	26
Scheduling Conflicts	9	35	8	61	17	64
Mentor Dislikes Job	8	30	0	0	8	20
Mentor Lacks Knowledge	0	0	4	31	4	10
Total	26	100	13	100	39	100

Table 14

Barriers to Mentoring (Solutions)Category: Corrective Actions

	Mentors		Mentees		Total	
	Number	Percent	Number	Percent	Number	Percent
Match Team Schedule	10	67	2	10	12	34
Reward Mentor	0	0	8	40	8	23
Increase Mentor Training	5	33	10	50	15	43
Total	15	100	20	100	35	100

responses referenced personality conflicts and scheduling conflict at 35 percent each. Mentors dislike the job was identified by 30 percent while no mentors identified mentor lack of knowledge. Only half as many mentees identified barriers. Their responses were scheduling conflicts (61 percent), mentor lack knowledge (31 percent) and personality conflicts (8 percent). Overall, 44 percent of respondents identified scheduling conflicts, 26 percent identified personality conflicts, 20 percent mentor dislikes job and 10 percent mentor lacks knowledge.

Means to overcome barriers were identified in relation to corrective actions. Three themes were match team schedules, reward the mentor and increase mentor training. Sixty-seven percent of mentor respondents referenced match team schedules while 33 percent responded increase mentor training. Half of the mentee references related to increasing mentor training, forty percent of them referred to rewarding the mentor and 10 percent referenced match team schedules. Overall, 43 percent of the references identified mentor training, 34 percent match team schedules and 23 percent reward mentors.

Benefits of the Mentoring Relationship

Based on focus group and personal interview data, mentee and mentor responses to the question regarding perceived benefits of the mentoring relationship yielded information in

the categories of benefits to the mentor, mentee, institution and the nursing profession. The discussions were quite lively. Very few prompts were needed.

Domain: Benefits

Within the domain of benefits of the relationship, one domain, advantages of mentoring, emerged. An analysis of its responses are presented below. Some of the verbatim comments were:

Mentor

...I think the mentor has an opportunity to pass on the skills that she's learned....

...The benefits for the mentor is sharing, and ah gaining self-esteem from that because someone wants what you have; your knowledge....

...it helps that nurse update and keep abreast of her skills and stuff...because this is a multi-cultured hospital...we have Chinese, Afro-Americans, Africans, Trinidadians we learn from each other....

Mentee

...it benefits the mentee in the fact it makes them a better person...I think overall....

...I think you come with a lot of self confidence because you've got someone to guide you through, ah, many stressful situations until you're ok...

...I think the idea of mentoring is that it makes you comfortable; more comfortable in that you feel that it's alright not to know first of all and that it's alright that you have a claim on this person's time you don't have to feel totally apologetic because she's made a

commitment or somebody's made a commitment (laughs aloud) on our behalf and...she's a resource person and that that's very helpful....

...I think the mentee benefits from her [mentor] wisdom and know what to expect and how to do things....

Institution

...as far as the benefits to the institution, they have two excellent nurse....

Nursing Profession

...the person has a lot less chance of making a whole lot of mistakes and ruining the nursing profession and if you're just out of school you don't know what you're doing so you need these kind of support systems....

...Oh it gives you that...the nursing profession, it gives that "buddy"...feeling that support, which is very, very important....

Themes Based on Recipients of the Advantages as Benefits of Mentoring

Table 15 presents a thematic analysis of both mentor and mentee responses related to the benefits of mentoring.

Benefits to mentoring were categorized as recipients of the advantages. Four themes included the mentor, mentee, institution and profession. Sixty-three percent of the references made by mentors identified the mentee while 20 percent identified the institution as recipient. Eleven percent identified the mentor and 6 percent identified the nursing profession. Among mentees, 53 percent of the

Table 15

Benefits of Mentoring

Category: Recipients of Advantages

	Mentors		Mentees		Total	
	Number	Percent	Number	Percent	Number	Percent
Mentor	4	11	7	20	11	16
Mentee	22	63	18	53	40	58
Institution	7	20	6	18	40	58
Profession	2	6	3	9	5	7
Total	35	100	34	100	69	100

references made identified the mentee, 20 percent identified the mentor, 18 percent identified the institution and 9 percent identified the profession. Overall, 58 percent of the references identified the mentee, 16 percent the mentor, 19 percent the institution and 7 percent the profession as recipients of the benefits of mentoring.

Limitations of the Mentoring Relationship

In the focus group interviews, both the mentors and mentee referred to limitations as barriers. They did not refer to limitations of the relationship between the two nurses. Instead, in spite of many prompts, they referred to scheduling conflicts and activities on the clinical units to which the two groups of nurses were assigned. Therefore, no category emerged within this domain.

Type III Data: Closure Items

Things Which Should Be Done Differently in a Future New Nurse Internship Program

When asked what kinds of things should be done differently in a future New Nurse Internship Program, the mentor and mentee responses were similar. Both groups in general were pleased with the program in its present form. They spoke with smiles and seemed eager to respond.

Domain: Modifications to Mentoring Program

Within the domain of modifications of the mentoring program, one category emerged, programmatic changes. An analysis of their response are presented below.

Two groups of mentors recommended matching the schedules of the mentee and mentor. One group reiterated the idea of not having mentors in charge and recommended the mentee spend more time, six to eight weeks on the clinical unit. One group not only recommended that the mentee have the same mentor throughout the program, but that the mentor be assigned only one mentee at a time for the extent of the program.

This same group recommended an extended Mentor's Preparation Workshop suggesting the current one-day workshop is inadequate. A one-month mentee orientation to a medical surgical unit prior to being assigned to the Intensive Care Unit was also suggested by this group.

When asked what kinds of things should be done differently in a future New Nurse Internship Program, of the total five groups of mentees, two responded they were pleased with the program as it is stating:

...I feel this is a good one that I'm in....

...I was really satisfied with the way this one was put together....

A mentee from one group expressed the need to have met her mentor earlier in the Program. Her verbatim comment was:

...I would've like to have met her before the day that I was going to work with her and sort of figure out what her goals were and let her talk to me about my goals, sort of like a peer planning session...maybe see if we, you know, try a dry run to see if we could work together although my head nurse said, "If this doesn't work out, if this relationship doesn't work out, we can change it....

One group was significantly verbally responsive and recommended a variety of changes. Some of the verbatim comments were:

...Less classroom. The classroom was important...could be a little bit shorter and that time spent in the clinical area, because a lot of stuff they talk about in the classroom you still have to go and look it up on your own and maybe have to do it before you really learn it....

...Like respirator and IV things especially...Those things should be unit-based or hands on; or after you go on the unit they should schedule it for an hour and a-half or some allotted time to do that....

...I think the medication especially needs to, ah, be revised...There should be a list of things that you need to go over each particular day. That would help the mentor; instead of the mentor kind of asking you [mentee] "well, what all you about or need to know?" And it's you can't know what you need to know because you haven't been there....

...Ah, I think the program is very good as you know, I mean there were problems with people [mentees] you can't follow the schedule of your mentor. I didn't have a problem, but I think others did....

Themes Based on Programmatic Changes as Recommended Modifications for Program Improvement

Table 16 presents a thematic analysis of both mentor and mentee references related to modifications in the New Nurse Internship Mentoring Program.

Table 16

Recommended Modifications for Program ImprovementCategory: Programmatic Changes

	Mentors		Mentees		Total	
	Number	Percent	Number	Percent	Number	Percent
Scheduling	35	83	24	34	59	53
Technology	0	0	15	21	15	13
Checklist & Evaluations	3	7	14	20	17	16
Team meetings prior to start-up	0	0	6	9	6	5
None needed	4	10	11	16	25	13
Total	42	100	70	100	112	100

Recommended modifications for improvement of future programs were categorized as programmatic changes. Five themes emerged. They were scheduling, technology checklist and evaluation system, a team meeting prior to beginning program and no changes necessary. Among references made by mentors, 83 percent identified scheduling changes, 10 percent indicated no change needed, and 7 percent identified checklist and evaluation system changes. Among references made by mentees, 34 percent identified scheduling changes, 21 percent technology check list and 20 percent evaluation system, 16 percent indicated no changes needed, and 9 percent team meeting prior to starting. Overall, out of 112 references made, 53 percent identified scheduling changes, 16 percent evaluation system changes, 13 percent each indicated technology and no change needed and 5 percent cited a team meeting prior to implementing the program.

Seriousness With Which the New Nurse Internship Program was Taken

When asked about the seriousness with which the New Nurse Internship Program was taken, a question asked of the mentors only.

Most groups of the mentors spoke freely in exhilarated tones and at the same time with some disagreement in terms of the seriousness with which the program was taken.

Within the domain of seriousness, one category, level of commitment emerged. An analysis of its responses are presented below.

Two of the six groups stated the program was taken seriously without additional comments. One group spoke at length about how the mentors took it seriously, while the mentees did not. Although it was admitted that this was not a pattern consistent throughout the group of mentees, one mentor reiterated the need for the assignment of only one mentee per mentor. Although not directly stated, the need was implied by one nurse for mentor selection and notification be made far enough in advance to assist the mentor in making vacation plans which would not interfere with his/her mentoring responsibilities. One group noted it was being taken seriously, but each area [nursing unit] wanted to implement the program their way. The group recommended the Internship Program be implemented consistently throughout the hospital. One group reported it was taken seriously and recommended the continued use of weekly mentee feedback sessions. One group replied the institution takes it seriously because the program will help retain some nurses. Some of their verbatim comments were:

...Yes, I think it was taken seriously by all involved....

...I think it was taken seriously too, but I still feel that each area wants to do it their way...for example, al the ah, mentee...rotating that mentor....

...I guess the mentor was, but not the intern. I guess that falls back into not being interested....

...I think the hospital institution is concerned...administration is concerned, ah that's one thing I like about this hospital you can always go somewhere and talk if you're displeased or unhappy....

...Ah just hearing the mentees ah, go through the last program, they really...made the mentors feel good for some of them to get up and speak on their behalf and how they felt ah, mentor was, ah, know they helped teach them....

...year, I should say if I had to grade it, I think was really serious...they are really committed to make it work...the people in the education have put in a lot of work to complete, you know, to put this program together and I now that they are counting on it....

...Another thing, is that I'm sure they are counting on it that this program will help retain some of our nurses. You know, so that ah, you give them what to work with....

...It's really serious and a lot of responsibility...

Table 17 presents a thematic analysis of only mentor references related to the seriousness with which the New Nurse Internship Mentoring Program was taken. This question was only presented to mentors.

Mentors measure the degree of seriousness (attitude toward the importance of the mentoring program) by the level of commitment displayed by three theme groups, i.e., administrators, mentors and mentees. Twenty-seven percent perceived administrators to have an attitude of seriousness. Sixteen or 42 percent reported mentors were serious and 31 percent reported mentees as displaying an attitude of seriousness or commitment to the mentoring program.

Table 17

Perceived Attitudes Toward Importance of the Mentoring Program

Category: Level of Commitment

	Mentors	
	Number	Percent
Administrators	10	27
Mentors	16	42
Mentees	12	31
Total	38	100

Additional Considerations

When asked to share additional considerations about the New Nurse Internship Mentoring Program or relationship which were not included, two of the five groups of mentees offered none. However, one of the groups responded:

...I wish everyone [mentee] had this experience...

Another group stated:

...I just wish to re-emphasize that it's very important for the mentor to have experience because...some nurses are technical; they do only technical work. Some nurses are technical and ah more inclined to perform the nursing process. Some nurses perform do the doctor's job (laughs aloud) and ah, if you have a person that's experienced and combines a little bit of all of these to make a whole nurse, I think that's better and if you're a new nurse yourself, you're still trying to conquer how to blend all of your, ah, really your titles [roles] together...

One group reported that in addition to the mentor, the nursing unit coordinator was very helpful stating:

...she has her own positive tone and is responsible for the tone of the unit...

When asked for additional considerations regarding the mentoring program or relationship that were not included, five of the six groups of mentors responded they had none. One nurse in on group responded.

...Only that I enjoy working at D.C. General Hospital, it's going on eight years in June and I; I would advise anybody I, I think it's a good learning facility...

Summary

The above findings resulted from questions regarding the mentoring relationship among experienced nurses and recently graduated nurses in an urban hospital setting. Responses taking place in focus group and personal interview sessions were analyzed by open coding, domain and thematic analysis procedures. Commentary regarding the implications of these findings will be presented in the subsequent chapter.

CHAPTER V

Summary, Discussion, Conclusion, and Recommendations

The purpose of this study was to identify facilitators, barriers, benefits and limitations of the mentoring relationship as reported by experienced registered nurse mentors and recently graduated nurse mentees. It was designed to identify the nurses perspective of the impact such a relationship exerted in the transition from a student nurse to a graduate nurse.

The operational definition of mentoring incorporated an awareness and understanding of the characteristic qualities and challenges inherent in the relationship. In this context, mentor relationships involved an interpersonal encounter in which caring, trust and concern for each other were essential.

Using specifically designed protocols, data were collected from focus group and fifteen open-ended personal interviews with experienced registered nurse mentors and recently graduated nurse mentees who participated in a New Nurse Internship Program at an urban hospital facility. Instrumentation was drawn from the data of previous studies.

Major findings of the study were relative to four research questions accompanied by significant information regarding the mentoring experience in general. The study was guided by the following questions:

- (1) What are the facilitators of the mentoring relationship?
- (2) What are the barriers to the mentoring relationship?
- (3) What are the benefits of the mentoring relationship?
- (4) What are the limitations of the mentoring relationship.

Demographic Findings

Pertinent demographic data were obtained from the questionnaire provided by the researcher at the time of the focus group and personal interview sessions. Focus groups were documented with video, audio and written recordings. Pertinent data were extracted sorted and analyzed using open coding, domain and thematic analysis techniques. The data revealed most of the mentors were between the ages of 35 and 44. All except one were females. Mentees were females between the age of 25 and 34. Most of the mentors were married while all mentees were single. All of the mentors had children, while only two mentors had children.

General Information Regarding Mentoring

The mentoring experience was viewed as good to excellent by both mentors and mentees. The transition from student nurse to graduate nurse was reported as smooth and difficult. Factors attributing to smooth transition were identified as

general, the internship program and the nursing school curriculum. The New Nurse Internship Program was most often referenced by mentors (80 percent) and mentees (50 percent) as a factor attributing to the smooth transition. Mentees identified the transition as smooth more than eight times as often as did the mentors.

Attributing factors to a difficult transition were general inexperience, increased responsibility and anxiety. Seventy-one percent of the mentors attributed the difficulty to anxiety while 23 percent made references to increased responsibility. Forty percent of the mentees identified difficulty related to increased responsibility and 33 percent related it to general inexperience.

Mentoring was defined in terms of mentor characteristics, supporter and an experienced individual. One hundred percent of the mentors identified supporter as the definition and eighty percent of the mentees also identified supporter as the definition of mentoring.

Positive mentor traits were identified as patient, supportive and knowledgeable. Forty-seven percent of the mentors and 45 percent of the mentees referenced patience as the positive trait of a mentor.

What are the facilitators to a nurse mentoring relationship between an experienced registered nurse mentor and a recently graduated nurse mentee?

Facilitators to mentoring were identified as helpful factors. These factors were identified as mentor-related factors, mentee-related factors and institution-related factors. A majority of the mentors (59 percent) and mentees (54 percent) made references to the mentor as a facilitator of the relationship.

What are the barriers to nurse mentorship relationships between an experienced registered nurse mentor and a recently graduated nurse mentee?

Barriers to mentoring were identified based on debilitating factors. They were personality conflicts, scheduling conflicts, mentor dislike for the job and mentor lack of knowledge. The mentors most often referenced scheduling conflicts as barriers. Half as many mentees referenced barriers of any sort than did mentors.

Corrective action was the category used to identify means of overcoming barriers. Three means were identified: match team schedules, reward the mentor and increase mentor training. Of the 34 references to means to overcome barriers, 57 percent were contributed by mentees and 43 percent by mentors. Most mentors indicated schedule changes (67 percent) and most mentees indicated increased training for mentors (50 percent) followed by rewards to mentors (40 percent). No mentors referred to rewards for mentors as effective means of overcoming barriers.

What are the benefits to a nursing mentoring relationship between an experienced registered nurse mentor and a recently graduated nurse mentee?

Benefits to mentoring were reported in terms of advantages to the mentor, mentee, institution and profession. Sixty three percent of mentor references identified the mentee, while 53 percent of the mentee references identified the mentee as the greatest benefactor of mentoring.

What are the limitations of the mentoring relationship between an experienced registered nurse mentor and a recently graduated nurse mentee?

In the focus group interviews, both the mentors and mentees referred to limitations using the same language with which they described barriers. They did not distinctly reference limitations of the relationship between the two nurses. Instead, in spite of many prompts, they referred to scheduling conflicts and activities on the clinical units to which the two groups of nurses were assigned. Therefore no category emerged for analysis within this domain.

Discussion of Pertinent Data

Facilitators to Mentoring

The mentee described as problematic by two mentors, was in Erickson's early stage of intimacy very close to the stage of identity. In this stage, she is attempting to discover

herself, asking, "who am I?" The mentors were in Erickson's early stages of generativity wherein the individual is concerned for establishing and guiding the next generation. It would be interesting to know how this mentee would have behaved had she been matched with an older nurse who was in the middle or late stage of generativity (Orzek, 1984; Phillips-Jones, 1982).

In the current study both mentors and mentees reported the need for both nurses to trust each other, possess positive attitudes and be compatible. This finding is in keeping with Kratz (1985) who emphasized development of interpersonal skills as a facilitative strategy which enables both mentors and mentees to participate in mentoring.

Facilitators pertaining to the institution included providing a more in-depth training program for mentors delineating their role and responsibility, evaluation procedures, a reward system for mentors, decreased workload for mentors while engaging in mentoring activities, matching the schedules of the mentoring nurse team and at no time interchange this team with regular staff. These nurses were particularly distinct about the two latter facilitative strategies as indicated by their repeated animated speaking simultaneously and with frowns, hand gestures and repeated revisitation to the issue in almost every question directed to them by the researcher. This institution, however, reportedly

did provide an overall open and supportive environment for formulating a positive mentoring relationship.

The responses, offered by these nurses regarding institutional facilitators to mentoring are closely aligned with eight features determined to be critical for the success of mentoring programs deemed facilitators by Phillips-Jones (1982). They were: (1) administrative support; (2) monitoring as part of an overall personnel development program; (3) voluntary acceptance and participation; (4) careful selection of mentors and proteges; (5) preparation of mentors and proteges for their roles; (6) allowance of flexibility for mentors; (7) preparation for potential challenges; and (8) monitoring the system. Both mentors and mentees are advised to identify their goals for the relationship, as well as their own needs, expectations and limits.

Barriers to Mentoring

The data related to the second research question, what are the barriers to mentoring as reported by experienced registered nurses and recently graduated nurses were organized around the mentor-mentee relationship and were presented in four areas: personality conflicts, scheduling conflicts, mentor dislike for the job and mentor's lack of knowledge (regarding the job). One mentee also spoke of barriers as the opposite of facilitators. Both mentors and mentees repeatedly

emphasized the factors reported as potential barriers of a mentoring relationship, which did not occur in their actual relationship. The verbal and non-verbal responses of these respondents indicated a significant degree of affection and commitment to each other as evidenced by one mentee who reported her mentor gave her a special little handmade pocket resource book with important numbers in it such as the doctors' beeper numbers, numbers to the kitchen, pharmacy, and other important numbers. Another mentee who had a schedule which conflicted with the mentor's scheduled stated, "My mentor gave me her home phone number and encouraged me to call her as necessary." This mentee stated she called her mentor several times at home and felt more comfortable calling her mentor at home than asking other nurses on the unit with whom she was not as familiar. This phenomenon is in keeping with the traditional mentor as described by Darling (1984b), the person who expects a great deal from his or her protege, and in return provides considerable help for the younger colleague, evidenced that there appeared to be a personal interest in the protege (Phillips-Jones, 1982; Levinson, 1978; Latzel, 1977; Brown, 1983; Zey, 1984; Collins, 1983).

Although she denied it presented a problem, one mentee appeared to have been experiencing some ambivalence concerning the relationship. She stated in the personal interview she wished her mentor had been closer to her own age. She stated,

"My mentor was the same age as my mother and it was like having your mother at work." This mentee's response is somewhat indicative of Chickering's seven vectors of development model for young adults; i.e, achieving competence, managing emotions, becoming autonomous, establishing identity, freeing interpersonal relationships, clarifying purpose, and developing integrity (Orzek, 1984). The mentee felt that age difference prevented her development to some extent.

This model requires extensive communication between protege and mentor, particularly in relation to developmental tasks being worked through by the protege, functions to be performed by the mentor, and discussion of the needs of both parties (Orzek, 1984). Even though the mentee indicated she did have some concern about having her mother at work, it appears the mentor did provide the type of communication and guidance this young nurse needed to prevent the experience with this perceived authority figure from being emotionally traumatizing.

Benefits to Mentoring

Data in response to the third research question, what are the benefits to mentoring, were also organized around the mentor-mentee relationship and presented in terms of recipients of the advantages. There were four areas of

responses related to benefactors: mentor, mentee, institution and the nursing profession.

Benefits for the mentor included increased self-esteem as a result of sharing knowledge with a less experienced individual, establishment of new friendship or peer relationship, increased knowledge because of potential or actual questions from the mentee or in preparing for experience with the mentee.

Benefits for the mentee reported by these nurses included decreased anxiety thus facilitating self pace, increased self-confidence and increased knowledge of hospital guidelines and procedures. They stated it also eases the transition from student nurse to graduate nurse, because the mentee has only one person with whom she can relate, thus decreasing conflicting information and style.

Benefits for the institution reported by these nurses included decreased turnover and increased retention of nurses, thus addressing the issue of shortage of nurses. The mentoring program also enhanced the relationship between nurses from various cultures. One mentee stated the hospital benefitted because it received two excellent nurses.

Comments related to benefits for the nursing profession were minimal. They were related, however, to mentoring as it assisted in the development of a competent nurse who will be an asset to the profession and assist in improving the image

of the nursing profession. This finding was compatible with mentoring literature which suggests benefits of mentoring for the mentor, mentee and the organization can be grouped into four areas. Firstly, mentored individuals attain and occupy leadership positions more rapidly and receive higher pay (Glassier, 1986; Queralt, 1981; Roche, 1979). Secondly, mentoring facilitates increased technical and political knowledge of the business, product and customers (Clawson, 1979; Kram, 1980 and 1983; Phillip, 1978; Phillip-Jones, 1982; Zey, 1985). Thirdly, mentoring increases individual productivity and performance levels (Dalton, Thompson, & Fried, 1977; Queralt, 1981). This change in productivity and performance not only benefits the mentor, mentee, and organization, but the profession benefits from the individual's acquisition of relevant skills and values (Schmidt Wolfe, 1980). Fourth, mentoring is beneficial to the career advancement of women (Alleman et al., 1984; Anderson & Devann, 1981; Bowen, 1983; Collins & Scott, 1978; Collins, 1983; Misserian, 1983; Phillips-Jones, 1983; Rohe, 1979).

Limitations of the Mentoring Relationship

In the focus group interviews, both the mentees and mentors referred to limitations as if they were discussing barriers. The operational definition of barriers was factors, processes and conditions which are identified as obstacles to

the relationship. The operational definition of limitations was factors, processes and conditions which are identified as drawbacks or negative results to the relationship. They did not refer to limitations of the relationship between the two nurses, instead, in spite of many prompts, they referred to scheduling conflicts and activities on the clinical units to which the two groups of nurses were assigned. Because this problem did not occur in the preliminary interviews, the researcher has concluded this group of nurses had a specific reluctance to identify limitations to the relationship.

This finding was also consistent with the literature, in that, there was no category devoted to limitations. Instead, the researcher used literature entitled drawbacks, disadvantages and pitfalls of mentoring to support this research question and the operationally defined term limitations.

Conclusions

The purpose of this study was to identify those factors in the mentoring relationship which are facilitators, barriers, benefits and limitations as reported by experienced registered nurses and recently graduated nurses in a New Nurse Internship Mentoring Program.

Findings indicated that a nurse mentoring relationship is a veritable factor in assisting the transition of graduates

into the nursing profession. Successful mentors provide a sense of support and are valued by the mentee for their experience. Patience is also a valued trait in the mentor. It is important to the relationship that the mentor, mentee and the institution cooperate to facilitate the relationship.

It appears that individuals involved in successful mentor relationships have difficulty identifying barriers and limitations based on their experience. Mentees are less capable of identifying barriers and limitations than are mentors. Corrective actions such as matching mentor/mentee schedules, rewarding the mentor and increased training would assist in overcoming potential barriers to the relationship in general. The mentoring relationship clearly benefits the individual and organizations involved, i.e., mentors, mentees, and the institution (hospital) as well as enhances the profession of nursing.

Facilitators

In general, three factors were found to impact the mentoring relationship. These were the mentor-related, mentee-related and institution-related. In terms of facilitators and barriers, these factors were described by some mentors and mentees as being interactive forces impacting the mentoring relationship. The theory underlying interactive force is the objective assessment of the relative truth of

each force as a guide in bringing about the maximum effect of all positive forces and minimizing the effects of negative forces.

Summary

Facilitators

A summary of the factors found to facilitate the mentoring relationship is as follows:

Mentor-Related: 1) supportive; 2) experienced, 3) available to mentee, 4) knowledgeable of nursing, and 5) patient with mentee.

Mentee-Related: 1) displays positive attitude, 2) receptivity to supervision, and 3) inquisitiveness.

Institution-Related: 1) supports the mentoring program, 2) allows exclusivity of activity during mentoring period, 3) provides in-depth mentor training, 4) assigns one mentee per mentor, 5) provides sufficient time in notifying the mentor of the assignment, 6) provides incentive awards to mentors, and 7) coordinates mentor-mentee schedules to coincide.

Barriers

Barriers to the mentoring relationship may be summarized as follows:

Mentor-Related Barriers: 1) dislike for the job, and 2) lack of knowledge of nursing.

Conflict-Related Barriers: 1) personality difficulties between mentor and mentee, 2) differing work schedules for mentor and mentee, and 3) assignment of more than one mentee per mentor.

Benefits

Benefits of mentoring included benefits for the mentor, mentee, institution and nursing profession. A summary of the factors found to benefit the mentoring relationship is as follows:

Benefits for the Mentor: 1) increased self-esteem, and 2) increased knowledge of nursing.

Benefits for the Mentee: 1) decreased anxiety, 2) increased self-esteem, and 3) increased knowledge of hospital guidelines.

Benefits for the Institution: 1) increased retention of nurses, 2) cost-effective (decreased training needs), 3) increase in pool of knowledgeable nurses, and 4) enhanced interpersonal relations among nurses from various cultures.

Benefits for the Profession: enhanced image of nursing among nurses and recipients of nursing services.

Limitations

Limitations were reported as barriers. The necessity for increased length of mentor training to further identify the

mentor's role was clearly articulated by both mentors and mentees. Matching the mentoring team schedule and not using the team as regular staff were also emphasized.

Implications

Implications for nursing education include the sharing of information about mentoring in terms of facilitators, barriers, benefits and limitations. It is suggested that young aspiring professionals, regardless of their desire for a mentor, learn about the advantages and disadvantages of all helping relationships. This mentoring content could be included in the non-clinical component of an undergraduate course. This knowledge would assist the new graduate to seek employment in agencies which provide this type of support.

Implications for nursing service generally relate to institutional support. Individuals responsible for providing a work environment conducive to promoting the growth and development of clinically competent nurses need to evaluate the effectiveness of strategies used to accomplish this. In particular, mentee orientation and development programs should be evaluated in terms of their effectiveness in preparing, in some cases, young inexperienced nurses for making the transition from student nurse to graduate nurse much less difficult.

Recommendations

Based on the findings of this study, the following recommendations for further study are offered:

1. Preliminary assessment of mentor-mentee characteristics thus providing a more effective match of the nurse mentoring team.
2. Conduct research on the effectiveness of structured versus non-structured mentoring relationships in nursing.
3. Conduct research on the impact of mentoring in an urban hospital setting at various time periods, three months, six months and one year.
4. Conduct research on the subjects of current mentoring study at the end of one year to determine the status of their continuing relationship as well as perceptions regarding effectiveness of the mentoring program.
5. Conduct research on the identification and comparison of factors in the nursing education environment which are conducive to faculty, student collegiality environments with a large number of unsuccessful students.
6. Conduct research on the extent to which knowledge of the mentoring relationships learned in an undergraduate course facilitates the development of

mentoring relationships for young or inexperienced graduate nurses.

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APPENDIX

INDIVIDUAL MENTOR QUESTIONNAIRE

Demographic Items

- A. Age
 ___ Below 25 ___ 25 - 34
 ___ 35 - 44 ___ Above 35
- B. Sex
 ___ Female
 ___ Male
- C. Education Background
 ___ 2 years - associate
 ___ 3 year diploma
 ___ Baccalaureate
 ___ Master's Degree
 ___ Doctoral Degree
- D. Martial Status
 ___ Single
 ___ Married
 ___ Divorced
 ___ Widowed
- E. Ethnic Background
 ___ African-American
 ___ Caucasian
 ___ Hispanic
 ___ Native Alaskan
 ___ Native American
 ___ Native Alaskan
 ___ Other Specific _____
- F. Nursing Education Obtained
 ___ U. S.
 ___ Foreign Country
- G. Number of years as a nurse
 ___ less than one
 ___ 1 - 5 ___ 6 - 10
 ___ 11 - 15 ___ 16 - 20
 ___ 20 and over
- H. What is your clinical specialty area? _____
- I. What is your job position? _____

General Item

- J. How would you describe your relationship with your mentee in the New Nurse Internship Program?
 ___ Excellent ___ Good ___ Fair ___ Poor

Name _____

INDIVIDUAL MENTEE QUESTIONNAIRE
Demographic Items

- | | |
|--|---|
| A. Age
☐ below 25
☐ 25 - 34
☐ 35 - 44
☐ above 45 | F. Number of Children
☐ none
☐ 1 - 2
☐ 3 - 4
☐ 5 and over |
| B. Sex
☐ Female
☐ Male | G. Education Background
☐ 2 years - associate
☐ 3 year diploma
☐ Baccalaureate |
| C. Marital Status
☐ Single
☐ Married
☐ Divorced
☐ Widowed | H. Nursing Education Obtained
☐ U.S.
☐ Foreign Country
Specify: _____ |
| D. Ethnic Background
☐ Caucasian
☐ African-American
☐ Hispanic ☐ Native American ☐ Native Alaskan
☐ Other Specify: _____ | I. Length of time as a graduate: _____
Specify: _____ |
| J. What is your clinical specialty area? _____ | |

General Item

- K. How would you describe your relationship with your mentee in the New Nurse Internship Program? (over)
- ☐ Excellent ☐ Good ☐ Fair ☐ Poor
- Name _____

Ground Rules for Focus Group Interviews

1. First, about the type of data I will be gathering: I will ask you general questions initially followed by more specific ones related to your mentoring experience in the New Nurse Internship Program. I will record, as closely as I can, your exact responses. You may interpret the questions as you wish and answer them in any way you like. My role is only to record your responses. In addition, to check the accuracy of what I am recording in writing, the focus group interview, with your permission, is being audio-taped and video-taped which may be replayed as often as necessary.
2. What the researcher will do with the focus group interview data is simply group them according to what appears to be common themes in what people have said in response to the questions. The data will be interpreted, analyzed and reported in a research study. All individuals who participated in the study will be contacted to determine if what is reported in the study is accurate. After modifications are made, if indicated, you will receive the results/findings of the study, if requested.
3. I wish to assure you, insofar as humanly possible, your responses to the questions will remain anonymous. It may happen, of course, that you will respond in a way that is distinctive to your organizational position, so that others may be able to identify you that way or otherwise guess at who said what. But the researcher will connect no one's name to any of the interview data. I also want to note that if you choose to use someone's name during the interview, that name will be recorded as part of the data but will not appear in the final report. In other words, no names will appear in the reported data.
4. If when the researcher meets with you, you believe you recognize some of your focus group interview responses and feel that they have been misstated, the researcher would like for you to make her aware of this. She will go back over the focus group interview notes with you and show you how the statement was recorded. If indeed, there was an error in the recording of the data, she will correct it at that time.

Is this all clear enough and agreeable to you?

Mentee Focus Group Protocol

Focus: The relationship between the experienced registered nurse and the recently graduated nurse intern in a New Nurse Internship Mentoring Program.

Purpose: To obtain data from recently graduated nurse mentees regarding the facilitators, barriers, benefits and limitations in a New Nurse Internship Mentoring Program.

My questions will initially be related to your mentoring experience in general followed by ones that are more specific: (Interview Guide):

- 1) How do you feel about your adjustment from a student nurse to a recently graduated nurse?
- 2) Is your adjustment difficult? If so, what do you think is making it difficult?
- 3) What is your definition of mentoring?
- 4) Discuss three or more positive characteristics of your mentor.
- 5) Discuss three or more negative characteristics of your mentor.
- 6) List three words (in order of importance) describing your mentor.
- 7) Reflecting on all of your relationships with your mentor, can you describe a situation which was particularly important to the development of your clinical competence?
- 8) What kind of things do you believe could facilitate a mentoring relationship?
- 9) What kinds of things do you believe could serve as a barrier or inhibitor to the mentoring relationship?
- 10) How might these barriers can be overcome?
- 11) What kinds of things do you believe are benefits to the mentoring relationship?
- 12) What kinds of things do you believe are limitations to the mentoring relationship?
- 13) What kinds of things do you feel should be done differently in a New Nurse Internship Mentoring Program?
- 14) Would you like to share additional considerations you feel are important about the mentoring relationships that were not included?

Mentor Focus Group Protocol

Focus: The relationship between the experienced registered nurse and the recently graduated nurse intern in a New Nurse Internship Mentoring Program.

Purpose: To obtain data from experienced registered nurse mentors regarding the facilitators, barriers, benefits, and limitations to the mentoring relationship in a New Nurse Internship Mentoring Program.

My questions will initially be related to your mentoring experience in general followed by ones that are more specific: (Interview Guide):

- 1) Describe the adjustment process of going from a student nurse to a recently graduated nurse, as you see it.
- 2) What do you think makes the transition difficult?
- 3) What is your definition of mentoring?
- 4) Discuss three or more positive characteristics of yourself.
- 5) Discuss three or more characteristics of yourself as mentor that you would like to improve.
- 6) Discuss three or more ways you increased the clinical performance of your mentee?
- 7) List three words (in order of importance) describing yourself as a mentor.
- 8) Reflecting on all of your interactions with your mentee, describe a situation which was particularly important to the development of your clinical competence?
- 9) What kinds of things do you believe could facilitate a mentoring relationship?
- 10) What kinds of things do you believe could serve as a barrier or inhibitor to the mentoring relationship?
- 11) How do you feel barriers be overcome?
- 12) What kinds of things do you believe were benefits of a mentoring relationship?
- 13) What kinds of things do you feel are limitations to the mentoring relationship?
- 14) What kinds of things do you feel should be done differently in a future New Nurse Internship Mentoring Program?
- 15) What is your impression of the seriousness with which the New Nurse Internship Mentoring Program was used?
- 16) Would you like to share additional considerations you feel are important about the mentoring program or relationship that were not included?

Ground Rules for Open-Ended Personal Interviews

1. First, about the type of data I will be gathering: I will ask you general questions initially followed by more specific ones related to your mentoring experience in the New Nurse Internship Program. I will record, as closely as I can, your exact responses. You may interpret the questions as you wish and answer them in any way you like. My role is only to record your responses. In addition, to check the accuracy of what I am recording in writing, the focus group interview, with your permission, is being audio-taped which may be replayed as often as necessary.
2. What the researcher will do with the focus group interview data is simply group them according to what appears to be common themes in what people have said in response to the questions. The data will be interpreted, analyzed and reported in a research study. All individuals who participated in the study will be contacted to determine if what is reported in the study is accurate. After modifications are made, if indicated, you will receive the results/findings of the study, if requested.
3. I wish to assure you, insofar as humanly possible, your responses to the questions will remain anonymous. It may happen, of course, that you will respond in a way that is distinctive to your organizational position, so that others may be able to identify you that way or otherwise guess at who said what. But the researcher will connect no one's name to any of the interview data. I also want to note that if you choose to use someone's name during the interview, that name will be recorded as part of the data but will not appear in the final report. In other words, no names will appear in the reported data.
4. If when the researcher meets with you, you believe you recognize some of your focus group interview responses and feel that they have been misstated, the researcher would like for you to make her aware of this. She will go back over the focus group interview notes with you and show you how the statement was recorded. If indeed, there was an error in the recording of the data, she will correct it at that time.

Is this all clear enough and agreeable to you?

MENTOR OPEN-ENDED PERSONAL INTERVIEW PROTOCOL

Interaction 1: Greeting.

Interaction 2: Is there anything you would like to know about me and my involvement in this project?

Interaction 3: The purpose of this interview is to gather data regarding the facilitators, barriers, benefits and limitations of your relationship with your mentee during the 1992 New Nurse Internship Mentoring Program. The questions I will ask are designed to get your view of the mentoring program.

Interaction 4: Display Ground Rules and obtain agreement with them for conducting the interview, along with permission to audiotape it.

Interaction 5: Pose the following questions.
(Interview Guide)

- I. Have you enjoyed serving as a mentor?
- II. What about it did you enjoy?
- III. Has the relationship been a good one?
- IV. Has it been a problem for you?
- V. If so, in what way?
- VI. Is there anything else you would like to tell me which might help in the future design of this program?

MENTEE OPEN-ENDED PERSONAL INTERVIEW PROTOCOL

Interaction 1: Greeting.

Interaction 2: Is there anything you would like to know about me and my involvement in this project?

Interaction 3: The purpose of this interview is to gather data regarding the facilitators, barriers, benefits and limitations of your relationship with your mentor during the 1992 New Nurse Internship Mentoring Program. The questions I will ask are designed to get your view of the mentoring program.

Interaction 4: Display Ground Rules and obtain agreement with them for conducting the interview, along with permission to audiotape it.

Interaction 5: Pose the following questions.
(Interview Guide)

- I. How did you get along with your mentor?
- II. Do you think the relationship has been useful to you?
- III. Let's focus on what you do everyday in your job. Has the relationship with your mentor added anything to how you do your job?
- IV. Has the mentoring relationship caused problem in some areas?
- V. Well think back over the last seven weeks and tell me what the high points of this relationship were?
- VI. What were the drawbacks?
- VII. Is there anything else you want to tell that might help in the future design of this program?

5315 Brewer Road
Beltsville, MD 20705

March 10, 1992

Ms. Elayne O'Loughlin
Director
Nursing Quality Assurance & Research
D.C. General Hospital
1900 Massachusetts Avenue, SE
Washington, D.C. 20004

Dear Ms. O'Loughlin:

My job title is Acting Assistant Dean and formerly Assistant Director of Nursing Education and Nursing faculty member within the College of Life Sciences at the University of the District of Columbia (UDC). In the latter capacities, I was associated with D.C. General Hospital for many years. See enclosed curriculum vitae'. Currently, I am on Sabbatical leave from UDC and engaging in full-time graduate studies at Virginia Polytechnic Institute and State University in Blacksburg, Virginia. In partial fulfillment for the doctorate degree in Higher Education Administration, I must complete a dissertation, which is titled "The Facilitators and Barriers to the Mentoring Process Between Experienced Registered Nurses (Mentors) and Recently Graduated Nurses (Mentees)".

The project timeline is as follows:

<u>Tasks</u>	<u>Time Period</u>
Selection and education of Mentors	Late April 1992
Administer Mentoring Program	Middle of May to middle of July 1992
Preliminary Data Analysis	Concurrent with observations and interviews

Enclosed is a draft of my research proposal along with the information, Mrs. Rachel Smith, Director of Nursing Education, directed me to send to you. The proposal has been reviewed by the Chairperson of my dissertation committee and is currently being revised to include his suggested

modifications. I shall provide you with a finalized approved copy, hopefully by April 30th.

Incidentally, I did discuss my project with Mrs. Robinson, Associate Administrator, who sanctioned its support last August. I appreciate your cooperation in this endeavor and if I could be of any assistance to your hospital in a consulting capacity during this data collection phase, I would be very happy to do so.

Sincerely,

Hattie L. Johnson, R.M., M.S.N.
Doctoral Candidate

CONSENT FORM

**Focus Group Interview on Facilitators, Barriers, Benefits and
Limitations to Mentoring!**

I have received my letter of request to participate in this study.

_____ I, consent to participate in this focus group interview on the areas of facilitators, barriers, limitations and benefits to mentoring. I understand that all information obtained during this study will be kept confidential.

Signature

Date

Full Name (please print)

Position

Institution

Street Address

City

State

Zip

Area Code

Telephone Number

Please list the best date and time to reach you by phone

_____ Check if you would like to receive a summary of the study.

5315 Brewer Road
Beltsville, Maryland 20705

August 20, 1992

Dear Participant:

Mentoring has received much emphasis in the current literature of nursing and other professional groups. Although facilitators, barriers, benefits and limitations to mentoring have been studied minimally, these topics have not been the subject of research studies with staff nurses. The purpose of this letter, then is to request the remaining Interns and their Preceptors to participate in this research study.

As a participant in the 1992 Nurse Internship Program, each one of you is needed and requested to participate. The study, an evaluation of the Nurse Internship Program at D. C. General Hospital, seeks to identify the facilitators, barriers, benefits and limitations of your mentoring relationship as viewed by each of you. This research study is being conducted, as explained to you in a previous meeting, in partial fulfillment for the Doctorate Degree in Higher Education Administration from the Virginia Polytechnic Institute and State University.

At this time, approximately twelve (12) Interns and their Preceptors are needed to complete the Focus Group Interviews and six randomly selected Interns and six randomly selected Preceptors from the Focus Groups are needed to complete the Personal Interviews. Because some of you completed demographic and consent forms previously and did not complete ones on August 14th, there is a possibility that you will receive a letter which you may ignore.

If at all possible, I would like to conduct the final one hour Focus Group Interview Sessions with you on Friday, September 4th, at 10:00 a.m., six Preceptors; 11:00 a.m., six Interns; 12:00 noon, six Preceptors and again at 1:00 p.m., six Interns. I will provide you with a lunch as a token of my appreciation for your participation.

I will contact you by telephone regarding your time preference on the 4th or if that date is inconvenient, we can reschedule it for another time. After the names have been randomly selected for the Personal Interviews, I will contact each of you by phone and schedule it at a time which is mutually convenient for both of us.

Thank you in advance for your cooperation in this very important matter.

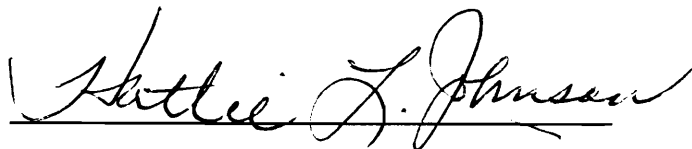
Sincerely,

Hattie L. Johnson, M.S.N. RN
Doctoral Candidate

VITA

Hattie L. Johnson, a native of Warsaw, N.C., earned a Bachelor of Science degree in Nursing from Winston-Salem State University in 1960 and a Master of Science degree in Nursing from The Catholic University of America, U.S.A. in 1980. Additional course work was completed at Howard University in Washington, DC and at the University of the District of Columbia.

Mrs. Johnson's professional experience includes staff nurse, National Licensure Examination for Registered Nurses consultant and faculty member in diploma, associate degree and baccalaureate nursing programs. She is currently employed as Assistant Dean, College of Life Sciences, University of the District of Columbia.

A handwritten signature in cursive script, reading "Hattie L. Johnson", is written over a horizontal line.

Hattie L. Johnson