THE UNIVERSITY OF UTAH GRADUATE SCHOOL

SUPERVISORY COMMITTEE APPROVAL

of a thesis submitted by

Deborah K. Hinson

This thesis has been read by each member of the following supervisory committee and by majority vote has been found to be satisfactory.

Verla B. Collins

M. Adix

[Signatures]
To the Graduate Council of The University of Utah:

I have read the thesis of Deborah K. Hinson in its final form and have found that (1) its format, citations, and bibliographic style are consistent and acceptable; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the Supervisory Committee and is ready for submission to the Graduate School.

Verla B. Collins
Member, Supervisory Committee

Approved for the Major Department

Linda K. Amos
Chairman Dean

Approved for the Graduate Council

James L. Clayton
ABSTRACT

The purpose of this study was to determine if registered staff nurses have mentors that assist in the development of their careers. A descriptive study was conducted to determine if staff nurses could identify the existence of a mentor in their career and to identify (a) benefits of a mentor relationship, (b) who serves as a mentor to the nurse, (c) the characteristics of a good mentor, (d) the relationship between educational preparation of the nurse and presence of a mentor, (e) length of mentor relationships, (f) initiation and termination of the mentor relationship, (g) characteristics of being a mentor, and (h) the benefits of serving as a mentor.

The major findings revealed that: (a) staff nurses do have mentors, and (b) mentors do contribute to the career development of nurses. A third finding revealed that not only do nurses benefit from having mentors, they benefit from being mentors, as well. Other findings revealed that characteristics of a good mentor identified from this study are confirmed in the literature and educational preparation of the nurse is not related to the presence of a mentor relationship in the career of a registered staff nurse.
DEDICATION

I dedicate this thesis to LaDene:

My first and only so far, mentor.

While she had no part in its actual writing, her wisdom, knowledge, love of nursing and true friendship are the inspiration which is bound in its every page.

Already our relationship has evolved from its infancy in my naivete and her great wisdom, trust and faith in me; through conflict and out of the mentor relationship.

However, she has shared much of herself with me. As I go on, she goes with me. The great love and gratitude I feel for her will always remain.
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Finally, I must thank the one who makes all things possible in my life, the Lord Jesus Christ.
CHAPTER I

DEFINITION OF THE CONCEPT

A mentor may be defined differently by different people. It is possible that as many different definitions have been written for the term mentor as there have been people to assume the role. To some, a mentor is a role model -- someone to emulate and respect from afar. Others consider a mentor to be a sponsor who aids the mobility of executives by fighting for the "mentee" (the individual benefiting from the assistance of the mentor), by allowing the protege to bypass the hierarchy, and by providing reflected power (Kanter, 1977). Still others would define a mentor as a teacher, sponsor, host and guide, exemplar, counselor, and provider of moral support (Leavinson, Darrow, Klein, Leavinson & McKee, 1984).

Regardless of the definition used, the concept of mentoring is not new. It has been incorporated and emphasized in the professional world for many years. For some, the mentor relationship is a positive experience which enhances the mentee's career pathway. For others, the mentor relationship may end painfully with unresolved conflict. This investigation sought to study this relationship as it affects careers and organizations.
Importance of the Problem

In 1979, Roche documented in the *Wall Street Journal* the benefits of a mentor to the career of a business executive. According to this study, those business executives with mentors have more rapid advancement at an earlier age, and higher salaries (Roche, 1979). In addition to Roche (1979), Dalton, Thompson and Price (1977) indicate that those executives who have had a mentor exhibit greater knowledge about the system in which they function (Dalton et al., 1977). In yet another study, researchers identified four distinct career stages for technical professionals: apprentice, colleague, mentor and sponsor. These researchers found that 79% of their subjects in the mentor stage and 100% of those in the sponsor stage were ranked above the 50th percentile by their supervisors (Graves, Dalton & Thompson, 1980).

Despite literature supporting the benefits of a mentor in the career of executives, Keele and Delaney (1984) feel that focusing on "mentoring" (the act of being a mentor) or networking exclusively is dangerous. Their research indicates that strong-tie relationships (mentoring relationships) and weak-tie relationships (networking relationships) function in a delicate balance which should be maintained for optimal career development.

In light of the special problems created for women in the mentoring relationship, it is interesting to note that
the majority of mentors for both sexes are male. Hennig and Jardim (1978) found that 100% of the 25 top female executives they studied had had paternalistic relationships with men to whose careers they had connected.

Zey (1984) maintains that men learn how to form mentor relationships in team sport activities while young to a greater extent than do women. In addition, Keele and DeLaMare-Schaefer (1984) point out that the positive effects of being a mentor on one's own career development seem not to have been communicated to women with the same force as the benefits of having a mentor. Recent work in higher education revealed that women in higher education considered being a mentor less important for men than men did. Furthermore, research indicates the absence of a mentor does not stop a career, but being concerned for others is an important stage of career development (Keele, DeLaMare & Lindsay, 1981).

While much has been written regarding the presence of the mentor relationship in the careers of successful business executives, nursing has only recently begun to consider the effects of mentoring upon the career of the professional nurse. Quite understandably, first consideration has been given to the presence of the mentor relationship among nursing administrators. This evolution of the mentor phenomenon to nurse administrators has occurred as nursing administrators have been exposed to
business philosophies incorporating ideas about mentors. The presence and benefits of the mentor relationship for the nursing administrator have been outlined by both Cameron (1981) and Pilette (1980). However, little is known about the presence or absence of the mentor relationship among staff nurses, let alone the benefits such a relationship might afford.

Studies do not currently exist to show whether or not staff nurses have mentors or if mentors have proved beneficial or detrimental to the staff nurse. In addition, little is known about the extent to which staff nurses serve as mentors to other staff nurses. As a result, the questions arise, do staff nurses have mentors to assist in the development of their careers? If they do have mentors, what are the benefits of these relationships to the staff nurse?

**Purpose of the Study**

The purpose of this investigation was to determine if registered staff nurses have mentors to assist in the development of their careers and to gather descriptive information about characteristics and benefits of the mentor relationship at the staff nurse level.

**Review of Literature**

In attempting to understand the relevance of the mentor relationship to the nursing profession, it is first
necessary to consider the mentor relationship outside the nursing profession. The benefits of such a relationship have been well-documented in the world of business (Collins, 1983; Kelly, 1978; Roche, 1979), but have been neglected within the nursing profession until recently. Relevant literature presented in this chapter will focus attention on three perspectives: (a) the mentor relationship outside the nursing profession, (b) the mentor relationship within the nursing profession, and (c) characteristics of all mentor relationships.

The Mentor Relationship Outside the Nursing Profession

The presence and importance of the mentor relationship among successful business executives has been well documented for a number of years. In a survey of top executives mentioned in the "Who's News" column of the Wall Street Journal, nearly 2/3 of the respondents stated they had a mentor. These respondents also reported that the number of these relationships are growing and that those who have had mentors earn more money at a younger age and are happier with their career progress (Roche, 1979). In addition to Roche, Sheehy (1976) discusses the importance of mentors in one's adult life, noting the dramatic effect the mentor's guidance has had on an individual's life. Using a mentor must not be confused with intelligence, hard work, or ability, but if one has
these attributes, according to Collins (1983), a mentor can make the critical difference in the manager's rise to the top.

Zey (1984), in interviews with over 100 senior and middle managers, shows how individuals are helped in their careers by mentors who advertise and market their proteges, protect them from organizational pressures and serve as personal counselors and supporters. He also examines the factors which cause a mentor relationship to fail (see section on Characteristics of the Mentor Relationship) and the special problems that female proteges face in the climb up the managerial ladder. Examples of the latter type problems include: (a) exclusion from socialization groups where business discussions take place due to lack of sponsorship (i.e., golf games, basketball games), (b) male managers who are threatened by female managers, (c) corporate gossip regarding sexual innuendos and (d) spouses' perceptions of the mentee as a rival (Zey, 1984).

Collins (1983) points out that in the professional world most mentors of both men and women have been men. In addition, Hennig and Jardim (1978) studied the career history of 25 women who held top management positions. They found that male supporters, first fathers and then mentors played key roles in encouraging women to achieve in fields long dominated by men. While men may encourage
women to pursue professional careers in fields long
dominated by men, and while most mentors of women are men,
the fact remains that mentoring relationships frequently
are not so available for women as they are for men. Even
when they are available, Keele and DeLaMare-Schaefer
(1984) feel the relationships have some limitations:
limited duration, the dangers of an exclusive and intense
relationship and the perceived complications of cross-
sexed relationships. Furthermore, Keele and DeLaMare-
Schaefer (1984) suggest that whether a woman has or has
not had a mentor, career benefits can come from being a
mentor and building a work team. By building a work team,
the mentor reaps many of the same benefits as would result
from serving as the protege in a mentor-protege relation-
ship. These findings support research by Dalton et al.
(1977) who identify being a mentor as an important stage
in career development. Dalton et al. hypothesize four
distinct career stages for technical professionals:
apprentice, colleague, mentor and sponsor. The person in
the mentor stage helps instruct, protect and coach those
in the apprentice and colleague stages. The person in the
sponsor stage aids the advancement of those in the other
three stages and provides resources and visibility, but is
less involved in daily lives than the mentor.

The research of Graves et al. (1980) also indicates
that being a mentor or sponsor aids one's career. They
reported that 79% of their subjects in the mentor stage and 100% of those in the sponsor stage were ranked above the 50th percentile by their supervisors. These ratings were not high because the mentors or sponsors were high in the management hierarchy as 71% of those in the mentor stage and 34% of those in the sponsor stage were not managers.

That being a mentor has positive effects on one's own career development seems not to have been communicated to women with the same force as the benefits of having a mentor. Recent work by Keele et al. (1981) revealed that women in higher education considered being a mentor less important than men did. Mentors and sponsors seem very difficult for women to find. However, when Keele et al. questioned the higher education sample, the group indicated that not having a mentor does not stop a career, but that being concerned for others is an important stage of career development.

Despite literature supporting the benefits of a mentor relationship in the career of executives, Keele and Delaney (1984) feel that focusing on mentoring or networking exclusively is dangerous. Their research indicates that strong-tie relationships (mentoring relationships) and weak-tie relationships (networking relationships) function in a delicate balance which should be maintained for optimal career development. The literature on
mentoring does not seem consistent until one understands that different studies refer to relationships of different degrees of strength. According to Keele and Delaney (1984) a focus on mentoring leads to neglect of the weak-tie relationships. A focus on networking leads to neglect of the strong-tie relationships. Consequently, a balance of both strong and weak ties becomes important in career development.

**The Mentor Relationship within the Nursing Profession**

The concept of mentorship is relatively new to the nursing profession. Studies completed to date have focused primarily on the mentor relationship of nurse administrators with little attention given to mentoring at the staff nurse level.

The mentor relationship within nursing administration. In a recent issue of a leading journal on nursing administration, nurse administrators were asked what nurses want in a mentor. Recognizing the increasing importance of mentoring in helping professional nurses adapt to and function effectively in the vastly changed health care world, the journal introduced a monthly feature article entitled, "The Mentoring Dimension." This monthly article was to be a dialogue between the readers and the author of the article, each sharing experiences and views about different aspects of mentoring (Darling,
1984a, p. 42). Obviously, nursing administrators are seeking to incorporate the mentor phenomenon into their roles. They are trying to select new elements of behavior to include in their role and are "making" this new role; it is evolving. The role of the nurse administrator is not static, being arbitrarily "taken" as a traditional nursing administrative role of the past, but rather is being adjusted to the needs of the future. Traditional role elements of the past are being combined with new role elements to create a more effective nursing administrator of the future.

In an attempt to determine factors important in the development of nurse administrators, Vance (1979) surveyed 71 nurse influentials. Of these nurses, 83% reported having mentors. However, Cameron (1981) found the relationship in conjunction with "the door slamming phenomenon." Cameron posed the question,

Are nursing administrators contributing to the learning and growth of others, or are they slamming the executive door behind them? (p. 18).

Pilette (1980) found that once in a professionally powerful position, some women (nurses) are afraid of being eclipsed by their younger proteges and consciously or unconsciously refrain from entering into the mentor's role.

Recently, professionals have coined the term "Queen Bee Syndrome." It has been used to describe antifeminist
behaviors in women who had successfully secured positions of leadership in the traditionally male career world. The Queen Bee Syndrome may be viewed as a role-resolution pattern for the woman who must be viewed with conflicting demands of traditional and professional roles. According to Hardy and Conway (1978), the most common feminist opponent is the woman who is content in her traditional role and reluctant to take on the new roles advocated by feminists. The Queen Bee, however, is an unusual antifeminist because she carries out both the role of the traditional woman and that of the contemporary professional woman. While succeeding as a contemporary role model, the Queen Bee supports the traditional female model for other women and opposes the aims of other career-motivated women within her role system (Hardy & Conway, 1978).

Hardy and Conway (1978), using diverse nursing literature to support their belief, conclude that the Queen Bee Syndrome exists in nursing. The Queen Bee Syndrome developed by some nurses is diagnosed by characteristic symptoms. To begin with, the Queen Bees are different from many other nurses. They are not ordinary in the area of motivation and achievement. They are talented individuals who have excelled in their chosen areas of interest and may view themselves as successful. Queen Bees think of themselves as different from other...
nurses and do not want to associate closely with their own group. Like other Queen Bees, they want to identify up, not down and therefore, they identify with others outside of nursing. Very often, these others are men. They then maintain an allegiance to these men and to the system. Queen Bees in nursing are usually found to hold higher paying, more prestigious nursing positions. They do not necessarily hold positions that are as well paying and prestigious as those held by men in the same system. Since the Queen Bees enjoy a privileged position, especially for a nurse, they are not necessarily concerned about making changes in the system they are in. In relation to theoretical framework, Hardy and Conway (1978) feel that the Queen Bee has a "role dilemma." Away from work as wife or mother, she may be expected to be compliant, obedient, and passive. Because these expectations conflict, the nurse may have difficulty assimilating them. This is incongruent with traditional expectations and the contemporary professional model who wishes to be successful in all of her endeavors. It follows that the Queen Bee is "taking" a role as prescribed by others. She is not "making" her role contingent upon the situation at hand. Therefore, a mentor within the nursing profession could assist the nurse with this "role dilemma" and help the nurse "make" a new role which would be concerned with making changes within the nursing system.
The mentor relationship among staff nurses. It is interesting to note that little has been written regarding the presence of the mentor relationship at the staff nurse level. Only one article could be found in the mentoring literature. This article established that the mentor-mentee relationship produced in the clinical study accomplished a number of goals which include the following:

1. The ability of the mentor nurse was recognized.

2. A receptorship and support system was provided on an individualized basis.

3. The orientation period did not preclude the mentee from taking patient assignment.

4. The concept became cost effective immediately.

5. Patients were given better care when the experience of the more capable nurse was extended.

6. The mentor and mentee developed a special professional relationship, each experiencing increased job satisfaction. (Atwood, 1979, p. 716).

Little else has been written regarding the mentor relationship at the staff nurse level. Consequently, information gleaned from this study at the staff nurse level should yield interesting and useful information for future study.
Characteristics of the Mentor Relationship

Whether the mentor relationship exists within or outside of the nursing profession, certain characteristics seem to recur as common to all types of mentor relationships. Darling (1984a) interviewed approximately 150 people: 50 nurses, 20 physicians and a number of health care executives. Results indicated that nurses are different from other professionals in what they find essential in a mentor relationship. Three ingredients are reported to be vital, so vital in fact that if one is missing the mentor relationship becomes minor or secondary. According to Darling, the absolute requirements for a significant mentoring relationship are: (a) attraction, (b) action, and (c) affect (Darling, 1984a).

These requirements reportedly manifest themselves in 14 roles, 3 of which are basic to and present in major mentor relationships in nursing. These 3 basic mentoring roles are the inspirer (attraction), the investor (action), and the supporter (affect). The 14 roles of a significant mentor identified by Darling are as follows:

1. Model
2. Envisioner
3. Energizer
4. Investor
5. Supporter
6. Standard-Prodder
7. Teacher-Coach
8. Feedback-Giver
9. Eye-Opener
10. Door-Opener
11. Idea-Bouncer
From these 14 roles, Darling (1984a) has created a questionnaire to assess mentoring potential. The instrument is the Darling MMP: Measuring Mentoring Potential and may be used to measure an individual's own mentoring potential or the mentoring of other nursing personnel (Darling, 1984a).

According to Collins (1983) in her study of 400 professional women, it is essential that organizations set a climate with the value of the mentor relationship in mind. Upon completion of her research, she concluded that five criteria are necessary if one is to be defined as a mentor. The five criteria include:

1. Higher up on the organizational ladder than the mentee.
2. An authority in a chosen field.
3. Influential.
4. Interested in mentee growth and development.

In addition, in ranking the characteristics most important for a mentor to have, respondents in Roche's (1979) survey gave the highest value, by far, to a mentor's willingness to share knowledge and understanding.

It is essential to realize that mentors are not merely role models. Role models do not function as
mentors but mentors can function as role models. Role models are impressive and important figures in the distance. They may be admired, emulated, respected and almost worshiped, but the role model does not necessarily have to know that the observer exists. Mentors may very well serve as a role model, but this is just one facet of their diverse roles. As supported by Collins (1983), in order to be truly defined as a mentor, the role model must also be willing to commit time and emotion to the relationship (Collins, 1983).

Length and termination of the mentor relationship. According to Pilette (1980), the entire span of the mentor relationship averages 2 to 10 years. While Sheehy (1976) stressed the importance of successful women having one or more mentors, Collins (1983) thinks the relationship is too personal and intense to shift mentors in a short period of time. Darling (1984b) has found that as nurses advance in their careers and experience, a shift in mentoring relationships usually occurs. They move away from the traditional mentoring relationship. Darling (1984b) describes the traditional mentor as:

A person who is sufficiently experienced in a career to be able to give wise counsel to the mentee. The mentor is usually older in years, the modern version of the elder of the tribe. The paradigm in the family is the parent or grandparent or aunt or uncle (p. 44).

Traditional relationships either become transformed into more of an equal colleague relationship or end. To
remain alive and vigorous, these relationships must shift towards a more reciprocal relationship. Where this is not possible, the relationship usually ends, often in an emotionally-charged rift (Darling, 1984b).

Factors affecting the decline of the mentor relationship have been defined by Zey (1984). According to his work reported in The Mentor Connection, a number of factors are significant in the decline of the relationship:

Problems Between Members of the Mentor Relationship and the Organization

1. Both parties' failure to assess political environment
2. Mentor's inability to control political environment.
3. Proteges failure to establish other alliances.
4. Mentor's failure to upgrade protege's title, job description and formal power (p. 162).

In summary, while it is clear that benefits do result from the mentor relationship, literature is not available to indicate to what extent the mentor relationship exists at the staff nurse level, assuming it exists at all.

Theoretical Framework

According to Hardy and Conway (1978), human behavior is a response to the interpretation of the symbolic acts of others. Such acts include gestures and speech which are interpreted and then acted upon. Symbolic interaction
acknowledges society and its institutions as a framework within which actors make their roles explicit. This framework, however, is acknowledged only as a skeleton, a skeleton within which the actor constructs or organizes social action. Interactionist role theory postulates that the individual engages in interactions with others and selects certain cues for action which, for the individual, have more relevance than others. In the context of this theoretical framework, a role is made by choice instead of being taken. Hardy and Conway (1978) perceive the elements of organic behavior in the social context as learned; but hold in addition that human beings conduct their actions. Thus, social action is constructed not simply from learned response but by an organizing and interpreting of cues in one's environment. Symbolic interactionism does not discard the belief that structure influences behavior within the context of the social system. Rather, it holds that structure alone does not account for, nor can it predict, how persons will act in a set of specified circumstances (Hardy & Conway, 1978).

As explained more comprehensively by Blumer (1962), interactionist role theory presupposes the following: that human society is made up of individuals who have souls (which make indications to themselves), that individual action is a construction and not a release, being built up by the individual through noting and
interpreting features of the situations in which the individual acts, and that group or collective action consists of the aligning of individual actions brought about by the individual's interpreting or taking into account each other's actions (Blumer, 1962).

A key feature of interactionist role theory is the concept that the human being has a self. In declaring that the human being has a self, Blumer (1962) seeks to emphasize that human beings can be the objects of their own actions. These type of actions occur when human beings get angry with themselves, rebuff themselves, take pride in themselves, or when they choose to take one action and not another. This ability of human beings to act toward themselves is the central mechanism with which human beings deal with their world. This mechanism enables human beings to make indications to themselves of things in their surroundings and thus to guide their actions by what they note (Blumer, 1962).

According to interactionist role theory, there are two important implications of the fact that human beings make indications to themselves. First, to indicate something is to extricate it from its setting, to hold it apart and to give it meaning. Second, that the human being's action is constructed or built up instead of being a mere release. Whatever the action in which they are engaged, human individuals proceed by pointing out to
themselves the divergent things which have to be taken into account in the course of their action. They have to note what they want to do and how they are to do it. They have to point out to themselves the various conditions which may obstruct their action. Their action is built up step-by-step through a process of such self-indication. Human individuals piece together and guide their actions by taking account of different things and interpreting their significance for their prospective action. Self-indication is a moving communicative process in which the individual notes things, assesses them, gives them a meaning and decides to act on the basis of the meaning. Individuals' behavior, accordingly, is not a result of such things as environmental pressures, stimuli, motives, attitudes, and ideas, but arises instead from how the individuals interpret and handle these things in the action which they are constructing (Blumer, 1962).

Interactionist theory also recognizes that the formation of action by the individual through a process of self-indication always takes place in a social context. Since this matter is so vital to an understanding of symbolic interaction, it needs to be explained carefully. Fundamentally, group action takes the form of a fitting together of individual lines of action. Individuals align their actions to the actions of others, either the role of a specific person or the role of a group. In taking such
roles, the individual seeks to ascertain the intention or direction of the acts of others. Individuals form and align their own action on the basis of such interpretation of the acts of others (Blumer, 1962).

Through cumulative years of self-indication, an individual becomes an historical creation and can be most readily understood in terms of the roles the individual enacts and incorporates. These roles which the individual chooses to take are limited by the kind of social institutions in which the individual happens to be born and in which the person matures to an adult. Perhaps the most important of these features of an individual is a person's image of self. The experience of self is a crucially interpersonal one. Its basic organization is reflected from surrounding persons to whose advice and criticism one pays attention. What individuals think of themselves, according to interactionist role theory, is decisively influenced by what others think of them. Attitudes of approval and of disapproval guide individuals in learning to play roles they are assigned or that they assume. By internalizing these new attitudes of others towards themselves and their conduct, individuals not only gain new roles, but in time they gain an image of themselves. Those from whom an individual continually seeks approval are important determinants of what kind of individual the person is becoming. According to interactionist role
theory, the values held by the influencing persons may, in time, be chosen by an individual as their own values which the individual will, in turn, apply to others and to individual actions, as well (Gerth & Mills, 1967).

From the theoretical perspective of interactionist role theory, the mentor relationship provides the staff nurse with behavioral options to observe and adopt to contribute to individual career development. Over time, the mentee adopts certain of the mentor's characteristics and values. In addition, the mentee begins to gain a concept of self through feedback the mentor provides. This continued development of the concept of self provides an improved foundation for the choices the mentee will make in the future as career development continues.

Statement of the Problem

The objective of this study was to determine if registered staff nurses have mentors to assist in the development of their careers and to gather descriptive information about characteristics and benefits of the mentor relationship at the staff nurse level. Interactionist role theory, a social interaction theory, guided the formal investigation of this question. The problem was studied from the perspective of selected demographic variables, as well as individual responses generated from questionnaires.
Research Questions

The primary research question guiding this research was:

Do registered staff nurses have mentors that assist in the development of their careers?

While the existence of the mentor relationship at the staff nurse level was the primary focus of this study, other questions arose as to the characteristics and the benefits of the mentor relationship. These questions were also addressed in this survey. These questions become relevant only when it has been established that the mentor relationship does exist at the staff nurse level.

1. What are the benefits of a mentor relationship for the registered staff nurse?
2. Who serves as mentor to the registered staff nurse?
3. What are the perceived characteristics of a good mentor?
4. What is the relationship between educational preparation of the staff nurse and the presence of a mentor in the registered staff nurse career?
5. How long do mentor relationships last at the registered staff nurse level?
6. What is the nature of the initiation and termination of the mentor relationship in the
career of the registered staff nurse?

7. What is the relationship between having a mentor and serving as a mentor for the registered staff nurse?

8. What are the benefits of serving as a mentor?

Conceptual Definition of Variables

For the purposes of this study, the following definitions are provided.

Registered Staff Nurse

Registered staff nurses are defined as nurses who have graduated from either a 2-year associate degree program, a 3-year diploma program, or a 4- or 5-year baccalaureate program. In addition, registered staff nurses will have successfully completed a state licensing examination with scores that entitle them to use the term Registered Nurse. The registered staff nurse must be employed in a nonadministrative role at one of the two institutions used as sample sites in this investigation. Staff nurses may or may not have a graduate degree in nursing or other fields.

Mentor

In this study, a mentor is an individual who becomes a combination of teacher, sponsor, host and guide, exemplar, counselor, provider of moral support, and supporter and facilitator of the realization of the
protege's dream. The mentoring relationship has the intensity of a love relationship such as that between parents, older and younger siblings, or even lovers, with a duration of from 2 to 10 years (Leavinson et al., 1984). A mentor may serve as a role model, but differs from a role model in that a mentor is aware of and actively contributes to the established relationship.

Career Development

Career development is the initiation, attainment and reestablishment of career goals throughout the evolving career of a professional staff nurse.

Scope of the Study

The scope of this study was limited to registered staff nurses employed at one of two sample sites used in this study. The sample was taken from this population who resided in or near a metropolitan Utah community. The study was limited to those staff nurses who volunteered to participate in the investigation.

Limitations of the Study

Reliability

No effort was made to measure the reliability of this study. The assumption was made that respondents to the questionnaire would answer truthfully and would respond in a like manner to future studies on mentoring.
Validity

Because of the small scope of this study, several limitations affecting validity of the study should be recognized. First, because the study was conducted in one city, it is limited to one geographical area. Second, the study was conducted in only two of the city's hospitals. Community hospitals were not included in this study. These factors limit the application of the results to the two tertiary care, teaching facilities where the research was conducted. Third, the sample population was not a random sample, but rather a convenience sample of 115 subjects who chose to respond to the survey. Clearly, this type of sample population has the potential to chose to answer or not answer the survey due to various potential biases. Subjects may have chosen to respond to the survey because they had experienced a mentor relationship and therefore, knew what a mentor was and were drawn to the survey. Another passer-by may not have known what a mentor was, having never experienced the relationship, and therefore, would pay little attention to the posted sign regarding the survey. Any number of biases in this area are possible.

Finally, while the data gleaned from this investigation will be very helpful in designing future studies pertaining to the mentoring relationship, a return rate of 16% makes it difficult to generalize the findings to other
populations. The 16% return rate might have been improved if head nurses on the individual nursing units had been asked to discuss the survey at staff meetings, encouraging staff participation. While head nurses were consulted for permission and input as to the best method of survey distribution, they were not encouraged to discuss the study with their staff. This approach was not taken due to a fear on the part of the researcher that this effort by the head nurse might have been perceived as coercive. However, the researcher could have visited each staff meeting to discuss the survey and encourage staff nurse participation.

**Data Analysis**

A further limitation of this investigation was the subjective nature of the data analysis for questions 15 through 20. These six questions were open-ended. While every attempt was made to report the responses as given by the subjects, some degree of interpretation of the responses was required by the researcher in order to create categories for the responses. Recognizing the many different meanings and perceptions given to words in the English language, it is entirely possible and probable that some percentage of the open-ended responses was misinterpreted. One possible solution for decreasing this margin of misinterpretation of qualitative data would have been to use one or two additional individuals to assist in
categorizing data for grouped responses.

Both the problem of the qualitative nature of the data and the problem of poor response rate might be improved in future studies by use of an interview for data collection as opposed to a written questionnaire. According to Polit and Hungler (1978), the response rate of interviews tends to be quite high. Respondents are apparently more reluctant to refuse to talk to an investigator who is directly in front of them than to discard or ignore a questionnaire. As discussed in Chapter II, the written questionnaire was chosen for this investigation in order to minimize interviewer bias and to assure anonymity (Polit & Hungler, 1978).

**Questionnaire Design**

Despite the pilot study, several problems occurred with the design of the questionnaire used for this investigation. In attempting to solve problems indicated in the pilot study, several additional problems were created. Problems occurred in terms of data analysis by creation of responses for multiple mentors in the demographic and length of relationship categories. These problems consisted of trying to determine percentages in categories where an unknown number of mentors existed. It was known that 68 people had mentors, but subjects having multiple mentors created percentages which exceeded 100% when totalled.
In addition, it may have been helpful to make a statement after question 5 to the effect of proceeding with the questionnaire only if the subject answered yes to question 5. This might have eliminated subjects filling in isolated questions further along in the survey while leaving others blank. This type of survey completion by subjects made it difficult to determine whether N should equal 115 (the number of subjects completing the survey), 68 (the number of subjects reporting at least one mentor relationship) or somewhere in between, depending on which questions the subjects chose to answer. The effect of this problem was to cause skewed statistics in data analysis of the affected questions. This effect was minimized by determining the correct N for each question prior to calculation of descriptive statistics.

Definition of a Mentor

Perhaps the most difficult choice in this investigation, which undoubtedly leads to some of the limitations, was the choice for the definition of a mentor. The definition was chosen after extensive review of the literature and probably because of researcher bias towards what a mentor is. It was, however, purposefully chosen with great time, thought and attention. Regardless of how or why the definition was chosen, it became clear that certain subjects did not agree with the definition of a mentor for the purpose of this study. Several written
comments on questionnaires indicated that according to the research definition, the subject had not had a mentor, but according to the subject's definition, they had.

Several of these comments came from individuals who had been part of a preceptor program at the University of Utah Medical Center (UUMC). This problem might also have been minimized by use of an interview technique for data collection. The interview technique allows for clarification of ambiguous or confusing questions (Polit & Hungler, 1978). It is also possible that a more basic descriptive study on mentoring at the staff nurse level should be initiated which asks the staff nurse to define a mentor and a preceptor. This type of investigation might shed light on the apparent confusion in the definition of a mentor and a preceptor evident in this study.

**Summary**

The problem of the mentor relationship at the staff nurse level and its need for study was discussed and documented. The purpose of this study was to gather descriptive information regarding the presence of the mentor relationship at the staff nurse level and to describe the characteristics and benefits of such a relationship to the career development of a registered staff nurse. A theoretical framework based on interactionist role theory was described. Definitions which
helped to guide the investigation were provided. Finally, the scope and limitations of the study were identified.
CHAPTER II

METHODOLOGY

Design

The method selected was a sample survey. Sample surveys hold potential over other methods of investigation inasmuch as they are desirable methods of research for descriptive investigations.

Survey research focuses on people, the vital factors of people and their beliefs, opinions, attitudes, motivations and behaviors (Kerlinger, 1965, p. 394).

The point of sample survey research is to study a sample of the population in which observable phenomena are currently occurring and which can be generalized to the greater population (Wandelt, 1970, p. 174). A disadvantage of this method is that causal relationships cannot be inferred (Polit & Hungler, 1978, p. 205). Findings are limited to the demonstration of the existence of relationships between mutually and nonmutually-occurring variables. Nevertheless, the method of sample survey was selected for this study because of the capacity it offers to describe, explain and explore characteristics of a mentor relationship which were pertinent to this study. Furthermore, survey research is needed to provide a
foundation of information on which to base further research. The questionnaire method for survey research was selected for its ability to minimize interviewer bias and assure anonymity (Polit & Hungler, 1978).

**Pilot Study**

In July 1984, a pilot survey for this study was conducted by the author at Stanford University Medical Center (SUMC) (N = 70). The survey questionnaire consisted of a cover letter and a one-page questionnaire with questions on both sides of the survey (Appendix C). The definition of mentor for the purpose of this study was included in the cover letter (Appendix D). The questionnaire consisted of 19 questions: 4 were open-ended and 15 were closed.

The primary purpose of the pilot study was to determine the clarity and usefulness of the questionnaire. Due to this and time constraints, the survey was posted at six nursing stations with a poster inviting registered nurses to complete a survey. The completed surveys were picked up 1 week later from the posted return envelopes. In addition, a copy of the survey was also placed in the mail file of all administrative nursing personnel with instructions to return the completed survey to the researcher’s mail file. Completion was voluntary with no provision for compensation. One hundred twenty-five surveys were distributed with 70 returned, a return rate
Obviously, input from nursing administrators in the pilot study made the actual results of the pilot study inapplicable to the current investigation. However, the purpose of the pilot was to gain information regarding the survey tool itself and for that purpose, it proved to be very successful. Problems were identified which allowed for alterations in the questionnaire to bring it to its current form (Appendix A).

The primary problem with the original questionnaire occurred in questions 10 through 15 when respondents had more than one mentor. The questions were stated in a manner which allowed for only "one" mentor to be considered. In many cases, the respondents had more than one mentor and became confused as to the appropriate way to respond to the questions.

**Sample Sites**

The study was conducted from a convenience sample of staff nurses at the University of Utah Medical Center (UUMC, Hospital A) and LDS Hospital (LDSH, Hospital B). The UUMC is a 434-bed referral center and teaching hospital directly associated with the University of Utah. LDS Hospital is a 520-bed corporately-owned hospital and major referral center. Both are designed trauma centers.
Sample

The subjects for this survey were voluntary and were drawn from the entire population of staff nurses at two tertiary care teaching hospitals in the Salt Lake valley. The survey was posted on 24 nursing units (12 at each hospital), with a poster inviting registered staff nurses to complete the survey. Thirty surveys were posted on each unit. The completed surveys were collected 1 week later from the posted return envelopes. A total of 720 surveys was posted with 115 surveys returned for a return rate of 16%. Completion of the questionnaire was entirely voluntary with no compensation offered for participation. As mentioned, this small return rate limits the findings of the study and in future studies, an interview survey from a random sample of staff nurses might improve both the return rate and the problems presented with the voluntary sample. Specifically, a random sample would help eliminate problems of subject bias which occur with voluntary samples (Polit & Hungler, 1978).

Rights of Human Subjects

Guidelines from the Human Subjects Review Committee at both UUMC and LDSH were sought and met. No difficult problems were anticipated or encountered. Confidentiality was guaranteed by coding data and by requesting on the survey that subjects refrain from identifying themselves.
Tools and Techniques

The data collection instrument was a survey questionnaire consisting of 20 questions covering both sides of one sheet of paper (Appendix A). Fourteen questions were closed and 6 were open-ended. A one-page cover letter accompanied the survey and included a definition of mentor for the purposes of this survey (Appendix B).

Thirty questionnaires were posted on each nursing unit. Twenty-four nursing units were surveyed, 12 at each of the two sample sites. A sign was posted along with the surveys which requested that all interested registered staff nurses participate in the study. One week after posting, the completed surveys were collected and data analysis began. This procedure was utilized as both hospitals were unwilling to provide a list of nursing personnel from which to select a random sample. Sample sites were also unwilling to provide addresses of nursing personnel for survey mailing as both procedures would breech employee confidentiality. The procedure of posting the surveys on the nursing units was used in the pilot study with a return rate of 56% and was adopted for this study as other options were eliminated. Unfortunately, the return rate was 16% instead of 56% reached during the pilot study. This difference is attributed to two causes. First, nursing personnel in Salt Lake City seem to be less informed and/or less interested in the mentor phenomenon.
than are nurses in Palo Alto, California. Secondly, in this investigation, copies of the survey were not placed in the files of nursing administrative personnel, as they were for the pilot study. Most nurse administrators at SUMC had advanced research degrees (both master's and doctoral) and may have been more willing to devote time to completion of the questionnaire. As mentioned, an interview technique for data collection might alleviate this problem in future projects.

Operational Definitions of Variables

Due to the descriptive nature of this survey, every question in the questionnaire became a variable. The variables, however, were divided into two categories: (a) demographic variables, and (b) unknown variables.

Demographic Variables

The demographic variables examined in this study were age, gender, educational preparation, number of years as a registered nurse and place of employment.

Unknown Variables

The unknown variables examined in this investigation were presence of a mentor, number of mentor relationships, age of the mentors, gender of the mentors, length of the mentor relationships, professional position of the mentors, status of the mentor relationships, characteris-
tics of a mentor, benefits of a mentor relationship, initiation of the mentor relationship, termination of the mentor relationship, problems attributed to the mentor relationship, service as a mentor and benefits of service as a mentor.

Summary

The sample survey method of research was discussed as the method of choice to gather descriptive information regarding the presence, characteristics and benefits of the mentor relationship to the career of a registered staff nurse. The procedure for completion of a pilot study to test the functioning of the questionnaire was also presented. Sample sites used for this investigation were identified, along with characteristics of each. Selection of the sample and protection of subjects' rights were discussed. Tools and techniques for data collection were presented with problems and suggestions for improved return rate indicated. Examples of the questionnaires and cover letters used for both the pilot study and for this investigation may be reviewed in Appendices A-D. Finally, operational definitions of variables were presented.
CHAPTER III

DATA ANALYSIS

For the purpose of analyzing the data, this chapter is divided into three sections. First, demographic variables which serve to describe the sample are reported according to frequency. The five demographic variables, as presented in Chapter II, are age, gender, educational preparation, place of employment and years as a registered nurse. Second, the responses of the subjects to questions regarding the unknown variables presented in Chapter II are reported. Third, information reported for the demographic and unknown variables is used to provide the basis to analyze the data as they relate to the primary and secondary research questions. This discussion includes a report of chi-square analysis of the relationship between educational preparation of subjects and presence of a mentor in the career of a registered staff nurse. When using chi-square for statistical analysis, the level of significance was established at the \( p \leq .05 \) level.

Descriptive statistics were chosen for data analysis because these figures serve to summarize data very well, providing the appropriate measure of central tendency is
utilized. Medians and ranges are reported as necessary, along with frequencies to clarify skewed measurements of the mean. This method of statistical analysis was also chosen as this investigation did not seek to infer a causal relationship, but rather the presence of one. The best method for measuring the presence of a relationship at the described level is by frequency (Wright, 1976). In one situation, the relationship between educational preparation of the registered staff nurse and presence of a mentor relationship, chi-square analysis was used to establish whether a relationship existed between the two variables. Chi-square was chosen for analysis because the statistic is computed by comparing two sets of frequencies: those observed in the collected data and those that would be expected if there were no relationship between the variables (Polit & Hungler, 1978). The statistic reported indicates the probability that any obtained frequency of relationship between the two variables arose by chance (Wright, 1976).

Demographic Variables

Age

A demographic overview of the 115 subjects responding to the Nursing Mentorship Survey appears in Table 1. The overview indicates that the mean age of the registered staff nurses responding to the survey was 31 years, the median was 29.4 years, the mode 27 years, the standard
Table 1
Demographic Statistics (N = 115)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mode</th>
<th>Median</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (yrs)</td>
<td>27.0</td>
<td>29.4</td>
<td>31.0</td>
<td>7.5</td>
<td>20-62</td>
</tr>
<tr>
<td>Number of years as RN</td>
<td>2.0</td>
<td>5.5</td>
<td>7.4</td>
<td>6.2</td>
<td>1-34</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>7.0</td>
<td>6.0</td>
</tr>
<tr>
<td>Female</td>
<td>108.0</td>
<td>94.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational Preparation</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate degree</td>
<td>32.0</td>
<td>28.0</td>
</tr>
<tr>
<td>Diploma</td>
<td>17.0</td>
<td>15.0</td>
</tr>
<tr>
<td>BSN</td>
<td>50.0</td>
<td>43.0</td>
</tr>
<tr>
<td>MN/MSN</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>BS/BA (other)</td>
<td>11.0</td>
<td>10.0</td>
</tr>
<tr>
<td>MS/MA (other)</td>
<td>4.0</td>
<td>3.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place of Employment</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital B</td>
<td>66.0</td>
<td>57.0</td>
</tr>
<tr>
<td>Hospital A</td>
<td>49.0</td>
<td>43.0</td>
</tr>
</tbody>
</table>
deviation 7.5 years and the range was from 20-62 years.

**Number of Years as Registered Nurse**

The average nurse responding to the survey had worked as a registered nurse for 7.4 years. The median was 5.5 years, with a range of 1 to 34 years. The mode was 2 years and the standard deviation was 6.2 years (Table 1).

**Gender**

Of the 115 subjects responding to the survey, 7 (6%) were male and 108 (94%) were female (Table 1).

**Educational Preparation**

The majority of respondents held a Bachelor of Science degree in nursing (BSN). Fifty subjects (43%) held a BSN. The BSN respondents were followed by 32 associate degree nurses (28%), 17 diploma nurses (15%), 11 nurses with a Bachelor of Science/Arts in another field (3%), and finally 1 nurse who held a Master's or Master of Science in Nursing (1%) (Table 1).

**Place of Employment**

Sixty-six (57%) of the 115 responding nurses were employed at LDSH and 49 (43%) were employed at UUMC.

**Unknown Variables**

Unknown variables as indicated in Chapter II include presence of a mentor, number of mentor relationships, age
of the mentors, gender of the mentors, length of the mentor relationships, professional position of the mentors, status of the mentor relationships, characteristics of a mentor, benefits of a mentor relationship, initiation of the mentor relationship, termination of the mentor relationship, problems attributed to the mentor relationship, service as a mentor and benefits of service as a mentor.

Unless otherwise indicated, percentages indicated in the data tables are the percentage of respondents having had at least one mentor relationship. This changes the \( n \) from 115 (total number responding to the survey) to \( n = 68 \) (number of subjects reporting at least one mentor relationship). In several cases, \( n \) is greater than 68 due to the additive effect of nurses giving two or more answers to one question because they had experienced more than one mentor relationship.

**Presence of Mentor**

When 115 subjects were asked if they had experienced a mentor relationship during their career, 68 (59%) responded that they did have at least one mentor relationship during their career. It is interesting to note that of these 68 nurses, 34 (50%) were from LDSH and 34 (50%) were from UUMC. Furthermore, of the nurses responding to the questionnaire at UUMC, 69% reported having at least one mentor relationship at LDSH, 52% reported having at
least one mentor relationship. In addition of the 59% of registered staff nurses having reported a mentor relationship in their professional careers, 53% had one mentor relationship, 22% had two mentor relationships, 12% had three mentor relationships, and 13% reported more than three mentor relationships during the course of their professional careers (Table 2).

**Number of Mentor Relationships**

Table 2 reports the number of mentor relationships reported by staff nurses. Thirty-six nurses (53%) reported having one mentor relationship, 25 nurses (22%) reported having two, 8 nurses (12%) reported three mentor relationships and 9 nurses (13%) reported more than three mentor relationships.

**Age of the Mentors**

According to the 68 respondents reporting presence of a mentor relationship in their professional careers, the mean age of the mentor was 36.35 years with a median of 34.9 and a range from 22 to 60 years (Table 3).

**Gender of the Mentors**

Also reported in Table 3 are statistics regarding the gender of mentors as indicating by responding staff nurses. As anticipated, the majority of mentors were female. Staff nurses reported that 104 (90%) of the mentors were female and 11 (10%) were male.
Table 2
Percentage of Registered Nurses Having Mentor Relationships

<table>
<thead>
<tr>
<th>Variable</th>
<th>LDSH</th>
<th>UUMC</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Mentor Relationship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>34</td>
<td>50</td>
<td>34</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
<td>68</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>n</td>
<td></td>
<td>n</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UUMC Mentor Relationships</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>34</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>15</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDSH Mentor Relationships</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>34</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>32</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>66</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Mentors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One</td>
<td>36</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>Two</td>
<td>15</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Three</td>
<td>8</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>More than three</td>
<td>9</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>
Table 3
Demographic Characteristics of Mentors

<table>
<thead>
<tr>
<th>Variable</th>
<th>Median</th>
<th>Mean</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (yrs)</td>
<td>34.9</td>
<td>36.35</td>
<td>22-60</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Length of Mentoring Relationship</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-2 yrs</td>
<td>70</td>
<td>68</td>
</tr>
<tr>
<td>2-5 yrs</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>5-10 yrs</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>10 yrs or more</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Professional Position of Mentor</strong></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate nursing professor</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>Graduate nursing professor</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Registered staff nurse</td>
<td>44</td>
<td>48</td>
</tr>
<tr>
<td>Nursing administrator</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Nonnursing undergraduate professor</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nonnursing professional</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Head Nurse</td>
<td>10</td>
<td>11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Status of Mentor Relationship</strong></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past</td>
<td>49</td>
<td>72</td>
</tr>
<tr>
<td>Currently</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Both</td>
<td>14</td>
<td>21</td>
</tr>
</tbody>
</table>
Length of Mentor Relationship

Staff nurses reported that 70 (68%) of the mentor relationships lasted 0-2 years. This was followed by 21 relationships (21%) lasting 2-5 years, 7 (7%) lasting 5-10 years and 4 (4%) lasting 10 years or more. Ninety-six percent of reported mentor relationships were terminated by the end of the 10th year (Table 3).

Professional Position of the Mentor

The majority of mentors were employed as registered staff nurses. Forty-four mentors (48%) were employed as registered staff nurses. These mentors were followed by 18 mentors (20%) employed as undergraduate nursing professors, 10 (11%) as nursing administrators, and 10 (11%) as head nurses. Five mentors (6%) were nonnursing professionals and 4 (4%) were graduate nursing professors. There were no reports of mentors employed as undergraduate nonnursing professors.

Status of the Mentor Relationship

The mentor relationships reported in this study occurred primarily in the past. Staff nurses indicated that 49 mentor relationships (72%) occurred in the past and 5 (7%) were presently occurring. Fourteen respondents (21%) indicated that their mentor relationships occurred both currently and in the past.
Characteristics of a Good Mentor

When asked what qualities are essential in a good mentor, respondents replied with a wide variety of characteristics. Table 4 presents the characteristics respondents indicated were essential. The most frequently-mentioned essential characteristic of a mentor was understanding. Thirty (44%) respondents indicated understanding as being an essential characteristic of a good mentor. Understanding was followed closely by nursing knowledge and skill, selected as an essential characteristic by 27 respondents (40%). The characteristic of teacher was the third most frequently mentioned with 25 subjects (37%) indicating this characteristic as essential. Kindness/friendliness followed with 20 respondents (29%), patience with 15 respondents (22%) and good communication skills with 11 (26%). The characteristics of role model, confidence, promotion of autonomy, nonjudgmental, shares knowledge and intelligence had responses totalling less than 10% of the subjects having mentors (Table 4). Not presented in Table 4 are the responses for the essential characteristics of a mentor (no. 13, other). A response was put in this category if less than three nurses indicated the characteristic as essential for a mentor. Such responses came from 15 subjects (22%) and included: maturity, guidance, humor,
Table 4  
Characteristics of a Good Mentor

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>% with mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patience</td>
<td>15</td>
<td>22</td>
</tr>
<tr>
<td>2. Understanding/sympathy/concern/empathy</td>
<td>30</td>
<td>44</td>
</tr>
<tr>
<td>3. Nursing knowledge/skill</td>
<td>27</td>
<td>40</td>
</tr>
<tr>
<td>4. Kind/friendly/helpful/supportive</td>
<td>20</td>
<td>29</td>
</tr>
<tr>
<td>5. Role model</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>6. Nonjudgmental</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>7. Good communication skills</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>8. Teacher -- giving feedback in constructive manner</td>
<td>25</td>
<td>37</td>
</tr>
<tr>
<td>9. Shares knowledge</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Promotes autonomy</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>11. Confidence</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>12. Intelligence</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. Other</td>
<td>15</td>
<td>22</td>
</tr>
</tbody>
</table>
stability, unthreatened, responsible, motivated, decisive, willing to share the limelight, wise, organized, humble, giver of unconditional love, optimistic and older.

Benefits of the Mentor Relationship

Benefits of the mentor relationship are presented in Table 5. As indicated, 27 subjects (40%) expressed that individual growth toward professional goals was a benefit of the mentor relationship. Seventeen (25%) reported that increased knowledge and skill was a benefit of a mentor relationship, followed by 7 (10%) who indicated that a role model was a benefit of the relationship. Responses for confidence, motivation, friendship, ability to teach and desire to do so, improved self-esteem, improved nursing school experience, easier adaptation to job, improved problem-solving ability and others, all fell below 10% and are presented in Table 5. The category "other" indicated in Table 5 included two responses which were (1) increased willingness to risk, and (2) spokes-person.

Initiation of the Mentor Relationship

Table 6 presents the individual responses for initiation and termination of the mentor relationship. According to the staff nurses responding to the survey and of those having at least one mentor, 39 (57%) reported
Table 5

Benefits of the Mentor Relationship

<table>
<thead>
<tr>
<th>Benefits</th>
<th>n</th>
<th>% with mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Role model</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>2. Individual growth towards professional goals</td>
<td>27</td>
<td>40</td>
</tr>
<tr>
<td>3. Easier adaptation to job</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Increased knowledge and skills</td>
<td>17</td>
<td>25</td>
</tr>
<tr>
<td>5. Confidence</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>6. Ability to teach and desire to do so</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Friendship</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>8. Improved self-esteem</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Improved problem-solving ability</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Motivation</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>11. Improved nursing school experience</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Other</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
### Table 6

Mentor Relationship Initiation and Termination

and Characteristics of Relationship Termination

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relationship Initiator</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mentee</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Mentor</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Both</td>
<td>39</td>
<td>57</td>
</tr>
<tr>
<td><strong>Relationship Terminator</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mentee</td>
<td>18</td>
<td>27</td>
</tr>
<tr>
<td>Mentor</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Both</td>
<td>25</td>
<td>37</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics of Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Not difficult</td>
</tr>
<tr>
<td>2. Mentor/mentee moved</td>
</tr>
<tr>
<td>3. Outgrew need for mentor</td>
</tr>
<tr>
<td>4. Completion of nursing school</td>
</tr>
<tr>
<td>5. Time limit to relationship</td>
</tr>
<tr>
<td>6. Ended with conflict; now resolved and they remain respected colleagues</td>
</tr>
<tr>
<td>7. Feelings of loss</td>
</tr>
<tr>
<td>8. Relationship has not ended</td>
</tr>
<tr>
<td>9. Mentor/mentee changed jobs</td>
</tr>
<tr>
<td>10. Ended with unresolved conflict</td>
</tr>
<tr>
<td>11. Ended without conflict; they remain friends</td>
</tr>
</tbody>
</table>
both the mentor and the mentee were responsible for initiation of the relationship. Only 7 nurses (10%) felt they were responsible for initiating the relationship with their mentor and 9 (13%) reported that the mentor initiated the relationship.

Termination of the Mentor Relationship

Subjects reported that the mentor relationship was most frequently terminated by both the mentor and the mentee. Twenty-five (37%) subjects indicated both parties were responsible for terminating the relationship. Eighteen (27%) indicated that the mentee terminated the relationship and 4 (6%) felt the mentor was responsible for termination.

Characteristics of the mentor relationship termination are also presented in Table 6. The most frequent reason given for termination of the mentor relationship was that the mentor/mentee moved. This response was given by 12 subjects (23%). Ten (19%) indicated that the mentor/mentee changing jobs was the reason for termination, followed by 9 subjects (17%) giving completion of nursing school as the termination reason and 7 (13%) who indicated that they outgrew the need for the mentor. Other responses given appear in Table 6 and all fell below 10% of the total responses.
Problems Attributed to the Mentor Relationship

Table 7 reports problems with the mentor relationship as indicated by the subjects. The most frequent problem identified by 3 subjects (23%) was that mentors did not offer enough positive feedback. Being too dependent on the mentor, the mentee experiencing feelings of inadequacy and missing the relationship now were identified by 2 subjects each (15%) as being problematic. Finally, feelings of guilt upon leaving the mentor, feelings of competition and conflict between work/friendship role were all identified by 1 subject (7%) as being problematic. One respondent (7%) could identify no problems with the mentor relationship.

Service as a Mentor

Table 8 presents data concerning registered staff nurses who had experienced at least one mentor relationship and who have also served as mentors. Twenty-seven nurses (40%) reported serving as a mentor. Conversely, 28 (41%) who had experienced at least one mentor relationship reported not having served as a mentor. Thirteen (19%) chose not to answer the question.

Benefits of Serving as Mentor

Benefits of serving as a mentor are reported on Table 9. The most frequently identified benefit of serving as a mentor was expanded knowledge and improved awareness of
<table>
<thead>
<tr>
<th>Problem</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No problems</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>2. Too dependent on mentor</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>3. Guilt feeling upon leaving mentor</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>4. Competition</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>5. Not enough positive feedback</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td>6. Conflict between work/friendship role</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>7. Mentee feeling of inadequacy</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>8. Miss relationship now</td>
<td>2</td>
<td>15</td>
</tr>
</tbody>
</table>
Table 8

Registered Staff Nurses Having Served
As Mentors

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff RNs reporting mentor</td>
<td>68</td>
<td>100</td>
</tr>
<tr>
<td>relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have not served as mentor</td>
<td>28</td>
<td>41</td>
</tr>
<tr>
<td>Have served as mentor</td>
<td>27</td>
<td>40</td>
</tr>
<tr>
<td>Missing data</td>
<td>13</td>
<td>19</td>
</tr>
</tbody>
</table>
Table 9
Benefits of Serving as Mentor

<table>
<thead>
<tr>
<th>Benefit</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Friendship</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>2. Expanded knowledge; improved awareness of personal strengths and weaknesses as professional</td>
<td>20</td>
<td>74</td>
</tr>
<tr>
<td>3. Personal satisfaction</td>
<td>10</td>
<td>37</td>
</tr>
<tr>
<td>4. Held in high esteem by peers and supervisors (reputation)</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>5. Promotion</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>6. Increased awareness of the needs of others</td>
<td>6</td>
<td>22</td>
</tr>
</tbody>
</table>
personal strengths and weaknesses as a professional. This benefit was identified by 20 subjects (74%). Personal satisfaction was identified by 10 subjects (37%) as a benefit of serving as a mentor followed by 6 (22%) identifying increased awareness to the needs of others, 5 (18.5%) identifying improved professional reputation as a benefit, 4 (15%) identifying friendship, and 3 (11%) identifying promotion as a benefit of serving as a mentor. The summation of percentages listed in Table 9 exceeded 100% due to multiple responses.

Research Questions

Primary Research Question

The primary research question stated:

Do staff nurses have mentors that assist in the development of their careers?

To answer the primary research question, subjects were asked if they had ever had a mentor. As previously discussed, 59% of the sample indicated having had at least one mentor relationship. Thus, the results of this study would indicate that registered staff nurses do have mentors. Just what type of relationships are occurring requires further study with consideration given to the limitations of the study presented in Chapters II and V.

Secondary Research Questions

Research question one stated:

What are the benefits of a mentor relationship
for the registered staff nurse?

To answer this research question, subjects were asked, "What, if any benefits have resulted from your mentor relationship?" As discussed, the three benefits most frequently identified by subjects were: (a) individual growth towards professional goals (40%); (b) increased knowledge and skills (25%) and role model (10%). All other responses were given by less than 10% of the sample and are reported in Table 5.

Research question two stated:

Who serves as mentor to the registered staff nurse?

To answer the above question, subjects were asked to respond to three questions that included: (a) the age of the mentor, (b) the gender of the mentor, and (c) the professional position of the mentor. The median age of mentors was 34.9 years with a mean of 36.35 years and range of 22-60 years of age. In addition, 90% of the subjects reported having female mentors and 10% reported having male mentors. Finally, 48% of the sample indicated that the professional position of their mentor was as a registered staff nurse. This position was followed by 20% who served as undergraduate nursing professors, 11% as nurse administrators and 11% as head nurses. Other professional positions held by mentors accounted for less than 10% of the sample (Table 3).

Research question three stated:
What are the perceived characteristics of a good mentor?

To answer the third research question, subjects were asked to respond to the question, "What characteristics do you consider essential in a mentor?" Six characteristics were offered by more than 10% of the sample: (a) understanding -- 44%; (b) nursing knowledge and skill -- 40%; (c) teacher -- 37%; (d) kind and friendly -- 29%; (e) patience -- 22%; (f) patience -- 22%; and (g) good communication skills -- 16%. Characteristics of mentors given by less than 10% of the sample are reported in Table 4.

Research question four stated:

What is the relationship between educational preparation of the staff nurse and the presence of a mentor in the registered staff nurse career?

Chi-square analysis was used to evaluate the relationship between the educational preparation of the staff nurse indicated on the questionnaire with the presence of at least one mentor relationship. Chi-square level of significance with 5 degrees of freedom was .08106. As mentioned, significance was established at $p < .05$. Consequently data from this study indicate that the relationship between educational preparation of the staff nurse and the presence of a mentor in the registered staff nurse career is not a significant one (Table 10).

Research question five stated:

How long do mentor relationships last at the registered staff nurse level?
Table 10  
Percentage of Registered Nurses with Mentors  
by Educational Preparation

<table>
<thead>
<tr>
<th>Educational Preparation of subject</th>
<th>n</th>
<th>No. with mentor</th>
<th>%a</th>
<th>%b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate degree</td>
<td>32</td>
<td>20</td>
<td>17.4</td>
<td>63</td>
</tr>
<tr>
<td>Diploma</td>
<td>17</td>
<td>8</td>
<td>7.0</td>
<td>47</td>
</tr>
<tr>
<td>BSN</td>
<td>50</td>
<td>31</td>
<td>27.0</td>
<td>62</td>
</tr>
<tr>
<td>MN/MSN</td>
<td>1</td>
<td>1</td>
<td>.9</td>
<td>100</td>
</tr>
<tr>
<td>BS/BA (other)</td>
<td>11</td>
<td>6</td>
<td>5.2</td>
<td>54</td>
</tr>
<tr>
<td>MS/MA (other)</td>
<td>4</td>
<td>2</td>
<td>1.7</td>
<td>50</td>
</tr>
</tbody>
</table>

Note. Chi-square level of significance with 5 degrees of freedom = .8106 (not significant). a Percentage of total 115 subjects; b percentage having mentor for n in educational group.
To answer this research question, subjects were asked to respond to the following question:

**Length of Mentor Relationship:**
- 0-2 years
- 2-5 years
- 5-10 years
- 10 years or more.

Subjects indicated that 68% of the reported mentor relationships lasted 0-2 years, 21% lasted 2-5 years, 7% lasted 5-10 years and 4% lasted 10 years or more. Therefore, 96% of the mentor relationships reported in this study lasted 0-10 years.

**Research question six** stated:

> What is the nature of the initiation and termination of the mentor relationship in the career of a registered staff nurse?

Question six was answered by asking subjects to respond to these question:

1. Who initiated the relationship?
   - You  Mentor  Both

2. Who ended the relationship?
   - You  Mentor  Both

3. What, if any, problems have resulted from your mentor relationship/s?

4. If the mentor relationship has ended, describe its termination.

Data regarding mentor relationship initiation and termination are reported in Table 6. According to this
study, 57% of the reported mentor relationships were initiated by both the mentor and the mentee. Mentors were responsible for initiation of the relationship 13% of the time and the staff nurse was responsible 10% of the time.

Similarly, termination was reported to be initiated by both the mentor and the mentee in 37% of the relationships. Interestingly, 27% of staff nurses initiated termination as opposed to 6% of mentors.

While mentor/mentee moving (23%) and mentor/mentee changing jobs (19%) were the two most frequent reasons reported for termination, it was also interesting that completion of nursing school (17%) and outgrowing the need for the mentor (13%) were the next two most commonly identified reasons for termination of the relationship. These reasons may be attributable to problems with the mentor relationship identified by the subjects: (a) not enough positive feedback -- 23%; (b) too dependent upon mentor -- 15%; (c) mentee feeling of inadequacy -- 15% and (d) missing the relationship now -- 15% (Table 7).

Research question seven stated:

What is the relationship between having a mentor and serving as a mentor for the registered staff nurse?

This question was answered by asking the 68 subjects who reported having had a mentor if they had served as one. Forty percent of these subjects indicated having served as a mentor and 41% stated that they had not. Nineteen
percent did not respond to the question.

Research question eight stated:

What are the benefits of serving as a mentor?

The eighth research question was answered by asking the sample "What, if any, benefits occurred for your career as a result of the time you spent as a mentor?" Responses are reported in Table 9. Of interest is the 74% who reported expanded knowledge and improved awareness of personal strengths (37%), increased awareness of the needs of others (22%), improved professional reputation (18.5%), friendship (15%) and promotion (11%).

Summary

Data gathered for this study were reported and analyzed. Demographic variables were reported according to descriptive statistics. The 14 unknown variables for this study were also reported according to descriptive statistics. Finally, data analysis of demographic and unknown variables was used to answer the primary and secondary research questions which constituted the purpose of the study. The results of this study indicate that registered staff nurses do have mentors which assist in the development of their careers. Identification of the type of mentor relationships requires further study with consideration of the study's limitations.
CHAPTER IV

DISCUSSION OF FINDINGS

The findings of the study will be discussed for the purpose of formulating implications, drawing conclusions and developing recommendations. The discussion will include the theoretical framework described in Chapter I and an overview of the survey data as they relate to the primary and secondary research questions. Limitations of the study will be addressed.

The Theoretical Framework

The theoretical framework of this study is substantiated by the limited findings of the study. According to interactionist role theory, perhaps the most important feature of an individual is the image of self. The experience of self is a crucially interpersonal one. Its basic organization is reflected from surrounding persons to whose advice and criticism one pays attention. What individuals think of themselves is decisively influenced by what others think of them. Attitudes of approval and disapproval guide individuals in learning to play roles they are assigned or that they assume. By internalizing these new attitudes of others towards themselves and their
conduct, individuals not only gain new roles, but in time they gain an improved image of themselves. Those from whom an individual continually seeks approval are important determinants of the kind of individual the person is becoming. According to interactionist role theory, values held by influencing persons may, in time, be adopted by the individual as their own values which the individual, in turn, applies to others and to individual actions, as well (Gerth & Mills, 1967).

The findings reported in this study that registered staff nurses do have mentors indicates that at least 59% of the respondents were choosing to select actions from their mentors to use in building their own concepts of self. Furthermore, the study indicates that the mentee was either partially or fully involved in initiation of the mentor relationship 67% of the time. Once again, this would indicate that the mentee is choosing certain observed behaviors and values to learn and incorporate into the concept of self. The finding that career development results from the mentor relationship also substantiates interactionist role theory. Individual growth towards professional goals was indicated by 40% of the subjects as a benefit of the mentor relationship and increased knowledge and skill were reported by 25%. As individuals increase their knowledge and skill, they also enhance their concept of self. Finally, the data indica-
ted that the three most frequently identified essential mentor characteristics were understanding, nursing knowledge and skill and teaching ability. These characteristics identified by staff nurses would also indicate a desire to improve the concept of self through the mentor relationship.

**Primary Research Question**

In examining the primary research question using descriptive statistics, results indicate: (a) registered staff nurses do have mentors, and (b) these mentors do contribute to the career development of the staff nurse. Fifty-nine percent of the sample indicated the presence of at least one mentor relationship during their careers. In addition, of the 59% percent reporting a mentor relationship, 20% reported having two mentor relationships, 12% reported three, and 13% had more than three during the course of their professional careers (Table 2). Furthermore, 40% indicated that individual growth towards professional goals was a benefit of the mentor relationship.

Because statistics do not appear in the literature regarding the percentage of staff nurses reporting the presence of a mentor relationship in their professional careers, it is impossible to compare these findings with other studies. However, these findings were not anticipated based upon information cited in the literature.
review. Zay (1984) maintained that men learn how to form mentor relationships in team sports while young to a greater extent than do women. In addition, Keele and DeLaMare-Schaefer (1984) found that mentor relationships frequently are not as available for women as they are for men and even when they are available, they have limitations including: limited duration, dangers of an exclusive and intense relationships and the perceived complications of cross-sex relationships. Similarly, Leavinson et al. (1984) asserted that women have even fewer mentors than men.

There are several possible reasons for the high incidence of the mentor relationship reported in this study. First, as mentioned in Chapter I, the study was limited to two tertiary care teaching hospitals in one city. The university-affiliation of both hospitals may present an environment where nurses are more aware of and educated in the mentor phenomenon. Second, the sample population was not random, but rather a convenience sample of 115 subjects who chose to respond to the survey. Clearly, this type of population has the potential to chose to answer or not answer the survey due to several potential biases. Subjects may have chosen to answer the survey because they had experienced a mentor relationship and knew what a mentor was and were consequently drawn to the survey. This nonrandom sampling could create a
falsely high incidence of the mentor relationship being reported. Third, the large number of women comprising the nursing profession improve the chances of having a woman mentor. In addition to improving the chances of having a woman mentor, the large population of women in the profession decreases the risks of mentoring previously discussed. Fourth, the small return rate makes it difficult to generalize results to other populations. Methods to improve the return rate in future studies were addressed in Chapter I. Finally, despite a seemingly clear definition of a mentor for the purpose of this study presented in the cover letter of the questionnaire, there seemed to be a discrepancy among some subjects regarding the definition.

Answers given to open-ended questions seem to indicate that certain of the mentor relationships reported had been initially assigned. Comments such as mentors needing to "move on to mentor other new graduate nurses," and "my mentor relationship ended due to a predetermined length for the relationship," indicate that subjects held a different definition of mentoring than the definition described in this study. Furthermore, examination of the data gathered indicates a difference in occurrence of the mentor relationship at the two sample sites surveyed. As illustrated in Table 2, of the 49 registered staff nurses responding to the survey at UUMC, 69% reported having at
least one mentor relationship. This is in contrast to LDSH where only 52% of the 66 staff nurses responding to the survey had experienced at least one mentor relationship. This difference of 17% and the conflicting definitions used for the identification of a mentor may both be due, in part, to the presence of an organized preceptor program for new graduate nurses at UUMC. Atwood (1979) reported her experience with a preceptor program,

The mentor teaches, coaches, inspires, and supports the development and growth of the team members, including one neophyte; a newly graduated nurse who needs a docent or expert to guide her through the transitional period from student learner to practicing professional (p. 715).

The premise that some mentors identified in this study might really be preceptors is borne out in the characteristics of mentors identified by subjects (Table 4). The most frequently identified characteristic of a mentor was a category which encompassed understanding, sympathy, concern or empathy (44%). Nursing knowledge and skill was the second most frequently identified characteristic followed by teacher and then a category including kind, friendly, helpful or supportive characteristics. All of these seem consistent with needs of new graduates, but are also consistent with characteristics Darling (1984a) used to measure mentoring potential. Also substantiating the premise that the preceptor program affected this study's results are data collected in this
study which identified the professional position of mentor as a registered staff nurse in 48% of reported relationships. In addition, the most frequently identified length for the relationship was 0 to 2 years (68%, Table 3). The UUMC utilizes registered staff nurses as preceptors for 6 months, at which time the formal preceptor relationship ends. While data do substantiate the premise that mentor/preceptor roles were confused, the data also correlate with the literature on identified lengths of most mentor relationships (Leavinson et al., 1984; Pilette, 1980). Consequently further studies should be conducted to verify and clarify studies.

As mentioned, it might be useful to conduct a descriptive study of more basic design among registered staff nurses which seeks a definition of mentor and a definition of a preceptor. Furthermore, data from this study indicate that the mentor relationship identified (whether preceptor or mentor) did have beneficial affects for the career development of the staff nurse. Therefore, the nature of this preceptor-mentor relationship needs to be investigated in greater depth by nursing professionals. It should not be ignored, however, that data gathered in this study from nurses at LDSH where there was not a preceptor program indicated that 52% of the 66 subjects had at least one mentor relationship during their professional careers. This percentage of identified mentor
relationships among staff nurses needs to be explored further in additional studies.

Secondary Research Questions

Demographic Data

Demographic statistics of the 115 subjects responding to the survey did not appear out of the ordinary. Of interest, but not significant, was the finding that 27 more nurses (14%) responded to the survey at LDSH than at UUMC. This may be attributed to the slightly larger nursing staff working at LDSH. As mentioned, LDSH is a 520-bed hospital and UUMC is a 434-bed hospital.

Benefits of Mentor Relationship

Perhaps the most enlightening and encouraging finding in this investigation next to the indication that nurses do have mentors is the 40% who felt the mentor relationship promoted individual growth towards professional goals. This finding supports the primary research question by indicating that mentors do assist in career development. Caution must be taken in generalizing this finding to other populations due to the limitations discussed previously. Nevertheless, this is a very encouraging finding. This information is supported by Roche (1979), who found that those business executives with mentors had more rapid advancement at an earlier age, with higher salaries and were happier than those who did
The second most common benefit reported was increased knowledge and skill (25%). All other responses to this question fell to 10% or less of the sample and are reported in Table 5.

Demographic Characteristics of Mentors

Table 4 presents the demographic characteristics of the staff nurse mentors. The median age of mentors was 34.9 years, the mean 36.35 and the range 22-60 years. As anticipated, the majority were female (90%) and 10% were male. Despite reports indicating that in the professional world, mentors of both men and women were more commonly men (Collins, 1983; Hennig & Jardim, 1978), it was anticipated that this would not be substantiated in this investigation. It seems logical that because of the large numbers of women in nursing, mentors would most likely be women. This thought was substantiated in this investigation.

Subjects reported that the professional position held by the majority of their mentors was that of registered nurse (48%). This finding substantiates the premise that a percentage of subjects in this investigation were using the definitions for preceptor and mentor interchangeably. Subjects defining preceptors as mentors would indicate that the professional position held by their mentor was
that of staff nurse. Not to be ignored, however, is another potential explanation that mentors of staff nurses are truly other staff nurses. This theory would conflict with nonnursing literature on mentoring which suggests that mentors provide reflected power, that they allow the protege to bypass organizational hierarchy, that they aid in mobility of the individual by fighting for the mentee, and that they are higher up on the organizational ladder (Collins, 1983; Kanter, 1977). Again, there is insufficient information in the nursing literature to substantiate or refute this finding. Whether or not mentors of nurses really are other staff nurses is a concept requiring further investigation and replication with larger sample sizes.

Characteristics of a Good Mentor

When asked what qualities are essential in a good mentor, respondents replied with a wide variety of characteristics. Understanding was listed by 44% of the respondents, followed closely by nursing knowledge and skill at 40% and teacher with 37% (Table 4).

It is interesting to note that many characteristics indicated by respondents were the same as those cited by Darling (1984a) as criteria for measuring mentoring potential in nursing (Chapter II). Characteristics such as: model, investor, supporter, teacher-coach, and
feedback-giver were characteristics also identified by the respondents in this study as essential for mentoring.

Perhaps most interesting, however, is that literature on mentoring outside nursing does not seem to recognize the same essential characteristics of a mentor as does the nursing profession. Subjects in Collins' (1983) study of professional business women indicated that mentors should be: (a) authorities in their fields, (b) influential, (c) interested in the mentee's growth and development and (d) higher up on the organizational ladder. Furthermore, these same subjects' reported mentors were not: (a) automatically a pal, (b) "on call" for grievances and frustrations, (c) exclusively the mentee's and (d) someone to be gracefully dismissed when the mentee decided the relationship was no longer useful.

It is clear that there is a difference in the essential characteristics of a mentor between nursing and nonnursing literature. Once again, the body of nursing literature is very small. The results from this study do correspond, to some extent, with Darling's (1984a) investigation. However, it is also possible that some respondents in this investigation were using preceptor relationships instead of mentor relationships as reference points for their responses. If this were true, respondents would have been new graduates which tend to show some of the dependent-type behaviors reported. This question
can only be answered by replication of this study with larger sample sizes and investigation of the mentor, as opposed to preceptor, relationship at the staff nurse level.

**Educational Preparation of the Staff Nurse and Presence of a Mentor Relationship**

As presented in Chapter II, no relationship was shown to exist between the educational preparation of the registered staff nurse and the presence of a mentor relationship. Nursing literature has not addressed this issue; thus the finding can be neither confirmed nor contradicted.

**Length of Mentor Relationship**

Sixty-eight percent of the mentor relationships identified in this investigation lasted 0 to 2 years, with 89% ending by the end of the 5th year and 96% ending by the end of the 10th year. These findings are consistent with those of Pilette (1980) and Leavinson and colleagues (1984) who found that mentor relationships lasted from 2-10 years. That 68% of the subjects reported a mentor relationship lasting 0-2 years should not be ignored. The preceptors at UUMC were assigned to their preceptees for 6 months. At the end of the 6-month period, the assigned relationship ended. While 0-2 years could certainly be considered a normal reported length for a mentor relation-
ship, it is possible that the high percentage of respondents with mentor relationships lasting 0-2 years was partly due to the inappropriate use of the preceptor relationship as a reference point.

**Mentor Relationship Initiation and Termination**

Table 6 reports the individual responsible for initiating and terminating the mentor relationship. According to respondents having at least one mentor, 57% stated that both the mentor and the mentee were responsible for initiating the relationship. Only 10% of the nurses felt that they were responsible for initiation of the relationship with the mentor and 13% indicated the mentor initiated the relationship. Termination of the relationship appeared to be more divided, with both mentor and mentee being responsible for 37% of the terminated relationships, 27% being terminated by the mentee and only 6% coming from the mentor (Table 6).

These findings are supported in the literature. Darling (1984b) points out that as nurses advance their experience and careers, a shift in mentoring relationships usually occurs. Movement is away from traditional mentoring relationships and they are either transformed into more equal collegial relationships or they end (Darling, 1984b). As reported in Table 6, 13% of the staff nurses indicated that they outgrew the need for
their mentor. Also of interest is that 23% were terminated due to mentor/mentee moving and mentor/mentee changing jobs (19%). Surprisingly, only 6% of responding nurses indicated their mentor relationship ended with unresolved conflict. This finding conflicts with the small 2% of nurses who stated that their termination was "not difficult."

Further, when reviewing Table 7 which identifies problems with the mentor relationship, 23% indicated that there was insufficient positive feedback from their mentors, 7% indicated competition with mentors was problematic, and 15% indicated experiencing feelings of inadequacy. Emotional overdependence, identified by Zey (1984) as a problem in the mentor relationship, occurred as a problem for 15% of the staff nurses. Only 7% of the subjects indicated that there were "no problems" in their mentor relationship.

The fact that 23% of the subjects indicated they did not receive enough positive feedback from their mentors is an interesting finding which should not be ignored. It may be related to the 27% who reported initiating termination of the mentoring relationship. While this may be a real problem with mentor relationships, the need for positive feedback is also widespread among new graduate nurses. Once again, these data may be attributable to the effects of the preceptors on this investigation. It is
impossible to draw conclusions from just one descriptive investigation. Consequently, others should be initiated which will help define problems with the mentor relationship within the nursing profession.

Benefits of Service as a Mentor

As reported in Chapter II, 40% of the registered staff nurses indicating the presence of at least one mentor relationship in their professional careers have also served as a mentor. These data are very encouraging for the nursing profession as it is the finding of some researchers that serving as a mentor may be as important, if not more important, than having one (Keele & DeLaMare-Schaefer, 1984). The truth of this statement is substantiated in this study when nurses were asked to identify the benefits of serving as a mentor. Seventy-four percent of the nurses felt that serving as a mentor had improved their awareness of professional strengths and weaknesses. Thirty-seven percent felt that personal satisfaction was a benefit of serving as a mentor and 18.5% identified being held in high esteem by peers and supervisors as a result of serving as a mentor. Eleven percent noted promotion as a benefit.

It would appear that not only is having a mentor beneficial to career development of the staff nurse but that serving as one will also contribute to the development of the registered staff nurse. While this finding
needs replication in other studies with larger sample sizes, it remains important and should be an issue stressed in future investigations.

Summary
Discussion of the findings from this investigation were presented. First, a discussion was undertaken of how this investigation substantiates the theoretical framework of interactionist role theory. Second, a discussion of the primary research question was presented including limitations of this study. Finally, a discussion of findings as they relate to the secondary research questions was presented.
CHAPTER V

IMPLICATIONS, CONCLUSIONS AND RECOMMENDATIONS

The objective of this investigation was to determine if registered staff nurses have mentor relationships that assist in career development. In addition, characteristics of the mentor relationship such as who serves as a mentor, essential characteristics of a good mentor, educational preparation as it relates to the mentor relationship and benefits of the mentor relationship, initiation and termination of the mentor relationship, and the benefits of serving as a mentor were examined. Based on these findings, conclusions can be made which have important implications for nursing management. Because of the descriptive nature of the study and the small sample size, few definitive conclusions can be drawn. However, certain helpful recommendations can be made for future study into the mentor relationship at the staff nurse level. To summarize this report, implications of this investigation will be discussed, followed by conclusions drawn from the study. Finally, recommendations for future study will conclude this chapter.
Implications of the Study

The findings of this study hold implications for education, staff development and research.

Education

Data from this investigation indicate that subjects received numerous benefits from serving as a mentor. Such benefits, in order of highest reported frequency, include:

1. Expanded knowledge, improved awareness of personal strengths and weaknesses as professional.
2. Personal satisfaction.
3. Increased awareness of the needs of others.
4. Improved professional reputation.
5. Friendship.
6. Promotion.

While numerous benefits were reported for the staff nurse who served as mentor, only one-half of the nurses reporting at least one mentor relationship also reported serving as a mentor. It follows that registered staff nurses need to be educated not only to the benefits of having a mentor, but also to the benefits of serving as one. As pointed out by Keele and DeLaMare-Schaefer (1984), the positive effects of being a mentor in one's own career development seem not to have been communicated to women in the same force as the benefits of having one. These findings were substantiated by this investigation. Acknowledging that this study has limitations in sample
size and randomization, there is still evidence from this investigation and others (Keele & DeLaMare-Schaefer, 1984) which indicates the need for education on the mentor phenomenon, especially for women's professions. Because nursing is predominantly a profession of women, these findings have particular relevance for nursing and should be given appropriate attention through education and staff development.

**Staff Development**

Characteristics of a good mentor identified within this study will be discussed further in regards to research in a later section. However, characteristics of a good mentor identified within this study have also been identified in other nursing studies on mentoring. Essential characteristics of a mentor reported by Darling (1984a) such as model, investor, supporter, teacher-coach, and feedback-giver were also identified by respondents in this investigation (Table 4). Recognizing the limitations of this study and recognizing the continued need for replicative studies in this area, evidence does exist in the nursing literature (Darling, 1984a) which is substantiated by this study to indicate that the essential characteristics of a mentor need to be used by nursing administrators to develop mentors and managers within the nursing profession. Head nurses and personnel departments need to incorporate tools such as Darling's tool for
Measuring Mentoring Potential (MMP) (Darling, 1984a) into staff development programs in order to identify nurses to be used in the career development of staff. Furthermore, once individuals with inherent mentoring potential have been identified, they need to be informed of the benefits mentoring may have on their careers and they need to be placed in situations where their inherent abilities will be utilized to their fullest capacity.

Research

Results of this investigation hold four important implications for research. First, further research needs to be conducted into the relationship between preceptor programs and the mentor relationship. These studies should be designed specifically to determine what definition staff nurses give to a preceptor and what definition a staff nurse ascribes to a mentor. These investigations should include a random sample and a larger population than surveyed in this investigation. Such studies would allow for generalization to a larger population. Findings reported in this investigation provide no specific data to support a relationship between preceptor programs and the mentor relationship, but do tend to allude to the possibility of its existence. Answers given to open-ended questions in the survey seem to indicate that certain mentor relationships had been initially assigned. Comments such as mentors needing to "move on to mentor
other new graduate nurses," and "my mentor relationship ended due to a predetermined length for the relationship" indicate that subjects held a different definition of mentor than was described for this investigation.

From the limited scope of this study, it is impossible to determine if: (a) there is indeed a relationship between preceptor programs and mentor relationships, or (b) if a percentage of the sample were using an interchangeable definition for a mentor and a preceptor. Consequently, descriptive studies need to be initiated in the hospital setting to provide insight into: (a) the staff nurse definition of a mentor, (b) the staff nurse definition of a preceptor, and (c) the existence of a relationship between preceptor programs and mentor relationships. Information from these studies can, in turn, be used for staff development.

Second, differences in essential characteristics of a mentor identified in the nursing and nonnursing literature require further investigation. Characteristics of mentors identified by Darling (1984a) and substantiated by this investigation indicate qualities not mentioned in nonnursing literature. While some overlapping of qualities mentioned does occur, some strikingly different qualities emerged as well. Nursing literature supports such qualities as model, investor, supporter, teacher-coach, and feedback-giver (Darling 1984a) while the nonnursing
literature identifies such qualities as (a) influential, (b) interested in the mentee's growth and development and (c) higher up in the organizational ladder (Collins, 1983, p. 7). That nonnursing literature identifies mentors as being higher up on the organizational ladder is in direct conflict with this investigation where 48% of professional positions held by mentors was that of registered staff nurse. This phenomenon may be due, in part, to the effect of the preceptor program on this study which complicated the results. However, it remains that other nursing literature does not identify being higher up on the organizational ladder as an essential characteristic of a mentor. In addition, neither Darling (1984a), nor this investigation substantiates that mentors should be influential. Instead, nursing literature and this investigation seem to focus on "nurturing" qualities as essential for mentoring. The five most frequently identified characteristics for this investigation were as follows: (a) understanding/sympathy/concern/empathy; (b) possessing nursing knowledge/skill; (c) giving feedback in a constructive manner as a teacher; (d) kind/friendly/helpful/supportive; and (e) patient. This tendency identified in this investigation and apparent in the nursing literature causes questions to come to mind regarding the nursing profession specifically. The foremost question arising from the data reported in this
study would be, "Are nurses asking for nurturing?" "If so, why?"

To answer these questions, studies need to be initiated within the nursing profession which identify and replicate the essential characteristics of a mentor. These studies need to be conducted using larger sample sizes and random sampling. In addition, future studies should control for such variables as preceptor programs and differing mentor definitions which unknowingly became problematic in this project.

Third, as data become available to support the existence of the mentor relationship at the staff nurse level, the nursing profession needs to investigate the relationship between mentoring (strong-tie relationships), and networking (weak-tie relationships) within the profession. According to Keele and Delaney (1984) focusing on mentoring or networking exclusively is dangerous. These researchers advocate a delicate balance between strong-tie and weak-tie relationships. Their findings indicate that overemphasis of strong-tie relationships (mentor relationships) can lead to overdependence by the mentee on one person so that essential networking contacts (weak-tie relationships) are not made. Consequently, when the mentor is gone, the mentee is left without essential professional contacts which are necessary to sustain continued professional growth (Keele &
Delaney, 1984). The appropriate balance of mentoring-networking relationships was not addressed in this study. However, it is noted here as nonnursing literature indicates it would be inappropriate to focus on the mentor to the exclusion of other weak-tie types of relationships. Acknowledging the limitations of this study, this investigation does indicate that registered staff nurses do have mentors who assist in career development. Consequently, it follows that the mentor relationship needs to be investigated by the nursing profession to determine the appropriate balance for strong-tie (mentoring) and weak-tie (networking) relationships. If this appropriate balance is not investigated and determined, literature indicates that mentoring might prove harmful to career development of the professional instead of being helpful, as intended.

Fifth, there is need for additional studies on mentoring with larger sample sizes within the nursing profession. Only one study of mentoring at the staff nurse level was identified in the literature. Consequently, little is known about mentor relationships among staff nurses. Characteristics and benefits of mentor relationships among staff nurses are basically unknown as they remain unresearched by the nursing profession. The small sample and nonrandomization prohibit generalization of the information gleaned from this study to other populations.
In addition, the qualitative nature of the data and inability to control for an unknown preceptor program also prohibit decisive inferences regarding the data reported. However, this investigation does indicate that the mentor relationship does exist in some form at the registered staff nurse level, and that the relationship does contribute to career development of the professional staff nurse. These findings are important and should be verified by additional nursing research.

Conclusions

There are five significant findings in this study. The first is that registered staff nurses do have mentor relationships. The exact nature of these relationships is not clear from this study. The presence of a preceptor program at UUMC made it impossible to determine whether subjects were responding to the survey regarding a preceptor, a mentor, or perhaps both. Atwood (1979) stated that mentor relationships can occur as a result of collaboration with preceptors at work. Nevertheless, it is clear from this study that staff nurses do have mentor relationships, although the nature of those relationships remains unclear.

Future studies with larger number of subjects and more controlled variables may be able to clarify and document the nature and existence of this relationship. The second important finding is that mentor relationships,
regardless of their nature, do contribute to the career development of the registered staff nurse. Results from this study indicate that 40% of the nurses benefitted from the mentor relationship by greater individual growth toward their professional goals. These results were consistent with those of Roche (1979) who also found that mentor relationships contributed to the advancement of professional goals.

A third finding of importance is that not only is having a mentor beneficial, but serving as one is beneficial, as well -- possibly more beneficial to career advancement than having a mentor. Seventy-four percent of nurses who reported serving as a mentor reported that expanded knowledge and improved awareness of professional strengths and weaknesses were the benefit of service as a mentor. In addition, 18.5% indicated improved professional reputation and 11% reported promotion as a result of their service as a mentor. That service as a mentor is beneficial to career advancement has been reported in the literature. Keele and DeLaMare-Schaefer (1984) reported positive effects of service as a mentor on one's own career development. This information needs to be dispersed in the nursing literature through future studies in order that it might be used by nurse administrators for future staff development.

A fourth finding of importance is that character-
istics of a good mentor identified in this investigation correlate with those of a good mentor reported in nursing literature. These include: model, investor, supporter, teacher-coach and feedback-giver (Darling, 1984a). While findings from this investigation confirm nursing literature, they do not agree with nonnursing literature on mentoring. As mentioned, the difference in mentor characteristics identified in this study may be attributable to the preceptor program at UUMC and its predominance of graduate nurses. Regardless, further documentation via repetitive studies is required to determine the essential characteristics of a mentor for the nursing profession. As it stands, information from this study and nursing literature suggest that nurses want to be "nurtured" not mentored.

The fifth finding is that educational preparation of the staff nurse is not related to the presence of a mentor relationship in the nurse's career. Chi-square analysis revealed no significant relationship between these two variables. The literature produced no information regarding the relationship between educational preparation and the presence of a mentor relationship. Therefore, this finding needs documentation through repetitive studies with larger sample sizes and extending to all populations.
Recommendations

The survey method utilized in this study allowed for the collection of perceptions from 115 subjects volunteering to share their experiences with mentor relationships. Based on the nature and quality of these data and the findings of the study, five recommendations are made.

First, it is recommended that the study be replicated with three important modifications. First, a larger, randomized sample is needed. The return rate of 16% in this study yielded insufficient data to draw conclusions on the mentor relationship. A random sample would allow for collection of staff nurse opinions from a variety of geographical locations to include primary, secondary and tertiary care hospitals. In addition, a larger sample size would allow the results to be generalized to other populations.

The second modification suggested is to survey the larger sample with a methodology other than a written survey. The questionnaire used for data collection in this investigation presented several problems. Some subjects seemed to misunderstand the definition of mentor used for this study. Had an interview technique for data collection been used, it might have been possible to indicate more accurately the subjects who were really reporting mentor relationships as opposed to preceptor relationships. The format of the questionnaire created
problems for statistical analysis of the data. Subjects arbitrarily chose which questions to answer. This made it difficult to determine what the $n$ should be (115, the number of subjects responding to the survey; 68, the number reporting mentoring; or some number in between depending on which questions the subjects chose to respond to). This problem could have been avoided through use of an interview technique for data collection.

The third modification suggested would be to attempt to control for the preceptor program variable within the study. It is not clear from this investigation the extent to which the UUMC preceptor program affected the data. However, this variable does seem to have a relationship to both a higher incidence of reported mentor relationships and to the professional position held by the mentor. These findings indicate that this program may have exerted an effect upon mentor relationship data. Therefore, it is recommended that an attempt be made in future studies to control for this variable.

A second recommendation is related to implications previously discussed. There is a need for descriptive studies conducted among nurses to determine their definitions for mentor and preceptor. This investigation suggests that the mentor relationships identified (whether mentor or preceptor) were beneficial to the career development of the staff nurse. Therefore, these two
types of relationships need to be clearly identified through future research with larger samples.

A third recommendation is that the benefits of serving as a mentor need to be disseminated to nursing personnel. This education of staff nurses should occur in an effort to encourage them to expand their own career development through service as a mentor. As this study and the literature have indicated, not only will the mentee benefit but so will the mentor.

A fourth recommendation is for continued research into the essential characteristics of a mentor. Studies need to be designed and implemented which lend insight into why nursing literature and this investigation identify differing characteristics of a mentor than does the nonnursing literature. Findings from this type of investigation should hold important implications for nursing management as they attempt to collaborate with management in health care administration.

A fifth recommendation is directed towards defining the appropriate balance of mentoring and networking for the nursing profession. It is clear from this study and the literature reviewed that mentor relationships are beneficial in career development. However, it is also essential to recognize that literature also recommends a balance of mentor relationships (strong-tie relationships) with networking (weak-tie relationships). Literature
cautions against focusing on networking or mentoring exclusively. Overemphasis of strong-tie relationships can lead to overdependence by the mentee on one person so that essential networking contacts are not made. Consequently, when the mentor is gone, the mentee is left without essential professional contacts which are necessary to sustain continued professional growth (Keele & Delaney, 1984).

The appropriate balance of mentoring-networking was not addressed in this investigation. However, it is mentioned here as nonnursing literature indicate it would be inappropriate to focus on the mentor relationship to the exclusion of other types of relationships. Acknowledging the limitations of this study addressed previously, this study does indicate that registered staff nurses do have mentors which assist in career development. Consequently, it follows that the mentor relationship needs to be investigated by the nursing profession to determine the appropriate balance for strong-tie (mentoring) relationships and weak-tie (networking) relationships. If this appropriate balance is not investigated and determined, literature suggest that mentoring could prove harmful to career development of the professional nurse.
Summary

Implications from this investigation were discussed as they related to education, staff development and research. Implications from this study for the nursing profession were followed by presentation of five significant conclusions of the investigation. Finally, recommendations for future study and for the nursing profession concluded the chapter.
APPENDIX A

NURSING MENTORSHIP SURVEY
Please do not indicate your name on this survey.

1. Age __  
2. Gender: male ___  female ___  
3. Number of years as a registered nurse ___  
4. Education (check highest degree attained):  
   ___ Associate degree  ___ BS/BA (other)  
   ___ Diploma  ___ MA/MS (other)  
   ___ BSN  ___ Doctorate  
   ___ MSN/MN  (specify ______)  
5. Have you ever had a mentor: ___ yes ___ no  
6. If yes: ___ currently ___ in the past ___ both  
7. How many mentors have you had:  
   ___ one ___ two ___ three ___ more than three  
   
For questions 8 and 9, at the time of the mentoring relationship:  
8. You were:  
   ___ in nursing school  
   ___ in graduate school  
   ___ employed as a staff nurse  
9. Your mentor was:  
   ___ your undergraduate nursing professor  
   ___ your graduate nursing professor  
   ___ a registered staff nurse  
   ___ a nursing administrator  
   ___ your undergraduate professor (nursing)  
   ___ a nonnursing professional  
   ___ your head nurse  
10. Mentor's gender: ___ male ___ female  
    If more than one mentor:  
    Mentor B: ___ male ___ female  
    Mentor C: ___ male ___ female
11. Mentor's approximate age: ___ years
   If more than one mentor:
   Mentor B: ___ years
   Mentor C: ___ years

12. Length of mentor relationship:
   ___ 0-2 yrs ___ 2-5 yrs ___ 5-10 yrs ___ 10+ yrs
   If more than one mentor:
   Mentor B: ___ 0-2 yrs ___ 2-5 yrs ___ 5-10 yrs ___ 10+ yrs
   Mentor C: ___ 0-2 yrs ___ 2-5 yrs ___ 5-10 yrs ___ 10+ yrs

13. Who initiated the relationship:
   ___ You  ___ Mentor  ___ Both

14. Who ended the relationship:
   ___ You  ___ Mentor  ___ Both

15. What characteristics do you consider essential in a mentor?

16. What, if any, benefits have resulted from your mentor relationship(s)?

17. If the mentor relationship has ended, describe its termination.

18. Have you served as a mentor?

20. What, if any, benefits occurred for your career as a result of the time you spent as a mentor?
APPENDIX B

LETTER OF INTRODUCTION
Dear Colleagues:

As a nurse and a graduate student, I am conducting a survey into the mentoring phenomenon. The purpose of the survey is to determine if registered staff nurses in all areas of clinical specialty within the nursing department have, or have had, mentors. I am also interested in determining the extent to which staff nurses serve as mentors and the benefits of such relationships.

Participation in the study by completion of the attached survey is entirely voluntary and is in no way connected with your place of employment.

There are no risks to participation in the study and no effort will be made to connect completed questionnaires with individual nursing units or staff. Confidentiality will be maintained and names of participants will not appear on the survey in any form. Benefits of the survey will include expansion of the body of nursing knowledge.

The survey will be conducted from the opinions of registered staff nurses at two tertiary care hospitals. For the purpose of this study, a mentor shall be defined as follows:

Mentor An individual who becomes a combination of teacher, sponsor, host and guide, exemplar, counselor, provider or moral support, supporter and facilitator of the realization of the protege's dream. The mentoring relationship has the intensity of a love relationship such as that between parents, older and younger siblings, or even lovers with a duration of from 2 to 10 years (Leavinson et al., 1984). A mentor may serve as role model in that a mentor is aware of and actively contributes to the established relationship.

Questions regarding the survey should be directed to: Deborah K. Hinson, 326 J Street #3, Salt Lake City, UT 84103, telephone number (801) 484-6652. A representative of the Institutional Review Board may be contacted at 581-3655 should questions arise that cannot be discussed with the investigator.
Completion of the survey will take approximately 10 minutes. Upon completion of the survey, place it in the posted return envelope located on your nursing unit labeled "completed surveys." A report of the final results from the study will be forwarded to the Vice President of Nursing Service at each facility for review by the nursing department.

Sincerely,

Deborah K. Hinson, R.N.
APPENDIX C

NURSING MENTORSHIP SURVEY:

PILOT STUDY
1. Age _____  2. Gender:   ___ Male   ___ Female
3. Number of years as a registered nurse: ____________
4. Education (check highest level)
   ___ Associate degree  ___ BS/BA  (other)
   ___ Diploma           ___ MS/MS  (other)
   ___ BSN               ___ Doctorate (specify)
   ___ MS/MSN
5. Position held:
   ___ Staff Nurse I      ___ ACNC
   ___ Staff Nurse II     ___ NEC
   ___ Staff Nurse III    ___ ADN
   ___ Staff Nurse IV     ___ Associate DN
   ___ CNC                ___ Other (specify)
6. Number of years employed at Stanford ____________
7. Have you ever had a mentor:  
   ___ Yes   ___ No
8. If yes,
   ___ currently   ___ in the past
9. How many mentors have you had?
   ___ one  ___ two  ___ three  ___ more than three
10. Where?
    ___ at Stanford   ___ elsewhere
11. Is your mentor your immediate supervisor (the person to whom you report)?
    ___ Yes   ___ No
12. Is your mentor?
    ___ Male   ___ Female
13. What is the approximate age of your mentor? _______
14. What is/was the length of the relationship with your mentor?
   __ 0-2 years
   __ 2-5 years
   __ 5-10 years
   __ 10+ years

15. Did you or your mentor initiate the relationship?
   __ You    __ Mentor

16. What characteristics do you consider essential in a mentor?

17. What, if any, benefits have resulted from your mentor relationship?

18. What, if any, problems have resulted from your mentor relationship?

19. If the mentor relationship has ended, describe its termination?
APPENDIX D

MEMORANDUM OF INTRODUCTION: PILOT STUDY
Memorandum

To: Registered Nurses at SUMC
From: Deborah Hinson, RN
Sylvia Simoncini, RN
Nursing Administration Residents

Re: Survey on mentorship in nursing

As nursing managers and graduate students, we are conducting a survey on the mentoring phenomenon. The purpose of this survey is to determine if registered nurses in all areas of the nursing department at SUMC have, or have had, mentors.

For the purposes of this survey, a mentor shall be defined as follows:

Mentor: A prestigious, established individual in a certain field or profession who shares knowledge, information and guidance with a less-experienced individual. A mentor may serve as a role model, but differs from a role model in that the mentor is aware of and actively contributes to the established relationship. Very often, the mentor develops a sense of personal concern for the individual.

Completion of the survey will take approximately 10 minutes. Upon completion of the survey, please place it in the designated envelope attached to the bulletin boards on your nursing unit. Members of Nursing Administration may return the surveys to Debbi Hinson or Sylvia Simoncini's file located in C020.

Thank you for your help with this project. Your time and effort are greatly appreciated!
SELECTED BIBLIOGRAPHY


