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Mentoring Up: A Classical Grounded Theory

Exploring the Protégés Perceptions of Nurse-to-Nurse Mentoring

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Mentoring Up: A Classical Grounded Theory

Exploring the Protégés Perceptions of Nurse-to-Nurse Mentoring

by

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Dedication

This dissertation is dedicated to all who serve others through mentoring.

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Mentoring Up: A Classical Grounded Theory

Exploring the Protégés Perceptions of Nurse-to-Nurse Mentoring

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Mentoring is widely advocated as a positive relationship in the nursing literature. The literature abounds with opinion-based, descriptive articles addressing mentoring, however few articles are theoretically and research based. The entire process of mentoring relationships in nursing has not been studied, resulting in a significant gap in the literature. The current research on mentoring in nursing has focused on two broad areas: mentor characteristics and the outcomes of mentoring. The purpose of this Classical Grounded Theory study was to understand the experience of mentoring from the perspective of the nurse protégé in the clinical setting and generate a substantive theory related to mentoring in clinical nursing. The Classical Grounded Theory procedures of constant comparative analysis, coding, theoretical sampling, and memoing

(Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014; Glaser & Strauss, 1967) were used to analyze interview data collected from fifteen nurse protégés. The substantive theory, *Mentoring Up*, emerged from the data. The participants' main concern, *confidencing,* is resolved by *Mentoring Up,* a process consisting of five phases with reciprocal interactions. Three dimensions of mentoring relationships, *earnest intentions, filial bond,* and *trust-worthiness* are threaded throughout the five phases of *Mentoring Up*: *seeding, opening, laddering, equalizing,* and *reframing*.

Mentoring Up provides a theoretical explanation of the processes involved in mentoring, guiding protégés and mentors through reciprocal interactions that occur over five phases. The present study is the first to explore protégés' perspectives of mentoring and discover *confidencing* as the protégés' main concern, and a rich, dense theory, *Mentoring Up,* that illuminates the resolution of their main concern. *Mentoring Up* provides a theoretical framework for future mentoring research in nursing and other disciplines, and sets the stage for formal theory development. The study findings may contribute to a broader body of literature by providing multiple disciplines with new knowledge, insights, and theoretical propositions needed for designing mentoring research, developing mentoring programs, and supporting mentoring relationships. A theoretical understanding of nurse-to-nurse mentoring fills a gap in the current nursing literature and provides a framework for future research on mentorship in nursing.

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List of Abbreviations

ADN	Associate Degree in Nursing
BSN	Bachelors of Science in Nursing
BSP	Basic Social Process
RN	Registered Nurse
CCM	Constant Comparative Method
CQM	Quality of Mentoring Questionnaire
CGT	Classical Grounded Theory
CINAHL	Cumulative Index of Nursing and Allied Health Literature
DNP	Doctor of Nursing Practice
GSBS	Graduate School of Biomedical Sciences
HMAN	Hale Mentorship Assessment for Nurses
IRB	Institutional Review Board
MBI	Mentoring Benefits Instrument
MBP	Mentoring Benefits Questionnaire
MEDLINE	Medical Literature Analysis and Retrieval System Online
MMP	Measuring Mentoring Potential
MPI	Mentoring Practices Instrument
MSN	Masters of Science of Nursing
PhD	Doctor of Philosophy
STTI	Sigma Theta Tau International
UTMB	University of Texas Medical Branch

Chapter One Introduction

INTRODUCTION

This dissertation presents the findings of a Classical Grounded Theory study that was conducted to explore the perceptions of nurse-to-nurse mentoring from the perspective of the nurse protégé. Chapter One presents the background of the study, the study problem, the research question and aim of the study, and describes the study significance. Chapter One continues with a discussion of the study methodology and concludes with the limitations of the study.

THE BACKGROUND OF THE STUDY

Mentoring in nursing is recognized as a relationship that enhances the professional growth and retention of nurses. The mentoring relationship is comprised of two individuals: a mentor and protégé. The mentor is a seasoned nurse who guides, teaches, and directs a less experienced nurse (Vance, 1982). The protégé is a relatively inexperienced individual who engages in a relationship with a mentor and accepts the guidance and teaching provided (Taylor, 2001). The nursing literature addressing mentoring is replete with opinion-based, anecdotal information but limited in research. Research on nurse-to-nurse mentoring essentially has focused on two broad categories: characteristics of the mentor and outcomes of the mentoring relationship. Mentors are seen as the dynamic force of the relationship, driving the protégé toward the achievement of professional goals; protégés are attracted to mentors who excel in their job performance (Ecklund, 1998; Hamilton, Murray, Lindholm, & Myers, 1989) and have qualities the protégé seeks to emulate (Ferguson, 2011). The ultimate goal of the

mentoring relationship is to develop the professional competencies of the protégé (Fagan & Fagan, 1983).

STUDY PROBLEM

Nursing research on mentoring has not explored the entire process of mentoring, thus there is no conclusive understanding of this complex human relationship. There is no universally accepted definition of mentoring in nursing nor is there evidence of an agreement as to what mentoring means; these two factors directly contribute to the ambiguity of the concept. Although the need to provide a clear understanding of mentoring has been asserted repeatedly in the nursing literature for more than twenty years (Andrews & Chilton, 2000; Andrews & Wallis, 1999; Bray & Nettleton, 2007; DeMarco, 1993; Earnshaw, 1995; Nettleton & Bray, 2008; Poronsky, 2012; Prestholdt, 1994; Stewart & Krueger, 1996; Yoder, 1994), mentoring remains a vague concept. Essentially, nursing research on mentoring has resulted in isolated findings rather than exploring the conceptual meaning and focusing on theoretical discovery. Likewise, the conceptual and theoretical development of mentoring is lacking across all disciplines. For example, business administrators, Bozeman and Feeney (2007), comment on the lack of conceptual and theoretical progress of mentoring and designate mentoring as an example of "limited progress" (p. 719) in spite of "scholarly attention" (p. 719).

RESEARCH QUESTION AND AIM OF STUDY

This study addressed an on-going imperative to elucidate mentoring in nursing. The study aim was to enhance understanding of the mentoring process from the perspective of the nurse protégé in the clinical setting. Classical Grounded Theory, as originally described by Glaser and Strauss (1967) and expanded by Glaser (1978, 1998,

2005, 2011, 2012, 2013, 2014) was used to explore nurse-to-nurse mentoring relationships. The study inductively generated a substantive theory, *Mentoring Up,* and explored the research question, "What is the nurse protégé's perception of mentoring in the clinical setting?" *Mentoring Up* provides a theoretical explanation of nurse-to-nurse mentoring, enhancing the understanding of the behaviors of nurses involved in mentoring relationships. The substantive theory, *Mentoring Up,* fills a gap in the nursing literature and provides a framework for future research on mentoring in nursing.

SIGNIFICANCE

The nursing profession is and will continue to experience multifaceted challenges over the next decade. Factors such as the aging national population and health care policy continue to influence the nursing workforce. The United States Department of Health and Human Services (2014) projects expanding roles for nurses that will stimulate additional national demands for registered nurses through the year 2025. Workforce challenges, particularly deficits, place undue hardships and stress upon practicing nurses and as a result may cause more nurses to leave the profession (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2005). Nursing is thus challenged with educating a substantial number of highly qualified nurses and retaining licensed nurses in the workforce. Mentoring is widely advocated in nursing as a retention strategy and may be a means to address the challenges related to the evolving nursing workforce.

Additionally, mentoring relationships have been identified as crucial to professional development particularly when the nurse transitions to a new role (Vance, 1982). A very critical transitional period is experienced by newly graduated nurses who move through "personal and professional, intellectual and emotive, and skill and role

relationship changes" (Duchscher, 2008, p. 442). Integrating into the professional nursing environment is stressful for the new graduate and often is accompanied by feelings of insecurity, apprehension, and fear (Jewel, 2013). While all new graduate nurses experience transitioning into professional practice, many nurses will transition to new roles throughout their career. Transferring to different specialties, accepting management positions, or entering advanced practice are examples of role transitions many nurses are likely to encounter. Through mentoring relationships, seasoned nurses may ease the transition period for new graduate nurses or any nurse experiencing a professional role change.

OVERVIEW OF THE RESEARCH METHODOLOGY

Classical Grounded Theory (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014; Glaser & Strauss, 1967) was used to explore the protégés' perception of nurse-to-nurse mentoring in the clinical practice setting. Classical Grounded Theory (CGT) is an inductive general research method used to generate theory grounded in the data. CGT explores participants' perceptions about a phenomenon of interest by asking, "what is going on" (Glaser, 1998, p. 12). CGT is a unique research methodology that goes beyond description, CGT produces theory.

All study procedures were approved by the University of Texas Medical Branch (UTMB) Institutional Review Board (IRB). Fifteen registered nurses who had experienced mentoring relationship with another nurse in the clinical setting participated in the audiotaped face-to-face interviews. Demographic and interview data were collected from the study participants.

Data collection and data analysis in Classical Grounded Theory methodology (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014; Glaser & Strauss, 1967) are ongoing and iterative processes. The data were analyzed utilizing the analytic rules prescribed by Glaser (1978, 1998, 2005, 2011, 2012, 2013, 2014; Glaser & Strauss, 1967) including coding, constant comparative method (CCM), and memoing. Data analysis began with the first data set and continued until a dense, well-integrated substantive theory emerged that accounted for and conceptually explained the substantive area of nurse-to-nurse mentoring from the perspective of the study participants.

THE STUDY LIMITATIONS

The purposive and snowball sampling techniques utilized in this study recruited only protégés who were involved in nurse-to-nurse mentoring relationships while working in the clinical setting, limiting the theoretical applicability to this population. Moreover, the participant sample was limited to a region of Southeast Texas potentially limiting the generalizability of the study findings to this geographic area.

CONCLUSION AND ORGANIZATION OF THE CHAPTERS

This dissertation is organized into five chapters, a reference list and appendices. Chapter One has introduced the research study. The Chapter provided the background and the research problem, the research question, aim of the study and the significance of the research study. Chapter One continued with a discussion of the study methodology and concluded with the limitations of the study. Chapter Two presents a review and synthesis of relevant literature on mentoring relationships and explores the gaps in the literature. Chapter Three describes the research design, data collection procedures, and the application of Classical Grounded Theory methodology (Glaser, 1978, 1998, 2005,

2011, 2012, 2013, 2014; Glaser & Strauss, 1967) to answer the research question: "What is the nurse protégé's perception of mentoring in the clinical setting?" Chapter Four presents the substantive theory, *Mentoring Up*, which emerged from the data. Chapter Five concludes this dissertation with a review of extant literature, discussions and implications of the substantive theory, and recommendations for future research.

Chapter Two Review of Literature

Chapter Two provides the review of literature for this Classical Grounded Theory (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014; Glaser & Strauss, 1967) study that explored protégés' experiences of nurse-to-nurse mentoring in the clinical setting. Staying true to Classical Grounded Theory (CGT) methodology obliges CGT researchers to refrain from a priori literature review (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014). Glaser (1998) explains that pre-research literature reviews may instill preconceptions and block the CGT researcher's ability to remain open to discovery. Moreover, because CGT seeks to reveal inductively the main concern of participants, CGT researchers cannot know what literature is relevant until the main concern is revealed, "the literature is discovered just as the theory is" (Glaser, 1998, p. 69). Glaser assures that avoiding pre-research literature review is not anti-scholarly, rather he emphasizes its empowering ability to give researchers autonomy and "freedom to discover" (Glaser 1998, p. 68). After the emergence of a substantive theory, related literature is explored and woven into the grounded theory.

Nevertheless, Glaser (1998) readily acknowledges the traditional requirements involved in the dissertation process and encourages CGT researchers earning their doctorate to conduct a literature review prior to their study if it is dictated by the degree-granting institution. The researcher, therefore, reviewed mentoring literature prior to the dissertation proposal defense.

Chapter Two presents a synthesis of the literature review on mentoring and demonstrates the gaps in the literature. Chapter Two begins with defining terminology and differentiating types of mentoring relationships. A discussion of seminal mentoring

research from psychology and business, a review of the nursing literature and mentoring instruments follows. The Chapter concludes with a discussion of the gaps of the literature that support the need for this Classical Grounded Theory study (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014; Glaser & Strauss, 1967).

DEFINITIONS

The two individuals involved in mentoring relationships are identified as mentors and protégés. A mentor is "someone who teaches or gives help and advice to a less experienced and often younger person" (Merriam-Webster Dictionary, n.d., para 1). Vance (1982) described a mentor as "someone who acts as a teacher, guide, sponsor, patron, or advisor" (p. 8). A protégé, as the less experienced professional "is an individual who willingly enters into a relationship with a mentor and accepts the help and support offered by the mentor" (Taylor, 2001, p. 251). Despite the plethora of articles about mentoring in nursing, few authors have provided a definition of a mentoring relationship. Atkins and Williams (1995) define mentorship as "a relationship between an experienced professional…and a less experienced, aspiring person" (p. 1006). Vance (1977) is credited with being the first to study mentoring in nursing. Vance and her colleague, Olson (1998), define mentoring in nursing as a "developmental, empowering, and nurturing relationship extending over time in which mutual sharing, learning, and growth occur in an atmosphere of respect, collegiality, and affirmation" (p. 4-5). Mentorship and mentoring are used synonymously in the literature and will be used interchangeably in this Chapter.

TYPES OF MENTORING RELATIONSHIPS

Two types of mentorship relationships are described in the literature, formal and informal. Formal mentorship occurs when an experienced colleague is assigned to a novice by an organization for the purposes of orientation to a new role and career development. Organizational objectives guide the relationship with respect to matching mentors and protégés, establishing expectations, and setting time frames for the duration of the relationship (Tourigny & Pulich, 2005). In contrast, informal mentorship occurs voluntarily (Yoder, 1994) and can be initiated by either mentors or protégés (Tourigny & Pulich, 2005). Taylor (2001) describes informal mentoring as "a voluntary relationship based on trust, compatibility, mutuality, and personal attraction" (p. 254).

Tourigny and Pulich (2005) examined the advantages and disadvantages of both types of mentorship relationships. They contend that while the expectations of formal mentorship programs are consistent with those of the organization and typically foster job satisfaction, matching mentors and protégés who are compatible is challenging. Furthermore, individuals who excel in their professional role may not be ideal as mentors. The self-selection involved in informal mentorship is based upon desirable characteristics and ensures a willingness to enter into the relationship. Because the two chose to commit to each other, learning is enhanced and the relationship is likely to "extend beyond the workplace" (Tourigny & Pulich, 2005, p. 72). Perceived favoritism and lack of organizational support are the primary disadvantages of informal mentoring.

SEMINAL MENTORING RESEARCH

Levinson (1978) and Kram (1985) are well known for their seminal work in mentorship. Levinson, a psychiatrist, studied adulthood from the perspective of men

(N=40), to explore their developmental needs and achievements during mid-life. Levinson describes a mentor as an important "transitional figure" (p. 99) who plays a vital role in the personal and professional growth of the protégé. Stressing the significance of mentoring, Levinson comments that "no word currently in use is adequate to convey the nature of the relationship" (Levinson, p. 97). Levinson concluded that mentorship relationships may be one of the most essential developmental relationships in early adulthood for men.

Business management researcher, Kram (1985), developed a conceptual framework for understanding and guiding professional mentorship relationships. Using a qualitative descriptive analysis methodology, Kram interviewed business professionals (N=18 mentor/protégé pairs) and identified two distinct domains of mentorship: career functions and psychosocial functions. Career functions are the features of the relationship that facilitate the career progression of the protégé, while psychosocial functions are the interpersonal elements that exist within the relationship.

Kram (1985) explains that career functions assist protégés to "learn the ropes" (p. 25) of an organization as a result of the mentors' position and experience. Mentor actions that comprise the career function domain are geared towards protégé advancement and include sponsorship, exposure and visibility, coaching, protection, and challenging assignments. The protégé gains professional competence; the mentor attains respect and organizational support as a result of the alliance. Psychosocial functions include role modeling, acceptance, confirmation, counseling, and friendship. The quality of the relationship is especially important in the psychosocial domain and mutual trust must exist. The protégé views the mentor with respect and as someone to emulate. The protégé

realizes feelings of self-worth and confidence while the mentor achieves intangible rewards such as self-satisfaction.

Kram states that mentorship relationships may last up to ten years and will progress through four predictable stages: initiation, cultivation, separation, and redefinition. The two parties meet during the initiation stage and identify compatible qualities in each other that motivate the progression of the relationship; this first stage generally lasts six to twelve months. During the second, cultivation stage, which lasts two to five years, the mentor and protégé spend time with one another developing the relationship. The protégé is challenged and develops confidence while the mentor derives satisfaction from the progress the protégé makes under his/her guidance. Trust develops and the relationship becomes more reciprocal. Kram found that the cultivation stage results in positive outcomes for the mentor and the protégé. The third stage, separation, may be accompanied by feelings of loss as the individuals involved reassess the value of the relationship and eventually separate. The relationship is seen as less essential by the two parties. Kram explains that mentors lose the influence they once had and protégés lose the safety net of having the mentor looking out for their best interests. The last phase of the relationship may occur years after separation and is called the redefinition stage. The protégé and mentor become equals and the relationship achieves a collegial, peer-like quality. The protégé feels appreciation towards the mentor and the mentor is proud of the accomplishments achieved under his/her guidance.

NURSING RESEARCH ON MENTORING

An extensive literature search was conducted dating back to the early 1980s when the topic of mentoring first emerged in the nursing literature. Publications focusing on

mentoring are abundant in the nursing literature, although there is a paucity of research studies. The nursing literature is replete with opinion-based articles, descriptions of mentoring programs, anecdotal manuscripts, or articles that simply advocate mentoring. Entering the keywords "mentoring and nursing" into nursing databases (e.g., CINAHL Complete, MEDLINE, Health Source: Nursing/Academic Edition) yielded more than 5000 results, of which a very small percent were investigational. The researcher identified 20 research studies addressing nurse-to-nurse mentoring in the clinical setting between the years 1983 and 2015. The following section will synthesize the current knowledge about nurse-to-nurse mentoring in the nursing literature.

The nursing literature depicts mentoring as a supportive, positive, interpersonal relationship that produces meaningful outcomes for those involved. Nursing research on nurse-to-nurse mentoring has essentially focused on characteristics of the mentor and outcomes of the mentoring relationship. Nursing research that centers on mentor characteristics from the perspective of the protégé (Beecroft, Santner, Lacy, Kunzman, & Dorey, 2006; Bray & Nettleton, 2007; Ferguson, 2011; Jakubik, 2008; Jakubik, Eliades, Gavriloff, & Weese, 2011; Weese, Jakubik, Eliades, & Huth, 2015) suggests that mentors bear an enormous responsibility for the relationship. Mentors are seen as the dynamic force of the relationship, driving the protégé towards the achievement of professional goals. Protégés, on the other hand, are attracted to mentors who excel in their job performance (Ecklund, 1998; Hamilton et al., 1989) and have qualities the protégé seeks to emulate (Ferguson, 2011). In addition to being a competent nurse, the mentor must be a positive role model, an effective communicator, and a teacher (Beecroft, et al., 2006; Bray & Nettleton, 2007; Ferguson, 2011). Mentors recognize the challenges of role

change and motivate their protégés with positive reinforcement (Ronsten, Andersson, & Gustafsson, 2005). The mentor role requires a balance between guiding the protégé professionally and being a friend (Bray & Nettleton, 2007), while at the same time attending to the protégé's growth by devoting time (Beecroft, et al., 2006) to support, teach (Beecroft, et al., 2006; Ferguson, 2011; Jakubik, 2008), and socialize the protégé to the work environment (Beecroft, et al., 2006; Ferguson, 2011; Komaratat & Oumtanee, 2009; Prevesto, 2001). Jakubik (2008) and Jakubik, et al., (2011) found that mentoring quality (teaching, supporting, and coaching) was the best predictor of mentoring outcomes.

Mentoring in nursing also is depicted as an outcome-oriented endeavor. The ultimate goal of the relationship is to develop professional competencies of the protégé (Fagan & Fagan, 1983; Ronsten, et al., 2005). The development of competencies in new graduate nurses impacts their decision-making capabilities and prepares new graduates to "give safe, high-quality nursing care" (Komaratat & Oumtanee, 2009, p. 480). New nurse graduates who were not mentored assert that a mentoring relationship would have helped their transition into practice (Ferguson, 2011). Ryan, Goldberg, and Evans (2010) explored the lived experience of informal mentoring and found that the interpersonal features of mentorship within the context of learning "harnesses the raw passion new nurses often have for practice" (p. 183). Protégés attain self-confidence (Beecroft, et al., 2006; Fagan & Fagan, 1983), leadership skills (Fagan & Fagan, 1983), and job satisfaction (Hamilton, et al., 1989; Prevesto, 2001). Moreover, the benefits for the protégé are positively correlated with improved retention of nurses (Beecroft, et al., 2006; Hamilton, et al., 1989; Jakubik, et al., 2011; Prevesto, 2001).

Given that there is strong evidence in the literature to support the positive benefits of nurse-to-nurse mentoring, Weese, et al., (2015) sought to identify mentoring practices that predict mentoring benefits. Weese, et al., identify mentoring practices as "welcoming, mapping the future, teaching the job, supporting the transition, providing protection, and equipping for leadership" (p. 387); the researchers stressed that these mentoring practices are "facilitated by the individual mentor" (p 387). The research focused on mentoring benefits for the protégé, which included "belonging, career optimism, competence, professional growth, security, and leadership readiness" (p. 387) Using a descriptive, correlational research design, 186 pediatric nurses completed the Mentoring Practices Instrument (MPI) and the Mentoring Benefits Instruments (MBI). Cronbach's alpha for the instruments in the study were 0.98 and 0.98, respectively. A stepwise linear regression revealed that mentoring practices explained 79% of the variance of mentoring benefits ($R = 0.889$; $p < 0.0001$). The study is unique as it reveals statistically significant mentoring practices that can elicit benefits for the protégé. The research contributes to nursing science by operationalizing specific practices of mentoring that predicts protégé benefits but does not inform nurses about how to implement the aforementioned mentoring practices.

The phenomenon that one who has been mentored will reach out and mentor others was a positive consequence identified in the reviewed literature (Fagan & Fagan, 1983; Jakubik, 2008; Jakubik, et al., 2011, Weese, et al., 2015). Having a mentor and later serving as a mentor were significant findings in Fagan and Fagan's (1983) study. Additionally, Jakubik (2008) reported that 74% of study participants later served as a mentor and attributed this to their mentoring experience. A replication study conducted

by Jakubik et al., (2011) validated this finding; 49% of nurses in the study reported that the experience of being a protégé influenced their decision to reach out to others as a mentor. Finally, a research study by Weese et al., (2015) found that 81% of nurses who had been mentored reported mentoring other nurses; 66% of these reported that having previously been mentored influenced their decision to serve as a mentor. While Jakubik (2008) proposes that giving back in this way is beneficial to the future of the nursing profession, Vance asserts that mentoring is a "professional obligation" (2002, p. 85).

Confusion about the meaning of mentorship and the role of the mentor were noteworthy findings in the literature. Beecroft, et al. (2006) surveyed new graduate nurses (N=318) at the conclusion of a residency program to determine several factors related to the formal mentorship program. Study participants serving as mentors received training about their role in a formalized mentorship program. Results from the study indicated that both the mentor (despite being trained) and protégé were unsure about the meaning of mentorship and unclear about what to expect from the mentorship relationship. Bray and Nettleton (2007) used a mixed methodology to determine how mentoring is conceptualized in nursing, medicine, and midwifery. The nurse mentors (46%) reported that they were unsure of their role as a mentor. Moreover, role ambiguity was supported in the qualitative component of the study (N=21 nurses). Bray and Nettleton assert that there is "no universal agreement" (p. 848) about mentorship and recommended that research on mentorship focus on clarifying the meaning of mentorship.

In addition to a lack of clarity about the meaning of the term, mentorship often is confused with other professional roles such as preceptorship (Andrews & Wallis, 1999;

Bray & Nettleton, 2007; Cahill, 1996; Chen & Lou, 2013; Nettleton & Bray, 2008; Yoder, 1994; Yonge, Billay, Myrick, & Luhanga, 2007). Neglecting to distinguish preceptorship from mentorship compromises nursing science by generating literature that is challenging to compare and research that is difficult to replicate (Yonge, et al., 2007). A preceptor is an individual assigned to engage in a structured, formal relationship with a colleague. The preceptor assists a nurse to attain tasks or skills vital to a new role (Omansky, 2010) and the relationship is time limited (Chen & Lou, 2013; Stewart & Krueger, 1996; Yonge, et al., 2007). New nurse graduates typically are assigned a preceptor upon graduation and nursing students may be assigned preceptors during clinical rotations. Adding to the confusion, several nursing studies investigated formal relationships identified as "mentorships" between student nurses and staff nurses (Andrews & Chilton, 2000; Atkins & Williams, 1995; Cahill, 1996; Cameron-Jones & O'Hara, 1996; Earnshaw, 1995; Elcigil & Sari, 2008; Gray & Smith, 2000; Myall, Levett-Jones, & Lathlean, 2008; Spouse, 2001). An assigned student nurse/preceptor relationship is extremely time limited (e.g., days to weeks), has an emphasis on teaching, and discounts the interpersonal features of mentorship (Yoder, 1994; Yonge, et al., 2007). Stewart and Krueger (1996) contend that the preceptor relationship is "contrary" (p. 315) the goals of the mentor-protégé relationship. Mentor-protégé alliances are possible anytime during the span of the nurse's career; they evolve voluntarily, and are inherently interpersonal (Yonge, et al., 2007). As compared to preceptorship relationships, the mentorship relationship is more extensive and personal; hence, the differences primarily exist in the duration and the interpersonal connectedness of the two relationships.

CONCEPTUALIZING MENTORING

The preceding section underscores the prevalent lack of clarity related to mentoring as a concept. Uncertainty about a concept leads to misperceptions, inconsistencies, as well as haphazard uses of the concept. A nebulous concept, therefore, impedes the "scientific advancement" (Rodgers & Knafl, 2000, p. 4) of the concept in question. Systematic and rigorous methods used to elucidate a poorly understood concept can be accomplished with literature reviews and concept analyses. Literature reviews present the current state of science about a phenomena (Whittemore, 2005) while concept analyses synthesize existing knowledge about a concept for the purposes of clarifying and developing a concept (Rodgers & Knafl). Because literature reviews and concept analyses thoroughly examine a phenomenon of interest, the nursing literature was reviewed for these types of publications with regard to mentoring. The researcher could identify only five literature reviews (Andrews & Wallis, 1999; Chen & Lou, 2013; LaFleur & White, 2010; Poronsky, 2012; Wilkes, 2006) and four concept analyses (Meier, 2013; Mijares, Baxley, & Bond, 2013; Stewart & Krueger, 1996; Yoder; 1994) addressing mentorship in the nursing literature published between 1994 and 2013. The analyses exploring mentoring as a concept report similar findings in terms of antecedents, defining attributes, and consequences. An interpersonal connection and a willingness to enter into a mentoring relationship were identified as antecedents (Meier, 2013; Stewart & Krueger, 1996; Yoder; 1994). Defining attributes such as nurturing, supporting, teaching and protecting were analogous among the published concept analyses (Meier, 2013; Mijares, et al., 2013; Stewart & Krueger, 1996 Yoder, 1994). Positive consequences including career satisfaction, enhanced self-confidence, role socialization,

and professional growth were evident across all reviewed concept analyses (Meier, 2013; Mijares, et al., 2013; Stewart & Krueger, 1996 Yoder, 1994). Literature reviews addressing mentoring in nursing are congruent with the literature review presented in Chapter Two of this dissertation. Mentor attributes (Andrews & Wallis, 1999; Wilkes, 2006) and outcomes of the relationship (Chen & Lou, 2013; LaFleur & White, 2010; Poronsky, 2012) were predominant findings among the published appraisals of mentoring in the nursing literature.

Psychologists, Eby, Allen, Evans, Ng, and Dubois (2008), conducted a meta-analysis to explore mentoring outcomes for protégés. More than 15,000 articles were reviewed for inclusion in the meta-analysis, 116 articles met the eligibility criteria. Mentoring relationships involving the youth, academic, and/or workplace settings were analyzed for "behavioral, attitudinal, health-related, relational, motivational, and career outcomes" (p. 255). The results found that mentoring was significantly correlated with favorable protégé outcomes on all measured variables. The findings affirm previous assertions that mentoring yields positive benefits. The researchers conclude that research is needed to understand the "dynamics and processes" (p. 265) of mentoring.

An earlier study by this researcher attempted to conceptualize mentorship (Hale, 2004). The project began with an exhaustive literature review, resulting in the synthesis of scholarly nursing literature that included research and discursive articles. A concept analysis approach (Rodgers & Knafl, 2000) guided the development of a conceptual framework of mentorship. Antecedents, attributes, and consequences of mentorship were derived from the literature. The antecedents identified were a willingness to enter into the relationship, a mutual chemistry, and desirable protégé and mentor characteristics. Three

domains of mentorship were identified as the defining attributes: emotional functions, professional role functions, and social functions. The emotional functions and professional role functions domains were based upon Kram's (1985) framework of career and psychosocial domains. The properties of the emotional functions domain included acceptance, encouragement, inspiration, and trust. Strategies that facilitate protégés to develop competence in nursing were identified in the professional role functions domain and included mentor actions such as teaching, challenging, advising and intellectual stimulation. The third domain, social functions, included properties of advocacy, communication, and socialization. Positive consequences of mentorship for the nursing profession, as well as, the mentor and protégé were evident in the literature. The researcher found that mentorship improved the retention of nurses and supported safe and effective clinical practice. Moreover, protégés attained competence, leadership skills, and self-confidence while mentors gained enhanced reputation, satisfaction related to giving back to the profession, and renewed leadership and teaching skills. The antecedents, attributes, and consequences provided a basis for the development of an instrument to measure mentorship relationships, the Hale Mentorship Assessment for Nurses which will be discussed in the Mentoring Instruments section of this Chapter.

Hale's (2004) synthesis of the literature and concept analysis resulted in the following theoretical definition of mentorship:

> a voluntary, reciprocal, evolutionary relationship between an experienced, knowledgeable professional nurse and a novice nurse, formed on the basis of attraction and mutual respect. A common bond of enthusiasm, motivation, and commitment are present. Both parties engage in activities and behaviors which

> directly contribute to the professional growth of the protégé. An intrinsic quality of trust and the presence of a safe, non-threatening, non-judgmental atmosphere are essential factors in the outcome. Although the significance of the relationship may not be apparent to the participants at the onset, the mutually beneficial repercussions are manifested in the personal growth both experience (Hale, 2004, p. 22)

MENTORING INSTRUMENTS

Concept development influences instrument development to measure abstract phenomena. Latent variables can be quantified and measured with psychometric instruments (Nunnelly & Bernstein, 1994). Mentoring, as an abstract construct, has the potential to be quantifiably measured through survey instruments. Four mentoring instruments will be discussed.

The Darling Measuring Mentoring Potential (MMP) instrument (Darling, 1984) is a 14-item tool that measures mentor behaviors. Darling's research identified "attraction, action, and affect" as three "absolute requirements for a significant mentoring relationship" (p. 42). Using attraction, action, and affect as instrument subscales, a profile of 14 mentor characteristics such as "inspirer, investor, and supporter" (p. 42) are ranked on a scale of 1 – 5, with 5 being the highest score. The MMP measures the potential that one has to be a mentor and can be completed as a self-assessment or to rate a mentor; the higher the score, the greater the mentoring potential. The researcher was unable to find any psychometric analysis on the Darling MMP in the literature.

More recently, Jakubik (2008) constructed a 57-item instrument, the Jakubik Mentoring Benefits Questionnaire, to measure protégé and organization outcomes as

perceived by nurse protégés. The instrument, renamed the Mentoring Benefits Questionnaire (MBQ), was reduced to 36 items and contains six subscales: belonging, career optimism, competence, professional growth, security and leadership readiness. Internal consistency has been established with Cronbach alpha scores ranging from 0.97 – 0.99 (Jakubik 2008; Jakubik, 2012; Jakubik, et al., 2011, Weese, et al., 2015).

Caine's Quality of Mentoring Questionnaire (CQM) was used in a study conducted by Jakubik (2008). The CQM measures mentoring quality as perceived by the protégé. Fourteen mentor behaviors, derived from the Darling MMP, are ranked using a 5-point Likert scale. Cronbach's alpha for the CQM has been established at 0.94 and 0.97 (Jakubik, 2008; Jakubik, et al., 2011).

The Hale Mentorship Assessment for Nurses (HMAN) (Hale, 2004) measures mentoring relationships from a broader perspective as it encompasses pre-relationship, post-relationship, and mentoring properties from the perspective of nurse protégés. The HMAN is a 63-item instrument on a four-point forced choice scale consisting of six subscales: (a) mentorship antecedents, (b) emotional functions, (c) social functions, (d) professional role functions, (e) protégé attributes, and (f) protégé consequences. The HMAN has been tested and analyzed for its psychometric properties only once, resulting in Cronbach's alpha of 0.97 in the sample population (N = 144).

The Hale Mentorship Assessment for Nurses provides the nursing profession with a conceptual basis for understanding mentorship relationships in nursing and sets the stage for future research related to theoretical development. Nevertheless, the HMAN, other mentoring instruments, as well as scholarly works aimed at conceptualizing mentoring are inundated with adjectives and descriptive terms rather than explanatory

theoretical hypotheses. The descriptive terminology utilized in the literature does little to develop the concept of mentoring, leaving one to ponder how to implement mentoring in the context of clinical nursing. Andrews and Wallis (1999) commented that the literature "illustrates a comprehensive catalog of personal attributes and skills required for effective mentoring" (p. 204); nonetheless, since the process of mentoring has yet to be studied, the complexity of mentoring has not been addressed adequately.

In summary, Levinson's (1978) influential research provided a basis for understanding the developmental features of mentoring in the professional realm. Kram's (1985) study, conducted at a time when in-depth research on mentoring was sparse, laid the groundwork for mentoring research in multiple disciplines. Nursing, however, has not utilized Kram's framework to guide research on mentoring. Nursing research on mentoring is centered upon the individual author or researchers' perceived assumption about mentoring. Nursing science abounds with descriptive terminology about mentoring rather than explanatory research. A perpetuation of scholarly conjectures has hindered nursing's understanding of mentoring and a lack of clarity is evident. Poor clarity has directly contributed to a "distortion of the actual meaning of mentoring" (Nettleton & Bray, 2008, p. 206). Nettleton and Bray affirm that the "meaning of mentorship has been diluted" and the "concept devalued" because of a "lost opportunity" (p. 210) to understand mentoring relationships. Current research on nurse-to-nurse mentoring provides valuable understanding of only two aspects of mentoring: (a) characteristics of the mentor and (b) mentoring outcomes. A comprehensive understanding of the *process* of mentoring is incomplete, demonstrating a significant gap in the literature.

Research that will provide a theoretical explanation of mentoring will help to fill a void in nursing science. The results of the research study are expected to inform nurses about mentoring relationships between nurses from the perspective of the protégé. A substantive theory addressing mentoring can assist nursing organizations to support mentoring between nurses, to develop mentoring programs, and can guide future research on nurse-to-nurse mentoring. Additionally, the substantive theory has potential to guide nurses in initiating and engaging in mentoring relationships independent of organizational initiatives.

SUMMARY OF CHAPTER TWO

Chapter Two has provided a discussion of literature relevant to nurse-to-nurse mentoring. The Chapter began with defining terminology and differentiating the types of mentoring relationships. The Chapter discussed seminal mentoring research, the nursing literature, explored mentoring as a concept, and instruments developed to measure mentoring. The Chapter concluded with a discussion of the gaps of the literature that support the need for this Classical Grounded Theory (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014; Glaser & Strauss, 1967) study exploring the protégés perspectives of nurse-to-nurse mentoring in the clinical setting.

PLAN FOR REMAINING CHAPTERS

Chapter Three will describe the application of Classical Grounded Theory (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014) to answer the research question: "What is the nurse protégés' perception of mentoring in the clinical setting?" Chapter Four will discuss the study findings including the substantive theory that emerged from

the data. Chapter Five will provide the discussion, implications, and conclusions of the study.

Chapter 3 Methods

Chapter Three describes the application of Classical Grounded Theory (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014; Glaser & Strauss, 1967) to the research question "What is the nurse protégé's perception of mentoring in the clinical setting?" The Chapter begins with a discussion of Classical Grounded Theory (CGT) methodology and its suitability for the research study. The Chapter provides a description of the sampling strategies, inclusion criteria, recruitment, participant demographic data, data collection procedures and data management. Chapter Three continues with a discussion of CGT analytic processes and the application of CGT data analysis procedures in the research study. The Chapter then describes Glaser's (1978, 1998) criteria for trustworthiness utilized to assure rigor throughout the study. The Chapter concludes with a discussion of ethical issues related to the study.

RESEARCH DESIGN

Classical grounded theory (CGT), as described by Glaser and Strauss (1967), and expanded by Glaser (1978, 1998, 2005, 2011, 2012, 2013, 2014) was used to explore the experiences of nurse protégés involved in nurse-to-nurse mentoring relationships in the clinical setting. CGT is an ideal approach to explore a poorly understood "life cycle" (Glaser, 1998, p. 48) phenomenon in a substantive area of interest and thus discover a "conceptual explanation of a latent pattern of behavior that is significant to those experiencing the phenomenon" (Glaser, 2011, p 156). Glaser (2005) stresses that since CGT is a general inductive research method, it is not derived from any philosophical stance. Moreover, CGT is appropriate for any type of quantitative or qualitative data, thus "all is data" (Glaser, 1978, p 8). The method itself is a "paradigm for discovery"

(Glaser, 2005, p 145).

CGT inductively generates substantive, and ultimately, formal theory that predicts and explains behavioral processes from the perspective of those experiencing the phenomenon (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014; Glaser & Strauss, 1967). Thus theory is grounded in the data. CGT methodology seeks to reveal the "main concern" (Glaser, 1998, p. 115) of the participants and the manner with which the main concern is resolved. As an innovative general research methodology, CGT adheres to principles of discovery, emergence, and explanation as opposed to verification, forcing, and description (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014). To summarize, CGT is a "concept indicator method" (B. G. Glaser, personal communication, May 29, 2015) that discovers substantive theory through the integration of conceptual categories and their properties in order to explain and predict relevant behavior in a substantive area. In order to conceptualize the data, CGT researchers must tolerate the inevitable confusion that comes with raising the analysis to a higher level of abstraction and ensure that ideas "earn their way into the theory through emergence" (Glaser, 1978, p. 8) from the data.

There are no extant theories of nurse-to-nurse mentoring and there is no research that explores the processes involved in nurse-to-nurse mentoring. The choice of a research method informs the product yielded from a research study; the goal of the research study was to conceptualize and generate a substantive theory of nurse-to-nurse mentoring. CGT was, therefore, a logical methodology to approach the research question and study purpose. The study utilized CGT to explore the patterns of behavior in nurse-to-nurse mentoring that are relevant to nurse protégés. Systematic collection and analysis of data facilitated the conceptualization of nurse-to-nurse mentoring and the subsequent

linking of categories into a dense theory explaining mentoring from the standpoint of the protégé. The study explored protégés' perspectives of nurse-to-nurse mentoring using CGT methodology. Analysis of the data using CGT procedures resulted in the emergence of the substantive theory, *Mentoring Up*.

STUDY SAMPLING AND PARTICIPANT INCLUSION CRITERIA

The study used purposive and snowball sampling strategies. Purposive sampling is choosing participants based upon their experience with the study phenomenon (Streubert & Carpenter, 2011). Snowball sampling, a method often used with purposive sampling, is a recruitment technique that uses one study participant to assist in identifying other potential study participants (Streubert & Carpenter). Potential participants were not excluded based upon gender, race, or ethnicity.

Participants in the study met the following inclusion criteria: a) English speaking Registered Nurses (RNs) who b) self-reported a current or previous experience as a protégé in a mentoring relationship with another nurse in the clinical setting. A total of 15 nurse protégés participated in the research study. Participant recruitment ceased when data analysis confirmed theoretical saturation.

RECRUITMENT

Recruitment of participants for the study began once study procedures were approved by The University of Texas Medical Branch Institutional Review Board (IRB) at Galveston, Texas (see Appendix A for IRB approval letter). An invitation to participate in the research study was posted on the discussion board webpage for the local chapter, Kappa Kappa, of Sigma Theta Tau International (STTI). In accordance with STTI guidelines (see Appendix B), a brief description of the study as well as the researcher's

mobile phone number and e-mail address were included in the posting (see Appendix C for Recruitment Flyer). Nurses interested in the study were asked to contact the researcher. The posting also asked readers to share information about the study with other nurses who might be interested in participating in the study. The STTI discussion board post yielded one participant, therefore snowball sampling and the researcher's professional network became the primary recruitment strategies utilized in the study. For example, one participant shared information about the study with nurse colleagues via e-mail and Facebook, resulting in the recruitment of three additional participants. Five colleagues within the researcher's professional network approached the researcher directly to express an interest in the study, two of these individuals assisted in recruiting others through snowball sampling. The researcher communicated with all potential participants in the same manner used to contact the researcher (e.g., e-mail, phone, text message, or face-to-face) to determine their eligibility to participate in the study. The researcher explained the purpose of the study and answered all questions the nurses had related to the study. Common questions that potential participants asked were related to ensuring that they met the inclusion criteria. All potential participants agreed to set up an appointment for a face-to-face meeting to obtain consent and collect data.

PARTICIPANT DEMOGRAPHIC DATA

The study sample consisted of 15 nurse protégés who self-reported a mentoring relationship with another nurse in the clinical setting. Twelve of the study participants were female, three were male; the participants were primarily Caucasian (see Table 1, Participant Demographic Data). Participants ranged in age from 26 - 63 years (M = 40 years). The participants had been practicing as RNs for 3.5 - 40 years (M = 17 years) at

the time of data collection. Five of the participants were BSN's, seven were MSNs, one was a DNP and two were PhDs. The participants had been employed in a variety of specialty areas at the time of their mentoring relationship, including Adult Critical Care, Emergency Department, Neonatal Intensive Care, Newborn Nursery, Oncology, Pediatrics, Public Health, and Surgery (see Table 2, Mentoring Relationship Demographic Data). Each participant worked in the same hospital as their mentor, and all but one of the participants worked in the same specialty area as their mentor during the mentoring relationship. Each of the participants spoke about the mentoring relationship experienced as new graduate nurses, although some had experienced multiple mentoring relationships during their career. Six of the participants reported that they mentored other nurses during their career; two of the participants were involved in a mentoring relationship with each other at the time of data collection.

Table 1

Participant Demographic Data

Demographic Data	Variables	Frequency
Gender	Female	12 (80%)
	Male	3 (20%)
Age in years	25 - 40	8 (53%)
	41 - 60	6 (40%)
	>60	1 (7%)
Ethnicity	African-American	2 (13%)
	Caucasian	13 (87%)
Highest nursing degree attained	BSN	5 (33%)
	MSN	7 (47%)
	DNP	1 (7%)
	PhD	2 (13%)
Years of nursing experience at time of data collection	< 5	2 (13%)
	5 - 10	4 (27%)
	11 - 20	4 (27%)
	21 - 30	2 (13%)
	31 - 40	3 (20%)

Table 2

Mentor and Mentoring Relationship Demographics

Mentor/Mentoring Relationship	Variables	Frequency
Mentors' highest degree earned in nursing	ADN	1 (7%)
	BSN	10 (67%)
	MSN	4 (26%)
Protégés clinical specialty area during mentoring relationship	Adult Critical Care	5 (33%)
	Emergency	3 (20%)
	Neonatal Intensive Care	2 (13%)
	Newborn Nursery	1 (7%)
	Oncology	1 (7%)
	Pediatrics	1 (7%)
	Public Health	1 (7%)
	Surgery	1 (7%)
Protégé/ mentor employed in same specialty area during mentoring relationship	Yes	14 (93%)
	No	1 (7%)
Protégés' years' experience as a nurse at the onset of the mentoring relationship	0	14 (93%)
	1	1 (7%)
Mentors years' experience as a nurse at the onset of the mentoring relationship	5 - 9	6 (40%)
	10 - 20	6 (40%)
	>20	>20 (20%)

DATA COLLECTION PROCEDURES

The interviews were conducted primarily in offices that were easily accessible for the participant and researcher, and ensured the interviews were private, comfortable, free from interruptions, and conducive to audio recording. Thirteen of the interviews took place in the participants' or researcher's work offices; two of the interviews took place in the participants' homes.

At the designated day and time for data collection, the researcher re-explained the research purpose and study procedures and answered any questions the nurses had about the study. Participants were informed that the interviews were being recorded and could be halted at any time. Participants were assured that confidentiality would be maintained. Potential participants read the Explanation of Study Procedures (see Appendix D) after which the researcher asked the nurses to provide verbal agreement if they were willing to participate in the study. The participants were given a copy of the Explanation of Study Procedures form for their own records.

Data for the research study were comprised of demographic data, interview data, and the researcher's field notes and memos (memoing will be discussed in the data analysis section). Data collection began with the researcher asking demographic questions (see Appendix E) such as age, gender, ethnicity, education, and mentoring relationship data. The interview, guided by a prepared semi-structured interview (see Appendix F), began with a broad question, "Tell me about your experiences as a protégé in a mentoring relationship." Because the primary intention of CGT is to uncover the participants' main concern, the CGT researcher must "suspend" (Glaser, 1998, p 3) prior thoughts and preconceptions related to the phenomenon of interest (Glaser, 1978, 1998,

2005, 2011, 2012, 2013, 2014). Using the no preconceptions tenet, the researcher listened intently to the participants' responses and made every attempt to conduct the interviews as a theoretically sensitive researcher, formulating questions to elicit ideas that eventually lead to inductive concepts (Glaser, 1978). Prompts such as "can you give me an example" and "tell me more about that" were used to encourage participants to elaborate on their thoughts and observations.

At the conclusion of each interview, the researcher asked participants if they had additional thoughts or comments related to mentoring in nursing and informed participants that they could contact the researcher with any additional questions or comments related to the study until the conclusion of the research. The participants also were asked whether the researcher could contact them for an additional interview if indicated by the emerging theory. None of the participants contacted the researcher with additional questions or comments. The researcher contacted two participants at a later date to ask one question to verify a pattern emerging from the data. The interviews ranged in length from 40 - 90 minutes (M = 58 minutes).

DATA MANAGEMENT

The first twelve interviews were audiotaped and transcribed verbatim by a professional transcription company. Upon the completion of each interview, the digital audio file was saved on the researchers' home computer. A second audio file was saved using participants' codes; each participant was assigned a code: the first was P1, the second was P2, and so forth. The coded audio file then was uploaded to the transcription company. The completed transcript was e-mailed back to the researcher in a Word document by the transcription company or downloaded from the transcription company

website. The researcher reviewed each transcription while listening to the audiotaped recording to ensure that the transcript was transcribed accurately. As per the policy of the transcription company, all audio files were deleted from the transcription company server after being transcribed. The transcript then was saved intact as a Word document on the researchers' home computer; a second copy of the transcript was de-identified by the researcher by removing any names, locations and/or other identifying information, to ensure that the transcript could not be linked to the participants. The participant's assigned code, date of interview, and the length of interview were noted on the headers of each de-identified transcript and the transcripts were saved for use in data analysis; transcripts also were shared with the researcher's dissertation research advisor. Interviews for participants P13, P14, and P15 were audiotaped but not transcribed because over the course of the six-month data collection period, the researcher developed confidence in her abilities as a CGT researcher and determined she could adhere to Glaser's (1998) dictum of using field notes and memos to analyze interview data. Glaser (1998) asserts that CGT researchers who memo on interviews generate grounded theories because "coding, analyzing and theoretical sampling constantly correct the theory" (p. 110).

All audio and digital files (original, coded, and de-identified) were saved on the researcher's password-protected home computer and an external hard drive. Hard copies of the de-identified transcripts, as well as any written notes, were stored in a locked cabinet in the researcher's home office. All information related to the research study will be destroyed at the completion of all study reports.

DATA ANALYSIS

Classical Grounded Theory (CGT) is an iterative, inductive, general research method that utilizes specific processes to generate theory (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014; Glaser & Strauss, 1967). CGT data analysis ultimately is guided "by the emerging theory" (Glaser, 1978, p. 2) and dependent upon the "theoretical sensitivity" (p. 36) of the researcher. CGT researchers must be open to the data and free of preconceived notions related to the phenomenon being studied, thereby, "letting the data speak for itself" (Glaser, 1978, p. 8). CGT methodology is a dynamic, non-linear process. Strategies of grounded theory data analysis include: constant comparative methodology (CCM), coding, and memoing. The section below provides an overview of CGT procedures used to conceptualize indicators from the data and generate substantive theory. The CGT procedures used by the researcher that led to the emergence of the substantive theory, *Mentoring Up*, and theoretical saturation of the emergent concepts follow.

Constant Comparative Methodology

Constant comparative methodology (CCM) is a grounded theory technique in which the data are systematically analyzed "sentence by sentence" (Glaser, 1978, p. 16) for the purposes of joint coding and analysis and ultimately integration of a theory (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014). CCM is an integral aspect of CGT and is employed throughout all phases of CGT research: data collection, data analysis, and theory writing. CGT researchers compare coded incidents with previously coded incidents in order to consider the "full range of types or continua of the category, its dimensions, the conditions under which it is pronounced or minimized, its major

consequences, its relation to other categories, and its properties" (Glaser & Strauss, 1967, p. 106). Constantly comparing incidents to incidents, and incidents to categories allows the researcher to generate a "richer yield of concepts and relationships between them" (Glaser, 1998, p. 24).

Coding

Coding is a fundamental process of CGT. Coding positions the researcher to conceptualize abstractions emerging from the data and "transcends the empirical nature of the data" (Glaser, 1978, p. 55). Glaser (1978, 1998, 2005, 2011, 2012, 2013, 2014) describes two types of coding: substantive and theoretical. Substantive codes are abstractions that explain what is happening in the data and they are achieved through open coding and selective coding. Theoretical codes are hypotheses about the relationships among the substantive codes.

The CGT researcher begins data analysis with open coding, a line-by-line process of "fracturing" (Glaser, 1978, p. 56) the data into coded incidents and continually asking questions such as "what is this data a study of?" and "what category does this incident indicate?" (Glaser, 1978, p. 57). Coding the incidents into categories clumps the data "into analytic pieces which can then be raised to [a] conceptual level" (Glaser, 1978, p. 56). Using CCM, the researcher constantly compares subsequent data to previous incidents that have been coded and identifies clusters of data that fit together into categories. The researcher must approach open coding free from preconceived ideas in order to contemplate beyond the obvious and identify the participants' "main concern" (Glaser, 1998, p. 115) and the core category. The core category illustrates the resolution of the main concern and "accounts for a large portion of the variation in a pattern of

behavior" (Glaser, 1978, p. 95) of participants in the substantive area of study. Because CGT focuses on understanding behaviors used by participants to resolve their main concern, identification of the core category is crucial (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014). Once the tentative main concern emerges, the researcher begins selective coding to elaborate on the main concern and the resolution of the core category. Theoretical sampling then is employed as a data collection strategy in which the researcher uses "coded data to direct further data collection" (Glaser, 1978, p. 36) in order to fully expand the core category and related categories until they are saturated. Theoretical sampling guides data collection to fully illuminate the properties of the developing categories and the relationships among the categories, their properties, and the theory (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014; Glaser & Strauss, 1967).

Selective coding, theoretical sampling, and CCM continue until the core category and its properties are amply elaborated and integrated with other relevant categories into "conceptual hypotheses" (Glaser, 1998, p. 3). The procedures inherent to CGT ensure that each category "earns its way into the theory" (Glaser, 1978, p. 57), delimiting the conceptual categories and establishing theoretical boundaries of the concepts.

Theoretical codes conceptualize the relationships among the core category and other relevant categories. Theoretical codes are "abstract models" (Glaser, 2005, p. 2) that explain how the categories relate to each other and resolve the main concern; they illuminate how "the substantive codes may relate to each other as hypotheses to be integrated into the theory" (Glaser, 1978, p. 72). Glaser (2005) explains that theoretical codes "are abstract models which allow the researcher to talk substantive categories and properties while thinking theoretically (p. 2). Theoretical coding families originate from

an array of scientific disciplines and it is the responsibility of CGT researchers to become familiar with as many theoretical codes as possible in order to recognize theoretical codes as they emerge from the data (Glaser, 2005). Utilizing theoretical codes as abstract models enhances the relevance of CGT generated substantive theories, making them more "complex and multivariate" (Glaser, 2005, p. 14).

Memos

Memos are at the core of generating grounded theory (Glaser, 1978, 1998, 2005, 2012, 2013, 2014). Memoing is an analytic exercise that forces the CGT researcher to "reason through and verify categories and their integrations and their fit, relevance and work for the theory" (Glaser, 1978 p. 88). Memoing occurs at all phases of CGT research and assists the researcher in developing abstractions about "what is actually happening in the data" (Glaser, 1998, p. 57). The CGT analyst should "stop and memo" (Glaser, 1978, p. 83) whenever an idea or thought comes to mind during data collection, data analysis, theoretical sampling, sorting the memos, or writing up the theory (Glaser, 2014). Memos empower the CGT researcher to think about the data conceptually rather than in a descriptive manner (Glaser, 1978). Glaser recommends that memos are prepared in a format that is conducive to sorting as the researcher prepares to write up the theory. Sorting the memos compels the researcher to conceptualize the data, delimit properties of categories, discover hypotheses about relationships among categories, and integrate the connections among categories and their properties into the theory (Glaser, 1978, 1998, 2005, 2012, 2013, 2014).

Theoretical Saturation

Theoretical saturation occurs when "no new properties emerge and the same properties continually emerge as one goes through the full extent of the data" (Glaser, 1978, p. 53). Thus, theoretical saturation indicates that "theoretical completeness" (Glaser, 1978, p. 125) has been achieved.

DATA ANALYSIS PROCESS

Data analysis in the present study began with the first interview transcript using CCM, open coding, and memoing. Data were constantly compared line by line and then concept by concept, and interchangeable indicators of patterns began to emerge. The researcher memoed extensively to record ideas, thoughts, and questions related to the data and the emerging conceptual patterns. Patterns, or interchangeable concept indicators, were grouped into categories and labeled with a code that conceptually represented each category. The aforementioned process continued throughout the data analysis process.

By the fourth interview, a tentative main concern emerged from the data. Further data analysis yielded a pattern suggesting that "becoming a nurse" or "becoming independent in the professional role" was the central problem for the study participants. Theoretical sampling for the main concern confirmed this early pattern. The main concern was ultimately labeled, *confidencing*, a term that the researcher perceived best captured the central problem of the nurse protégés in the study.

The emergence of a main concern allowed the researcher to begin selective coding in order to discern the resolution of *confidencing*. Substantive codes emerged very quickly as Glaser (1978) assures they will do. Adhering to CGT procedures, the

researcher coded for all categories that emerged building a bank of codes that included 1) trust, 2) protection, 3) familial quality, 4) hierarchical, 5) getting acquainted, 6) opening, 7) intensive interactions, and 8) weaning. *Mentoring Up* eventually emerged as a potential core category and seemed to account for much of the variation in the patterns of behavior of nurses engaging in mentoring relationships. *Confidencing* and *Mentoring Up* are each *in vivo* codes, codes that came directly from the data. Glaser (2011) recommends the use of *in vivo* codes, particularly when they have "grab" (p. 52), meaning they have the ability to provoke interest, attention, and/or excitement (Glaser, 1978). Glaser (2011) explains that participants may unconsciously use terms that are associated with patterns of latent behavior. Almost all of the participants in the study used the term, confidence, to describe what they were lacking as a protégé; the main concern therefore was labeled *confidencing*. Participant 4 used the term "mentoring up" (line 629) when discussing the process of mentoring. *Mentoring Up,* for this researcher, was an appealing label for the core category and set the stage for explaining "with the fewest possible concepts…the variation in how the core category and its sub categories continually resolve the main concern" (Glaser, 2012, p 52). *Mentoring Up*, is a dimension of the central problem, *confidencing,* and relates meaningfully to all other categories.

Mentoring Up, as the core category, became the primary focus of theoretical sampling and selective coding. Therefore, subsequent data collection, coding, and memoing focused strictly on the emerging theory. Theoretical sampling and CGT analytic procedures continued until the core category and related categories were amply saturated and each concept had "earned its way" (Glaser, 1978, p. 64) into the substantive theory, *Mentoring Up,* through constant comparison and the interchangeability of

indicators. Theoretical saturation occurred with the twelfth interview and was confirmed by the fifteenth interview when no new conceptual ideas emerged. Theoretical saturation allowed data collection to cease, freeing the researcher to focus on sorting memos, conceptual integration, and writing up the substantive theory.

The analytic procedures of CCM, selective coding, and memoing facilitated the delimitation of categories and led to the recognition of relationships among substantive codes, known as theoretical codes. Contemplation and subsequent memoing revealed that two theoretical codes were emerging from the data: a basic social process (BSP) and reciprocal causation. Glaser (2005) assures that theoretical codes may occur in combinations, "theoretical code mixes may be the integrative picture that fits and works" (p. 10). These two theoretical codes represented patterns of behavior that nurses utilized to resolve their main concern, *confidencing. BSPs* are patterned social processes with two or more definitive stages that occur over time (Glaser, 1978). Five stages of nurse-to-nurse mentoring that progressed over a period of time clearly emerged from the data. *Reciprocal causation* originates from an independent-dependent variable causal model in which two events simultaneously influence each other (Glaser, 1978, 2005). Data analysis revealed reciprocal interactions between mentors and protégés that occur throughout the stages of *Mentoring Up;* the reciprocal interactions are the independent variable, while the resolution of the main concern is the dependent variable. *Mentoring Up*, illustrates both theoretical codes: the BSP and reciprocal causation. Resolution of the main concern is explained as participants progress through *Mentoring Up* while simultaneously engaging in reciprocal interactions.

SCIENTIFIC RIGOR

The research study adhered to the criteria for rigor as described by Glaser (1978, 1998). According to Glaser (1978, 1998), a grounded theory should be assessed for rigor by ensuring the emerging theory *fits*, *works*, is *relevant*, and *modifiable* (Glaser, 1978, 1998). Grounded theory *fits* when it is true to the study data without preconceived notions or assumptions. *Fit* exists "when concept(s) adequately express the pattern in the data which it purports to conceptualize" (Glaser, 1998, p. 18). The very nature of grounded theory methodology (e.g., constant comparison) ensures that the data *fits* the substantive area from which the data were derived. The substantive theory, *Mentoring Up*, emerged clearly from the data and therefore *fits.* This researcher's dissertation research advisor reviewed the study data and provided feedback throughout all phases of the study, assuring that neither researcher bias nor preconceptions found their way into the emerging theory. The researcher's advisor verified that the substantive theory *fit* the data.

The theory also should *work*, clearly illustrating patterns of behavior associated with the main concern as perceived by the participants. Grounded theories *work* when they sufficiently account for variations of behaviors within the substantive area. The theory that emerged in the present study *works* because it explains, interprets, and predicts patterns of behaviors of nurses involved in nurse-to-nurse mentoring relationships. If the theory is readily recognizable to those who experience the phenomenon, then the theory *works* (Glaser, 1978, 1998).

Allowing the core problems to emerge achieves *relevance* (Glaser, 1978). Glaser (1998) asserts that *relevance* equates to importance and is what gives CGT theory its "grab" (p. 18). Grounded theory is deemed *relevant* when it illustrates the resolution of a

main concern of the participants involved (Glaser, 1978, 1998). The substantive theory that emerged from the study, *Mentoring Up*, adhered to the tenets of CGT methodology and reflects the main concern of the study participants, *confidencing*, and the manner with which they resolved their main concern.

Keeping in mind that theories are ever-evolving, *modifiability* refers to changes or variations in the theory that occur with new data or verificational research (Glaser, 1978). CGT-generated theories are readily modifiable when compared to new data (Glaser, 1998). The theory must be readily flexible and adaptable to accommodate new data that may alter conceptual properties, categories, or relationships (Glaser, 1998). *The* substantive theory, *Mentoring Up* has potential to be applicable to other substantive areas and to be modified as new data emerges. *Fit, work, relevance* and *modifiability* all contribute to the generalizability of grounded substantive theory and the implications for formal theory generation.

ETHICAL CONSIDERATIONS

The risks associated with the CGT research study were minimal and participation was voluntary. The potential risks to the participants were breach of confidentiality, interview fatigue, and emotions that may arise during the interview process. Procedures implemented to protect study participants' confidentiality were disclosed prior to data collection as part of the participant consent process.

Risks associated with breach of confidentiality were reduced by using participant codes on interview transcripts and demographic forms as identifiers. Interview audio-files were saved using the participants' assigned code prior to uploading to the transcription company. The researcher carefully reviewed each transcript file to ensure that any

potentially identifying information (e.g., names, locations, academic settings, hospital organizations) were deleted from the transcribed files that were utilized for data analysis. The transcription company also had procedures in place to safeguard the confidentiality of clients using their services and maintains a strict privacy policy (see Appendix G). Files transmitted to and from the transcription service were encrypted by the company's server. The transcription company guaranteed that the audio files were used for the purposes of transcription only and were shared only with the assigned typist. Typists are required to sign a confidentiality agreement when they are hired. Finally, the transcription company's privacy policy provided assurance that all files would be deleted from their database upon completion of the work.

Data were stored on the researcher's private home computer which is password protected. The data were backed up using an external hard drive which was kept in a locked cabinet in the researchers' home office. Hard copies of research data (e.g., demographic forms and transcripts) that were used for analysis contained the participants' code and were void of any identifying information. All study data will be destroyed by the researcher at the conclusion of the study.

Experiencing interview fatigue and the potential of experiencing troubling emotions during the interview was an additional risk noted by the researcher. All participants were informed that they could stop the interview at any time, no participants, however, chose to stop the interviews prior to its conclusion. In addition, all participants volunteered to participate and determined what information to share during the course of the interview. The mean interview time was 58 minutes; none lasted more than 90 minutes. Four of the participants became tearful while reflecting on their mentoring

relationship, of those four, none opted to halt the interview and all commented that the emotions they experienced during the interview were cathartic.

SUMMARY OF CHAPTER THREE

Chapter Three has described the application of Classical Grounded Theory methodology (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014) to the research question, "What is the nurse protégé's perception of mentoring in the clinical setting?" The Chapter has described the research design, including participant sampling and recruitment procedures, data collection, data management, data analysis and CGT criteria for ensuring rigor in the study procedures. The chapter concludes by discussing ethical issues related to the study.

PLAN FOR REMAINING CHAPTERS

Chapter Four will discuss the findings from this Classical Grounded Theory study that explored the nurse protégé's experience of nurse-to-nurse mentoring. Chapter Four will provide a detailed discussion of the substantive theory, *Mentoring Up*, including the categories, sub-categories, and properties of the theory that emerged from the data. Chapter Five will present the discussion of the study findings and the substantive theory. Chapter Five will discuss the substantive mentoring theory in relation to the extant literature, the implications of the study, as well as the study strengths and limitations.

Chapter 4 Findings

Chapter Four provides a discussion of the findings of this Classical Grounded Theory (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014; Glaser & Strauss, 1967) study that explored the research question, "What is the nurse protégé's perception of mentoring in the clinical setting?" The chapter begins with a discussion of the general nature of nurse-to-nurse mentoring and a brief overview of the substantive theory, *Mentoring Up*. A detailed elaboration of the dimensions, categories, and sub-categories of the theory will follow. Glaser purports that CGT "speaks for itself" (personal communication, May 29, 2015) so CGT researchers should be parsimonious in the use of participant quotations. Therefore, the use of direct quotes from study participants are limited in order to focus the reader on the substantive theory, *Mentoring Up*. Glaser (2012) says, "the purpose of the write up is to capture the integration of the [substantive grounded theory] into a conceptual explanation of how a core category is continually resolved" (p. 25). This chapter provides a conceptual explanation of how the core category, *Mentoring Up*, continually resolves the participants' main concern, *confidencing*.

GENERAL NATURE OF NURSE-TO-NURSE MENTORING

Nurse-to-nurse mentoring is a dynamic, intense, and profound relationship that transcends age, gender, and ethnicity. Mentoring relationships extend beyond organizational directives; mentoring is a choice, not an assignment; "this relationship is unlike any other that I've had…when you're mentored it brings you something else, you're inspired, you feel like you can accomplish certain things" (participant 3 line 564-565). Nurse-to-nurse mentoring, as conceptualized in the research study, may evolve

serendipitously; “It surprised me that we got close and she became my mentor (participant 1, line 148-149).

Nurses who transition to new roles need nurse-to-nurse mentoring; role transition may happen multiple times during a nurse’s career. Individuals who undertake new professional roles may lack confidence, the central problem for protégés. Perhaps the most difficult and critical transition period for a nurse is as a new graduate nurse. Nursing school provides students with theoretical knowledge but new graduates enter clinical practice lacking practical experience in unpredictable clinical environments. New graduate nurses must learn to care for patients independently, which requires the development of confidence in the nursing role. Therefore, being a new graduate nurse is a vulnerable period in a nurse’s career. As noted by a study participant, “It's the personal, the emotional roller coaster that is becoming a nurse” (participant 9, line 536-537).

OVERVIEW OF THE SUBSTANTIVE THEORY

Utilizing the tenets of CGT (e.g., constant comparative method, coding, and memoing), *confidencing* emerged as the main concern of the participants in the study. *Confidencing* is resolved by the core category, *Mentoring Up. Mentoring Up* consists of five specific phases: *seeding, opening, laddering, equalizing, and reframing.* Two theoretical codes (theoretical codes are explained in Chapter 3), a basic social process (BSP) and reciprocal causation, emerged as abstract models that integrated and explained the latent patterns in the substantive theory, *Mentoring Up*. The initial phases of *Mentoring Up*, *seeding* and *opening,* are periods of relationship discovery (*seeding*) and testing (*opening*). Mentors and protégés are considered prospective mentors and prospective protégés during *seeding* and *opening.* Nurse-to-nurse mentoring begins with

laddering, a latent and intense period best explained by the theoretical code, reciprocal causation. The back and forth interactions (reciprocal causation) between mentors and protégés facilitates resolving the main concern of the participants, *confidencing.* The next phase, *equalizing*, begins when protégés perceive themselves to be equal to their mentors in terms of their professional capability. Protégés reflect on the meaning of the relationship in the *reframing* phase and recognize their enduring gratitude for all that their mentor has done.

The nurse protégé's need for *confidencing* is both internal and external. *Internal confidencing* is the protégés' self-assurance that he/she is capable and competent to perform the professional role. *External confidencing* is knowing that others (e.g., colleagues, physicians, and patients) perceive the protégé to be capable and competent to perform the professional role and respect the protégé's professional capacity. Participant 10's statement illustrates *external confidencing*, "If you want them [healthcare professionals] to be confident in what you're doing or be confident in what you're saying…you need to show them that you know about the patient, and you know what's going on" (line 379-382).

Vertical Referencing Versus Horizontal Referencing

Protégés, as professionals who need to resolve *confidencing*, appraise their resolution of *confidencing* through *referencing*. *Referencing* illustrates the context with which protégés perceive themselves in relation to mentors, who are the protégés' frame of reference. Initially, protégés perceive their mentors to be at a higher level as a nurse; protégés recognize this viewpoint as a professional gap. Protégés look up to mentors and aspire to attain the nursing attributes that they admire in mentors, "I strive to be at her

level" (participant 7, line 530). *Vertical referencing* illustrates the perceived professional gap and the vantage point that protégés identify themselves in relation to their mentors prior to resolving their main concern, *confidencing*.

The resolution of *confidencing* through the phases of *Mentoring Up* narrows the professional gap between protégés and mentors, *equalizing* protégés in terms of their professional ability and expertise. Protégés' appraisal of their professional ability as being on the same level as their mentors indicates that they have achieved *horizontal referencing*. Nonetheless, some protégés may never perceive themselves to be truly at the level of their mentors because of the enduring gratitude and admiration they feel toward their mentors.

Although *equalizing* and the attainment of *horizontal referencing* resolves *confidencing,* the primary aim of *Mentoring Up,* protégés may *surpass* their mentors in terms of education and career advancement. Some protégés who have *surpassed* their mentors in terms of professional development may alter their frame of *referencing* inversely and appraise themselves as higher than their mentor (inverse *vertical referencing*). Nevertheless, protégés who *surpass* their mentors professionally are more likely to maintain a context of *horizontal referencing* (or some degree of *vertical referencing*) in relation to their mentors, "I still see her elevated above me, even though educationally…I have gone to a high level. She's still probably on that pedestal. I don't feel like I'm above her, definitely" (participant 11, lines 431-433). Again, the enduring gratitude and admiration protégés feel towards their mentors greatly influences protégés' perception of themselves in comparison to their mentors and may sustain their perception of themselves as never truly reaching *horizontal referencing*. *Surpassing* the mentor is a

direct reflection of the relationship and indicates a positive relationship outcome, the epitome of *Mentoring Up*.

MENTORING RELATIONSHIP DIMENSIONS

Three central mentoring relationship dimensions are present in the substantive theory, *Mentoring Up.* Mentoring relationship dimensions, *earnest intentions, filial bond,* and *trust-worthiness* are threaded throughout all five phases of *Mentoring Up.* The following section will discuss the mentoring relationship dimensions, *earnest intentions, filial bond,* and *trust-worthiness,* and conclude with a summary of mentoring relationship dimensions.

Earnest Intentions

Earnest intentions describe the purpose and attitude that protégés and mentors demonstrate regarding their mentoring relationship. The intentions for engaging in mentoring relationships are sincere for both mentors and protégés. Protégés are committed to achieving professional expertise and mentors genuinely desire to assist protégés to attain confidence and expertise in the professional role. As stated by participant 2 "you don't want to waste as much time on someone who isn't invested" (line 308-309). Each individual has *earnest intentions* to conduct themselves in a manner that is in the best interests of patients, organizations, and the nursing profession. One participant commented that as a protégé she had "very high standards as far as making sure I did my job and I did it to the fullest capacity" (participant 7, line 94-95). Protégés have a vision of the kind of nurse they aspire to become and see this vision actualized in their mentors. Mentors are vested in their protégés; they want their protégés to succeed, and care about their protégés' well-being. Mentors accept and understand that protégés

lack experience and self-confidence in the professional role. Mentors remember what it is like to be in the same position as their protégés, the challenges of role transition, and the need for support. Thus, mentors empathize with their protégés' situations and selflessly choose to help their protégés navigate the journey of *Mentoring Up.* The desire of mentors to commit to their protégés is based upon an altruistic desire to enhance the nursing profession; mentors love nursing. Participant 11 describes her experiences of mentoring other nurses as "very special…I'm going to get teary eyed here in a minute, to know that I made such a difference in someone's life and to know that she feels like she's a better nurse because of me" (lines 585-587). *Earnest intentions* are exemplified by participant 3's comment about her mentor, "she wanted to see me be successful. There were no undercurrents. We weren't competing for anything. I always felt like she truly had my best interest at heart" (line 389-392).

Filial Bond

Mentors and protégés develop an exclusive, familial affection for and devotion to each other. *Filial Bond* is demonstrated by a reciprocal display of acceptance, caring, honesty, and trust: "I always felt like she was someone that I could go to" (participant 6, line 236). A genuine, reciprocal, caring sentiment exists for mentors and protégés both as individuals and as professionals. The two individuals commit to a long-term association and willingly devote time to get to know each other, to develop the relationship, and to focus on the protégé's professional growth.

Mentors exemplify the professional nursing role and readily include protégés in workplace activities and opportunities. Likewise, mentors thrust protégés towards professional growth by challenging and critiquing. Mentors reassure and support their

protégés through professional challenges, particularly when protégés experience self-doubt. A participant who had become a mentor commented about her protégé, "she felt like she wasn't good enough and I told her she was" (participant 11, lines 589-590). Protégés see their mentors as "my special person, my go-to person" (participant 3, line 49) and want to make their mentor proud. Mentors guide their protégés through many first time experiences, recognizing their protégés' successes and celebrating their protégés achievements; mentors are proud of their protégé's accomplishments. Conversely, mentors strive to ensure that their protégés are protected and feel safe emotionally and professionally.

Filial bond promotes a feeling of safety and security in the relationship; each individual accepts the other for who they are, treating each other with respect and understanding. Participant 11 explains, "that's your go-to person…your security blanket…your life line or savior" (line 349-353). *Filial bond* is non-threatening and non-judgmental: "she never judged me or anything for what I did or didn't know. I could be very open and honest with her about what I felt comfortable with and what I didn't" (participant 5, line 52-54). The familial nature of the mentoring relationship facilitates honest, open, and straightforward communication. Moreover, honest communication encourages mentors and protégés to be accountable for their actions.

A generational feature also is inherent in the *filial bond* of nurse-to-nurse mentoring. The passing on of nursing wisdom to future nursing generations is a key feature of the *filial bond*. Nurses who mentor are crucial in preparing the next generation of nurses because nurse-to-nurse mentoring enables less experienced nurses to excel in their clinical role.

Trust-worthiness

Trust-worthiness is the most important quality in mentoring relationships as it provides a foundation for *filial bond* and is vital for resolving the main concern, *confidencing*. *Trust-worthiness* develops as each individual demonstrates being worthy of the others' trust. Moreover, as trust deepens, protégés may feel an increasing sense of worth and thus feel more worthy of the mentoring relationship.

Trust-worthiness is achieved through *trust indicators*, behaviors that demonstrate *trust-worthiness*. Protégés demonstrate *trust-worthiness* by being honest, accepting feedback, and following through on mentor-provided guidance. Mentors demonstrate *trust-worthiness* through honest, non-judgmental interactions, acceptance, facilitating their protégés' feelings of safety, and by their consistent availability to their protégés. Each time a *trust indicator* is displayed *trust-worthiness* strengthens.

Those engaging in nurse-to-nurse mentoring must be willing to be vulnerable, therefore, protégés and mentors must explicitly trust each other (*trust-worthiness*) and feel safe and secure in their relationship (*filial bond* and *trust-worthiness*). Protégés, who have the most to learn, must disclose their strengths and weakness to mentors, thereby displaying their vulnerability. Mentors are also vulnerable, for example, they may not be able to answer all of their protégés questions or they may not feel adequately prepared to advise their protégés. *Trust-worthiness* gives mentors and protégés permission to be vulnerable. The feeling of *trust-worthiness* is unambiguous, "she's gonna be there no matter what happens" (participant 5, line 288).

Because the *opening* phase of *Mentoring Up* is a period for testing the feasibility or likelihood of a relationship, prospective protégés and prospective mentors are learning

about the *trust-worthiness* of each other through *trust indicators*. *Trust-worthiness,* a weak dimension in the early the phases (*seeding* and *opening*), strengthens and becomes a well-established relationship dimension in *laddering.* Each time *trust indicators* are demonstrated, the perception of *trust-worthine*ss becomes more robust until *trust-worthiness* is a well-established quality of the relationship. *Trust indicators* suggest or imply *trust-worthiness* in the *opening phase, trust indicators* validate *trust-worthiness* in the *laddering* phase. *Trust-worthiness* cements the relationship and provides a foundation for honest communication and the ability of the protégé to accept critique. *Trust-worthiness* allows protégés to explicitly KNOW that mentors will always be there, which in turn, promotes a sense of calmness, comfort, and reassurance.

The dimensions of mentoring relationships, *earnest intentions, filial bond* and *trust-worthiness,* are threaded through each of the five phases of *Mentoring Up*. *Earnest intentions* is a static condition, a stable, unwavering characteristic, manifested consistently throughout all phases of *Mentoring Up. Filial bond* and *trust-worthiness* are weak dimensions in the early phases of the relationship (*seeding* and *opening*); the development of each is grounded in *earnest intentions*. The inherent familial connection marked by the developing *filial bond* provides a basis for developing *trust-worthiness*. There is a direct positive correlation between *trust-worthiness* and *filial bond;* as one strengthens the other intensifies as well. The scope of the *filial bond* and *trust-worthiness* strengthen as the relationship between the mentor and protégé evolves, intensifies, and traverses *Mentoring Up* (e.g., *seeding, opening, laddering, equalizing,* and *reframing*) until the core category, *confidencing*, is resolved.

PHASES OF MENTORING UP

Mentoring Up consists of five phases: *seeding, opening, laddering, equalizing,* and *reframing.* The following section will provide a detailed elaboration of each of the five phases and sub-categories of *Mentoring Up.*

Seeding

Seeding, the first phase of *Mentoring Up,* is a period of time during which there is relationship potential. Nurse-to-nurse mentoring relationships have the potential to develop when prospective protégés are in close geographic proximity to prospective mentors. The development of mentoring relationships are dependent upon the qualities and willingness of prospective protégés and prospective mentors. Organizations, hospital units, and nurse managers may play a role in *seeding* prospective mentors and protégés, although mentors and protégés ultimately are responsible for their own relationship. While some organizations and hospital units may be more conducive to the development of mentoring relationships, mentors and protégés initiate mentoring relationships independent of organizational initiatives or support, "we pretty much found each other" (participant 11, line 480). Nurse managers may play a role in *seeding* by pairing a newly hired nurse (prospective protégé) with a more experienced nurse (prospective mentor) for the purposes of orientation. The nurse manager may have insight into the most compatible pairing, optimizing the potential for *seeding* between prospective protégés and prospective mentors. There are two properties of *seeding*: *getting acquainted* and *targeting*.

Getting Acquainted

Getting Acquainted is the period of time when prospective protégés and prospective mentors get to know each other and recognize desirable attributes in each other. The two individuals also recognize that a connection is present and their personalities are compatible. Additionally, the two individuals share similar workplace values, "we saw through the same eyes" (participant 2, line 312). Although an interpersonal connection is vital, differences in personality characteristics also can promote personal and professional growth. One participant commented on this interplay: "I benefitted from those differences more than I would have benefitted from someone who was exactly like me" and "there was more meat to the relationship because we didn't feel exactly the same way about everything. It would give me pause to think about things more deeply than I would have if we just would have agreed on something" (participant 4, lines 596-597, 599-603).

An essential attribute of prospective protégés is humility. *Protégé humility,* an element of *earnest intentions,* is the ability to recognize his/her knowledge deficits and to be willing to accept feedback or critique aimed at addressing those deficits. Prospective protégés who possess *protégé humility* are self-aware in that they recognize both what they do not know and what they need to learn in order to attain confidence and professional expertise. *Protégé humility* becomes evident to mentors in the *seeding* phase and is a protégé quality that continues throughout the remaining phases of the mentoring relationship. Protégés sincerely aspire to be the best nurse they can be and genuinely respect and admire their mentors (e.g., *earnest intentions*).

Targeting

During the *getting acquainted* period prospective mentors and prospective protégés may engage in *targeting*, a strategy aimed at pursuing and attracting each other for the purposes of initiating a mentoring relationship. *Targeting* is a reciprocal display and recognition of desirable qualities. *Targeting* tactics differ for prospective mentors and prospective protégés: prospective mentors *target* by pursuing, prospective protégés *target* by attracting. Prospective mentors *target* prospective protégés who demonstrate potential in the professional role. Prospective mentors view prospective protégés as optimal candidates for imparting their nursing knowledge. Because prospective mentors understand the implications of the relationship commitment, prospective protégés must be considered by mentors to be worthy of their effort. Prospective protégés are more likely to be *targeted* by prospective mentors if they display qualities such as *protégé humility,* initiative, are hard-working, and committed to learning. Recognition of these desirable qualities leads the prospective mentor to *open* the relationship.

Prospective protégés *target* competent nurses whom they desire to emulate, "she was the nurse that I wanted to be" (participant 10, line 36-37). Prospective protégés have a vision of the nurse they aspire to become and attempt to align with nurses who embody their vision. Prospective protégés perceive *targeted* nurses as possessing desirable qualities and behaviors of a professional nurse such as, *internal* and *external confidence*, having the ability to manage a multitude of clinical situations, and demonstrating clinical expertise. Prospective protégés often perceive prospective mentors as ideal nurses. Prospective protégés *target* prospective mentors by making their own desirable qualities evident to prospective mentors in order to impress them. *Targeting* may be an

unconscious or conscious act. Prospective protégés are more likely to unconsciously *target* prospective mentors early in the protégés' careers; however, once they have been the recipient of mentoring, protégés acquire *targeting savvy* and learn how to attract future mentors more readily by consciously demonstrating to prospective mentors that they are, in fact, worth the effort.

The recognition of desirable qualities in each other and the willingness to proceed with a mentoring relationship leads to the *opening* phase, the second phase of nurse-to-nurse mentoring. There is a distinct boundary between *seeding* and *opening*, *seeding* concludes and *opening* begins with an invitation to begin the relationship.

Opening

Opening involves an invitation to begin a mentoring relationship. The o*pening* phase consists of three dimensions: *inviting* (mentor), *responding* (protégé) and *reacting* (mentor). *Opening* creates a space for testing the likelihood or feasibility of a mentoring relationship and the subsequent progression of that mentoring relationship. One participant illustrated *opening* saying, "she was there and I came" (participant 2, line 85). *Opening* marks the initiation of the mentoring relationship. Prospective protégés or prospective mentors may *open* the relationship; however it is more likely that *opening* originates from prospective mentors, particularly when prospective protégés lack professional experience, such as the case with new graduate nurses.

Opening begins with a subtle invitation from prospective mentors, such as "come to me if you need anything…she [mentor] left that door open" (participant 6, line 189-190). Mentors offer an *invitation* to protégés, who must then accept or *respond* to the invitation. The *invitation* is an indirect solicitation to prospective protégés; prospective

mentors are letting prospective protégés know, albeit in a somewhat elusive manner, that they, prospective mentors, are willing to begin a mentoring relationship. Protégés may be surprised to receive an *invitation* from an experienced nurse, particularly one whom the protégé admires and desires to emulate. The *invitation* itself boosts a prospective protégé's confidence, and may be the first indication that a prospective mentor believes in the prospective protégés' potential. Once the invitation is offered, the impetus for moving the relationship forward becomes the responsibility of the prospective protégé. Prospective protégés must *respond* to the mentor's *invitation* by going to the prospective mentor with a need such as asking a question or seeking advice. Protégés are more apt to respond to the invitation if prospective mentors are approachable and demonstrate *trust indicators*. Prospective mentors, in turn, must *react* by addressing the prospective protégés' needs: answering the question or giving advice.

The manner in which prospective mentors *react* to prospective protégés' initial need is crucial as the interaction represents a vulnerable period of time for potential mentoring relationships. *Reacting* can determine whether or not a mentoring relationship will progress and develop. Prospective mentors must *react* by answering prospective protégés' question, without hesitation, without judgment, without qualms or reservations. Choosing to not *react* to the prospective protégés' need or reacting with reluctance or annoyance, is likely to impede the progression of a mentoring relationship, as a consequence, a mentoring relationship may not develop. In some cases, tenacious prospective protégés may approach prospective mentors again with a question to test their mentor's *reaction* or willingness to answer the question.

New graduate nurses are less likely to be tenacious prospective protégés because they lack confidence and may perceive themselves to *be a burden.* Protégés' fear of *being a burden* is based upon insecurities about their ability to function in the professional nursing environment. The perception of *being a burden* can diminish the prospective protégés' motivation to *respond* to prospective mentors' invitation. Perceiving themselves to *be a burden* may prevent prospective protégés from going to or reaching out to prospective mentors. Prospective protégés' perceptions of *Being a burden* should be eased by prospective mentors through *trust indicators* so that the relationship can progress.

Although mentors are more likely to *open* the relationship, prospective protégés may *open* the relationship, bypassing the *invitation* and approaching prospective mentors with questions or advice. The progression of the mentoring relationship in this case remains dependent upon prospective mentors' *reaction* to questions.

During the *opening* phase of mentoring relationships, there is no administrative or managerial directive for the progression and development of the relationship. The two individuals direct the course of their mentoring relationship, "we did a lot to cultivate the relationship", (participant 1, lines 518-519). The evolution of the relationship from *opening* to the intensive phase of *laddering* may seem deliberate, but is oftentimes serendipitous because the two individuals may not recognize or internalize what is happening until later in *laddering* or in the *reframing* phase. Reciprocating interactions between the two individuals gives momentum to the relationship and propels it towards the *laddering* (intensive) phase.

Laddering

Laddering facilitates protégés in "climbing the ladder," (participant 2, line 93) to professional expertise and pushes them to resolve *confidencing.* Participant 3 describes mentors as "always pushing you to the next level" (line 236). *Laddering* is an intense period of reciprocal interactions between mentors and protégés. The frequent and intense reciprocal interactions in the *laddering* phase require a balance of actions between mentors and protégés, as one individual noted, "there's two ways that things flow" (participant 10, line 321). The back and forth momentum between mentors (expert/teacher) and protégés (beginner/learner) is vital to the learning process, "we're constantly bouncing things back and forth" (participant 7, line 923). The relationship becomes a genuine nurse-to-nurse mentoring relationship during the *laddering* phase. *Earnest intentions, filial bond,* and *trust-worthiness* are dimensions of the relationship although *trust-worthiness* and *filial bond* continue to grow in strength throughout *laddering*.

Laddering is the most complex phase of *Mentoring Up* and a necessary catalyst for protégés to develop decision-making capabilities and to achieve professional expertise. *Laddering* stimulates, challenges, and finally, facilitates protégés to assimilate knowledge and function as independent clinicians. There is a direct correlation between protégés' needs and the intensity of *laddering,* therefore the tempo of *laddering* varies from relationship to relationship and situation to situation. The following section will begin with a discussion of the responsibilities of mentors and protégés essential in *laddering* and resolving *confidencing*. The discussion will then explore the six

subcategories of *laddering: navigating the workplace, recalling the past, backing, anticipatory pre-briefing, surveillance and debriefing,* and *weaning.*

Mentor Responsibilities in Laddering

Mentors are creative individuals who know how to facilitate their protégés toward professional independence. Mentors have long-term vision and recognize their protégés' potential, even when protégés do not recognize their own potential. One participant noted, "She was able to help me define how my practice would be" (participant 8, line 62). *Mentoring intuition* is a key characteristic of mentors; mentors inherently seem to know exactly how to resolve *confidencing* for their protégés and therefore function in ways that are insightful and deliberate while *Mentoring Up*.

Mentors assess their protégés to determine where their protégés are in terms of professional ability, and they push their protégés to gain professional expertise at a pace that is comfortable to each individual protégé. Mentors are approachable, calm, nurturing, demonstrative, and responsive to protégés' needs; but mentors also are human and make mistakes. As one participant indicated "If you're looking for the perfect mentor you're never going to find one" (participant 4, line 612-613). Mentors need not be charismatic or exceptional but must have *earnest intentions*, be *trust-worthy* and genuinely care about their protégés. Mentors willingly share themselves by committing to protégés and are vested in their protégés' professional growth and well-being because mentors recognize protégés' potential. Mentors, as conscientious and disciplined professionals, mold protégés to adhere to the principles and work habits that mentors deem integral to nursing.

Protégé Responsibilities in Laddering

Protégés are central to the development and progression of mentoring relationships because it is their responsibility to seek help, ask questions, be receptive to mentors' suggestions, and follow through on the guidance provided by mentors. Protégés bear a great deal of responsibility in the progression of the relationship by going to their mentor over and over again. "I'm probably the one that kept it alive because she [mentor] didn't need me" (participant 2, line 56). Protégés discern that they need their mentors' feedback and readily accept their mentors' critique and follow through on mentors' guidance, demonstrating *protégé humility*. Protégés, therefore, ultimately are responsible for pushing themselves through the *laddering* phase by *following and following through,* repeatedly seeking out their mentors', asking questions, and asking for advice, feedback, and clarification.

Navigating the Workplace

Mentors welcome protégés into the workplace environment and introduce them to the team. Mentors assist protégés to understand the social context and culture of the workplace and ensure that the workplace environment is amenable for protégés to resolve *confidencing*. Participant 8 explained, "She had created such a good environment that I felt comfortable taking those new challenges, that I knew she wouldn't let me do something that I wasn't ready for" (line 88-90). Mentors share their social power with protégés; they ensure the professional environment is inclusive, including protégés in meetings and providing opportunities for protégés to participate in decision-making situations. Mentors also decode the culture and language of the work environment, including assisting protégés to understand the unique cultural norms of the workplace and

how to communicate with others on the healthcare team. Mentors guide protégés in understanding what is important to say, what not to say, how to approach situations and how to get what they want. Mentors can assist protégés in *navigating the workplace* because mentors know and understand the workplace dynamics.

Recalling the Past

Recalling the past, a subcategory of *laddering*, means that mentors readily share their professional experiences and the history of the workplace environment. Mentors remember what it was like to be new to a position and *recall the past* to assist protégés to navigate *laddering* in a smooth manner. Because of *earnest intentions, filial bond,* and *trust-worthiness,* mentors are able to be honest about their past clinical missteps and/or successes. Mentors recall clinical or other workplace challenges they experienced and attempt to prepare protégés to avert unnecessary struggles. *Recalling the past* may prevent protégés from repeating mistakes or errors in judgment that were made by mentors. Moreover, hearing about their mentors' past accomplishments and struggles may inform protégés about how to manage similar clinical or workplace situations successfully. *Recalling the past*, is a strategy that mentors utilize to impart wisdom.

In *recalling the past*, mentors also assist protégés to understand how past events have influenced current workplace policies or procedures. Understanding the history of the work environment assists protégés to comprehend the rationale for current policy, giving protégés a clear picture of past events. Protégés may go on to become leaders in the workplace later in their career; understanding workplace history provides protégés with a broad knowledge base about the workplace environment positioning them to excel as leaders.

Recalling the past may also be beneficial to mentors. As mentors reflect on their past professional experiences they may begin to assimilate the meaning of their own nursing journey.

Backing

Backing is a crucial dimension of mentoring in which mentors take protégés "under [their] wing" (participant 12, line 811) and create environments that are amenable to learning, assimilating, making mistakes, taking risks, and facing challenges. The *filial bond* assures that the mentors' feedback will be constructive; consequently, *filial bond* along with *trust-worthiness* gives protégés permission to take risks, such as accepting challenging assignments and/or leadership roles and ultimately resolve *confidencing*.

Protégés perceive that mentors "have [their] back," (participant 5, line 391) protecting them from others. *Backing* attends to the affective and safety needs of protégés. *Backing* diminishes stress, and promotes a feeling of calmness for protégés, enhancing the *filial bond* and *trust-worthiness*. Mentors back protégés via three strategies: *shielding, vouching,* and *rescuing. M*entors *shield* protégés from others who might demean, bully, judge, or otherwise impede the protégés' professional growth and resolution of *confidencing. Shielding* also includes protecting protégés from unrealistic patient assignments and inappropriate work duties. By *vouching* for protégés, mentors let others know that they believe in their protégés' abilities. *Vouching* covertly communicates to others on the healthcare team that they should refrain from interfering or second-guessing the protégés' progress towards resolving *confidencing*. Participant 6 illustrates *vouching* with an example of a statement made by her mentor, "I trained her…

so I know she did it right" (line 528-529). Ultimately, *vouching* gives protégés workplace recognition.

Because mentors have workplace clout and are respected by others, mentors are able to *rescue* or skillfully manage situations that may be potentially distressing for protégés. Mentors *rescue* by dealing with the most urgent issue first, such as ensuring patient safety, dispelling or protecting protégés from condemnation and judgment, and then by addressing the root of the problem. *Rescuing* protégés from distressing situations is reassuring to protégés and helps to prevent them from becoming discouraged. As a result, *rescuing* helps protégés feel empowered rather than defeated. The act of *rescuing* gives protégés the confidence to face future challenges and facilitates risk-taking. It is essential that protégés take on challenging assignments as crucial learning experiences if they are to achieve professional expertise, knowing they will be s*hielded*, *vouched* for, and *rescued* by their mentors, reassures protégés that they will be safe. Moreover, *backing* further strengthens *trust-worthiness* and *filial bond*.

Because mentoring relationships may evolve serendipitously, protégés may not recognize they are in a mentoring relationship until they experience *shielding*, *vouching,* or *rescuing.* Feeling that they have been *backed* may cause protégés to become aware that their relationship with a respected nurse is more than a typical work relationship. One or two experiences of *backing* may be a pivotal point in protégés' realizing that they are involved in a mentoring relationship with another nurse.

Mentors also protect patients by *shielding* protégés from making mistakes or *rescuing* during a critical clinical situation. Therefore, *backing* not only assists in resolving *confidencing*, *backing* is also a strategy for patient safety. Additionally, if

protégés encounter challenging situations such as life threatening situation for patients, and are not *backed*, their *confidencing* may be slowed significantly. *Backing* creates a space for protégés to move forward in their professional role. Because of *earnest intentions, filial bond* and *trust-worthiness*, protégés KNOW "without question" (participant 12, line 773) that their mentors will *shield, vouch* for, and *rescue* them if needed.

Anticipatory Pre-briefing

Mentors preemptively prepare protégés by telling them exactly what to expect and, in certain situations, exactly what to say. *Anticipatory pre-briefing,* a subcategory of *laddering,* is a strategy for *backing* protégés; knowing what to expect reduces unexpected surprises and *shields* protégés from judgment. Mentors anticipate challenges and prepare protégés to face those challenges. *Anticipatory pre-briefing,* initially is very directive, mentors may have protégés role-play or practice a verbal interaction with, for example, a physician. Protégés may practice what to say using a mentor-prepared script or mentors may provide protégés with suggestions about what to say rather than a prepared script. Through *anticipatory pre-briefing,* mentors inform protégés about what to expect and how to respond. *Anticipatory pre-briefing* cues protégés on how to learn from others and lays the groundwork for being successful in new situations.

Surveillance and Debriefing

Surveillance and debriefing involves observations and conversational sessions to explore professional situations. Different configurations of *surveillance and debriefing* may occur, depending on where the protégé is in terms of resolving *confidencing*. Initially, *surveillance and debriefing* involves protégés' *surveillance* of mentors followed

by mentors' *debriefing* protégés about what was observed. As protégés grow in their professional development, mentors engage in *surveillance* of protégés followed by mentors' *debriefing* protégés about their performance. Finally, *debriefing* may occur without *surveillance*. While *debriefing* is conducted by mentors, *surveillance* may be accomplished by either protégés or mentors. The following section will initially discuss *surveillance* patterns followed by a detailed discussion of *debriefing*.

Early in the *laddering* phase, protégés spend a great deal of time engaging in *surveillance* of their mentors because protégés recognize the value and importance of observations as a means to learn. Protégé *surveillance* involves protégés' observing their mentors as they perform nursing responsibilities and the manner with which mentors interact and communicate with others, such as patients, co-workers, and physicians. Mentors engage protégés in informal *debriefing* sessions to discuss situations and interactions so that protégés understand better what happened, why it happened, and what can be learned from the observed situation. *Debriefing* is illustrated by participant 3 with the statement, "she would always go back and revisit situations and kinda give me explanations as to why we did certain things or if there was a difficult interaction with a nurse of a family member…I always felt like she brought me back to what our rationale was for making the decisions that we did" (line 280-284).

As protégés become more independent, mentors spend time engaging in *surveillance* of protégés to appraise their performance, then *debriefing* to provide feedback and/or critique. Protégés are open to their mentors' feedback and readily acknowledge and address any and all areas needing improvement. As protégés' professional competence increases, mentors' *surveillance* of protégés decrease.

Debriefing may be used in lieu of *surveillance* in certain situations such as after *rescuing* protégés. Mentors recognize the value of learning opportunities through *debriefing*, even situations in which neither the mentor nor the protégé are involved directly. For example, mentors may become aware of a clinical or workplace situation that is deemed a note-worthy learning opportunity for protégés through *debriefing*. Discussing clinical or workplace scenarios can inform protégés about dealing with similar scenarios even if neither the protégé nor mentor were participants in the discussed situation.

Debriefing is a time when mentors celebrate successes with protégés, assist protégés to handle emotionally charged situations, and provide honest feedback on areas needing improvement. *Debriefing* may be initiated by either mentors or protégés but is conducted by mentors. One of the key responsibilities of protégés is to ask questions, which initiates *debriefing* by inquiry. Protégés may also confess clinical mistakes to mentors, which prompts *debriefing* to address issues related to the clinical mistake. *Earnest intentions, filial bond* and *trust-worthiness* ensure *debriefing* is safe, non-judgmental and non-threatening.

Learning experiences that are crucial to protégés' growth take place during *surveillance and debriefing,* hence, *surveillance and debriefing* facilitates the pragmatic application of theoretical knowledge. Through *surveillance and debriefing*, protégés learn how to manage a multitude of clinical, communicational, interpersonal, and emotional situations. The unpredictability of human beings requires first-hand experience to deal with the variability involved in clinical practice. *Surveillance and debriefing* sessions are

instrumental in facilitating protégés to acquire clinical reasoning, judgment, professional expertise, and ultimately to resolve *confidencing.*

Weaning

Weaning is a gradual transfer of professional role independence to the protégé and is a vital component of *laddering. Weaning* has a tendency to be slow and deliberate. Mentors purposefully begin to withhold assistance so that protégés can gain independence in their professional role. Protégés need to be able to accomplish professional endeavors without direct supervision from mentors in order to resolve *confidencing,* therefore, *weaning* is necessary.

Initially, protégés may not believe they are able to be independent in their professional role. Mentors nudge protégés to independence through *weaning* and cease direct supervision over their protégé's actions. As noted by participant 3, "your mentor is somebody that's always pushing you to the next level" (line 235-236).

Weaning may entail feelings of hurt or even panic on the part of the protégé. One participant recalls feelings of panic during *weaning,* "why isn't she helping me" (participant 3, line 376). Because of *earnest intentions*, *filial bond,* and *trust-worthiness*, protégés are assured that mentors will *back* them by *shielding, vouching,* and *rescuing* if necessary. "She gave me just enough rope to…not hang myself but she gave me just enough time try to think through those decisions on my own" (participant 3, line 348-349). Mentors demonstrate belief in their protégés' abilities through *weaning,* knowing their mentors have faith in their abilities augments protégés' *confidencing*. Additionally, being successful without direct mentor oversight provides protégés with feelings of accomplishment, further enhancing *confidencing.* Protégés who have resolved

confidencing may initiate *weaning* and tell their mentor, "you need to back off, I [can handle this] on my own" (participant 1, line 601) and thus reject their mentors' offers of assistance.

The transition from the *laddering* phase, via *weaning*, to *equalizing* is not clearly distinguishable. Equalizing becomes evident as protégés acquire *horizontal referencing.*

Equalizing

Equalizing is achieved as protégés become more independent in their roles; mentors gain respect for protégés as competent professionals who in turn feel respect from their mentors. Mentors support their protégés to assume challenging assignments because mentors have learned from previous experience that their protégés are capable and competent professionals. As mentoring relationships enter *equalizing*, the tone of the relationship becomes collaborative rather than focused on resolving the protégés' main problem of *confidencing*. Conversations between the two individuals mature and become more about professional issues rather than the protégés' transition into the professional role. Each individual offers valuable input into the workings of everyday nursing. As the relationship enters the *equalizing* phase, protégés have gained *confidence* in their professional role demonstrated through competence, expertise, and career satisfaction. *Equalizing* alters the protégés frame of reference and protégés begin to view mentors with *horizontal referencing*. Nonetheless, protégés may never truly feel equal to their mentors; "I don't know if I'll ever feel equal to her" (participant 2, line 707). *Equalizing* is confirmed when mentors approach protégés for professional advice or a clinical question. *Equalizing* is a sign of a job well done by mentors and is paramount in

importance to protégés: “when she came and asked me something the first time I was like, Wow!” (participant 2, line 398-399).

Touching Base

Protégés engage in *touching base* with their mentors in order to keep mentors abreast of their professional status. Although *Mentoring Up equalizes* the two individuals in terms of professional ability, mentors remain available to their protégés; mentors continue to listen, answer questions, and provide feedback and guidance. Participant 1 shares experiences of *touching base*, “We kept checking in with each other. I felt like she was still there for me, she made sure that she was still there for me” (lines 654-656). Protégés enthusiastically keep mentors informed about their professional growth; protégés eagerly share their accomplishments, progress and what they have learned with their mentors. Mentors, in turn, are always interested in hearing about their protégés professional accomplishments. Mentors are pleased to hear of their protégés progress particularly because protégés are direct reflections of their mentors.

Reframing

Reframing, the last phase of *Mentoring Up*, is a period of contemplating the mentoring relationship. As time passes, protégés have a greater capacity to reflect and find meaning in the relationship. Over time, protégés are able to internalize the depth and significance of the mentoring relationship both in their professional growth and its extension into their personal lives. Participant 8 comments on *reframing*, “33 years later…I can still hear her laugh. How often (do) you think of all those people in your lifetime unless it's somebody that's really impacted you” (line 396-398). Mentors love nursing and instill a love of nursing in their protégés. The enduring gratitude that

protégés feel toward their mentors is expressed by participant 6, "I still attribute…the type of nurse that I am back to her and being there" (participant 6, line 317). Moreover, protégés acknowledge the tremendous influence that mentors have in their professional role. New graduate nurses are likely to credit their mentors with teaching them everything about the professional role, "she taught me how to be a nurse" (participant 1, line 44-45). During *reframing*, protégés assimilate their mentoring experience by reflecting and internalizing the personal and professional growth attained through *Mentoring Up*.

The primary aim of *Mentoring Up* is to resolve *confidencing* for protégés. The resolution of *confidencing* is an internal feeling that can only be ascertained by the protégé. While mentors may sense that their protégés are resolving *confidencing*, both *internal* and *external confidencing* are internalized feelings perceived by protégés. Protégés, therefore, are the only ones who ultimately discern whether or not they have *Mentored Up*.

Mentoring Beneficence

As a result of the mentoring relationship, protégés are now equipped, willing, and desirous to give back to other nurses, "pay it back…pay it forward" (participant 11, line 598). *Mentoring beneficence* is, therefore, the desire to serve the profession by mentoring others. Protégés recognize that by mentoring others they potentially can impact the professional careers of other nurses and glean intangible rewards inherent to serving other. *Mentoring beneficence* motivates prospective mentors to *open* mentoring relationships because of a genuine, altruistic desire to give back to the profession.

Mentor Pride

Mentor pride is the mentors' profound sense of satisfaction and gratification regarding their protégés' professional achievements. *Earnest intentions, filial bond,* and *trust-worthiness* provide a basis for the development of *mentor pride. Mentor pride* grows as protégés progress through the phases of *Mentoring Up* and is covertly conveyed to protégés particularly during *laddering* and *equalizing*. Once *confidencing* is resolved, protégés have a greater capacity to be aware of their *mentors' pride*. The reflective nature of *reframing* enhances protégés' awareness capacity with regard to *mentor pride*. Mentors also may gain personal fulfillment and an enhanced reputation in the workplace as a result of their role in mentoring relationships and their protégés' success. In short, when protégés are successful, mentors look good.

ADDITIONAL FINDINGS: MENTORING SILENCE

An additional finding that emerged from the data, *mentoring silence*, will be discussed in this section. *Mentoring silence* does not directly relate to the substantive theory, *Mentoring Up,* and resolution of the main concern, *confidencing*, nevertheless, the researcher viewed the concept of *mentoring silence* as an important additional finding, worthy of discussion.

Mentoring silence is a phenomenon in which protégés do not tell their mentors that they consider them their mentors. Moreover, despite feeling immense gratitude, protégés often do not express the extent to which mentors have impacted their personal and professional lives. Protégés may perceive their mentor's role as implicit. Mentors may not be aware their protégés perceived the relationship as being a nurse-to-nurse mentoring relationship as the two individuals are likely to not refer to each other using

terms such as “protégé” or “mentor”; participant 10 explains, “I don't know that I've ever used that word [mentor] to her” (line 810-811).

SUMMARY OF CHAPTER FOUR

Chapter Four has presented the findings of this Classical Grounded Theory (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014; Glaser & Strauss, 1967) study that explored protégés’ perceptions of nurse-to-nurse mentoring in the clinical setting. The Chapter began with an overview of the general nature of nurse-to-nurse mentoring was followed by a discussion of the substantive theory, *Mentoring Up*, that emerged from interview data collected from 15 nurse protégés. Chapter Four concludes with additional study findings.

PLAN FOR REMAINING CHAPTER

Chapter Five will provide the discussion, implications, and conclusions related to the research findings. Chapter Five will discuss the substantive mentoring theory in relation to the extant literature and the study’s strengths, limitations, and suggestions for future research.

Chapter Five Discussion

INTRODUCTION

The research study utilized Classical Grounded Theory (CGT) methodology to explore the experiences of nurse protégés involved in nurse-to-nurse mentoring relationships in the clinical setting. Chapter Five provides a review of the research problem in addition to an overview of CGT methodology as it was applied to answer the research question. Chapter Five then summarizes the substantive theory that emerged from the data and compares the study findings to the extant literature. The Chapter continues with the implications of the substantive theory and a discussion of the significance, strengths, and limitations of the research study. Chapter Five closes with recommendations for future research and the study conclusions.

STATEMENT OF THE PROBLEM

Mentoring research across disciplines has been narrowly focused despite repeated recommendations for clarifying the meaning of the term mentoring. A review of the literature conducted by Merriam (1983), an educator, more than 30 years ago proposed research that focused on the "dynamics of the relationship itself, the motivations behind the formation of such relationships, the positive and negative outcomes, [and] the reciprocity of the relationship" (p. 171). Mentoring, as a phenomenon "begs for clarification" (Merriam, 1983, p. 171). Merriam's literature review found that research on mentoring primarily consisted of surveying successful professionals; he posited that "to continue surveying the extent of mentoring without clarification as to what is being surveyed seems futile" (p. 171). Subsequent research on mentoring focused primarily on characteristics of the mentor and the positive benefits of mentoring such as job

satisfaction. The concept of mentoring in nursing is poorly understood and remains an elusive phenomenon. Research about mentoring is challenging because of the lack of clarity (Goran, 2001). Meier (2013) stresses that the "state of science remains minimal" (p. 345) and recommends research to conceptualize mentoring, "examine the complexities of the mentor-protégé relationship" (p. 345) and explore the processes involved in mentoring relationships.

REVIEW OF METHODOLOGY

Classical Grounded Theory (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014; Glaser & Strauss, 1967) was an ideal methodology for the research study as it guided the researcher to discover a theoretical explanation of nurse-to-nurse mentoring. Classical Grounded Theory (CGT) allowed the research to discover "what is going on" (Glaser, 1998, p. 12) with nurses engaging in mentoring relationships in the clinical setting from the standpoint of nurse protégés. The systematic procedures inherent to CGT methodology guided the researcher throughout the research process and led to the identification of the main concern, *confidencing*, the core category, and the substantive theory, *Mentoring Up*.

Study participants initially were recruited via a discussion board post on the webpage for the Kappa Kappa chapter of Sigma Theta Tau International; snowball sampling strategies yielded the majority of study participants. Fifteen registered nurses who previously had been or currently were involved in a mentoring relationship with another nurse in the clinical setting were interviewed for the study. The face-to-face interviews were audiotaped and transcribed; the interview transcriptions and researcher memos were used for data analysis. Data analysis used the CGT procedures of constant

comparative method (CCM), coding, and memoing. The iterative processes of CGT led to the identification of the participants' main concern, *confidencing,* and the core category, *Mentoring Up*. Selective coding and memoing led to the emergence of conceptual categories that accounted for much of the variation in the patterns of behavior of nurses engaging in mentoring relationships in the clinical setting.

Mentoring Up, illuminates and explains five phases of nurse-to-nurse mentoring with a pattern of reciprocal interactions that occur over a period of time between nurse mentors and protégés.

STUDY FINDINGS: THE SUBSTANTIVE THEORY, MENTORING UP

Mentoring Up, the substantive theory that emerged from the research study, consists of five phases that occur over time in which protégés and mentors engage in reciprocal interactions that resolve the nurse protégés' main concern, *confidencing*. Protégés initially view their mentors as being on a higher professional level, *vertical referencing.* With the resolution of *confidencing*, protégés' frame of reference changes and mentors are seen as professional equals, *horizontal referencing.* Three relationship dimensions, *earnest intentions, filial bond,* and *trust-worthiness* are present throughout *Mentoring Up. Earnest intentions* is a sincere desire to engage in a mentoring relationship and a commitment to the protégés' achievement of expertise in the professional role. The *filial bond* is a deep, caring connection between mentors and protégés coupled with feelings of safety and security. *Trust-worthiness* is an explicit feeling of trust between mentors and protégés.

Seeding and *opening* are early phases of the mentoring relationship. *Seeding* is a period of relationship potential when prospective mentors and prospective protégés are

getting acquainted. *Opening* is the initiation of the mentoring relationship, usually beginning with a subtle *invitation*. The *invitation* commonly is offered by mentors; protégés must *respond* to the *invitation* by seeking out their mentor to ask questions and/or advice. The manner in which mentors answer their protégés' request is critical for the progression of the mentoring relationship. If mentors *react* promptly and without judgment the relationship is likely to develop and proceed with increasing reciprocal interactions to the *laddering* phase. *Laddering* is an intense phase of reciprocal interactions that resolve *confidencing*. Laddering consists of six sub-categories: *recalling the past, navigating the workplace, backing, anticipatory pre-briefing, surveillance and debriefing,* and *weaning.* The resolution of *confidencing* leads to the e*qualizing* phase in which the relationship becomes collegial and protégés perceive themselves to be able to function in a professional capacity that is equal to their mentors. *Equalizing* alters protégés' appraisal of their professional abilities in relation to their mentors; *equalizing* affords protégés with *horizontal referencing.* The final phase of *Mentoring Up* is *reframing,* a time of reflection in which protégés recognize the significance of the relationship in terms of personal and professional growth, *reframing*. As a result of the mentoring relationship, protégés develop *mentoring beneficence,* a desire to give back to the profession and mentor others. Mentors are proud of their protégés' accomplishments, *mentor pride*, and attain personal and professional satisfaction as a result of the relationship.

COMPARISON TO EXTANT LITERATURE

CGT researchers explore relevant literature after the emergence of a substantive theory in order to integrate literature into the theory (Glaser, 1978, 1998, 2005, 2011,

2012, 2013, 2014). The substantive theory discovered in the present study guided the researcher back to the mentoring literature rather than other literature as is sometimes the case with CGT research. The following discussion will explore the study findings in relation to the literature.

The present study found that nurse-to-nurse mentoring is a dynamic and profound relationship between an experienced nurse and an inexperienced nurse who is transitioning into a new role. Levinson's (1978) ground-breaking research, consistent with the findings of this research study, posit mentoring as a deep, intense, interpersonal relationship. The present study findings correspond with the domains of mentoring, career functions and psychosocial functions, as identified by Kram (1985). Many elements of Kram's stages of mentoring are analogous with the phases of *Mentoring Up*, although *Mentoring Up* focuses on explaining what is going on with mentoring and how to mentor rather than describing mentoring.

Levinson (1978) and Kram (1985) found that mentoring relationships last for a period of up to ten years. The participants in the present study reported their mentoring relationship had lasted from 1.5 years to 18 years. The duration of the relationship did not emerge as a pattern in this study, although the time commitment and intensity required for the relationship was strongly evident.

The study findings support that mentoring relationships are crucial when nurses are experiencing role transitions (Duchscher, 2008; Jewel, 2013; Levinson, 1978; Vance, 1982). Although the literature acknowledges transitional periods as difficult, the findings in the present study offer new insights into understanding protégés' main concern, *confidencing* and how they resolve their main concern. The research study also revealed

referencing as the context with which protégés perceive themselves in relation to mentors. *Referencing* adds a conceptual element to better understanding how protégés appraise their resolution of *confidencing*.

The findings of the present study relate to other theories, specifically Benner's Novice to Expert Theory (1984) and Erikson's Developmental Theory (1954). Benner emphasizes that although theory guides practice, there is a distinct difference between theoretical knowledge and practical application. Clinical knowledge and expertise are acquired over time and are based upon experiencing clinical situations. The collective practical clinical experiences and decisions employed as a nurse influence the progression from novice to expert. Nurses may progress through the novice to expert stages each time they go through a role change (Benner). Mentoring relationships may facilitate any nurse transitioning roles to develop the psychomotor, cognitive, and affective skills necessary to become expert nurses in the new role. Several features of *Mentoring Up*, especially in the *laddering* phase, can be related to Benner's Novice to Expert Theory. Protégés are likely to be in the advanced beginner stage, able to recognize only aspects of situations; advanced beginners learn best by having guidelines which focus on "aspect recognition" (Benner, 1984, p. 24). Mentors can support protégés, as advanced beginners, to achieve professional competence through *laddering*. *Anticipatory pre-briefing* and *surveillance and debriefing*, subcategories of *laddering* entail strategies to prepare protégés to encounter challenges situations and reflect upon those situations as learning opportunities.

The study participants viewed their mentors as experts in their clinical specialty and aspired to attain the level of clinical expertise of their mentors. Expert nurses,

according to Benner (1984), utilize intuition in clinical situations. Reflection and analysis are inherent thought processes for expert nurses who possess an "intuitive grasp" (p. 32) for clinical situations. Likewise, mentors in the research study demonstrate *mentoring intuition* and seem to know intuitively how to assist their protégés to resolve *confidencing.*

Erikson's Development Theory (1968) has been related to mentoring relationships by guiding and giving back to the next generation of professionals (Hale, 2004; Kram, 1985; Merriam, 1983; Vance 2002). The developmental task, generativity, is evident in the present study. The generational feature of *filial bond* entails the passing on of nursing wisdom to future nursing generations. *Recalling the past* can assist mentors to find meaning in their role as a nurse and possibly come to terms with unresolved past issues. Finally, *mentoring beneficence*, the desire to give back to the nursing profession by mentoring others, contributes to achievement of generativity.

The extant literature's focus on mentor traits (Beecroft, et al., 2006; Bray & Nettleton, 2007; Ferguson, 2011; Jakubik, 2008; Jakubik, et al., 2011; Weese, et al., 2015) easily could lead to the conclusion that mentors are more responsible for the relationship; the findings in the present study however, reveal that protégés are more responsible for the relationship. Protégés must keep the relationship moving forward by seeking guidance and asking questions of their mentors. Although this research study focused on the protégés' perspective, which is consistent with the majority of previous mentoring research in nursing, prior mentoring research explored protégés' perspectives with regard to mentor characteristics (Beecroft, et al., 2006; Bray & Nettleton, 2007; Ferguson, 2011; Jakubik, 2008; Jakubik, et al., 2011; Weese, et al., 2015). The present

study is unique in that it is the first to ask protégés about their role and responsibilities in the mentoring relationship.

Mentoring, in the nursing literature, is widely advocated as a retention strategy (Beecroft, et al., 2006; Hamilton, et al., 1989; Jakubik, et al., 2011; Prevesto, 2001). The participants in the present study overwhelmingly revealed that their mentoring relationship directly influenced their decision to remain in their present job and/or organization. Moreover, mentoring increased their commitment to the profession.

The present study adds significantly to literature by clarifying and explaining what is going on in nurse-to-nurse mentoring relationships in the clinical setting. The substantive theory, *Mentoring Up*, informs nurses about *how* to engage in mentoring relationships. *Mentoring Up* reveals insights, explanations, and predictions for initiating, developing, and engaging in mentoring relationships. The substantive theory explains attitudes and behaviors inherent in mentoring and expounds on the interpersonal connections and reciprocal interactions vital for nurse-to-nurse mentoring. *Mentoring Up* provides direction for *how* mentoring works, guiding protégés and mentors through reciprocal interactions that occur over five phases. The present study is the first to explore protégés' perspectives of mentoring in a manner that elucidate the protégés' main concern and the resolution of their main concern

IMPLICATIONS

The following section will explore implications of the study findings and the substantive theory, *Mentoring Up*. The discussion will explore implications for healthcare organizations, nursing education, and individual nurses; other professions where the Theory may be useful are suggested.

Healthcare organizations can use the findings from this research study to develop mentoring programs that support new nurses and nurses who are transitioning to new roles. *Mentoring Up* theory can be used to develop mentoring programs to shape the attitudes and behaviors of prospective mentors and protégés and foster productive mentoring relationships between nurses. Given that *Mentoring Up* is driven by the mentor/protégé rather than the organization, the Theory may inform healthcare organizations the need to create environments conducive to the development of mentoring relationships. Organizations should recognize that, based upon *Mentoring Up*, those who transition must resolve *confidencing;* promoting workplace environments that readily acknowledge and support the resolution of *confidencing* is a vital first step.

Many of the study participants were assigned to their mentor for purposes of orientation and initially viewed the relationship as a preceptorship. As *filial bond* and *trust-worthiness* emerged, a shift occurred in the protégés' perception of the relationship and they began to view the relationship as mentoring rather than a preceptorship. Each of the study participants clearly distinguished preceptorship as different from mentorship because of the psychosocial relationship dimensions. Therefore, *seeding*, the first phase of *Mentoring Up*, has implications for healthcare organization. Keeping in mind that the most crucial period for the development of mentoring relationships is for new graduate nurses, organizations should place emphasis on *seeding* initiatives for nurses transitioning into practice. Nurse managers may have insight into compatible pairings between prospective mentors and prospective protégés, particularly with regard to mentoring relationship dimensions and individual characteristics.

Effective mentoring of new nurses and nurses transitioning into new roles may enhance the well-being of healthcare organizations. Healthcare organizations that support and foster nurse-to-nurse mentoring may have improved patient care and increased nurse retention, both of which may have a positive financial impact on an organization. Healthcare organizations should recognize the time commitment involved in nurse-to-nurse mentoring and allocate time for mentoring activities. Healthcare organizations also should assure that mentoring activities are reflected in nurse mentors' career ladders and recognize the dedication and professionalism of those who mentor.

The substantive theory, *Mentoring Up*, also can provide direction for nursing education, particularly for senior nursing students who are preparing to transition into practice as registered nurses. The Theory can be used in leadership/management courses or senior synthesis/capstone courses to inform nursing students about strategies that will assist them as they leave their student role.

All nurses transitioning to new roles, but particularly new graduate nurses, should understand and recognize their need to resolve *confidencing*. An awareness of the subtle yet vital facets of attracting mentors through *targeting* is crucial for those who need mentors. It is critically important that prospective protégés be aware of the effects of their attitudes and behaviors in the quest to attract mentors. Prospective protégés must recognize prospective mentors' *invitations* during *opening* and *respond* accordingly. Asking questions, *surveillance* of mentors, accepting critique, and following through are examples of essential responsibilities of protégés during *laddering*. Finally, prospective protégés must understand that they are ultimately responsible for pushing themselves through the phases of *Mentoring Up*, particularly during *laddering*.

Mentoring Up theory can assist nurse mentors to develop and hone their mentoring skills. The Theory can help mentors understand the situations and behaviors of new nurse who are needing mentors a well as how nurses can inspire or discourage the development of a mentoring relationship with a another nurse. *Mentoring Up* theory assists mentors to guide protégés through *laddering* by providing an explanation of the processes, interactions and behaviors that will assist protégé to resolve *confidencing*. Prospective mentors can incorporate *Mentoring Up* theory into their practice and aspire to mentor others as a professional obligation and a means of giving back to the profession.

Finally, with regard to the additional study finding, *mentoring silence*, it should be stressed that mentors should be aware of the important role they play. *Mentoring silence* is a disservice to mentoring relationships. Expressing gratitude and verbally communicating the positive benefits of the relationship may promote increased mentoring among nurses. In light of the potential impact related to *mentoring silence*, the researcher recommends additional research to explore the depth, prevalence, and meaning of *mentoring silence*.

STUDY SIGNIFICANCE

The study is significant as it is the first to explore the processes involved in nurse-to-nurse mentoring in the clinical setting; therefore, it fills a long-standing gap in the nursing literature. Although some of the study findings are congruent with those reported in the literature, *Mentoring Up* adds to the literature by illuminating the nature of nurse-to-nurse mentoring and providing theoretical guidance for nurse-to-nurse mentoring in the clinical setting. Healthcare organizations, nursing education, and individual nurses can utilize the substantive theory, *Mentoring Up*, to create environments conducive to

mentoring and guide nurses to initiate and develop mentoring relationships. *Mentoring Up* provides theoretical structure for future mentoring research in nursing and sets the stage for formal theory development. Moreover, the study findings may contribute to a broader body of literature by providing decision makers across multiple disciplines with new knowledge, insights, and theoretical propositions needed for framing mentoring research and enhancing the quality of the workplace.

STRENGTHS

Several strengths are identified in this Classical Grounded Theory (CGT) research study, including the research methodology, data collection procedures, and the dense substantive theory that emerged from the data. The inductive nature of the CGT methodology affords researchers the freedom and autonomy to allow the data to "speak for itself" (Glaser, 1998, p. 8), allowing substantive theory to be generated from the data. CGT focuses on the participants' experience of the phenomenon rather than the researcher's preconceived ideas about the phenomenon (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014; Glaser & Strauss, 1967).

The study sample consisted of nurse protégés who had experienced mentoring from another nurse in the clinical setting. The participants represented a variety of clinical specialty areas. Although study participants were nurse protégés and data collection initially focused on exploring the experiences of nurse protégés, many of the participants also had experiences as mentors during their career. Using theoretical sampling, the researcher was able to collect data to explore the mentor perspective, which further elaborated the conceptual properties and boundaries of the substantive theory. Data collection using theoretical sampling led to the conceptualization of a rich, dense

theory explaining nurse-to-nurse mentoring. This research study is the first study to explore the entire process of mentoring from the nurse protégés' perspective. In addition, the study is the also the first to conceptualize mentoring in nursing through theory development, resulting in a substantive theory that explains and predicts the processes involved in nurse-to-nurse mentoring in the clinical setting.

LIMITATIONS

The study has several limitations. The study sample was limited to the Southeast Region of Texas, which might limit the generalizability of the study findings. The study explored nurse-to-nurse mentoring experiences of nurses who were working in the clinical setting, limiting its applicability to bedside nurses rather than other nursing specialties such as advanced nursing practice, nurse managers, and nurse educators. On the other hand, Glaser asserts that the abstractness of conceptual categories generated with Classical Grounded Theory enhances their generalizability to areas outside the research focus (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014; Glaser & Strauss, 1967).

Nurses who participated in the study self-selected to share their experiences of mentoring. The experiences of mentoring by nurses participating in this study were overwhelming positive, thereby resulting in a theoretical explanation that reflected nurse-to-nurse mentoring as positive and enriching. Nurses might experience mentoring relationships that are less than positive, perhaps even negative. Nevertheless, the substantive theory generated from this research reflected what was going on with the study participants; additional research to explore negative nurse-to-nurse mentoring relationships might be warranted.

Finally, the researcher is a novice at conducting CGT research, another potential limitation of the study. The researcher's dissertation research advisor, however, is experienced in the methodology and has guided several CGT researcher dissertations. Moreover, Glaser guides researchers new to CGT in his many publications and assures that by doing CGT, one will learn CGT (Glaser, 1978, 1998, 2005, 2011, 2012, 2013, 2014). Glaser describes learning the CGT methodology as "delayed action" (Glaser, 1978, p. 18), a phenomenon that this researcher can attest to experiencing over the course of conducting the CGT study.

SUGGESTIONS FOR FUTURE RESEARCH

The discovery of the substantive theory, *Mentoring Up*, engenders several ideas about future research including exploring additional findings, exploring mentors' perspectives, instrumentation, verificational research, and formal theory development. Additional findings, such as *mentoring silence*, should be explored to better understand the implications of this unspoken component of mentoring relationships and its prevalence among mentored nurses.

Nurse-to-nurse mentoring is a relationship involving two individuals, accordingly, research that explores the perspectives of each individual would be more comprehensive and is warranted. Because the study revealed that it is protégés who ultimately determine whether they have been mentored, additional research involving protégé/mentor pairs using the same methodology is recommended. The researcher intends to expand on the research by recruiting the mentors of the study participants and using CGT to explore the mentor perspective; such a study may provide additional conceptual insights and explanations related to nurse-to-nurse mentoring.

The mentoring instrument developed by the researcher, the Hale Mentorship Assessment for Nurses (HMAN) (Hale, 2004) should be reassessed and modified to incorporate findings from this study then retested for psychometric properties. The mentoring concepts elucidated from the present study provide a conceptual understanding of mentoring as a construct and will guide the revision of the HMAN subscales. Revising the HMAN to measure the mentoring process in nursing can be valuable in evaluating mentoring from the perspectives of both protégés and mentors.

Verificational research (Glaser, 1978) on the substantive theory generated from this research study should be conducted. As theories are ever-evolving, the substantive theory, *Mentoring Up*, should be applied in the clinical setting as well as other settings and modified as applicable. Testing the theoretical propositions and hypotheses in other nursing arenas such as advanced practice, academia, and administration will advanced the science of nurse mentoring. Additional research can be conducted in other disciplines such as business, medicine, and the military to enhance the generalizability of the research results. Testing the substantive theory, *Mentoring Up*, in a broad range of disciplines will assist in delimiting the theoretical boundaries, expanding the substantive theory, and ultimately contribute to formal theory development.

CONCLUSIONS

The substantive theory, *Mentoring Up*, generated from the research study contributes to the body of mentoring literature by providing a theoretical explanation of nurse-to-nurse mentoring in the clinical setting from the viewpoint of nurse protégés. The research is the first to explore the processes involved in nurse-to-nurse mentoring in the clinical setting; expounding on the social processes that resolve the main concern of

nurse protégés, *confidencing*. The substantive theory has implications for healthcare organizations, nursing education, and individual nurses. *Mentoring Up*, provides a theoretical framework to assist nurse researchers in accumulating and synthesizing knowledge about nurse-to-nurse mentoring.

Appendix A

IRB Approval Letter

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Institutional Review Board
301 University Blvd.
Galveston, TX 77550-0158
409.266.9475

17-Dec-2014

MEMORANDUM

TO: Regina Hale, MSN, RN/Carolyn Phillips, PhD, RN
School of Nursing

Andrea M King

FROM: Janak Patel, MD
Institutional Review Board, Chairman

RE: Initial Study Approval

IRB #: IRB # 14-0369

TITLE: Protégé's Perspective of Nurse-to-Nurse Mentoring: A Classical Grounded Theory Study

DOCUMENTS: Protocol, Demographic Form, Dissertation Proposal, Explanation of Study Procedures for Participants (Implied Consent Script), Interview Guide, and Recruitment Invitation

The UTMB Institutional Review Board (IRB) reviewed the above-referenced research protocol via an expedited review procedure on **04-Dec-2014** in accordance with 45 CFR 46.110(a)-b(1). Having met all applicable requirements, the research protocol is approved for a period of 12 months. The approval period for this research protocol begins on **17-Dec-2014** and lasts until **04-Dec-2015**.

Written documentation of consent is waived in accordance with 45 CFR 46.117(c).

The research protocol cannot continue beyond the approval period without continuing review and approval by the IRB. In order to avoid a lapse in IRB approval, the Principal Investigator must apply for continuing review of the protocol and related documents before the expiration date. A reminder will be sent to you approximately 90 days prior to the expiration date.

The approved number of subjects/specimens to be enrolled/utilized for this project is **25.** If, the approved number needs to be increased, you first must obtain permission from the IRB to increase the approved sample size.

If you have any questions related to this approval letter or about IRB policies and procedures, please telephone the IRB Office at 409-266-9475.

Appendix B

E-Mail Thread: Sigma Theta Tau International Guidelines for Research Studies

From: Michelle Lilly [mailto:michelle@stti.org]
Sent: Thursday, July 03, 2014 7:27 AM
To: 'Regina Lynn Hale'
Subject: RE: Request for Chapter E-mail Roster for Research

Regina,

Thank you for the message, I hope you are doing well.

If you are interested in posting links to surveys for research studies to STTI members, please do so in the "Global Member Forum" on the Circle: http://thecircle.nursingsociety.org. (Click on "Discussions" then "Global Member Forum."). All survey postings should be limited to the following information:

* Brief 1-2 sentence description of survey with invitation to participate.
* Link to survey
* Contact information

The full scope or proposal of the project should not be included in the posting.
Please let me know if you have any questions!

Best wishes,

Michelle Lilly
Constituent Engagement and Training Specialist Honor Society of Nursing Sigma Theta Tau International
Toll free: 1.888.634.7575 (US/Canada)
Direct line: +1.317.917.4913
Fax: +1.317.634.8188
Find me in The Circle!
Email: michelle@stti.iupui.edu
Online: STTI's website, The Circle, Facebook, Twitter, LinkedIn

Appendix C

Sigma Theta Tau International Kappa Kappa Chapter Discussion Board Post

Subject Line: Are you interested in sharing your experiences of being mentored??

Looking for volunteers to participate in a research study exploring mentoring relationships in clinical nursing

Your experiences are valuable to gain a better understanding of mentoring between nurses in the clinical setting from the perspective of nurses who have been or are currently being mentored

You are eligible if…

- You are a Registered Nurse (RN)
- You are willing to share your experiences of having a mentor in the clinical setting

Eligible participants will be interviewed at least once…

- Interviews may last up to 90 minutes
- Interviews will be scheduled at your convenience at a mutually agreed upon location

Please contact Gina Hale, MSN, RN, CNE (nursing PhD student) at gina.hale@lamar.edu or 409-540-0595 for further information

****Please share this information with other nurses who may be interested in participating in this research study**

Appendix D

Explanation of Study Procedures for Potential Participants

You are being asked to participate in a research project entitled, **Nurse to Nurse Mentoring: A Classical Grounded Theory Study,** under the direction of **Regina (Gina) L. Hale, MSN, RN, CNE,** a nursing PhD student at the University of Texas Medical Branch in Galveston, Texas.

I am interested in exploring the experiences of mentoring from the perspective of the nurse protégé in the clinical setting. You are being asked to participate because you have reported being a protégé in a mentoring relationship in the clinical setting.

As a study participant, you will be asked to participate in one or two interviews, each of which will last no longer than 90 minutes. I will initially ask several demographic questions followed by interview questions. The interview will be audiotaped and then transcribed. All demographic forms and transcripts will be coded; no identifying information will be noted on the research materials to ensure your confidentiality. All interview documents (demographic forms and de-identified transcripts) will be secured in my private home office.

The potential risks from participation in this study are minimal and are limited to personal feelings/emotions that may arise during the interview process. Participants may benefit from participating in this study by having the opportunity to reflect upon and share their experiences of being involved in a mentoring relationship. However, this/these benefits cannot be guaranteed.

Participation in this study may benefit society, specifically the nursing discipline. Gaining an understanding of mentoring in nursing through this research study will assist in developing a theory that may guide nurses to engage in mentoring.

Your participation in this research study is voluntary and you may withdraw or stop the interview at any time. There will be no reimbursement for participation in this study. There are no costs associated with this participating in this research study.

If you have questions, concerns or complaints before, during or after the research study please contact Gina Hale at 409-540-0595 or Dr. Carolyn Phillips at 409-772-8234.

Do you have any questions about the study or your participation? (*The researcher will answer any questions the nurse may have. Once the nurse's questions have been answered, the researcher will ask:)*

Are you willing to participate in the study? Your verbal assent will allow me to turn on the tape recorder and begin collecting data.

Appendix E

Demographic Form

Code: _____

1. Age _____
2. Gender
   - ☐ Female
   - ☐ Male
3. How long have you been a Registered Nurse? _____
4. Ethnicity
   - ☐ African American
   - ☐ Asian
   - ☐ Caucasian
   - ☐ Hispanic/Latino
   - ☐ Native American
   - ☐ Pacific Islander
   - ☐ Other _____
5. What is the highest degree you have earned in nursing?
   - ☐ Diploma
   - ☐ Associate Degree
   - ☐ Baccalaureate Degree
   - ☐ Master's Degree
   - ☐ Doctorate: Type_____
6. What is the highest degree your mentor has earned in nursing?
   - ☐ Diploma
   - ☐ Associate Degree
   - ☐ Baccalaureate Degree
   - ☐ Master's Degree
   - ☐ Doctorate: Type_____
7. At the onset of your mentoring relationship, were you and your mentor employed in the same clinical specialty area?
   - ☐ Yes
   - ☐ No
8. What clinical specialty were you employed in during your mentoring relationship?
9. What clinical specialty was your mentor employed in during your mentoring relationship?
10. When your relationship began how many years' experience did your mentor have?
11. When your relationship began how many years/months experience did you have?
12. How long have/were you and your mentor involved in a mentoring relationship?

Appendix F

Participant Code_____

Interview Guide

Grand Tour Question

Tell me about your experiences as a protégé in a mentoring relationship

Probing Questions

- Tell me more about that
- What else?
- Please give me an example of….

Topical Probes

- Under what circumstances did your mentoring relationship begin?
- Tell me about the onset of your relationship
- Who initiated the relationship?
- Why was/is this particular nurse your mentor?
- Why did your mentor "choose" to mentor you?
- Tell me about the role of your mentor in your mentoring relationship.
- Tell me about your role in the mentoring relationship.
- How do you know that you have been mentored?
- Describe the impact that this mentoring relationship has had on you (personally and professionally).
- Tell me about any challenges that you and your mentor have experienced during your mentoring relationship.
- How the relationship progressed/changed over time? If so, how?

Concluding Questions

1. Is there anything else that you would like to share about your mentoring experiences?
2. May I contact you for additional questions in the future?
3. If you think of anything that you would like to add, please contact me at 409-540-0595 or gina.hale@lamar.edu

Appendix G

Transcription Company Privacy Policy

CONFIDENTIALITY AND NONDISCLOSURE AGREEMENT

WHEREAS, GMR Transcription Services, Inc. agrees to performing contracted transcription work with Client realizing the sensitive and confidential nature of client information and content. Under no circumstances will Contractor make contact with Client, but agrees to communicate exclusively with the designated employee of GMR Transcription Services, Inc.

WHEREAS, GMR Transcription Services, Inc. agrees to review, examine, inspect or obtain such confidential information only for the purposes described above, and to otherwise hold such information confidential pursuant to the terms of this Agreement.

BE IT KNOWN, that GMR Transcription Services, Inc. has or shall receive from Client certain confidential information. Client agrees to rate quoted for each project and will discuss any changes in billing before project is completed.

1. GMR Transcription Services, Inc. agrees to hold confidential or proprietary information or trade secrets ("confidential information") in trust and confidence and agrees that it shall be used only for the contemplated purposes, shall not be used for any other purpose, or disclosed to any third party.

2. No copies will be made or retained of any written information supplied to Contractor from GMR Transcription Services, Inc. once project is completed.

3. At the conclusion of any project, or upon demand by GMR Transcription Services, Inc., all confidential information, including audio, written notes, or transcribed text shall be deleted and/or returned to GMR Transcription Services, Inc. by Contractor.

4. Confidential information shall not be disclosed to any third party unless expressly given permission by Client.

5. This Agreement and its validity, construction and effect shall be governed by the laws of the State of California.

AGREED AND ACCEPTED BY:

Company: GMR Transcription Services, Inc.
Name: Amanda Tarney
Title: Transcription Supervisor
Signature: Amanda Tarney

References

Andrews, M., & Chilton, F. (2000). Student and mentor perceptions of mentoring effectiveness. *Nurse Education Today*, *20*, 555-562. Retrieved from http://web.ebscohost.com

Andrews, M., & Wallis, M. (1999). Mentorship in nursing: A literature review. *Journal of Advanced Nursing*, *29*(1), 201-207. Retrieved from http://web.ebscohost.com

Atkins, S., & Williams, A. (1995). Registered nurses' experiences of mentoring undergraduate nursing students. *Journal of Advanced Nursing*, *21*, 1006-1015. Retrieved from http://web.ebscohost.com

Beecroft, P. C., Santner, S., Lacy, M. L., Kunzman, L., & Dorey, F. (2006). New graduate nurses' perceptions of mentoring: Six-year programme evaluation. *Journal of Advanced Nursing*, *55*(6), 736-747. doi: 10.1111/j.1365-2648.2006.03964.x

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley Publishing.

Bozeman, B., & Feeney, M. F. (2007). Toward a useful theory of mentoring: A conceptual analysis and critique. *Administration & Society*, *30*, 719-739. doi: 10.177/0095399707304119

Bray, L., & Nettleton, P. (2007). Assessor or mentor? Role confusion in professional practice. *Nurse Education Today*, *27*(8), 848-855. doi: 10.1016/j.nedt.2006.11.006

Buerhaus, P., Donelan, K., Ulrich, B., Norman, L., & Dittus, R. (2005). Part one: Is the shortage of hospital registered nurses getting better or worse? Findings from two recent national surveys of RNs. *Nursing Economics, 23*(2), 61-71, 96. Retrieved from http://web.ebscohost.com

Cahill, H. (1996). A qualitative analysis of student nurses' experiences of mentorship. *Journal of Advanced Nursing, 24*, 791-799. Retrieved from http://web.ebscohost.com

Cameron-Jones, M., & O'Hara, P. (1996). Three decisions about nurse mentoring. *Journal of Nursing Management, 4*, 225-230. Retrieved from http://web.ebscohost.com

Chen, C. & Lou, M. (2013). The effectiveness and application of mentorship programmes for recently registered nurses: A systematic review. *Journal of Nursing Management, 22*, 433-442. doi: 10.1111/jonm.12102

Darling, L. A. (1984). What do nurses want in a mentor? *Journal of Nursing Administration, 14* (10), 42-44. Retrieved from http://web.ebscohost.com

DeMarco, R. (1993). Mentorship: A feminist critique of current research. *Journal of Advanced Nursing, 18*, 1242-1250. Retrieved from http://web.ebscohost.com

Duchscher, J. B. (2008). A process of becoming: The stages of new nursing graduate professional role transition. *The Journal of Continuing Education in Nursing, 39*(10), 441-450. Retrieved from http://web.ebscohost.com

Earnshaw, G. J. (1995). Mentorship: The students' views. *Nurse Education Today, 15*(4), 274-279. Retrieved from http://web.ebscohost.com

Eby, L. T., Allen, T. D., Evans, S. C., Ng, T., & Dubois, D. L. (2008). Does mentoring matter? A multidisciplinary meta-analysis comparing mentored and non-mentored individuals. *Journal of Vocational Behavior, 72*, 254-276. doi: 10.1016/j.jvb.2007.04.005

Ecklund, M. M. (1998). The relationship of mentoring to job satisfaction of critical care nurses. *Journal of the New York State Nurses Association, 29*(2), 13-15. Retrieved from http://web.ebscohost.com

Elcigil, A., & Sari, H. Y. (2008). Students' opinions about and expectations of effective nursing clinical mentors. *Journal of Nursing Education, 47*(3), 118-123. Retrieved from http://web.ebscohost.com

Erikson, E. H. (1968). *Identity youth and crisis*. New York, NY: W. W. Norton.

Fagan, M. M., & Fagan, P. D. (1983). Mentoring among nurses. *Nursing & Healthcare: Official Publication of the National League for Nursing, 4*(2), 77-82. Retrieved from http://web.ebscohost.com

Ferguson, L. M. (2011). From the perspective of new nurses: What do effective mentors look like in practice?. *Nurse Education in Practice, 11*, 119-123. doi: 10.1016/j.nepr.2010.11.003

Glaser, B. C. (1978). *Advances in the methodology of grounded theory: Theoretical sensitivity*. Mill Valley, CA: The Sociology Press.

Glaser, B. C. (1998). *Doing grounded theory: Issues and discussion*. Mill Valley, CA: The Sociology Press.

Glaser, B. C. (2005). *The grounded theory perspective III: Theoretical coding.* Mill Valley, CA: The Sociology Press.

Glaser, B. C. (2011). Getting out of the data: Grounded theory conceptualized, Mill Valley, CA: The Sociology Press.

Glaser, B. C. (2012). *Stop, write: Writing grounded theory*. Mill Valley, CA: The Sociology Press.

Glaser, B. C. (2013). *No preconceptions*. Mill Valley, CA: The Sociology Press.

Glaser, B. C. (2014). *Memoing: A vital grounded theory procedure*. Mill Valley, CA: The Sociology Press.

Glaser, B. C. & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research.* New Brunswick, NJ: Aldine Transaction: A Division of Transaction Publisher.

Gray, M. A., & Smith, L. N. (2000). The qualities of an effective mentor from the student nurses' perspective: Findings from a longitudinal qualitative study. *Journal of Advanced Nursing*, *32*(6), 1542-1549. Retrieved from http://web.ebscohost.com

Goran, S. F (2001). Mentorship as a teaching strategy. *Critical Care Education, 13*(1), 119-129. Retrieved from http://web.ebscohost.com

Hale, R. (2004). *Mentorship of nurses: An assessment of the first year of licensure* (Master's thesis). Retrieved from http://lamar.edu.dissertations

Hamilton, E. M., Murray, M. K., Lindholm, L. H., & Myers, R. E. (1989). Effects of mentoring on job satisfaction, leadership behaviors, and job retention of new graduate nurses. *Journal of Nursing Staff Development*, *5*(5), 159-165. Retrieved from http://web.ebscohost.com

Jakubik, L. D. (2008). Mentoring beyond the first year: Predictors of mentoring for

pediatric staff nurse protégés. *Journal of Pediatric Nursing, 23*(4), 269-281. doi: 10.1016/j.pedn.200705.001

Jakubik, L. D., Eliades, A. B., Gavriloff, C. L. & Weese, M. M. (2011). Nursing mentoring study demonstrates a magnetic work environment: Predictors of mentoring benefits among pediatric nurses. *Journal of Pediatric Nursing, 26,* 156-164. doi: j10.1016/j.pedn.2010.12.006

Jakubik, L. D. (2012). Development and testing of the Jakubik mentoring benefits questionnaire among pediatric nurses. *Journal of Nursing Measurement, 20*(2), 113-122. doi:10.1891/1061-3749.20.2.113

Jewel, A. (2013). Supporting the novice nurse to fly: A literature review. *Nurse Education in Practice 13,* 323-327. doi.org/10.1016/j.nepr.2013.04.006

Komaratat, S., & Oumtanee, A. (2009). Using a mentorship model to prepare newly graduated nurses for competency. *The Journal of Continuing Education in Nursing, 40*(10), 475-480. Retrieved from http://web.ebscohost.com

Kram, K. E. (1985). *Mentoring at work: Development relationships in organizational life*. Lanham, MD: University Press of America.

LaFleur, A. K. & White, B. J. (2010). Appreciating mentoring: The benefits of being a mentor. *Professional Case Management 15*(6), 305311. Retrieved from http://web.ebscohost.com

Levinson, D. J. (1978). *The seasons of a man's life*. Toronto, Canada: Random House.

Meier, S. R. (2013). Concept analysis of mentoring. *Advances in Neonatal Care*, *13*(5), 341-345. doi: 10.1097/ANC.ob013e3182a14ca4

Mentor (n.d.) In *Merriam-Webster online dictionary*. Retrieved from http://www.merriam-webster.com/dictionary/mentor

Merriam, S. (1983). Mentors and proteges: A critical review of the literature. *Adult Education Quarterly 33*(3), 161-173. Retrieved from http://web.ebscohost.com

Mijares, L., Baxley, S. M., & Bond, M. L. (2013). Mentoring: A concept analysis. *The Journal of Theory Construction and Testing*, *17(*1), 23-28. Retrieved from http://web.ebscohost.com

Myall, M., Levett-Jones, T., & Lathlean, J. (2008). Mentorship in contemporary practice: The experiences of nursing students and practice mentors. *Journal of Clinical Nursing*, *17*, 1834-1842. doi: 10.1111/j.1365-2702.2007.02233.x

Nettleton, P. & Bray, L. (2008). Current mentorship schemes might be doing our students a disservice. *Nurse Education in Practice, 8*, 205-212. doi:10.1016/j.nepr.2007.08.003

Nunnally, J. C. & Bernstein, I. H. (1994). *Psychometric theory*. (3rd ed.). New York, NY: McGraw-Hill

Omansky, G. L. (2010). Staff nurses' experiences as preceptors and mentors: An integrative review. *Journal of Nursing Management, 18*, 697-7

Poronsky, C. B. (2012). A literature review of mentoring for RN-to-FNP transition. Journal of Nursing Education, 51(11), 623-631. doi: 10.3928/01484834-20120914-03.

Prestholdt, C. O. (1994). Modern mentoring: Strategies for developing contemporary nursing leadership. In E. C. Hein, & M. J. Nicholson (Eds.), *Contemporary Leadership Behavior* (4th ed., pp. 197-204). Philadelphia, PA: Lippincott.

Prevesto, P. (2001). The effect of 'mentored' relationships on satisfaction and intent to stay of company-grade U.S. army reserve nurses. *Military Medicine, 166*(1), 21-26. Retrieved from http://web.ebscohost.com

Rodgers, B. L., & Knafl, K. A. (2000). Introduction to concept development in nursing. In B.L. Rodgers & K.A. Knafl (Eds.). *Concept Development in Nursing: Foundations, techniques, and applications* (2nd ed.). (pp. 1-6). Philadelphia, PA: Saunders.

Ronsten, B., Andersson, E., & Gustafsson, B. (2005). Confirming mentorship. Journal of *Nursing Management, 13*, 312-321. Retrieved from http://web.ebscohost.com

Ryan, A., Goldberg, L., & Evans, J. (2010). Wise women: Mentoring as relational learning in perinatal nursing practice. *Journal of Clinical Nursing, 19*, 183-191.Retrieved from http://web.ebscohost.com

Spouse, J. (2001). Bridging theory and practice in the supervisory relationship: A sociocultural perspective. *Journal of Advanced Nursing, 33*(3), 512-522. Retrieved from http://web.ebscohost.com

Stewart, B. M., & Krueger, L. E. (1996). An evolutionary concept analysis of mentoring in nursing. *Journal of Professional Nursing, 12*(5), 311-321. Retrieved from http://web.ebscohost.com

Streubert, H. J. & Carpenter. D. R. (2011). *Qualitative research in nursing: Advancing the humanistic imperative*. (5th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

Taylor, L. J. (2001). Mentorship. In A. J. Lowenstein & M. J. Bradshaw (Eds.). *Fuszard's Innovative Teaching Strategies in Nursing* (3rd ed., pp. 251-260). Gaithersburg, MD: Aspen Publishers.

Tourigny, L. & Pulich, M. (2005). A critical examination of formal and informal mentoring among nurses. *The Health Care Manager, 24*(1), 68-76. Retrieved from http://web.ebscohost.com

U.S. Department of Health and Human Services (2014). *Health resources and services administration, national center for health workforce analysis. The future of the nursing workforce: National and state level projections, 2012-2025.* Retrieved from http://bhpr.hrsa.gov/healthworkforce/supplydemand/nursing/workforceproject/nursingprojections.pdf

Vance, C. N. (1977). *A group profile of contemporary influential in American nursing.* (Dissertation). Retrieved from http://lamar.edu.dissertations

Vance, C. N. (1982). The mentor connection. *Journal of Nursing Administration, 12*(4), 7-13. Retrieved from http://web.ebscohost.com

Vance, C. N. (2002). Leader as mentor. Nursing Leadership Forum, 7(2), 83-90. Retrieved from http://web.ebscohost.com

Vance, C. & Olson, R. K. (Ed.) (1998). *The mentor connection in nursing*. New York, NY: Springer Publishing Company.

Weese, M. M., Jakubik, L. D., Eliades, A. B., & Huth, J. J. (2015). Mentoring practices benefiting pediatric nurses. *Journal of Pediatric Nursing, 30,* 385-394. doi: 10.1016/j.pedn.2014.07.011

Whittemore, R. (2005). Combining evidence in nursing research: Methods and implications. *Nursing Research 54*(1), pp 56-62.

Wilkes, Z. (2006). The student-mentor relationship: A review of the literature. *Nursing Standard, 20(*37), 42-47. Retrieved from http://web.ebscohost.com

Yoder, L. H. (1994). Mentoring: A concept analysis. In E. C. Hein, & M. J. Nicholson (Eds.), *Contemporary Leadership Behavior* (4th ed., pp. 187-196). Philadelphia, PA: Lippincott.

Yonge, O., Billay, D., Myrick, F., & Luhanga, F. (2007). Preceptorship and mentorship: Not merely a matter of semantics. *International Journal of Nursing Education Scholarship, 4*(1), 1-13. doi: 10.2202/1548-923X.1384

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Education

Doctorate	Enrolled at University of Texas Medical Branch, Galveston Texas.
Post Masters	Completed GRNS 5355 Pathophysiology (2004) and GRNS 5301 Pharmacology (2005) from University of Texas Medical Branch, Galveston, Texas
Graduate	2004, Masters of Science in Nursing Education, Lamar University, Beaumont, Texas
Undergraduate	1995, Baccalaureate of Science Degree in Nursing, University of Texas Medical Branch at Galveston
Undergraduate	1992, Associate Degree of Science in Nursing, Lamar University, Beaumont, Texas
Certification	The National League for Nursing Certified Nurse Educator, 2008 - present

Professional Experience

2004 – present **Lamar University, JoAnne Gay Dishman Department of Nursing, Beaumont, Texas**

Instructor Educator for undergraduate nursing program. Teaching responsibilities include didactic and clinical education for undergraduate nursing students. Primarily teach in pathophysiology, pharmacology, and critical care courses.

Director of Recruitment & Retention	2015 - present
Retention Coordinator	2008 - 2015
Student-Faculty Relations Committee	2007 - present
Co-Chair Recruitment/Retention Committee	2005 - present
The Caring Place Coordinator	2004 – present
Nightingale Experience Project Manager	2003 – present

2003-2004 **Lamar University, JoAnne Gay Dishman Department of Nursing, Beaumont, Texas**

Graduate Teaching Assistant

Facilitator of The Caring Place; responsibilities include organization, support, and coordination of Care Manager and student participant activities, facilitated learning, and evaluation methods. Project manager of The Nightingale Experience; responsibilities include planning, organization and coordination of an overnight event for high school sophomores.

2002-2002 CHRISTUS St Mary Home Health, Port Arthur, Texas

Interim Director Home Health

Directed the implementation and ensured compliance with professional nursing standards as well as federal, state, and local regulatory agencies; ensured quality and safe delivery of home care services; staffing; supervision and evaluation; evaluated and monitored financial records; maintained a collaborative working relationship with medical staff and ancillary departments.

2001-2002 CHRISTUS St Mary Home Health, Port Arthur, Texas

Patient Care Coordinator

Responsibilities included the supervision of patient care providers in the delivery of home health services; provided ongoing assessments and evaluation of patient care; updated physicians as necessary; continuous quality improvement; insurance authorization; discharge planning; scheduling; patient and family teaching; coordination of care with other disciplines as appropriate.

1997-2001 CHRISTUS St Mary Home Health, Port Arthur, Texas

Staff Nurse

Responsibilities included evaluation and implementing a plan of treatment for home bound clients requiring skilled nursing care; ongoing assessments to update physicians and reevaluate a continued need for home care; discharge planning; insurance authorization; scheduling; patient and family teaching.

1992-1997 CHRISTUS St Mary Hospital, Port Arthur, Texas

Staff Nurse – Intensive Care Unit

Provided total patient care to critically ill clients; assessment, intervention, evaluation, and documentation of care based upon individualized needs; medication administration / IV therapy / invasive monitoring; patient and family teaching; held team leading duties which consisted of staffing, assignments, delegation, and supervision.

1992-1996 CHRISTUS St Mary Hospital, Port Arthur, Texas

Relief Staff Nurse – Emergency Room

Responsibilities included the emergent evaluation and intervention for clients' from infancy to geriatric age under the guidance of a physician; observation of response to treatment; medication administration/IV therapy; patient and family teaching.

1986-1990 United States Air Force

Communications Computer Operator

Processed and distributed all incoming and outgoing data; operated a network of Data General Computer systems to support the Defense Meteorological Satellite Program; performed system recoveries and implemented back-up procedures; led the training program; held the position of flight supervisor; held a security clearance.

Professional Organizations

- Sigma Theta Tau International
- Sigma Theta Tau International, Kappa Kappa Chapter
- American Association of Critical Care Nurses
- Southern Nursing Research Society
- Society for the Advancement of Modeling and Role-modeling
- Treasurer, Texas Nurses Association 2004 – 2007

Research and Grants

2010 - 2012 "Students Understanding Course Content Essential for Success in School (SUCCESS Grant). Texas Higher Education Coordinating Board (THECB). Project Manager.

2005 - 2007 "Special Needs Population Project Education/Disaster Planning", Mamie McFaddin Ward Heritage Foundation. Committee Member.

Professional Presentations

Hale, G., (2014). Easing the transition from student nurse to registered nurse: A professional responsibility. Preceptor Meet & Greet, Lamar University, Beaumont, Texas.

Curl, E.D., **Hale, G**., Talenda, V., & Goodwin, M. (2014). Promoting nursing student retention using modeling and role-modeling. Abstract published in the proceedings for the 15th Biennial Conference Society for the Advancement of Modeling and Role-Modeling. Transforming Health Care: Facilitating Patient Experiences and Satisfaction, Erlanger, Kentucky.

Chisholm, L, Moss, P., **Hale, G**., Cochran, G., Goodwin, M. & Rivers, D. (2014). *Transforming the healthcare environment through an interprofessional and intraprofessional disaster simulation in order to improve communication and teamwork.* Abstract published in the proceedings for Transformation: Health Care Strategies Annual Research Day, Sigma Theta Tau International, Kappa Kappa Chapter, Beaumont, Texas

Curl, E. D., Hall, I., **Hale, G**., Thedford, J., & Kirk, E. (2014). *HESI assessment as a predictor to nursing students' success in baccalaureate programs.* . Abstract published in the proceedings for Elsevier: Elevate Outcomes with HESI, Las Vegas, Nevada

Chisholm, L., **Hale, G.,** & Cochran, G. (2012). *Clinical reasoning practice: Simulation.* Lamar University Dishman Department of Nursing, Beaumont, Texas.

Hale, G. (January, 2011). M*ale urethral catherization*. Evidence-based Practice: Skills Update. Lamar University Dishman Department of Nursing, Beaumont, Texas.

Mikel, J., & **Hale, G.** (April, 2010). *Ghana: A nursing student's global perspective*. Abstract published in the proceedings for Health Care Challenges in a Global Society Annual Research Day, Sigma Theta Tau International, Kappa Kappa Chapter, Beaumont, Texas

Hall, I., **Hale, G**., Harding, R., Pipkins, C., (April, 2010). *Nursing students' perception of academic success.* Abstract published in the proceedings for the 13th Biennial Conference of The Society for The Advancement of Modeling and role-Modeling. Facilitating Spiritual Wellbeing: The Essence of Holistic Nursing and Health. San Antonio, Texas.

Chisholm, L., Curl, E.D., & **Hale, G**. (April, 2010). *Using modeling and role-modeling as a framework for high-fidelity simulation experiences.* Abstract published in the proceedings for the 13th Biennial Conference of The Society for The Advancement of Modeling and role-Modeling. Facilitating Spiritual Wellbeing: The Essence of Holistic Nursing and Health. San Antonio, Texas.

Chisholm, L., **Hale, G**., Williams, S., Jones, T., Welch, A., Walden, G., McKinley C., & Stephens, S. (April, 2009). I*nterdisciplinary collaboration among undergraduate healthcare providers: A critical link in developing the art of holistic care in a high-tech healthcare environment.* Abstract published in the proceedings for the 27th Annual International Nursing Technology Conference "Bridging the Technology Gap Between Nursing Service and Education". Rutgers, New Jersey.

Chisholm, L., **Hale, G**., Williams, S., Jones, T., Welch, A., Walden, G., McKinley C., & Stephens, S. (April, 2009). *Empowering undergraduate healthcare providers: Critical lessons in interdisciplinary communication and end of life care.* Abstract published in the proceedings for the Connecting the Dots: Geriatric Nursing, Education, and Clinical Simulation International Conference. Durham, North Carolina.

Curl, E. D., & **Hale, G**. (April, 2008). *Nightingale experience: Nursing student recruitment using modeling and role-modeling theory*. Abstract published in the proceedings for the 12th Biennial Conference The Society for The Advancement of Modeling and Role-Modeling: Pathways to Holistic Person-Centered Practice. Bloomingdale, Illinois.

Hale, G. (April, 2008). *Utilizing modeling and role modeling as the theoretical foundation for the development of a mentorship instrument.* Abstract published in the proceedings for the 12th Biennial Conference The Society for The Advancement of Modeling and Role-Modeling: Pathways to Holistic Person-Centered Practice. Bloomingdale, Illinois.

Hale, G. (April, 2008). *The Hale Mentorship Assessment for Nurses: A Concept Analysis Approach for Instrument Development*. Abstract published in the proceedings for the Global Nursing through Evidence-Based Practice Sigma Theta Tau International Kappa Kappa Chapter Annual Research Day, Beaumont, Texas.

Hale, G. (2008). *Utilizing a Modeling and Role-Modeling as the Theoretical Foundation for the Development of a Mentorship Instrument* (April 5, 2008). Abstract published in the Proceedings for the 12th Biennial Conference for The Society for the Advancement of Modeling and Role-Modeling, Bloomingdale, Illinois.

Curl, E. D., **& Hale, G.** (2008). *Nightingale Experience: Nursing Student Recruitment Using Modeling and Role-Modeling Theory* (April 4, 2008). Abstract published in the Proceedings for the 12th Biennial Conference for The Society for the Advancement of Modeling and Role-Modeling, Bloomingdale, Illinois.

Hale, G. (2007). *Development of a Mentorship Instrument Utilizing a Concept Analysis Approach* (November 5, 2007) Abstract published in the Proceedings for the 39th Biennial Sigma Theta Tau Conference, Baltimore, Maryland.

Curl, E. D. and **Hale, G** (June, 2007). *Nightingale Experience: Recruiting the Best and Brightest for Careers in Nursing.* 2007 Health Workforce Diversity Regional Conferences, Houston, Texas.

Moss, P., Hall, I., Smith, R., Boyd, S., & **Hale, G.** (May, 2007). *Disaster Planning Special Needs Population: Disaster Nursing*. Parish Nurse Conference, Beaumont, Texas

Curl, E. D. and **Hale, G.** (April 2007). *Increasing nursing student retention using modeling and role-modeling based facilitated learning*. Promoting a Successful Transition from Applicant to Registered Nurse. THECB Nurse Educator Conference, Houston, Texas

Hale, G. Curl, E. D. (2006). *Increasing Nursing Student Retention Using Modeling and Role-Modeling Based Facilitated Learning* (May 26, 2006). Abstract published in the Proceedings for the 11th Biennial Conference for The Society for the Advance of Modeling and Role-Modeling. Portland, Oregon.

Curl, E. D., **Hale, G**., Skeels, F., McAfee, N., Hoffmeyer, B., & Patterson, P., (2006) *Modeling and Role-Modeling Strategies to Promote Active Learning Abilities and Life-Long Learning Perceptions in Academically At-Risk Students* (May 27, 2006). Abstract published in the proceedings for the 11th Biennial Conference: The Society for the Advance of Modeling and Role-Modeling. Portland, Oregon.

Curl, E. D., **Hale, G**. (2006). *Predicting Successful Progression of Nursing Students: Differences Between Associate and Baccalaureate Programs* (July 22, 2006). Abstract published in the proceedings for the Annual International Nursing Research Congress for Sigma Theta Tau International Honor Society, Montreal, Canada.

Chisholm, L., **Hale, G**., Williams, S., & Mahan, J. (2005) *Healthy Work Environment Standards: Creating the Environment We All Want to Work In* (August 25, 2005). CHRISTUS St Mary Hospital, Port Arthur, Texas. American Association of Critical Nurses Spindletop Chapter and Emergency Nurses Association Golden Triangle Chapter Educational Meeting.

Curl, E. D., Skeels, F., **Hale, G**., McAfee, N., Morrell, P., Hoffmeyer, B., & Patterson, P. (2005). *Promoting Active Learning Abilities and Life-long Learning Perceptions in Academically At-Risk Students.* (July 13, 2005) Abstract published in Proceedings for the 16th International Nursing Research Congress, Sigma Theta Tau International, Hawaii.

Curl, E. D., & **Hale, G**. (2004). "*The Caring Place": A synthesized model for student retention.* Abstract published in Proceedings for the 15th International Nursing Research Congress, Sigma Theta Tau International.

Hale, G. (2004). *Mentorship of Nurses: An Assessment of the First Year of Licensure* (November, 2004). Abstract published in the Proceedings for the Sigma Theta Tau Kappa Kappa Chapter Research Day, Beaumont, Texas.

Poster Presentations

Chisholm, L., & **Hale, R**. (2009) *Interdisciplinary collaboration using high-fidelity simulation: End of Life*. Professional poster presentation, Research Day Baptist Hospital Beaumont, TX

Moss, P., Pinchinat, R., **Hale, R**., and Chalambaga, M. (2005). *A Community Population at Risk: The Unseen Disaster: Special Needs Community (May 17 and 18, 2005).* Professional poster presentation, 2005 Texas Hurricane Conference, Beaumont, TX

Moss, P., Pinchinat, R., **Hale, R**., Hall, I., and Smith R. (2006). *A Community Population at Risk: The Unseen Disaster: Special Needs Community (May 23-25, 2006).* Professional poster presentation, 2006 Texas Hurricane Conference, Governor's Division of Emergency Management, Beaumont, TX

Honors and Awards

The Daisy Faculty Award 2015 presented by the Dishman Department of Nursing at Lamar University for exceptional impact on students and inspirational influence on their future. The Daisy Foundation in collaboration with The American Association of College of Nursing.

Teaching Innovation Award for 2011 from the Texas Organization of Baccalaureate and Graduate Nursing Education (TOBGNE) for "Disaster Planning: A High-fidelity Simulation Innovation to Address Communication, Teamwork, collaboration, Quality and Safety Among Undergraduate Baccalaureate Nursing Students, Respiratory Therapy and Paramedic Students"

Computer-Based Public Education Technology Award presented at the 2005 Sigma Theta Tau International Nursing Honor Society Awards for Nursing Excellence Conference in Indianapolis, Indiana for the "Disaster Planning for the Special Needs Population Project", November 14, 2005

Information Technology Award for Knowledge Advancement Award presented at the 2005 Sigma Theta Tau International Nursing Honor Society Awards for Nursing Excellence Conference in Indianapolis, Indiana for the "Disaster Planning for the Special Needs Population Project", November 14, 2005

UNITED STATES AIR FORCE (USAF) AWARDS

Honor Graduate of Basic Training USAF (1986), Lackland Air Force Base, San Antonio, Texas

Promoted Below-the-Zone to the rank of E-4 (1987), Lindsey Air Station, Wiesbaden, Germany

Distinguished Graduate of Non-Commissioned Officer Preparatory School (1988), Lindsey Air Station, Wiesbaden, Germany,

Non-Commissioned Officer of the Year (1989), 1000 Satellite Operations Group, Offutt Air Force Base, Omaha, Nebraska

Inspector General Award for Profession Performance (1989), 1000 Satellite Operations Group, Offutt Air Force Base, Omaha, Nebraska

Other Scholarship

Attended the 2015 Grounded Theory Seminar, Mill Valley, California May 28-30, 2015; Sponsored by The Grounded Theory Institute.