Can We Get Nurses to Stay? A Qualitative Study to Evaluate the Effectiveness of a Formal Mentoring Program in an Acute Care Health System

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CAN WE GET NURSES TO STAY? A QUALITATIVE STUDY TO EVALUATE THE EFFECTIVENESS OF A FORMAL MENTORING PROGRAM IN AN ACUTE CARE HEALTH SYSTEM

by

Eileen M. Willits

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Philosophy
Department of Educational Leadership, Research, and Technology
Advisor: Van Cooley, Ph.D.

Western Michigan University
Kalamazoo, Michigan
December 2009
CAN WE GET NURSES TO STAY? A QUALITATIVE STUDY TO EVALUATE
THE EFFECTIVENESS OF A FORMAL MENTORING PROGRAM
IN AN ACUTE CARE HEALTH SYSTEM

Eileen M. Willits, Ph.D.
Western Michigan University, 2009

This qualitative phenomenological case study was designed to investigate the affect that a formal mentoring program had on job satisfaction including a nurse's intent to stay with their current employer and their intent to stay in the nursing profession. The research was intended to determine whether mentoring programs could be used to help avoid the affect of the upcoming predicted nursing shortage in the acute care hospital.

The findings were based on the results of a sample of twelve nurses who had voluntarily signed up to take part in a formal mentoring program sponsored by the staff development department of a mid-size health care system. Data collection was accomplished through the interview process. The results showed that there was little affect on job satisfaction or intent to stay within the organization. The results also showed that the nurses who were part of this study had very specific career plans which had been formed prior to joining the program.

This research may be of interest to individuals or organizations that are looking for ways to enhance recruitment and retention of their health care staff in a cost effective manner. Recruitment and retention of nurses and other allied health professionals will continue to be challenging in the years ahead.
ACKNOWLEDGEMENTS

I have been very fortunate to have the support of many people during the time it has taken me to complete this dissertation. My advisor, Dr. Van Cooley, has been patient and available to me, guiding me toward completion of the dissertation process. I am so grateful for his support. Special thanks go to the rest of my committee which included Dr. Patricia Reeves and Dr. Nanette Keiser. Their help in finalizing my dissertation was very much appreciated. Another person whose support did not go unnoticed was Karen Kinyon who helped me throughout the process but especially when it came time to format the data also has my deep gratitude.

I want to also thank the associates at the Health System. My boss, Joe Wasserman has been supportive and understanding during the entire process. The enthusiasm of the mentees who agreed to be part of my research was wonderful, and the leader of the program, Gloria Pollack never failed to provide documents whenever asked.

My family and friends provided support and encouragement without waver. My husband, Gary has served in numerous capacities during this period and I am so grateful for his love and support. Our son Bill has always been supportive and I am thankful for his understanding and patience.

Eileen M. Willits
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CHAPTER I

INTRODUCTION

There is a severe crisis in healthcare today. The shortage of qualified workers is negatively affecting the ability of acute care hospitals to provide high quality healthcare services (Mecklenburg, 2001). Vacancy rates for registered nurses (RNs) average 14% and there are predictions the number could go to 20% by 2010 (Hayes & Scott, 2007). Even with the economic downturn in 2009, the prediction by the Bureau of Labor Statistics projected that by 2016, opportunities for registered nurse employment will increase by 23% which will generate 587,000 new jobs for registered nurses (AJN Reports, 2009). The number of registered nurses in the United States under the age of 30 dropped by 41% from 1983 through 1989 (Buerhaus, Staiger, & Auerbach, 2000). Further, statistics between 2000 and 2008 indicated the average age of the registered nurse is increasing. In 1996, the average age of the registered nurse was 44.5 years. In 2000, it was 45.2 years, (Buerhaus, Staiger, & Auerbach, 2000) but it dropped to 43.7 years in 2006 due to the changing economic climate post 9/11 (Buerhaus, 2008). Of the 150,000 nurses in Michigan, approximately 27% of active registered nurses are aged 55 or older, compared to 22% in 1992–93 (Michigan Center for Nursing, 2007). Southeast Michigan reports that 30% of their nurses were age 50 in 2006, and projected to increase 35% by 2010 (MHA/Watson Wyatt, 2006). In Michigan alone, Klemczak (Haight, 2005) reported that one-third of the nurses who completed a survey are planning to leave the
profession in the next 10 years. Klemczak also states that half of those who will leave the profession in Michigan will be due to retirement; the other half will leave for a variety of reasons including workplace design, and the lack of diversity in the workforce (Haight, 2005). The number of Michigan nurses who have expressed their intent to leave the profession is estimated to be approximately 50,000. The number is comprised of those who are retiring and those who will leave the profession for other reasons (Haight, 2005).

A study completed by The Michigan Center for Nursing (2007) reported that approximately 38% of all RNs, compared to 35% who responded to the same question in 2005, stated that they planned to practice nursing for only one to ten additional years. According to Nelson, Godfrey and Purdy (2004), 33% of new graduate nurses under the age of 30 are planning to leave their position within one year of hire. Others noted (Beecroft, Kunzman, & Krocek, 2001; Kells & Koerner, 2000), that 35% to 69% of newly hired registered nurses leave their place of employment within their first year. In 2007, approximately 22% of all registered nurses surveyed by The Michigan Center for Nursing (2007) revealed they had voluntarily left a nursing position within the past two years and more than half of them left to take a position at another facility. Healthcare systems in Southeastern Michigan have found that a full 30% of novice nurses leave the profession completely after their first three years in the workforce (MHA/Watson Wyatt, 2006). The Nursing Management Survey completed in 2006 indicated that of the 976 nurses who completed the survey, 55% expected to retire between 2011 and 2020 (Hader, Saver, & Steltzer, 2006).
Recruiting and orienting nurses to an organization is costly. It may cost 1.2 to 1.3 times the annual salary of the nurse (Texas Center for Nursing Workforce Studies, 2006) or as McKinley (2004) stated, the replacement cost of a nurse is equal to 100% of the leaving nurses’ salary. The hourly wages for nurses are estimated by the Center to Champion Nursing in America, 2009 to be $40.25 per hour or $83,720 per year for a full time position. On the other end of the spectrum, Lake Michigan College (2009) projects the average starting wage for a registered nurse is $27.00 per hour or $56,242 annually. Other statistics indicate that the variation in replacement costs for nurses are significant, from approximately $22,000 to more than $64,000 to replace a nurse who has left the hospital (Jones, 2008). Jones (2008) also suggested that “organizations spend $300,000 annually in nurse turnover costs for every 1% increase in turnover.”

Registered nurses have many career options. Demands have increased for registered nurse presence in physician offices, clinics, insurance companies and home health agencies (U.S. Department of Health and Human Services, 2000). To maintain an adequate supply of nurses in the acute care setting, different ways to increase retention must be explored. Many programs have been developed by hospitals to combat turnover. Examples of some such programs include on-site day-care, flexible scheduling options and the provision of enhanced tuition reimbursement programs (Mecklenburg, 2001). Another strategy to achieve low turnover is through mentoring programs whereby senior staff nurses assist novice nurses throughout their first year of practice to learn about the organizational culture, politics and collaborate to make the novice successful in their career. Mentoring is an emerging strategy to keep novice nurses interested and enthused
about their practice (Thomka, 2007; Wagner & Seymour, 2007). The purpose of this study is to examine the impact of a formal mentoring program on novice registered nurses perceptions of professional commitment and loyalty toward an organization. In summary, do mentoring programs help retain nurses in their current positions?

Problem Statement

Health care quality is impacted by a growing nursing shortage. This dilemma not only compromises health care quality, but also cost the health care profession millions of dollars in training and development costs, and places patients' health in jeopardy as a result of instability in the health care industry (Aiken, Sochalski, & Anderson, 1996). We know that retention and job satisfaction are challenges for health care facilities. Health care leaders have implemented a variety of programs to counter the large numbers of nurses leaving the profession; however, the preponderance of information now identifies mentoring as one the best methods to enhance both retention and job satisfaction. This study seeks to clarify how the novice registered nurse will verbalize their perception of the impact that a mentoring program has on their own job satisfaction and intent to stay within the organization and indeed the profession. The purpose of this study is to evaluate the impact of formal mentoring as vocalized by the participants who have gone through a program as it relates to their job satisfaction and intent to in the organization and also their thoughts about their future career. The results of the study will be used to refine and enhance the program for future participants.
Research Questions

The following research questions will be addressed in this study.

1. How do nurses describe their experience of going through the mandatory orientation program?

2. How do nurses describe the experience of participating in a formal but voluntary mentoring program?

3. How do nurses describe their job satisfaction following completion of a formal mentoring program?

4. How do nurses who complete the mentoring program describe their intentions for staying in their current positions or with their current employer? As they discuss their intentions, what factors do these nurses describe as influencing their future plans?

These research questions are the centerpiece for this investigation. Information was collected in an attempt to answer these research questions.

Rationale for the Study

The high rate of attrition of nurses and the impact of nurses leaving the profession on the quality of health care and organizational costs significantly impact the entire health care system. The healthcare needs of the public may be compromised if there are not enough registered nurses to care for patients in the future (Mecklenburg, 2001). Literature suggests a looming shortage as early as 2010 (Hayes & Scott, 2007). Nurses have many career options and these multiple career options continue to contribute to the nursing shortage. Nurses are a needed presence in physician offices, clinics, insurance companies and home health agencies (U.S. Department of Health and Human Services, 2000). To maintain an adequate supply of nurses in the acute care setting,
programs to increase retention must be explored. One way to achieve low turnover is
through mentoring programs whereby senior staff nurses assist novice nurses throughout
their first year of practice to learn about the organizational culture, politics and
collaborate to make the novice successful in their career (McKinley, 2004). In addition,
health care leaders must address the reasons why many nurses choose to resign their
positions in health care organizations.

One key issue is the support that novices nurses are provided when hired. Many
health care professions envision mentoring as a support system that can increase job
satisfaction and increase retention. One definition of mentoring is that it is “a voluntary
learning relationship in which one professional contributes to the professional
development of another” (Mason, 2005; Morton, 2005). The role of mentor includes
such activities as being accessible to provide advice and to be someone who is available
to bounce ideas off of. Guhde (2005) stated that both the mentor and mentee benefit
from the relationship.

Owens and Patton (2003) reported that in order for mentoring programs to impact
retention, nursing must strengthen the mentoring process at all levels: every nurse needs
to embrace the role of the mentor and the role of the mentee. Once this occurs, retention
and job satisfaction levels will be enhanced. A mindset needed to make the mentor
relationship work includes a willingness and enthusiasm to take a chance on another
person. If nurses will not voluntarily embrace the role of mentor, further work must be
done by the mentoring implementation team to generate enthusiasm for this type of
program (Owens & Patton, 2003).
Mentoring programs have been available for teachers for about a generation (NEA Foundation for the Improvement of Education, 1999). The programs have assisted the teaching profession with recruitment and retention of its workforce due to their ability to offer formalized support for the new teacher. Interviewers in education found that novice teachers are asking about mentoring programs (NEA Foundation for the Improvement of Education, 1999). The teachers’ skill and ability improves at a faster rate when mentors are assigned to the new teacher. Prospects for advancements in academic medicine are enhanced significantly by the guardianship of an effective mentor” (Yedidia & Bickel, 2001). With the shortage of a qualified workforce in teaching similar to that of healthcare, healthcare can learn a lesson from the teaching profession about the internal promotional process and formal mentoring programs which assist potential leaders with preparation to ensure success once promotion occurs.

The organization involved in this study has been in a cultural transformational process for the past eight years. The organization’s Board of Directors has supported the cultural transformation. One of the organization’s steps to achieve their vision is that “we will be the “employer of choice” and will be fully staffed with well-trained associates who are skilled in customer service, and provide diversity at staff, management and board levels that are similar to that of the communities we serve” (Lakeland, 2009).

In order to maintain a well trained workforce who are able to provide the care the Board of Directors at this organization expects, new methods of recruiting and retaining the workforce need to be developed. Healthcare workers are aggressively recruited by competing organizations. This organization has aspired to be the employer of choice, as
well as one that is financially stable. Cost effective ways to recruit and retain the workforce are key to achieving both of these goals. A formal mentoring program could be one way to do both.

Methodology

This study uses a qualitative case study approach in the phenomenological tradition. The goal of phenomenological studies is to understand the lived experience of a small number of people (Rossman & Rallis, 1998). Creswell (1998) defines case studies as an “an exploration of a ‘bounded system’ or a case (or multiple cases) over time.” Participants in this study have experienced formal mentoring as part of their first 6-month induction experience. The purpose of this study is to examine the impact of a formal mentoring program on a novice registered nurse’s perceptions of professional commitment and loyalty toward an organization. A phenomenological case study approach permits the researcher to elicit how the nurses internalize the mentoring experience toward their perception of the nursing profession and connect that experience to their overall experience in their new jobs in a hospital setting.

Participants were asked to participate in a semi-structured interview. The interview consisted of a series of questions designed to elicit the nurses’ descriptions of their experiences in the mentoring program. Participants discussed their mentoring experiences as they related to their intent to stay within the profession, remain employed with their current hospital or health care system employer and how they perceived their the overall sense of satisfaction with their current job. The interviews were taped and
transcribed for analysis. This process is known as content analysis (Berg, 2004). The following steps were followed. Data from the interviews were transcribed with codes developed and placed on the transcribed notes. Codes were next reviewed to identify themes and patterns. Notes sorted by the trends and patterns identified. The patterns were examined independently of the whole data set and the patterns will be reviewed for commonality from other research. Berg noted the final step was to look for generalized trends.

Limitations and Delimitations

This study has several limitation and delimitations. The study only reflects the opinions of staff at one mid-size hospital system in Southwestern Michigan. The investigation includes a small sample of registered nurses who have volunteered to be part of a mentoring program within that system. Participants may have had experience before with mentoring or may have other personality characteristics which are not reflective of registered nurses as a whole.

The study will be conducted in the institution where the researcher is employed as a member of the senior leadership team. This may be a limitation if any participants felt threatened or coerced into participating in the study due to the researchers' position. The topic of the study itself is non-threatening and participants volunteered to be part of the study. However, it is still an employee/employer relationship and this must be taken into account as the interviews proceed. Another limitation is the organization itself. The health care agency is the largest employer in the tri-county area where it is located and as
such limits the healthcare systems where a registered nurse could practice. There is no
other competition for the registered nurse workforce to be employed in the local
community which may influence workforce attitudes and honesty during the interview
process.

One of the delimitations of this study is the small sample size of the participants.
All nurses who have completed the mentor program shall be contacted and invited to
participate in the interview, however, that will be no more than twenty participants who
have completed the program. Because this is the total sample size, it may impact the
results significantly. Nurses who volunteered to participate may be “different” from
those who have chosen not to participate. This study only involves those who have
participated in the program and therefore no conclusions can be drawn about those who
do not make the same choice.

Summary

One way to enhance the practice of nursing in a mid-sized healthcare system in
Southwest Michigan is the use of a mentoring program. The program is used to attract
nurses and to retain registered nurses once they join the staff. This program supports the
vision of the system (Lakeland, 2009), which is to become an employer of choice by
2014.

Mentoring in healthcare is a relatively new way to recruit and retain nurses.
Mentoring concepts have been seen in the nursing literature since the 1980s and little
formal evaluation of those programs in place has occurred (Cashin & Potter, 2006).
Mentoring was used in nursing initially for development of the nurse executive, nursing faculty, nursing entrepreneurs and nursing authors (McKinley, 2004). Most nurse leaders can cite one example of a mentor who influenced their career at some point (Wilson, Leners, Fenton, & Connor, 2005). According to Gray and Smith (2000) and McKinley (2004), there has not been quality research done regarding mentorship. Both sets of authors agree on the need for further research in this area. The literature that does exist is confusing regarding the mentorship concept and the role of the mentor (Andrews & Wallis, 1999; Firtco, Stewart, & Knox, 2005; Morton-Cooper & Palmer, 2000). This study will add to the body of knowledge regarding the roles of mentors within the healthcare environment.

Organization of the Study

Chapter II includes the review pertinent literature related to mentoring. Chapter II begins with a review of the shortage of healthcare workers predicted to occur by 2010. It goes on to discuss nursing job satisfaction and then further analysis of nursing job satisfaction and how organizational culture may affect it. The history of mentoring will be reviewed followed by a review of the history of mentoring in nursing. Induction into the nursing profession is the next section followed by a review of types of mentoring programs. The current practices in mentoring programs will then be described. The chapter ends with a review of several successful mentoring programs.
In Chapter III, the methodology used in the study will be discussed in detail. In Chapter IV the data collected from the interviews will be presented. Chapter V includes a summary, conclusions, implications and recommendations for additional research.
CHAPTER II

REVIEW OF LITERATURE

Introduction

Consumers see nurses as the most common connection point to the health care system and they rely on nurses to ensure they and their loved ones receive the very best possible health care. Nurses in the acute care setting provide that quality which has been demonstrated to save lives and improve patient outcomes (Center to Champion Nursing in America, 2009). Our nation may be facing a shortage of nurses as early as 2010 (Buerhaus, 2008; Hayes & Scott, 2007). To maintain an adequate supply of nurses in the acute care setting, different ways to increase retention must be explored. Many programs have been developed by individual hospitals to combat turnover (Mecklenburg, 2001). One possible way to achieve low turnover is through mentoring programs whereby senior staff nurses assist novice nurses throughout their first year of practice. Mentoring may be one way to keep novice nurses interested and enthused about their practice. The purpose of this study is to examine the impact of participating in a mentoring program on job satisfaction and retention in both the organization and in the profession.

This chapter will begin with a review of pertinent literature regarding the nursing shortage. It will demonstrate the shortage with statistics gathered about the national effect of the shortage and will then discuss the implications of the shortage in Michigan.
It will also discuss some of the factors contributing to the shortage such as an increased demand for nurses as the population ages and has need of greater access to healthcare.

The next area of focus includes factors related to nursing satisfaction. Nursing job satisfaction is declining (Sochalski, 2002). A discussion of key factors which influence job satisfaction, particularly with hospital based nursing is will occur. It is difficult to enter a nursing program today for many reasons. Those reasons are discussed and include such things as the dwindling supply of nursing faculty due to aging, which may cause long waits for interested students to be admitted into nursing schools. Michigan’s registered nurse satisfaction data was compared to other states that collect the same data and the results of differences will be discussed.

The history of mentoring was reviewed. Mentoring has been used in professions other than nursing for many years. It is relatively new to the nursing profession. Mentoring programs are designed to make the induction into the profession more attractive (Thomka, 2007). Healthcare systems in Southeastern Michigan have found that a full 30% of novice nurses leave the profession completely after their first three years in the workforce (MHA/Watson Wyatt, 2006). It is clear that new ways to increase satisfaction in the profession are needed to ensure an adequate supply of care givers in the future. Mentoring may be one way to enhance higher job satisfaction and commitment to the profession.

Mentoring’s use in healthcare is reviewed followed by a description of formal mentoring programs in use in healthcare. The effect on nursing job satisfaction has been evaluated in several healthcare systems throughout the country. The implications to an
organizations budget and quality outcomes are addressed. When a shortage of experienced nurses exists several outcomes are predictable. There is an increased financial burden placed upon the organization due to increased recruitment expense and quality outcomes may suffer. Nurses themselves are verbalizing concerns about safety and quality in light of the shortages and restructuring attempts by hospitals to meet their needs (Aiken et al., 1996). Even with the shortage of nurses, "hospitals are faced with increasing demands to participate in a wide range of quality improvements activities and they are reliant on nurses to help address these demands," as cited by Draper, Felland, Liebhaber and Melichar in their 2008 research brief on The Role of Nurses in Hospital Quality Improvement.

This section will close with some examples of health care systems that have successfully used a mentor program to decrease their nursing turnover rate and have been able to justify the additional cost of the programs through a reduction in recruitment expense. Declining reimbursement rates in health care have made it increasingly difficult to implement programs which have no definite return on investment for the organization. The examples illustrate the cost/benefit relationship for these programs so that they could be used on a regular basis. One such program was developed at Norton Healthcare in Louisville, Kentucky. According to Norton officials, it has improved the retention rate of new graduates by 16% and reduced costs by $40,000 per retained nurse. Six months prior to implementation of the program, the turnover rate was 23%. Turnover reduced to 10.6% following the first twelve months of the program. They cite an increase in patient satisfaction as another result of their program (Zucker, et al., 2006).
The University of Michigan found that their outcomes from a structured retention program resulted in substantial benefit such as keeping the staff committed to their workplace increased professional development necessary to manage the work and reduced turnover. It also saved the organization expense through reduced recruitment and orientation costs. The program also increased the identity and pride a novice feels for their organization (Hensinger, Minerath, Parry, & Robertson, 2004).

Nursing Shortage

Nurses are vital to the health care workforce. There are 5.1 million nursing care workers in the United States who account for over half (54%) of the entire health care work force (Robert Wood Johnson Foundation, 2007). In 2001, there were 2 million registered nurse full time equivalents employed in healthcare which increased to 2.35 million in 2007. Buerhaus (2008) reported that 229,000 registered nurses were employed in hospitals. In 2002, there were 942,000 registered nurses employed in acute care hospitals (Needleman, Buerhaus, Steward, Zelevinsky & Mattke, 2006). Nurses are aging at a faster rate than other professions with a larger number of nurses nearing retirement age. Between 1983 and 1998, the average age of working Registered Nurses increased more than four years, while other United States workforce populations aged less than two years (Buerhaus, Staiger & Auerbach, 2000). This phenomena if left unchecked will result in a severe nursing shortage around 2015 (Barclay, 2006). The American Hospital Association (2001) completed a survey in 2001 which stated that at that time there were 168,000 open positions in hospitals of which 126,000 of them are for
registered nurses. The American Hospital Association in 2006 reported an 8.5% vacancy rate for nurses and by 2020; the government has forecasted a shortage of 1 million nurses (Lutz & Root, 2007). Newer statistics show a slightly different picture for the supply of nurses. The Center to Champion Nursing in America (2009) predicts that there will be a 500,000 shortage of nurses by 2025 which is less than was originally predicted in the early 2000s. The Council on Physician and Registered nurse Supply (AJN Reports, 2009), stated that the nursing schools in the United States need to be graduating 30,000 more nurses per year in order to meet the demand for nurses in all of the health care industries. In Michigan, Klemczak reported that a recent survey of nurses indicated that one-third of those who completed the survey are planning to leave the profession in the next 10 years (Haight, 2005). That number is estimated to be approximately 50,000 and is comprised of those who are retiring and those who will leave the profession for other reasons.

Buerhaus, Staiger and Auerbach (2000) stated that by the year 2020, the actual number of registered nurses per capita will have peaked in 2007 and then will begin to decline. More recent statistics show that there has been an addition of nurses to the workforce due to increases in registered nurse earnings in four of the past six years and due to the economic recession and the current economic downturn which has encouraged many nurses to return to the workforce, however the shortage will still be significant and reach a need for 285,000 additional nurses to be employed in the workplace by 2025 (Buerhaus, 2008). Beurhaus, Staiger & Auerbach further state that the absolute size of the workforce will begin to decline in 2012 and by 2020 will be about the size it was
when their original article was published in 2000. The Center to Champion Nursing in America (2009) predicts that there will be a 500,000 shortage of nurses by 2025.

According to McKinley (2004) there were only 1.89 million full-time Registered Nurses employed in 2000 which was 6% less than the 2 million nurses needed. Lutz and Root (2007) report the supply of nurses’ increase every year, but the shortage occurred in hospitals which is the least desirable place for nurses to work. Further, they indicated that hospitals have more competition from other healthcare sources to attract the registered staff nurse. Hospitals compete with ambulatory centers, physician practices, insurance companies and disease management companies designed to manage care from outside of the hospital. There was a low rate of growth of registered nurses between 1996 and 2000, and enrollments in nursing schools has declined each year since 1995. There was a modest increase in enrollees in 2001 (Sochalski, 2002). McKinley (2004) further predicted that there will be a shortfall of nurses ranging from 400,000 to 1.5 million by 2020. There were approximately 120,000 nurses in 2000 that were not practicing in their profession. The most common reasons cited are that they are doing other things or they are working in fields which have better hours, more rewarding work and better pay (Sochalski, 2002).

Registered nurses leaving an organization cause many problems for those remaining. Attrition increases expense for recruitment and orientation. It may cost 1.2 to 1.3 times the annual salary of the nurse (Texas Center for Nursing Workforce Studies, 2006) or as McKinley (2004) reported, the replacement cost of a nurse is equal to 100% of the leaving nurses’ salary which is estimated at $40.25 per hour or $83,720 per year.
for a full time position (Center to Champion Nursing in America, 2009). Lake Michigan College (2009), on the other end of the spectrum, projects the average starting wage for a registered nurse at $27.00 per hour or $56,242 annually which is significantly less than the Center to Champion Nursing (2009). Other statistics indicate that the variation in replacement costs for nurses are significant, from approximately $22,000 to more than $64,000 to replace a nurse who has left the hospital (Jones, 2008). Jones also suggests that “organizations spend $300,000 annually in nurse turnover costs for every 1% increase in turnover.” Therefore, turnover rates increase the financial burden on patient care units’ annual budgets (Guhde, 2005).

Vacancies also negatively impact the attitudes of those who are staying. The remaining staff may be asked to work overtime, or work short which creates “burnout” (Greene & Puetzer, 2002; Guhde, 2005). Due to declining numbers of students entering the nursing field and those who are predicted to leave the field within the next 10 years, it becomes more and more important to keep the nurses who are already employed (AHA, 2001). There are more people applying for admission to nursing schools that the supply of faculty can educate. According to the American Association of Colleges of Nursing, more than 41,000 qualified nursing applicants were denied admission to nursing school programs in 2005, which was a greater number then were denied in 2002 (Lutz & Root, 2007).
One reason it is important to ensure there are enough nurses within the hospital setting is because in hospital staff nurses are in visible positions in the public and they are able to affect patient outcomes. "Nursing care is a major reason why people need to come to the hospital," states Draper et al. (2008). The Center to Champion Nursing in America, which is a coalition between the Robert Wood Johnson Foundation, the AARP Foundation, and the AARP, believe that nurses are the most common connection to the health care system for consumers. Consumers rely on nurses for many aspects of their care. The bottom line according to The Center to Champion Nursing in America is that "A shortage of nurses threatens the quality and safety of care provided across all settings" (2009). The lack of available nurses creates situations where hospitals may not be able to treat the patients adequately. Needleman et al.’s (2006) research demonstrated there is an "unequivocal business case for hospitals to improve registered nurse staffing." This research involved an analysis of patient outcomes while comparing staffing levels at different hospitals throughout the United States. Improvements in quality outcomes such as avoided in-hospital deaths along with reductions in length of stay of patients were two of the ways these researchers were able to make their business case. Other emerging research supports a long felt perception by the registered nurse which is "the quality of nursing care patients receive influences patient health and safety and can sometimes be a matter of life and death (Robert Wood Johnson Foundation, 2007).

Patient safety and quality improvement in outcomes has been linked to registered nurse staffing levels (Needleman et al., 2006). Nursing shortages result in hospital beds
having to be closed to patients which in turn cause gridlock throughout the entire hospital system (AHA, 2001). Public reporting of patient’s perceptions of their nursing care is being publicly reported for the first time. Consumers are able to see how patients rated their care compared to every other hospital in the country. In the Employee and Nurse Check-Up Report, (Press Ganey Associates, 2008), a clear link was demonstrated between associate satisfaction with the quality of care provided at their hospital and the patients overall rating of their hospital. Reimbursement levels for care may be based on the patient’s satisfaction level (Lutz & Root, 2007) based on their satisfaction scores.

“As payment is affected by patient satisfaction, any problems within the workforce become not only more visible but also financially detrimental to the organization” (Lutz & Root, p.62). The increasing use of nursing-sensitive performance measures enhances the business case for focusing on retention of nurses (Buerhaus, 2008).

Nursing Job Satisfaction

The American Hospital Association also reported in 2001, the nursing profession was less attractive as a career than it was in past years because there is less time for a nurse to spend with their patient and more time spent completing paperwork. Paperwork alone can add up to one hour of additional time to each hour of patient care provided (AHA, 2001). More specifically, there is evidence showing that the nursing shortage is not as much an overall issue as it is one of hospital staff nursing (Coffman, 2008).

There are other factors besides paperwork which cause nurses to be more or less satisfied with their job. Mercer (2000) cited three main reasons nurses leave their job.
during their second annual survey of human resource executives inquiring about their organization’s recruitment and retention programs. The first reason is dissatisfaction with the actual job itself. Staff nurses, who are the backbone of the acute care workforce, are the least satisfied among all nursing positions with the exception of staff nurses new to the field. The novice staff registered nurse is the most satisfied of the registered nurse group as a whole (Sochalski, 2002). Press Ganey Associates, Inc. (2008) found that the registered nurse is the least satisfied of all hospital employee job types followed by other staff working in nursing services and technical workers. Overall, men are less satisfied than women in the profession (Sochalski, 2002).

Sochalski (2002) reported that satisfaction did not appear to be linked to the responsibility inherent in patient care. If registered nurses spent at least one half of their average day working directly with patients, they expressed higher levels of satisfaction that those who spent less time involved in direct patient care. The top five opportunities to enhance a nurse’s loyalty to an organization according to Press Ganey Associates, Inc., (2008) are that senior leadership really listens to employees, that senior leadership responds promptly to most problems and that senior leadership can be trusted to be straightforward and honest. The next two areas of loyalty enhancement are that the organization has enough staff to provide quality care and that the nurse feels satisfied with their involvement in decision making. Nurses’ need to be given more autonomy when caring for patients; want more trust between management and themselves; which includes the opportunity to have a voice in decision making; want their work organized so that they can spend more time caring for their patients; and want mandatory overtime
rules eliminated (Aiken et al., 1996; Coffman, 2008; Robert Wood Johnson Foundation, 2007). The top reason nurses stay in an organization according to Press Ganey Associates, Inc. (2008) is that they are satisfied with their involvement in decision making. Tied for second place is that they feel they have opportunities to influence policies and decisions that affect their work and that senior leadership listens to their employees. The fourth and fifth top issues which affect retention are that the reasons for the current staffing pattern in my department have been explained clearly to me and that excellent performance is recognized at their organization (Press Ganey Associates, Inc. 2008). Mercer (2000) identified another reason that caused reduced job satisfaction which is when there is too much work to be completed with less than adequate staff levels to get the work finished.

In the early 1990s, managed care systems significantly expanded which caused increased financial burdens on hospitals. The industry reacted by restructuring the role of the registered nurse by providing on the job training to a group of workers who were used to replace registered nurses at the bedside. This restructuring caused mistrust between health care administrators and nurses, and lead to increased levels of dissatisfaction. The result of the restructuring was that there were fewer nurses to care for a heavier burden of patients (Robert Wood Johnson Foundation, 2007). The nursing profession turned to unions in some cases to address this issue. The philosophy of nursing unions was to draft policy statements which mandate staffing levels to enhance patient safety (Robert Woods Johnson Foundation, 2007). Proposed staffing levels are not a new concept in health care, with intensive care units staffing in a ratio of one registered nurse for every two
patients. This staffing level has not changed for the past 30 years regardless of the intensity of service needed to care for the patient, which further causes stress for the registered nurse. Case mix, which is the measure of how sick a patient is when they enter a hospital, has risen since 2001 (Lutz & Root, 2007). As patients needs become more complex when they enter the hospital, the care needs for all patients increases. The general medical surgical units also treat sicker patients because they are discharged earlier from the intensive care unit due to the demand for those beds. The medical surgical ratio of one registered nurse for every five or eight patients compared to a one registered nurse to two patients in critical care units may be jeopardizing patient safety and quality (Robert Woods Johnson Foundation, 2007).

Another idea designed to address the workload of the registered nurse was the development of classification systems designed to predict staffing levels based on the acuity of the patients on a unit. Classification systems are tools which predict the severity of illness of patients to help with clinical and operational decision making (Kelley, 2008). They use computer software to determine registered nurse staffing levels for the oncoming shift (Robert Woods Johnson Foundation, 2007). There are many pros and cons to the use of these systems. Those in favor of the systems feel they recognize the differences among patient needs and the outcome of the software recommends the adjustment of staffing levels to meet those needs. On the negative side, there are no professional standards among the various tools, some are homegrown while others are purchased from a vendor whose product may not be routinely updated or maintained.
which causes nurses to distrust the results of the system (Robert Woods Johnson Foundation, 2007).

The future of health care reimbursement may bring some sort of pay-for-performance. One of the proposed systems provide greater payment for those hospitals that have better quality outcomes and satisfaction levels for the patients they discharge (Lutz & Root, 2007; Robert Woods Johnson Foundation, 2007). Press Ganey Associates, Inc. (2008) has shown a strong correlation between employee satisfaction with the quality of care they perceive is provided at their hospital, their willingness to recommend their own hospital to their friends and family, and with the patients overall rating and willingness to recommend the hospital to others. An example currently in use involves a survey designed to measure patient satisfaction following discharge. This survey, developed by the federal government, is called the Hospital Consumer Assessment of Healthcare Providers and Systems. Fourteen of its twenty-two questions are specific to the patient’s assessment of their nursing care (Lutz & Root, 2007). Hospital payment will be influenced by the scores they receive and the scores are publicly reported so that patients can make comparisons when determining where to go for service (Lutz & Root, 2007).

Mercer’s (2000) final recommendation stated that pay ranks as the third reason that nurses leave the profession. Mercer (2000) identified that compensation programs, such as sign-on bonus or supplemental pay programs were the strategies of choice in 2000 to combat turnover of RNs. Wages for registered nurses remained flat throughout the 1990s. In 2000, even with the demand for registered nurses increasing, the increase
in wage (approximately 10%) did not enhance satisfaction with staff nursing. The only way to earn more was to leave the bedside for jobs in administration or jobs in other non-direct patient care areas (Sochalski, 2002). PricewaterhouseCoopers’ Health Research Institute cited in their annual survey that the increase in patient acuity which is a measure of how ill a patient is, is the number one reason for hospital nurses dissatisfaction with their profession, even though the number of registered nurses who work full time has increased after dropping during the 1990s (Lutz & Root, 2007). One healthcare system in Southeast Michigan identified an annual additional labor expense of $6,000,000 to combat turnover and chronic labor shortages (Baggot, Dawson, Valdes, & Zaim, 2005). This expense would be unnecessary if nurses were available from within the system.

Other literature suggests that nurses who do not have autonomy in their job and nurses who lack a social structure within their job are more likely to leave their job or the organizations in which they work (Connelly, Hoffart, Taunton, 1997). Uhlman (2002) reported that 7.5% of male nurses and 4.1% of female nurses leave the profession within four years of graduation and entry into the field. These statistics represent an increase of 2% and 2.7% respectively from reports 10 years ago. These factors impact an employee’s organizational commitment toward their job. Tansky and Cohen (2001) defined organizational commitment as the “strength of an individual’s identification with and involvement in a particular organization.” The stronger the commitment to the job or organization, the more likely the employee is to stay. Professional development is one way to enhance commitment.
Organizational Culture

According to Lutz and Root (2007), hospital executives do not feel that the nursing shortage issues are a serious problem. They cite reimbursement from government, clinical quality issues, government regulations, reimbursement from commercial payers and uncompensated care all above the importance of the nursing shortage. The need to invest in human capital is not as important as the desire to invest in capital equipment. Draper et al. (2008), identified that leadership support is needed to ensure that the hospital culture remains focused on quality improvement. Support from the Chief Executive Officer and all other members of senior leadership are key factors in improving hospital quality. Upper management should clearly articulate the organizations desire to grow competence from within, rather than accept the cost of higher turnover (Murray, 1991). The registered nurse has a key role in affecting quality improvements but it is not their role alone. Other professions in the hospital also effect outcomes. The organizational culture, established by the CEO and other senior leaders affects the success or failure of programs in hospitals. Bally (2007) stated that the mentoring goals must align with the organizations culture in order for the program to “take hold and have significant impact on the organization.”

Lutz and Root (2007) indicate that attrition between low performing and high performing hospitals can range anywhere from 13% to 41% within the first two years of employment. Hayes and Scott (2007) reported that turnover rates range from 55% to 61% within the first year of employment. They further stated that the cost to orient a new nurse is more than $30,000 and of course, the productivity of the novice is less than the
more experienced nurse. The Center to Champion Nursing in America (2009) stated that the cost of replacing a registered nurse can be 150% of their base salary which also factors in lost productivity and the need for agency or temporary staffing expenses. The Center to Champion Nursing in America also states that healthcare organizations spend $300,000 or more annually for every one percent increase in nursing turnover. It is important for hospital leadership to develop and act upon strategies to support nursing satisfaction now so that hospitals will be prepared to meet the challenges of the future (Lutz & Root, 2007).

History of Mentoring

Mentoring has been cited in literature stemming from Homer’s *Odyssey* where Mentor, the son of Alimus, was appointed to be a tutor-advisor for Ulysses son, Telemachus when his father, Odysseus left to fight in the Trojan War. Mentor became more than the advisor, he also became a tutor, friend, teacher and guardian to Telemachus (Andrews & Wallis, 1999; Bell, 2002; Firtko, Stewart & Knox, 2005; McKinley, 2004; Murray, 1991; Thomka, 2007). During the middle ages, craft guilds successfully prepared the next generation of master craftsmen using a mentorship process. Young boys lived and worked side by side with master craftsmen learning the trade which would prepare them to take over for the master when he retired. This relationship eventually formed the basis of the employee/employer relationship we know today (Murray, 1991). Business leaders and politicians have used mentoring successfully to develop leaders and expertise in their professions. Mentoring programs have been available for teachers for
about a generation (NEA Foundation for the Improvement of Education, 1999). The programs have assisted the teaching profession with recruitment and retention of its workforce due to the ability to offer formalized support for the new teacher. Employment interviewers in education are finding that novice teachers are asking about mentoring programs (NEA Foundation for the Improvement of Education, 1999). The teachers’ skill and ability improves at a faster rate when mentors are assigned to the new teacher.

The American College of HealthCare Executives began a “virtual” mentoring program in 2001 as a way to demonstrate their commitment and support of mentoring (Hofmann & Noblin, 2002). This program pairs healthcare executives who are separated by distance from mentees who lack experience and are in need of a mentor. The pairs meet by phone and e-mail. In this way, the mentee has the ability to ask important questions about their future development as a leader and the mentor can share their experience and guide their mentee in the same manner as a face to face experience may bring. The program has shown that when the mentoring experience is not successful for either party the effect is a stymieing of intergenerational communication. An unsuccessful experience can cause a shortage of mentors. When the program is successful, there is a significant contribution to individual and organizational success such as through leadership development and retention of the mentee and another success factor is preparing the mentee to assume an active role in the communities in which they live (Pieper, 2004).
History of Mentoring in Nursing

Mentoring in nursing is a relatively new concept and has become a term used to make sure that positive and effective personal and professional development of nurses occurs (Thomka, 2007). Mentoring has been in the nursing literature since the 1980s (Andrews & Wallis, 1999). Mentoring was used in nursing initially for development of the nurse executive, nursing faculty, nursing entrepreneurs and nursing authors (McKinley, 2004). It has also been used in undergraduate nursing education as a retention strategy (Colalillo, 2007). Leaders are developing mentoring programs in hopes that they will assist with the positive socialization of nurses into the practice setting and therefore enhance retention of nurses (Thomka, 2007). Dyer (2008, p. 87) states that “mentoring is hoped for by most new nurses and is most commonly requested during the beginning phase of a nursing career.” Nurses leave the profession for a variety of reasons including stress, feelings of inadequacy, anxiety, oppression and disempowerment (Bally, 2007). Other dysfunctional behaviors which disenfranchise nurses include gossiping, being overly critical, using innuendo, undermining, passive aggression and bullying. These behaviors must stop in order to reduce turnover of nurses (Bally, 2007). Short term initiatives will not be enough to increase retention. Long term solutions aimed at developing collegial relationships, improving self confidence of the registered nurse, promoting career development and professional growth will be the best way to ensure an adequate supply of nurses in the future (Bally, 2007). A mentoring program is one of the solutions.
Most nurse leaders can cite one example of a mentor who influenced their career at some point (Wilson et al., 2005). However, novice nurses cannot articulate the mentor who has assisted them on an informal basis (Thomka, 2007). The novice stated when asked that nurses who acted as informal mentors were simply doing their job acting as a teacher, a leader or a role model for the new nurse (Thomka, 2007). According to Gray and Smith (2000), Colallio (2007), and McKinley (2004) there has not been quality research conducted regarding mentorship. Both sets of authors agree on the need for further research in this area. The existing literature is confusing regarding the mentorship concept and the role of the mentor (Andrews & Wallis, 1999; Firtko et al., 2005, Morton-Cooper & Palmer, 2000). The literature is also silent on the topic of the amount of experience necessary for a mentor to be a successful role model for the mentee (Dyer, 2008).

**Induction**

Organizations orient nurses in many ways. Some experts report that new graduates need at least 12 months working to gain the comfort and confidence needed to fully assume their role in the healthcare team (Casey, Fink, Krugman & Propst, 2004). The quality of the induction process influences retention of the novice (Hayes & Scott, 2007). Mentoring entered the nursing vocabulary in the early 1980s (Andrews & Wallis, 1999; Firtko, Stewart & Knox, 2005) and the terminology is still confusing. Preceptors, mentors, role model, coordinator, facilitator and coach are all terms used during the induction process (Andrews & Wallis, 1999; Bally, 2007; Firtko et al., 2005; McKinley,
Regardless of what it is called, the purpose of mentoring is to portray an image of supervision, support and practice development for the new nurse (Colalillo, 2007). One definition of mentoring is a relationship between two or more people designed to develop the talent of the new nurse, shorten learning curves within an organizational framework, increase productivity and enhance team performance. It does not involve formal evaluation (Firtko et al., 2005).

Another definition developed by Murray (1991, p. xiv) is that mentoring is “a deliberate pairing of a more skilled or experienced person with a lesser skilled or experienced one, with the agreed-upon goal of having the lesser skilled person grow and develop specific competencies.” Regardless of the definition, mentoring is a role that encompasses support, guidance, teaching, role modeling, counseling, guiding, advocating networking and sharing in either a formal or informal manner (Bally, 2007; Wagner & Seymour, 2007). Another definition of a mentor is an experienced and competent staff nurse who serves as a role model and resource person to a new staff member, who is also referred to as the mentee (Greene & Puetzer, 2002). For the purposes of this paper, the definition of a mentor that will be used is the one the healthcare system uses in its program. The definition is, “A voluntary learning relationship in which one professional contributes to the professional development of another” (Morton, 2005). Mentoring is a teacher/student relationship. It is a dynamic process. Mentors ask the right questions to help the mentee focus on their needs. The mentor is able to share values, listen more than talk, has the ability to care, and is able to expose their vulnerability to help others learn. The mentor is able to affirm a mentee and help them believe in themselves. Mentors encourage mentees
to grow beyond the mentor/mentee relationship and seek other mentors to continue their growth.

McKinley (2004) feels strongly that mentoring relationships nurture commitment to the organization and therefore, encourage staff retention. She also feels that relationship building and values clarification helps the mentor/mentee strengthen the relationships among the entire work team. Mentors facilitate professional development of the novice in areas such as development of critical thinking skills as well as the skill to master the complex knowledge required of all nurses (Hayes & Scott, 2007). Other benefits of the mentoring relationship include leadership development, teaching nursing excellence, encouraging developmental plans for the mentee and research development (Firtko et al., 2005). Mentorships are foundational in settings which aspire to transformational leadership cultures (Wilson et al., 2005). The organizational leadership sets the stage for mentoring by developing its culture to include inspirational motivation, individualized consideration, idealized influence and intellectual stimulation (Bally, 2007). Mentorships assist a new nurse to achieve personal growth and development and provide for leadership opportunities when working with a mentor who has experience and is willing to share that body of knowledge with the new nurse (Wilson et al., 2005).

Mentoring

According to Morton-Cooper and Palmer (2000), three types of mentoring programs exist. The first is the classical mentor relationship which tends to be more informal. It involves two people who select each other to develop this relationship. It
does not follow a prescribed program and may last anywhere from 2 to 15 years. The
next type is a formal or contract mentoring program. This process includes assignment of
the mentor/mentee by the organization for specific purposes. This process usually
follows a prescribed program with clear purposes, functions and outcomes. The probable
duration of this process is one to two years. This study will utilize this approach.
Mentor/mentee pairs will be assigned during the first week of nursing orientation. The
mentor/mentee pairs or groups should meet on a monthly basis. The meetings can occur
at the workplace, or off site. There should not be an occasion whereby more than a
month goes by without a formal meeting (Lindenberger & Zachary, 2004). The final type
is pseudo-mentoring relationships. This type of relationship is geared toward a specific
purpose and does not last longer than 1 year; however they may be as short as six weeks.
Whatever type of mentoring program is used, mentors need the following characteristics
in order to achieve a successful mentoring relationship. The characteristics are balance,
truth, trust, abundance, passion and courage (Bell, 2002). The mentoring process is
comprised of four stages which occur over time. The first stage is initiation. This stage
involves time the mentor and mentee spend together getting to know and begin to trust
each other. This is the time the pair will set their goals for the relationship. The second
stage then is cultivation which involves the sharing of information between the pair and
joint problem solving occurs. The third stage of the relationship is separation which is
when the pair determines their goals have been met and the relationship begins to change
into the fourth stage which is redefinition whereby a long-term friendship may occur or
separation altogether may also be the outcome (Wagner & Seymour, 2007).
According to Bell (2002), the most successful mentoring relationships have several key elements which include surrendering, accepting, gifting and extending. Surrendering involves ensuring that the relationship remains power-free. Mentees may have initial concerns that their mentor has power over their success due to their authority as the mentor. Surrendering ensures success by evening out the playing field (p. 15). Accepting is demonstrated by commitment to create a safe environment for the mentee. The mentee is comfortable verbalizing their concerns to their mentor, are comfortable because they know they will not receive harsh criticism, rebukes or judgments from their mentor. The mentee must also feel confident that the clinical practice environment is free from others accusing the mentee of receiving favoritism from their mentor while they are honing their craft (Thomka, 2007). Gifting is a key to success and can be defined as the way the mentor supports their mentee. It shows the mentee that they are worthy enough to try things out and that their opinions are valued. Finally, a mentor extends themselves when they help the mentee become a self directed learner, which may be the final stage of the relationship before it ends (Bell, 2002). This four stage approach is difficult even for a seasoned mentor or leader in an organization. Even a senior executive will probably not understand how to be the best mentor. Selected mentors at every level will need education and training to be successful.

Wagner and Seymour (2007) and Dyer (2008) state there are many personal attributes needed by both the mentor and mentee to ensure a successful relationship. The mentors should demonstrate commitment and support to another person, respect and liking of self, honesty and have strong personal and professional ethics. They should also
have energy, creativity and vision, professional expertise, passion for their career and be able to challenge others. They must have the ability to bring out the best in people, teach and counsel, be flexible and open, demonstrate leadership skills, be approachable and be able to communicate, listen and have effective interpersonal skills. The mentor should have a commitment to the relationship, be respectful and like themselves, have personal and professional ethics, have energy and creativity and have the motivation to take initiative when needed. They need passion for their career, have realistic expectations and be able to follow through on decisions made. They should be able to create a vision, have a strong self identity and be willing to learn. They should be flexible and open to guidance, willing to learn critical thinking skills and be open to mutuality. Finally, the mentee should be willing to improve their interpersonal skills and be a good listener.

The goals of the mentoring program can be very simple. The healthcare system (2009) believes that mentoring is instrumental in the promotion of psychosocial and professional development of the associate over an extended period of time. The psychosocial role of the Mentor promotes acceptance, confirmation, and role acquisition for the Mentee. An associate mentor program not only increases retention, but can promote a culture of excellence and enhanced job satisfaction for both the Mentee and the Mentor. According to Management Mentors (2004), “mentoring pair’s talented, experienced employees (mentors) with promising, less experienced employees (mentees). Over time, working one-on-one, the mentor–mentee—and the organization—all benefit.” The mentor invests their time, energy and personal knowledge to develop the growth of the new nurse (McKinley, 2004). Pieper (2004) states that “Potential mentors and
protégés must seriously consider two factors before agreeing to a mentoring relationship: time commitment and personal fit.” Mentors possess balance in their leadership of the mentee. This means that the mentor/mentee relationship is based on respect including the development of mutually satisfying goals and objectives for the partnership (Pieper, 2004; Dyer, 2008). The relationship is also based on truth and honesty in all communications together. Mentors must strive for effective feedback from their mentees which implies a trusting relationship for the pair. Trust comes with experience working together even during a time when a mistake is made. Mentors must share with their mentee that risk taking is the norm and when the results are not what are expected, the mentee will not be scorned or humiliated when exposing their mistake. The mentor must exhibit generosity by sharing their wisdom with their mentee. The mentor also remains passionate and committed to the relationship even during the difficult times and the mentee is able to tap into that passion when they may be feeling discouraged. Finally, it takes courage to be the person who demonstrates all of the above traits (Bell, 2002). Mentees say that they admire and aspire to emulate their mentor in a successful relationship (Thomka, 2007). The best relationships teach the mentee to aspire to become a clinical expert, respected by medical and clinical staff alike. They want to be self confident and look to their mentor to guide them in that competency (Thomka, 2007). The bottom line is that successful mentors help their mentees expand their skills in the areas of strategy and knowledge about their particular job while remaining enthusiastic and open to new experiences.
Mentoring addresses two of the top three dissatisfiers of nurses that were identified by Faruggio (2001) which are workload, recognition and growth opportunities. Recognition of a job well done and challenges to move to another level are opportunities between a mentor and mentee. Faruggio (2001) also contends that in order to enhance retention, the mentor and the nurse manager must work together to help the mentee find meaningful ways to contribute as their skill sets improve. These may be accomplished through observation by the mentor and working with other leaders in the organization to provide different experiences. Mentoring may also help the organization meet its corporate goals as well as helping the mentee achieve their own personal goals (Wilson et al., 2005). An effective mentoring relationship may not be visible or have immediate results which may cause frustration for the mentor. According to Elijah West Jr., with mentoring, “rewards come back at different times and in different ways” (NEA Foundation for the Improvement of Education, 1999). In other words, the role of the mentor must be one that is undertaken without the need to have immediate reward, since the long term effect of mentoring is what really matters in the development of people and for the good of the organization.

**Current Practices in Mentoring**

Mentoring programs are important retention strategies to keep nurses within an organization. Studies in the United Kingdom have indicated that mentor programs have alleviated stress on the job by giving the mentee an outlet for expressing work related difficulties and helping the mentee see how they fit in the big picture of the organization.
In addition, because of the huge learning curve for new nurses when they begin their first job out of nursing school, mentoring can be a tool to narrow the gap between theoretical situations learned in the classroom and on-the-job life and death situations encountered in the hospital. This is called the theory to practice gap which regularly occurs with a novice practitioner (Firtko et al., 2005). Murray (1991) lists other benefits mentoring can afford the organization which include increased productivity for the new staff member when paired with a mentor who practices hard work and exhibits discipline during the course of their work day.

Mentor programs are cost effective for an organization because the mentor carries a full workload in addition to supporting the novice in practice. Two other benefits to the organization are improvement in strategic and succession planning (Murray, 1991). Strategic planning is focused on projecting needs for the future of an organization; two examples are for projecting future capital funding needs as well as planning for projected employee needs. The strengths and weaknesses of the new employee can be identified early on in case they may be targeted for promotional opportunities or tapped to fulfill a new role.

According to Thomka (2007), it is the leader who sets the tone and culture which supports the mentoring program. Nursing leaders have the responsibility to create cultures to support this learning opportunity. Dyer (2008) states that formal mentorship programs are rare and showcase an organization’s belief in embracing of the culture of mentoring as an investment in nurses. She further reports that there needs to be training, continuing support and reinforcement of the benefits of mentoring in order for the
program to remain viable (Dyer, 2008). The leader should be positive and assertive so that the negative or toxic issues, such as complaints of favoritism, or only those who are bad need a mentor are stopped early and not allowed to resurface (Thomka, 2007).

Presenting another point of view, Raabe and Beehr (2003) have not found any significant relationship between mentors and mentees in terms of job satisfaction, turnover or organizational commitment. Cashin and Potter (2006) also discovered inconclusive evidence that participation in a mentoring program definitively supports or enhances the career of the novice registered nurse. Cashin and Potter (2006 p. 193) also state that “mentoring is potentially an invaluable tool that can positively affect many different areas of clinical nursing. At present, however, mentoring cannot be said to be effective as it has not been adequately evaluated beyond the self-reported and perceived benefits of the participants.” One of the strengths of mentoring listed previously discussed the benefit of mentoring as it relates to strategic planning and succession planning. A downside to this theory is the notion that it may be frustrating for a new nurse if there are not promotional opportunities readily available when the mentee feels ready to move ahead (Murray, 1991). Murray further stated that mentoring programs work best in organizations which have a strong commitment to promoting internal candidates when opportunities arise. This demonstrates a visible commitment to the new employees in an organization. Developing the program within a department may cause departments in the organization who are not involved with mentoring to sabotage or be less than supportive of the idea. Finally, since there is little quantitative data regarding the return on investment of a mentoring program, the additional expense incurred during
program development and ongoing costs to sustain the program may make the program hard to sell to the decision makers in the organization (Murray, 1991). Raabe and Beehr's (2003) study indicated that the role of mentoring programs has not been evaluated enough to conclude that the program will have a direct effect on retention, organizational commitment or job satisfaction.

There are several benefits for the new nurse when they participate in a mentor program. Murray (1991) listed several which include targeted developmental activities which can be best identified through conversation with the mentor and developed in a nonthreatening manner. When working with a mentor, it is easier to predict success for the mentee in the completion of the developmental plan. The mentor is available to work through roadblocks or issues which arise during completion of the plan. A mentor will assist a new nurse to examine the position they have chosen to accept in an organization and help steer them if the position turns out to be a bad fit for the new nurse. Mentors should also help their mentees move forward in a safe, nonthreatening way. They can honestly evaluate their mentee and give them the push they may need to move take the initiative to move forward during that all important induction period. Finally, mentors can help their mentee see all there is to see within an organization and expose the mentee to other facets of the organization which the traditional new employee may not become exposed to for quite some time within an organization.

When mentor/mentee pairs are assigned by an organization, some of the issues which need to be addressed include lack of chemistry between the pair and the assumption that each of the participants has the same level of personal commitment to
success (Raabe & Beehr, 2003). Thomka (2007) posits that when experienced staff members are assigned or told to mentor junior staff members, and the junior staff member is told to get a mentor, the success of the relationship is often questionable. This methodology is not an effective way to create a mentoring program. In structured mentoring programs this concern can be diminished by understanding the personality types of both parties and pairing in a very deliberate manner (Murray, 1991). Gray and Smith (2000) support the idea that preselected mentor relationships are not necessarily ideal ones. They state that “students quickly lose their idealistic view of their mentor and over time develop an insight into the qualities they perceive are required of an effective mentor” (p. 1542). Another viewpoint suggests that the mentee will become so responsive to the ideas shared by their mentor that they will begin to neglect their true job responsibilities (Murray, 1991). Other concerns which may arise from an organization is the lack of support from management if there is any indication that the mentee will listen more to their mentor than to their superior for instruction and guidance (Murray, 1991). Murray also states that when the mentee has unrealistic expectations regarding job promotion, dissatisfaction with the organization or program may arise. It is important to clarify early on what can and what cannot be expected as a result of participation in this program. Mentees who rely too heavily on their mentor’s expertise and fail to be accountable for their own development may negatively impact the program. Mentors need to be trained to anticipate the growth of their mentee and gradually guide them toward more independence in the relationship if this seems to be occurring (Murray, 1991). The last two pitfalls for the mentor are that it is important to monitor the mentor
to ensure that they are keeping the commitments that are made to the mentee, and also that personal credit is not taken for the work of the mentee. The relationship between the mentor and mentee is a key success factor in determining a positive outcome (Andrews & Wallis, 1999). It is also important that the program be structured so that the mentor has the time to spend in the mentor role. Patient care activities must be geared to allow for this time. Raabe and Beehr (2003) further stress factors which may improve the success of the relationship such as having clear expectations between both the mentor and the mentee prior to the start of the relationship and clarification of the expectations on a regular basis during the relationship. It is through misunderstanding of the expectation which may negatively affect the longer term evaluation of the process. McKinley (2004) states that the mentoring process should involve three steps which will minimize some of the issues described above. The steps are reflection, reframing and resolving issues as they arise.

In the very best relationship, mentoring focuses on the human connection (McKinley, 2004). Gray and Smith (2000) described five categories in which the mentor/mentee pairing will have the greatest chance to be successful. They are befriending, planning, collaborating, coaching and sense-making. In their study, they found that students saw the role of the mentor as a supporter, guide and teacher, supervisor and assessor. Working within the two sets of expectations, the process can serve as a very effective way to transfer knowledge from the more expert nurse to the novice practitioner. Trust needs to be developed to ensure the very best relationship between the pairs (McKinley, 2004).
Mentor selection is important for success. Selected mentors must have a high degree of motivation and commitment to the program and profession to achieve the successful outcomes McKinley (2004) describes. Murray (1991) lists several benefits for the mentor. They include enhanced self-esteem due to the increased recognition they receive from their mentee. Another benefit for the mentor may involve increased motivation to do their own job better when realizing that others are watching and learning from an expert. Relationships with the mentee’s may also enhance work satisfaction as do any additional rewards including financial, educational development opportunities or having a person who can assist with a project are all important rewards for the mentor.

Mentoring Program Examples

There are several hospitals that are using mentoring programs as part of the induction process. Nelson, Godfrey and Purdy (2004) describe a model in use at Tampa General Hospital in Tampa, Florida. The purpose is to provide nursing students experiences to develop skill and knowledge using a mentored approach. Turnover of nurses has been decreased from 47% per year prior to the program to 23% following implementation of this program. Tampa General Hospital has quantified the savings in recruitment expense and has been able to demonstrate a significant rate of return on the investment into this program.

Another approach utilizing mentoring partnerships to successful orient new staff was used in Georgia whereby a collaborative between a university and a large healthcare system was developed to provide one-on-one mentoring for new graduates by a faculty
member of the university who was located on site at the hospital. The new graduates received one-on-one support from the faculty member for their first 5 weeks of employment. The support included coaching when needed, availability to answer questions and the use of a paging system to ensure consistent availability for the novices. The new staff evaluated the program and stated having this mentor helped them more quickly gain the confidence needed to carry out their duties. The program also encouraged the development of loyalty for the organization because the novice understood the commitment of administration to their success (Hayes & Scott, 2007).

A third model uses mentors within the educational process in an effort to improve success of the student in early nursing classes, increase retention rates of students and to help improve the psycho-social outcomes for the students. Following the program, success at passing the nursing board exam was measured between the group who attended the six week program and those that did not. There was evidence that the pass rate was higher for those who had experienced the formal mentoring program (Colalillo, 2007). Mentoring partnerships between colleges and healthcare system level was also successfully piloted at Emerson Hospital, Fitchberg State College and Middlesex Community College (Wagner & Seymour, 2007).

In this partnership, the goals were set to increase the recruitment and retention of student nurses and to improve the student nurse success rate at passing their NCLEX examinations following graduation from their nursing school. The nurses in the healthcare system were volunteers who were formally trained to serve as a mentor to the student nurses. Faculty from the schools selected volunteer student candidates who were
struggling in their program either from course work or having trouble balancing school and home commitments. The mentor/mentee pairs were selected by the leaders of the program. The pairs agreed to meet at least monthly and to complete a log to be turned into the leader of the program. There were many challenges to the first set of mentor/mentee pairs, including time management issues, finding common ground to meet when the student was not necessarily in the direct vicinity of the registered nurse due to clinical experience assignments and finally, the students were not able to devote the time needed with their mentor to benefit completely from the relationship. These issues were addressed in the next round of pairing and the relationships became much more successful. For example, the mentors were coached to think more creatively and meet with their students outside of the clinical setting at a location for a cup of coffee or a shopping trip. In this way, time management issues became less of an impediment for the student. The results of the second group, demonstrated that the students all stayed in their nursing programs and all remain involved with their mentors which will improve the recruitment rate of the students to the health system.

Norton Healthcare in Louisville, Kentucky developed an 18-month mentoring program which they call Norton Navigators. According to the Norton officials, it has improved the retention rate of new graduates by 16% and reduced costs by $40,000 per retained nurse. Six months prior to implementation of the program, the turnover rate was 23%. Turnover reduced to 10.6% following the first twelve months of the program. They cite an increase in patient satisfaction as another result of their program (Zucker et al., 2006).
The University of Michigan began their mentoring program around 2004 by creating a retention team. The goal of the retention team was to develop sustainable strategies which would promote nurse retention. The program that was developed by the retention team included creation of a nurse preceptor role. The best and brightest nurses from the staff are selected to develop long term relationships with novice nurses. The University of Michigan sets specific days aside over the first six months of practice for the novice so they can work together to enhance the skills of the novice. The success of the program has been measured by a 2% reduction in turnover following completion of the program (Hensinger et al., 2004).

Conclusion

This chapter has reviewed relevant literature related to nursing shortages, retention strategies and mentoring as one way to enhance retention of the registered nurse shortage predicted in the near future. It ended with several examples of successful formal mentoring programs utilized in different healthcare settings.

The next chapter will review the qualitative research methodology used in this study. The research tradition used is a case study, phenomenological approach. The following chapter will present the research findings. Chapter V will be comprised of a discussion of the findings with implications for future research projects.
CHAPTER III

METHODOLOGY

Overview of the Research Problem

Experts have projected that there will be a severe shortage of nurses by 2010. Registered nurses vacancy rates averaged 14% in 2007 and is predicted to go to 20% by 2010 (Hayes & Scott, 2007). A study completed by The Michigan Center for Nursing (2007) reported that approximately 38% of all RNs, compared to 35% who responded to the same question in 2005, stated that they plan to practice nursing for only one to ten more years.

Acute care hospitals need to find ways to encourage entry into the profession and to retain those who have chosen the profession. Kells and Koerner (2000) and Beecroft, Kunzman and Krocek (2001) state that 35% to 69% of newly hired registered nurses resign their position within the first year of their employment. Because orientation and training costs are significant, 1.2 to 1.3 times the annual salary of the nurse according to the Texas Center for Nursing Workforce Studies in 2006, hospitals must take steps to keep the nurses they recruit. Nursing retention both long and short term is crucial to resolve the problem of the healthcare worker shortage.

The purpose of this study is to increase the understanding of how the nursing profession may be able to enhance job satisfaction and increase a nurse’s intent to stay in the profession through the use of a formal mentoring program. The chapter is divided
into eleven sections. The first section is a restatement of the research questions. The second section is a description of the methodology used in the study. This section describes a qualitative case study approach using the phenomenological tradition for the research. The next section is a description of how the participants were selected to be included in the research. This section is followed by a discussion of the instrumentation used in the study. All participants who signed up for the mentoring program were invited to participate in the study. The next section describes the data collection process, which is the use of the interview, followed by primary data collection which describes the setting in which the study was conducted. The interview procedure is discussed in detail in section eight followed by a discussion of the data analysis procedures which will be followed following the completion of the interviews. The limitations and study delimitations are reviewed prior to the concluding remarks for this chapter.

Statement of the Research Questions

The following research questions are addressed in this dissertation.

1. How do nurses describe their experience of going through the mandatory orientation program?

2. How do nurses describe the experience of participating in a formal but voluntary mentoring program?

3. How do nurses describe their job satisfaction following completion of a formal mentoring program?

4. How do nurses who complete the mentoring program describe their intentions for staying in their current positions or with their current employer? As they discuss their intentions, what factors do these nurses describe as influencing their future plans?
This will be a case study utilizing a phenomenological tradition. The goal of phenomenological studies is to understand the lived experience of a small number of people (Rossman & Rallis, 1998). The format used to collect data will be an interview. The interview will consist of a series of questions designed to debrief the program's effect on the subject's intent to stay within the profession and their satisfaction with the systems nursing department. The use of a case study is appropriate because the study will be bounded by a single healthcare system (Creswell, 1998).

Phenomenology is rooted in early 20th Century European philosophy. It involves the use of thick description and close analysis of lived experience to understand how meaning is created through embodied perception. It provides a contribution through the researcher's gained understanding of the lived experience of their subjects (Starks & Trinidad, 2007). Creswell (1998) states the definition of phenomenology is a study which describes the meaning of lived experiences for several individuals about a concept which, in this case, is a mentoring program. The concept can also be described as the phenomenon. Its purpose is to describe experiences as they relate to the study participants who have lived them. The term “phenomena” is derived from the Greek verb, which means to show oneself or to appear (Saunders, 1982). The purpose of the study was to examine how the nurses take meaning from the mentoring experience in terms of their sense of satisfaction in the job and their expectations for continuing in the job. On both counts, a phenomenological approach allowed the researcher to elicit how
the nurses internalize the mentoring experience and connect that experience to their overall experience in their new jobs in a hospital setting.

Selection of Participants

During orientation, registered nurses who are new to a medium sized healthcare system in Southwest Michigan are encouraged to participate in a six month long mentoring program. Those who take advantage of the program are paired with a mentor who is assigned through the staff development department. A list of all pairs is kept in the staff development office. The researcher has responsibility for the overall program and the department of staff development. Therefore, the researcher has access to the list of mentor/mentee pairs. Since the program inception in 2005, a list has been kept by one of the staff development associates with each of the pairs of mentor/mentees. The participants in this study have experienced formal mentoring as part of their first six month induction experience.

Instrumentation

Mentees were contacted by the researcher and the first twelve who responded were invited to participate in the study. Convenience sampling was chosen because the population of mentees is readily available and all who volunteer for the interview will be invited to participate (Fink, 2003). There have been 30 participants in the program since its inception.
All participants who have gone through the program were contacted via e-mail by the researcher and invited to participate. A follow-up phone call was made to those who did not respond within five working days. The phone call asked if the potential participant had received the e-mail, and if so they were asked if they would be willing to participate. Participants were given an opportunity to have their questions answered before agreeing to participate or sign the consent. If they declined at that time, they were removed from the list of candidates for interview. Twelve participants who completed the mentoring program were confirmed as participants for the interviews.

The protocol established by the Western Michigan University’s Institutional Review Board (HSIRB) was followed (Appendix A). Informed consent was obtained from each participant and steps taken to protect the subject’s anonymity. This involved using a pseudonym such as Mentee 11 for Subject 1 and Mentee 12 for Subject 2 to protect the participant’s identity. Each participant was informed that they could leave the study at any time without fear of retribution. The study was thoroughly explained before beginning the interview.

The interview protocol was developed by the researcher by reviewing the literature on mentoring and she crafted questions which helped to answer the research questions. The questions that were asked of the participants followed a similar sequence for each interviewee. The initial set of questions was designed to elicit demographic information from each of the participants. The interviewer then asked about past experiences of the mentee to identify previous mentor experiences and also to understand what brought the mentee to the organization in the first place. The interview probed
current job satisfaction, the induction process and the overall experience with the mentoring program. The participants ended with a description of their own career path by answering a question about their five year plans.

Parse’s theory was used during the interviews to allow both the researcher and the interviewee to address common issues which were experienced by both parties during the mentoring program. The interview questions developed served as a guide for the interview, however, as new topics and ideas were surfaced during the interview, Parse’s theory allowed the interviewer to move in the direction the interviewee was leading. By blending both structured and open ended questions, the interviews were similar to each other, but still were unique to the person being interviewed.

A pilot study was completed which helped to sharpen the interview instrument. Five mentees who had completed the mentoring program were interviewed for the pilot study. The results of the interviews demonstrated that of the 5 participants, 3 felt their job satisfaction was enhanced as a result of participating in the program and 3 felt that having their mentor maintain their confidentiality was important to the success of the program. All felt that their mentors helped to enhance their skill sets and their intent to stay in the profession was enhanced by their mentor experience.

Data Collection

Interviewing was chosen as the method data collection for this qualitative study. Because the researcher is an employee of the system and involved in the program, Parse’s methodology was adopted during the interview process (Burns & Grove, 2001; Tomey &
Alligood, 2002). Parse’s methodology examines personal experiences across participants and finds the commonality in those experiences (Tomey & Alligood, 2002). When the common themes are fully explored, the experience can be better understood and will provide the way to enhance it for future participants (Tomey & Alligood, 2002).

Parse’s methodology involves an unstructured dialog wherein the researcher and the participant involve themselves in the lived experience, in this case, the mentoring program. Parse uses the term co-constitution which means that people (the researcher and mentee) create different meanings from the same situation. Mentees’ perceptions of the experience are often changed through their own interpretation of the mentoring program as are the researcher’s as she learns about the experience of the mentees (Tomey & Alligood, 2002). Both the interviewee and the interviewer engaged in dialog during the interview process since both participants have had some involvement in the mentoring process. The interviewer was involved in the development of the program and either directly or indirectly invited all new nurses to participate in the program during their orientation process. Each registered nurse who volunteered to have a mentor was in essence recruited by the researcher. This is a key reason that Parses’ methodology fits this research study.

The purpose of qualitative interviewing is to describe an experience (Oishi, 2003). In-person interviews are used because they offer an opportunity to collect valid data, and the face to face nature of the interview provides the interviewer the opportunity to observe body language, facial expressions and the like (Oishi, 2003). Qualitative interviews can generate large amounts of detail from a few participants (Oishi, 2003).
Each interview was conducted in a conference room close to the mentee’s place of work and lasted approximately one hour. Interview questions and the protocol are found in Appendix B.

Primary Data Collection

The study involved a hospital system which provides new nursing employees with a formal induction and mentoring program. This site was selected for the study because it met the following criteria: (1) the site offers a formal mentoring program to newly employed registered nurses; (2) the mentoring program includes having an assigned mentor who has completed a training course on mentor expectations and is prepared to meet with their assigned mentor on not less than monthly; (3) the mentoring program will be 6 months in length; (4) mentees will agree to meet with their mentor at least monthly. Two hospitals within the system met the criteria and participated in the study. From those sites, the researcher collected detailed descriptions of the formal registered nurse mentoring program provided. If a potential participant had left the organization and there was still access to the person, the researcher contacted the individual and invited them to participate in the interview.

A pilot study was completed and drew from a pool of all nurses who have completed a mentoring program at the selected healthcare system in Southwest Michigan. For the pilot study, the researcher secured the appropriate consents from all participants and excused any potential registered nurse participant who declined the invitation to participate. In the pilot portion of this research project, five registered nurse mentees
were interviewed. The researcher was given permission from the appropriate hospital administrator to conduct the interviews on the premises of the healthcare system. She had access to the list of mentees from the staff development department. She was able to contact the mentees in a variety of ways, from in-person contact to e-mail, for the purpose of seeking their consent to participate and conducting the study interviews. The results of the pilot study are in Appendix C.

Interview Procedure

Participants were asked to participate in a semi-structured interview with the researcher. The interview consisted of a series of questions which were intended to elicit the nurses’ descriptions of their experiences in the mentoring program. Questions were designed to gather information on mentoring experiences as it relates to a nurse’s intent to stay within the profession, remain employed with their current hospital or health care system employer and the their overall sense of satisfaction with their current job. Interviews were taped and transcribed for analysis.

Parse’s methods were followed during the interview process. Qualitative interviews focus on generating great amounts of detail from a few participants (Oishi, 2003). Interviews were scheduled by the researcher at a time mutually agreed upon by both the mentee and the researcher. They were conducted in a location chosen by the mentee for the purpose of ensuring their comfort during the interview process. The researcher engaged herself in a centering process prior to the start of each interview to ensure that she was open to the entire discussion and would be able to participate in a
non-judgmental manner throughout the conversation. The first set of questions included asking the subject their age, their years as a registered nurse, length of service in the organization, when they started with their mentor in the organization and past experience with mentoring. Their gender was also noted. These questions were intended to help put the interviewee at ease and to provide some beginning points of analysis. The interviewer then asked questions designed to gain an understanding of why they chose to enter nursing as their career. It then began to probe the decisions which were made to join the hospital staff and to explore their experience prior to joining the staff. Next, there were several questions asked regarding the mentoring program itself. Subjects were asked to describe what lead up to their decision to join the mentoring program and then what their experience was like during their participation in the mentoring program. The next portion of the interview was open ended. The mentee was asked to describe their experience as a mentee. Follow up questions were posed depending on what the mentee chose to describe. The next section of the interview centered on job satisfaction. Several questions were asked about their perception of what would constitute their very best job. Then specific questions about their job were asked with a focus on specific areas of dissatisfaction found in the literature such as the perception of workload and autonomy in their role. The last portion of the discussion centered on career plans in the next five years. The final question focused on the interviewee’s intent to stay in the profession, to remain with their current employer, and their current sense of job satisfaction at the institution. Each of the interviews was approximately one hour in length.
Data Analysis

The data were analyzed following the steps defined by Creswell (1998). The researcher began by describing her experience with mentoring and the mentoring program. The researcher then began the interview process with the subjects. The interviews were transcribed following the interview. Transcriptions were reviewed with the interviewee in order to make additions, corrections or clarification from the mentee’s perspective. The mentee was free to make suggestions for corrections that ensured confidentiality was protected as much as possible. This step also served to ensure the researcher understood the intent of the mentee when she/he was answering the questions. This step is known as a “member check” and is used to enhance the credibility of the data (Heppner & Heppner, 2004).

The researcher examined the transcription of the interviews to identify core ideas described from the participants. She found common statements from the interviewees and developed a list of non repetitive, nonoverlapping statements, which is known as horizontalization of the data (Creswell, 1998). The statements were next grouped into meaning units or themes and emerging themes. For the purpose of this study, themes were identified if 65–70% of the participants expressed the same feeling or thought. For the purpose of this study, emerging themes were selected if 50 to 64% of the participants identified the issue. The groups of statements were synthesized into core ideas or significant statements including verbatim examples from the interview participants. The researcher developed propositions or meanings from each participant’s description, including her own, of the mentoring program (Creswell, 1998). Data were reviewed
several times to ensure that it was being interpreted correctly and that all meanings from the data were extracted (Creswell, 1998). The next step involved reflection on the descriptions and the use of imaginative variation. The researcher looked for all possible meanings and conflicting perspectives from the data and constructed a description of how the phenomenon was experienced. The overall description of the experience was drilled down to identify the essence of the experience and finally a composite description was written which included both the researcher and the subject’s perception of the experience. The final step was to synthesize the structure of the lived experience from the extracted concepts. The structure ultimately answers the questions posed in the research (Burns & Grove, 2001; Heppner & Heppner, 2004).

Study Limitations and Delimitations

This study had several limitations because of the relationship the researcher has with the institution involved in the study. Since the researcher is employed by the institution, and is organizationally responsible for the mentees, it could have been a limiting factor if any of the mentees felt coerced or threatened into participating in the study. The topic of the study itself was non-threatening in nature; however, it was still an employee/employer relationship and this was taken into account as the interviews proceeded.

A second limitation was the organization itself. The healthcare system is the largest employer in the county which limits the job opportunities for registered nurses.
who wish to stay in that particular area. This may have influenced workforce attitudes and honesty during the interview process.

One of the delimitations of this study was the small sample size of participants. All nurses who completed the mentor program were contacted and invited to participate in the interview. Because the total sample size is no more that 30, speculation could arise that nurses who volunteered to participate were “different” from those who did not participate.

Conclusion

This chapter described the procedure which used to collect the data for this study. The goal of this research study was to examine the effect participation in a formal mentoring has on a novice nurses’ job satisfaction and intent to stay in the nursing profession. Interviewing, using Pares’ methodology fit this qualitative study because the researcher was personally involved in the interviews. Mentees have experienced a phenomenon during their mentoring experience and will be asked through the interview process to describe and discuss their perception of mentoring.

Chapter IV will present the findings from the interviews. A discussion of the four research questions will begin the chapter. The chapter will then explore and discuss in detail the trends and emerging trends found from reviewing the data of twelve interviews. Chapter V will analyze the results of the findings and answer the research questions.
CHAPTER IV

RESULTS

Overview of the Research Problem

Experts have projected a severe shortage of nurses by 2010. Acute care hospitals need to find ways to encourage entry into the nursing profession and to retain those who have chosen the nursing profession. A reported 35% to 69% of newly hired registered nurses resign their position within the first year of their employment (Beecroft et al., 2001; Kells & Koerner, 2000). Because orientation and training costs are significant, hospitals must take steps to keep the nurses they recruit.

Nursing retention in the both long and short term is crucial to resolve the problem of the healthcare worker shortage. The purpose of this study was to increase the understanding of how the nursing profession may be able to enhance job satisfaction and increase a nurse’s intent to stay in the profession through the use of a formal mentoring program. This is a case study utilizing a phenomenological approach. Novice nurses were asked questions designed to examine the impact of their participation in a mentoring program on their job satisfaction and their retention in the organization.

The chapter begins with a presentation of the demographic data of the participants involved in the interviews. The next section is an overview of the researcher’s description of her involvement in the mentoring program. The data collection process is described next, followed by a discussion of how the data helps answer the four research questions.
Pertinent research from the literature is woven throughout the discussion to help demonstrate that the mentees were living the experience that others have in different settings. The final section reviews five themes or emerging themes identified in the investigation.

Demographic Data

Table 1 describes the participants in the interview pool. It identifies gender, age, years in the nursing profession and years as associates at the hospital where the study took place. The interviewee's were all female. To date there have been no male participants in the mentoring program. All participants were Caucasian with the exception of one female of Hispanic origin. This sample does not reflect the diversity

<table>
<thead>
<tr>
<th>Subject</th>
<th>Gender</th>
<th>Age</th>
<th>Years in Nursing</th>
<th>Years at Healthcare System</th>
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<tbody>
<tr>
<td>11</td>
<td>F</td>
<td>39</td>
<td>2</td>
<td>4</td>
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<td>12</td>
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<td>48</td>
<td>9</td>
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<td>15</td>
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<td>28</td>
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<td>11</td>
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<td>F</td>
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<td>F</td>
<td>31</td>
<td>1</td>
<td>2.5</td>
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<td>F</td>
<td>30</td>
<td>7</td>
<td>4</td>
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<tr>
<td>111</td>
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<td>22</td>
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<tr>
<td>112</td>
<td>F</td>
<td>27</td>
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<td>1</td>
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<td>34.36</td>
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found in the professional classification (which included registered nurses) of the organization. The healthcare system has nearly 1,317 professional employees. Of those, 84% of the professional employees are white, 10% are African American and 2% are Hispanic (2008 Employer Information Report). Males represent 3% of the professional demographics.

The average age of the participants in this study was 34.7 years old. This makes the study group 10.5 years younger than the average age of registered nurses in the United States which was 45.2 years when Buerhaus, Staiger and Auerbach conducted their original research which was published in 2000, and nine years younger than their more recent literature which suggests the average age of the registered nurse has dropped to 43.7 years old in 2006 (Buerhaus, 2008).

The group averaged 2.4 years as registered nurses and had tenure of 3.3 years working at one of the system’s facilities. Several mentees started in entry level non-nursing positions and verbalized that they knew they had wanted to remain at the hospital. Those in the group who had more years of service used the tuition reimbursement benefit to return to school to complete their registered nurse degree. There were five mentees who received their associate’s degree in nursing from a local community college, and two who had their BSN degrees. Five of the participants did not mention their educational preparation. The study did not consider educational preparation as a predictor of job satisfaction at the institution or as a predictor of satisfaction within the profession.
The Researcher's Role in the Mentoring Program

The researcher has supported the mentor program since its inception. She has a vested role in its success due to the importance of retaining and recruiting the very best candidates available for the health care system. The mentoring program was lead by one of the staff development instructors who worked with a team of seasoned registered nurse volunteers to develop the entire program. The researcher was the senior leader who supported the program to her colleagues from its inception. Because the researcher has had significant involvement in program development and is in a senior leadership position, every attempt was made to be neutral in the interview process and to avoid bias in data analysis.

Data Collection Process

Twelve interviews were conducted at a time and place most convenient to the participant. Since most of the interviewee's work from 7 p.m. to 7 a.m., the most convenient time for the interview was between 2 a.m. and 4 a.m. All of the interviewees chose locations very close to their work area for the interview. Each interview lasted approximately one hour. Following transcription of the interviews, the interviewee was given a copy of their interview to check for accuracy (Heppner & Heppner, 2004). The interviewee's responded back to the researcher via e-mail indicating their support for the interview and in one or two cases provided small clarifications to the transcription.

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Research Questions

The study was based on the following four research questions:

1. How do nurses describe their experience of going through the mandatory orientation program?

2. How do nurses describe the experience of participating in a formal but voluntary mentoring program?

3. How do nurses describe their job satisfaction following completion of a formal mentoring program?

4. How do nurses who complete the mentoring program describe their intentions for staying in their current positions or with their current employer? As they discuss their intentions, what factors do these nurses describe as influencing their future plans?

In the following sections, data from participant interviews are reported under each research question.

Research Question 1: How do nurses describe the experience of participating in a mandatory orientation program?

The first research question focused on how nurses described the experience of participating in a mandatory orientation program. The orientation for new nurses to the organization included having a preceptor or preceptors assigned to the nurse. The role of the preceptor was to teach the nurse the technical aspects of practice in this organization as well as all of the non-technical but equally important protocols such as what chart forms the hospital uses, how to contact medical staff when needed and any other policies or procedures needed to get the job completed.
Table 2 summarizes the responses of mentees as they described their mandatory orientation period. Five of the twelve (42%) mentees had a positive orientation, while four (33%) mentees did not experience a positive entry into the profession and three (25%) mentees had both positive and negative experiences to relate to the interviewer.

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Percentage: 42% Positive, 33% Negative, 25% Mixed

Feelings about the Preceptor/Orientation Program

Mentee 11 shared that at four to five weeks into her orientation she was feeling very overwhelmed. "I did have somebody that was a preceptor that was a mentor too, but with your preceptor you feel like they are watching you all the time and they are judging you and critiquing you and saying okay, she's doing a good job." The feeling of being overwhelmed was shared by Mentee 13 as well, who stated, even after seven months as a
nurse, “I’m still focusing smaller. I’ve got a PEG tube – help! That’s more what I’m trying to get at now instead of global.”

Other mentees had a smoother entry and felt their preceptor was very helpful. One example is Mentee 12 who felt her orientation went fairly smooth because, “I had a preceptor who showed me the ropes on this floor.” Her mentor, on the other end of the spectrum, helped her “deal with problems without it becoming an issue on the floor because it’s not like they are part of this big dynamic.” Mentees 16 and 18 also had very good experiences with their orientation process. Mentee 16 stated: “My preceptor basically took me step by step everyday through my whole day.” She goes on to say that the “preceptor to me is more the mechanical aspect of the job and the mentor is more the spiritual maybe or just psychological part of it.” Mentee 18 shared that “I had really good preceptors. I was lucky that I didn’t have the ones that hover but also didn’t just throw me to the wolves either. I had ones that let me do my thing and when I needed them I could go to them.” Mentees 15 and 112 had previous experience in nursing and reported they enjoyed their orientation period which was as they expected it to be. Mentee 112 “My preceptor was there showing me how this facility differs from other facilities. She offered me moral support.” Mentee 15 oriented to her new position and did not formally have a preceptor.

Several mentees did not have the most positive induction experience. Mentee 14 expressed it very succinctly, “Being a new nurse is scary; in school we did not have the responsibility we have as a nurse on the floor.” Mentee 17 kept her focus on her patients, she felt her preceptor was helpful, but she still felt overwhelmed. Mentees 19 and 110 had
too many preceptors during their orientation period. Mentee I9 verbalized she was eager to learn. “It was always a different nurse and that was a major, major difficulty.” It was confusing for her because, “One day you’re doing something one way and the next day somebody is teaching you a different way. I believe my whole orientation was really short.” Mentee II0 felt confused. She said, “I had many preceptors, not just one. One day it was this person and another day it would be this person so nothing was consistent.”

Mentee II1 has not had a good experience in nursing and the negative experience started in orientation. “I was hoping for somebody to help me think differently or tell me okay, if something like this happens, this is what you need to do or whatever. This did not happen.”

Each of the subjects was able to differentiate the role of the preceptor from the role of their mentor (see Appendix D). Each mentee verbalized how important having their preceptor available was, but some had several preceptors which made continuity for learning difficult. The orientation period was positive for six of the interviewees as they worked with their preceptors. They saw their preceptor as someone that would help them become better clinicians and show them the ropes on their units. Even though six of the mentees felt their orientation period was a positive experience, eight of the participants expressed feelings of being overwhelmed during their orientation period and those feelings continued for some six to eight months following the completion of their orientation period.
Research Question 2: How do nurses describe the experience of participating in a formal but voluntary mentoring program?

The second research question asked the participants to describe the experience of participating in a formal but voluntary mentoring program. The responses varied based on the experience the nurse had with the program itself.

The interviews provided a wide variety of responses to the question from the twelve participants. Of the 12 participants, 50% of the mentees did not meet with their mentors on a regular basis and were disappointed in the program itself. Four or 33% of the mentees found the experience to be a positive one for their entry into practice at the hospital. Two participants had mixed feelings about the program. They both could see the value in it but did not take full advantage of the program for a variety of reasons.

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Table 3

| Percentage | 33% | 50% | 17% |

69
Mentee II had a positive experience with the mentoring program. She stated, “I wanted somebody to talk to and help me understand some of the unspoken things and really even more so I was very overwhelmed when I first started nursing. My mentor was the type of person I wanted to be like and I wanted to understand, a mentor is someone you really respect and admire. I really saw the value of the program.” Mentee I2 had a positive experience also. She had previous mentors in her life and enjoyed the experience. Eventually in this mentoring program, their shifts were different so they did not meet as frequently as she would have liked. She summed it up by stating, “I still feel she is my mentor. I can call her if I want. It’s not like it ends.” Mentee I5 was the most enthusiastic about the program. She and her mentor followed the process as it was developed and stated, “The mentor program has been very good for me. The person I have as a mentor is available any time I call her day or night if I have a question. We have a very good working relationship.” Mentee I12 experienced the program differently than the others, but it was successful for her. An informal relationship was what she wanted and achieved from her mentor. They spoke regularly, but via phone and hallway conversations. “I was glad she was there if I needed her but I didn’t really have any concerns to take to her.”

Mentee I3 did not have a good experience with her mentor. She did not feel her mentor was very helpful. “You’re going to run into problems and your mentor – how they designed it – is not in your department usually and so they are not available. You’re leaning more on the people that are around you.” She relied much more on an earlier, self selected mentor to assimilate into nursing. Mentee I9 struggled during her early days and
she perceived her mentor was also going through some difficult times so she did not want to burden her mentor. She met with her mentor, whom she actually knew from her Church, so she knew that she “was having some difficulties and I did not want to put it on her shoulders that I was having difficulty.” She tried to get someone different, but she was unable to connect with the leader of the program. Her mentor was instrumental in helping her to stay with the health care system as long as she did. She has since left the profession. Similarly, Mentee 111 was disappointed in the program. She stated she expected her mentor to function “more like the preceptor.” She did not find value in the program. She is working toward an architecture degree.

The others who joined the program were not able to take full advantage of the program for various reasons. Working different shifts was problematic. Mentee 17 shared that she had difficulty connecting with her mentor. “During orientation I did sign up for the program and I did meet my mentor; however, she was working days and I was working nights and we never actually met to talk.” She used her co-workers to talk through her difficult issues and they became her support. She acknowledged that talking about careers was not her greatest need during her early days as a nurse. Mentees 18 and 14 did not meet with their mentors due to their different work patterns. Mentee 18 stated she did not meet with her mentor because her “mentor was on a different shift that me and I didn’t want to come in early and I didn’t want to make her stay late.” Mentee 14 did not ever meet with her mentor. She was disappointed in the program due to lack of follow-up from her mentor.
Mentees 16 and 110 had mixed feelings about their experience in the program. Both could see the value of the mentoring process, but neither was able to take full advantage of their mentor. Mentee 16 stated that evaluation of the program for her was difficult because “I haven’t really taken full advantage of the mentor.” They have met, “but I don’t have anything in particular that I really go to her for. I feel confident that if I needed to I would go to her.” “My mentor is a wonderful lady and has offered to help by asking me if there is anything I can do to help you? I pretty much knew what I needed to do, it was finding the time to do it and it gets hectic and crazy.” Mentee 110 said that she did not meet with her mentor regularly, but “I think that it’s a good program. It needs some tweaking, but it definitely would have helped me.”

The feeling of being overwhelmed during orientation impacted 8 of the 12 or 66% of the participants. Of the eight, each consistently verbalized that they could not add one more thing to their daily routine and needed to spend all their free time working on learning the processes and procedures needed to become a skilled nurse. They chose not to follow through with the program because they did not need or want to work on career development initially.

All participants could state the goals of the program and clearly understood the difference between the mentor and their preceptor. The next research question will discuss the mentee’s perceptions of their job satisfaction at the institution after participating in the mentoring program.
Research Question 3: How do nurses describe their job satisfaction following completion of a formal mentoring program?

Mentees were very clear during the discussion of their perception of the effect of the mentoring program as it related to their job satisfaction. Table 4 identifies each of the mentee’s perceptions of how the program did or did not affect their desire to stay employed at the healthcare system. Five or 42% of the mentees felt that the program positively affected their job satisfaction. Three or 25% did not feel the program affected their job satisfaction and four of the twelve or 33% expressed mixed feelings about their job satisfaction being altered as a result of participating in the mentor program.

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Percentage: 42% Positive, 25% Negative, 33% Mixed
Mentee II described the hospital as a good place to work. She worked as a nurse technician for two years prior to becoming a registered nurse. She relayed, “I worked as a tech. on this floor. That is why I chose to stay here because it would be nice to do the transition with people I know and like.” She goes on to say: “Overall, I’m happy here. I think probably happier than as I would be in any other hospital.” Mentee 12 feels it helped her satisfaction only to a small degree. She sees herself staying at the hospital “unless there was a move or some reason we had to leave, but I prefer working at the hospital and I don’t want to be in a clinic or in an 8 to 5 position. Mentee 15 also feels the program enhanced her satisfaction with her current employer. She observed her mentor “is the first person I call when I need something and she helps me find the answer. She really has been very helpful.” Mentee 15 elaborates, “I’m probably going to be the 80 year old that retires here.” Mentee 110 thinks that the mentoring program helped her satisfaction at the hospital only “a little bit,” and she still has no strong feelings about working there versus some other place at this point, “it doesn’t really matter where I work, I haven’t thought that far ahead.” “My grandparents are still around here, so I will be here for awhile.” Mentee 112 feels the program is useful to keep people at the healthcare system. She remarked, “I think is a great place to work and I think we were encouraged to get a mentor so we felt more comfortable here.”

Other mentees did not think the program affected their satisfaction. Mentee 18 expressed other factors which have impacted her job satisfaction and her decision to stay in her current position. She discussed the care model changes which were occurring as a positive change. “It’s always been hectic here, but I think the care model is better because
I can remember when I first was on my own there were nights when we had eight or nine patients so it is better.” One of the more negative experiences she had is with floating to another unit. She chose oncology because that is where she wanted to work and she does not want to work on another unit. Being floated often could cause her to make different choices in her employment. Mentee 19 has left the profession, her job satisfaction was enhanced during the program; but overall, it did not lead to continued employment at the hospital. She said, “I definitely want to say that it (the program) has allowed me stay longer than what I think I would have done without it.” Mentee 111 has already left the hospital once and is working there again while she pursues a degree in another field. Mentee 111 stated: “she doesn’t think the mentor program negatively impacted my nursing in general. I thought it would help but it just stayed the same. It didn’t change anything.”

Others had a more mixed reaction to the impact of the program on their job satisfaction. Mentee 13 did not meet with her assigned mentor but stayed connected to a previous mentor who also works for the healthcare system. She feels other things have a stronger impact on her satisfaction than the mentoring program. For this mentee, floating is a strong negative for her; it is the most unsatisfying aspect of her job and could cause her to make a career move. Mentee 13 cites her first mentor as important to maintaining her job satisfaction. “There were moments where if I had not had Bill’s (name changed for confidentiality purposes) input I don’t know that I would have left, but I would not have been as happy for sure.” For Mentee 16, her most challenging issue is working her assigned schedule. She expressed her biggest challenge at the healthcare system is
working weekends. Her mentor experience had no impact on her commitment to her employer. Mentee 14 did not think the program affected her intent to stay. She stated, “I like this hospital a lot, but I don’t like the winter here. I am going to stay here for at least two or three more years for sure because I’m going to do my bachelor’s program here and then I don’t know. I’d like to move somewhere warmer.” Since Mentee 17 did not meet with her mentor; her satisfaction was not impacted. This mentee considers the hospital a good place to practice and wants to grow and develop in the system. She was hoping during the mentor program to meet with “somebody with experience, but fortunately I was able to discuss things with my co-workers and if they did not know the answers I was able to discuss with physicians so I had people who helped me out.”

McKinley (2004) feels strongly that mentoring relationships nurture commitment to the organization and therefore, encourage staff retention. The results from this study indicated that only 42% of the participants felt their job satisfaction was enhanced as a result of participating in the program.

Research Question 4: How do nurses who complete the mentoring program describe their intentions for staying in their current positions or with their current employer? As they discuss their intentions, what factors do these nurses describe as influencing their future plans?

Healthcare systems in Southeastern Michigan have found that a full 30% of novice nurses leave the profession completely after their first three years in the workforce (MHA/Watson Wyatt, 2006). During the interviews, the mentees were asked about their future career plans. Of the 12 mentees interviewed, two plan to leave the profession although one of the two hope to combine her love of being a paramedic with some sort of
nursing position (Table 5). She was not practicing nursing at the time of the interview. Ten of twelve or 83% are planning their future as a nurse. Three of the twelve (25%) are planning to stay in their current position for the foreseeable future. Six or 50% of the mentees are planning their next career move after less than 2.5 years in nursing. Forty-two percent of the participants are not planning to stay at the healthcare system after five years. They are open to their next career plan which may include moving from Southwest Michigan.

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While most plan to stay in the profession, many have plans to leave the healthcare system and try different roles in nursing. Mentee 11 “wants to do travel nursing only because I want to see the world.” She definitely sees herself in the profession and
committed to remaining a bedside care giver. Mentee 11 described a colleague who did not participate in the mentoring program. This person is thinking of leaving the profession and Mentee 11 thinks she would have benefited greatly from the mentoring program. Mentee 16 is unsure where she will practice in the future but will stay in nursing. She sees herself in nursing in five years, but is not sure where in the profession that might be. “Some of it has to do with my age. A floor registered nurse is hard duty and I have an outside life with a husband and kids so I am not sure how much I’m willing to sacrifice at this age.” She loves her unit and working at the hospital, but, “this isn’t where my heart is yet. I haven’t found that place where I think it is.”

Several mentees saw themselves remaining at the healthcare system in some capacity. Mentee 13 sees herself “somewhere around here” in five years, but she has no definite strategy at this point. Mentee 12 sees herself at the Hospital, doing bedside work. She plans to stay in nursing. Mentee 14 would like to work toward her bachelor’s degree over the next five years and stay working at the bedside. She likes bedside patient care and cannot see herself moving from that. Mentee 15 has a job she loves and does not plan to leave it at this point. She sees herself in nursing for a long time. “I love my job. I would definitely stay continuing to be the breast health coordinator here. I am excited about all the different progress we are making with the cancer and it’s just wonderful.”

Others plan to stay in nursing, but are not sure where they will be working. Mentee 17 is very comfortable with her future career plans. “In five years, I’ll be working towards my master’s degree and hopefully be a case manager so I’m looking to advance my career.” Mentee 18 also sees herself in nursing in five years. She wanted to begin
pursuing her master's degree but her husband has just been laid off and her son is in college, so she will wait.

Some mentees envision themselves in nursing but in nurse extender roles such as the mentee who wants to become a CRNA. Mentee 110 envisions herself as a CRNA (Certified Registered Nurse Anesthetist) in 10 years. She is working in critical care because that is one of the prerequisites to being accepted into the nursing anesthesia training program. Mentee 112 sees herself as a nurse practitioner within five years. She has a very clear direction for herself and does not feel the mentor program had any influence on her career plans. While Mentee 19 is not working in nursing currently, she has a vision of the type of role she would be most satisfied in and Mentee 19 hopes to return the profession in a different capacity. She indicated her satisfaction with the acute care nursing profession became “soured” by her initial induction experience, but she does see herself in doing registered nurse/paramedic for critical care transports which would combine her love of being a paramedic with her nursing background. When the interview took place, Mentee 19 did not have a job in nursing, she was working as a paramedic.

Finally, Mentee 111 plans to leave the profession. Mentee 111 indicated her goal was to become an architect. When asked where she saw herself in five years, she replied, “I’m going to school right now to do architecture. I went to nursing school to have something to fall back on in case…because it’s a secure profession. I don’t think I’ve always wanted to be a registered nurse forever. When I went to nursing school I actually didn’t want to go but my parents made me because I couldn’t decide what I wanted to
do.” She tried different units and departments at the hospital thinking she would find a place to work that was more satisfying, but has not been able to find that place.

Themes and Emerging Themes

Three themes were identified from the data. For the purpose of this study, if over 65% of the interviewees identified an issue, it was classified as a theme. The themes were feeling overwhelmed as a new graduate during the orientation period, the common qualities which were identified as being important for a mentor to possess and the identified roadblocks which negatively affected the success of the program.

There were two emerging themes identified from the data. For the purpose of this study, if 50% to 64% of the participants identified an issue; it was classified as an emerging theme. The emerging themes which will be discussed are the issues the mentees raised are issues of programmatic follow-through, and what motivated the participants to join the program.

Themes

Each theme was reviewed in detail; salient points from the participants were used to show the depth of their feelings. The use of salient points demonstrates the individual’s interpretation of the experience, which together with all of the participant’s feedback determines the essence of the structure of the experience (Creswell, 1998).
Theme 1: Overwhelming Induction Experience

The first theme identified was that interviewees verbalized feelings of being overwhelmed as they began their new positions (Table 6). Eight participants or 66% of the mentees responded to the comment from the interviewer regarding the lack of time to meet with their mentors. Three of the twelve or 25% of the participants did not express the same feeling as the majority of the mentees. Only one participant expressed mixed feelings about being overwhelmed. She no longer works for the organization.

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<tr>
<td>12</td>
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<td>13</td>
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<td>14</td>
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<td>15</td>
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<tr>
<td>16</td>
<td>X</td>
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<tr>
<td>17</td>
<td>X</td>
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<td>18</td>
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<td>19</td>
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<td>X</td>
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<tr>
<td>110</td>
<td>X</td>
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<td></td>
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<tr>
<td>111</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>112</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage</td>
<td>66%</td>
<td>25%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Mentee 11 felt overwhelmed throughout her orientation period. She stated: "I was probably four or five weeks into my orientation which means I had a week or two left on days and at that point I felt so overwhelmed that I couldn't even imaging trying to find
time to leave the floor to meet somebody and then at night we just couldn’t match our schedules.” Mentee 13 did not use the word overwhelming, but her feelings were similar to others, “there was nothing wrong with the mentoring program but I found as a new grad with everything going on, taking Boards and so on and so forth it seemed like it was all at one time and that was one thing that went when I had to prioritize.” Mentee 15 expressed similar feelings. She said: “It’s been so overwhelming with everything that has been going on that I believe I will be starting (school) next spring instead of this year.”

Mentees 16, 17 and 18 felt the same way as the previous two mentees. Mentee 16 stated: “I haven’t probably taken full advantage of my mentor because I think when I first started I was just so overwhelmed with getting my own routine down and that type of thing that I probably didn’t just need one more thing or one more person to have to report to because I was full up.” Similarly Mentee 17 suggested working with her mentor: “is not really a priority. We are just trying to handle the patients we have got and trying to do a good job and don’t have the time to meet with our mentors also at the same time.” Mentee 18 did not meet with her mentor because: “I just got so busy being on the floor and trying to do things that every time I thought about it, it would be like okay, I’ll call her and then I became distracted again. This floor is always hectic.” Mentee 111 took her feelings a step further and said she was burnt out after 1½ years in nursing, “and I was like okay, I’m done. I’m not doing this anymore. I even tried another hospital and it was worse.” The previous experience of Mentee 112 was seen in her comments, “general orientation anywhere is overwhelming, but since I had been out of practice for a while so I knew I wanted to have the extra moral support.”

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Three mentees did not verbalize the feeling of being overwhelmed, although Mentee 14 did say she heard from others that they were experiencing the feeling. “Right now I am beginning to think maybe it (the mentor program) needs to be for those that have a little more experience because people have said to me they are so overwhelmed at the beginning they really didn’t want to focus on that at that point.” Only Mentees 12 and 110 made no mention of any sense of feeling like their life was out of control during orientation. Mentee 19 did not have a good experience with any part of her orientation and is no longer with the organization.

Being overwhelmed impacted how committed the mentees were to the mentor program. Most of the mentee’s expressed how difficult it was to carve out time to meet with their mentor. The mentees offered a variety of reasons for this, but the ability to make the meeting a priority was difficult given their workload and the need to learn to be able to perform as a staff registered nurse became more important than meeting with their mentor. Early on, their preceptors, who taught them the necessary skills to perform effectively, became a more important relationship for them.

**Theme 2: Important Mentor Qualities**

Gray and Smith (2000) found that students saw the role of the mentor as a supporter, guide and teacher, supervisor and assessor. McKinley (2004) stated that selected mentors must have a high degree of motivation and commitment to the program in order to achieve a successful program. Table 7 illustrates the findings from the
mentees about what characteristics they identified as being most important for their mentors to possess which is followed by an in-depth discussion of their perceptions.

Table 7
Important Mentor Characteristics

<table>
<thead>
<tr>
<th>Mentee</th>
<th>Important Mentor Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Feeling safe with your mentor.</td>
</tr>
<tr>
<td>12</td>
<td>Acts as a guide.</td>
</tr>
<tr>
<td>13</td>
<td>Challenges her to grow and mature.</td>
</tr>
<tr>
<td>14</td>
<td>Career development.</td>
</tr>
<tr>
<td>15</td>
<td>Provides guidance, is readily available.</td>
</tr>
<tr>
<td>16</td>
<td>Feeling safe with your mentor.</td>
</tr>
<tr>
<td>17</td>
<td>Did not experience working with her mentor, realized she was looking for a preceptor, not a mentor.</td>
</tr>
<tr>
<td>18</td>
<td>Career advice.</td>
</tr>
<tr>
<td>19</td>
<td>Acts as a resource.</td>
</tr>
<tr>
<td>110</td>
<td>Provide feedback, both positive and negative if necessary.</td>
</tr>
<tr>
<td>111</td>
<td>Help her transition into the nursing field.</td>
</tr>
<tr>
<td>112</td>
<td>Provide a safety net. Have someone to discuss issues with. Provide feedback.</td>
</tr>
</tbody>
</table>

Mentee 11 wanted someone who she could feel safe with during her orientation. When she defined her mentor she said that “a mentor is somebody you could be safe with and I felt safe with her.” She also stated that “I can’t stress enough how important that safety belt is because she wasn’t judging me.” Trust was another key characteristic for Mentee 15. Mentee 15 knew her mentor prior to beginning the experience which was important to her. She shared she could trust her. She stated “I don’t think I would like it if I had a mentor that I didn’t know because I already knew I could trust her, I already knew how she worked, I already knew everything about her and so that really helped me in a sense feel secure. I felt safe.” Another way of maintaining safety was expressed by
Mentee 112 who said, “I wanted someone to bounce ideas off of. I wanted somebody who was more experienced and who has been in the game a bit longer than I have and to critique me too. Somebody I can confide in and go to with issues. I chose the program because I was a new nurse and I wanted somebody there that wouldn’t look at me with the eye like why are you asking that. I hoped for somebody with an open mind just to listen and give me positive feedback.”

Another characteristic of mentors important to the mentees was availability. Mentee 15 stated it was important for her mentor to be available “any time, I call her day or night if I have a question.” Mentee 16 used her mentor as a sounding board, “It was sure nice to have her to talk to if I wanted some questions answered. Sometimes when you first start a job you want to be cautious about how much you say or where you say.” Having a resource person whom you could freely discuss issues with when they occurred was shared by Mentee 19 who needed her mentor to be a resource person or stated another way, someone to go to when needed. She said she “needed a resource person to be able to talk it with so I wasn’t holding it all in and was able to take suggestions from a mentor.”

Yet others felt the mentor should be able to help them develop their career as a guide. Mentee 12 mentioned her mentor was like a guide who helped her get through the pitfalls that happen when you first start a new job. Mentee 14 expressed it this way, “I wanted a mentor so I could get some guidelines in furthering my career and just learn more. If I needed help, I would have somebody to go to so I could get help.” Mentee 18 felt her mentor served in a role that was “more the spiritual maybe or just psychological
part dealing with the pressures of the job and stuff. She hoped her mentor would help her get “some kind of clue what I could expect being a registered nurse.”

Finally, two of the mentee’s expected their mentor to help with the adjustment of becoming a registered nurse. Mentee 110 said she “chose it (the program) because I was a brand new registered nurse and I wanted somebody there that wouldn’t look at me with an eye like why are you asking that? Just somebody with an open mind to just listen to what I had to say and give me some positive feedback.” Mentee 111 said, “I thought my mentor would help me transition into the whole nursing field and maybe just tell me what to do in certain situations because you don’t learn everything from school so it would be more like supplemental education. I guess I was looking for the mentor to be more like the preceptor.” Mentee 13 used her previous mentor to help her become more adjusted as a registered nurse. Her mentor helped her to “grow within myself and also at the healthcare system.” She further stated that her previous mentor “was very supportive but then it also got to the point where we had some moments where he had to say; “You know what, I’m not liking what I am seeing. This is not the way you should be. I had to do some growing up in that regard.” Her previous mentor still sends her occasional e-mails, and she is very comfortable contacting him when needs arise.

Mentees 13 and 17 did not have a relationship with their assigned mentor and did not speak to the qualities needed in their mentors. Mentee 17 realized she was looking for more of a preceptor.

Mentees were able to clearly articulate the expectations they had for their mentor. Expectations ranged from providing a safe harbor to share concerns and problems,
another was to be able to trust someone to guide them in the appropriate direction and finally to be available so that the mentee felt they could talk to their mentor when they needed to. Many interviewees identified very similar expectations for their mentors and had the same expectations of their mentor that was found in the literature. Eleven of the twelve mentees (92%) were able to identify very similar expectations of their mentors.

Theme 3: Roadblocks or Barriers

Roadblocks are defined as those controllable factors which may have negatively influenced the success of the mentoring pair. The biggest challenge for the mentees was the fact that in most cases, their mentor was working on a different shift than they were. Another roadblock was that patient care activities must be geared to allow for time for the pairs to meet which did not happen in this program.

All mentees identified roadblocks which impacted the success of the program for them. This theme influenced the ability of the mentee to take full advantage of the mentor program. Working different shifts is problematic. The theme surfaced with 67% of the mentees. Even if the pair was on the same shift, finding time to get together was issue. Some examples of this issue were with Mentee 16, 19 and 112. They and their mentor's shift overlapped or were the same, but due to the busyness of their respective units; it was still very difficult to find time when they were both able to meet during their shift. Table 8 provides a synopsis of the types of roadblocks identified by the mentees.

By far the biggest roadblock experienced by many of the pairs was when they were not working the same shift. Mentee 11 said: “I honestly don’t remember her (her
Table 8
Theme 3

<table>
<thead>
<tr>
<th>Mentee</th>
<th>Roadblocks</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Working different shifts.</td>
</tr>
<tr>
<td>12</td>
<td>Working different shifts.</td>
</tr>
<tr>
<td>13</td>
<td>Working different specialties.</td>
</tr>
<tr>
<td>14</td>
<td>Never connected with her mentor.</td>
</tr>
<tr>
<td>15</td>
<td>No roadblocks identified.</td>
</tr>
<tr>
<td>16</td>
<td>No formal meetings. Casual encounters.</td>
</tr>
<tr>
<td>17</td>
<td>Working different shifts.</td>
</tr>
<tr>
<td>18</td>
<td>Working different shifts.</td>
</tr>
<tr>
<td>19</td>
<td>Workload did not allow for meeting.</td>
</tr>
<tr>
<td>110</td>
<td>Working different shifts.</td>
</tr>
<tr>
<td>111</td>
<td>Different expectations between mentor and mentee.</td>
</tr>
<tr>
<td>112</td>
<td>No formal meetings. Casual encounters.</td>
</tr>
</tbody>
</table>

mentor’s) name. She worked the dayshift and that was our problem. She wanted to meet at 11 and 12 in the afternoon and for a night person that is just an ugly time.” Mentee I2 had the same issue. She said in response to a question about how often they met: “We tried to meet for lunch. The problem is I found with the mentors is it does not work so well if you are working opposite shifts.” Having a mentor who works on the same shift as the mentee was very important. Mentees I7 and I8 also expressed that working different shifts was an insurmountable roadblock. Mentee I7 said, “I did meet my mentor and she offered to meet with me, however, she was working days and I was working nights. It did not work out.” Mentee I8 expressed similar views, “I didn’t want to come in early and I knew I didn’t want to make her stay over. I just felt like that would be an imposition.” Mentee I11 said much the same as the rest, “We kind of lost touch because we would
both call and set up a meeting maybe once or twice a month so we didn’t meet on a regular basis because she worked days and I worked evenings. During the day I didn’t want to talk to anybody, I just wanted to sleep.” Mentee 110 stated it very succinctly. “So maybe if I had a mentor that maybe worked night shift that probably would have worked out.”

Other roadblocks which were identified include the following: Mentee 13 felt her biggest roadblock was having her mentor who worked on a different unit than she did. “You’re going to run into problems and your mentor is not in your department usually and might not be on the same shift.” Another roadblock identified was that even if their shifts overlapped, it was hard to find time to meet. Mentee 19 experienced this which was frustrating to her. She and her mentor tried to meet for lunch, but it happened, “very rarely, maybe 2 times out of 100. We tried to check e-mail, but neither of us had time for that either.”

Three mentees experienced a very casual mentoring experience. Mentee 16 did not meet with her mentor on a formal basis, although she and her mentor have spoken on the phone and met informally when her mentor stopped by on the unit to talk. Mentee 112 stated: “We would meet, she would just come up to me in the hallways or she has even called me at home to see how things were going because our shifts had been so different.” Mentee 112 had many informal meetings with her mentor, but she also felt it “would have been nice maybe one time to have a sit down because it was very informal just to meet.” In addition to working different shifts, Mentee 111 identified the different
expectations realized by the mentee versus her mentor. “It seemed like it was more casual just like life in general and I wanted more.”

Two mentees had very different experiences. Mentee 14 had a negative experience with the program. When asked why she did not complete the mentoring program, she replied, “somebody named Jane (name changed to maintain confidentiality) called me and left me a message saying that she would be my mentor and then I could never get a hold of here after that. I called her and left a message and got no call back and I don’t know what happened after that. She never got in contact with me and I didn’t try back.”

In contrast, Mentee 15 did not experience the same issues as the others. Her mentor worked the same shift and was of her specialty.

Emerging Themes

Emerging Theme 1: Programmatic Follow-Through

This emerging theme is characterized by thoughts from the mentees about what the program structurally lacked which would have made it more successful. The previous theme identified issues with the pairs and the roadblocks personal issues put in the way of the pairs success. The wide ranges of suggestions for improvement are summarized in Table 9. Detailed descriptions of the suggestions follow the table.

Mentee 12 indicated that having a designated meeting place which was made available to the pairs would be helpful. She said; “If there was a place where we could go and meet in this room at the hospital and talk it would be good, and it would be more private than the coffee shop.” Mentee 19 offered another suggestion which would make it


### Table 9

**Emerging Theme 1**

<table>
<thead>
<tr>
<th>Mentee</th>
<th>Programmatic Follow-through</th>
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<tbody>
<tr>
<td>11</td>
<td>Had no comment.</td>
</tr>
<tr>
<td>12</td>
<td>Identify a defined meeting space.</td>
</tr>
<tr>
<td>13</td>
<td>Have mentees and mentors work the same specialties.</td>
</tr>
<tr>
<td>14</td>
<td>Never connected with her mentor, the leader of the program was unaware of this.</td>
</tr>
<tr>
<td>15</td>
<td>Maintain regular contact.</td>
</tr>
<tr>
<td>16</td>
<td>Felt pressured to join the program.</td>
</tr>
<tr>
<td>17</td>
<td>Had no comment.</td>
</tr>
<tr>
<td>18</td>
<td>Was not approached during orientation. Found out about the program through someone else.</td>
</tr>
<tr>
<td>19</td>
<td>Inconsistent messaging in orientation. Formally schedule time for meetings while on duty.</td>
</tr>
<tr>
<td>110</td>
<td>Make the program mandatory. Having it voluntary will not create the commitment to meeting.</td>
</tr>
<tr>
<td>111</td>
<td>Match the mentor and mentee more carefully according to personalities.</td>
</tr>
<tr>
<td>112</td>
<td>Ensure awareness of the benefits of joining such as paying for dues.</td>
</tr>
</tbody>
</table>

...easier to meet and that was: “Personally, I think there should be a half an hour scheduled, twice a month and if you don’t need to touch base, fine. Mentoring needs to be set up where you’ve go to have the time and it’s got to be part of work at work.” Mentee 110 felt that the program should be mandatory with some clearly set decision points to stop or continue the relationship. She does not think that having the program continue as a voluntary one will achieve the objectives for either party.

Specific issues raised included Mentee 13 who reported that having a mentor who working in a different specialty created problems. “You’re going to run into problems and you mentor – how they designed it – is not in your department usually so they are not available to go, “hey.” I almost feel like you need a mentor within your own department...
to start with. Part of it is accessibility; e-mailing and phone calls are not necessarily my mode of communication.” Mentee 15 supports this notion. She feels regular contact is the most important element to the success of the program, “We even see each other weekly so we have the face to face encounter but I don’t think it really matters as long as the contact is made and they are checking on you and making sure you don’t have questions.” Mentee 111 thought that her mentor would know more about her than she did through the application process. “I had to fill something out at the beginning so I thought they chose the mentor according to that so I wouldn’t have to explain my expectations.”

Mentee 16 encountered some pressure to join the program. “They offered the program in orientation and I obviously passed it up but then Gloria talked to us and I filled out the paper.” Mentees 18 and 19 did not hear about the program in orientation. Mentee 18 was not aware of the program until the staff development person on her unit stressed that it was something she should be participating in. Mentee 19 stated, “The staff at nursing orientation did not know about the program, they had no information. She further stated: “I never see the program advertised.”

Mentee 112 was unaware of the benefits of the program such as providing dues for one professional organization and meal passes so the pair could more meet over a break. Mentee 19 said that her mentor “had coupons for lunch and they didn’t accept them anymore.” Both mentees verbalized interest in these perks.

Mentees 11, 14 and 17 had no comments regarding programmatic issues. Mentee 14’s biggest issue was that she did not experience the program because she was unable to connect with her mentor. The leader of the program was not aware of this.
In summary, several positive suggestions were identified by the mentees to enhance the program. Three mentees did not have anything to offer; however, 9 of the 12 or 75% provided some very good ideas to make the program stronger. Suggestions ranged from creating special spaces to meet to creating a marketing plan to generate more interest in the program. This emerging theme is one in which value will be added to the program if the suggestions are implemented.

**Emerging Theme 2: Motivation to join the program**

Successful mentor/mentee pairs do not just happen. It is important the program be structured so that the mentor has the time to spend in the mentor role. Patient care activities and other tasks such as meetings and daily duty assignments must be scheduled

<table>
<thead>
<tr>
<th>Mentee</th>
<th>Motivational Factors Caused a Novice to Seek a Mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Help transition the novice, there is so much to learn..</td>
</tr>
<tr>
<td>12</td>
<td>To have someone to talk to, to answer questions.</td>
</tr>
<tr>
<td>13</td>
<td>Did not follow through because of the pressure to become clinically expert.</td>
</tr>
<tr>
<td>14</td>
<td>Career guidance and knowing an expert.</td>
</tr>
<tr>
<td>15</td>
<td>Knew and trusted her mentor already. It was an easy decision.</td>
</tr>
<tr>
<td>16</td>
<td>Felt pressured to join the program, felt overwhelmed as a novice.</td>
</tr>
<tr>
<td>17</td>
<td>Did not follow through very much. Needed technical assistance.</td>
</tr>
<tr>
<td>18</td>
<td>Wanted someone to help her understand what it really meant to be a nurse.</td>
</tr>
<tr>
<td>19</td>
<td>Met someone who talked about program so she joined.</td>
</tr>
<tr>
<td>110</td>
<td>Feels it is a necessary program and should be mandatory.</td>
</tr>
<tr>
<td>111</td>
<td>Hoped for more supplemental education. Wanted a role model.</td>
</tr>
<tr>
<td>112</td>
<td>Wanted to take advantage of all that was offered.</td>
</tr>
</tbody>
</table>

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to allow for mentoring to occur. These were some of the issues identified by the mentees during the interviews.

Mentee II commented on mentors in the program: “I think as well as having a mentee it’s important to have mentors that believe in it (the program) as much too. I think people sign up to be a mentor because they are maybe talked into it.” She also stated the mentoring program “is a very good program and I didn’t sign up for it just to fill out a piece of paper. I really saw the value in it and I think especially for new nurses that maybe aren’t mature, it could help them transition because there is so much to learn. You don’t realize that coming out of nursing school and you think you’re just ready to go.” Mentee I8 joined the program so she could “get information and not necessarily get guidance but just get some kind of clue on what I could expect being a nurse.” Mentee I4 stated: “Since I’m a new nurse, I figured I would get some guidelines in furthering my career and to learn more and if I need help, I could go to somebody and get help.” Mentee I10 felt strongly that “for the first year, I think you should make it mandatory for that registered nurse who is trying to get her footing.” Mentee I11 was disappointed in the program. It did not meet her expectations, “I needed somebody to help me transition into the whole nursing field and maybe just tell me what to do in certain situations. I thought it would be more like supplemental education.”

Some mentees would have invested more heavily in the program but did realize how difficult of an adjustment was involved as a novice. Mentee I3 was one example of a mentee who joined the program, but did not follow through due to the pressures of becoming clinically expert.
Mentee 16 joined the program reluctantly. She stated, “I wouldn’t have actually sought it out if somebody hadn’t said something.” This person who mentioned the program encouraged the new graduates to apply, “so I signed, but I probably wouldn’t have sought out a mentor at this point and mostly because like I said I didn’t really want to have one more thing to deal with.” Mentee 17 also had reservations about the program because she verbalized needing more technical assistance, not career guidance. She stated: “I understand the mentoring program also involves taking about careers, however, that was not my greatest need at the time.” Mentee 112 had a different take on the program. She suggested re-offering the program when a registered nurse has worked for a year or so and would be able to better focus on her own career development.

Mentee 15 commented the experience would have been less positive if she didn’t already know her mentor. “I don’t think I would like it if I had a mentor that I didn’t already know because I already knew I could trust her, I knew how she worked and so that really helped me in a sense feel secure.” Mentee 12 understood the importance of electing the mentor program for no other reason than “it’s a good idea to have someone to talk to, no one knows all the answers.” In contrast, mentee 19 entered the program because of someone who she ran into who knew about the program, “so things kind of fell into place coincidentally as I had the opportunity by chance talking to the right person.”

Several mentees had mentors in their past and some remain in contact with them still. For those mentees who did not have the best experience with the current program, their past experience was probed. For example, Mentee 112 stated she had a mentor who
"was probably 10 years older than me. I baby-sat for her children so we were just kind of friends and then she became a registered nurse before me and then she just kind of helped me through the insecurities and stuff the first couple of years of nursing." When asked if she was still in contact with this person, she stated she was. They maintain contact even though they live about 1½ hours apart from each other. She still provides support for Mentee 112. Mentee 13 also stays in contact with her previous mentor since she did not have the time or energy to meet with her assigned mentor.

Summary

The Mentees spoke clearly about their feelings toward their clinical experience at their institution and about their hopes and dreams for the future. This clarity of capturing what they wanted in their future may be one of the reasons they chose to apply for the mentor program, as it was important for them to develop relationships with experienced staff to help them learn as much as they could during their first six months of their employment. Even though the program was actualized differently than originally envisioned for the mentees, the experience was still valuable for novice nurses. Some mentees found mentors who were not assigned to them, because of the differences or roadblocks encountered during the program. The primary roadblock for the success of many pairings was the difference in work patterns. It was difficult for the mentees and mentors to meet because of differences in their schedules and shifts, because the mentee was overwhelmed learning how to function in the clinical setting and due to the other roadblocks mentioned.
Chapter V is comprised of a summary review of the findings and recommendations for future research. It will also include a guide for the subsequent discussion of the themes and emerging themes. There is also a discussion of two limitations which arose from the interview process.
CHAPTER V

SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

Summary

Across the country, hospital officials continue to address the nursing shortage. “Not even the profound pressures exerted by a recession can alter the demographic force driving the national nursing shortage, namely the onset of old age” (Carlson, 2009). The average age of registered nurses in 2009 is 47 and since more nurses are retiring than are graduating each year, the average age will continue to rise (Carlson, 2009). Because of economic conditions, nurses are postponing retirement and those that had left the workforce may be looking to rejoin which causes fewer opportunities for new graduates in the short run. There is agreement that a long term shortage is still looming (AJN Reports, 2009; Buerhaus, 2008; Carlson, 2009).

Registered nurse turnover is significant in hospitals in the novice nurses experience in practice. Lutz and Root (2007) indicated that attrition between low performing and high performing hospitals can range anywhere from 13% to 41% within the first two years of employment. Hayes and Scott (2007) reported that turnover rates range from 55% to 61% within the first year of employment. It is important for hospital leadership to develop and act upon strategies to support nursing satisfaction now so that hospitals will be prepared to meet the challenges of the future (Lutz & Root, 2007).
The turnover rate of nurses at this hospital is very low even for the novice registered nurse. This could be because it is the only hospital system in its service area. A reason for the low turnover might be because the induction experience for new nurses is a positive one. Nurses are paired with preceptors for their first 12 weeks of employment and are also offered the opportunity to voluntarily participate in a mentoring program during their classroom orientation which occurs within the first week of employment.

Chapter V is comprised of five sections which begin with a discussion of the results of the four research questions. Pertinent literature examples will be woven into the discussion as further examples of common trends and patterns in mentoring programs. The four research questions will guide the subsequent discussion of the themes and emerging themes. The next section discusses two limitations which arose from the interview process. There are six recommendations for further research arising from this study followed by the final summary of the study.

Research Question #1 Summary

The preceptor program used for every nurse entering the healthcare system was an invaluable resource for the mentees and made their induction period tolerable. The preceptor was most valuable when there was consistency with one or two preceptors during the initial orientation period. The organization needs to carefully reexamine the preceptor program. The mentees spoke very clearly to the idea that having only one or two preceptors was the key to a successful induction.
The induction into nursing is overwhelming even for those who joined the organization with previous experience. Mentee 112 expressed the same feelings of being overwhelmed as the novice nurses did even though she had previous nursing experience. She felt that orientation is overwhelming every time a person goes through it. The novice nurses' inability to feel safe and comfortable with the unit staff is of concern. When comments about unit staff being judgmental were stated by more than one, it seems clear that this would impact the perception of how well you would like your job, how or who you would ask questions of and how you would see other professionals as you begin to think of your future in the profession.

The mentees verbalized consistently that learning tasks necessary to begin to feel competent was their first priority. Several mentees stated that they were not prepared for the level of responsibility they immediately were given and expected to implement.

Preceptors seemed to be highly thought of as clinical experts. The mentees did not mention preceptors as being sensitive to their feelings and possibly if their preceptors would have been more attuned to their feelings, this would have strengthened the program. Mentees expressed that the unit based staff may have been judgmental regarding their actions. The mentees needed someone to vent with who was safe and allowed them time to debrief stressful situations. They would perhaps have been more ready to learn new processes if they could fully concentrate on what they were being taught instead of feeling overwhelmed and stressed during their induction period.
Research Question #2 Summary

Eleven of 12 participants or 92% reported they did not meet with their mentors on a monthly basis with their mentors as per program guidelines. There were a variety of reasons for this, such as being on different shifts, not having the time during work to meet, being overly stressed, and mentees not interested in committing to one more responsibility. Feelings of being overwhelmed affected 66% of the mentees during their orientation period. The mentees were more concerned with learning the tasks necessary to becoming an effective registered nurse clinician than in further career development at that time. Mentees were not able to participate in the mentor program as it was structured.

Research Questions #3 and #4 Summary

The final two research questions are summarized together because they are so closely linked. Satisfaction levels with the organization and with the profession of nursing were not substantially affected by the mentor program. This may have been due to the fact that most of the mentees had worked in the healthcare system in some capacity for almost a year before becoming a nurse. They already had health care experience and knew they wanted to be nurses. One of the mentees who planned to leave nursing discussed during the interview that the only reason she entered the field is because her parents strongly encouraged her to so that she would always be able to have a job. She would not have chosen the profession if left to her own decision making process.
Mentees were direct about their future in the profession and about remaining in the organization. Since they had mostly been associates in the organization prior to becoming nurses, they chose to stay at the institution following graduation. Because mentees had a history with the organization they had positive satisfaction with the organization. They were also able to articulate their future plans for the profession very clearly. The mentor program did not seem to have much influence regarding professional development.

Some of the mentees expressed a desire to enhance their educational level. Some wanted to complete their bachelor's degree and recognized the benefit of having an on-site BSN completion program. Others were looking farther ahead to complete advanced degrees so they could become advanced practice nurses. This may be one reason that a registered nurse may have joined the mentor program. They were able to see themselves in a different role in the profession in years to come and wanted to have a mentor to help guide their decision making processes.

Discussion of the Themes and Emerging Themes as They Relate to the Research Questions

The three themes and two emerging themes significantly impacted the perception of the mentoring program for the participants. For the purpose of this study, themes were determined if greater than 65% of the respondents identified an issue and emerging themes were determined if 50% to 64% of the respondents identified an issue.

The first theme identified was the sense of being overwhelmed by the job of a staff nurse by 66% of the participants. While none of the mentees specifically stated that
these feelings contributed to a lower sense of job satisfaction or even satisfaction with their chosen profession, it seems clear to me that this is a significant issue. Starting a new job is scary, starting one in which you do not feel fully prepared to manage the day to day workload would be very difficult. The role of the preceptor was felt to be a very important one as long as the novice nurse had consistency and could develop some sort of relationship with them. The relationship expressed by the mentee with their preceptor was a significant factor in the perception of the success of their orientation process.

The important qualities identified for the mentor should also apply to the preceptor. Feeling safe with either should enhance the total experience of induction and sense of belonging in the organization. Some of the mentees thought that their mentor should work their own unit; however some understood either intuitively or following some discussion understood the value of having someone such as a mentor who was from a different specialty. The mentees knew they needed to be able to share their feelings, debrief after stressful situations and be able to talk openly about team dynamics and politics with someone who was not from their own unit. Their mentors should have filled this void; however, most were not readily accessible as needed by the mentee.

One of the biggest impediments to the mentor/mentee relationship was difficult communication because the pairs often worked different shifts. When one of a pair works the night shift and the other the day shift, it is hard to get together in a timely fashion to debrief and share. Even when the pair worked the same or overlapping shifts, it was difficult to find the time to talk due to the busyness of their respective units. Knowing that you have a safe harbor in your mentor and being able to readily access that
person create issues that lead to dissatisfaction in both the job and for the profession. Some of the mentees worked around this by finding their own sources of comfort by identifying mentors who were available when needed.

Programmatic issues was the first emerging theme identified and included issues such as not being able to find space to have private conversations and not having time allocated to debrief with their mentor. The leader of the program did not have time to keep her pulse on how the pairs were communicating. This gap is one of the reasons, in my opinion, that the program did not meet its expectations. The leader of the program had many other responsibilities and could not spend time following up with the participants of the program to see what interventions or changes to the program were needed.

The second emerging theme identified concerned motivation from both the mentor and the mentee to join the program. There were perceptions from the mentees that the intrinsic motivations to join the program were questionable. Some were perceived as wanting the additional perks that go with the program. Other mentees also had questionable rationale for joining the program. Some verbalized they joined just because it was available, some joined because they felt pressure from their colleagues. Whatever the motivation of either party, without real interest in personal and professional development, the program will falter. Both parties need to be committed to the process.

The themes and emerging themes impacted the results of the research questions. Whether it was a mentee who did not have a good orientation process because she had too many preceptors or the mentor worked a different shift than the mentee, these themes
and emerging themes played a role in the job satisfaction and future development strategy for professional development.

Summary of Research Questions

Mentoring programs in healthcare have had varying degrees of success in the nursing profession. Studies in the United Kingdom indicated that mentor programs alleviated stress by giving the mentee an outlet for expressing work related difficulties and helping the mentee see how they fit in the big picture of the organization (Firtko et al., 2005). Murray (1991) listed other benefits mentoring can afford the organization which include increased productivity for the new staff member when paired with a mentor who practices hard work and exhibits discipline during the course of their work day.

On the other end of the spectrum, Raabe and Beehr (2003) did not find any significant relationship between mentors and mentees in terms of job satisfaction, turnover or organizational commitment. Cashin and Potter (2006) discovered inconclusive evidence that participation in a mentoring program definitively supports or enhances the career of the novice registered nurse. They also stated that "mentoring is potentially an invaluable tool that can positively affect many different areas of clinical nursing. At present, however, mentoring cannot be said to be effective as it has not been adequately evaluated beyond the self-reported and perceived benefits of the participants" (p. 193).
The results of this study do not support that commitment to the profession or to the organization were enhanced in a measurable way as a result of the mentoring program. The mentees were committed to the organization because of the tuition reimbursement, scholarship programs, and continuing education opportunities. They had experience working in the organization and knew that they wanted to stay at the hospital until such time that they were ready to move to their next career opportunity. Because the program was not followed as designed by eleven out of twelve of the participants, it is difficult to conclude that the program is a success or failure. The program's success as implemented for the twelve mentees is of questionable value. There was expressed support for the program because even some support from their mentor was important to the mentee. In some cases, the mentee found their own mentor and this too was perceived as positive. Each mentee was able to articulate some positive outcome as a result of meeting and interacting with a mentor in some fashion, except of course for those who never met with a mentor.

Recommendations for Program Revision

There will be five recommendations discussed for programmatic changes based on the literature and experience from this program. Health care leaders are developing mentoring programs in hopes that they will assist with the positive socialization of nurses into the practice setting and therefore enhance retention of nurses (Thomka, 2007). Dyer (2008, p. 87) stated that “mentoring is hoped for by most new nurses and is most commonly requested during the beginning phase of a nursing career.” The results of this
study indicated a different perception by the novice nurses at the healthcare institution. Very few of the nurses who are hired at this hospital voluntarily join the mentoring program.

Recommendation 1: Offer the mentoring program between six months and one year of employment

Discussion

The nurses expressed the feeling of being overwhelmed during their initial practice experience. They articulated over and over that they could not process one more thing during that time. They were not thinking about where their career was headed, but were mainly focused on how to learn to start an IV, how to manage a critical patient and other practical processes needed to care for patients. There are experts who report that new graduates need at least 12 months working to gain the comfort and confidence needed to fully assume their role in the healthcare team (Casey et al., 2004). Offering the mentor program so early in the transition from student to staff nurse may have added to the stress of their first job. The nurses could clearly discuss the difference in the role of the preceptor versus the role of the mentor (see Appendix D). Their preceptors were much more important to them during their induction period. The nurses clearly articulated the value of having a mentor for career development, the timing of having that mentor is crucial.
Waiting for six months to one year to offer a mentor program may enhance the experience of the registered nurse who has learned the fundamentals of nursing care and is ready to learn more about their chosen profession.

**Recommendation 2: Administration of a mentoring program must be followed closely by the leader implementing the program**

**Discussion**

The program itself was well thought out and developed (see Appendix E). The mentors attend a course to instruct them about the program, the processes and the practical application. The process breaks down when mentors are assigned to mentees who work different shifts, or do not spend time together creating the important relationship that yields success. The leader of the program needs to follow up with both parties on a regular basis to ensure that the program is being followed as it was intended.

Bally (2007) stated leadership sets the stage for successful mentoring programs. The mentoring program should assist a new nurse to achieve personal growth and professional development which includes opportunities to provide for leadership opportunities when working with a mentor who has experience and is willing to share that body of knowledge with the new nurse (Wilson et al., 2005).

Consideration should be given to developing identified space to meet so that the mentee and their mentor could speak honestly and freely without fearing that other staff members can listen in. It is important that the conversations are held in places that visitors are also unable to hear the discussion. Deliberation should be given to formally
assigning time so that the mentor and mentee feel comfortable leaving their units knowing their patients will be taken care of so they can meet without feeling guilty.

There were too many participants who did not meet with their mentor for various reasons. The relationships may have worked better had there been intervention and support given to both parties on a regular basis. In some cases, the pairings may have needed to be altered to ensure success. There seemed to be a lack of thoughtful pairing of the mentor/mentee which may have negatively affected the development of a strong relationship. The leader of the program did not know the mentees on a personal level when she made the pairings, so she made pairings to the best of her ability, but if regular debriefing was occurring issues could have been resolved or addressed before they demoralized everyone involved.

Recommendation 3: Further exploration of the impact of the program on the mentor, not only on the mentee, should be done.

Discussion

There are many reasons why someone may volunteer to become a mentor, including requirements in a job description, being more attractive when promotional opportunities arise and the esteem that is garnered from one’s colleagues when becoming a mentor (Hurley & Snowden, 2008). There was at least one direct comment made during the interviewing process about the commitment of their mentor to the program. When mentor/mentee pairs are assigned by an organization, an issue which should be addressed is the personal commitment that each party has to the success of the mentoring
relationship (Raabe & Beehr, 2003). Since very few of the mentors seemed to be willing to adjust their personal schedules to meet with their mentee at a time convenient to the mentee, it would be important to delve into the reason why this happened.

There seemed to be a lack of understanding from some of the mentees about what the mentor/mentee relationship should be. Some of the mentees stated that they had joined the program because they felt that they “should” not because they had an expressed need for a mentor. Comments about taking advantage of everything that was offered at the hospital were common. Future plans for the program should include more education about the program before accepting a novice into the program. The application process for the program should be more rigorous. Interested applicants should be interviewed to ascertain their goals and objectives for joining. The leader of the program could then better pair a mentee with the appropriate mentor.

**Recommendation 4: Organizational commitment to the program must be stronger than leadership realizes**

**Discussion**

The mentee/mentor pairings need time to work together. Since life is hectic and learning a new job is stressful, the program should be treated as any other mandatory course is. As Mentee I9 stated, the organization allows staff to do ACLS courses on duty time, they can see the employee assistance person on duty time, time should be allocated to allow the mentee and mentor to work together on duty time. This visible support for
the program may have signaled how much the program was supported from the senior level.

The assigned leader of the program must also be allowed time to focus on the mentor program. The current leader has an interest and worked hard to develop the program. She did not lose any other responsibilities as she worked on the mentor program, she simply adds to her day to get it done. She does not have time to follow up with the pairs so that she can coach, guide or resolve issues. If the program is to continue, this will need to be addressed. This recommendation will increase the cost of the program to the organization which will need to be reviewed prior to making changes to the program itself.

**Recommendation 5: Find ways to enhance the induction program for nurses joining healthcare systems**

**Discussion**

The induction programs for novice nurses need to be explored to see how the initial experiences of the novice can be enhanced. When 66% of a small group of nurses indicate they felt overwhelmed for a long period following their orientation there must be a problem with the structure of induction. Other research is needed to find ways to make this process smoother which would lead to enhanced job satisfaction and a strong intent to stay in the profession.
Limitations

One of the limitations was the lack of diversity in the pool of participants in the program. The mentees were mostly located at the main hospital and several of them worked on the same unit and on the same shift. The nurse manager was a strong supporter of the program which may have influenced this group to join. Several of the mentees had worked on this unit in other roles and were very familiar with the unit culture.

Another limitation which was raised by one of the interviewees was the fact that the interviewer was the chief nursing executive for the system and as such had implied power over the interviewees. One mentee expressed concern that she might experience negative consequences if she was honest during the interview process. She was given the option to decline the interview and was given reassurance that I would not retaliate no matter what was said. She chose to continue to participate, but in retrospect, I wonder if any of the other interviewees felt uncomfortable due to our different positions within the organization.

The largest delimitation was the small sample size available to interview. There have been few mentor/mentee pairs since the onset of the program. The reasons for this are still unclear to me; however, it was a discussion item during the interview process. Information gleaned ranged from not being made aware of the program during orientation to not really being interested in the program during the time it was offered.
Recommendations for Additional Research

Based on the research there are six areas for further exploration as a result of this study. These recommendations will compliment this investigation and add to the body of knowledge on mentoring in the private not for profit healthcare sector.

Recommendation 1: Continue to explore ways to enhance job satisfaction for the staff nurse

Staff nurses are the least satisfied of the entire workforce in acute care hospitals today. They are the backbone of the hospital system and as such are needed to care for the sick. There is a need for continued research in the area of job satisfaction for registered staff nurses. In this study, the mentoring program, which was developed to enhance job satisfaction and satisfaction within the profession, did not achieve its goal. Other programs and processes should be investigated to see which ones enhance satisfaction and retention the best.

Recommendation 2: Study the preceptor program

The preceptor program used during the orientation period was viewed by the participants in this study as a lifeline for success. Further research should be completed to strengthen the first six to twelve months in the profession for the novice nurse. Eleven of twelve nurses in this study were still struggling with the workload, stress and knowledge needed to feel successful. The preceptor program is a start, but it should not be considered fully mature as a program. The novice needs more and research should be
done to identify and implement the best practice to keep the novice enthused and satisfied with her/his career choice.

**Recommendation 3: Look for ways to better prepare the novice by partnering with educational institutions**

Induction periods for health care professions are stressful. The novice nurses in the study said they were not prepared for the responsibility that they were expected to take on once they became a staff nurse. Educational preparation should be geared toward the notion that partnerships between hospitals and educational institutions could better prepare the novice for the reality shock that the mentees experienced. Even with clinical activity and leadership courses common in all nursing programs, staff nurses are still not prepared for the reality shock which occurs upon graduation. There must be evidenced based ways to minimize this common occurrence.

**Recommendation 4: Study the mentors**

This study did not address the mentor component of the program. Further investigation is needed into this important part of the process. Had mentors as well as mentees been interviewed, I am sure the results of this investigation would have been very different. Studying both components of the program would be an important aspect to finding ways to make the program more successful.
Recommendation 5: Re-study the twelve participants in five years to see where their careers took them

It would be very interesting to see what happens to this group of mentees in five years. A longitudinal study following the career path of this group would be a good way to see if the hopes and dreams of a group of novice nurses are fulfilled. From the twelve, two are planning to leave nursing, one to become an architect and another to stay in the helping profession but in another job classification. The ten remaining have personal goals which would enhance the profession. I would like to see this group followed.

Recommendation 6: Study non-participants in the program

This study only selected twelve participants who voluntarily signed up to become part of the mentoring program. There are many staff nurses at the hospital who were novice’s at the same time and did not sign up for the mentor program. There was little diversity of the participants in the program. Eleven of the twelve interviewees were Caucasian females. There are no men who have participated in the program. It would be good to study the group who did not join the program to see why they didn’t, how their induction process occurred and compare their satisfaction rates to those who did join the program.

Summary

This qualitative study focused on identifying the perceptions of job satisfaction and of intent to stay in the nursing profession of twelve registered nurses who had
volunteered to join a mentor program during their induction period in a mid size health system in Southwest Michigan. The mentoring program was developed as a structured six month process wherein the mentor and mentee would meet on a monthly basis to debrief experiences common to those new in practice. By following the program, it was hoped that the novice would feel positive about working at the institution and would also feel more positive about their role in the nursing profession.

The program was not implemented as it was envisioned, very few of the mentees met on a regular basis with their mentors. The program, for these twelve, did not alter the perception of nursing at this institution or their role in the profession. Instead, the preceptor took on a very large responsibility for the novice. Nurses who had one or two preceptors fared much better from their own vantage point that did those who verbalized have many preceptors. Novice nurses want to focus on learning the tasks necessary to become great staff nurses.

There are several recommendations presented in this chapter which should enhance the induction experience for the novice. The most important one developed as a result of this study is to hold the mentor program until the novice has six to twelve months of practical experience. The novice should focus on skill development during the early days of her/his orientation to staff nursing.

It is important that further research be completed to identify the ways to enhance job satisfaction of the staff nurse. With fewer nurses graduating and the current population of nurses nearing retirement age, the potential shortfall of caregivers is significant. Nurses have many career alternatives to working in an acute care hospital.
The hospital setting must be made to be more attractive so that there are enough caregivers for the future.
REFERENCES


Coffman, C. W. (2008). Nurses are not leaving health care: They are leaving hospitals. 
*Nurse Leader, 6*(6), 34–36.


Appendix A

HSIRB Approval
Date: March 25, 2008

To: Patricia Reeves, Principal Investigator
    Eileen Willits, Student Investigator

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number: 08-02-35

This letter will serve as confirmation that your research project entitled "Can We Get Nurses to Stay?" has been approved under the expedited category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: March 25, 2009
Date: December 8, 2008

To: Van Cooley, Principal Investigator
   Eileen Willits, Student Investigator

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number: 08-02-35

This letter will serve as confirmation that the change to your research project entitled “Can We Get Nurses to Stay?” requested in your memo dated December 1, 2008 (new PI Van Cooley; revise methodology; alter interview questions) has been approved by the Human Subjects Institutional Review Board.

The conditions and the duration of this approval are specified in the Policies of Western Michigan University.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: March 25, 2009
Appendix B

Interview Questions and Protocol
E-mail Invitation to Participate

My name is Eileen Willits and I am completing my doctoral dissertation from Western Michigan University. The results of this study will be used for my dissertation and will be presented to the senior leadership team at a mid-sized healthcare system and may be used in the future for publication since mentoring is a relatively new concept in healthcare. I am sending you this e-mail to invite you to participate in my study because you were part of the mentoring program developed at the organization. Your involvement in this process will be a one hour long interview between you and me which will focus on your thoughts about the mentoring program. I will schedule the time so that we can meet at your convenience. This is not a mandatory event for you. Other associates at the organization will not know whether or not you have participated in the interview. There will be no repercussions if you chose not to participate. Your involvement may help me determine what kinds of things we need to do to make the organization the very best place to work for our nurses. Thank you for your consideration. Please respond to this e-mail within a week to let me know if you are interested in learning more about the study. Thank you in advance for your support.

Eileen Willits
Follow-up phone call

Hello, this is Eileen Willits.

I am a doctoral student at Western Michigan University and the Vice President of Patient Care at a mid-sized healthcare system. Last week I sent you an e-mail, inviting you to participate in my research project, which is about the mentoring program you participated in when you began working at your organization.

Do you remember receiving the e-mail? Yes______ No_______

The e-mail asked if you would be willing to learn more about participating in an interview with me. The purpose of the interview is for you to debrief your experience during the mentoring program. I will ask a series of questions designed to elicit your thoughts and feelings about the program. The interview will take approximately one hour and will be conducted in the hospital.

Do you have any questions? Yes______ No_______

Are you willing to schedule a time to meet with me to review information about the study? If you decide to participate, we can proceed directly to the interview.

Yes______ No_______

If yes, the interview will be scheduled at that time. If no, the caller will be thanked for talking to me and the call will end.
Interview Questions

Age _______ Male ____ Female ____

How long have you been a Registered nurse?

What drew you into the nursing profession?

How long have you worked at your organization?

When did you begin your mentoring process at the healthcare system?

Describe your career path before coming to your current employer and how you came to take a position here.

Tell me about your decision to participate in the Mentoring Program and describe your experiences in the program.

Probes:

a. Have you had previous experience with mentoring or being mentored?

b. Would you recommend the mentoring experience to other nurses who join the staff? Explain.

c. Do you expect your experiences in the mentoring program to have any bearing on your decision to remain with the organization or in the nursing profession? Describe.

What are some things that would make you feel that you have the best job in the world? Describe them. How would you compare your job today to those things?

Probes:

a. What percent of your day do you spend in direct contact with your patients?

b. Do you feel that you have the authority to make decisions about the plan of care for your patients? Describe.

c. How do you feel about the workload you have every day? Are there enough nurses on your unit? Describe.
d. Do the healthcare system’s educational offerings meet your career developmental needs? Describe.

Where do you see yourself professionally in 5 years?
Appendix C

Results of the Pilot Study
Pilot Study Results

The participants ranged from 31 to 46 years old. The average age of the mentee in this sample was 39.8, which is slightly younger than the average of the registered nurse which is projected to be in the mid-40s (Buerhaus et al., 2000). The participants had a wide range of years in nursing from 2 to 26 years, and had been part of the hospital system in a variety of positions for an average of 6.6 years. The participants were attracted to the mentoring program for a variety of reasons. Three of the subjects had assumed their first management position and were eager for a mentor to help “guide them” in their new role (S3). All participants in this study were female, however they were a diverse group, one was African American, one was from India, three were Caucasian.

<table>
<thead>
<tr>
<th>Name</th>
<th>S1</th>
<th>S2</th>
<th>S3</th>
<th>S4</th>
<th>S5</th>
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<td>Female</td>
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<td>8</td>
<td>7</td>
<td>1</td>
<td>6.6</td>
</tr>
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</table>

The first interview was with subject S5. She responded to the invitation to participate very quickly and was eager to be a part of the study. She joined the institution following many years at other hospitals and signed up for the mentoring program during orientation. She and her mentor met regularly for 3 months, and then mutually decided the formal relationship was exhausted. She still uses her mentor for questions however. Her mentor was from a very different clinical area then she and she relayed both pros and cons to this arrangement. Pros were that it was very safe for her. He was very familiar
with the system and was able to answer all questions she had that she did not feel comfortable asking her direct supervisor. She felt the cons were that it was more difficult for him to relate to her issues because the nurses she works with have a very different temperament than the nurses he works with. Overall, she felt that the mentor experience exposed her to new relationships and enhanced her communication skills.

The second subject was S4. S4 did not have a good experience. She was assigned a mentor during her management orientation, and the two of them did not ever meet. They spoke on the phone a time or two, but “my mentor encouraged me to work with my manager or director.” She knew when she replied to the e-mail that she was not a viable candidate for the study, but “I wanted someone to know that we never met.” She expressed sadness over this fact, even though she spoke very highly of both her manager and director. She was eliminated as a study participant because she did not complete the mentoring program.

S3 had been employed in the institution in a variety of positions, however, upon taking a management job, became a full time associate for the first time. She expressed feelings of being “overwhelmed when you come in as a new manager without any experience. So, I was relieved when I heard there was going to be a program where I would have a go-to person.”

The fourth interviewee was a staff registered nurse at a second hospital in the system. She signed up for mentorship following completion of her BSN degree. She has been employed at the institution, but felt the need to learn more about the legal system,
and how to better “handle patients when they have gone bad.” She is always on a “quest” to learn more and felt the mentoring program would assist her in that quest.

Finally, the fifth person was a staff registered nurse who signed up for the mentoring program because of what she heard in orientation. She felt it was very effective for her because of her transition from paramedic to registered nurse and the challenges that posed. She could tell her “mentor anything and she would keep it confidential.” She relayed, “A mentor almost feels like you are going through therapy and you can ask any question.”

Each interview was filled with different thoughts and perceptions about the program. Several core ideas were identified during the data analysis process. Those items which were of a similar nature were synthesized to form patterns which were grouped together to identify the themes which are described more fully in the table below. There were 4 themes which arose from the participants which are detailed below.
## Pilot Study Interview Findings

<table>
<thead>
<tr>
<th>Theme</th>
<th>Participants</th>
<th>Examples</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Haven/Confidential</td>
<td>Three participants mentioned that having a mentor allowed them to share in a safe way.</td>
<td>“It was very non-threatening. I never had any indication that I could say something to him that was going to go somewhere else.” “I trusted her.” “I could tell her anything and she would keep it confidential.”</td>
<td>This was an important component which may have lead to satisfaction with the mentoring program.</td>
</tr>
<tr>
<td>Job Satisfaction</td>
<td>Three participants verbalized enhanced job satisfaction as a result of the program.</td>
<td>The mentor program “absolutely, I do” think it improved my job satisfaction. “I’m here a year now. I like the organization. I want to stay here.” “If I had a mentor who wasn’t happy that would have come through and I would have wanted to know why. That could very well have led me on a different path.” “I used to be on the track that I was going to work here for one year then do travel nursing. It all kind of changed. Now, I’m here. I want to try different things. I want to stay.”</td>
<td>All wished for more formal meetings with their mentors which would have made the program even better.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Theme</th>
<th>Participants</th>
<th>Examples</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill Enhancement</td>
<td>Each of the interviewees gained skills in different areas, but felt their mentor was a strong advocate for them in this area.</td>
<td>“In following her, I’m just seeing all these extra things like wow you were an RN back then and now you are doing all this other stuff.” “I never did delegating before. She helped me get over it.” “The mentoring program does help you to network. The person helps you build relationships.” “It’s so overwhelming when you come in as a new manager.”</td>
<td>The mentors were able to address issues the mentees had even without formally meeting as often as the mentee may have wished.</td>
</tr>
<tr>
<td>Professional</td>
<td>Each interviewee verbalized intent to stay in the profession for the foreseeable future.</td>
<td>Following completion of her BSN, “It was the most empowering thing I’ve done since my RN I think. I am an advocate for education.” “I have been taking care of people since I was a nurse aid.” “In 5 years, I’ll have my masters. I think in ten years I would like to see myself as a Chief Nursing Officer. I’d like to do that.” “Whether it’s management or whatever it is. I have an interest in teaching as well. I’ve had a taste of that and it’s a good feeling to stay in nursing and contribute that way.”</td>
<td>Of the 4 interviewees, all intend to be in nursing in 5 years, although, some may not be working at the institution.</td>
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Appendix D

Comparison Chart: Mentor vs. Preceptor
**Comparison Chart: Mentor vs. Preceptor**

<table>
<thead>
<tr>
<th>Mentor</th>
<th>Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role model</td>
<td>Job orientated</td>
</tr>
<tr>
<td>Ongoing relationship</td>
<td>Orientation relationship only</td>
</tr>
<tr>
<td>Role acquisition for personal and professional growth.</td>
<td>Driven by orientation checklist</td>
</tr>
<tr>
<td>Promotes acceptance for where the mentee is in development. Is objective and has critical thinking skills for problem solving.</td>
<td>May not be objective, sees own needs to get person on their own to function in unit</td>
</tr>
<tr>
<td>One person for one mentorship need.</td>
<td>May be multiple people for same nurse</td>
</tr>
<tr>
<td>Safe haven for mentee.</td>
<td>May be competitive, such as seasoned nurse vs. new nurse Eating our young</td>
</tr>
</tbody>
</table>
Appendix E

Mentoring Program Administration
Mentee Application

Name ________________________________

Department Name _____________________ Dept # __________

Date of Hire: __________ Shift: _______ Home Phone __________ Work Phone ______

Skill Level: □ RN □ LPN Years practicing as nurse ___________

Degrees/Certifications ____________________________________________

Please rate yourself in the following area’s:
1-Not At All, 2-Poor, 3-Fair, 4-Good, 5-Very Good

Knowledge of job description 1 2 3 4 5
Knowledge of clinical skills 1 2 3 4 5
Knowledge of policies and procedures 1 2 3 4 5
Able to critically think 1 2 3 4 5

Demonstrate 5 Star Behavior in the following area’s
Sense of Ownership 1 2 3 4 5
Attitude 1 2 3 4 5
Compassion 1 2 3 4 5
Confidentiality 1 2 3 4 5
Effective Communication 1 2 3 4 5

List one reason why you would want to participate in a mentor/mentee relationship.

Associate Signature ___________________________ Date __________

Please return the application to Gloria A. Pollack RN, B.S.N., OCN-Clinical Education-Box 63. Thank you.

Comment Box:

Revised 7/08

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