

THE EXPERIENCE OF BEING A PROTEGE IN A NURSING MENTOR  
RELATIONSHIP: A PHENOMENOLOGICAL STUDY

by

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B.Sc.N. The University of Victoria, 1990

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF  
THE REQUIREMENTS FOR THE DEGREE OF  
MASTER OF SCIENCE IN NURSING

in

THE FACULTY OF GRADUATE STUDIES  
(School of Nursing)

We accept this thesis as conforming  
to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

August 1992

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### Abstract

This study describes the experience of proteges in a nursing mentor relationship. The nature and essence of mentoring is described from the perspective of the protege using a phenomenological method.

Data were collected by use of an in-depth, semi-structured interview. Thirteen proteges (10 nursing faculty and 3 master's in science of nursing students) acted as participants.

The findings emphasize the importance and profundity of the mentoring relationship for these proteges. Mentoring is seen as a complex phenomenon that can be conceptualized as having four major content categories: mentoring as a process, mentoring as a relationship, mentor functions, and mentoring outcomes. Major themes under each of these content categories are described.

The implications that mentoring has for nursing practice, education, administration, and research are presented.

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## Acknowledgements

This thesis is dedicated to my father who died midway through my graduate program. I know he would have been proud of my accomplishment. Also I would like to acknowledge my mother for always believing I could do anything I set my heart on.

Particular thanks go out to my thirteen research participants. Their articulate descriptions of the mentoring experience provided rich and meaningful data.

Thank you to my thesis chairperson, Dr. Joan Anderson for the inspiration and motivation for doing phenomenological research, and also to Dr. Sonia Acorn for the tremendous support and guidance throughout my program. Many thanks to Marilyn Dewis for giving a critical and helpful third reading.

The friendships of Beverly Leipert and Ann McKintuck, made my studies more enjoyable, and I appreciate their kindness and humor.

Finally, the thanks especially go to G. for giving me love.



## Chapter 1 Introduction

"Come to the edge," she said  
"I can't, " I said, "I'm afraid."  
"Come to the edge," she said again.  
"I can't. I might fall."  
"Come to the edge," she insisted.  
And so I went to the edge  
And she pushed me off  
And I flew!

Guillaume Apollinaire  
(paraphrased)  
(cited in Collins, 1983)

### Background of the problem

Mentoring has been an identified concept in the world of business and academe since the late seventies (Levinson, Darrow, Klein, Levinson, & McKee, 1978; Phillips, 1977; Roche, 1979; Shapiro, Haseltine, & Rowe, 1978; Sheehy, 1977). Conclusions from these studies regarding the value of a mentor are that those "that make it to the top" do so with the assistance of a mentor. Vance (1977) studied influential nurse leaders and determined that 83% (N=71) had mentors at one time in their career. She found that mentors can open professional doors, expand another's 'political' universe, make opportunities available, encourage their proteges to think, write, make speeches, and direct the protege's research

endeavors and future career. Mentors are needed in the nursing profession to provide support, guidance, connections, advice, encouragement, and confidence in nurses, so that leadership and growth in the nursing profession are maintained.

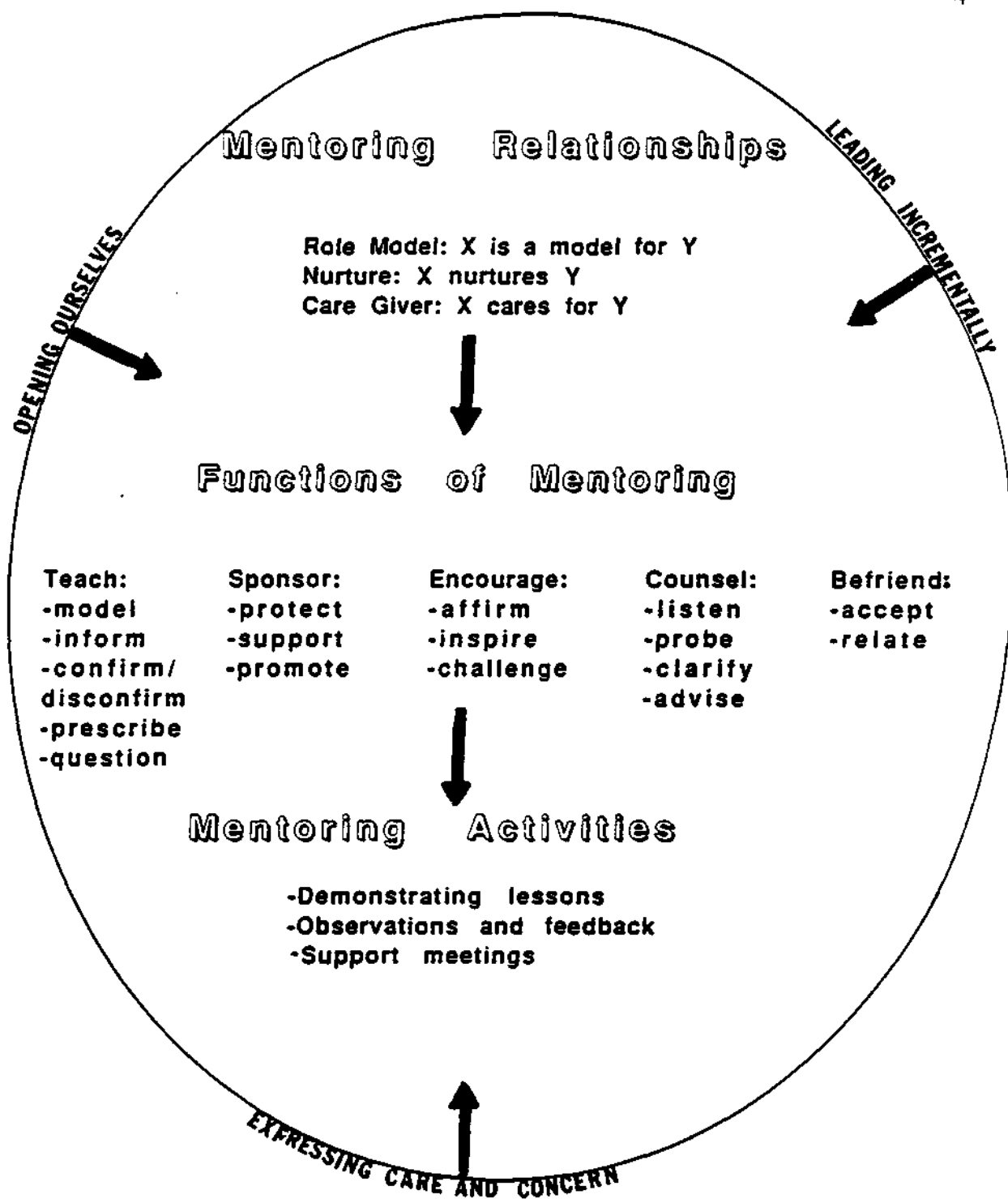
The literature so far has revealed little consensus on the definition or essence of the concept of mentoring (Bidwell & Brasler, 1989; Bolton, 1980; Jowers & Herr, 1990; Merriam, 1983; Moore, 1982; Speizer, 1981). Therefore, before recommendations can be made towards the fostering, encouragement, and development of mentors, an analysis of the mentoring relationship is required, with an in-depth evaluation of its characteristics, determinants, consequences, intricacies, and problems. This study looked at the mentoring relationship from the perspectives of proteges, to begin to develop an idea of what it means to be mentored.

No studies were found that researched mentoring using the phenomenological method. The rationale for this study, was therefore, that mentoring needs to be described from the lived experience of a protege in order to depict the nature and essence of mentoring from the perspective of the protege. It is anticipated from this description that the theory of mentoring will be built upon, and continuing conceptualization of the mentoring process will occur.

### Conceptualization of the Phenomenon

For the purpose of this study mentoring was initially conceptualized using Anderson and Shannon's model (1988) which is schematically shown in Figure 1, p. 4. The model is divided into three major parts. First, the model illustrates that the mentor acts as a role model, and nurtures and cares for the protege. Second, the functions of mentoring include teaching, sponsoring, supporting, encouraging, counselling, and befriending the protege. The third part of Anderson and Shannon's model describes the mentoring dispositions: opening ourselves, leading incrementally, and expressing care and concern. "Opening ourselves" means that mentors allow for observation of actions, and give a rationale for their decisions. The second disposition of "leading incrementally over time" means that mentors give guidance and instruction which increases in complexity over time. The final critical disposition is that of "expressing care and concern", in other words, the personal and professional well-being of the protege is of concern to the mentor.

Anderson and Shannon's model (1988) assisted in identifying some of the functions of mentoring, and facilitated the construction of some "trigger" questions. Therefore, this particular model helped provide an initial framework for the researcher to collect data.



Source: Anderson & Shannon, 1984, p. 41

Figure 1. Anderson & Shannon's Mentoring model

### Problem Statement

Although an abundance of work has been published on mentorship in nursing (Atwood, 1979; Beaulieu, 1988; Bidwell & Brosler, 1990; Campbell-Heider, 1986; Darling, 1985; Fagan & Fagan, 1983; Hagerty, 1986; Hamilton, 1982; Hardy, 1984; Larson, 1986; May, Meleis & Winstead-Fry, 1982; Pardue, 1983; Pilette, 1981; Presholdt, 1990; Simpson, 1990; Strachura & Hoff, 1990; Vance, 1982; White, 1988; Williams and Blackburn, 1988), most of this work is not research-based, and that which is, suffers from lack of descriptions of the mentoring relationship, definitions of mentoring, conceptual frameworks guiding the studies, and lack of reliable and valid measurement tools (Jowers & Herr, 1990). Problems of consistency in conceptualizing mentoring are present in the nursing literature and because of this, more detailed descriptions of the experience of mentoring must be constructed. Due to this lack of theoretical basis for the understanding of the mentoring process within nursing, research into the nature and essence of this phenomenon must be undertaken.

Mentoring is a concept nurses have adopted wholeheartedly. It has been advocated as a means to promote scholars and researchers (Conway, 1992; Fawcett, 1980; May et. al., 1982; Werley & Newcomb, 1983), a way to facilitate the role transition from student nurse to practitioner (Talarczyk &

Milbrandt, 1988), a key factor in developing leaders (Hamilton, 1982; Kinsey, 1985, 1986; Vance, 1977, 1982), and as a way to promote job satisfaction and career advancement (Fagan & Fagan, 1983; Larson, 1980, 1986; White, 1988). Hagerty (1986) cautions nurses that mentoring may be one more bandwagon to jump on to. If indeed nurses are to advocate and encourage mentoring, inquiry into the mentoring experience is called for.

### Purpose

The purpose of this study was to explore the perception of the protege's mentor relationship and describe the protege's lived experience. Detailed description of this experience may point to factors that identify and characterize the mentoring relationship, describe the effect of having a mentor on career and personal growth, and determine if there are negative aspects of this relationship.

### Research Question

What is the experience of being a protege in a mentor relationship, within nursing?

### Definition of Terms

Mentor: A role model and guide, who actively encourages, teaches, sponsors, and befriends another in order to promote the other's career and development. Although the primary benefits of the relationship are for the protege, the mentor can also accrue benefits.

Protege: One who has received personal guidance, assistance, and support from a mentor in reaching personal and career goals.

Mentoring: A process whereby a more skilled or experienced person, serving as a role model, encourages, teaches, sponsors, counsels and befriends a less skilled or experienced person for the purpose of promoting the growth of the latter. Mentoring functions are carried out within the context of a mutually satisfying and caring relationship between the mentor and protege (Anderson & Shannon, 1988).

#### Assumptions

Six assumptions held by this researcher about mentoring are that:

1. Mentoring is intentional;
2. Mentoring fosters the growth and development of the protege;
3. Mentoring is an insightful process in which the protege gains and applies the mentor's wisdom;
4. The mentoring relationship is supportive
5. Mentoring is a reciprocal relationship and benefits both mentor and protege.
6. Mentoring is perceived as an intense, emotional involvement of both mentor and protege, and it cannot be concluded that forced, formalized relationships will work.

### Limitations

One limitation of this study pertains to the restriction of eliciting only the protege's perspective on mentoring. Since mentoring involves a relationship of two people, knowledge from the mentor's perspective could provide different data on the mentoring relationship. Both perspectives could have been studied by having an interactive interview with the researcher, the mentor, and the protege.

Another limitation of this study is that the nurses studied belong to an "elite" group. They are articulate and highly educated, and therefore may have different experiences of the mentoring relationship than other nurses.

### Significance of the Study

It is believed that the mentoring process can help nurses' growth and development in their chosen profession. An understanding of the essential nature of the mentoring relationship in nursing from the perspective of the protege will help add to the conceptualization of this phenomenon, and describe what the experience is like for proteges. In elucidating the mentoring relationship, it is anticipated that if the benefits of having and being mentors is articulated, the mentoring concept in nursing will be a more deliberate endeavor.



This research hopes to expand on the theoretical knowledge of the mentoring concept in nursing, and contribute to the understanding and description of mentoring in nursing. It is expected that the findings from this study will enhance the understanding of the benefits of mentoring relations in nursing practice, administration, education, and research.

This thesis is organized into five chapters. Chapter one has dealt with the introduction, background of the problem, initial conceptualization of the phenomenon, problem statement, research question and purpose and significance of the study. Chapter two will present a critical review of the literature on mentoring. Chapter three will describe the research methods, participant selection, data collection procedure, data analysis, and procedures for the protection of human rights. Chapter four will present and discuss the findings of the study. And finally, chapter five will discuss the summary, conclusions, implications, and recommendations for future research.

## Chapter 2 Critical Review of the Literature

The concept of mentor comes from Greek mythology. In Homer's classic, *The Odyssey*, Mentor encouraged Telemachus to accomplish many challenges by acting as an advisor, tutor, protector, and friend (Rieu, 1946). Throughout history there have been many mentoring relationships including Socrates and Plato, Leonardo de Vinci and Verrocchio, Haydn and Beethoven, Freud and Jung, Boas and Mead, Anne Sullivan and Helen Keller, and Sartre and de Beauvoir (Merriam, 1983).

The craft guilds of the Middle Ages were based on the concept of mentoring (Murray & Owen, 1991). Craft guilds were societies in which structured apprentice/master relationships formed. Apprentices usually worked alongside a master merchant or goldsmith to learn the trade or business. The apprentices eventually became journeymen and masters themselves when they produced an exemplary piece of work or "masterpiece."

The review of literature is organized into mentoring relationships found in business, nursing practice, nursing administration, nursing academia, and other professional disciplines. Negative aspects of mentoring relationships are also discussed.

### Mentoring in Business

Levinson et al. (1978) in a classic study, were among the first to identify the importance of having a mentor, and concluded that mentoring was a complex, yet developmentally important relationship for one's career. Levinson et al. studied the lives of 40 men who were business executives, university biologists, and novelists and described the stages of a man's career and concluded that few adult males had mentors. However, mentors were recommended to promote career success. Hennig and Jardim (1977) studied 25 female executives and found women attained a top executive position vis-a-vis the help of a male mentor, usually an immediate supervisor or boss. Roche (1979) contacted 1,250 executives and although only 31% responded to the mail survey, two thirds of these executives had mentors. Roche concluded that the ones that did had higher salaries at a younger age, were better educated, were more satisfied and likely to advance in their careers, and more likely to become mentors. The subjects who had mentors, however, reported other variables such as talent, motivation, energy level, willingness to work, and luck as being more important for success than having a mentor.

### Mentoring in Nursing

Mentoring became popular in the nursing literature in the late seventies. Vance (1977), surveyed 71 prominent

nursing leaders to ask if they had had mentors, the sex and occupation of their mentors, how their mentors were helpful to them, and whether they were mentors to others. She found that 83% of these leaders had a mentor at one time in their career, that 42% of the mentors were educators or deans/associate deans, 79% were female, and 70% were nurses. The descriptions of the mentor's help ranged from "teaching me how to think" to "provided confidence and belief in my potential abilities." Fagan and Fagan (1983) surveyed registered nurses, police officers, and teachers and found 84% received some mentoring. There was no difference amongst nurses, police officers, and teachers in the frequency of having mentors. A positive correlation was found between having a mentor and job satisfaction, a negative correlation between having a mentor and job burnout, and a positive correlation between having had a mentor and the likelihood of being a mentor. However, the survey questionnaire was developed by these researchers with no reliability or validity data established or provided, and job satisfaction was measured by asking respondents if they were satisfied in their job. Darling (1985) identified three essential requirements for a mentoring relationship: attraction (admiration for the mentor), action (investment of time and energy by the mentor), and affect (mentor shows respect, encouragement, and support).

Although a tool was developed by Darling to measure mentoring potential (the MMP questionnaire), no information was given regarding reliability or validity of the tool, and although content analysis was stated to be used, the approach used was not identified. Also, mentor and protege characteristics were not described.

In most of the literature on mentoring in nursing, it is proposed that mentors are needed whenever one finds oneself in transitional periods in one's career (Bidwell & Brasler, 1989; Campbell-Heider, 1986; Hamilton, 1981; May et al., 1982; Presholdt, 1990). Presholdt (1990) believes a mentoring system is appropriate in any setting where nurses experience critical role changes and expectations, ie. new graduate, new employee, new position, graduate or doctoral student status. She advocates the development of informal and formal mentoring programs.

Doubts about the value of formal mechanisms for mentoring remain, as mentoring relationships seem to depend on mutual selection, a certain 'chemistry', and a fair amount of intensity in the relationship. Yet, the development of mentoring programs is becoming more prominent. One recent book by Murray and Owen (1991) dismisses the chemistry and magic of mentoring relationships, and directs all professional disciplines to set up effective mentoring programs.

### Mentoring in Nursing Practice

A qualitative study done by Pyles and Stern (1983) conceptualized a "mentor" as a "Gray Gorilla", a leader in a critical care setting who acted as a teacher, adviser, coach, guardian, expert clinician, motivator, friend, and confidant to neophyte nurses. However, because this "Gray Gorilla" served as a role model to many, and the relationships were not intense or one-to-one, a 'true' mentor relationship was not depicted, but more of a role model relationship. Role modeling differs from mentoring in that it usually includes a passive emulation of attitudes or behaviors of another (Bidwell & Brasler, 1989).

Some of the literature on mentoring in nursing practice comes from preceptor-type relationships. Beaulieu (1988) suggests that preceptorships may lead to mentorships if the right 'chemistry' exists within the relationship. Adams-Ender (1991) believes that the most important things to study under a mentor in a clinical area are the politics, policies, and personalities within the organization. Therefore, it is important to develop the mentor relationship with someone in the same specialty, unit, or department. Atwood (1979), describes a pilot project developed at a children's hospital in San Francisco that assigned a "mentor" (preceptor) to two newly graduated nurses and compared them to another newly graduated nurse who received only an orientation to the unit. The mentees

expressed enthusiasm under the tutelage of the mentor, while the non-mentored individual expressed discouragement and dissatisfaction with the job after six weeks. The role this 'mentor' served was more of a counsellor and guide into the organizational system of the hospital, and as such did not provide for an in-depth, emotional, and highly committed relationship to the protege.

#### Mentoring in Nursing Administration

Two case reports (Chamings & Brown, 1984; Hawken, 1980) provided information on mentoring relationships occurring in nursing administrative positions. The basis for selection of a mentor were trust, respect, and admiration by the protege. Arnoldussen (1990) and White (1990) gave an anecdotal description of the experience of being a mentor and protege respectively. Neither had chosen to enter the relationship, as the relationship had been formally arranged as part of a quality assurance program. The mentor appeared to assume mostly a consultant role, and the mentor and protege were separated geographically and communicated by phone. Both participants expressed enthusiasm and benefits from the mentor program. Arnoldussen, the mentor, enjoyed the chance to develop and express leadership skills, and White, the protege, expressed a feeling of confidence and support from the mentor.

White (1988) surveyed 300 academic nurse-administrators about the role of mentoring in career development and concluded that 57% reported having a primary or secondary career mentor, while 43% indicated they did not have a mentor. This study provided clear research questions, definitions of the protege, and of different types of mentors (most significant mentor, primary and secondary mentor, and significant individual). Also, personality characteristics of mentors were described such as competent, intelligent, articulate, mature, sincere, level-headed and friendly. The negative behaviors of the mentor were described as: overdemanding for loyalty, overmanipulative, overpossessive, rejected protege, encouraged overdependency, treated as a token, limited career progress, or transgressed sexual boundaries (White, 1988). The findings of White's study were that mentoring was initiated mutually or by the mentor, similar personalities were not necessary, and the relationship was on the whole satisfying and ended on a friendly basis. Although no conceptual framework guided this study, clear research questions and definitions of terms were provided.

Boyle and James (1990) surveyed nurse managers on their perceptions of mentoring experiences. While 34% currently reported having a mentor, 79% reported having had a



mentor at some time in their career. Most mentors came from academic or professional ties, and the most significant contributions the mentors made were: demonstrated a belief in the protege, served as a role model, and shared feedback and expertise. According to Boyle and James (1990) nurses who are assuming leadership roles for the first time are in most need of a mentor.

Alexander (1989) surveyed 101 nurses who were deans of schools of nursing, to seek information about the attributes that contributed to a mentoring relationship. One interesting finding is that the majority of the sample (59.4%) did not have mentors. Elements contributing to mentorship development were frequent, informal discussions between mentor and protege; and the mentor being well-educated, friendly, well-spoken and articulate, having expertise in area of interest, and seeking the protege's input and opinions. Elements seen as not contributing or related to mentorship development were the mentor's style of dress, involvement in research or community activities, and publication history.

#### Mentoring in Nursing Academia

Williams and Blackburn (1988) studied the effect mentors have on scholarly productivity of junior nursing faculty. Using a self-developed questionnaire, faculty at 8 of the top 20 colleges of nursing in the United States were

surveyed (N=183). Greater frequency of research activity, book editing activity, and participation in a refereed forum and consultant role were found in junior faculty that were mentored as opposed to those who were not. This study suggested that collaboration on research between junior and senior faculty would increase productivity. Werley and Newcomb (1983) surveyed directors of 21 doctoral programs (18 responded) to gather information on institutional and structural aspects that foster a research mentor relationship. They found these doctoral programs promoted faculty-student collaboration in research, but not collaborative publication. Data were gathered from self-report by the directors of the programs, and as Werley and Newcomb chose explicitly not to mention the concept mentor, data collection focused on explicit actions or behaviors from which a mentor-protege relationship was inferred.

Some of the literature suggests that mentorship is essential for the scholarly development of nurses (May et al., 1982; Davidhizar, 1988; Stuart, 1988). Stuart (1988) believes that one barrier to Canadian nurses achieving doctoral preparation may be the dearth of mentors. Davidhizar (1988) concurs that a vital and crucial ingredient in doctoral education is the presence of a mentor.

Thompson (1990) in an article about mentoring among nurse-faculty, reviewed the literature on mentoring in academia and concluded mentoring relationships are infrequently found amongst nurse educators, and attributes this lack of mentors to women's poor self-image, their defensive and competitive attitudes towards other women, and the lack of women in top-level positions. Thompson believes the lack of mentors may be attributed to the "queen bee syndrome." This syndrome occurs when a woman who has reached the top of an organization refuses to help others below her for fear of being replaced by them. Women in health care professions may be analogous to women in business. Both groups struggle to achieve positions previously denied to them. Thompson (1990) suggests if time and energy are involved in pursuing their own academic careers, nurse faculty may have little time and energy to devote to mentor relationships.

Ardery (1990) in a recent article, posits that mentoring may help build nursing's unique knowledge base, but at this time mentoring is seen only as a new ideology for personal career advancement. She calls for the nursing profession to view mentoring as a shared vision in transmitting knowledge through all situations in which we gather to teach and learn: classroom instruction, clinical and laboratory instruction, inservice education, seminar discussions, graduate teaching and

research assistantships, thesis and dissertation supervision, and collaborative research projects.

### Other Professional Disciplines

It is not only the nursing profession that is calling for mentors. The disciplines of education (Anderson & Ramey, 1990; Bolton, 1980; Daloz, 1983; Healy & Welchert, 1990; Merriam, 1983; Moore, 1982), pharmacy (Pierpaoli, 1990), medicine (Ochberg, Barton, & West, 1989; Shapiro et al., 1978; Stange & Hekelman, 1990), counselling psychology (Alleman, Cochran, Doverspite, & Newman, 1984), nutritional science (Brackenridge, 1989; Bunjes & Canter, 1988; Kapustiak, Capello, & Hofmeister, 1985), dental hygiene (Allen, 1986), and sociology (Auster, 1984; Epstein, 1974) all identify that mentors are needed to pass on the knowledge and wisdom gained through experience, on to the next generation of professionals.

### Negative Aspects of Mentoring

Mentoring is not a panacea. Yet, few studies have described the negative aspects of mentoring (Auster, 1984; Braun, 1990; Missirian, 1982). Braun (1990) studied the downside of mentoring and described a subject who viewed his mentor and dissertation adviser (a Nobel Laureate) as a combination of God, Christ, and Einstein. The subject's perception of reality was that he would always be a B+ student

in comparison, and the self-fulfilling prophecy came true. This study also describes other potential negative aspects of mentoring such as betrayal, a potential for a mentor to lose power and subsequent loss of help to the protege, a mentor's destructive personality, dependency issues, and exploitative relationships with "intellectual robbery" of the protege's ideas and projects. Braun (1990) believes that we must "diminish the halo found about mentoring" (p.196-197) to present a more balanced view of the phenomenon. Auster (1984) viewed mentor relationships as power-dependent dyads, in which the power is imbalanced in the direction of the mentor. He suggested that role strain or the difficulty of fulfilling role demands can occur with both mentor and protege.

Hagerty (1986) raises some critical issues in a review of the literature on mentoring. She argues the need for a consensus on a definition of mentoring, and questions the assumptions held underlying the undeveloped theory on mentoring (such as having a mentor being directly related to career success). She calls for rigorously designed studies and scholarly investigation into the mentoring phenomenon.

Most studies do not look at the negative effects of mentoring. Perhaps this is because once people experience destructiveness, betrayal, or exploitation, they do not perceive

this behavior as mentoring and would therefore not consider the relationship to be a mentoring one.

### Summary

Analysis of the literature on mentoring reveals that the mentor concept appears to be an idea whose time has come for nursing, yet remains in the early stages of development. There appears to be a consensus that mentoring is beneficial for professional and career development, and for providing mentors with an avenue to pass on acquired knowledge and expertise to the protege.

Mentoring may help develop tomorrow's nursing leaders, so that the future of the profession will continue to grow and thrive. Much of the wisdom and experience of today's nursing leaders must be transmitted to the next generation: the leaders of tomorrow. If mentoring is to become a more deliberate process, research resulting in a detailed and rich description of this process is needed.

In conclusion, although much 'opinion' literature exists on the mentoring phenomenon in nursing, research into the phenomenon has been limited. Most studies suffer from lack of in-depth description of mentoring (Jowers & Herr, 1990). Before advocating informal and formal mentoring in nursing practice, education, administration, or research, more in-depth

analyses of the mentoring relationship is needed. This study hopes to build on the mentoring theory in nursing.

## Chapter 3 Methods

### Research Design

The phenomenological method was used for this study. The choice of this method was determined by the research question and the paucity of research found on the experience of mentoring from the perspective of the protege. No phenomenological studies were found in the literature on mentoring in nursing. The phenomenological method is appropriate because it seeks a fuller understanding of a phenomenon through description, reflection, and direct awareness to reveal a multiplicity of meanings (Ray, 1990). A phenomenological approach aids in understanding the nature and essence of mentoring, and provides a way to describe the lived experience of a protege in a mentoring relationship.

### Participant Selection and Criteria

Participants were selected on the basis that they could speak about the phenomena of having a mentoring relationship. The inclusion criteria were that the participant must: (1) have had or be in a mentoring relationship, and (2) be a master's student in nursing or faculty member in the University of British Columbia School of Nursing. A personal letter was sent to instructors in the School of Nursing and nursing master's students known by the researcher to be



studying at the school, requesting participation in this study (appendix A). In total 125 letters were sent and 15 people accepted the invitation to participate. One of the candidates could not find time to meet for an interview, and another could not be reached by the researcher, therefore 13 people participated in this study. The aforementioned definition of mentoring terms and researcher assumptions were given to the candidates before interviewing.

#### Data Collection Procedures

Data were collected by in-depth interviews. The in-depth interviews are intended to elicit data that provide insight and elucidation of the experience of being mentored. Initially, relevant literature and Anderson and Shannon's mentoring model (1988) provided a structure and guide for the trigger questions for the interview process. The trigger questions appear in Appendix B. All interviews were audiotaped and transcribed verbatim by the researcher. Data collection and data analysis cannot be separated in qualitative research, therefore, as interviews were conducted, insights and patterns emerged that influenced ensuing questions and data collection.

The first interviews ranged from 45 minutes to 2 hours duration and tended to be intensive and emotion-laden for some of the participants. Some of the participants reflected back to the enormous help and love their mentors had given,

and this self-disclosure held profound and moving memories for them. Although the trigger questions were used in each interview, the specific sequence of questions were not strictly adhered to and participants were allowed to freely share their personal thoughts and feelings about their mentoring experience. Most participants chose to focus on one significant relationship, but some spoke about 2 or 3 of their mentors.

Second interviews were set up with the participants to validate the researcher's beginning interpretation of the data. The data collection period lasted approximately 4 months.

#### Data Analysis

The data were analyzed following a method of van Manen's (1984, 1990). His recent book, *Researching Lived Experience: Human Science of an Action Sensitive Pedagogy* (1990), and the journal article: *Practicing Phenomenological Writing* (1984) describe this method. Four major processes are included in the method: (1) Turning to a phenomenon that interests the researcher and to which she or he is committed to (2) Investigating the phenomenon by studying the lifeworld rather than theorizing or conceptualizing about the phenomenon (3) Reflecting on the essential themes within the phenomenon and (4) Describing the phenomenon through writing and re-writing.

**(1) Turning to a Phenomenon That Interests the Researcher**

Phenomenological research is always a project of someone who "in the context of particular individual, social, and historical life circumstances sets out to make sense of a certain aspect of human existence" (van Manen, 1984, p.40). Each project is driven to the phenomenon under study.

**(2) Investigating the Phenomenon**

Phenomenological research has as its concern the study of the lifeworld, or lived experiences of human beings (van Manen, 1990). The deepest goal of phenomenological research remains the asking of what is the nature of the phenomenon as an essentially human experience. "On the one hand it means that phenomenological research requires of the researcher that [s]he stands in fullness of life, in the midst of the world of living relations and shared situations. On the other hand it means that the researcher actively explores the category of lived experience in all its modalities and aspects" (van Manen, 1984, p. 40).

**(3) Reflecting on Essential Themes**

Insight into the essence of a phenomenon requires reflection on and clarification of the structural meaning of lived experience (van Manen, 1990). Essence is not some esoterical entity or discovery, nor the ultimate core of meaning of a

phenomenon. Rather, it is simply seen as a deep description of a phenomenon. The essence is that which makes a particular lived experience what it is (van Manen, 1984). Thematic analysis is conducted by uncovering the thematic aspects of the lifeworld descriptions, isolating thematic statements, composing linguistic transformations, and determining essential themes (van Manen, 1990).

#### (4) Describing the Phenomenon Through Writing and Rewriting

van Manen (1990) believes that phenomenology is writing itself. In describing the lived experience of the participants attention is given to the "subtle undertones of language" (van Manen, 1984, p.64), varying the examples to include the typical and atypical, writing the description of the phenomenon so that it is related to the essential structure, and rewriting the description to obtain a responsive and reflective description. van Manen (1984) views the procedures of this method as a "dialectical going back and forth" (p.68) among the steps of the research process. Throughout the analysis, the literature on mentoring was continually returned to, so that a deeper understanding of the phenomenon was achieved.

All audiotaped interviews were transcribed by the researcher. Each transcript was then read through twice to get a sense of its meaning. The transcript was read a third time,

line by line to identify meaning units which were written in the margins of the transcript text. The meaning units were reflected on and the thematic statements were developed. The researcher developed 71 thematic statements which seemed essential to describe mentoring (Appendix D). Analyzed transcripts were constantly compared and contrasted with other transcripts to determine the patterns and themes.

In the second interviews, the beginning analyses were shown to the participants for validation. The participants were asked if the thematic statements and themes described their experiences. Further questioning and requests for elaboration of the participants' descriptions occurred. Participants helped make sense of the data which in turn provided direction for further data collection and analysis. Most participants expressed agreement with the beginning analysis. However, one participant explicitly stated an objection to one particular initial thematic statement: "Mentor appears perfect; can do no wrong." The participant rejected this statement as it did not, in her perception, reflect the "humanness" of the mentor relationship. Although this challenge and rejection of the interpretation was uncomfortable for the researcher, the interview provided a deeper exploration than most because the participant continually sought to elicit the essence of mentoring. The second interviews were audiotaped,

transcribed and analyzed in the same way as the first interviews. Themes that were extracted from the data were then further abstracted to four content categories. The final conceptualization of the phenomenon with the themes and content categories is diagrammatically depicted in Figure 2, p. 36.

### Reliability and Validity

In phenomenological research, the researcher is seen as the data collection instrument (Pallikkathayil & Morgan, 1991). However, attention is still paid to "reliability and validity" but in regards to qualitative paradigm standards.

Guba and Lincoln's (1981) criteria for evaluating qualitative research provided checks for reliability and validity. In this framework, reliability and validity are given different names. The four factors that test for rigor are: a) credibility b) fittingness c) auditability d) confirmability. The traditional, quantitative terms for these factors are presented in brackets.

Credibility (internal validity) of a study is determined by "taking data and interpretations to the sources from which they were drawn and asking directly whether they believe-find plausible- the results (Guba & Lincoln, 1981, p.110). The interpretations are deemed credible if people having had the particular experience (participants, researchers, or other

readers) recognize the description as being similar to their own experience (Sandelowski, 1986). The researcher asked the participants if the interpretations (thematic statements and emerging themes) were congruent with their experience. Therefore, validation from the participants of the researcher's interpretation and analysis, contributed to the credibility of the study.

The fittingness (external validity/generalizability) criterion is met when the study's findings "fit" into other contexts, and when its audience perceives its findings as meaningful and applicable with regards to their own experience (Guba & Lincoln, 1981). The results or findings must "fit" with the data. The findings will be judged as fitting if others who have had a mentoring experience concur that the findings are meaningful and applicable to their own experience.

The "elite bias" is also a threat to the fittingness of a study. An elite bias occurs when the participants chosen are "the most articulate, accessible, or high-status members of their groups" (Sandleowski, 1986, p.32). This is a definite threat to this study as all participants were relatively 'high-status' members vis-a-vis their position as graduate students or faculty members. However, it was hypothesized that there would be a greater chance of recruiting participants for this study on the assumption that those who are leaders of a

profession have a greater chance of having had a mentor.

Another threat to fittingness is the "holistic fallacy" (Miles & Huberman, 1984, p.230). This happens when the researcher tends to make the findings more patterned and congruent than they really are. Data that do not fit are rejected, and the findings are presented as being totally representative of the data. To counteract this threat to fittingness, the researcher checked with the participants that the analysis fit with their experience. The researcher also remained skeptical and critical of too patterned findings (Sandelowski, 1986).

Auditability (reliability) refers to the determination of whether or not another can follow the "decision trail" used by the researcher in the study. Another researcher should be able to reach similar conclusions given the same data and situation (Guba & Lincoln, 1981). The criterion of auditability in this study was established by having the researcher's thesis committee follow the data analysis, and closely audit the decision trail throughout the research process. Auditability was also achieved by declaring the assumptions held by the researcher, stating the purpose of the study, and specifying how data were collected and analyzed.

Confirmability (objectivity) can be assessed when the prior criteria of auditability, credibility, and fittingness are



established (Guba & Lincoln, 1981). Confirmability should be reflected in the findings themselves, not in the objective and distant stance of the researcher (Sandelowski, 1986). The findings of this study will be confirmable if others who have experienced mentoring find the descriptions of the mentoring experience to be like their own.

#### Procedures for Protection of Human Rights

Each participant was fully informed about the research study and purpose, and given an explanation of some anticipated risks and benefits. Although the direction that qualitative research takes is difficult to predict, the benefits of the chance to reflect on a meaningful experience with someone eager to listen, and the risks of personal disclosure were explained to each participant. When they agreed to participate, assurance of confidentiality, and the choice to decline participation at any time throughout the research was stressed. Informed consent was obtained for participation and taping of the interview (Appendix C). Informed consent in qualitative research is a process of "ongoing consensual decision-making, where emergent difficulties are discussed openly" (Ramos, 1989, p.61), throughout data collection and analysis. Each participant was informed of the estimated amount of time commitment for the interviews (1-2 hours for first interview), and subsequent contacts for validation (one half hour-1 hour).

All tapes and transcripts were destroyed after the final written report was completed. The proposal received approval from the University of British Columbia Behavioral Science Screening Committee for Research and Other Studies Involving Human Subjects before data collection began.

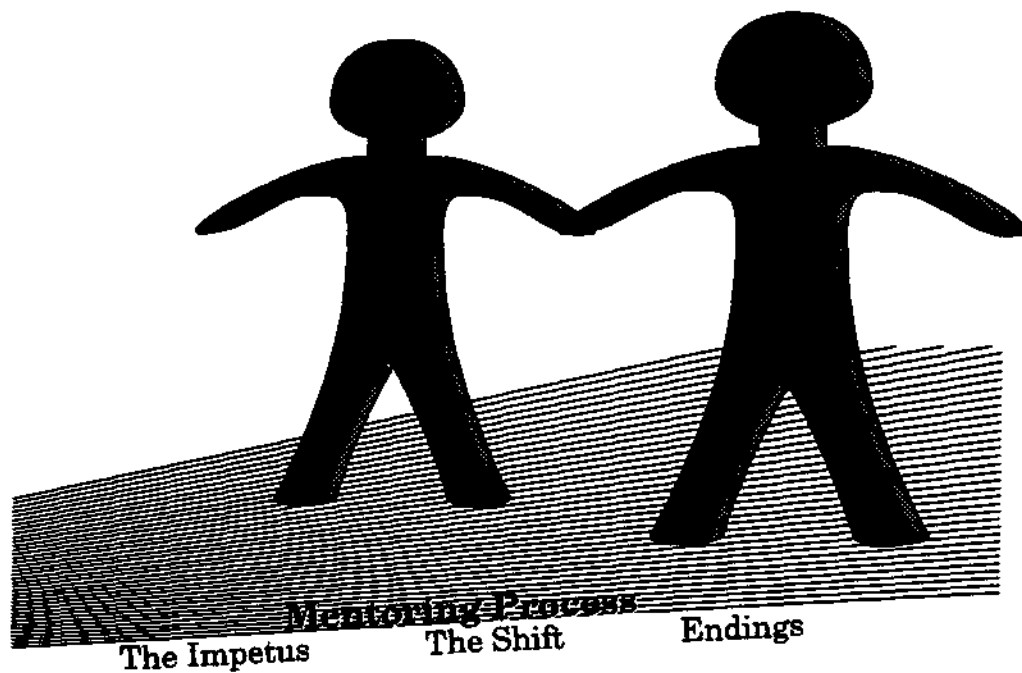
#### Participant Autobiographies

Each participant was asked to write a short autobiography. These descriptions reveal the participants' thoughts, commitments, and feelings, and the researcher hoped that by describing themselves in their own words, participants would feel more involved in the research. The length of the descriptions ranged from one sentence to a few pages. They are included in Appendix E. In order to further protect confidentiality, in these autobiographies, the participants are referred to by number rather than pseudonym.

## Chapter 4 Findings and Discussion

The findings in this chapter are presented and discussed in relation to the existing body of knowledge on mentoring. Seventy-one thematic statements were extracted from the transcripts during thematic analysis (Appendix D). Themes were developed from these thematic statements and further abstracted into four major content categories: (1) Mentoring as a process (2) Mentoring as a relationship (3) Mentor functions (4) Mentoring outcomes. Figure 2, p. 36 shows the researcher's conceptualization of mentoring, derived from the data.

The themes of The Impetus, The Shift, and Endings were placed under the content category: mentoring as a process. Sharing, Mutual Respect, Mutual Trust, Reciprocity, Care and Concern, and The Specialness were the themes under the content category: mentoring as a relationship. The themes of Provider of Opportunity, Provider of "Inside Information," Challenger, and Believer in Potential fell under the mentor functions content category. Confidence Building, Professional and Personal Growth, Satisfaction from Seeing Someone Grow, Retention, and Unification of the profession were the themes placed under the content category: mentoring outcomes (for the protege, mentor, and profession respectively).



### **The Relationship**

- sharing
- mutual respect
- reciprocity
- care & concern
- mutual trust
- specialness

### **Mentor Functions**

- provider of opportunity
- provider of "inside information"
- challenger
- believer in potential of protege

### **Mentoring Outcomes**

#### **To the protege:**

- confidence
- professional & personal growth

#### **To the mentor:**

- satisfaction seeing protege grow

#### **To the profession:**

- retention
- unifies profession

Figure 2. Conceptualization of Mentoring Derived From This Study

The findings of the study are presented next. The participants are referred to by a pseudonym.

### Mentoring as a Process

The first content category developed was the idea that mentoring is a process which is dynamic and develops over time. The themes under this content category are: The Impetus, The Shift, and Endings.

#### The Impetus

The impetus for the mentoring process may be that both mentor and protege "see something" in the other, or the mentor sees a potential in the protege. Karen described it this way:

I think that she chose to mentor me. I think that she saw some qualities in me that she wanted to develop and she made herself available and sort of became someone who was there for me. I was a staff nurse at the time and at that point she was the Director of Nursing and I was really keen and she took me under her wing and guided me through different processes...

Like most intense relationships, the development of the mentor relationship takes time. Amy describes the slowness of the development of the relationship:

..so it was initially really slow but she always used to come in when I was working and she'd just sort of say: "how are you doing?" and off she would go....and then we started doing our B.Sc.N together and that's when it really developed...

Laura describes how a job offer initiated the relationship:

How it began I guess initially, the person who was my mentor hired me for a job....I'll never forget that night I was at work at the \_\_\_\_\_ working evenings I got a phone call from her offering me a head nurse position on that ward and I mean I had two years experience....

Most of the participants perceived the mentor relationships were initiated mutually except for Alex:

I would say that she selected me yeah because obviously she...uhm later in one of the courses she chose to work with me....

The initiation of the relationship can happen when the proteges are in novice positions, or during transitional points as revealed by Nancy:

Well I have to say formally, it began, uh started at school, but I didn't really meet my mentor and become associated with her until I started, I answered an advertisement, she needed a research assistant, and so I answered her advertisement and I guess I interviewed for the position so it was pretty informal, but that was the beginning. So I wasn't her student, in fact I've never been 'her student,' I've always had a relationship outside of the school itself, although she's on my committee now....

Mentor relationships may develop for many reasons but one participant, Valerie, believed the impetus was because both protege and mentor were looking for needs to be fulfilled:

I guess both were looking for something. I think she was needing to share with somebody and I certainly needed the help.

The developmental stage perspective of mentoring is best exemplified by Karen:

Our relationship changed..evolved over those maybe 9 years. We had this relationship and at the beginning it

was a lot more of she guiding me and I was more in a submissive role, but over time as I developed my knowledge and my skills and everything I felt that I was able to contribute more to the discussion and that type of thing. I could feel my growing and our relationship started to change as well. I was beginning to feel more confident and was questioning more than when I did maybe earlier.

### The Shift

As the mentoring relationship develops, there appears to be a shift whereby the protege gains a better sense of capability and contribution. This shift helps the protege to reciprocate to the relationship. Karen stated:

I felt that I was able to contribute more to the discussion...and our relationship started to change as well. I was beginning to feel more confident and I was questioning more....As I gained my knowledge I felt I was more on almost an equal basis, even though I didn't have the same expertise, I was beginning to recognize that I could contribute.

Manon describes how this shift has occurred over time:



I think our relationship has changed over time, and she's needing to put less time into me now than she did originally...I think it changes over time and that you do get to a level where there's the communication going on and there's exchange of ideas, but not so much time going into the counselling and the teaching.

Anne also speaks about this shift:

The nature of the mentoring relationship changes as the relationship evolves and that as you grow in your competence, you become more available to give back to that mentoring relationship because you learn from the person that you probably have some skills that you can offer them input on, and I think a good mentor will foster that, will welcome it, they don't necessarily, you don't have the sense that they want to keep you in that position.

As with most relationships there is this give and take aspect. Alex expressed her distress at not perceiving herself to be giving as much back to her mentor as she was receiving:

Sometimes I felt that her ideas were still so much more evolved and that I wasn't really able to, I wasn't really sure I was contributing to her when we would have our talks..and at that time I felt uncomfortable with our relationship for awhile because I didn't feel as an equal yet. I think she was wanting me to be equal.

### Endings

Ideally mentor relationships end when neither protege nor mentor have a need to continue, and the relationship evolves into a lasting friendship (Kram, 1980). Each of the participants in this study were at different stages of the mentoring process, but for the ones whose mentor relationships had ended, all ended with friendship except for Karen. Because all other participants expressed satisfaction with the endings of their mentor relationships, Karen's ending appears atypical. She explained:

Actually it didn't end very happily. It ended up I was in an administrative position and she was the CEO of the hospital, and I had at that point developed some very strong views of nursing and, she from the administrative point of view felt that she had to make certain decisions, and we started to clash...I had gotten to the point where I

wanted to walk on my own...I think I was the kid trying to walk in my shoes and walk on my own and she was sort of being you know, "no no no you can't do that, I know best," which wasn't the case, I didn't think so anyway. I was ready to make my own mistakes.

Other participants expressed anxiety at the possibility of the relationship ending. Amy stated:

I worry about the termination...I think it will end positively whether she leaves the city where we live, or she retires, or she moves on. It might end by distance, and I think the mentor relationship will change over time.

When Manon was asked if she saw her relationship ending she paused for a long time, then said:

Hard to say about that. I'd like think it will go on. I'd like to think that we could share and work together for a long, long time. I don't know whether other people will come along who are of considerable interest to her who are coming into the ranks who will take a lot of time and energy, because I'm not the only person that she's

mentored...maybe if you get far enough along in the process, it just stops, I don't know I'm not far enough along in the process to know at this point.

From these findings, mentoring can be viewed as a developmental process which evolves over time and increases in intensity and depth. Some literature on mentoring sees the relationship as a developmental process (Darling, 1985; Dalton, Thompson, & Price, 1977; Hunt & Michael, 1983; Kram, 1980; Larsen, 1984; Levinson, et al., 1978; Missirian, 1980). Kram (1980) has provided a useful and comprehensive developmental perspective to the mentoring process which is divided into four stages: initiation stage, cultivation stage, separation stage and redefinition stage. The initiation stage usually lasts for about 6 months to one year and roles are defined and clarified. The mentor at this stage is more experienced, powerful, and professionally recognized than the protege who is at this time underdeveloped but possessing potential. The cultivation stage may last from two to five years and at this time the protege work is seen as a by product of the mentor's instruction, encouragement, support and advice. The protege may be protected by the mentor from criticism from colleagues or superiors. The need for proteges to gain credit and merit for their own work provides the impetus for the next stage: the separation stage. This stage may happen from a

structural separation (moving away of protege or mentor, death or other psychical separations) or from a psychological separation whereby the protege wants independence and autonomy. The success of this stage depends to a great extent on the mentor's acceptance of the protege having graduated to peer or even superior status. "The mentor...who does not feel threatened by this talented protege will be more likely to understand protege independence and support the career of a protege" (Hunt & Michael, 1983, p.483). Ultimately, if the timing of the breakup is appropriate, the final stage of redefinition will complete the development of the mentor relationship. The final stage is one of redefining the relationship. The protege may reach peer status or surpass the mentor, and may become a mentor to others. Ideally the relationship evolves into a lasting friendship (Kram, 1980).

### Mentoring as a Relationship

The themes under the content category mentoring as a relationship are: Sharing, Mutual respect, Mutual trust, Reciprocity, Care and concern, and The Specialness.

#### Sharing

The essence of mentoring appears to be sharing. It is a sharing of ideas, knowledge, power, expertise, resources,

beliefs, values, and self. Able expressed the sharing in this way:

One of the things about mentoring is that you both have to be willing to share...she talks a lot about mistakes that she wishes she hadn't made and she had to learn through trial and error so it may be that she's trying to pass that wisdom to someone...so she would share a lot with me and she would make specific recommendations as well as things to avoid.

Karen perceives the sharing as similar to good communication:

Listening to the person, sharing your knowledge with the person, commitment to the person, being able to trust the person...it's good communication skills.

Hetherington & Barcelo (1985) contend that it is "the responsibility of all women to share information. By sharing, women empower other women to gain expertise and knowledge in their own right.... Each woman has a little power that she can share with other women in her environment..." (p.15). Mentoring is sharing: sharing power, sharing

competence, sharing self, and sharing differences (Moore & Salembine, 1980).

Hardy (1984) argues that although mentoring illustrates the essence of sharing, nurses have not been socialized to share with one another. She states that the types of organizations that nurses work in (superior-subordinate hierarchical relationships, failed communications in the health care system, strict adherence to rules and regulations, and limited autonomy of nurses) are in opposition to a sharing atmosphere. Nurses need to support and assist each other consciously to create an atmosphere of sharing and collegiality.

#### Mutual respect

Most of the participants repeatedly stated that they respected their mentors, not only for their competence and expertise, but for the "way they handled people." In turn, the mentors respected their proteges. Karen describes why she gained respect for her mentor:

I had respect for her because she had been in the hospital for years and I felt that she was doing a lot of constructive things for the nursing department, so she had my respect and I wanted to support her...she was able to say what I thought of in the back of my mind, but

wasn't able to articulate, and she was also able to put it into action, so that helped me want to follow her, or to be guided by her, so that helped me respect her.

Amy stated throughout the ten year relationship she has had with her mentor there has been the element of mutual respect:

...there was always that respect you know, me looking up to her...there's this respect between us...I think there has to be mutual respect, because if you look up to someone, but they don't respect you as being their protege, its not going to work. There has to be that mutual respect...

Pat stated:

I respected her and she respected me. It was a mutual respect between us...

#### Mutual trust

Mutual trust is a cornerstone in mentoring relationships. Virginia expressed her feeling of safety and trust within the relationship with her mentor:



I guess being there as a sounding board, someone who you can trust, someone you can go to and say: "Help, I really don't know what I'm doing." I mean I couldn't go to anyone in the organization and say I don't know what I'm doing, they might fire you. But someone you can say that to and they won't hold it against you...

Pat put it simply:

You want to be able to establish a trust relationship so that you can share personal information, frustrations, happy situations.

### Reciprocity

Another important aspect of mentoring is the reciprocal, give and take nature of the relationship. Mentoring is not a one-way relationship whereby only the protege benefits. The mentor also receives. The participants in this study were directly asked: "What do you think your mentor got out of the relationship?" Because the responses elicited are only the benefits the proteges perceived their mentors accrued, the mentors could have received much more from the relationship than the proteges were aware of. Manon believed that she challenged her mentor and offered a different perspective:

I think I challenge her..I am perhaps more theoretical...I love to read on things, I love to go to the literature and try and ferret things out. I like to spend a lot of time thinking about what different authors have said about things...she doesn't get as intense as I do...she's very realistic and very centered in terms of what's useful and what isn't, but I don't think we would have got into the depth of the literature on\_\_\_\_\_, if I hadn't been working on that project with her, so I think I contributed something to it that she might not have perceived or pursued further or done in that particular way, and I think sometimes she finds that a little frustrating...I'll slow the process down, but in the end sometimes I think we have a better product.

Along with providing a different perspective, proteges can contribute to the mentor in that the protege may have complementary traits which provide a balancing effect. Karen describes these different, complementary traits:

I always felt that she could communicate better verbally than I could, but I felt that sometimes I listened better than she did...she really found it difficult to deal with the medical staff problems, while I felt with medical staff

problems you lay them on the line...I tended to be more intuitive, I was more conceptual while she was more concrete, and that really helped because I would do some conceptual things and she would do some concrete things and we would come together with it and that worked really well. I think it was quite complementary.

Anne speaks of the opportunity she provides her mentor to vent some frustrations:

With M. [her mentor] its been more of a chance to share sometimes some of her frustrations. Things she wanted to get going where the system's not ready...she sometimes has felt a bit frustrated by what she could or couldn't achieve in the system and I very much listened to that and tried to support her with it...

When Pat was asked what the mentor received from the relationship, the reply was:

A different view from dare I say a fledgling nurse...I gave her quite a different view on things...I don't want to say she was in a rut, but she certainly had her own point of view and expectations, it was routine for her, and I was

asking why, always asking why...I think I made her think and have to dig for answers...uh, she got a good friend out of it as I did.

Laura described the support she gave her mentor:

I can acknowledge she's not an angel...she was difficult to work with...so she would get that kind of support from somebody, and I mean she certainly had somebody who she could confide in and rely on and I mean the kind of things she could tell me in confidence...

The theme of reciprocity is dealt with by Healy and Welchert (1990). They consider mentoring to be a dynamic, reciprocal relationship that benefits both protege and mentor. Proteges experience an identity transformation and mentors a transcendence of stagnating self-preoccupation.

#### Care and concern

Mentors see proteges as people whom they are concerned about and care about. When asked if Manon could summarize the mentoring experience in a word or phrase she stated:

That's a very hard thing to do. The first word that came to my mind was caring, but its not just caring...its a

directed caring, because caring isn't enough. I mean I know lots of people who care about me. But its a caring directed towards me and my career development or my advancement, or my success in the area I've chosen, but her caring is directed in helping me be the best academic I could possibly be

Sometimes the care and concern were expressed as support and protection. Lucy gives a concrete example of the support her mentors provided:

When D. (her first mentor) found out how much money I was losing on exchange on the dollar, she just immediately set about finding me a job so that I wouldn't be in such distress, and S. (her second mentor) offered me a place to live. S. is still always encouraging me to take time off and rest and very concerned, making sure I have time to relax...so they are very protective of me as a person. They would give me advice, the information they would give me would be on protecting my interests, my self, what I needed to do for my benefit, to clarify who was asking me to do what, was it for their benefit, or was it for my benefit as well? And so I found them

always protecting me as a person, protecting my time,  
protecting my health, protecting my well-being...

### The Specialness

Most participants seemed opposed to any formal, set-up mentor programs because they believed mentor relationships could not be forced, and there was a special something to them. Lucy stated:

...people talk about having a mentoring relationship and what that means to them is someone who shows them what to do. A mentoring relationship is more than that. It's a very intense, personal and professional relationship...there's something special that happens with the personal connection that in my view makes it mentoring...it's that special personal connection.

In summarizing her relationships with her mentors she said:

It was intense, profound, and meaningful.

Elizabeth thinks the word mentor has been overused and misused. She depicts the specialness of the relationship as a mystery:

I think there's something very magical and mystical and mysterious and organic about the process...I know lots of people believe there can be a much more mechanistic evolution of the process...I believe in magic in all relationships no matter what they are and I don't think you can force anything on anybody...its my idea of hard work frankly and unless there's something there, whatever that is, its a lot of work to really pay attention to somebody else and care about them.

Lucy summarized her mentor relationship to be like other close personal relationships:

It had everything in it. It had everything that a good, close relationship between two people have. You know, humour, laughter, fun, serious moments, reflection, thinking, taking people out for lunch..You know all the components of a good relationship.

Amy contends there has to be a "fit" or a "click" for mentor and protege:

...a fit, a chemistry...there has to be a chemistry there...I had a sense, I had this feeling that there was something special there.

Manon states similarly:

It's long [mentoring] and it's not something you take lightly, and it does involve a lot of ongoing energy, and it does involve that special something...

Karen described the relationship as:

...a very special relationship that without I could not have grown...

There appears to be a specialness to mentor relationships. As Williams (1977) notes: "Achieving a mentor relationship with an older person is a lot like falling in love- you can't force it to happen, and it only works if the chemistry is right" (p.198). Levinson et al. (1978) viewed the mentor relationship as one of the most complex and important relationships that



one could have. "Mentoring is best understood as a form of love relationship" (p.100). Hardcastle (1988) suggested the essential qualities of a mentoring relationship include a mentor that offers unique visions, motivates their protege to grow, show them new ways to be, and spiritually support their proteges. Yamamoto (1988) believes the relationship cannot be forced and formal programs debase "yet another human phenomenon of profundity...by a misguided attempt at polarization and standardization" (p.188). Pilette (1981) describes the relationship to have an existential nature with human presence and spirited engagement between mentor and protege.

In sum, the mentoring relationship appears to be like all good relationships with elements of sharing, mutual trust and respect, care and concern, reciprocity, and specialness. Lucy explained that to her mentor relationships are very special, close, intense relationships that don't happen all that often for most people.

There appears to be two dissenting opinions on mentoring relationships. For those who believe that mentoring is an intense, special, emotional relationship, the idea of setting up mentor programs is antithetical to the idea of these unique and special relationships. However, there are those who believe mentoring has been idealized and could be easily

formalized (Hunt & Michael, 1983; Murray & Owen, 1991). The findings of this study portray the mentoring relationship as indeed special and unique. Two participants started crying during the interview when talking about their mentors because of the fond memories the special person and relationship held.

### Mentor Functions

The mentor functions described in this study are: Provider of opportunity, Provider of 'inside information,' Challenger, and Believer in potential.

#### Provider of opportunity

One of the more important functions of the mentor is to provide opportunities for the protege. Mentors take proteges to important meetings or send them in their place, make recommendations for promotions, or introduce proteges to influential, important people. Laura describes this promotion and provision of opportunities this way:

She was always kind of encouraging me to do more than I thought I could do...encouraging me to go off to in-service programs or sort of putting me on committees that would bring me in contact with other people....she encouraged me and got me involved with the nursing administrators'

group and I really wasn't entitled to belong to that group, but as her substitute I would go off to the nursing administrators' group...so I went to that a couple of years and that certainly increased my network because I met all the nursing leaders.

...She also encouraged me to take new jobs before I thought I was ready, uhm promoted me to different jobs before I really felt I wanted to leave the old one, uhm those kinds of things.

When Nancy was asked about some of the things her mentor did for her she described how her mentor introduced her to important people:

Last year there was this conference which was open to..it was a workshop conference so there were a number across Canada that were getting together, ...and they asked of the people who were prominent in their field if they could recommend promising graduate students they felt should be involved in the process, because they were looking for young professionals up and coming in the field to get them involved and interested in participating, and she put forward my name. Which she didn't have to do...she made it very clear to me she thought I was very

bright and loved working with me and had been very complimentary, so she put my name forward for that so I went for an all expenses paid, 4 day conference last year and had phenomenal exposure in terms of meeting a number of people...she would do things like at the reception when I walked in immediately she came up to me and said: "There's somebody you have to meet. Come with me." And she made sure that I met all the 'who's who' that were there and that they met me. She would say: "I want you to know that this is so-and-so, and she's a very bright student, and you'll be hearing a lot about her."... The way I see it is that the sponsorship is the stuff that's over and above, it's her going out of her way to say, how can I further and promote this individual in some very concrete, obvious, tangible ways, that I've sat back and gone [makes a wide eyed and astonished look], I mean that's where I've gone and been able to acknowledge and say wow you did this for me, you did this for me, and its never at my request, never with any hinting, she just sees a need or perceives a opportunity and takes it for me.

Anne stated:

She's always there ready to look for an opportunity for me.

The theme of provision of opportunity is contained in most of the literature on mentoring. Moore (1982) states "the mentor's job is to channel the protege's talent, energy and drive without destroying these attributes" (p.28). Provision of frequent interaction of mentors and proteges dealing with real life problems, and provision of opportunities for proteges to work with leaders or serve in leadership roles is paramount.

#### Provider of 'inside information'

Along with providing opportunities, the mentor also can provide inside information generally not known to others as told by Valerie:

Well she oriented me to the ward, but it was more than that, she gave me a rundown on the staff, what their limitations and strengths were, how to deal with situations that might come up.... When I went for my interview for the head nurse job she was supervisor at that time and she took me aside and coached me about what sort of questions would be asked in the interview, sort of went over a dry run....She would go out of her way

to make sure that what I did worked out...when I went for the competition for head nurse she would go out of her way by almost telling me the answers, and that's something nobody would do for you unless they were really a close friend.

Similarly Pat described the information on others mentors can give:

When dealing with certain people of the unit...she would inform me about how other people's personalities were...she did fill me in on the preferences, the unwritten preferences of certain people, i.e. the head nurse, the supervisor, things like that, things they like to see...

Lucy describes the privileged, inside information offered:

Within the school she would say: "now you have to meet so and so because you want to take a course from M"...and wanted me to meet this person and she guided me in such a way that I was able to meet various people and follow through with ideas that I had or follow with someone to study with...the University had seminars for all faculty and students that taught in other programs in

the country and we would have these seminars every so often and they were for only some students and she got me involved in helping to plan that and work with it and do things with her so that I would be sure to come because she said that was good for me and you know she would tell me who was going to be there, what they were about, and where they were from.

Later when Lucy has graduated from her educational program she explains how her mentor continues to provide information about other influential people:

She would help me figure out how to get in the system and that kind of stuff and she knew the Dean, we had a new Dean, and my mentor knew her from all kinds of things because she worked at \_\_\_\_\_, and she knew her so she was able to give me the insides on who this woman was and how she worked.

There is much information that is not written down anywhere that mentors provide to proteges. It may be the unwritten rules of the organization, the 'difficult' personalities and ways of others, or the long standing history of the organization.

Kelly (1979) relates a story that illustrates the importance of this inside information,

...there was every evidence of the student [an administrative resident] having worthwhile assignments and opportunities, to attend a multitude of meetings, and contact with all the major staff. But she was never in on the informal calls and talks where the real decisions were made; she was never clued in on how to handle a prickly chief of staff, or how to circumvent the idiosyncrasies of various department heads...the [senior] administrator served as a preceptor but not mentor, and the line between the two was as invisible but as strong as a spider's web. (p. 339)

It would seem that this provision of inside information is related to the vital sharing in mentoring. Mentors have knowledge and wisdom to share that rest only within themselves. Moore (1982) points out that:

One of the ways mentors strive to include proteges in the inner circle is to share with them the informal history of the group and its members and to explain in-jokes and informal norms. By explaining the group's history and the informal culture, the mentor is not simply recounting the past as a series of colorful but useless anecdotes; the past had meaning and potency for the group members



primarily as an account of the ways of knowing one another and establishing trust. Proteges make a serious mistake if they do not take this past-sharing seriously, for this knowledge can be a means of making connections with their mentor's colleagues. (p. 25)

### Challenger

Another function of the mentor is to provide challenges for the protege. This was expressed in similar ways by the participants, who mainly stressed that the mentor didn't give away the answers, but forced the proteges to think things through and use their own abilities in solving problems. Lucy expressed this challenging in terms of learning to 'conceptualize':

In fact, I remember in one course, somewhere along the way, there was this word conceptualize, it kept appearing in all the objectives, and I remember going to her and saying D., I don't know what it means to conceptualize. What is that? [laughs] And I believe as a result of working with her, that I learned to do that. She was very good at that, very good, and she would always challenge me in terms of ideas and thinking of other alternatives and pushing just a little bit more.

Elizabeth expressed the challenge of the extra demands her mentor as a professor put on her in an undergraduate nursing program:

...she kept giving me different reading lists and she demanded an extremely high level of performance. It was very stimulating and very exciting and I loved it. It was great and I went on to graduate school and I don't know if that was on account of her.

Karen describes the challenges her mentor gave her as not giving the easy answer:

...I didn't report to her but I could always phone her when I was struggling with something and trying to do something and she would say well have you tried this or have you considered this or there's a really good book on this you might want to try. She never really gave me any answer she just sort of said well think about this....Yeah she definitely challenged me and very very seldom did she give me the answers , she always made me sort it out, she'd give me questions and I'd have to work out those answers you know, and sometimes I would say well

I was thinking about what you said yesterday and I don't really feel totally comfortable with this and as long as I could give her a rationale, then we could go on. But if I went to her and I said I don't feel comfortable and she would say why and if I couldn't give an answer why, she'd want me to go back and think some more.

Able reiterates the same sentiment:

I'd ask for advice and career decisions and I guess the funny thing is she would never give me the answer, she would always make me think, and she would direct me but never give me the answer....forcing me to think through things rather than just telling me...she doesn't make things easy, she makes me squirm a little bit....I think she maybe on purpose puts challenges or suggestions, ideas or positions out in front of me...

Amy states:

She challenges me to think for sure...you know she wouldn't give me the answer, she made you think, or if I told her I did something, she'd ask for my rationale in

doing that and hear me out and then come out and say:  
"that's good, but I may have done it this way."

Manon speaks of a direct challenge her mentor had given her:

...she's been trying to get me to get up and speak at conferences and things like that with no notes, since I met her, and uh that's not an easy thing for me to do. I'm a person who likes to go with my text prepared and most of the time I can speak without looking at it, but I need my little security blanket there...but I told her last week that I did go to a conference and I was speaking to media people...and I decided to go to that and speak with no notes....and she didn't say anything but I think she was pleased about that because I think she's been trying to nudge me in that direction for a long time.

Daloz (1990) has written about the challenge function of the mentor. He explicitly delineates the challenges to be that the mentor sets tasks which get proteges to reflect and reconstruct former ways of thinking, provides an alternative voice to the one the protege usually hears, helps proteges identify their assumptions and values, encourages abstract and

hypothetical thinking, and provides specific and positive feedback.

Believer in potential

The mentor therefore provides opportunities and shares privileged information, and challenges the protege. However, the most mentioned function that the proteges stated their mentors provided was as a believer in the protege's potential. Alex stated:

I started thinking I've been mentored by a number of different people, then I realized that I hadn't, and then I thought about how there were only two people who really mentored me and what they shared in common was that they both have a vision for nursing and they're able to share that, and the other one is that they both believed in me and my abilities, sometimes more than I did...

Anne describes this belief as a fostering of belief in herself:

...I think I really learned from her I guess was a belief in myself as being able to achieve whatever I wanted...helping me to develop a belief in myself. Yes,

very much the personal validation in being where I could go.

Lucy explains how both of her mentors' faith in her ability gave her confidence:

...They would boost my ego by saying things like you're really going to make an important contribution to nursing, so that in a way they were preparing me for a leadership role, but they were also giving me confidence and having faith in my ability.

Elizabeth gave a concrete example on how her mentor believed in the special gifts she had:

...I didn't see myself as a writer and she saw me as a writer and I got my first article published when I was 23....I turned in an assignment, she said: "You know how to write, you know how to analyze, you're a good thinker, you belong in print," and I laughed at her and said: "I'm too young," and she said: "I'll work with you on this paper, there is no reason why this and every assignment you write for this program [graduate studies] shouldn't go directly into print." And four of them did.

Amy speaks about how her mentor believed she could complete graduate studies in spite of a devastating chronic illness:

...at Christmas time when I went up in the hospital there was a bunch of people saying: "well just quit, it's not worth it, it'll wreck your health and everything else, and I remember B. [her mentor] came in while someone was saying that and said: "Leave Amy alone, she can do it" and so she's the first to say I can do something.

Valerie stated when asked what qualities are important for a mentor to possess:

The ability to see potential in the other person and communicate it to them....I was so unsure of myself. To know that someone thought that I did the job really well. It was really nice and made me feel good and it gave me confidence...She treated me like, 'of course you can do that, of course its no problem for you'...she gave me strength, she believed in me, she thought I could do it, so I guess that transfered in to my own thinking about myself.

Pilette (1981) states that the deepest human need is to believe in self and one's abilities. Along with this, is the need for affirmation from another. Mentoring according to Pilette is an existential encounter whereby the mentor aims to direct personal and professional actualization in the protege. The empathic responsiveness of the mentor is to see potentials of which we ourselves may be unaware (Schorr, 1978). Mentors in this study set high standards and recognized talent and potential in their proteges. This belief in potential and affirmation can lead to increased self-esteem and confidence in the protege (Edlind & Haensly, 1985). Phillips (1977) and Taylor (1984) deemed encouragement and recognition of potential as the most often reported and most important help provided by mentors. Boyle and James (1990) found proteges perceived one of the most significant contributions mentors made were that they demonstrated a belief in the protege.

### Mentoring Outcomes

The themes under this category are: Confidence Building, Professional and Personal Growth, Satisfaction from Seeing Someone Grow, Retention, and Unification of the Profession.

#### Confidence Building (for the protege)

The obvious beneficiary of the mentoring relationship is the protege. One of the outcomes accrued for the protege is an



increase in self-esteem and confidence. Valerie remembers the lack of confidence she felt when starting out in nursing administration:

Her guidance and friendship meant so much to me at that time. It really did help my career. I was so unsure of myself. It was my first real position of authority...and I had no nursing administration experience or knowledge at all, so what she taught me was so useful...She did give me positive strokes when I did something well, and that was really useful to me, because I didn't get a lot of positive strokes. It wasn't the kind of environment where staff supported each other like that and I was so unsure of myself.

Manon describes this confidence building her mentor provides:

She acknowledges what I am doing. For instance we were at a conference in \_\_\_\_\_, and I met someone who I had done my baccalaureate with...and we were chatting and my mentor came up and she said to this woman: "Oh you know Manon...well she's such an academic and she works so hard and a true academic, and she's done all this work," and you know it was sort of

embarrassing to me but it was really nice to have someone come out and affirm me, and affirm what I had been doing and acknowledge that I work hard.

Peggy states:

Obviously the mentor has helped you feel more confidence with what you're doing and so you feel better about yourself.

Nancy describes the confidence boosting as making her feel "o.k.":

She always says things that are incredibly supportive of what I do, about how bright I am, about how glad she, uhm she will say to me how privileged she feels to work with me, which is supposed to be the other way around. She'll do those sorts of things to make me feel, you know like I'm o.k. too...

The confidence building was most adamantly stressed in Moore's (1982) research. The mentor's belief and support contributed to the protege's self-esteem and confidence. Edlind & Haensly (1985) specify that self-esteem and confidence are

enhanced when mentors are attentive to the protege's ideas, acknowledge the protege's talent and ability, and give realistic appraisals of the protege's progress. These researchers also believe that the respect mentors give to proteges enhances the protege's self-esteem. Proteges' confidence is strengthened when mentors include their proteges in professional discussions with colleagues, introduce them as equals, and solicit their thoughts and ideas (Edlind & Haensly, 1985).

#### Professional and Personal Growth

Another obvious benefit received from mentoring is the professional and personal growth of the protege. Most participants expressed the ways their mentors helped them grow professionally and personally. Manon described the concrete ways her mentor has helped her progress in her career:

She was interested in me and tried to help me further from where I was going and uhm for instance she took time with me to make sure that I published out of my master's thesis, and then she had a research project going, and at one point she asked me if I wanted to go out and do some of the clinical work for part of the project...then she said she wanted a qualitative piece done for this project she was working on...Now she could

have treated me as a research assistant, but she didn't. When the report came out I was on the report, my work was acknowledged. So that's the difference I see between having a relationship with someone as a research assistant, if you will, and someone who gets involved with you in your research and is your mentor, because she didn't have to make all those efforts on my behalf...She gave me more insight to what goes on in the tenure process, everything to think about from promotion, from a tenure and promotion point of view. She was very clear on what you need to be [at]\_\_\_\_\_she doesn't mince words, she's very clear and she's very direct and she's got it figured out, so she's not going to say well just go ahead and do whatever you want to do. She makes it very clear on where you have to put your energies into and that's been helpful for me, from a political point of view.

Speaking in terms of their careers, many participants spoke how they wouldn't be in the positions they where today if not for their mentors. Nancy described in this way:

So looking at my own case I have to say I can't imagine where I'd be. I'd probably be back doing bedside nursing with a diploma education and that would be the end of it.

Alex explained the personal and professional growth:

It has given me a tremendous amount of knowledge, uhm its boosted my career in terms of actual career mobility... I think over the years, I'm talking 6 years with this woman and the thing is I changed a lot. I've really grown professionally and personally....In terms of my development, I don't know where I would be without either of them, if I hadn't had either of those people.

Anne in advocating for mentoring in nursing stated:

I think its a really important part of professional and personal development.

Karen succinctly summarized the relationship as:

A very special relationship that I could not have grown, that without I could not have grown.

Elizabeth described the essence of mentor relationships as "catalytic." She stated:

Well I ended up being something that I wasn't before I met them.

Amy describes a mentor relationship as:

...fostering your growth without...helping you grow without taking over...it's like I think a mentor should give you the foundation. So you know if you're a tree, they provide your roots and some water and some sunshine, but you're the trunk or the branches that grow...its a meaningful relationship that fosters and encourages growth...towards growth, but supportive growth.

Satisfaction from Seeing Someone Grow (for the mentor)

Because the mentor relationship is seen as reciprocal, the mentor receives benefits as well. Participants were asked: "What do you think she got out of the relationship?" A few participants at first hesitated, and wondered what their mentors received, but the majority believed the mentors received satisfaction from watching someone develop. Elizabeth stated:

I think she got a real charge out of watching me grow up.  
I think that tickled her a lot...I think she got very tickled  
watching me bloom...she got a lot of vicarious pleasure  
out of seeing me grow.

Nancy remarked:

I would have to say that it would be naive to think there  
was nothing in it for her. I mean there has to be  
something. Part of it is that I'm sure her love of watching  
something grow that she's nurtured...so it has to be a  
reflection of her, for her to say: "I have a bright and  
promising student here," and I'm her student. That has  
to say something about something she's done...

Laura similarly remarked:

I think she got a lot of satisfaction from seeing somebody  
who could progress...she could see somebody who was  
able to learn and progress and to develop...she also got a  
hardworking professional person who could fulfil the  
needs of her unit, and she got somebody who was loyal to  
her and who would stick up for her when other staff

were saying things, you know the derogatory things that people say of Directors of Nursing...and she certainly had someone she could confide in and rely on. I mean the kind of things she would tell me in confidence that I'm sure she could rely on me not blabbing all over the place.

Valerie also speaks of the loyalty she gave her mentor:

She got somebody who could appreciate her expertise.  
She got somebody who was loyal to her in the workplace.

Later she speaks of the "pride of accomplishment" her mentor received:

I was sort of like the daughter who was developing and sharing with someone who was responsible for that development in her eyes. It was the pride of accomplishment for her as well as myself. It was like there must be a pride in seeing someone who is insecure and really green develop into someone who is self-confident and reasonably effective.

Mentors receive satisfaction from seeing another grow and from passing on their knowledge. Rogers (1958) expressed



that our ability to give to another is a measure of our own growth. He stated: "The degree to which I can create relationships which facilitate the growth of others as separate persons is a measure of the growth I have achieved myself" (p.15). Yamamoto (1988) believes mentoring to be the "acceptance, carrying, and giving of the torch," which is "entrusted in different hands, but the flame continues to burn" (p.187).

#### Retention (for the profession)

The rewards of mentoring do not accrue only to mentors and proteges. Most participants expressed the benefits of mentoring for the nursing profession. Nancy explains how mentoring could help novices to the profession:

Well they [mentors] certainly make for less trauma in terms of making transitions into the professional role.

Manon commented on the risks to nursing as profession if mentoring is not fostered:

I think its really important because unless we work cooperatively we're not going to get anywhere in this profession, and we've been infighting for years, and it has kept us from going where we need to go...

Many participants expressed that the competitive nature of nursing is a roadblock to building mentor relationships. Anne explicated this best with the remark for:

...the need for more collegueship, working as a team. I think nursing has been competitive in its education, and its practice. You're down there looking after your patients and I'm looking after mine, or you're down there in your grad course and I'm here in mine, and we haven't tended to help each other out enough, and therefore people get feeling alone, they get feeling overwhelmed and uhm I really believe that as a profession we would have tremendous strength if we pulled together. I mean things like good joint projects, purposefully nurturing each other...its especially important for people who are new into whatever the endeavor is. Whether you're coming into a baccalaureate, into a master's, into a graduate program or new as a staff nurse...

Valerie spoke of how mentoring is beneficial for helping novices and keeping nurses in nursing:

I think its probably helpful for all professions. I don't think nursing is exclusive, but when a new grad or

someone, an inexperienced person starts a job...I think senior staff members expect the same level of competency from them and that puts a lot of pressure on them, and I think a lot of them struggle through that on their own and they either make it or they don't...it [mentoring] probably would create a workforce that's more competent, happier, and less stressful. Less stressed out nurses. Nurses burn out so quickly...you deal with so many stressful situations...but if you have a mentor you can talk it over with, somebody who can give you some helpful advice.

A few participants expressed that their mentors helped them stay in nursing, or become "turned on" to it. Able expressed her dissatisfaction with nursing after graduating:

When I graduated after 4th year, I didn't want to stay in nursing and my mentor was the one that showed me all the different possibilities and just the diversity that exists, and kept telling me to hang on, and so that made a difference and so I stayed in nursing.

Elizabeth expressed similar misgivings about staying in nursing:

The final year of my undergraduate program, I was not enchanted with nursing at all. I thought it was incredibly boring, and I was quite sorry I'd chosen that because there wasn't any room for my creativity, and she sort of took me on as a challenge...and so she told me that she accepted me as a personal challenge and that by the end of the year I would be turned on to something...uhm she was right...and I went on to graduate school and I don't know if that was on account of her.

#### Unification of the Profession

Many participants stated how they believed mentoring would help unify the profession. Laura stated:

I teach returning R.N.'s and they seem so alienated from the profession...I don't sense a great allegiance in the profession and if not having role models and not having mentors contributes to that in some way or could prevent that from happening I would see that as being a

benefit...I see it as a way of kind of improving the network, of tightening the bonds.

Manon, in struggling to determine the essence of mentoring, explained it as a sense of community, and that the ultimate aim of mentoring is to contribute to the profession:

It's a sense of community...its what mentoring means, its a sense of sharing...or being there, its a sense of not acknowledging me so much as a person but acknowledging me as a potential and contributor to the profession...its more on a professional level, its more on a community of nurses..its an acknowledgement of your potential to contribute to the profession on a level you haven't contributed to it before...its personal growth and development in a certain context, its personal growth and development in a context of what I can do for the profession, and there may be a lot of support that goes along with it and a lot of acknowledgment of who I am as a person and all the rest of it, but the bottom line is I'm being encouraged to grow in a certain way...and that the context of mentoring happens in is a contribution to the profession.

Nancy stated it most briefly:

They [mentors] help to unify the profession.

Gehrke (1988) laments that most definitions on mentoring do not capture the feeling of unity and kinship within mentoring relationships. She asserts that mentoring may be best seen as a gift-exchange phenomenon with the "giving and receiving, the awakening and the labor of gratitude...the passage to another that immortalizes the gift, and extends humankind toward the omega point" (p.194).

Alex described the benefits to the profession as encouragement to continue :

I think that it encourages us to continue and it supports us, each of us. I think that it is a very good feeling to mentor too. I love to share my information and encourage people to go on to do a Master's. I think it says that nursing is important...I think that we really need to support each other to keep growing and sharing information.

When Lucy is asked if she believes mentoring benefits the profession she eloquently expressed:

The first thing that comes to my mind is hope, a hope for the future of the profession, for oneself, and hope that what you're doing makes a difference, that we all make a difference.

### Summary

In this chapter the findings were presented and discussed in relation to the literature on mentoring. The findings were presented within a conceptual framework which included the four core categories of (1) mentoring as a process (2) mentoring as a relationship (3) mentor functions and (4) mentoring outcomes. The themes that emerged from the data were: The Impetus, The Shift, and Endings (mentoring as a process); Sharing, Mutual Respect, Mutual Trust, Reciprocity, Care and Concern, and The Specialness (mentoring as a relationship); Provider of Opportunity, Provider of 'Inside Information,' Challenger, and Believer in Potential (mentor functions); Confidence Building, Professional and Personal Growth, Satisfaction from Seeing Someone Grow, Retention, and Unification of the Profession (mentoring outcomes for protege, mentor and profession respectively). The themes

were discussed with excerpts from the transcripts and relevant literature on mentoring.

At the beginning of this study, Anderson & Shannon's (1988) model was used to help structure the interview questions. As the data collection and analysis progressed, the researcher found Anderson & Shannon's model did not capture some of the features of mentoring that were emerging from the data. The model did not portray mentoring as reciprocal, depict any of the specific characteristics of the relationship, or show any outcomes from the mentoring relationship. Therefore, the researcher developed a conceptualization of mentoring that included aspects of the relationship such as the sharing, mutual respect and trust, care and concern, and specialness of the relationship. The outcomes of mentoring for the protege, mentor, and the nursing profession were also included in the researcher's conceptualization of mentoring. Also, although Anderson and Shannon's model outlined many functions of the mentor, the researcher found that the mentor function of teaching was more of an indirect and gentle guidance, and the counselling function did not occur for the proteges.

The proteges in this study saw mentoring as a process-oriented relationship. There is an impetus to the relationship and a shift whereby the protege gains knowledge and



confidence and can contribute more to the relationship. Endings of the relationship, on the whole, were seen as amiable, except for one participant who described a negative ending. Other studies also depict mentoring as a process-like relationship with stages (Darling, 1985; Hunt & Michael, 1983; Kram, 1980; Larsen, 1984; Missirian, 1980).

The findings of this study also suggest that mentoring is an intense, special, and profound relationship. Aspects of sharing, mutual trust and respect, reciprocity, and care and concern characterize the participants' mentor relationships. Levinson et al.'s (1978) study viewed the mentor relationship as one of the most complex and important relationships that one could have.

The proteges in this study thought their mentors functioned as providers of opportunity. This function has been found in other studies on mentoring in nursing (Taylor, 1984; Vance, 1977). The finding that mentors are providers of 'inside information' has been indirectly referred to in other studies on mentoring. Terms such as mentors "help to understand the administration of the hospital" (Fagan & Fagan, 1983, p.80) or "share with them the informal history of the group" (Moore, 1982, p. 25) were used. Proteges in this study stated their mentors challenged them. This finding is corroborated by Daloz

(1983, 1990) who posits that mentors must balance the amount of support with challenge to help the protege grow.

The finding that the mentor believes in the protege is supported by other such findings in the literature. Taylor (1984) and Phillips (1977) deemed encouragement and recognition of potential as the most often reported and most important help provided by mentors.

The findings in this study also point to the benefits and outcomes for the protege, mentor, and nursing profession. The building of confidence and self-esteem for the protege was a finding in this research and that of Moore's (1982) and Edlind & Haensley's (1985) research. Support for the finding that mentoring contributes to the professional and personal growth of the protege is found in many studies on mentoring in nursing (Alexander, 1990; Atwood, 1979; Fagan & Fagan, 1983; Kinsey, 1985; Larson, 1986; Taylor, 1984; Vance, 1977; White, 1988). The proteges in this study also perceived that mentors achieved satisfaction from watching them grow. The finding that proteges believed that mentoring was beneficial for the profession is difficult to measure precisely and therefore has not been researched per se. Yet many articles on mentoring point out that mentoring can help novices in the profession (Adams-Ender, 1991; Ardery, 1990; Atwood, 1979; Beaulieu, 1988; Brown, 1983; Hamilton, 1982; Schorr, 1978; Talarczyk &

Milbrandt, 1988) and help unify the profession (Ardery, 1990; Boyle & James, 1990, Fawcett, 1980; Prestholdt, 1990).

These findings have implications for nursing practice, education, administration, and research and will be presented in the next chapter.

## Chapter 5 Summary, Conclusions, and Implications

This chapter presents the summary of the study and the major conclusions. Implications as they relate to nursing practice, education, administration, and nursing research are suggested.

### Summary

Mentoring is a phenomenon of recent interest in nursing and other disciplines. The literature so far suggests that mentoring is undeniably beneficial for the career advancement of nurses. No research was found that described the lived experience of being mentored.

This study investigated the lived experiences of proteges in a nursing mentor relationship. Its purpose was to describe the experience of being mentored from the perspective of the protege.

The sample consisted of 13 nurses. Ten participants were nursing faculty and 3 were master's in science of nursing students. Phenomenology was the method chosen to investigate the mentoring experience. In-depth, semi-structured interviews were conducted to gather the data. Data were analyzed using van Manen's (1984, 1990) method.

From the findings of this study, mentoring appears to be a process with an initiation or impetus, a shift in the development of the relationship whereby the protege is able to give more to the mentor, and an ending of the relationship which in general is positive. The impetus of the relationship is usually that the mentor and protege "see something" in each other, or that the mentor sees a potential in the protege. Mentor relationships are often initiated when proteges are in transitional points in their career, or in novice positions. The Shift in the relationship occurs when the protege is able to contribute more to the relationship. A greater sense of confidence and capability is felt by the protege in which greater reciprocity occurs in the relationship. Endings of mentor relationships can vary, but most of the participants in this study expressed satisfaction with the endings of their relationships.

The mentoring relationship is seen as having some core aspects. Sharing is one essential aspect to the relationship. The sharing of ideas, knowledge, power, expertise, resources, values, and self are paramount. Within the relationship the mentor and protege have mutual trust and respect for each other. Proteges repeatedly stated that they respected their mentors for their knowledge and expertise, and the "way they handled people." In order to share with each other, trust must

be established. Proteges felt comfortable sharing frustrations and personal information with their mentors. Reciprocity within the mentoring relationships was evident when proteges stated they offered different perspectives to their mentors, challenged and supported them, or provided an attentive ear for their mentor's frustrations. Proteges also believed mentors were concerned about and cared for them. Mentors provided emotional encouragement and support, and were concerned about the welfare of their proteges. In addition, mentoring relationships appear to have a special and intense quality to them. Proteges spoke of the chemistry, the mysteriousness, the intensity, and profoundness of the relationship. Most of the participants expressed doubts that mentoring relationships or programs could be set up or formalized.

The functions that mentors engaged in were the providers of opportunity, providers of inside information, challengers, and believers in the potential of the proteges. The opportunities mentors provided were to make recommendations for promotions, introductions to influential people, encouragement to sit on committees, or to take the protege to conferences and workshops.

Mentors also functioned as a provider of 'inside information.' Proteges were told about peoples' difficult

personalities and quirks, people who would be important to know, and the informal history of the organizations.

Another function of the mentor was to provide challenges for their proteges. Proteges stated their mentors placed extra demands on them, and challenged them to think things through. Easy answers or solutions to problems were not given, and proteges were encouraged to take risks.

The final function the mentor provided was the belief in the potential of the protege. Mentors appeared to have confidence that their proteges could accomplish much. Often mentors had faith that their proteges could publish, speak publicly, take higher positions, or assume leadership roles.

The outcomes of mentoring can benefit protege, mentor, and the nursing profession. One outcome for the protege can be an increase in confidence and self-esteem. Mentors provided affirmation and articulation to proteges that they were people of worth and value.

Proteges often expressed the benefits of mentoring to be the promotion of their professional and personal growth. Some participants stated that they would not be in the positions they were today if not for their mentors.

Participants were explicitly asked what they thought mentors got out of the relationship. The most frequent answer

was that the mentor got satisfaction from seeing someone grow and develop.

Finally, proteges perceived mentoring to be of benefit for the profession. Proteges believed mentoring could help novices, help with retention, and provide unification of the profession.

In sum, the fostering of mentoring relationships in nursing may have implications for all nurses with regards to increasing our individual and collective power through our willingness to share and support.

### Conclusions

There are four main conclusions to this study.

1. Mentoring is a process with stages, whereby the relationship develops over time.
2. Mentoring is an intense and profound relationship with aspects of sharing, mutual trust and respect, care and concern, and reciprocity.
3. Mentors function as providers of opportunities, inside information, and challenges. They believe in the potential of the proteges.
4. Mentoring has benefits for the protege, mentor, and nursing profession.

From the findings and the conclusions, the following implications are suggested.



### Implications for Nursing Practice

Mentoring has implications for nursing practice through the development of nursing practitioners. Mentor relationships would be helpful in introducing novices and new graduates into the profession. To be guided and promoted by a mentor may alleviate some of the discouragement and "reality shock" found in recent graduates. Nurses who are supported and mentored may contribute to excellence in nursing care.

From this study it appears that mentors were of great assistance in advancing the beginning careers of the proteges. Nurses who are taking on new roles, responsibilities, and positions might therefore benefit from the guidance, promotion, and encouragement of a mentor. Mentors in practice could also help break down some of the bureaucratic tendencies which are particularly found within hospitals. This study found that mentors are providers of inside information and the unwritten histories within an organization. If nurses in hospitals were privy to this inside information, perhaps they would not have to learn by trial and error as they often do.

With mentors enhancing self-esteem and confidence by their encouragement, nurses in practice will feel more confident and assured in their practice. Nursing is a challenging and demanding career, and if mentors are there to provide help and support, it is likely that nurses would rise to

the challenges more easily. A nurse's sense of mastery and competence is essential in the clinical arena.

#### Implications for Nursing Education

Many of the participants in this study stated that their mentors are or were educators. All levels of education, especially the higher levels of master's and doctoral provide a great opportunity for teachers to develop mentor relationships with students. Graduate school provides an ideal means to establish mentor relationships between advisors and students. Four of the participants had mentors who were thesis supervisors.

All students should be made aware of the mentor phenomenon. Most of the participants in this study stated the the mentoring phenomenon was not included in any of their educational programs. Discussions of mentoring in nursing curricula from diploma to graduate school would provide nurses with a greater awareness of the phenomenon, and also point out the potential benefits of having or being a mentor. One finding of this study was that mentor relationships were usually initiated mutually by both protege and mentor. Therefore, the protege has partial responsibility in the development of the relationship. This would imply that if the mentoring concept was introduced into our educational

programs, perhaps more students and nurses would be on the lookout for a person to mentor them.

Junior faculty could also be mentored by senior faculty. Often novice teachers are unaware of the requirements and demands of academia. Senior faculty acting as mentors, could help junior faculty set career priorities. Also, opportunities for novice faculty to consult with senior faculty on the intricacies of promotion and tenure would be of benefit. The finding in this study that mentoring can help boost one's confidence would help novice teachers or neophytes in any educational setting.

#### Implications for Nursing Administration

Mentoring has implications for nursing administration. Some of the research on mentoring in nursing has focused exclusively on nurse administrators (Larson, 1980, 1986; Taylor, 1986). Nurse administrators who choose to mentor could have much to offer. Because nurses in administration often hold high-level positions, they have access to power and resources that less experienced nurses do not have. Nurse administrators could help promote nurses at lower-level positions, and introduce them to important and influential people in the organizational milieu. The nurse administrators who served as mentors in this study encouraged their proteges

to sit on committees, apply for higher-level positions, and continue their education.

### Implications for Nursing Research

Based on the findings of this study, recommendations for future research are suggested. Studying mentoring from the perspective of the mentor may contribute to knowledge on mentoring, as most studies have tended to use proteges as study subjects. Also an inquiry studying mentor-protege dyads, and in-depth interviews with both mentor and protege would yield a deeper understanding of the mentor-protege relationship and interaction. As these relationships would be ongoing, some of the problems with recall would be alleviated.

Studying less "elite" nurses may help determine if the mentor functions provided are different for staff nurses. Most research in nursing have samples consisting of nurses who are at the more advanced levels or leaders. Study of mentoring relationships with nurses at the "grass-root" level is needed.

An exploration of the alternatives to mentoring such as strong, supportive colleagues might give insight on the career trajectories of non-mentored nurses. These relationships may prove to be as beneficial as mentor-protege ones.

There is some suggestion from this study that there is a perceived lack of mentoring in nursing. If further support for

this perception is found, future research into the reasons for the dearth of mentors in nursing is required.

Continued inquiry into mentoring using different qualitative approaches such as feminist methods, historical approaches, or grounded theory methods, might provide fruitful avenues for future research. Feminist methods could pursue the barriers and constraints to women mentoring women, and provide insight into strategies to help empower nurses. One distressing finding in this research related to the perceptions most of the participants had regarding nurses unwillingness to share. Whether this is related to an overly competitive nature in nurses, sex-role stereotyping, or more simply that nurses are too busy and tired to help support others could be a focus of feminist research.

Historical approaches could study identified nurses who were proteges such as Florence Nightingale, Linda Richards, Mary Adelaide Nutting, Annie Goodrich, (Fields, 1991) and Ethel Johns. Historical analyses of diaries and biographies of prominent nurse leaders could show how mentors were beneficial for these nurses.

Grounded theory methods may help determine some of the basic social psychological processes inherent in mentoring. Studying mentoring from a grounded theory approach appears

logical, as it would capture the process and developmental nature of mentor relationships.

In conclusion, this research has shown that the mentor relationship is a special one, and nursing should be made aware of mentoring and its value. Environments and organizational milieus that are conducive to sharing, support, and collaboration could facilitate the development of mentor relationships. Attempts to formalize the process or institutionalize mentoring programs would debase these deep and meaningful relationships. Mentoring relationships are not easily developed, and require a strong commitment, and time and effort on the parts of both mentor and protege. The implications of this study call for the recognition and valuing of mentoring in all arenas- nursing practice, education, administration, and research.

Continued investigation of the essence and nature of the mentoring using a variety of qualitative or quantitative approaches will help build the developing and nascent theory on mentoring. "Without mentors, the next generation does not mature well. Without mentors within nursing, nurses' individual influences are limited and achievement of individual and collective goals are less likely" (Brown, 1983, p. 469).

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Appendix A  
Letter Inviting Participation in the Study

Dear

For my masters thesis, I am doing a study on the experience of being a protege in a mentor relationship. Have you ever had a mentor who helped you with your nursing career? If so, would you be willing to talk to me about it? I wish to study what the experience of being a protege is like, and would like to know your perceptions and feelings about mentoring relationships. The benefits of talking to me about this experience are a chance to reflect and review what this relationship meant to you, and contribute to an understanding of mentoring in nursing. Those wanting to help me with this research can call me at \_\_\_\_\_ or leave a message in my box in the graduate student lounge (Room T 248, Third Floor, ACU).

Thank you,

Ellen M. Roberts R.N; B.S.N.  
Master's of Science  
in Nursing Student, U.B.C.

Faculty Advisor:  
Dr. Joan Anderson

Appendix B  
"Trigger Questions"

1. Can you tell me what the experience of being a protege in a mentor relationship is like?
2. How did this relationship begin? Who initiated? Mentor, protege or mutual?
3. What was the duration of the relationship, or how long has it been going on?
4. What would you say your mentor did for you?
5. What qualities or dispositions do you think a mentor should possess? What functions does a mentor serve? Teach-Sponsor? Encourage? Counsel? Befriend? What activities did you observe your mentor doing for you?
6. In what ways has your mentor been helpful to you?
7. Describe some positive scenarios with your mentor.
8. Was anything negative about the experience?
9. Are you a mentor to others, and if so can you tell me a bit about it?
10. Do you think mentoring is beneficial for the nursing profession? If so in what ways?
11. Could you summarize the mentoring experience in one word or phrase?
12. Is there anything else you can tell me about the experience?

### Appendix C Consent Form for Interview and Taping

**Project Title:** The experience of being a protege in a nursing mentor relationship: A phenomenological study.

**Investigator:** Ellen M. Roberts

I hereby agree to be interviewed and taped for the purposes of research into the experience of being a protege in a nursing mentor relationship. I understand the initial interview will take about one hour and the subsequent interview about 30 -60 minutes. An introductory letter explaining the study's purpose and preliminary questions to be asked have been reviewed by me. I understand I may terminate the interview at any time, withdraw from the study at any time, or can refuse to answer any question.

I understand that my identity will be protected and confidentiality maintained. My name will be coded and not appear on any of the materials, and all tapes and transcripts will be destroyed when finished with. Also, potential risks and benefits of participating in the research have been explained to me.

I acknowledge receiving a copy of this consent form and if I have further questions may call the student investigator, Ellen M. Roberts at \_\_\_\_\_.

I hereby give my consent to participate in this study.

Signature.....

Witnessed.....

Date.....

I acknowledge receiving a copy of this consent form.

Signature.....

## Appendix D

### Thematic Statements, Themes, and Content Categories

Thematic Statements	Themes	Content category
1. The relationship started as being a novice		MENTORING AS A PROCESS
2. The relationship began when I was a staff nurse	The Impetus	
3. The relationship began when I was a student		
4. Mutually initiated		
5. Relationship evolves over time		
6. Nature of relationship changes as it evolves	The Shift	
7. Relationship shifts/changes; protege contributes more		
8. Relationship shifts from mentoring to friendship	Endings	
9. Relationship ends in confrontation		
10. Relationship dissolves naturally by death or distance		

Thematic statements	Themes	Content category
11. She shares mistakes she made	Sharing	MENTORING AS A RELATIONSHIP
12. She shares her knowledge and expertise		
13. Its a sense of sharing; of being there		
14. Its sharing ideas and projects and vision		
15. I had respect for her	Mutual Respect	
16. She respected me		
17. She could confide in me, trust me	Mutual trust	
18. I trusted her		
19. She was always there for me		

Thematic statements	Themes	Content category
20. Reciprocal, give and take relationship	Reciprocity	MENTORING AS A RELATIONSHIP
21. I challenge her		
22. I provide her with a different perspective		
23. Its complimentary		
24. I listen to her frustrations		
25. Its a directed caring	Care and Concern	
26. She protected me as a person		
27. There's a chemistry there	Specialness	
28. Its a mystical, magical relationship		
29. Its a very special and meaningful relationship		



Thematic statements	Themes	Content category
30. She provided opportunities for me		MENTOR FUNCTIONS
31. She really opened doors	Provider of	
32. She's always there to look for an opportunity for me	Opportunity	
33. She just sees a need or perceives an opportunity for me and takes it		
34. She gave me a rundown on people		
35. She filled me in on the unwritten preferences of people	Provider of	
36. She would tell who was going to be there, what they were about, and where they were from.	Inside Information	
37. She would figure out how to get in the system		

Thematic Statements	Themes	Content category
38. She demanded an extremely high level of performance		MENTOR FUNCTIONS
39. She challenged me	Challenger	
40. She never told me the answers		
41. She made me think		
42. She believed in me		
43. She said "you can do it"		
44. She made me believe in myself	Believer in Potential	
45. She had faith in my ability		
46. She said: "Of course you can do that"		
47. Believed in me and my abilities; sometimes more than I did		

Thematic Statements	Themes	Content category
48. She affirms me		MENTORING
49. She really helped me to have confidence in myself		OUTCOMES
50. She gave me positive strokes when I did something well	Confidence	
51. She acknowledges what I am doing	Building	
52. Helps you feel more confidence with what you're doing		
53. She feels privileged to work with me		
54. She makes me feel like I'm O.K. too		
55. She was interested in me and tried to help me further from where I was going	Personal and	
56. It has boosted my career	Professional	
57. I've really grown professionally and personally	Growth	

Thematic Statements	Themes	Content category
58. It's a really important part of professional and personal development	Personal and Professional Growth	MENTORING OUTCOMES
59. I would not have grown without the relationship		
60. It [mentoring] fosters and encourages growth		
61. I ended up being something that I wasn't before		
62. I think she got a kick out of watching someone else grow	Satisfaction	
63. She got satisfaction out of seeing my development	From Seeing Someone Grow	
64. She was proud of me		

Thematic Statements	Themes	Content category
65. Helps nurses stay in nursing	Retention	MENTORING OUTCOMES
66. Helps novices		
67. She helped me decide to stay in nursing		
68. Reinforced and rekindled my hopes for nursing		
69. They [mentors] help unify the profession	Unification of the Profession	
70. Helps with collegiality and a sense of community		
71. Gives nurses hope for the future of the profession		

Appendix E  
Participant Autobiographies

Participant #1

being me...

hard...soft

angry...serene

intolerant..kind

lonely...companionable

...on a good day it's great, on a bad day it's unbearable...but it's never easy.

Particiapant #2

I am a person who loves life, rises to a challenge, lives for today, and hope for tomorrow.

Participant #3

I think I am an energetic, organized, efficient person. No matter what, I "go for the gusto" both in my work life as well as my at-home life. I am perfectionistic, and have trouble being patient with others who I feel are not working as hard as I would like. I am a clear thinker. I like to take complex problems and try to analyze them for possible solutions.

I like to think of myself as a caring and compassionate person but fear that I may not be perceived by others that way, because of my forthright, blunt manner. I am a good friend to a small group of women and can keep confidences.

I am an enthusiastic and committed parent. I take great pride in my children, and usually enjoy my times together with them.

#### Participant #4

I have many roles in my life. I am happily married and have 2 sons. During my career I have been mentored, and have had an opportunity to mentor a number of colleagues.

A description of myself would be incomplete if I neglected to describe myself as someone who is concerned about the environment, someone trying to be a green practitioner, someone who loves sailing, cats, and nature (especially whales), someone who is an avid reader, and finally someone who has a deep commitment to the profession of nursing, and the well being of those I come in contact with.

#### Participant #5

I am:

-humorous

-optimistic

- conscientious
- outgoing and very comfortable in social situations, but need to spend (and enjoy!) quite a bit of time alone.

I have:

- several close friends (mainly female) who I see and talk to regularly
- a dog and cat who bring me much joy
- an overpriced, poorly constructed, but charming, house
- parents who I keep in touch with, usually on a weekly basis by phone
- a sister who I am particularly close to, and has lots of babies (I like being an aunt)

I hope:

- to go to graduate school next year
- to feel comfortable sailing alone overnight
- to develop my spirituality

I like:

- reading
- movies
- sailing in perfect conditions
- eating, cooking, drinking red, dry wine



I dislike:

- squid
- people who are unable to express feelings
- deviousness
- indecisiveness, lack of direction
- prolonged periods of uncertainty

Participant #6

I am a nurturer. I care for earth, water, plants, and animals. I am also a fighter- I fight for what I believe is right. I am stubborn. Once I have decided to do something, I will not give up until I have done it. My humour is dry. My memory is long. My heart is generous. I have something to prove but I am not entirely certain what it is. My cynicism is balanced by idealistic flashes and a depth of humanity, but I often find myself overwhelmed by demands.

Participant #7

I love the practice of nursing, and I love to teach. I feel fortunate to be part of this profession. I have received tremendous support from my colleagues, students, and teachers. Furthermore, I have always received tremendous support from my family and friends- they are as important to me as my career, and have greatly enriched what I bring to

nursing. I have as rich and full a personal life as I do my professional life.

If I was to use words to describe myself and my career, I think I would say "committed" and "enthusiastic." I think that some of the positive qualities I try to contribute are empathy and a sense of humour. On the less positive side, I tend to overextend myself- that is, I try to do too much in too little time- something I am currently working on balancing.

#### Participant #8

An enthusiastic, empathetic, communicative, and caring person who values the profession and employment. I have an interest in the rapport between those having knowledge and those seeking knowledge. I actively participate, in various degrees, in an ongoing quest for knowledge and enjoyment of life. I enjoy people and quiet times alone.

#### Participant #9

I would describe myself as an over achiever, who is concerned about how others view me. I tend to wear my heart on my sleeve, and as a result consider myself quite vulnerable. I strive for challenge, and am never satisfied with the status quo. I take "no" as a challenge. I do not like repetition, but require change on a regular basis. I need to be in control. I am

a social person, and like to be around people. I am however, not a good team player. I am more productive on my own. I am an assertive and effective negotiator.

#### Participant #10

I remember hearing comments about my being a perfectionist, and I also remember resisting that description. I acknowledged wanting to do the best I could, and that seemed like I was striving for perfection, but that was not the underlying issue. In the last few years, I have discovered the motivation; it has not to do with seeking perfection, but the desire to do things "right," or to do the "good" thing, to live up to certain moral standards and obligations. The discovery resulted from an in-depth process of self-exploration, a journey into my own self that has been one of the most exciting adventures I have ever taken. I have learned that I, like many other women, have been subject to denying some of my own needs and capabilities, and that getting re-connected with both the feminine and masculine parts of myself has been an exciting process.

I am a "people-person." I enjoy being with people. I thrive on the excitement of large gatherings and conferences; I relish the meaningful connections of one-to-one conversations. I love to be part of the group; I cherish my time in solitude.

It's through my quiet time of meditation, walking, playing the piano that I connect with the inner self, the inner soul that enables me to keep my inner balance, and to face the apparent imbalances of the outside world.

I love being in nature...just being with the trees, the flowers, the ocean, and the mountains. I love living in this part of the world. I feel like I "belong" here, like I am part of creation, in touch with life itself.

I take pride in being able to get a million things done in short periods of time, and I love doing absolutely nothing but watching the grass grow. I love music- the rhythm of song and dance, and the music of life that is contained within each of us, given the right orchestra to play in.

I love my work. I am frequently being told to "not work so hard"...I do work hard, and yet, it comes from a deep love of what I do, a deep commitment to "make a difference," to make the world a little better from having been in it.

#### Participant #11

My professional growth as a nurse and educator can be attributed to the caring and assistance of those I worked with over the years. We can't survive without each other!

Participant #12

I am forthright and curious, a woman who enjoys figuring out what's going on.

Participant #13, whom I have chosen to call Valerie was not available to give a personal description.