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The Effects of Mentoring on Staff Nurses' Job Satisfaction

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THE EFFECTS OF MENTORING ON STAFF NURSES' JOB SATISFACTION

By

Karen Delrue

A THESIS

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ABSTRACT

THE EFFECTS OF MENTORING ON STAFF NURSES' JOB SATISFACTION

By

Karen S. Delrue

The shortage of registered nurses in the nation's healthcare organizations calls for an exploration of avenues that can impact recruitment and retention. The practice of mentoring has demonstrated a positive impact on job satisfaction in previous studies. The purpose of this study was to determine if RNs would identify having mentors in their professional careers and to examine differences in levels of job satisfaction compared to those without a mentor. This study also explored whether or not the perceived quality of the mentor affected job satisfaction. Data were collected through the use of standardized questionnaires from a probability sample of 97 RNs.

Approximately half of the participants identified having a mentor. Although the mentored group demonstrated higher levels of job satisfaction, it was not significantly different from the non-mentored group. There was also no significant difference in job satisfaction based upon the quality of the mentor. The mentored group did attribute increased self-confidence, self-awareness, and self-actualization to their mentored experiences.

Acknowledgments

At the conclusion of this life event, I would like to thank several people who made this journey memorable. First and foremost I would like to thank my family. My daughters Emily, Erin, Elaine and Elizabeth cannot remember a time when their mother was not attending school. I am very hopeful that I have provided them with an example, demonstrating that no dream or goal is unattainable, and that with dedication, time and persistence, all things are possible. I would also like to take this opportunity to remind them that you are never through with learning; we are always surrounded with gifts and opportunities to grow. I also thank my husband Phil; I could not have done this without you. I have been blessed with being able to raise a family, to work in a career that I love, and to achieve this goal, all with the assurance that my life partner was there for me and with me. I love you, always.

I would also like to thank my mentors, Jan DeHaan, Kathy Klock, and Linda Scott. You are all so different, and yet the common thread that binds us all together is a passion of caring for those we serve. Each of you has provided me with different gifts and I strive daily to emulate your examples. I also want to thank Beth Smith-Housekamp; your belief in me, and your encouragement the last two years has meant more than you will ever know. May God bless and keep all of you.

Thank-you again,

Karen

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CHAPTER 1

INTRODUCTION

The nursing profession is currently facing a shortage, the magnitude of which has not yet been realized. Unlike all other nursing shortages in history, the current trend will defy all of the old standard responses. Never before has it been as important to examine the current “state of affairs” within the nursing profession and to recognize that this time it is about the survival of the profession. Current members of the nursing profession are being called upon to change the old standard typified by the statement, “...nurses eat their young” to a new standard where nurses are called to serve as mentors.

Mentoring is a valuable human resource concept, supported by research, which has the potential to increase nurses’ feelings of autonomy and work worth and thereby increase nurses’ job satisfaction. Madison (1994) eloquently addresses the challenge to nursing leadership in following statement:

“Every day we each have opportunities to empower the future of nursing or impede our profession’s progress by providing thoughtful feedback or hurrying on our way; by encouraging our novices or allowing them to struggle on alone. The clinical, educational, and administrative areas of nursing need fully developed nurse leaders who not only understand and realize their own potential, but who also are willing to share of themselves with less well-developed nurses. Mentoring relationships appear to be a promising means for accomplishing this goal” (p. 16).

History confirms that nursing shortages are not a new phenomenon, nor is the job dissatisfaction that contributes to decreased retention and limited recruitment. Kramer and Hafner (1989) define job satisfaction as a fluctuating attitudinal state of an individual derived from the perception that situational job factors, which are important to the individual, are present in the job. Swansburg and Barnett (1989) cite that with few exceptions, the last 40 years have been marked by acute shortages of nurses and that there is little evidence that the dissatisfaction of nurses reported in descriptive studies and surveys have changed.

One of the frequently mentioned strategies in the research literature that may have the potential to enhance nurses' job satisfaction is mentoring. The concept of mentorship has existed since Homer told the tale of Mentor, the trusted friend of Odysseus who was left in charge of Odysseus's son and household during Odysseus's odyssey. Mentor served as the protector, advisor, patron and ally to the father, Odysseus and his son.

Over the last 2000 years, references to the concept of mentoring have continued to grow. Cameron-Jones and O'Hara (1996) cite that in the 10 years between 1978 and 1988, the number of references for literature on mentoring in the ERIC database increased from 10 to 95. The proliferation of literature supporting the concept of mentoring has continued throughout the 1990s. Jossi (1997) notes that mentoring programs are popular in corporations today. Mentoring is seen as an inexpensive way to achieve a number of goals such as to: create more future leaders in an institution; improve management and staff relationships; meet diversity goals; and replace an aging workforce while developing a line of succession. The mythical description of mentoring still applies, as corporations today view mentoring as a developmental, empowering, and nurturing relationship.

The nursing shortage is currently a critical issue for healthcare organizations. At the heart of the shortage is the need to increase the retention of qualified staff through an increase in nursing job satisfaction. Hamilton, Murray, Lindholm and Myers (1988) reported that employee turnover was largely dependent upon job satisfaction. Carey and Campbell (1994) state that turnover has a negative effect on patient care, staff productivity, and morale, as well as adding costs to the organization for replacing experienced nurses. Misener, Haddock, Gleaton and Ajamieh (1996) note that as nurse administrators manage decision making and strategic planning, they must be attentive to staff job satisfaction because of its implications for recruitment and retention.

Madison (1994) defines mentoring as an expert choosing to acquaint a novice with the customs, resources, and values of the organization. Mentors assist the novice to understand and break down the political and social barriers within the organization. Despite its importance, nursing has not adopted the concept of mentoring as readily as other professions. "Previous research supports the idea that nursing may not fully use mentors to maximize job satisfaction...female-dominated professions such as nursing, have failed to use career advancement strategies, such as mentorship, to their fullest potential to promote work satisfaction" (Carey & Campbell, 1994, p. 40). Carey and Campbell (1994) also state that successful mentor relationships have been linked with career advancement, better education, and improved job satisfaction in the general business and management literature. It is imperative that healthcare organizations recognize job satisfaction as an important issue that can be manipulated to reduce costs that occur because of high staff turnover, and the recruitment and orientation of new staff.

While there is research that supports the positive effects of mentoring on job satisfaction in the business, academic, and leadership literature, very little research is available that supports the hypothesis that mentoring relationships increase the job satisfaction of staff nurses. Therefore, the purpose of this study was to determine if RNs would identify having mentors in their professional careers and to examine differences in levels of job satisfaction compared to those who did not identify having a mentor.

CHAPTER 2

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

Theoretical Framework

Callista Roy's adaptation model was used as the theoretical framework for this research study. Roy's model originated in the 1970s and over the last two decades, it has been recognized as an effective model for the practice of nursing, nursing education, and nursing administration. The foundation upon which this model is structured was taken from both system's theory and adaptation theory. As noted in Roy and Andrews (1991), the scientific assumptions in the Roy Adaptation Model (RAM) reflect the von Bertalanffy general systems theory and Helson's adaptation-level theory. Systems theory looks at the interactions between components in a system and the regulative behavior that exists and maintains the system (DiIorio, 1989). Helson's work described adaptation as a positive response to the environment. This positive response decreases the need to utilize coping mechanisms as a means to deal with the incoming stimuli (DiIorio, 1989).

The RAM, as a systems model, focuses on outcomes, with the major feature being the system and its response to the environment. In the Roy Adaptation Model, the person is conceptualized as the open adaptive system. The Roy Adaptation Model in Administration (RAMA) reconceptualizes the central theses to consider organizations as

a representative of an open adaptive system (DiIorio, 1989). Organizations can be viewed as open systems that adapt to both the external and internal environments.

“The idea that organizations, as well as living beings, function as open systems was introduced into the management literature in the early 1960s. Although a radical change at the time, studies have since demonstrated, that in rapidly changing organizations, adaptation to the environment is essential for growth, productivity, and survival” (DiIorio, 1989, p. 92).

Nursing administration is an organized group of individuals that function as a subsystem of a healthcare organization and can be viewed as an adaptive system. The output or goal of nursing administration is to ensure the most effective delivery of patient care services. To accomplish this, nursing administration must adapt to the inputs that derive from the environment by utilizing processes or responses that promote the adaptation of organizational systems and resources. Successful adjustments to changing environments are demonstrated by adaptive responses which promote the stability or innovation (change) of the subsystem, nursing administration, or of the healthcare organization (DiIorio, 1989). Within an adaptive system, according to the RAMA there are inputs, outputs, control, and feedback processes (DiIorio, 1989). Figure 1 demonstrates this adaptive response mechanism.

RAMA

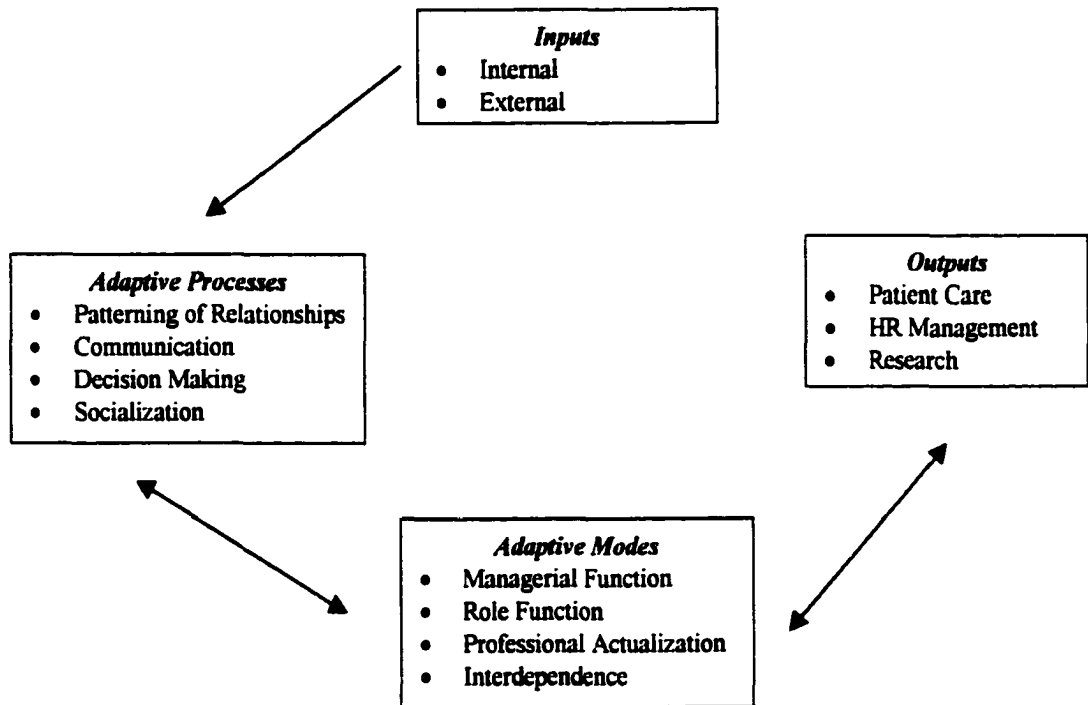


Figure 1. Overview of Roy Adaptation Model in Administration

The Application of RAMA to Nursing Administrative Systems

Applying the model to nursing systems requires an administrative focus. An examination of each of the components from an administrative perspective will demonstrate its applicability.

Inputs

The environmental “inputs” for a nursing administrative system come from a variety of sources. The source can generically be divided between those that come from the external environment or the internal environment.

External. The environment external to nursing administration consists of two parts. The first is the environment that is actually external to the organization. This environment can be composed of stimuli related to cultural, economic, legal, political, and educational conditions within the given geographical area. This external environment can also be influenced by regional and national policies (DiIorio, 1989).

The second source of external inputs for nursing administration comes from the environment within an organization but which are outside nursing administration. Examples would be the physical plant or size of the institution, the availability and level of technology within the organization and the availability of supplies and materials as well as the operationalization of executive decisions. The availability of human resources, policies, procedures, salary levels, attrition rates, and job opportunities also contribute external stimuli or inputs into the nursing administration system (DiIorio, 1989).

Internal. Stimuli or inputs from within nursing administration are contributed from a variety of sources. Nursing department goals and objectives provide a source for inputs to the system. The individual characteristics of the administrative team members contribute based upon the information they bring, their knowledge level, and their degree of creativity. Another source for internal inputs is the administrative group characteristics. The norms and size of the administrative group, the interpersonal relationships within the group, the attitudes and values, as well as the use of power, all provide a source for a wide variety of internal stimuli in an administrative system (DiIorio, 1989).

Adaptive Processes

According to DiIorio (1989), a major role of administration is to process inputs in order to maximize organizational outcomes. This initial processing of inputs has two

goals, maintaining the stability of the system and change. The stabilizer function is concerned with established structures, organizational values, and the daily activities within the organization that carry out the primary purpose of the organization. The innovator function involves strategies for change, both long-term and short-term. Both processes are important and actualize the adaptation of the system (DiIorio, 1989).

Nursing administration as a subsystem utilizes four main adaptive processes: patterning of relationships, communication, decision making, and socialization (DiIorio, 1989). The functions of these processes are to order, evaluate or assess, adapt, and adjust to the inputs.

Patterning of relationships. Patterning of relationships is influenced by the structure of the organization, the leadership styles of the organization, and the use of power within the organization. The structure demonstrated by the organizational chart lays out the formal patterns of authority while the informal relationships are based upon interpersonal preference. Leadership styles also influence the relationships developed within an organization. Relationships are also structured by the use of power within organizations. Since power represents influence and control over potentially scarce resources, political strategies such as building relationships, lobbying, bargaining and increasing one's visibility are used to obtain and maintain power (DiIorio, 1989).

Communication. A system assembles information and shares it with other systems through the process of communication. This function connects the organization. Management functions as the main communication network within an organizational system and reportedly spends 80% of their time communicating (DiIorio, 1989). Basic managerial functions such as data collection, planning, problem solving, supervising, and

evaluating involves the transfer of information. Communication in organizations occurs through both formal or hierarchical structures and informal channels that evolve around interpersonal relationships. It is essential that regardless of the type of communication the accuracy is validated through feedback (DiIorio, 1989).

Decision-making. Patterns of relationships and communication provide the basis for decision making. The relationships determine which individuals can make decisions and communication skills assist with the gathering of information necessary to make the decisions. Decision-making is made up of both perception and information. Information provides the facts for the decision and perception dictates the interpretation of those facts (DiIorio, 1989).

Socialization. One of the most important human resource expenditures is the cost associated with the socialization of individuals as they transition from novice to expert. (DiIorio, 1989). The quality of patient care and productivity (the outputs) are directly affected by the way socialization occurs. Therefore, it is important for nursing administration to possess the knowledge, creativity, and information available to ensure high job performance and high job satisfaction, both of which are necessary for high quality patient care (DiIorio, 1989). While orientation and inservice education have been appropriate mechanisms for professional socialization, other effective avenues are mentoring and networking (DiIorio, 1989).

Adaptive Modes

In the RAMA, the adaptive modes are defined as a classification of ways of coping (DiIorio, 1989, p. 80). The adaptive modes provide a framework for assessment of administrative behaviors. These modes encompass the relevant phenomena in nursing

administration that helps to ensure a focused, comprehensive approach from which to identify management problems and responses to inputs. The adaptive modes provide the feedback loop from which to evaluate the effectiveness of system adaptations. The adaptive modes represent coping mechanisms that are not mutually exclusive (DiIorio, 1989).

Managerial function. The managerial function mode includes those functions, which are basic to administration such as planning, organizing, staffing, leading, and controlling. Managers use these functions to maintain high level productivity and job satisfaction among employees (DiIorio, 1989). Assessment of managerial functioning provides nursing administrators with an evaluation of how the nursing system is coping with environmental change. A determination can be made as to whether the resulting behaviors are adaptive or ineffective. Realistic goals, objectives, and a plan for goal achievement indicate adaptive behaviors in the managerial mode while confusion, divisiveness, and conflict indicate ineffective adaptation (DiIorio, 1989).

Role function. The role function mode from an administrative perspective is about social adaptation. It provides nurse administrators with an indication of how others are coping with environmental change and can be classified as primary, secondary, and tertiary roles (DiIorio, 1989). The primary role is concerned with the developmental stage of the individual, while the secondary role is assumed by the individual to carry out tasks associated with their primary role. Tertiary roles are short-lived and complement primary and secondary roles (DiIorio, 1989). There are two behavioral components that form the basis for role assessment, instrumental and expressive (DiIorio, 1989).

Instrumental behaviors are those that are performed as part of the role and can be objectively measured. Role mastery is the desired outcome for these behaviors. Expressive behaviors demonstrate feelings and attitudes. Direct feedback is the desired outcome. These behaviors are vital for the development and maintenance of interpersonal relationships among team members. Encouragement, mentoring, and concern for others are examples of expressive behaviors in administrative settings (DiIorio, 1989).

Professional actualization. Utilizing the professional actualization mode to assess an organizational system provides the nurse executive with an indication of how the nursing system copes with changes that affect professional actualization and professional practice (DiIorio, 1989). Assessment with this mode gathers information regarding the value of nursing to nurses, the commitment of nurses to doing their best work, the perceived support for nursing from administration, and the level of job performance (DiIorio, 1989). Ineffective behaviors in the mode can be attributed to feelings of powerlessness, apathy, low sense of control, and feelings of alienation and are demonstrated by high turnover of staff, high levels of job dissatisfaction and interpersonal problems amongst the staff (DiIorio, 1989).

Interdependence. Roy and Andrews (1991) describe this last mode as focusing on interactions related to the giving and receiving of love, respect, and value. From an administrative focus, DiIorio (1989) states that this mode encompasses the need for nurturance, belonging, approval, and understanding within an organizational context. Assessment of the interdependence mode identifies significant relationships and support systems. Alignment at the group level is the epitome of the interdependence mode and is demonstrated by high job performance, effective decision making, and administrative

functioning. In addition, effective mentoring and networking are considered expressions of alignment (DiIorio, 1989).

Outputs

The goal or desired output for nursing administration is the most effective delivery of services to clients through the adaptation of organizational systems and resources in response to the environment. Quality patient care, effective management of human resources and the support/use of empirical studies can demonstrate effective delivery of services.

Patient care. While not directly responsible for patient care, nurse administrators are responsible for the hiring and maintaining of nursing staff, developing effective relationships with support services within the organization, and the development and implementation of nursing policy, all of which directly influence patient care (DiIorio, 1989).

Human resources management. Human resource management involves staff support and development. Nursing administration effectiveness can be measured by data concerned with absenteeism, staff turnover rates, overtime, and salary scales (DiIorio, 1989).

Research. The research outcome is supported by evidence of research-based nursing practice. In addition, this outcome is supported by organizational participation in research studies (DiIorio, 1989).

Conclusion

In summary, the Roy Adaptation Model in Administration provides a strong framework from which to study mentoring, as an environmental condition, and a job

satisfaction index. The identified processes of patterning of relationships, communication, decision making, and socialization all identify aspects of a mentoring experience which could trigger the response of increased job satisfaction.

The coping mechanisms, or the administrative adaptive modes, support the parameters of this study. The managerial function mode identifies the management/administration of the system as primarily responsible for assessing and planning for the achievement of high levels of job satisfaction and consequently high levels of job performance. The role function mode supports the concept of mentoring. The basic premise of this mode is relationships, the behavior of one staff member towards another. The professional actualization mode strongly supports the concept of job satisfaction while the interdependence mode supports the concept of mentoring with a definition of being "... close relationships among people and involves the exchange of love, respect and value" (DiIorio, 1989, p. 102). In conclusion, Roy makes reference to the importance of mentoring as noted by Fawcett (1995) in which she stated that her personal and professional life had been influenced by "...my family, my religious commitment, my teachers and my mentors" (p. 443).

Review of Literature

Mentorship as a concept has been part of the human relationship experience since the beginning of time. Only within the last couple of decades has the concept of mentoring been explored in a female dominated profession such as nursing. Vance and Olson (1998) state that the phenomenon of women mentoring women did not become an area of serious study until the 1970s. The study of mentoring within the profession of nursing began to appear in nursing literature in the 1980s. The Journal of Nursing

Administration (JONA) began a series of articles in January of 1985 in a section of the journal titled, "The Mentoring Dimension" authored by Lu Ann W. Darling. The opening statement demonstrates the beginning recognition of mentoring as a valuable tool for nursing. "Recognizing the increasing importance of mentoring in helping professional nurses adapt to and function in this vastly changed health care world, JONA features the Mentoring Dimension each month" (Darling, 1985b, p.45). The review of literature focuses on the development of the concept of mentoring within the profession of nursing and the effects of mentoring on job satisfaction among nursing leaders, new graduate nurses, and staff nurses.

Concept Analysis

Yoder (1990) was the first to complete a concept analysis on mentoring for the nursing profession. During this process, definitions for mentoring and its empirical referents, antecedents, and consequences were identified. Yoder began by using the definition of mentoring as stated previously by Bowen (1985),

"Mentoring occurs when a senior person (the mentor) in terms of age and experience undertakes to provide information, advice and emotional support for a junior person (the protégé) in a relationship lasting over an extended period of time and marked by substantial emotional commitment by both parties" (p. 31).

Empirical referents are considered the critical attributes of a concept. The empirical referents identified by Yoder (1990) for the concept of mentoring was two-fold: career or instrumental functions and psychosocial functions. Instrumental functions enhance career development. Psychosocial functions promote a sense of competence, identity, and effectiveness of role acquisition. Within a mentoring relationship these

functions are realized through the actions of role modeling, counseling, acceptance, and friendship.

Antecedents are those events that happen prior to the occurrence of the concept. With the concept of mentoring these are the presence of a mentor and the protégé. Consequences are the events that result as the occurrence of the concept. From the perspective of the mentor, Yoder (1990) postulated that the mentor experiences empowerment as a consequence of the mentoring experience. As for mentored protégés, they often experience greater organizational power, productivity, and job satisfaction, increased professionalism, reduced turnover rates, and exceptional managerial skills than their non-mentored colleagues. Before developing the concept analysis, Yoder (1990) also identified the related concepts of role modeling, sponsorship, precepting, and peer strategizing.

In 1996, Stewart and Krueger undertook an evolutionary concept analysis in an attempt to further define the concept of mentoring and nursing. Building upon the concept analysis work done by Yoder in 1990, the researchers further defined the concept of mentoring as it related to the profession of nursing. Stewart and Krueger cite that 226 references were discovered in the allied health literature indexed under the major heading of nursing and mentoring between 1977 and 1994. In addition, they added unpublished research abstracts to total 307 literature references from the United States, Canada, and the United Kingdom. A random sample was selected and reduced to a working sample of 63 research articles and 19 journal articles from which the concept analysis of mentoring in nursing was obtained.

Stewart and Krueger (1996) confirmed the three critical attributes identified by Yoder (1990) and revealed six essential attributes of mentoring in nursing:

- A teaching and learning process
- A reciprocal role
- A career development relationship
- A knowledge or competence differential between participants
- A duration of several years
- A resonating phenomenon

From these six essential attributes, Stewart and Krueger (1996) identified a theoretical definition of mentoring in nursing. "Mentoring in nursing is a teaching-learning process acquired through personal experience within a one-to-one, reciprocal, career development relationship between two individuals diverse in age, personality, life cycle, professional status, and/or credentials" (p. 315). This definition of mentoring was used for the purpose of this study.

Mentoring and Job Satisfaction of New Graduate Nurses

Hamilton et al. (1989) investigated the effects of mentoring on the job satisfaction and leadership behaviors of new graduate nurses. Hamilton et al. (1989) stated 61% of new graduate nurses left or changed employment during their first year of practice, and stated that turnover was predictable. Using a quasi-experimental design, the researchers divided the sample of new graduates into control (n = 9) and experimental (n = 7) groups. Both groups were assigned to general medical-surgical units and attended the same orientation for their first two weeks of employment. The experimental group was assigned mentors while the control group was not. Both groups were evaluated for job satisfaction

levels (Minnesota Satisfaction Questionnaire), and leadership behaviors (Leader Behavior Description Questionnaire) at 3 months and again at 12 months after beginning orientation.

Hamilton et al. (1989) reported that the study revealed significant differences in the levels of job satisfaction between the experimental and control groups ($p < 0.05$). The participants who had been assigned mentors had significantly higher satisfaction scores than the non-mentored participants. They also reported significant ($p < 0.05$) differences in Leadership Mean Scores at both 3 months and 12 months. Differences in retention were also reported, with the entire experimental group still employed at 12 months versus 63% of the control group. Furthermore, three members of the experimental group were promoted to Clinical Nurse Manager positions in the year after the mentorship program. All of the remaining control group participants remained in staff nurse positions.

The small sample sizes of both groups raise a question regarding the validity of the study. The orientation program as described was more protective of the experimental group. They were kept together with each other and their mentors and not pulled to other units and shifts, which was the experience of the control group. One could question whether the changes made during orientation led to improved job satisfaction. The authors of the study emphasized that one role of a mentor is to foster employee development through socialization. The orientation plan for the experimental group would have fostered socialization, with or without designated mentors.

Mentoring and Job Satisfaction of Nursing Leadership

Several studies have been done looking at the relationship between mentoring and the job satisfaction of nurse leaders (Boyle & James, 1990; Holloran, 1993; Madison, 1994). Boyle and James (1990) surveyed 100 nurse managers for their perceptions of: 1) mentoring experiences, 2) expectations of mentoring relationships, 3) organizational environment, 4) career satisfaction, and 5) career influences. Thirty-four percent reported having a mentor at the time of the study, while 43% did not have a mentor at the time of the study. However, 79% reported having had a mentor sometime in their careers. According to the authors, one of the most crucial times identified for mentoring to occur was during a nurse's early career development.

Holloran (1993) surveyed 274 nurse executives from across the United States to reveal insights based upon their experiences with mentoring. Seventy-one percent identified having a mentor within that group. Moreover, 86% stated that the mentoring relationship was important to their career development.

Madison (1994) conducted a descriptive study with 356 nurse administrators to explore the general characteristics of mentoring relationships and perceptions of how they affected the professional lives of nurse administrators. Fifty-six percent (n = 205) of the participants identified that they had a mentoring relationship, with 97% attributing changes in their professional/personal lives to that mentoring relationship. In addition, 74% identified an increase in self-confidence as a consequence of their mentoring relationship, while 75% stated they experienced a change in self-awareness. More than half the participants (56%) attributed self-actualization to the mentoring relationship and 54% reported that they were currently mentoring a protégé themselves at the time of the study.

Madison (1994) raised the question as to what a similar study utilizing the perceptions of staff nurses would demonstrate.

Mentoring and Job Satisfaction of Staff Nurses

Yoder (1995) completed a study that investigated the range of career relationships (CDRs) experienced by staff nurses in relation to the outcomes of professionalism, job satisfaction, and intent to stay. A sample of 390 Army staff nurses completed four instruments and a demographic questionnaire to measure CDRs, precepting, peer strategizing, coaching, sponsoring, and mentoring and the outcome variables of job satisfaction and retention. It is interesting to note that when Yoder (1990) completed her concept analysis of mentoring she made a strong statement against comparing/confusing mentoring with other related concepts. In the 1995 study, Yoder states that CDRs were believed to occur on a continuum in which precepting is at the lowest endpoint and mentoring is at the highest endpoint.

Yoder (1995) reported that job satisfaction and intent to stay were statistically significant outcomes for experiencing CDR. Interesting, the most commonly identified CDR was a coaching relationship and not a mentoring one. Limitations to the study were identified as having several CDRs that consisted of very different sample sizes, as well as a very homogeneous group of staff with like educational background and work experiences. It is also interesting to note the evolution of the concept of mentoring for Yoder (1990, 1995) from being a clearly definable concept to a one that is part of a continuum of staff development options.

Ecklund (1998) and Cuesta and Bloom (1998) conducted studies to investigate whether the relationship between mentoring and job satisfaction could be replicated at a

staff level. Ecklund (1998) performed a comparative descriptive study utilizing a questionnaire containing seven demographic questions, nine questions (open ended) regarding the nature of the mentoring experience and 44 items from the Index for Work Satisfaction (IWS). A convenience sample of 230 registered nurses in the clinical practice network of the American Association of Critical Care Nurses was surveyed by mail. Seventy-six surveys were returned to formulate the study group, for a response rate of 33%.

Fifty percent of the sample identified having had a mentor in their career. A t-test was calculated to determine if there was a statistically significant difference between job satisfaction scores reported by the mentored group and the non-mentored group, however the finding was not significant. Ecklund (1998) did note that the dependent variable, job satisfaction may be affected by other factors. Likewise, Hamilton et al. (1989) noted this in their study. Qualitative data obtained from the open-ended questions suggested that the support offered by mentors is highly valued as is the sharing of knowledge and expertise.

Cuesta and Bloom (1998) conducted a study to investigate the relationship between mentoring and job satisfaction among recently certified nurse midwives. A demographic data questionnaire, the Job Satisfaction survey and the Quality of Mentoring Tool were mailed to 466 first year eligible members of the American College of Nurse-Midwives. Of the 317 questionnaires returned and included in the analysis, 208 (68%) identified having a mentor. Yet, only 59 (18%) had participated in a formal mentoring program. Eighty-one percent identified that they were satisfied with their current job. A significant relationship was not found between job satisfaction and the participation in a

mentoring relationship. Instead, a significant but weak correlation ($r = .16$, $p = .03$) was found between job satisfaction and the quality of the mentoring relationship.

Cuesta and Bloom (1998) note that the weak relationship between mentoring and job satisfaction was contrary to findings of a relationship among female attorneys (Riley & Wrench, 1985), teachers (Fagen & Walter, 1982), health care workers (Fagenson, 1989), staff nurses (Fagen & Fagen, 1983), and clinical nurse specialists (Caine, 1989). It is interesting to note that all of these studies were done in the 1980s, as was the study done by Hamilton et al. (1989) which also demonstrated a relationship between mentoring and job satisfaction among newly graduated staff nurses.

Summary and Implications for Study

Hamilton et al. (1989) undertook their study to address the issues being raised by a nursing shortage and the need to retain qualified nursing staff. The need continues and has intensified. Winter-Collins and McDaniel (2000) recently completed a study that investigated the relationship between “sense of belonging” and job satisfaction in the new graduate registered nurse. In the continuing cost containment environment of health care, it continues to be imperative that retention issues remain at the top of nursing administrators’ priority lists.

It is important to note the similarities between the variables, “sense of belonging” in the Winter-Collins & McDaniel (2000) study and “socialization” that was noted by Hamilton et.al. (1989). Mentoring, as defined by Stewart and Krueger (1996) should ideally be one of the solutions. Why is it, that the relationship between mentoring and job satisfaction and therefore retention (Winter-Collins & McDaniel, 2000), can not be statistically established?

Cuesta and Bloom (1998) reported a significant but weak correlation between job satisfaction and the quality of the mentoring relationship. Could the quality of the mentoring relationship be the variable that relates to job satisfaction? Winter-Collins and McDaniel (2000) raised an interesting question that suggests an additional dimension to the consideration of the quality of mentoring. "If experienced nurses' morale is at its lowest point ever, what impact will this have on the new graduate? If nurses are under stress and dissatisfied, they may be unable to mentor the new graduate nurse adequately" (p. 104). Have we lost quality mentors over the last decade? Is that why recent studies have not replicated the results from the 1980s? It is important that we begin to address these questions.

The review of literature demonstrates a continuing need to further study the concept of mentoring as it relates to nursing. The concept of mentoring has evolved over the years and yet continues to be an elusive concept to define and demonstrate within the constraints of empirical study. Despite the evidence in the literature of the positive effects of a mentoring experience, the effects of mentoring on job satisfaction has not been established within the population of staff nurses since the study done by Hamilton et al. in 1989.

Research Questions

Therefore, this study addressed the following questions:

1. Do staff nurses identify experiencing a mentoring relationship?
2. What are the perceptions of the quality of the mentoring relationship?

3. What are the differences in the level of job satisfaction between staff nurses who identify having a mentoring relationship and staff nurses who do not identify having a mentoring relationship?

Definition of Terms

Mentoring – A teaching learning process acquired through personal experience within a one-to-one, reciprocal, career development relationship between individuals diverse in age, personality, life cycle, professional status, and/or credentials.

Job satisfaction – The degree of positive orientation towards employment.

Relationship – A particular state of affairs among people dealing with one another.

Quality – A degree or grade of excellence.

CHAPTER 3

METHODOLOGY

Research Design

A descriptive survey design was used to examine the effects of the independent variable, mentoring, on the dependent variable, job satisfaction. The survey technique was appropriate since the beliefs regarding the variables of interest can only be studied through self-report. The populations of interest in this study were registered nurses (RNs) working in staff positions. The sample was randomly selected from a statewide list of RNs in Michigan, who had passed their state licensing examination in June of 1998.

The primary advantage of the survey design is that it can be completed at the convenience of the study participants. This design also allows for greater anonymity than other formats. Disadvantages of the survey design are its dependency upon the participants' willingness to complete and return the survey as directed.

Sample and Setting

The State of Michigan Licensing Department provided 1000 names and addresses of RNs who passed state boards in June of 1998. From this group, a total of 350 RNs were randomly selected to receive the survey. The sample was not restricted to any geographical area within the state, nor was it limited to any particular work setting.

The mailing contained a cover letter explaining the intent of the research, the instruments for the study, and a stamped return envelope. Detailed instructions on how to complete the survey and the timeline for returning the survey to the researcher were also included.

The primary inclusion criterion for the sample was RNs working at a staff level. Because the intent of the survey was to investigate the effects of mentoring on job satisfaction at a staff nurse level, the date of June 1998 was selected intentionally. The researcher assumed that RNs who passed their state boards in June of 1998 have been practicing for three years, have made the transition from student to practicing RN, and in all probability are still practicing at a staff level. The current work position was confirmed when the completed surveys were returned. It is important to note that the length of time in the current position is unknown.

Characteristics of the Sample

Of the 350 RNs randomly selected to receive the surveys, 110 (31.4%) responded. Two of the surveys were returned uncompleted, leaving 108 (30.8%) eligible for inclusion in the study. Eleven surveys were eliminated because the respondents identified that they were currently working in positions (administrative, education) other than staff nurse positions. Therefore, 97 of the returned surveys met the inclusion criteria and were used for the study giving a final response rate of 28%.

An overview of the sample's characteristics demonstrates that 86 (88.7%) were female, with 11 (11.3%) male nurse participants. The ages of the sample ranged from 24 to 55 years with a mean age of 33.7 years ($SD = 8.65$). Of the 97 responses used for the study, 50 (51.5%) identified that their highest level of nursing education was through either a diploma or associate degree program. A Bachelor of Science in Nursing (BSN)

degree was indicated as the highest level of education by 42 (43.3%) of the participants, while 3 (3.1%) stated that they held a Master of Science in Nursing (MSN) degree. One respondent indicated a bachelor's degree other than nursing and another participant identified having a master's degree in a field other than nursing. All of the participants had been working as RNs since June of 1998 so it is assumed that the length of experience for the sample was approximately three years.

The participants in the study were asked to identify the primary setting where they were working as staff nurses. The majority of the study participants (n = 81) reported that they are currently working in acute care hospitals (83.5%). The rest of the sample was divided almost equally between long term care settings (n = 3), home care (n = 4), office practices (n = 3), and community health (n = 5). Due to the random nature of the sample selection and the sample area representing the entire state of Michigan, the participants were also asked to identify the geographical setting where they were currently working. Forty (41.2%) identified that they were working in an urban setting, 35 (36.1%) stated that they were working in a suburban area, and 18 (18.6%) identified that they were practicing in a rural area.

Instruments

Three instruments were used for this study. The Work Quality Index (WQI) developed by Whitley and Putzier (Appendix A), the Darling MMP: Measuring Mentoring Potential (MMP) developed by Lu Ann Darling (Appendix B) and a demographic data tool (Appendix C). Both the WQI and the MMP are published instruments and available for use by the public domain.

Job Satisfaction

The WQI is a 38-item scale developed to assess perceptions of satisfaction with the work environment and its culture among nurses (Whitley & Putzier, 1994). The WQI was developed in an acute care setting and was inspired by the “new” standards established in 1993 by the Joint Commission on Accreditation of Healthcare Organizations for the improvement of organizational performance. It was designed as an evaluation instrument that would be sensitive to the needs and desires of nurses and reflective of the importance that nurses place on the support they receive, as well as the quality of the work environment in which they practice. The factors identified in the WQI reflect the most robust factors in the body of nursing literature that have been shown to impact satisfaction and thereby retention of nursing staff (Whitley & Putzier, 1994).

The WQI is composed of 38 job-correlated factors that are grouped into six subscales. The six subscales are professional work environment, autonomy, work worth, professional relationships, role enactment, and benefits. These subscales measure nurses’ satisfaction with the work environment as well as job properties. The instrument uses a 7-point Likert scale to determine satisfaction with each item. All items are given equal weight. Total possible scores for the WQI range from 38-266, with higher scores indicating higher levels of satisfaction.

Previous reliability of the instrument was reported utilizing Cronbach alpha coefficients. The overall reliability for the WQI was reported to be .94 with each of the subscales reported to have reliability coefficients ranging from .72 to .87 (Whitley & Putzier, 1994). Overall reliability for the WQI in this study was .95, with the reliability coefficients for the subscales ranging from .71 to .90. As stated in Polit and Hungler

(1995), reliability coefficients above .70 are considered satisfactory to make group comparisons. Reliability coefficients as reported by the authors of the instrument and those demonstrated with this study are summarized in Table 1.

Table 1

Reliability Coefficients for the WQI

	Whitley & Putzier (1994)	Delrue (2001)
WQI	.94	.95
Work Environment	.87	.81
Autonomy	.84	.90
Work Worth	.79	.71
Relationships	.80	.89
Role Enactment	.72	.73
Benefits	.79	.85

Mentoring

The Darling MMP: Measuring Mentoring Potential was developed to measure the potential or quality of the mentor. Darling developed this tool in the 1980s as the concept of mentoring and its application for nurses was being explored. The instrument was specifically constructed to determine what nurses perceived they wanted in a mentor (Darling, 1985). As a result, Darling identified that there are three requirements of the mentor that must be present if a significant mentoring relationship is to develop. These three requirements were identified as attraction (inspirer), action (investor) and affect

(supporter). The MMP was designed to measure the degree to which these elements are present in any particular mentor, thereby, providing a measure for the “quality” of the mentor and the “potential” of the mentoring relationship.

The MMP consists of 14 “roles” with three of them (Model, Envisioner, Energizer) being identified as representing the Inspirer requirement, one each to represent the Investor and the Supporter requirement and nine action roles that describe the various ways mentors invest in their proteges. The tool uses a 5-point Likert scale. When scoring the MMP, high mentoring potential is indicated if at least one of the Inspirer roles (Model, Envisioner, Energizer) is rated a 4 or 5 on the 1-5 scale. In addition, the Investor and the Supporter roles must be rated a 4 or 5. High ratings (4-5) within the nine other action roles are indicative of a better-rounded and valuable mentor. The perception of the mentor’s overall quality is indicated by the total score which has a possible range of 14-70.

Reliability coefficients for this instrument were not available in the literature. However, an analysis completed in this study demonstrated a reliability coefficient of .92.

Procedure

Permission to conduct the study was obtained from the Institutional Review Board at Grand Valley State University (Appendix D). The study was introduced to the participants in a cover letter. The cover letter also outlined the purpose, procedure, and human subject information of the study (Appendix E). Confidentiality and anonymity was maintained at all times. The researcher did not collect any identifying information from the subjects and restricted access to the completed questionnaires. The cover letter stated that participation in the study was voluntary and that return of the questionnaires indicated consent for the use of data obtained for the completion of the study.

The questionnaires were mailed to the study participants' home address. A self-addressed stamped envelope was included to return the completed instruments to the researcher. The deadline date for the return of the questionnaires was 30 days from the original mailing. Participants were also given the option of receiving the final results of the study by submitting a separate written or electronic request to the researcher. This method ensured that the results and their request that included identifying information remained separate.

Threats to Validity of the Design

The primary threat to the internal validity of this study is the current state of the healthcare environment, particularly the conditions, both real and perceived, in which nurses practice in. The media is providing information on the current nursing shortage and the dissatisfaction among the nurses in both professional and lay literature. This information publicized by the media could potentially bias the participants. The cover letter that was sent with the questionnaires remained objective to reduce this potential threat.

Additionally, random selection of the participants and a statewide mailing of the surveys were done to minimize the impact of bias due to circumstances in any one particular healthcare arena, practice setting, or geographical area within the state. All of these strategies decreased the factors that could bias the results and increased the validity of the findings from the study.

CHAPTER 4

RESULTS

The objective of this study was threefold based upon the three research questions. The first objective was to see if staff nurses would identify having had a mentoring experience. The second objective was to examine the perceptions of the participants in regards to the quality of the mentoring relationship. The third objective was to determine if there was a significant difference in the level of job satisfaction between staff nurses who had experienced a mentoring relationship in their professional career and those who had not experienced a mentoring relationship during their professional career.

Analysis of the data collected in this study was conducted using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics were used to characterize the subjects and perceptions of the mentoring experience. T-test procedures were used to explore differences in job satisfaction between the mentored and the non-mentored group. The level of significance was set at $p < .05$ for all statistical procedures.

Based upon responses to the demographic data questionnaire, 47 (48.5%) staff nurses identified having had a mentoring experience, while 49 (50.5%) staff nurses indicated that they did not have a mentor. One individual did not respond to the question, therefore was not included in the analysis.

Prior to conducting the analysis on the major variables of interest in this study, the sample was evaluated for demographic differences between the RNs in the mentored and non-mentored groups. Using chi-square and t-test analysis, no statistical differences in the demographic characteristics of the two groups were noted.

Characteristics of the Mentors

The demographic data questionnaire asked the respondents who identified having a mentor (n = 47) to provide additional demographic information concerning their mentor. The questionnaire asked for the mentor's position and years of experience as well as the respondents' perception of whether or not the experience of having had a mentor contributed to any changes in their professional life. A nursing peer was identified as the mentor by 42 (89%) of the participants, with 2 (4%) identifying a supervisor/manager and 2 (4%) identifying a physician as their mentors. One participant (2%) identified a teacher as their mentor. The mentors' years of experience are summarized and presented in Table 2. It is interesting to note that 46.7% of the mentors had 15-20 plus years of experience. When asked whether or not they would be interested in being a mentor, 35 (74.5%) of the respondents indicated that they would.

Table 2

Mentors' Years of Experience

Years of Experience	Frequency	Percent
3-5	4	8.5
5-10	12	25.5
10-15	8	17.0
15-20	16	34.0
> 20	6	12.7

Perceptions of Mentor Quality

The participants represented in the mentored group were asked to rate their mentor utilizing the MMP. The tool uses a 5-point Likert scale to measure the degree to which the mentors demonstrate the role expectations identified as being present/important to a mentoring relationship. The total possible scores for the MMP range from 14-70. The staff nurses in the mentored group reported the quality of their mentors ranging from 23-70 ($M = 53.4$, $SD = 10.1$).

The potential of the mentoring relationship is determined by the scoring of the first five items/roles identified on the MMP. The first three items in the MMP are the elements identified as Model, Envisioner and Energizer. Together these elements represent the required feature "Inspirer" and at least one of these elements must be scored at a level of 4-5 points to establish the Inspirer feature in the mentor. From the frequency distribution of the MMP, it was demonstrated that from the sample of the 47, 44 (93.6%) identified at least one of these elements as a 4-5 on the Likert scale. The breakdown for each of the

elements showed that 43 (91.5%) scored their mentor as having a high rating in the Model element, 27 (57.4%) identified a high rating for the Envisioner element, and 30 (63.8%) noted a high rating for the Energizer element. It is important to note that the elements are not exclusive from each other so it is possible for mentors to have high ratings in more than one of the elements simultaneously.

In addition to the Inspirer feature, a high potential mentoring relationship must also demonstrate a high rating for both the Investor and Supporter roles. Again, from the frequency distributions, 36 (76.6%) gave high scores for their mentors in the Investor role and 39 (83%) scored their mentors as being high in the Supporter role. Therefore, 36 (76.6%) of the study participants in the mentored group perceived that their mentors met the criteria established by the MMP as having high mentoring potential. A summary of the percentages of high ratings given to the other nine roles of a mentor is presented in Table 3.

Table 3

Summary of High Ratings for Mentor Roles

Mentor Role	Percent
Feedback Giver	83.0
Standard Prodder	80.8
Teacher/Coach	74.5
Problem Solver	61.7
Challenger	59.6
Idea Bouncer	57.5
Door Opener	53.2
Eye Opener	48.9
Career Counselor	40.4

Examination of Job Satisfaction

Total scores for the Work Quality Index (WQI). The level of job satisfaction was examined with the WQI. The total possible scores for the WQI range from 38-266, with higher scores indicating a higher degree of job satisfaction. The staff nurses in the mentored group reported satisfaction scores ranging from 91-252 (M = 169.8, SD = 31.9). In contrast, the non-mentored group reported scores ranging from 117-236 (M = 168.2, SD = 35.5). One outlier was identified in the non-mentored group reporting a total satisfaction score of 38. Utilizing a t-test procedure, it was revealed that there was not a significant difference in the level of job satisfaction between the mentored and the non-mentored groups ($t = .207$; $d.f. = 81$; $p = .836$).

In addition, a comparison of the mentored and non-mentored groups was done looking at each of the 38 items of the WQI utilizing a Mann-Whitney procedure. Only one statistical difference was identified ($p = .04$) for item W908 which states, “Your job offers: Adequate inservice opportunities” between the mentored group ($M = 42.63$) and the non-mentored group ($M = 54.13$).

Subscale scores for the WQI. The WQI is composed of 38 job-correlated factors that are grouped into six subscales. The six subscales are professional work environment, autonomy, work worth, professional relationships, role enactment, and benefits. The subscales measure satisfaction with the work environment as well as job properties. No statistically significance differences were demonstrated with t-test procedures in any of the subscales between the mentored and the non-mentored groups. A summary of analysis for each of the subscales is presented in Table 4.

Table 4

WQI Subscale Scores by Group

Subscale (Possible Range)	Mentored Mean (SD)	Non-Mentored Mean (SD)
Work Environment (8-56)	29.75 (8.31)	30.17 (8.23)
Autonomy (5-35)	26.87 (5.33)	25.79 (5.87)
Work Worth (4-28)	19.87 (3.82)	19.52 (4.22)
Professional Relationships (8-56)	38.95 (8.66)	36.87 (9.01)
Role Enactment (5-35)	23.09 (5.00)	22.70 (4.73)
Benefits (8-56)	32.67 (9.19)	32.24 (9.43)

Potential of the mentor and job satisfaction. The potential of the mentoring relationship and the quality of the mentor were also utilized to compare the level of job satisfaction. Total satisfaction scores were compared within the mentored group (n=46) between those who indicated their mentor had high mentoring potential (M = 175.1, SD = 26.6) and the group whose mentors were identified as having low mentoring potential (M = 163.8, SD = 41.3). A t-test procedure revealed that there was no significant difference in the level of job satisfaction between these two groups (t = -1.08; d.f. = 41; p = .287).

In addition no statistically significance differences were demonstrated with t-test procedures in any of the subscales between the high potential mentor and the low potential mentor groups. The summary of analysis for each of the subscales in the mentoring potential groups is presented in Table 5.

Table 5

WQI Subscale Scores by Mentor Potential

Subscale (Possible Range)	High Potential Mean (SD)	Low Potential Mean (SD)
Work Environment (8-56)	31.24 (8.51)	29.07 (9.56)
Autonomy (5-35)	27.22 (5.26)	26.07 (5.34)
Work Worth (4-28)	20.12 (3.25)	19.29 (4.83)
Professional Relationships (8-56)	40.18 (7.29)	37.00 (10.73)
Role Enactment (5-35)	23.57 (4.20)	22.08 (6.58)
Benefits (8-56)	33.62 (9.29)	31.71 (8.88)

Quality of the mentor and job satisfaction. The group was divided based upon the quality of the mentor with 22 RNs in the high quality mentored group and 20 RNs in the low quality mentored group. Overall, mentor quality was reported as $M = 53.4$, with 59.2% of the mentors represented in the high quality mentored group.

Job satisfaction was compared between the staff nurses who perceived that their mentor demonstrated high quality ($M = 179.95$, $S.D. = 25.83$) and staff nurses with perceived low quality mentors ($M = 166.60$, $S.D. = 32.11$). Although there was a noted difference in the mean satisfaction scores, t-test procedures demonstrated that there was not a significant difference in the level of job satisfaction between the two groups ($t = -1.49$, $df = 40$, $p = .144$). Examination of the subscales also failed to identify any significant differences in job satisfaction between the “high” quality mentored and the “low” quality mentored groups, although the environmental subscale was trending towards significance ($t = -1.90$, $df = 45$, $p = .064$). Table 6 provides a summary of the subscale scores of the high and low quality mentored groups.

Table 6

WQI Subscale Scores by Mentor Quality

Subscale (Possible Range)	High Quality Mean (SD)	Low Quality Mean (SD)
Work Environment (8-56)	33.08 (8.12)	28.41 (8.72)
Autonomy (5-35)	28.08 (4.70)	26.21 (5.15)
Work Worth (4-28)	20.38 (3.05)	19.74 (4.05)
Professional Relationships (8-56)	41.13 (6.56)	38.41 (8.35)
Role Enactment (5-35)	23.96 (3.84)	23.00 (4.91)
Benefits (8-56)	34.54 (8.04)	31.65 (10.25)

Finally, the job satisfaction levels of the high quality mentored group ($M = 177.75$, $S.D. = 25.97$) and the non-mentored group ($M = 166.84$, $S.D. = 36.60$) were examined with t-test procedures. Despite the differences in the mean satisfaction scores, there was no significant difference ($t = -1.202$, $df = 63$, $p = .234$). Examining the subscale scores, in particular the subscale Professional Relationships, a difference of mean scores was noted between the non-mentored group ($M = 36.51$, $S.D. = 9.57$) and the high quality mentored group ($M = 40.77$, $S.D. = 6.75$). A trend towards significance was noted, but again the difference was not significant ($t = -1.89$, $df = 69$, $p = .064$). A summary of the subscale scores for the high quality mentored group and the non-mentored group is presented in Table 7.

Table 7

WQI Subscale Scores for High Quality Mentor and Non-mentored Groups

Subscale (Possible Range)	High Quality Mentored Mean (SD)	Non-Mentored Mean (SD)
Work Environment (8-56)	32.09 (7.50)	29.98 (8.30)
Autonomy (5-35)	27.91 (4.86)	25.58 (6.00)
Work Worth (4-28)	20.27 (3.13)	19.44 (4.35)
Professional Relationships (8-56)	40.77 (6.74)	36.51 (9.57)
Role Enactment (5-35)	23.83 (3.85)	22.39 (5.14)
Benefits (8-56)	34.45 (8.40)	32.19 (9.24)

Changes in Professional Life

The participants who identified having a mentor were asked if they attributed any changes in their professional life to the mentoring experience. Of the 47 participants, 37 (78.7%) indicated that they did attribute changes or benefits in their professional life from the mentoring experience. The Demographic Data Questionnaire offered several choices of possible changes as well as the opportunity to write in changes that were not available for selection. The selections offered as choices were a job change, a promotion, returning to school, self-confidence, self-awareness, and self-actualization.

An increase in self-confidence was identified by 34 (72.3%) of the participants. An increase in self-awareness followed closely with 24 (51%) identifying it as a change in their professional life as a result of their mentoring experience. All of the changes and responses are summarized in Table 8.

Table 8

Changes Based upon Mentoring Experience

Change	Affirmative Response	
	n	%
Self-Confidence	34	72.3
Self-Awareness	24	51.0
Self-Actualization	13	27.6
Job Change	8	17.0
Return to School	7	14.8
Promotion	2	4.2

CHAPTER 5

DISCUSSION AND IMPLICATIONS

Discussion of the Findings

The questions posed, the objectives of this study were threefold. The first was to determine whether or not staff nurses would report having mentors. The second was to examine the staff nurses' perception regarding the quality of the mentor. The final question was to explore whether there was a difference in the level of job satisfaction between the mentored and the non-mentored groups.

In regards to whether or not staff nurses would identify having a mentor, 47 (48.5%) of the staff nurses who participated in this statewide survey (n = 97) indicated that they had a mentor. It is important to note that the participants were not provided with a definition of the term "mentor". As reported by Yoder (1990, 1995) there are several synonymous concepts, such as coaching, sponsorship, peer strategizing, and precepting that are commonly interchanged in the workplace for mentoring. What remains unknown in this study is whether or not the participants who did not report having a mentor would have recognized and responded affirmatively to the concept of mentoring known by another "name". The researcher recommends that studies on mentoring in the future include specific definitions.

It is interesting that the majority of mentors were identified as being nursing peers (89%) with 10 or more years of staff nurse experience (63.7%). Winter-Collins and McDaniel (2000) had asked the question, if the experienced nurses' morale was so low that effective mentoring of new members to the profession would be in jeopardy. The findings from this study did not provide evidence of that occurrence.

Only two respondents (4%) identified that their mentor was a supervisor or clinical manager which the researcher feels is a significant finding. The relationship between manager and employee has repeatedly been demonstrated to be a significant indicator of staff retention (Kaye & Jordan-Evans, 1999). Mentoring offers an opportunity to both establish the relationship between manager and employee and contribute to meeting the developmental needs of staff. Again, it is unknown whether or not the lack of definition of the term mentor contributed to these findings.

Of the staff nurses who were mentored, 35 indicated that they had an interest in becoming a mentor (74.5%). This interest has implications for both nursing leadership and nursing education. The researcher assumes the reported desire to emulate the role of their mentors is an affirmation on their part for the value of mentoring. In addition, they attributed several positive changes in their professional lives to having a mentor. Thirty-four participants reported an increase in self-confidence (72.3%), 24 reported an increase in self-awareness (51.0%), and 13 reported an increase in self-actualization (27.6%). The demographic data questionnaire did not provide an opportunity for the non-mentored RNs to respond in kind, so there was no information available to compare. The researcher recommends that future studies include these types of questions for all comparison groups.

Quality was measured on two fronts; the “potential” of the mentoring relationship and the perceived quality of the mentor. The potential of the mentoring relationship was reported to be high by 36 (76.6%) of the mentored participants. In reviewing the 14 roles of mentors, it is interesting to note that the roles rated high with the most frequency also reflect the mentoring roles that would be expected from experienced peers. The mentoring roles reflective of a manager function, “Career Counselor,” “Door Opener,” and “Eye Opener,” were not as highly rated which coincides with the lack of nursing leadership representation as mentors in this study.

The overall quality of the mentors was reported utilizing the sum of the scores for all 14 attributes in the MMP. The MMP was a challenging tool to utilize in that there was little discussion available in the literature to demonstrate its practicality. The researcher recommends that further exploration into a “quality” measure for developmental relationships such as mentoring be done with future studies.

The differences in job satisfaction were compared from four perspectives: 1) between the staff nurses who were mentored and those who were not; 2) between the mentored staff nurses with perceived high mentoring potential and low mentoring potential; 3) between the participants with high quality mentors and those with low quality mentors; 4) and between the RNs with high quality mentors and the non-mentored group. The analysis demonstrated no statistical differences in the demographic characteristics of any of the groups.

There was a high degree of homogeneity between the groups that the researcher credits to the sample criteria. Even though the sample was selected from a statewide geographical area, and multiple practice environments, the RNs in this study were all

limited in the length of their professional experience by the fact that they all had become licensed to practice in June of 1998. While this criteria was established intentionally in an attempt to maximize the number of RN participants in staff nurse positions, the researcher recommends that future studies not be so limiting in the area of experience.

The comparison of job satisfaction between the high quality and low quality mentored groups demonstrated a notable difference in the means of overall job satisfaction. Although statistical analysis did not demonstrate any significant differences in either the total satisfaction scores or the subscale scores, it was observed that the Work Environmental subscale was trending towards significance.

The environmental subscale is reflective of nurses' need for professional growth and support for their work from nursing service hierarchies. Satisfaction with opportunities for professional growth and advancement, praise and respect for work well done, and the perception of having a voice in policy and practice decisions are examples from this particular subscale of the WQI. The researcher finds the trend towards significance in this subscale interesting particularly in regards to the implications it poses for the examination of mentor quality.

The final examination of job satisfaction in this study compared the high quality mentored group to the non-mentored group. Again, there was a marked difference noted between the overall mean satisfaction scores between the groups and once again no significant differences were demonstrated. The testing of the subscales between the non-mentored and the high quality mentored groups was not significant, except that there was a trend towards significance observed in the subscale Professional Relationships.

The Professional Relationship subscale contains test items reflecting that nurses express the need to work with other nurses and healthcare providers who support their work and with whom they are able to form high level professional relationships. This trend towards significance demonstrated between the high quality mentored group and the non-mentored group suggests to the researcher that there is potential for a quality mentoring relationship to positively impact nursing job satisfaction. While this study did not confirm that relationship, it did provide empirical evidence to support continued investigation.

Relationship of Findings to Conceptual Framework

The presence of a mentor and having had a mentoring experience functioned as environmental inputs to the nursing systems represented by the participants in this study. These environmental inputs, through adaptive processes, have an impact upon the systems that can be assessed through the adaptive modes. Whereas the “output” of job satisfaction was not statistically different between the mentored and the non-mentored staff nurses, there was information obtained from the responses that support and align with the conceptual framework. Based upon the responses in this study, an assessment from the perspective of the four adaptive modes reveals the following:

Managerial function. This mode looks at those functions basic to the managerial role. The manager seeks to maintain an environment in which the outcomes reflect high levels of job performance and job satisfaction. The adaptive process of socialization for new graduate nurse (novice to expert) is one of management’s primary functions. The results from this study indicate that the socialization process is occurring but nursing peers far outnumbered management as mentors.

Role function. This mode is another example of the socialization function mentioned previously. Role mastery and interpersonal relationships among team members are desired adaptive outcomes. The trends towards significance within the subscales, Work Environment and Professional Relationships suggest that quality mentoring has potential to support role functioning. In addition, the findings from this study support these outcomes as evidenced by the reported increases in self-confidence, self-awareness, and self-actualization among the mentored staff nurses.

Professional actualization. The reported number of mentors who were experienced nursing peers supports the value of nursing to nurses and the commitment of nurses to the role in this study. With only two members of administration identified as mentors, it is difficult to draw conclusions regarding the perceived support of nurse administrators. The trend towards significance in the subscale Work Environment between the high quality and low quality mentored groups suggests that mentoring has potential to have a positive influence.

Interdependence. Assessment of the interdependence mode identifies significant relationships and support systems. As stated previously, the self-reported changes in professional growth, along with identified trends towards significance noted in the Professional Relationships and Work Environment subscales, suggests that mentoring as a concept is supported for study by the Roy Adaptation Model for Administration.

Relationship of Findings to Previous Research

The results of this research supported the findings from previous studies regarding the relationship between mentoring and job satisfaction. Several similarities were noted between this study and the one conducted by Madison (1994) with nurse administrators.

Madison (1994) reported that the nurse administrators who participated in the study attributed changes in their professional lives to having had a mentor, similar to the results reported by the staff nurse participants in this study. Likewise, the results of this study are very similar to the study completed by Ecklund (1998) where there was no significant difference in the level of job satisfaction between the mentored and non-mentored staff nurses.

In both studies however, the qualitative data obtained indicated that the support offered by mentors is highly valued and recognized as contributing to the professional development of the study participants. Similar to the study conducted by Cuesta and Bloom (1998), this study also suggested that there might be a correlation between the quality of the mentor and job satisfaction.

Strengths, Limitations, and Recommendations

The primary strength of this study was that the issues explored were relevant, timely, and significant to the nursing profession. Job satisfaction is a key player in the issues surrounding nursing retention and recruitment. Nursing administrators in today's healthcare environment are concerned with strategies that contribute to the recruitment, development, and satisfaction of the nursing profession. Mentoring is a recognized development strategy but there are few studies exploring the concept and the satisfaction of staff nurses. There are even fewer studies that include the quality of the mentor and the potential impact that their quality would have on job satisfaction. This study was a small contribution and supports the need for further investigation.

The researcher acknowledges limitations to this study. Although the recruitment strategy in this study increased the generalizability of the results, the researcher believes

that the lack of variety in work experience contributed to the homogeneity of the sample. A recommendation is made for expanding the study to include staff nurses with varying lengths of professional work experience to get a broader picture of the staff nurse and their mentoring experiences. The researcher also recommends procedures directed at increasing the sample size, again to enhance the perspective on mentoring among staff nurses.

Another limitation that the researcher would like to address revolves around the definition of mentoring and related concepts like coaching, precepting, and peer strategizing. The participants in this study were not provided with a definition for mentoring but were allowed to interpret the concept based upon their personal experiences. While approximately one-half of the sample did identify having a supportive, developmental relationship which they identified as mentoring, in the other half of the sample, it is unknown whether such a relationship is missing, or whether such a relationship is known under a different label. It is recommended for future studies that the developmental relationship be clearly defined, addressing all of the concepts that could be used in addition to that of mentoring.

Implications of the Study

Significance to Nursing Administration

While a statistically significant difference was not demonstrated on the level of job satisfaction and having had a mentor, the study did support previous reports of increased self-confidence, self-awareness, and self-actualization of mentored staff. This is a clinically significant finding for nurse administrators who are challenged with the recruitment and retention of new staff.

Of significance, is that while approximately half of the sample identified having mentors, the other half did not. Another area of significance that warrants further investigation in that so few mentors were identified as being from the nursing leadership ranks. These are clearly two areas of concern for nurse administrators. In light of high turnover rates, especially among new graduate nurses, nurse administrators can not afford to continue utilizing vast resources to transition new graduate nurses into staff positions, and then lose them. Nurse leaders need to be out front role modeling for staff and incorporating the concept of mentoring in the socialization process, especially with new graduate nurses.

In light of the current world-wide shortage of nurses, nurse leaders would do well to expand the concept of mentoring and recruitment beyond new graduate nurses to the young people in high school who are beginning to explore career opportunities. The healthcare environment never seems to get good press. If nursing leadership is not out front speaking on behalf of the profession, who will be?

Significance to Nursing Practice

The nursing practice environment is challenged daily with an aging population, higher acuity patients, advances in technology, expanding practice environments, and declining numbers within the nursing ranks. Our future as a profession depends on those who are entering the profession and standing along side of us with all of their questions and concerns. Nursing practice is called to create an environment where new staff can safely assume the role of a professional, competent nurse. We are all called to provide a mentoring environment.

This study demonstrated that approximately half of the participants had a mentor and that those mentors were for the most part experienced nursing peers. That is information that should be expanded, encouraged and celebrated. This study also identified that there might be something of importance to note regarding the quality of the mentor. Nurse clinicians need to continue to explore that perception. Similar to the significance for nurse administrators, nursing practice should note that half of the study participants did not identify a mentor. In this study, these new members to the profession, three years into their practice did not identify a developmental relationship in their experience of professional practice. All aspects of nursing, administration, practice, and education should consider this a missed opportunity.

Significance for Nursing Education

Of significance to nursing education is the need to continue to support the exploration/research of the concept of mentoring. The potential impact the quality of the relationship might have has significant ramifications for those charged with the building of knowledge and competency within the profession. Where and when do nurses learn about mentoring? Who teaches them? How is quality mentoring measured?

In light of the current practice environment and declining enrollments in schools of nursing, nursing education in collaboration with nursing research could very well be charged with defining a standard of excellence for nurse mentoring. While nursing administration is focused upon strategies to recruit nursing staff to their healthcare facilities, nursing education is called to recruit students to the nursing degree programs. Nurse Educators in the practice arenas are charged with overseeing the on-going orientation and competency development of nursing staff. Mentoring with its

demonstrated ability to positively impact the socialization process has the potential to dramatically impact the outcomes of these initiatives.

Significance to Nursing Research

This study raised more questions than it answered. Further work is necessary to continue the exploration of the concept of mentoring and its potential impact upon the practice of nursing. The researcher highly recommends that further study be done on the effect that mentoring has on staff nurses' job satisfaction. In particular more research is recommended to define the measure of "quality" mentoring and its impact on nursing practice.

In addition to continuing the study of mentoring, development of instruments that measure the more elusive concepts of mentoring are recommended. While the MMP provided a framework to identify the potential/quality of the mentor in this study, its use has not been widely demonstrated and further development of a mentoring quality indicator is needed. Without further defining what quality mentoring is, and having a reliable tool with which to measure, it will be difficult to establish "mentoring" standards.

In light of the changing environment within healthcare, new measures of satisfaction may also be indicated. Is it still appropriate to measure "job" satisfaction or is it time to explore the development of an instrument which measures "professional" satisfaction? Has nursing evolved beyond a "woman's career option" to a professional standard? Based upon the scope and diversity of nursing practice and the variable environments in which nursing occurs, nursing is very much a professional endeavor.

As such, what do nurses value about nursing? Why do they stay or leave the profession? What impact would quality mentoring have upon “professional” satisfaction? Finding the answers to these questions is just one of the many challenges for the profession of nursing.

The future of the nursing profession is dependent upon those clinicians, educators, and nursing leaders who are currently practicing the profession and upon the way they “pass the reins” to the new generations entering the profession. Quality mentoring has the potential to empower the future of nursing. The quest for empirical data that supports this concept must continue.

APPENDICES

APPENDIX A

Work Quality Index

Appendix A

Work Quality Index

This questionnaire inquires about your level of satisfaction with 38 job-correlated factors. Please indicate how satisfied you are in your present job with each of these items by circling the appropriate number.

	NOT SATISFIED				SATISFIED		
1. The work you associated with your position allows you to make contribution to:							
.01 The hospital	1	2	3	4	5	6	7
.02 The profession	1	2	3	4	5	6	7
.03 Your own sense of achievement	1	2	3	4	5	6	7
2. You receive adequate praise for work well done from:							
.01 Your peers	1	2	3	4	5	6	7
.02 Hospital physicians	1	2	3	4	5	6	7
.03 Nursing Administration	1	2	3	4	5	6	7
3. The work associated with your position provides you with:							
.01 Opportunity to use a full range of nursing skills	1	2	3	4	5	6	7
.02 A variety of clinical challenges	1	2	3	4	5	6	7
.03 The opportunity to be of service to others	1	2	3	4	5	6	7
4. The nursing practice environment:							
.01 Allows you to make autonomous nursing care decisions	1	2	3	4	5	6	7
.02 Allows you to be fully accountable for those decisions	1	2	3	4	5	6	7
.03 Encourages you to make adjustments in your nursing practice to suit patient needs	1	2	3	4	5	6	7
.04 Provides a stimulating intellectual environment	1	2	3	4	5	6	7
.05 Provides time to engage in research if you want	1	2	3	4	5	6	7
.06 Promotes a high level of clinical competence on your unit	1	2	3	4	5	6	7
.07 Allows opportunity to receive adequate respect from nurses on other units	1	2	3	4	5	6	7
5. The hospital organizational structure:							
.01 Allows you to have a voice in policy making for nursing service	1	2	3	4	5	6	7

	NOT SATISFIED				SATISFIED		
02 Allows you to have a voice in overall hospital policy making	1	2	3	4	5	6	7
.03 Facilitates patient care	1	2	3	4	5	6	7
6. You receive:							
.01 Enough time to complete patient	1	2	3	4	5	6	7
.02 Enough time to complete indirect patient care tasks	1	2	3	4	5	6	7
.03 Support for your work from nurses on other shifts	1	2	3	4	5	6	7
.04 Support from your peers for your nursing decisions	1	2	3	4	5	6	7
.05 Support from physicians for your nursing decisions	1	2	3	4	5	6	7
7. Good working relationships exist between you and:							
.01 Your supervisor	1	2	3	4	5	6	7
.02 Your peers	1	2	3	4	5	6	7
.03 Physicians	1	2	3	4	5	6	7
8. Nursing Service:							
.01 Gives clear direction about advancement	1	2	3	4	5	6	7
.02 Provides adequate opportunities for advancement	1	2	3	4	5	6	7
.03 Decides advancement for nurses fairly	1	2	3	4	5	6	7
9. Your job offers:							
.01 Opportunity for professional growth	1	2	3	4	5	6	7
.02 Satisfactory salary	1	2	3	4	5	6	7
.03 Adequate funding for health care premiums	1	2	3	4	5	6	7
.04 Adequate additional financial benefits other than salary	1	2	3	4	5	6	7
.05 A satisfactory work hour pattern (eight hour, ten hour, and so forth)	1	2	3	4	5	6	7
.06 Adequate vacation	1	2	3	4	5	6	7
.07 Adequate sick leave	1	2	3	4	5	6	7
.08 Adequate inservice opportunities	1	2	3	4	5	6	7

Thank-you for completing this survey.

APPENDIX B

Darling MMP: Measuring Mentoring Potential

Appendix B

The Darling MMP: Measuring Mentoring Potential

The following have been identified by nurses as significant characteristics in mentors.

Please indicate the degree to which your mentor demonstrates these characteristics. Please circle a number between 1-5, with 1 indicating a low level of demonstration of that characteristic and 5 indicating a high level of demonstration of that characteristic.

	Low					High	
1. Model	1	2	3	4	5		"I'm impressed with her ability to..."; "really Respected her..."; "admired her..."
2. Envisioner	1	2	3	4	5		"Gave me a picture of what nursing can be"; "Enthusiastic about opportunities in..."; "sparked my interest in..."; "showed you possibilities"
3. Energizer	1	2	3	4	5		"enthusiastic and exciting"; "very dynamic"; "made it fascinating"
4. Investor	1	2	3	4	5		"spotted me and worked with me more than other nurses"; "invested a lot in me"; "saw my capabilities and pushed me"; "trusted me and put me in charge of a unit"; "saw something in me"
5. Supporter	1	2	3	4	5		"willing to listen and help"; "warm and caring"; "extremely encouraging"; "available to me if I got discouraged and wonder if I was doing the right thing"
6. Standard-Prodder	1	2	3	4	5		"very clear what she wanted from me"; "pushed me to achieve high standards"; "kept prodding me if I allowed myself to slack off"
7. Teacher-Coach	1	2	3	4	5		"taught me how to set priorities"; "to develop interpersonal skills"; "guided me on patient problems"; "said 'lets see how you could have done it better'"
8. Feedback-Giver	1	2	3	4	5		"gave me a lot of positive and negative feedback"; "let me know if I wasn't doing right and helped me examine it"
9. Eye-Opener	1	2	3	4	5		"opened my eyes, got me interested in research"; "helped me understand the politics of the hospital"; "... why you had to look at the total impact something has on the hospital"
10. Door-Opener	1	2	3	4	5		"made inservices available"; "included me in discussions"; "said I want you to represent me on this committee; this is the information, this is our view"; "would delegate to you"
11. Idea-Bouncer	1	2	3	4	5		"bouncing things off her brings things into focus"; "eloquently speaks for professional issues; I like to discuss them with her"; "we would discuss issues, problems, and goals"
12. Problem-Solver	1	2	3	4	5		"let us try new things and helped us figure it out; always had a pencil and a calculator"; "we looked at my strengths and created a way to use them to benefit nursing"

13. Career Counselor	1	2	3	4	5	“got me started on a 5-year career plan”; “I went to when I was trying to sort out where I want to go in my career”; “I could trust her”
14. Challenger	1	2	3	4	5	“made me really look at my decisions and grow up a little bit”; “she’d challenge me and I’d be forced to prove my point; I found out if I believed what I recommended”

Thank-you for participating in this research, please return the questionnaires in the envelope provided. Please mail on or before August 31, 2001.

APPENDIX C

Demographic Data Questionnaire

Appendix C

Demographic Data Questionnaire

Please indicate your response for each question.

Please complete and return in the envelope provided by **August 31, 2001**.

1. Your Gender:

_____ (1) female _____ (2) male

2. Your Age: _____

3. Highest Degree You have Earned:

_____ (1) Associate Nursing Degree

_____ (2) Nursing Diploma

_____ (3) Baccalaureate Nursing Degree

_____ (4) Non-nursing Baccalaureate Area: _____

_____ (5) Nursing Masters Degree

_____ (6) Masters other than nursing Area: _____

_____ (7) Doctorate

4. Your current position

_____ (1) Staff

_____ (2) Management

_____ (3) Education

5. Your current workplace:

_____ (1) Acute Care Hospital

_____ (2) Long Term Care

_____ (3) Home Care

_____ (4) Community Nursing

_____ (5) Office setting

_____ (6) Other Area: _____

6. How would you describe the setting?

_____ (1) Rural

_____ (2) Suburban

_____ (3) Urban

_____ (4) Other _____

7. Have you ever had a mentor?

_____ (1) Yes (please continue and complete *The Darling MMP* in addition to the *Work Quality Index*)

_____ (2) No (if "no", please stop here and complete the *Work Quality Index*)

7. What title does your mentor hold?

_____ (1) Nurse/peer

_____ (2) Teacher

_____ (3) Supervisor/Manager

_____ (4) Physician

_____ (5) Other (please specify) _____

8. How many years of experience does your mentor have?

_____ (1) 3-5 years

_____ (2) 5-10 years

_____ (3) 10-15 years

_____ (4) 15-20 years

_____ (5) other (indicate how many years) _____

9. Do you attribute any changes in your professional life to the mentoring relationship?

_____ (1) Yes

_____ (2) No

If yes, was it (check all that are applicable)

_____ (3) job change

_____ (4) promotion

_____ (5) return to school

_____ (6) self-confidence

_____ (7) self-awareness

_____ (8) self-actualization

_____ (9) other (please specify) _____

9. Do you have an interest in becoming a mentor?

_____ (1) Yes

_____ (2) No

Everyone please continues and completes the *Work Quality Index*.

If you indicated that you have/had a mentor (question #7) you are asked to also complete *The Darling MMP: Measuring Mentoring Potential* questionnaire also

APPENDIX D

Grand Valley State University's Human Subjects Approval



GRAND VALLEY
STATE UNIVERSITY

1 CAMPUS DRIVE • ALLENDALE, MICHIGAN 49401-9403 • 616/895-6611

July 24, 2001

Karen Delrue
953 Maryland Ave. NE
Grand Rapids, MI 49505

RE: Proposal #02-04-H

Dear Karen:

Your proposed project entitled **Exploring the Relationship Between Mentoring and Staff Nurses' Job Satisfaction** has been reviewed. It has been approved as a study, which is exempt from the regulations by section 46.101 of the Federal Register 46(16):8336, January 26, 1981.

Sincerely,

A black rectangular redaction box covering the signature of Paul Huizenga.

Paul Huizenga, Chair
Human Research Review Committee

APPENDIX E

Cover Letter

Appendix E

Karen Delrue RN, BSN, CEN
953 Maryland NE
Grand Rapids, MI 49505
Email: pkdelrue@home.com

July 2001

Dear Registered Nurse:

My name is Karen Delrue and I am a graduate nursing student at Grand Valley State University. I am conducting a study to examine the impact of a mentoring experience on the level of job satisfaction of staff nurses and to determine the quality of their mentor. This is the basis for my thesis, which is one of the requirements for graduating with the degree of Master of Science in Nursing.

You were randomly selected from a list of Registered Nurses who received their license to practice in June 1998. The Michigan State Board of Nursing provided this list.

Please take approximately 15-20 minutes to complete the enclosed questionnaires. When you are finished, please utilize the enclosed stamped envelope and mail them back to me. In order that the results truly represent your experiences, it is important that you complete the questionnaires as directed.

Although there are no direct benefits from participating, I hope to utilize the information obtained from the results to improve the practice environment. This information may assist nurse executives and educators in making decisions regarding ways to improve the work setting for the future.

Your participation is voluntary and your responses will be anonymous. No attempt has been made to name or code the questionnaires to identify the participants. Please do not place your name on any of the surveys, so that your anonymity is maintained. Your consent to participate is implied by your completion and return of the questionnaire packet. Your name will not appear on any of the results of the study.

If you have questions about this study, you may contact me at (616) 774-5339. If you have questions regarding your rights as a participant, you may contact Professor Paul Huizenga, Chair of the Institutional Review Board at Grand Valley State University, at (616) 895-2472.

You may receive a copy of the results of the study by providing a written or electronic request. Please mail your request separately from the questionnaire packet to ensure anonymity.

Thank-you for your time and consideration. To participate in the study, all questionnaires must be post-marked by August 31, 2001.

Sincerely,

Karen Delrue, BSN, RN, CEN

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LIST OF REFERENCES

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