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Strategies for Implementing Successful Mentoring Programs

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This is to certify that the doctoral study by

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Walden University
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Abstract

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by

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MS, Strayer University, 2009

BS, Southern Wesleyan University, 2005

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

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Abstract

Organizations face challenges with leadership succession in the healthcare industry because of the enormous number of baby boomers retiring. Leaders in the healthcare industry are concerned with the large number of employees retiring in leadership roles and finding replacements for these roles. Grounded in social learning theory, the purpose of this qualitative multiple case study was to explore strategies healthcare leaders use to implement mentoring programs for early-career leaders. The nine participants were managers and leaders in health care agencies in South Carolina who had at least ten years of experience implementing successful mentoring programs. Data were collected using semistructured interviews, a review of the employee manuals, brochures on employee development, and public documents on the websites. Through thematic analysis, three themes were named: (a) identification of leaders for mentors, (b) role modeling for successful behaviors, and (c) communication between the mentor/mentee. A key recommendation is for healthcare leaders to provide growth opportunities through mentoring to support employees' career goals. The implications for positive social change include the potential to keep skilled employees, allowing organizations to deliver continuous social services to clients in the community, and improving human and social conditions.

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Dedication

I dedicate this study to my husband Kevin. You are the wind beneath my wings, you held me up, you supported me, and you believed in me when I did not believe in myself. Your patience and sacrifice with me spending time studying, not being able to spend quality time together – you inspired me, you waited for me, and I am so thankful. I also dedicate this study to my late mother, Maggie Brooks. I miss you so much and I hope I made you proud. To all my family and friends, thank you all for the prayers and for listening to me express my hopes and fears. Finally, to the ladies of my bible study group, thank you for the love and encouragement.

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Section 1: Foundation of the Study

Baby boomers retire at a rate of 1.3%, which may result in a shortage of employees in critical positions in the healthcare industry (Buerhaus et al., 2017). Baby boomers include people born between 1946 and 1964 and make up half the population of health care workers eligible for retirement (Bittner, 2019). Retiring baby boomers creates a gap in knowledge and experience (Woods, 2019). To fill this gap, effective mentoring of early-career employees can help as the global workforce ages and generations that have different values, morals, and standards dominate the workplace (Germain, 2020). Past literature indicates that mentorship programs and professional training initiatives help in mitigating the challenge of employee and leader shortages occasioned by the retirement of baby boomers (Bittner, 2019). Effective mentoring and training programs impart young employees with knowledge and skills, which enable them to fit in the positions left behind by the retiring baby boomers.

Background of the Problem

The United States and the entire globe continue to record many retiring employees in health care organizations. In the United States, it was estimated that between 2020 and 2035, 2.5 million employees will have retired (Morrissey & Johnson, 2017). In some larger organizations, the majority of these retirees will be drawn from employees in management positions (Edmonson et al., 2020). The healthcare industry is one of the largest service-providing businesses and one of the leading growing industries in the United States (Ünver et al., 2016; U.S. Bureau of Labor Statistics, 2018). The baby

boomer generation makes up many of these employees. Survey results from a poll of 20,000 registered nurses indicated that approximately 85% of baby boomers will have retired between 2020 and 2025 (Edmonson et al., 2020). The purpose of this research study was to explore successful mentoring strategies that healthcare leaders implement to address the rising number of healthcare leaders retiring.

Problem Statement

With the rising concerns occasioned by the retirement of baby boomers, there was a need for health care organizations to incorporate mentoring programs as part of professional development among young employees to ensure a more robust succession plan (Payne et al., 2018). According to the U.S. Bureau of Labor Statistics (2020), between 2019 and 2029, the healthcare industry in the United States will need an additional 2.3 million leaders to fill the gap created by the retirement of baby boomers and an expanded health care system. The general business problem was that some organizations are not ready for the mass exodus of baby boomers leaving leadership positions. The specific business problem was that some health care organizations lack strategies for implementing successful mentoring programs for young health services leaders expected to fill the vacant positions.

Purpose Statement

The purpose of this qualitative multiple case study was to explore key components of the strategies that some healthcare leaders use to implement mentoring programs for early-career leaders in health service. The target population for this study

was healthcare leaders in South Carolina with experience in implementing a successful

mentoring program among early-career leaders in the healthcare industry. In the health

care setup, mentorship programs offer an effective means to encourage multidisciplinary

collaboration, enhance workforce performance, and promote employee-leader

engagement (Schlichting, 2020). Past literature indicates that mentoring young leaders in

the health care setting equips them with knowledge and skills on enduring elements of

practice besides ensuring that they acquire values important to the culture of the

organization (Tripathy & Satapathy, 2020). Health care organizations may use the

findings of this study to nurture effective leadership, which is a major predictor of

organizational success and the quality of health care services (Waljee et al., 2020).

Nature of the Study

I conducted a multiple case study to explore the key components of the strategies

that some healthcare leaders use in implementing successful mentoring programs for

early-career leaders. Qualitative research is an important type of inquiry for social

sciences and management (Yin, 2017). The quantitative approach for this study was not

appropriate because the quantitative method involves measuring and analyzing numerical

data (Rutberg & Bouikidis, 2018). The mixed-method approach combines quantitative

and qualitative research methods in the same research analysis, which was not suitable

for this study (Venkatesh et al., 2013).

Researchers use several designs in a qualitative research method, including

phenomenology, ethnography, grounded theory, narrative research, and case study.

Phenomenologists investigate the lived experiences of participants (Sun et al., 2016). Ethnographic researchers study human emotion groups (Mishra et al., 2014). Since the focus of this study was not pursuing lived experiences, a phenomenology design was not effective (Walliman, 2017). Also, the ethnographic design was less effective in this study because the focus was on the social cultures of the directed population, which was outside of the scope of this study. The case study approach of inquiry was appropriate for this study because of specific individuals involved in the strategies healthcare leaders may use for implementing successful mentoring programs for early-career leaders in health service.

Research Question

The following research question guided the study's objectives:

What strategies do some healthcare leaders use to implement successful mentoring programs?

Interview Questions

The following questions were used to collect primary data from the study's participants.

1. How does the retirement of baby boomers in leadership influence the performance of the organization?

2. How did this organization implement a succession plan after the retirement of employees in leadership positions?

3. Which mentorship strategies does this organization utilize in mentoring

inexperienced leaders?

4. What are the components of the strategies used in mentoring early-career

    leaders in health care?

5. What components of the strategies used in mentoring early-career leaders in

    health care are most effective?

6. What factors influence the mentor-mentee relationship in the health care

    sector?

7. What components of the strategies used in mentoring early-career leaders in

    health care are least effective?

8. What lessons have you learned from the implementation of health service

    early-career leaders mentorship programs? Was this something you can

    recommend other organizations to adopt?

Conceptual Framework

The social learning theory (SLT), developed by Bandura (1977), was the

conceptual framework for this study. SLT reflects on how individuals can learn

appropriate behaviors by seeing and imitating others' approaches and behaviors in the

workplace (Bandura, 1977). Role modeling and observations are predecessors of the SLT

by which learning happens from observations and modeling the conduct and ethical

behavior of others while developing mentoring relationships (Hanna et al., 2013). The

SLT provided the foundation for this study on strategies for implementing successful

mentoring programs for early-career leaders because employee behaviors can develop

from mentoring support (Eby et al., 2015). The SLT reflects different aspects of teaching that apply to professional development, modeling a type of imitated learning in the SLT (Hinshaw et al., 2012). According to Wallston (2016), the SLT is anchored on the premise that significant learning occurs when an individual observes the conduct of others. The focus of this study was on role modeling, which is a key concept of the SLT (Akers & Jennings, 2019). Under this concept, a more experienced leader who demonstrates appropriate professional behaviors and attitudes may effectively mentor early-career leaders.

Operational Definitions

Baby boomers: Baby boomers represent demographic cohorts born before Generation X and after the Silent generation (Kosterlitz & Lewis, 2017). According to Custard (2016), baby boomers represent people born between 1946 and 1964.

Formal mentoring: Formal mentoring is a structured relationship between a mentor and protégé aimed at helping the protégé acquire skills and competence besides advancing within an organization (Menges, 2016).

Informal mentoring: Informal mentoring refers to a relationship between the mentor and protégé where the goals and timeframe are flexible and not established procedures are followed (Menges, 2016).

Mentee: A mentee is a person seeking advice, support, and career development guidance from someone more experienced (Holt et al., 2016).

Mentor: A mentor is more experienced in an organization and provides guidance, encouragement, and aids in making decisions (Rolfe, 2017).

Mentoring: A relationship between a senior-level individual and a less experienced individual with the intent of guiding the less experienced is known as mentoring (Harinie et al., 2017).

Social learning theory: This learning theory proposes that individuals' learned behavior comes from observing and role modeling (Horsburgh & Ippolito, 2018).

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Assumptions, Limitations, and Delimitations

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Assumptions

Assumptions are proclamations of belief and lifelike viewpoints of the researcher (Chu & Ke, 2017). There are two assumptions in this study. The first assumption rests on the participants remembering the value of their mentoring experience and their ability to share during the interviews. The second assumption was that mentorship programs provide an avenue for skills and knowledge acquisition.

Limitations

Limitations are parts within this study that can expose the weaknesses of the study and may impact the study's findings and results (Queirós et al., 2017). A depiction of how healthcare leadership implements successful mentoring programs for health services managers was the basis of this study. Various components shape the mentor-mentee relationship. Chia et al. (2020) affirmed that the mentor-mentee relationship is influenced by the scheduling, timing, structure, and flexibility of the parties involved. To address

this limitation during the interview, I asked clarifying questions related to scheduling and flexibility, and matching of mentors and mentees. Another limitation was that the results of this study might not be generalized to organizations not in the healthcare industry since it was based on a multiple case study design.

Delimitations

Delimitations describe the limits and boundaries of the research (Holloway & Galvin, 2016). The focus of this study was to explore the components of the strategies that some healthcare leaders with more than 10 years of experience use to implement successful mentoring programs aimed at nurturing early-career leaders. The goal was to identify how leaders in the healthcare industry with more than 10 years of experience can use mentorship to improve business performance and build a pipeline of talent for future healthcare leaders. Individuals with more than 10 years of experience leading a health care facility in the state of South Carolina were recruited to take part in the study. The choice for this study population was informed on the need to collect primary data from individuals directly involved in mentoring early-career leaders.

Significance of the Study

The successful execution of a formal mentorship program can help sustain viable leadership in an organization (Rollins et al., 2014). The results of this study may provide business leaders in the health care industries with an insight into how to effectively establish a succession plan in leadership positions left vacant by the retirement of baby boomers. The outcome of this study may provide health care institutions with an insight

into how early-career leaders may be mentored to enhance the quality of services. Past

literature indicates that there is a significant positive relationship between leadership style

and health care outcomes, especially readmission rates (Cryer et al., 2017).

Contribution to Business Practice

Mentoring can be a valuable technique for developing in-house talent and

reducing turnover (Kennett & Lomas, 2015). The results of this study may contribute to

discovering effective components of mentoring strategies that impart early-career leaders

with skills and knowledge besides orienting them to administrative roles in the health

care field. The findings of the study conducted by Djukic et al. (2017) to determine

factors that promote job satisfaction in health care indicated that professional

development, which is a product of mentorship and professional training, is a major

predictor of job satisfaction. Enhancing job satisfaction by mentoring early-career leaders

in the health care field may reduce turnover rates, which have adverse effects on

organizational performance (Horner, 2017). Some leaders may apply the findings of this

study to improve succession planning strategies to reduce the high cost of hiring.

Implications for Social Change

The study may create social change in industries and communities through the

awareness of the importance of formal mentoring programs in the healthcare industry and

the value of job creation in the medical services industry. Mentoring is a type of

developmental tool used in leadership programs in some health care systems (Whaley &

Gillis, 2018). Health care professionals, including hospital administrators, encounter

various social challenges, usually occasioned by the absence of a proper work balance (Horner, 2017). Effective mentorship programs focus on providing career guidance, offering emotional support, and helping the mentee to solve social problems affecting work performance and productivity (Djukic et al., 2017). The findings of this study can provide an insight into how mentorship programs may contribute to the mitigation of social challenges affecting the performance of health care workers.

A Review of the Professional and Academic Literature

The purpose of this doctoral study was to explore the components of strategies that some healthcare leaders with more than 10 years of experience use to implement mentoring programs aimed at nurturing early-career leaders. The literature review was a process used to evaluate books and scholarly articles on a topic. The literature review includes the analysis and synthesis of articles found incredible past research from scholarly articles, books, dissertations, and other publications. The outcome of this literature review may help to identify strategies that contribute to successful mentoring programs.

In this section, the focus was on the literature related to the research variables. Existent literature on the conceptual framework of social learning theory (SLT) and the constructs of observational learning and role modeling, as well as the alternate theory of mentoring, will be explored. The literature explored will include studies on SLT and mentoring in the healthcare industry while analyzing formal, informal, peer-to-peer, and virtual types of mentoring relationships. A comparison and contrast of the success and

failures of mentoring strategies will follow the theme of mentoring strategies. Other

common themes within the literature on mentoring include succession planning,

behavioral outcomes, and job satisfaction.

The search on the topic of mentoring programs will include the use of the

following keywords: *Social learning theory, mentoring, formal mentoring, informal*

mentoring, mentees, health care, leadership development, role models, succession

planning, job satisfaction, and mentoring in health care, social learning theory, and

mentoring. I used Walden University Library services and Google Scholar as the primary

sources for identifying scholarly journal articles and peer-reviewed studies. Keyword

searches related to mentoring in health care came from Thoreau, Business and

Management, EBSCOhost, SAGE, ProQuest, Dissertations, and Theses at Walden

University. A total of 150 sources, with 127 (85%) published within the past 5 years,

account for the content of the literature review.

Social Learning Theory

Social learning theory (SLT) was the guiding theory and the conceptual

framework for this study. Bandura developed SLT in 1977, focusing on how an

individual observes, retains, and produces a behavior. Johnson (2020) posited how in

three recent studies in nursing, SLT was the leading basis for describing how learning

transpires from observing. According to Ylmaz et al. (2019), Bandura's perspective on

SLT was from both an observation and cognitive context. Similarly, Horsburgh and

Ippolito (2018) expressed how individuals working in a clinical setting learned from

observing role models. Observational learning and mentoring are staples of SLT and illustrate an individual's ability to learn from their experience and the experience of others (Bandura, 1977). Djukic et al. (2017) reported how mentoring connected to watching role models in observation sessions conducted by senior leaders to mentor early-career leaders. Observational learning and mimicking are key mentoring strategies (Du & Wang, 2017). SLT was an appropriate lens to explore strategies used to implement successful mentoring programs.

The constructs of SLT are observational learning and modeling. As baby boomers are retiring, there will be a gap in the experience leaving the workforce. SLT and mentoring can address this need of loss of talent. SLT aids in learning because people learn by observing, modeling, imitating, and adopting the behavior. (Ylmaz et al., 2019). Mentoring builds work-related skills in individuals. SLT was a learning process in which new behavior can occur by observing and imitating. Bussard and Lawrence (2019) showed how the concept of SLT and role models could form new behaviors. Ylmaz et al. (2019) explored the affiliation between visual forms and SLT, visual forms being images, television, photos, and graphic designs, and concluded that images enhance the experience for the observer. Sumpter et al. (2017) examined a situation where employees received inspiration and empowerment through vicarious learning from a supervisor who demonstrated the characteristics of a mentor. While there was some research about how a person learns, such as in reading and writing, the observed behavior of role models was

the central principle of SLT and helpful in establishing a mentoring program (Du & Wang, 2017).

Social interaction between individuals while learning, teaching, and making decisions within a group was one of the principles of SLT. Juwel and Ahsan (2019) linked understanding policy and governance to SLT based on learning from others and engaging locally and internationally to understand different views. In South Africa, a study was conducted evaluating a program preparing teachers for practitioner roles in which SLT was used to determine the type of character needed to fulfill this role; results revealed that these roles require a deep level of experience and knowledge (Mpofu & Nthontho, 2017). Successful implementation of a mentoring program may encourage understanding and appreciation of organizational culture besides promoting effective communication across many groups, including the mentor and the mentee.

SLT was a theory of learning and social behaviors. Learning can have positive results, and mentoring can have both good and bad behaviors, which may affect a mentoring relationship. Ylmaz et al. (2019) contended that individuals observe people in their social environment and model their behavior. Researchers discussed how SLT was used to explain deviant and criminal behavior as a behavior learned through social interactions (Akers & Jennings, 2019). The social interactions of an individual are crucial to observational learning. Gagnon (2018) argued that some observed behavior might contribute to criminal behavior. Nicholson and Higgins (2017) compared SLT to Sutherland's 1947 theory that criminal behavior was a learned behavior. Close contact,

proximity, and observing certain behaviors may develop defiant behavior (Gagnon, 2018). Successful mentoring relationships are known to exhibit positive behavior; negative behaviors in the workplace can occur from social observations of deviant behavior (Evans, 2018). A consideration of how behavior was learned will provide an insight into the components that make effective mentoring programs.

Behavior and environment are important components in establishing mentoring relationships and mentoring programs for future leaders to avoid negative behaviors. SLT has some negative implications that include criminal and deviant behavior. Akers and Jennings (2019) believed that criminal behavior could occur through social interactions with others. Fox (2017) affirmed that peer association was the main approach through which criminal behavior develops. To explain the association between computer crimes and cheating among college students, Burnett et al. (2016) applied the concept of SLT. The cause of negative behaviors in the college setting has the undertone of SLT. In education, the use of SLT aids in understanding cheating and moral behavior among students (Burnett et al., 2016). Cooper and Klein (2017) reported the relationship between behaviors that violate university policies: smoking, drinking, and illegal drugs from Akers's view of SLT. Cooper and Klein (2017) affirmed that people learn deviant behavior by observing and learning from their surroundings. The manner a person learns is one of the assumptions of SLT behavior, including learning criminal behavior. Understanding that negative environments may contribute to negative behavior was a factor to consider when building mentoring relationships (Evans, 2018). From the

application of SLT, it was plausible to affirm that the environment was a significant predictor of the success of a mentorship program.

Several psychological standpoints find use in explaining the SLT. Rotter's SLT was anchored on the standpoint of behavioral potential, based on an individual belief in accomplishment and having a favorable outcome (Wallston, 2016). Skinner expressed the role of training and conditioning individuals in influencing behavior (Rees & Winfree, 2017). Brady (2017) perceived SLT as a process of developing and changing behavior and a key component in supporting mentoring. Nicholson and Higgins (2017) concluded SLT was an essential theory that occurs in social and criminal aspects. Bandura's SLT premise was built on how learning takes place from watching and observing the behaviors of others (Harinie et al., 2017). The various viewpoints affirm the potential of mentoring in influencing leadership behavior, which was a key predictor of health care outcomes.

Observational Learning

Observational learning was a central construct of SLT. Bandura (1977) identified some concepts of observational learning: attention, retention, reproduction, and motivation. Connolly (2017) reported that observational learning was a cognitive form of learning because of the need to pay attention, remember, and imitate others from observation. Similarly, Khushk (2019) described the processes of social learning to take place as observers being alert to surroundings, remembering and retaining information, replicating behavior for production, and responding to the situation. Foti et al. (2019)

reported how children with autism spectrum disorders learned from observing another group of children given the same task. Yamada and Sakurai (2018) compared how by observing the behavior of others, human beings learn to adapt to surroundings, just as some animals observe the behavior of other animals. According to Edinyang (2016), Bandura recognized that surroundings and behavior are related to each other, and behavior changes after observing the behavior of a model. Observational learning was a key component of SLT because people can learn by observing others (Bandura, 1977; Ylmaz et al., 2019); thus, observational learning can contribute to successful mentoring programs in the workplace. The adoption of SLT in this study, especially the assertion on how behavior adoption occurs, will shed light on which components make effective mentorship programs.

Behavior was evident from performance and not written documentation through observational learning. Connolly (2017) expressed observational learning as an intellectual form of learning that requires action from the learner because of the need to pay attention, create and remember observed behavior and use the information as a guide for behavior. Even though the observational learning concept was introduced with humans in mind, Carcea and Froemke (2019) researched how animal behavior changed because of observing the behavior in another animal, and the results warrant additional research needed to understand more about the genetic makeup of some animals. Bandura's research was based on human utilization consisting of a model that performed a behavior. The concept of observation learning will provide insight into the roles of the

mentee in fostering an effective mentorship program aimed at imparting leadership skills in the health care setting.

Observational learning can be imitated behavior. According to Harinie et al. (2017), various central cognitive processes, including attention, retention, reproduction, and motivation, constitute observational learning. Harinie et al. (2017) defined these processes as key components of observational learning. Thomas et al. (2016) applied the four cognitive processes of observational learning to a sports analogy because the four cognitive processes are applicable for success. D'lnnocenzo et al. (2016) suggested that observational learning takes place from characters. Loes and Warren (2016) showed in a study conducted of graduate students taking a class on negotiation and conflict resolution from expert negotiators how observation learning experiences and the four cognitive processes improved the students' negotiation skills. This same analogy may be applicable in a mentoring program because of the mentor/mentee learning relationship, with observational learning being a key factor. In this study, observation learning was perceived as a component of the strategies experienced leaders adopt to nurture the skills of early-career leaders.

Attentional Processes

The attentional process was the first cognitive process that was necessary for observational learning to happen and key to developing a mentoring relationship. The process requires the individual to be attentive to the behavior learned. Harinie et al. (2017) demonstrated how, with the attentional process, individuals learn by observing

and modeling the behavior of the model. Attentional processes are a vital part of learning

by example (Thomas et al., 2016). The attentional process contributed to the

improvement of negotiation skills in a class of business students watching a video of

successful negotiation skills in a live setting and posing questions at the end of the

session (Loes & Warren, 2016). The attentional process may be useful in developing a

mentoring program, especially when seeking a desired outcome. Viewing the concept of

mentorship from the attention process provides insight into the probable factors that

predict the outcome of a mentorship program, supporting the need for this study.

Attentional learning starts with liking or being attracted to something to model.

Carroll et al. (2018) showed how, when an observation was captivating and interest was

shown, it was likely the individual will like and pay attention and model. Connolly

(2017) noted that exposure and arousal are factors that tend to obtain the attention of the

observer being attracted, which was the first step in the attentional process. Similarly, the

attentional process contributes to how information was obtained or perceived and then

reacted upon, resulting in observer modeling (D'lnnocenzo et al., 2016). Attentiveness

and attraction are qualities that result in an observer's ability to create new ideas and

contribute to a mentoring program. Health care organizations should consider the

influence of personal factors on the success of a leader mentoring program and the

overall effect on the succession plan.

Retention Processes

  The retention process was the second cognitive learning process. Individuals imitate the model's behavior while remembering and retaining the behavior of the model observed (Harinie et al., 2017). Loes and Warren (2016) reported a success rate of information retained from a group of business students involved in watching a live simulation of negotiation skills; they documented that over half the class behavior changed from the presentation of successful negotiation after the visual presentation. Horsburgh and Ippolito (2018) explained the retention aspect by using a sample of medical students and clinical teachers observing role models and identifying how retention happens by communicating and understanding the terminology to communicate, reflecting, and writing notes. Retention was important in developing behavior. Also, retention was part of the leader learning process, which may affect the success of a mentoring program in the health care context.

  The retention process was comprised of repeated, consistent, and memorized behavior. Carroll et al. (2018) suggested that because the attention process was consistent, the observed behavior was habit-forming and memorized before the model. Connolly (2017) shared how social learning was not instant but needed to be consistent to be retained. The response from retention after memorizing the behavior of role models can be a part of a mentoring program when developing new leaders. The concept of retention provides insight into the contribution of personal factors to the success of leader mentorship in the health care context.

Reproduction Processes

The reproduction process was the third cognitive process that required individuals to convert learned behavior into action. Harinie et al. (2017) called this process motor reproduction because of the need to show action, practice the behavior, and put the action in motion. The transformation of the learned behavior in the reproduction process requires feedback and communication on performance (Thomas et al., 2016). Connolly (2017) compared reproducing behavior from a physical aspect. According to Thomas et al. (2016), aspects of the reproduction process include visuals that play a critical role in observational learning, especially regarding the ability to reproduce behaviors. The reproduction component will show the linkage between the observations made and how the individual will put into action the learned and observed behavior, both important components needed in developing mentoring programs for education and professional organizations. Viewing leader mentorship from the perspective of the reproduction process suggests that individual factors may be a key predictor of the components of a mentorship program in the health care setting.

The observational learning process of reproduction serves educational purposes as well as professional organizations. Samsudin et al. (2017) conducted a study to help students improve academic writing by incorporating all four processes of observational learning; reproduction and the ability to perform were the expectations without plagiarizing. Reproduction requires an action to be produced and seen, which occurs in observational learning and can add value when role models are part of the process

(Connolly, 2017). According to Bandura (1977), observational learning occurs when thoughts are happening from what an individual observed. Even though Bandura's concept does not address education, the mentoring progress may apply to how observational learning was reproduced. Incorporating mentoring programs using role models was beneficial in the business world and the educational sector. Role models in the context of this study represent the mentors, and their behavior might suggest the predictors of the components of a successful leader mentorship program.

Motivational Processes

The last stage of the cognitive learning process was motivation. The motivational process was the most significant of the four cognitive processes (Harinie et al., 2017). Motivation occurs when a person translates the observational behavior retained into a new behavior pattern (Harinie et al., 2017). Motivation occurs when the observer views or witnesses positive behavior, while negative behavior results in vicarious learning (Juwel & Ahsan, 2019). Modeled behavior resulted in the motivation being positive or negative (Thomas et al., 2016). The motivational process may be considered in implementing a successful leader mentoring program in the health care setting from both the perspective of the mentor and the mentee.

Motivation is important in observational learning because it involves the desire to perform the behavior. Rojuli and Rahayu (2017) stated that observational learning happens in industry work; the motivational process, in addition to attentional processes, retention processes, and reproduction processes, contributes to positive observational

learning. Kilinc et al. (2018) illustrated how observing the behavior of a model motivated

a group of nurses, who then displayed that behavior and liked the behavior because they

were inspired. Similarly, Horsburgh and Ippolito (2018) showed how the motivational

process contributed to individuals learning from role models because they were

motivated to imitate the observed behavior. Observational learning was a factor in human

learning and persons being motivated to learn. The concept of motivation sheds light on

the perspectives of mentors and mentees on the components of the strategies which

predict the success of the leader mentor in health care and the overall retired leader

succession plan.

Role Modeling

Teaching and observational learning scenarios include role modeling. Bandura

(1977) suggested that the inspiration for modeling was from the memory of the behavior.

Carroll et al. (2018) described a role model as an individual that exhibits behavior others

would imitate. Connolly (2017) described a role model with modeled behavior as an

expert, successful, experienced, and influential. This description was consistent with

Horsburgh and Ippolito's (2018) perspective on what makes a role model in the

healthcare industry. Horsburgh and Ippolito (2018) affirmed that a role model in the

medical care industry was a more experienced practitioner who nurtures new career

professionals through professional training approaches. Bandura viewed SLT as the

framework of role modeling because the basis of SLT was how a learner observes,

retains, and replicates the behavior of the role model (Thomas et al., 2016). Role models

are knowledgeable individuals who have the potential to become mentors. From the context of the health industry, role modeling and mentorship aims to achieve similar results, especially imparting skills, knowledge, and industry-specific values.

Role modeling was a tool used to teach nurses. Bussard and Lawrence (2019) reported how a group of nursing students learned some communication and professional competencies from observing and modeling the behavior of an experienced nurse. Carroll et al. (2018) recognized how role models could be mentors and useful in the implementation of successful mentoring programs in health care, especially since role modeling was highly effective in nursing programs. Jarvill et al. (2018) described the use of video as a teaching technique for role modeling to nurses. Challenges of role modeling include older nurses being role models to younger nurses while trying to understand the work ethic of the younger generation and not being appreciated (Ryan et al., 2017). Jack et al. (2017) noted that a challenge in using role modeling also included dealing with stressful situations in the workplace while being a positive role model in stressful environments. The modeling process was an imitation of behaviors, a tool used in teaching and observational learning. Various approaches can be adopted in mentoring early-career leaders in the health care field (Tripathy & Satapathy, 2020). To facilitate the effective succession of retired baby boomers in leadership positions, healthcare organizations must consider individual-centered approaches to mentoring.

Alternative Theories

There are various forms of mentoring and seminal research on the mentoring concept. Bowlby (1988), Daloz (1986), and Kram (1985) each developed mentoring theories utilized in academic and professional environments. Bowlby's attachment theory, developed in 1982, was based on an emotional bond like one of living dependence, food, safety, and protection, the bond that a parent shares with a child (Bowlby, 1988). An example of the restrictions of the attachment theory includes demographics because mentoring relationships may not be in the same locations or proximity and the comparison of childhood development when the mentoring relationship goal was focused on professional and career results (Reitz et al., 2017). Bowlby's attachment theory may shed light on the mentor-mentee relationship. From the argument of this theory, a mentee may need to develop a professional relationship with the mentor for the effective acquisition of skills and competencies. The nature and form of relationship between the experienced leaders and the early career leaders predict the outcome of the mentoring program and the succession of the retired baby boomers.

Kram's theory on mentoring offers an alternative perspective of SLT. Kram's career and psychosocial mentoring theory focused on an executive coach or mentor outside of the organization. The foundation of Kram's theory of mentoring was a one-on-one type of relationship that benefits each other (Lawrence, 2017). According to Tripathy and Satapathy (2020), the mentor-mentee relationship in the health care setting was mutual since, besides helping the mentee acquire skills, it helps the mentor to reinforce

personal skills and improve communication skills. The mutual benefit between the mentor and the mentee in leadership mentoring justifies the adoption of Kram's theory of mentoring.

Daloz's (1986) mentoring model of support and challenge, developed in 1983, suggested that the foundation of mentoring was the involvement of support and challenge between the mentor and mentee. Daloz's (1986) concept was that of steering, leading, and taking the time for the protégé to develop, designing a more encouraging environment. An example of this mentoring model examines mentoring relationships with student teachers and mentors, resulting in mentors sharing more of their ideas while challenging the protégé to engage (Certo, 2005). Although Daloz's concept of mentoring focuses on mentoring from a guiding process led by a teacher, it was still effective in this study since mentorship, especially in the context of professional leadership development, may be executed per established organizational principles.

Mentoring

Mentoring plays a significant role in career development. Mentoring originates from a story in Greek mythology (Hansman, 2016). Dağ and Sari (2017) described mentoring as a partnership between the mentor and mentee sharing knowledge and experiences. Jeong and Park (2020) suggested that mentoring serves as an intervention of two people, one experienced and the other inexperienced, where learning and career development take place within an organization. Similarly, Allen et al. (2017) described mentoring as a developmental tool between two people that organizations use to help

with career development. An important finding by Agger et al. (2017) revealed how organizations are reporting successful results from the implementation of mentoring programs. The collaboration between individuals in mentoring relationships may help in developing their careers. In the health care context, early career leader mentorship was perceived as an effective succession plan.

Organizations for employee growth and development highly recommend mentoring research, and the mentoring model was also applicable in online and campus learning. Kumar and Coe (2017) researched mentoring to determine the benefits of online learning. Findings from the study showed how the structure of a mentoring program was critical for the institution, mentor, and mentee in all aspects of the online learning experience. Fowler (2017) found that academic institutions could benefit from mentoring programs. Roberts and Birmingham (2017) used a small sample of students with an autism spectrum disorder to improve communication and awareness of this population of students and reported results finding that mentees struggled with explaining the benefits of the mentoring program to the mentors. Strategies used in online doctoral programs revealed that online mentoring reinforced the need for a structured program and accountability from all involved starting at the institution level, mentor, and mentee (Kumar & Coe, 2017). Mentorship can be perceived as a learning approach through which experienced leaders in health care nurture early-career leaders to take over for the retiring staff.

Mentoring relationships are beneficial to employee growth within an organization. Antonacopoulou and Bento (2018) researched mentoring relationships and discovered that mentoring programs help in developing leaders. Similarly, Ragins (2016) reported that individuals involved in mentoring relationships advanced in their careers. Dağ and Sari (2017) showed that mentoring relationships guide the mentee's professional and personal growth. The findings of this study suggest that a successful leader mentorship strategy was anchored on components of both personal and professional growth.

Mentoring programs to develop leaders are inclusive in organizational and government programs. The President's Emergency Plan for AIDS Relief (PEPFAR) was a global health initiative established in 2003 by former U.S. President George W. Bush in response to the HIV/AIDS epidemic (Odekunle & Odekunie, 2016). Ramseur et al. (2018) discussed how the plan for the PEPFAR initiative included a mentoring program to equip managers with planning and problem-solving in health management. Odekunle and Odekunie (2016) reported that the training from the PEPFAR HIV/AIDS program positively impacted the morale and skill set of the employee in a positive manner. Mentoring programs are common in the government and are used for developing rising leaders. In the health care setting, mentoring programs focus on all employees to orient them to the industry expectations besides instilling specific organizational values (Diehn & Tomey-Welsh, 2018). In health care organizations, leadership mentoring focuses on building empathy and increasing institutional awareness (Evans, 2018).

Big Brothers Big Sisters of America (BBBSA) was a community-based mentoring program that provides students with mentors. BBBSA was one of the largest community-based mentoring in the United States (De Wit et al., 2020). Alfonso et al. (2019) described BBBSA as a non-profit organization that provides mentoring for children of single-parent and financially challenged households. Rhodes et al. (2017) explained how youth mentoring programs require the youth to team up with a trained volunteer to provide guidance and support. Mentoring has positive and promising results for youth in foster care. Stelter et al. (2018) found that formal mentoring relationships with youth in foster care have been successful enough to have some additional research on the positive and negative factors of youth involved in criminal activity. The approach of frequent contact that trained volunteers to provide the children and youth, including providing support with schoolwork, resulted in positive results (Alfonso et al., 2019). The goal of mentoring programs for youth was to provide positive adult relationships. Organizations adopt varied mentorship strategies to achieve goals (Evans, 2018). Amidst the rising concerns related to the retirement of baby boomers in leadership positions in the health care sector, there was a need to adopt mentorship strategies geared toward effectively replacing retired staff.

Mentoring was important to professional development. Irby et al. (2017) examined mentoring for professional development for teachers, faculty members, and executives. Based on the founding work of Kram (1985), mentoring relationships grow from rapport, professional development, and confidence between individuals. Similarly,

Barnett et al. (2017) conducted research on professional development and mentoring based on assistant principals' experience, with results indicating that mentoring was the desired method of developing their careers. In the health care setting, leadership mentoring can take various forms depending on a laid down succession plan (Fisher & Stanyer, 2018). For instance, mentoring can be tailored to produce transformational or democratic leaders depending on the desired leadership gap.

Mentoring relationships are important in developing careers. Mentorship was known to serve as a guide and learning resource to protégés in gaining the skills, knowledge, and social skills required for their role (Son & Kim, 2016). Organizational, personal, and social dynamics are challenges of mentoring, including the availability and willingness of experienced mentors (Cross et al., 2019). Another view of mentoring based on interviews conducted with workgroups revealed how some employees had issues of fairness, being a subgroup, and changing the team dynamic (Janssen et al., 2018). Van Vianen et al. (2018) proposed how mentoring relationships that occur in the workplace breed supporting career development. According to Holt et al. (2016), formal mentoring programs' primary purpose was to promote a relationship between the mentors and the protégés. In many cases, formal mentoring relationships occur within the organization and require organizational support, while informal relationships tend to develop naturally (Hansman, 2016). The structure of formal and informal mentoring can influence the outcome of the mentoring relationship (Holt et al., 2016). The structure of

mentoring may be a possible predictor of the components of successful mentoring programs.

Formal and Informal Mentoring

Formal and informal are two of the types of mentoring relationships. Bynum (2015) described the difference between the two types of mentoring relationships as the amount of time, focus, commitment, and structure of the relationship. According to Jakubik et al. (2017), mentoring is a type of learning that lasts a lifetime and is a resource for succession planning. In many cases, the results from the mentoring relationship expect an improvement in the mentees' job performance (Ragins, 2016). There are benefits to participating in mentoring relationships, either formal or informal. The study focuses on the formal benefits of mentorship programs, especially on enhancing leadership qualities.

Formal mentoring programs in organizations prepare individuals for leadership roles. In a study conducted by Welsh and Dixon (2016), more than 50% of Fortune 500 companies have formal mentoring programs. To illustrate, Holt et al. (2016) examined how the U.S. Air Force appoints supervisors as formal mentors mainly because of the level of job expertise. Conversely, researchers reported that mentoring occurs more with men than women (Diehn & Tomey-Welsh, 2018). Furthermore, as disclosed by Welsh and Dixon (2016), some formal mentoring relationships have negative outcomes. A formal mentoring program demonstrates how an organization values mentoring within the organization (Ragins, 2016). Bortnowska and Seiler (2019) described formal

mentoring as a process of preparing individuals for management positions. Chen et al. (2017) disclosed how a formal mentoring relationship improved self-confidence in mentees. In the health care context, the benefits of the mentorship programs to the early career leaders predict the success of the program in nurturing an effective succession plan to fill in the leadership gaps caused by retirement.

Informal mentoring relationships occur naturally, with the mentee seeking the mentor. The informal mentoring relationship can start from social interactions in the early stages of a career (Du & Wang, 2017). Reis and Grady (2020) shared how mentorship was linked to opportunity even though informal relationships are not as structured and can happen between two senior individuals in different positions. Informal mentoring programs allow opportunities for relationships and alliances between mentors and protégés in various fields (Zuzuarregui et al., 2018). Bynum (2015) acknowledged how informal mentoring programs, when executed well, ensure success in professional and personal development when a formal program is not practical. Jeffers and Mariani (2017) discussed informal mentoring programs as more successful than formal mentoring since the relationship was optional, not ordered but a mutual agreement. From the health care perspective, the findings of this study stress the need to redesign the conventional mentoring process to enhance learning outcomes. The factors that enhance the outcome of the mentoring process may suggest components that make a successful leader mentoring strategy in the health care setting.

Virtual Mentoring

Virtual mentoring is a type of mentoring relationship in academics and business that require the use of technology. Based on a need assessment with the responses from over 15,000 nurses, a national virtual mentorship program was established (Hewlett et al., 2020). Guerra Martin et al. (2017) described virtual mentoring as a way that communication transpires from a distance between mentors and students. Kumar and Johnson (2019) reported that technology has improved and increased in usage in the manner we communicate in higher education and online courses, with over 5.8 million individuals enrolled in higher education courses. A virtual mentoring program can contribute to building a successful mentoring relationship. With the growing adoption of virtual meetings occasioned by COVID-19, conventional approaches to mentoring may prove less effective (Schlichting, 2020). The changes occasioned by the pandemic may dictate the design of future mentoring programs, which will affect the knowledge and skills acquisition process. In the context of the health care setting, such changes will likely affect the competence of the leaders, the succession plans, and general health outcomes.

Virtual mentoring requires trust between the mentor and mentee. Evans (2018) explained how important trust was in the mentoring relationship, especially a virtual mentoring relationship. Fleig-Palmer et al. (2018) reported that in the healthcare industry, it was crucial to develop trust between individuals and leadership. Guerra Martin et al. (2017) stated that the benefits of virtual mentoring included learning tailored to the

individual's needs, which builds trust between the mentor and mentee. Mentors and

mentees may use virtual or peer mentoring to enhance their relationships. Virtual

mentoring sheds light on the possible benefits of the mentee-centered approach to

learning; and, therefore, suggests the plausible components of successful leader

mentorship programs in the health care sector.

Peer Mentoring

Peer mentoring is a mentoring experience that develops both mentor and mentee.

Prendergast et al. (2019) designed a peer mentoring program for individuals who work in

emergency medicine that resulted in job promotions. Hoffmann and Loughead (2019)

studied athletes that experienced peer mentoring versus non-peer mentored athletes using

a questionnaire that resulted in peer mentoring scoring higher in athletic experience. The

findings of this study suggested that mentoring executed by an experienced person may

be beneficial to career development. From the health care perspective, the findings call

for the adoption of experienced leaders in the mentorship program to enhance a smooth

transition in the process of filling the leadership gaps left by the retiring staff.

Mentors may use peer mentoring as an intervention technique. Fisher and Stanyer

(2018) demonstrated that by intervening, a peer mentoring model helped midwifery

students increase their confidence level and develop their skills. Another interventional

approach was helpful in a study that explained how peer mentoring helped some

homeless veterans who suffered from posttraumatic stress disorders and felt like strangers

with social skills (Van Voorhees et al., 2019). Collier (2017) understood the benefits of

peer mentoring and how it can be beneficial and considered a best practice in academic settings. Stockdale et al. (2017) considered peer mentoring as another way of mentoring. Hogan et al. (2017) shared some challenges of peer mentoring in a program of midwifery students being time constraints, not having enough face-to-face time, and mentors not being familiar with the mentee. Stockdale et al. (2017) affirmed that mentors might use peer mentoring to help mentees develop their skills. The assertion of the study suggests that in the healthcare industry, experienced leaders can adopt peer mentoring strategies to enhance the outcomes of the leader mentoring programs.

Mentoring Strategies

Organizations and industries use mentoring programs to cultivate individuals. Ilumoka et al. (2017) examined an industry-based mentoring approach called STEM for recruiting women and minority engineers. Henry-Noel et al. (2019) explored how mentoring skills are valued for academic medicine and health faculty in shaping careers. Allied health professions are a group of health care professions separate from dentists, nurses, or doctors that rely on professional associations for mentoring (Trusson et al., 2019). Organizations and industries realize the importance of mentoring in the transition from a graduate student to a working professional. In the health care setting, organizations appreciate the role of mentorship in nurturing a workforce that aligns with organizational culture and industry ethical expectations (Stockdale et al., 2017). The value organizations attach to mentorship likely influences the outcome of the leader mentoring programs.

Academic medicine instructors realized the value of mentoring programs and adopted mentoring practices in a training program (Henry-Noel et al., 2019). Retirees from colleges and universities served as mentors in the education industry. According to research by Mendez et al. (2019), the knowledge-based experience was a key component to possess as a mentor; the transference of this knowledge helps the retiree whom mentors stay abreast in the particular field. Lewinbuk (2019) divulged how mentoring was helpful and a confidence builder for new attorneys suggesting the benefits to attorneys that have encountered issues and facing disbarment. Nurses who graduated from 2010 to 2015 participated in a mentoring program for professional development with hopes of helping with transitioning from taking classes to the day-to-day workforce (Jeffers & Mariani, 2017). The findings of this study indicated that despite the upcoming shortage expected because of the mass number of retirees from the industry, mentoring programs offer career opportunities to graduate and undergraduate nursing students (Jeffers & Mariani, 2017). The healthcare industry, especially nurses, includes mentoring programs as part of career development.

Accounting is an industry that incorporates mentoring strategies as a part of career development. Leaders in the accounting industry use mentoring as a tool in career development (Fogarty et al., 2017). Flaming and Mosca (2019) pointed out that the accounting industry mentoring strategies required the leaders to review competencies that align with more soft skills developed through mentoring relationships. Deloitte incorporated creative and inventive processes as a strategy in its mentoring programs

(Postlethwaite & Schaffer, 2019). The American Institute of Certified Public Accountants reported that 15% of audit firms arrange rewards for mentoring (Diaz et al., 2017). Accounting organizations incorporate various strategies in developing individual careers within the industry. The attainment of optimal results in the leader mentoring programs in the health care setting depended on the effective alignment of individual needs with the mentoring strategy.

Service industries are another industry that incorporates mentoring strategies in developing careers in the healthcare industry. Service-oriented companies like American Airlines, Bank of America, and Marriott embrace mentoring programs (Yang et al., 2019). Chang and Busser (2017) described hospitality employees as critical persons providing a service on behalf of a company. While this was the case, Yang et al. (2019) reported how the hospitality industry has a high employee turnover rate. Some hospitality leaders prefer using a formal mentoring approach (Williams et al., 2019). Chang and Busser also noted that formal mentoring programs contribute more to job performance and career advancement, though the informal mentoring approach was helpful in personal-level relationships. Postlethwaite and Schaffer (2019) identified that the manner of implementation of a mentoring program was the key to a successful mentoring program. From the health care perspective, it was plausible to affirm that besides the design of the leader mentorship strategies, the process of strategy implementation predicts the success of the leader mentorship program.

Mentoring in the Healthcare Industry

In the healthcare industry, mentoring has been used in professional and career development. Jakubik et al. (2017) revealed how mentoring contributed to the career development of the director of surgical services after a mentoring relationship with the chief nursing officer. According to Pop (2017), mentoring also works with nurse practitioners transitioning to new roles. The mentor and mentee are both vested in a successful mentoring relationship, and the nature and form of this relationship predict mentorship success with respect to knowledge acquisition, transition, and succession plans.

Many workforces include diverse leadership. Zambrano (2019) described diversity as a solution to how leadership will evolve to include the next generation in the healthcare environment. Korhonen et al. (2019) examined the experience of a group of culturally diverse students encountered during clinical learning and mentoring as disappointing because the mentors were not culturally competent. Similarly, health care missionaries encountered mentors without cross-cultural training affecting the mentoring relationship in a negative manner because of the lack of commitment to mentoring (Baluku et al., 2019). Zambrano (2019) predicted, based on the research on diversity in healthcare leadership, how mentoring programs can improve leadership and growth opportunities in healthcare organizations. Diversity and cultural awareness may be key to the achievement of better treatment outcomes (Haggins et al., 2018). The importance of diversity and cultural awareness in the delivery of care suggests the need to gain insight

into the components of the mentorship strategies, which can yield diverse and culturally

aware leaders.

Mentoring programs are used in training nurses, nurse practitioners, and other

health care professionals. Pop (2017) reported how a structured mentoring approach

assisted in the transition of nurses and nurse practitioners into new roles. While

mentoring was recognized as a tool in developing individuals, the bandwidth extends to

doctors and their practice and supervisory roles in the healthcare industry (Woolnough &

Fielden, 2017). Gopee (2018) suggested that the manner nurses and other health care

professionals learn from mentoring relationships was associated with Bandura's (1977)

SLT concept of observational learning from role models. Successful mentoring programs

contribute to career and professional development.

Diversity and mentoring are important and linked to developing careers in health

care. There are an estimated 300,000 nurses in management roles in the U.S. (Djukic et

al., 2017). The American Nurses Association (2017) reported that registered nurses are

the largest population in the health care profession. Haggins et al. (2018) reported data

that indicated that by 2050, minorities would represent half of the U.S. population. The

projection calls for a diverse healthcare workforce. To achieve a diverse workforce, there

was a need to determine effective strategies that can be adapted to mentor employees,

including early-career leaders in the healthcare industry.

Leadership development and training for executives and CEOs in the healthcare

industry was part of enhancing management skills. Cryer et al. (2017) shared how

hospital CEOs and leaders participated in a patient mentor model created to help hospital CEOs focus on strategies for patient engagement, especially some of the issues that patients encounter regarding making decisions about their illnesses. This type of mentor model equips and creates relationships between patients and caregivers since it focuses on enhancing patient outcomes (Haggins et al., 2018).

The findings from various studies concluded that women are underrepresented in healthcare leadership. Alwazzan and Al-Angari (2020) indicated how a lack of mentorship might prevent women from establishing hospital leadership roles. Soklaridis et al. (2017) revealed that the challenges hospital leaders encounter are due to funding, government regulations, turnover, and employee burnout. Fleig-Palmer et al. (2018) showed that the influence of mentoring created trust, and employees' perception of leadership was favorable. Mentoring programs in organizations may benefit all employees. The findings call for the need to gain insight into the strategies that can be effective in nurturing attributes of trust and open communication among leaders in the health care sector.

Mentoring contributes to developing work relationships. While there was research on mentoring in the health care field, Goff et al. (2017) suggested that mentoring was common in other occupations and disciplines. Likewise, Goktepe et al. (2018) described how mentoring programs in the nursing profession provided support and encouragement while developing professional relationships and educating management proficiencies. Ahmed et al. (2018) reported how mentoring programs in the medical field contributed to

positive employee job satisfaction. Sutton et al. (2018) recognized the benefits of mentoring programs in training surgeons. The recognition necessitates the need to understand what components of mentoring strategies realize optimal benefits, especially in leadership mentoring in the healthcare sector.

Leadership and Mentoring

There will be a decrease in the number of leaders due to the mass exodus of baby boomers retiring from the healthcare industry in the next 10 years. At the same time, Ramseur et al. (2018) reported that the mass influx of baby boomer retirement in 2020 and the possible impact on 67,000 leadership roles was a source of concern to the Advisory Board Company. Bortnowska and Seiler (2019) recognized that organizations provide avenues for career development to progress in their careers; mentoring is a tool that helps with leadership, growth, progression, and career development. According to nursing literature, professional leadership development is crucial and evolving in health care (Smith & Johnson, 2018). Some hospitals in the United States incorporate leadership and management programs that include mentoring nonclinical health care managers (Whaley & Gillis, 2018). Mentoring supports and impacts the leadership identity, skills, and outcome of the employee in preparation for leadership roles (Crisp & Alvarado-Young, 2018). Maccombs and Bhat (2020) claimed that women are still unrepresented in leadership roles, calling attention to the need for leadership development and mentoring programs. Developing leaders was one of the aspects of leadership development and

mentoring programs. To fulfill this aspect, there was a need to determine the most effective strategies for leadership development in the healthcare industry.

Mentoring was a tool for developing organizations. Murrell and Blake-Beard (2017) suggested mentoring as a topic that organizations continue not to identify, develop, and tailor to meet the needs of their organizations. Trademarks of mentoring include career, personal, and leadership empowerment in the development of leaders (Hastings & Kane, 2018). Healthcare leaders in Canada reviewed leadership development from the lens of return on investment, not from a financial view but to seek benefits from less staff leaving and employee satisfaction (Jeyaraman et al., 2018). Nurses from a university hospital created a succession plan for the next 5 years that includes younger nurses to fill leadership roles that include sessions on leadership, communication, and professional development (Nogueira et al., 2019). The initiation and creation of mentoring programs was the start of developing individuals within an organization. To achieve optimal individual development, especially from the leadership position, an understanding of the components of effective mentorship was required.

There are several generations of workers currently represented in the workforce participating in mentoring programs. Waljee et al. (2020) opined that a successful mentoring program included recognizing multiple generations. Hernandez et al. (2018) reported that the bulk of the workforce by 2025 would be the millennial generation. Also, baby boomers will be retiring (Hillman & Werner, 2017). Curtis and Taylor (2018) noted challenges with the upcoming retirees and suggested a strategy of applying knowledge

sharing in mentoring programs. Leaders at General Electric implemented a reverse

mentoring strategy geared to incorporate ideas from various generations at the same time,

which proved successful (Hernandez et al., 2018). The various generations working

together require collaboration from all to maintain a successful mentoring environment.

The need to nurture a collaborative working environment stresses the need to determine

which strategies best impart collaborative and other leadership skills needed in the 21st

century.

Mentoring helps to develop professional careers in health care and education.

Raines (2019) showed that mentoring helped develop the next generation of nurses.

Bressman et al. (2018) reported how experienced teachers, baby boomers in the education

industry, for years never participated in a mentoring program but were willing to learn

from a younger generation to develop their careers. Mendez et al. (2019) presented facts

from the Increasing Minority Presence within Academia through the Continuous Training

mentoring program designed to contribute to influencing the next generation of

professors that mentoring programs are beneficial in developing the next generation of

leaders. Although Bressman et al. (2018) suggested that mentoring encourages interacting

with others, Naim and Lenka (2017) concluded that the goal of mentoring was to aid in

employee development, building knowledge, and contributing to career development and

growth. To achieve these goals, it was paramount to gain insight into the mentorship

strategies that can be adopted.

Succession Planning

Healthcare organizations use succession plans to identify leaders. Al Suwaidi et al. (2020) described succession planning as a process used for the progress and sustainability of an organization. Conversely, Schlichting (2020) argued that when an organization has a structured process of succession planning and an employee leaves a company filling the vacancy with an internal employee avoids disrupting the workforce. Santora et al. (2015) explored studies on succession plans in healthcare organizations in New York City and discovered that 50% of healthcare facilities lacked succession plans for potential leaders. Kosterlitz and Lewis (2017) reported that for health care organizations to remain successful in maintaining and identifying strong leadership and retaining employee succession, planning needs to continue because baby boomers were retiring. Because of this loss of knowledge from retiring individuals, creating a succession plan may be beneficial to the healthcare industry.

Leadership succession planning aligns with developing leaders. The concept of leadership succession planning was not a new phenomenon (Estedadi & Hamidi, 2015). According to Barzinpour et al. (2015), succession planning was happening earlier than planned, given the instability of some work environments, displacement of employees, and retirement of leaders and managers. Johnson et al. (2018) posited that the development of a strong succession plan attributes to a successful organization that recognizes the components of human capital, and employees possessing certain skills are beneficial to the sustainability of the company. Since past literature indicated that

mentoring early-career leaders are an effective approach to nurturing an effective succession plan, there was a need to understand which mentoring approaches best align with healthcare organization succession needs.

Implementing a leadership succession plan requires the direct involvement of business leaders and a systematic approach to leadership development, which was absent in many organizations (Santora et al., 2015). Chlebikova et al. (2015) stated that business leaders without a leadership succession plan experience a high probability of encountering business disruptions in the future. Leadership succession planning was a key strategy in developing leaders within an organization (Mehrtak et al., 2017). Knowing this, Singh and Sanjeev (2017) reported that leaders need to ensure that high potential employees are on a professional developmental program. Succession planning was a tool utilized by organizations to identify talent.

Leadership succession planning aligns with career and professional development programs. Barzinpour et al. (2015) argued that given the instability of the work environment and the aging of leaders, organizations face exits from the workforce. Estedadi and Hamidi (2015) suggested that the idea of leadership succession planning dates back several generations and remains relevant in many organizations. Succession planning was crucial for sustainability in all sizes of organizations (Johnson et al., 2018). Barzinpour et al. (2015) also noted that those organizations with trained suitable successors for their critical posts would prevent the damages that could occur because of managers and employees leaving an organization. To prevent the high cost of attrition,

there was a need for organizations in the health care sector to have a deeper insight into

the components that make a successful leader mentorship program.

Succession planning allows an organization to identify future leaders. Leadership

succession planning is a process by which business leaders plan and identify potential

managers (Carter et al., 2019). Business leaders without leadership succession strategies

are not prepared for a leadership change and are likely to encounter business disruptions

in the future (Chlebikova et al., 2015). Carter et al. (2019) posited that leadership

succession planning should go beyond selecting the best candidate from the available

talent to identifying successful future leaders. The development of transformational

leaders was essential to the success of an organization that was moving into a diverse

future (Chlebikova et al., 2015). Singh and Sanjeev (2017) posited that to ensure that

high potential employees are on a professional developmental program, business leaders

must align the process of leadership succession with such developmental programs.

Mentoring and Coaching

Mentoring was a form of coaching. Coaching and mentoring outcomes include

teaching and learning, resulting in some similarities and differences (Carr et al., 2017).

Executive coaching encompasses a structured, individualized process with specific goals

tailored to the individual, along with self-awareness in career satisfaction, organizational

commitment, and task performance (Noon, 2018). Organizations invest significant

amounts of time and money in executive coaching, which can last between 7 and 12

months, with average costs to the organization estimated at approximately $500 per hour

(Osatuke et al., 2017). Organizational leaders can use mentoring relationships to develop individuals for career advancement. For these organizations to achieve optimal results, there was a need for a clear leader mentoring program.

Executive coaching may be used to promote individuals to part-owners within the organization. Executive coaching applications utilize process research to explore adult learning concepts and activities performed in the coach-coachee relationship that include forming a partnership and establishing and setting goals (De Haan et al., 2019). Fortune 1000 companies rely on executive coaching to accelerate executive performance, even though there was not much empirical research to identify executive coaching competencies. The effectiveness of executive coaching was positive even though there are costs associated, but because of the effectiveness, the benefits outweigh the cost (De Haan et al., 2019). Executive coaching practices take a more personal approach and involve a partnership to assist an individual in reaching professional and organizational goals (Athanasopoulou & Dopson, 2018). Executive coaching is an important resource in developing leaders within an organization. For this coaching approach to succeed in nurturing young leaders in the health care sector, there was a need to have clearly defined strategies on the best approaches to mentoring early-career leaders.

Job Satisfaction

Mentoring relationships may contribute to an individual feeling of job satisfaction. Horner (2017) created a survey for nurse practitioners designed to determine the impact of mentoring in motivating job satisfaction, which resulted in a highly

favorable response rate endorsing mentoring. McCluney et al. (2018) reported how

physical educators shared their mentoring experiences as new educators, which resulted

in job satisfaction promoting the mentoring experience. Medical students use mentoring

practices and utilize them as a process in faculty job satisfaction, success, and retention

with the hopes that mentored faculty will stay with the medical school (Sng et al., 2017).

A positive mentoring experience and a positive working environment are attributed to job

performance and employee job satisfaction. To realize the positive mentoring experience,

there was a need to determine which strategies work from the perspective of the health

care sector.

The benefits of positive mentoring relationships can be impactful to an

organization in developing and maintaining job satisfaction. Horner (2017) reported that

incorporating a mentoring program for nurse practitioners showed that the job

satisfaction rate improved. In 2016, the American Association of Colleges of Nursing

reported a 7.1% vacancy rate of nursing faculty based on a survey of 662 schools, which

indicated a nurse shortage, the cause of this shortage rate was the retirement of veteran

nurses (Jeffers & Mariani, 2017). Organizational mentors contribute to the performance

and job satisfaction of salespersons (Hartmann & Rutherford, 2015). In the case of a

novice faculty member that experienced a positive mentoring relationship, Jeffers and

Mariani (2017) reported a positive attitude response to job satisfaction. The role of a

salesperson can be challenging and competitive when dealing with buyers and customers

(Hartmann & Rutherford, 2015). Illies and Reiter-Palmon (2018) identified proven results

of employees experiencing job satisfaction when similarities exist between the mentor and mentee, including productive organizational outcomes. Devising effective components of a successful leader mentoring program in the healthcare industry will be a positive step toward promoting job satisfaction and increasing employee productivity.

Transition

In Section 1, I focused on the foundation of the study. I explored the strategies health care managers apply in implementing successful mentoring programs. The description of the nature of the study provides information on the application of a qualitative research method within a multiple case study. I reviewed the research question and interview questions, along with the conceptual framework, operational definitions, assumptions, limitations, and delimitations.

The significance of the study includes the value of the study of business and its contribution to social change. In the literature review, I examined the analysis and synthesis of themes found in past literature, and research on the topic of successful mentoring programs in health care was the premise for this study.

Sections 2 and 3 contain elements regarding the role of the researcher, participants, research method and design, population and sampling, and the ethical protection of participants. Section 3 contains elements on the presentation of the findings and answers of what strategies healthcare leaders use to implement successful mentoring programs, the application to professional practice, implications for social change,

recommendations for action, recommendations for further research, and personal

reflections about the study.

Section 2: The Project

Purpose Statement

The purpose of this multiple case study was to explore components of effective strategies that some healthcare leaders with more than 10 years of experience use to implement mentoring programs for early-career leaders in the health service industry. The population for this study was healthcare leaders with more than 10 years of experience in healthcare in South Carolina in implementing a successful mentoring program. Effective mentorship programs focus on career guidance, offering emotional support, and helping the mentee solve social problems affecting work performance and productivity (Haggins et al., 2018). The results of this study may contribute to positive social change by providing insight into how mentorship programs may mitigate social challenges affecting the performance of health care workers.

Role of the Researcher

The role of the researcher in this study involves collecting and analyzing data. Levitt et al. (2018) explained that when collecting data, researchers should exercise restraint to avoid using their own opinion. Fink (2000) further explained how the research was the response to the research question.

There was a single primary data collector in this qualitative multiple case study with the intent of understanding successful mentoring strategies used by healthcare leaders to address the rising number of health services managers retiring. Bengtsson (2016) reported that a researcher needs to be cognizant and consider their own

experiences. Data collection strategies involve obtaining information (Cypress, 2018). The choice of this topic stems from my role as a human resource specialist in the healthcare industry and my interest in career development and how people share knowledge. Participants' confidentiality was protected. Halkovic (2018) expressed that during the interview process, a researcher is expected to hold a high ethical standard. There were no personal or professional affiliations with the research participants. Watkins et al. (2017) affirmed that being unfamiliar with analyzing data is risky. Thus, I reviewed and analyzed the content to reduce bias.

Maintaining a high ethical standard is critical in a researcher's role, including upholding academic skills (Yin, 2017). As a specialist in human resources, I understand the importance of ethical compliance. As a researcher, it was important to be aware of ethical issues and understand the importance of protecting the participants in the study and storing the data (Cypress, 2018). The Belmont Report comprises research ethics and fair treatment of individuals involved in the research study (Friesen et al., 2017). To ensure fair treatment for all the research participants, the Collaborative Institutional Training Initiative, a program that endorses research from peer-reviewed ethical research, and the Belmont Report were completed. The principles outlined in The Belmont Report include how the fair treatment of individuals participating in the interviews comprises part of the ethical practices this report represents.

It is the researcher's responsibility to ensure that ethical practices are followed while taking steps to mitigate bias. In collecting primary data, audio interviews based on

research and interview questions are allowed. Yin (2017) recommended the use of

protocols in case study interviews. The interview protocol was a guide when conducting

the interviews. Questions were presented in the same order to every participant to provide

a more reliable study. Establishing a connection with the participants being interviewed

was vital; the connection formed allows the researcher to understand the story better

(Jacob & Furgerson, 2012). Marshall and Rossman (2016) noted that researchers should

manage ethical issues that arise during interviews. As the primary researcher, it was

critical to spend time preparing interview questions. Safeguarding the participants'

confidentiality requires additional caution and due diligence before interviewing

(Bradshaw et al., 2017). Using audio interviews safeguarded participants' confidentiality.

Participants

A minimum of nine participants who meet the eligibility requirements of being

leaders in health care that have incorporated a mentoring program participated in the

study. The participants were at least 40 years old with a minimum of 10 years of

experience in health care administration leadership or human resource leadership. The

participants for this study were experienced leaders either in administrative roles or in the

human resource department in health care in the state of South Carolina.

The study site was health care facilities in South Carolina identified by searching

the South Carolina Healthcare System Directory and healthcare facilities website.

Latchem-Hastings (2020) showed how researchers must obtain the permission of

gatekeepers to access information when conducting a study. Directors of human

resources identified as the contact person acted as the gatekeeper. The director provided the contact list of potential participants via phone or email after being briefed and granted approval to conduct the study.

Potential participants received an invitation email, which included an introduction of my background and the study information in an attached consent form. Dahlke and Stahlke (2020) recommended that throughout the study, researchers maintain transparency with the participants and gatekeepers to comply with the ethical principles of confidentiality and participant rights. Participants were asked about their familiarity with Zoom since the semistructured interviews took place using this tool; because of COVID-19, there were no in-person interviews. Participants responded via email with "I consent" and then scheduled the audio interview. During the interview, the Interview Protocol (see Appendix) ensured that each participant was asked the same questions in the same order. The participants participated in member checking to validate the summary of the interviews. Transparency and effective communication were used throughout the process to ensure participants were comfortable and understood clearly.

Research Method and Design

The objective of the study was to explore the components of strategies some healthcare leaders with more than 10 years in the administrative position or human resource position use in implementing mentoring programs, which result in the acquisition of transformational leadership skills. The study used a qualitative research method with a multiple case study design. There are three research methods, qualitative,

quantitative, and mixed methods; the mixed methods approach contains both qualitative

and quantitative (Turner et al., 2017). After reviewing the three research methods, the

qualitative method emerged as the best approach to explore strategies used in

implementing a mentoring program. Various factors informed the choice of this method.

First, the study focused on the perspectives of the research participants to answer the

question about their experiences in mentoring programs. According to Walliman (2017),

a qualitative research method is most effective in investigating beliefs, concepts, and

attitudes of normative behavior. This research approach was appropriate in answering

research questions focusing on the views of the participants with background information

on the topic.

Research Method

The research methodology was the qualitative research method. Walliman (2017)

described research methods as instruments and procedures for conducting research.

Qualitative researchers ask research questions, inquire about experiences, and engage

with the research while seeking understanding and meaning (Brennen, 2017). Since this

research was on strategies used for implementing mentoring programs in health care, and

the objective of qualitative research was to understand experiences, making qualitative

the appropriate research method.

The effectiveness of quantitative research in this study varies. Quantitative

research focuses on collecting numerical data from samples of a population and then

analyzing the data using software programs (Queirós et al., 2017). This research approach

could be effective if the study focused on comparing the number of health care facilities

that use mentoring and obtaining numeric data related to various aspects of mentoring.

Jervis and Drake (2014) noted that the qualitative method gets to the why of the

experience. As the researcher, I sought to know the strategies used in the implementation

of mentoring programs, and qualitative was the appropriate research method.

The effectiveness of mixed methods in this study was also limited. The mixed

method is a blend of qualitative and quantitative. Kaur et al. (2019) acknowledged how

mixed methods research is common in research conducted on health care to understand

patients with different health needs from a clinical to a community setting. A mixed

methods approach would be appropriate if trying to obtain the number of mentoring

programs and the experiences of the persons involved in a mentoring relationship. When

understanding the strategies for implementing a mentoring program, the qualitative

approach was best suited for this type of study. Turner et al. (2017) affirmed that the

mixed methods approach to research was effective in health care research when there was

a need for patient-centered research. Adopting this research approach ensures a high level

of confidence in the findings (Turner et al., 2017).

Research Design

The objective of the study was to explore the strategies that some healthcare

leaders with more than 10 years of experience in either administrative or human resource

management roles use in implementing mentoring programs designed for early-career

leaders. Researchers select a case study design when seeking to explain a phenomenon

through the mode of inquiry (Yin, 2018). The single case study research design was the

most effective approach in this study. According to Yin (2018), a single case study is

effective in intervention research, and it allowed me to focus on a particular group of

people.

The effectiveness of the narrative research design in this study was limited.

Researchers use the narrative research design to allow individuals to tell their personal

stories (Carless & Douglas, 2017; Young & Ewing, 2020). Assuming that the focus of

this study was on personal experiences on the mentoring journey, the narrative research

design would be appropriate.

The appropriateness of the phenomenology research design in this study was also

limited. Researchers use phenomenology design to describe the lived experience,

memories, or feelings of the research participants (Rodriguez & Smith, 2018; Young &

Ewing, 2020). Assuming the focus of this study was on the lived experiences of someone

involved in a mentoring program, a phenomenology design would be appropriate. Since

the focus of the study was beyond the lived experiences of a mentee or mentor,

phenomenology design was not appropriate to explore the mentoring strategies used by

healthcare leaders.

The effectiveness of the ethnographic research design in meeting the objectives of

the study was also limited. Researchers use ethnographic design to study people and

communities through culture (Parkin, 2017). Assuming that the focus of the study was on

the values and beliefs of people involved in mentoring, the ethnographic design would be

appropriate. Since the focus of the proposed study was beyond cultures and norms, the ethnographic design fails to align with the context of the study. A multiple case study research design was best suited to explore the strategies leaders with more than 10 years of experience in health care administration or human resource management use in mentoring early-career leaders.

Population and Sampling

The method of purposive sampling achieved the sample population. Purposive sampling is a technique used by researchers in selecting the population for the study that best aligns with predetermined criteria (Sharma, 2017). Sampling is a fundamental part of conducting research and determining the research participants (Luciani et al., 2019). Saeedi and Parvizy (2019) affirmed that the purposive sampling method entails selecting persons with experience on the topic or case study. The participants in this qualitative multiple case study were healthcare leaders with over 10 years of experience in administrative roles or managing human resources in healthcare in South Carolina. Also, for an individual to qualify to participate in the study, experience in implementing a mentoring program designed to nurture early-career leaders was paramount. Purposeful sampling was useful in health care research (Luciani et al., 2019). The purposive sampling method aligned with this study since the desired research participants needed to have participated in a mentoring program designed to impart early-career leaders with skills and competencies.

From a pool of leaders, 20 participants who met the predetermined criteria for participation were part of this selection. This group of highly experienced leaders for this sample size was considered appropriate (Cleary et al., 2014). In the study, the population consisted of healthcare leaders with more than 10 years of experience in administrative roles in healthcare located in South Carolina. Also, the research participants were required to have participated in the mentoring of early-career leaders. Vasileiou et al. (2018) affirmed that determining the appropriate sample size for a qualitative study is based on information pertinent to the study and data saturation. Guest et al. (2006) stated that data saturation is significant to any qualitative work regardless of the number of research participants selected. In a single case study, Turner et al. (2017) affirmed that 10 to 20 participants may be needed to reach saturation. The selected number of participants (20) was adequate for data saturation.

To ensure quality and rich data, I identified a population that provided useful and applicable information on successful mentoring experiences while addressing the research question. This population included individuals who met the criteria set for purposive sampling. I conducted semistructured interviews using Zoom, collecting and analyzing data until no new themes or information transpired. Data saturation occurs once new data considered adds no value to the study (Guest et al., 2020; Saunders et al., 2018). Reaching data saturation is an important achievement in qualitative research (Lowe et al., 2018). Obtaining data on mentoring until no new information or themes develop from the approved sources ensured data saturation.

Ethical Research

The informed consent process and ethical standards will guide the research process. The purpose of this doctoral study was to explore the components of strategies that some healthcare leaders with more than 10 years of experience use to implement mentoring programs aimed at nurturing early-career leaders. Perrault and Keating (2018) posited that requesting informed consent from participants before participating in the study informs participants of their rights, risks, and responsibilities in advance. The informed consent form was presented to the participants, outlining the process. The consent form contained sample interview questions, the risks of participating in the study, my contact information, the benefits of the study to society, and a section on willingness to participate, which the participants emailed to grant consent. Kirilova and Karcher (2017) discussed how sharing the data of participants and protecting confidentiality should always be of concern to the researcher. The participants could withdraw from the study at any time by contacting me via email or phone.

Providing monetary incentives to participants in a study was not allowed. Kelly et al. (2017) affirmed that incentives might have some bearing on participation in qualitative research since this type of research requires longer commitment times, unlike completing a survey. There was no monetary incentive for participating in the study; however, the participants received a thank you card and a copy of the completed study. Also, the participants had ethical protection throughout this study. Weinhardt (2020) stated that in social sciences, providing individuals with ethical protection includes

preventing harm from all inquiries, including data protection. I reviewed and received a

certificate from the Collaborative Institutional Training Initiative (completing the

Belmont Report's privacy and confidentiality modules that address the ethical protection

of participants). The collected information is stored for 5 years on an encrypted thumb

drive in a secured fireproof cabinet to ensure data privacy and participant confidentiality.

The cabinet is locked and requires a password to open it. A copy of the transcripts,

recorded interviews, and documents of the organization are stored in a fireproof cabinet

for 5 years. Walden provided the IRB approval number of 08-31-21-0551811.

Data Collection Instruments

Data was analyzed and collected using semistructured interviews. The researcher

may be the data collector and data analyst in qualitative research (Birt et al., 2016). An

interview protocol form was instrumental in conducting semistructured interviews,

reviewing company policies, employee handbooks, applications, member checking, and

use of data triangulation. Ridder (2017) indicated that interviews and documents are

helpful and important in data collection in the case study design. The interview protocol

was a form that outlined the interview process and guided data collection.

The semistructured interview was the method I used to explore the strategies that

healthcare leaders used in implementing successful mentoring programs. When a

researcher organizes questions in advance and asks in an investigative manner, this is a

semistructured interview (Chu & Ke, 2017). Also, the interviews, documents, and

information from the company website enabled data collection to answer the research

question. Birt et al. (2016) described triangulation as different methods to understand a phenomenon. Interview responses and company documentation served to triangulate the data. Qualitative research extends an opportunity to research by observing behavior and engaging in interviews (Cairney & St Denny, 2015). Because of the limited personal interactions occasioned by COVID-19, direct observation of the behavior and body language of each research participant was not possible. All interviews were conducted online via video call.

The interview protocol was a process used in conducting the interview and asking the right questions. Jacob and Furgerson (2012) described the interview protocol as a process guiding the researcher through the interview process. The interview protocol provides details including the introduction, non-verbal cues, asking open-ended questions, and completing the interview by follow-up member checking. In the member checking process, researchers ask participants to validate a researcher's interpretation of the participant's responses as an accuracy and resonance check intervention (Caretta, 2015). To conduct member checking, participants viewed a summary of the interpretation of the interview, provided further clarification, and added additional information as needed.

Data Collection Technique

Data were collected using semistructured interviews per the interview protocol. Because of COVID-19 limitations, interviews took place by phone and video conferencing resources, such as Zoom. Participants were asked to respond to an email

sent asking if they agreed to participate in the study and to provide information as to a convenient time and agreeable date for the interviews. Before the interview, an employee handbook was requested from the health care human resource manager and reviewed and made pdf copies for analysis of relevant data from the company website.

At the start of the interview, there was an introduction and appreciation to the participant for participating. Participants were informed about the research and the interview questions. Afterward, the participants introduced themselves and were instructed to send the consent form back with "I consent" in an email. Afterward, documenting nonverbal tones and pauses during audio-only interviews, including observation of participants' body language, happened. The participants were interviewed for 45 minutes each, thanked, and contacted within 7 business days for member checking purposes.

There are advantages and disadvantages to semistructured interviews as a data collection technique. Oltmann (2016) posited how interviews are the primary method used in qualitative research, but pros and cons exist concerning how the interview transpires between the interviewer and the respondent. As digital techniques are becoming more popular in collecting data, flexibility is advantageous, and some ethical considerations may be a disadvantage (Gill & Baillie, 2018). Semistructured interviews have an advantage in data collection. Low (2013) noted that when individuals have health issues, semistructured interviews are successful in gathering data, especially when persons are physically unable to join in the research. A disadvantage of semistructured

interviewing was that the interviewer might be unable to obtain the information needed due to not asking probing questions (DeJonckheere & Vaughn, 2019). My preference was face-to-face semistructured interviews.

Before the IRB approval, a field study happened by asking one or two individuals, who are not participants, the interview questions, assuring the questions are appropriate and understandable. Dehlendorf et al. (2017) selected a group of patients to pilot test a preference tool for deciding health and participated in an interview with favorable results of the tool. Member checking was a tool used to enhance the credibility of results during a field test (Birt et al., 2016). A summary of the interviewer's interpretations and asking participants to respond enhanced the data collection process's reliability and validity, provided further clarification, and added additional information as needed. The member checking tool requires the participant to validate their response (Caretta, 2015). Participants returned this information via email within a week after clarifying the data.

Data Organization Technique

The Microsoft Office program was the software selected for organizing this data. Data transcriptions happen by using Microsoft Word, a word processing program. Excel was used to sort the gathered information, and OneNote, a note-taking tool, was used to arrange the documents in categories and listings, track codes and themes, and organize and manage the study's data. The organization of files was by using numeric identifiers for anonymity and to protect the participants' identities.

The data collected for this study included interview responses, observations noted from participants, and physical items collected from websites. The physical hard copies of collected data are in a fireproof locked box for 5 years. The physical hard copies and electronic copies of documentation from the research process incorporated data collection, analysis, and write-up. The digitized data containing personal information are stored on a USB drive and will be destroyed by erasing all electronic files and physical copies of documentation.

Data Analysis

Methodological triangulation was the application used for this qualitative case study. Heesen et al. (2019) described methodological triangulation as using various methods to gather data. According to Yin (2018), triangulation helps in validating a study because using multiple methods helps verify the facts. Ridder (2017) described how collecting and combining data during the interview process was the basis of triangulation. Since this research takes a qualitative case study approach, methodological triangulation was the best approach to understanding the experiences of mentoring. Interviews and the physical data gathered were analyzed to see if they related to the research question the same way or if they gave different points of view on the question. Methodological triangulation was incorporated into the coding and analysis steps, and the data obtained from interviews, handbooks, and company documents completed the data analysis.

For purposes of data analysis in this study, the thematic analysis was acceptable. Thematic analysis is a process that translates data into themes (Terry et al., 2017). Braun

and Clarke's six-phase process for thematic analysis occurred for the analysis. The phases include the following: (a) reading and rereading data gathered from the interview transcripts, websites, and company handbooks for formality purposes; (b) creating preliminary codes; (c) exploring themes; (d) checking theme for sustainability; (e) name the themes; and (f) write up the report. The thematic analysis process is easy to use and flexible (Braun & Clarke, 2012).

This particular thematic analysis process was a recommendation by Braun and Clarke (2012). Per the suggestions, Phase 1 entailed reading and rereading the data gathered from interview transcripts, websites, and company handbooks for purposes of data familiarization. Phase 2 entailed creating preliminary codes based on the interview data. I sorted and created columns in an Excel spreadsheet labeling the columns with the tenets of my conceptual framework for tracking purposes. Microsoft Excel helped with organizing the codes to develop the themes. NVivo was a widely used qualitative data analysis software (Hilal & Alabri, 2013). This software aided in the thematic analysis process.

Phase 3 comprises exploring themes and looking at the coded data for like terms and similarities and beginning clustering codes. The conceptual framework theory helped with grouping like terms into codes. NVivo software finds and simplifies the coding in the data analysis process. I used NVivo to code the data to achieve theme identification. The color-coding technique of terms in Excel was adopted to group like terms into categories.

In phase 4, checking identified themes for sustainability ensures the data gathered supports the theme. Reviewing the Excel spreadsheet, comparing the data against the research question and conceptual framework informed the development of final themes. Main and sub-themes are the preliminary themes grouped. Phase 5 entailed naming and describing the themes of the study. The gathered data informed the theme and subthemes adopted.

Phase 6 entailed writing up the report from interpreted data. A written report is provided based on key themes, conceptual framework, and research questions. The conceptual framework selected for the study was the social learning theory founded by Bandura.

Reliability and Validity

Reliability

Reliability and validity are qualities key in qualitative research. Cypress (2017) explained reliability and validity as important phases of research. Keeping detailed records, transparency, and member checking each participant ensures dependability and reliability (Noble & Smith, 2015). Detailed records are maintained in a journal, documented, and provided a paper trail for each participant interviewed to ensure that participants' responses are not forgotten or confused (Turner et al., 2017). Also, this process serves to limit participant bias (Creswell & Miller, 2000). Elo et al. (2014) noted that a researcher demonstrates reliability and validity through understanding the importance of trusting the credibility, dependability, conformability, transferability, and

authenticity of the data. Reliability refers to reporting trustworthiness in a study. Member

checking and methodological triangulation methods to address validity, credibility,

dependability, confirmability, and transferability are essential in the qualitative study.

Validity

Qualitative study validity suggests that the findings in the research are credible,

confirmable, and transferable. It was common for researchers to show and explain how

the study was credible (Creswell & Miller, 2000). The establishment of validity occurs by

ensuring the study's information is reliable, credible, and the truth about the phenomena.

FitzPatrick (2019) noted that validity was contingent upon the results of the research.

Member checking, also called member validation, provides accuracy and details on data

gathered from interviews (Harvey, 2015; Richards, 2003). In order to obtain detailed

information from the participants asking follow-up questions was helpful.

Credibility

Reviewing the participant transcript, triangulation, interview protocol, and

member checking of the data interpretation can enrich the study's credibility. Bengtsson

(2016) indicated that the foundation of credibility starts with the planning of the study.

Credibility means the participants' views and interpretation of the data are truthful and

trustworthy and confirmed by the researcher (Cope, 2014; Polit & Beck, 2013).

Guaranteed credibility occurs by conducting triangulation of the data and information

collected from interviews and company documents. Member checking was a method used

to examine the credibility of the research (Birt et al., 2016; Doyle, 2007). Triangulation and member checking enhance the credibility of the study.

Confirmability

To ensure the confirmability of the study, there was a thorough review of the data collected. Haven and Van Grootel (2019) shared a method of assessing the confirmability and dependability of a study by asking and answering the research question. Elo et al. (2014) noted that the research question and data should link to provide confirmability. Confirmability includes examining the interviews and following up with member checking and triangulation (Moon, 2019). Confirmability and dependability will be ensured by following the interview protocol.

Transferability

Houghton et al. (2013) defined transferability as the ability to transfer the results of one study to another. Transferability was a component of validity that increased the truthfulness of the findings (Saravo et al., 2017). The approach for transferability for this study was to provide the backdrop and description of the gathering of data and how the process can be replicated in another study. Transferability of research findings occurs with organization and environments when the results of the research include recommendations for future research (Wallace & Van Fleet, 2012). Included with the study's findings are recommendations for actions in future research.

Transition and Summary

Section 2 contains the problem statement, the purpose of the study, and the role of the researcher. Also described are the selected research method and design, the study population, the possible ethical issues in the research process, the data collection process, data collection instruments and techniques, data analysis, reliability, and validity.

The following section includes an introduction and overview of the study. Also, the study findings, how the research outcomes apply to a specific business problem, and implications for social change are included. The section concludes by recommending the need for various actions and further research.

Section 3: Application to Professional Practice and Implications for Change

The purpose of this qualitative multiple case study was to explore strategies that healthcare leaders use to implement successful mentoring programs. The population for the research study involved 20 leaders working in the healthcare industry with experience in using mentoring strategies to support the professional development of their employees. I used member checking and methodological triangulation that included reviewing public documents made available on the website and brochures on employee development to support the study's validity and reliability.

The SLT, developed by Bandura (1977), is the conceptual framework for this study. SLT describes how individuals can learn appropriate behaviors by seeing and imitating others' approaches and behaviors in the workplace (Bandura, 1977). Role modeling and observations are predecessors of the SLT by which learning happens from observations and modeling the conduct and ethical behavior of others while developing mentoring relationships (Hanna et al., 2013). According to Wallston (2016), the SLT is anchored on the premise that significant learning occurs when an individual observes the conduct of others. The following section includes the presentation of findings, applications to professional practice, implications for social change, recommendations for action, and recommendations for further research. Section 3 finishes with my reflections and conclusions of the research study.

Presentation of the Findings

The objective of this study was to explore the research question: What strategies do healthcare leaders use to implement successful mentoring programs? To answer this question, I used semistructured interview questions. The questions required the participants to go into detail about what strategies were used in their mentoring program.

I used Braun and Clarke's (2012) six-phase thematic analysis process that included: (a) reading and rereading data, (b) creating preliminary codes, (c) exploring themes, (d) checking themes for sustainability, (e) naming the themes, and (f) writing up the report. After each interview, I transcribed the recorded data into a Word document. I uploaded the Word document into NVivo 12 to assist me with coding the data and creating preliminary codes based on the interview data. I used Excel to sort and create columns labeling the columns with the tenets of my conceptual framework for tracking purposes. All participants were assigned a distinctive code (P1- P9) to maintain participants' confidentiality.

Theme 1: Identification of Leaders for Mentors

Retention is important in developing behavior and part of the leader's learning process, which may weigh the success of a mentoring program. Motivation sheds light on the perspectives of mentors and mentees on the strategies that predict the success of the leader mentor in health care and the overall retired leader succession plan. The large number of baby boomers retiring in recent years has impacted leadership positions (Ramseur et al., 2018). As far as identifying leaders for mentoring, P1 said, "They

approached identifying leaders from their succession plan encouraging the outgoing leader to take a more hands-on approach sooner rather than later."

Mentoring relationships contribute to maintaining a high job satisfaction rate for nurse partitioners, according to a survey conducted by Horner (2017). Positive mentoring experiences in a positive work environment also contribute to identifying leaders to become mentors, as well as high retention rates of staff members (Sng et al., 2017). P10 shared an experience of how they were unable to fill an administrator position and had to obtain approval to let the newly hired person train under the person that was scheduled to leave by asking the person to remain a few more weeks to allow for a smoother transition. P2 said, "Identifying leaders for mentors means finding people who are willing to give the time and spend the time, and also depending on the role have direct access to them to see, to see and understand their strengths and their weaknesses and how they might develop and motivate." According to Harinie et al. (2017), various central cognitive processes, including attention, retention, reproduction, and motivation, constitute observational learning.

Succession Planning

Leadership succession planning is a key strategy in developing leaders within an organization. According to Jakubik et al. (2017), mentoring is a type of learning that lasts a lifetime and is a resource for succession planning. P2 described how succession planning is implemented before they retire. P2 said, "Each year, we take key positions, which are our leadership positions, and ask when you think you're going to leave or

retire, but we are asking, who are you, who are you mentoring and developing underneath

you?" This process takes place at the beginning of each year. Health care organizations

use succession plans to identify leaders. Al Suwaidi et al. (2020) described succession

planning as a process used for the progress and sustainability of an organization.

> P7 stated,

> I think organizations need to work harder in identifying future leaders and start

> early in their careers, maybe on the one year anniversary, by sitting down and

> discussing a vision plan by asking where do you see yourself in 5 years or 10

> years.

> P7 noted that promoting from within their own organization encourages

employees; otherwise, employees feel discouraged and that there is no path forward for

their career in the future.

Identification of Personal/Professional Goals

Career and personal development discussions are held with employees to identify

personal and professional goals. Dağ and Sari (2017) showed that mentoring relationships

guide the mentee's professional and personal growth. P6 shared how the leadership team

helped map out a career development plan when assigning a mentor to help achieve both

personal and professional goals. Evans (2018) said organizations implement different

mentorship strategies to accomplish established goals. Observing role models is the

foundation of SLT, according to Wallston (2016), which translates to what an individual

sees as the conduct of someone or a mentee. Identifying personal and professional goals is key in implementing a successful mentoring program.

Identifying People for Shadowing/Role Modeling

Role modeling is used in the succession planning of baby boomers in leadership positions. Shadowing is watching and learning without any hands-on engagement. Role modeling and observations are predecessors of the SLT by which learning happens from observations and modeling the conduct and ethical behavior of others while developing mentoring relationships (Hanna et al., 2013). From the context of the health industry role, modeling and mentorship aim to achieve similar results, especially imparting skills, knowledge, and industry-specific values. P6 stated, "A good mentor also serves as a good role model, because they are someone you want to be like and you can learn from, someone you have watched in their career." P6 shared how leaders identify individuals to take part in a shadowing/role modeling exercise from succession plans and employees that express an interest in becoming leaders. P9 stated, "Individuals with passion and curiosity and not so focused on salary are ideal candidates for shadowing and role models," which is one of the strategies their organization incorporated into the mentoring program.

Theme 2: Role Modeling for Successful Behaviors (Observation, Reproduction)

Role models are experienced persons that are usually identified as mentors. Learning from what was observed from role models can shape different behaviors from someone in a mentoring relationship (Bussard & Lawrence, 2019). Du and Wang (2017)

said the contribution role models make by allowing a mentee to shadow or observe

without any hands-on practice is an effective method in forming a mentoring program. P6

stated that a role model is someone who demonstrates adequately and someone they

would want to learn from in developing their career. Carroll et al. (2018) stated how

mentoring programs in health care have been successful because of role models being

identified as mentors. P9 identified a learning tool used in health care that helps

employees work on individual short and long-term goals. Role modeling and mentoring

goals are similar, both with a goal of conveying knowledge and skills in the industry.

Mentoring in Health Care

Mentoring in health care is becoming a popular program because of the retirement

of many baby boomers. The U.S. Bureau of Labor Statistics (2020) stated that the

healthcare industry would lose over 2 million leaders in healthcare. Mentoring in the

healthcare industry has contributed to the career development of leaders in industry

positions such as chief nurse and director of nursing (Jakubik et al., 2017). The

incorporation of a mentoring program can contribute to employee growth. Mentoring also

aligns with improving leadership and career advancement (Zambrano, 2019). According

to P6, mentorship in health care can open doors to one's career and the network circle;

the more people one meets, the more one can learn from them. Creating a culture that is

knowledgeable and understanding is one of the outcomes of a mentoring program within

an organization (Evans, 2018). P9 stated that affinity groups and partnering younger

employees with senior employees are strategies used in their organization. The

succession plan created to meet the needs and identify talent can help with meeting the overall needs of an organization (Fisher & Stanyer, 2018). Mentoring is about seeing an individual become successful in their career with the aid of a mentor. Organizations that implement a diverse strategy in their mentoring programs geared toward the set goals are effective in meeting goals (Evans, 2018).

Recognizing Differences Between the Generations

We all are part of a generation, a group of individuals living in the same period with values and viewpoints that show our character in the workforce. Each generation defines ethics and culture differently. The baby boomer generation's values were about equal rights and personal gratification. Millennials value fun and being sociable. The baby boomer generation's work ethic involves being a workaholic and letting this define their value as a worker. The older generation is more reserved and prefers a command style in communication, while the younger generation prefers more collaboration and in-person interaction. Communication is important and can help with appreciating and understanding one another.

Some leaders are becoming more aware of generational differences and incorporating them into leadership styles. Leaders may use different methods of communication by echoing the generation style of communication. Setting expectations on communicating in the workplace and creating an agreement are effective strategies. P9 shared an experience with a mentee that wanted to only work 4 hours a day because the work was done and there was no need to stay on the job. P7 also stated that working with

others is how they learn best, making it a team effort. Leaders and human resources managers understand that there will be differences in how individuals view their job and realize that in developing policies, employee relations, and career growth to support diverse workers (Smith & Garriety, 2020).

Theme 3: Communication Between the Mentor/Mentee

Mentoring is used in various careers in health care. Commitment, skill, and the ability to communicate positively are characteristics that describe an effective mentor (Mulcahey et al., 2018). Healthcare leaders use communication and collaboration as a strategy in implementing mentoring programs with the intent of expanding professional networks and developing personal relationships (Weimer, 2019). Mulcahey et al. (2018) associated a mentor as a role model – someone that is energetic – and recognized that mentoring is a joint commitment between the mentor and mentee.

Relationship Building

Mulcahey et al. (2018) outlined mentoring in stages, starting with relationship building and connecting with each other. P1 noted that giving folks exposure and establishing new relationships while developing soft skills can be important in building relationships. Planned efforts focused on communication can develop the mentoring experience for both mentor and mentee (Weimer, 2019). P1 stated, "Open communication upfront and establishing a weekly check-in session to allow mentee to be ask questions and share their experiences." Some known hindrances that block successful mentoring relationships in health care are not asking for help, poor communication skills,

and inexperienced mentors (Mulcahey et al., 2018). P8 shared that the mentor needs to look at some past mentoring relationships and evaluate what worked and what needs to be improved upon in their communication style.

Work/Life Balance

The HR department is one of the most important departments in any organization. Flexibility is key in keeping and attracting workers, and one way to maintain workers is through the flexibility of work and work-life balance. Work-life balance is getting a balance between work, home, and other responsibilities (Chang et al., 2019). P6 noted how balancing personal life means being able to fulfill life experiences by allocating time and commitment. Some of the best companies to work for are changing to attract talent from younger generations by incorporating work-life balance and mentoring programs (Sánchez-Hernández et al., 2019). P8 shared, "Millennials want to know that you are listening to their new ideas and different way of doing things, which comes back to establishing a trusting relationship." The effectiveness of a mentoring program and relationship in a work-life situation can improve the mentoring relationship, according to a study conducted at an academic medical center (Sánchez-Hernández et al., 2019). P5 noted that initially communicating to the mentor that the mentee is practicing a work-life balance is critical to the success of the mentoring relationship.

Applications to Professional Practice

Healthcare leaders who use mentoring strategies in promoting employees' careers stand to benefit from retaining employees. The leaders and human resource leaders can

use successful mentoring experiences to create an environment that encourages new leaders from in-house employees while inspiring innovation. Every company should have a mentoring program that helps employees in their organizations build connections by having a mentor providing opportunities in someone's career. Healthcare leaders may find that the outcomes of this study offer insight on how to develop and successfully implement effective mentoring strategies, thereby developing better training methods for mentors and mentees.

The results of this study confirmed the themes of (a) identification of leaders for mentors, (b) role modeling for successful behaviors, and (c) communication between mentor and mentee. Healthcare leaders should recognize how important mentoring is part of their behavior. Leaders in health care must recognize that mentoring relationships can spread beyond the working environment. Horsburgh and Ippolito (2018) shared in a study the role retention plays through effective communication.

The results could also be beneficial in the cost of replacing an employee because using mentoring to hire within could help in the cost of a new hire as well as lead to employee satisfaction and encourage employees to participate in a mentor program, while the company's retention rates increase. Healthcare leaders could use the results of this study in the strategic planning and implementation of mentoring programs to help employees' career progression.

Implications for Social Change

The results of this multiple case study revealed several implications for social

change through the need to develop mentoring programs to encourage the career

progression of health care workers. With the rising numbers of baby boomers retiring in

the healthcare industry, opportunities for employees already employed to grow in their

career is increasing. Hospitals, clinics, senior living facilities, and doctor's offices are

increasing to serve persons in growing neighborhoods, and with this increase in facilities,

employment will be needed. This study may enhance social change in industries and

communities through the awareness of the importance of formal mentoring programs in

the healthcare industry and the value of job creation. Mentoring is a tool for developing

careers and is used in the healthcare industry (Whaley & Gillis, 2018). Health care

workers face various social challenges. Positive social change makes it better to improve

current conditions of employment. Mentoring emphasizes career guidance, supplying

emotional support, offering emotional support, and helping the mentee resolve

complications that affect performance on the job (Djukic et al., 2017). The findings of

this study can provide insight into how mentorship programs may contribute to the

improvement of social challenges affecting the performance of health care workers.

Recommendations for Action

Healthcare leaders and senior management can use strategies in this study to

implement successful mentoring programs. They may find that the study's outcomes may

be helpful in setting up new mentoring programs. Some recommendations that may be

useful for other healthcare organizations include: (a) supply growth opportunities and support to employees' working career goals; (b) be clear in communications to all participants ; (c) encourage employees and managers to share their opinions and suggestions; (d) provide mentoring opportunities to develop leadership skills; and (e) encourage baby boomers to become mentors to potential leaders in the organization.

HRM and leaders in health care who look to reduce turnover and increase retention may also find value in the results of this study. Leaders in other organizations seeking to incorporate mentoring programs and strategies should consider this study's findings useful in accomplishing the incorporation of mentoring their employees.

Recommendations for Further Research

The study included two main limitations: the first limitation of this study was the possibility that a participant has a connection that could expose the weaknesses of the study and may affect the study's findings. The second limitation is how healthcare leadership implements successful mentoring programs for health services managers as the basis of this study. Several factors shape the mentor-mentee relationship. Chia et al. (2020) acknowledged how the relationship between a mentor and mentee considers scheduling, timing, structure, and flexibility of the parties involved. This limitation was described in the interview by asking descriptive questions related to scheduling and flexibility, and matching of mentors and mentees. Additional research on the topic could help HRM and leaders implement successful mentoring strategies in the healthcare industry.

Reflections

The doctoral study process has been a long and challenging journey. This elongating experience has been a memorable experience. I have learned the importance of time management and how to better manage my schedule to focus on the goal of completing my doctoral degree. The prayers of my family and my faith has sustained me and kept me encouraged during this journey. I have taken longer than I expected to complete the process, which was further delayed due to the COVID-19 crisis. The pandemic also led to delays in obtaining participants in my study. Because of the pandemic, I had to look at a multiple case study versus a single case study.

I was oblivious of the amount of perseverance, persistence, and understanding in conducting a doctoral study. My passion and appreciation for this topic and having the opportunity through this study to expand my knowledge base on the complexities of developing and implementing successful mentoring strategies through the lens of participants will set a path for continued research on this topic. I believe that mentoring will be key in developing and retaining employees.

Conclusion

Mentoring is a necessary tool for leaders within any organization (Ivey & Dupré, 2020). Mains and MacLean (2017) described mentoring as essential for organizations to develop leadership skills. The purpose of this qualitative multiple case study was to explore strategies that healthcare leaders use to implement successful mentoring programs. The conceptual framework of this study was Bandura's social learning theory.

I conducted semistructured interviews, a process involving data collection, member checking, and data analysis. I continued to collect and analyze data until no new themes emerged. By applying methodological triangulation and data analysis, three themes were derived from the study: (a) identification of leaders for mentors, (b) role modeling for successful behaviors, and (c) communication between the mentor/mentee. The study's results identify several strategies leaders use for succession planning, retention, identifying mentors, and communication.

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References

Agger, C. A., Lynn, M. R., & Oermann, M. H. (2017). Mentoring and development

 resources available to new doctorally prepared faculty in nursing. *Nursing*

 Education Perspectives, *38*(4), 189–192.

 https://doi.org/10.1097/01.NEP.0000000000000180

Ahmed, O., Nugent, M., & Cahill, R. (2018). Attitudes to trainee-led surgical mentoring.

 Irish Journal of Medical Science, *187*(3), 821–826.

 https://doi.org/10.1007/s11845-017-1703-z

Akers, R. L., & Jennings, W. G. (2019). *The social learning theory of crime and*

 deviance. In handbook on crime and deviance. Springer.

Alfonso, Y. N., Johnson, S. L., Cheng, T., Jones, V., Ryan, L., Fein, J., & Bishai, D.

 (2019). A marginal cost analysis of a Big Brothers Big Sisters of America youth

 mentoring program: New evidence using statistical analysis. *Children and Youth*

 Services Review, *101*, 23–32. https://doi.org/10.1016/j.childyouth.2019.03.002

Allen, T. D., Eby, L. T., Chao, G. T., & Bauer, T. N. (2017). Taking stock of two

 relational aspects of organizational life: Tracing the history and shaping the future

 of socialization and mentoring research. *Journal of Applied Psychology*, *102*(3),

 324–337. https://doi.org/10.1037/apl0000086

Al Suwaidi, M., Jabeen, F., Stachowicz-Stanusch, A., & Webb, M. (2020). Determinants linked to executive succession planning in public sector organizations. *Vision: The Journal of Business Perspective*, *24*(3), 284–299. https://doi.org/10.1177/0972262920932405

Alwazzan, L., & Al-Angari, S. S. (2020). Women's leadership in academic medicine: A systematic review of extent, condition and interventions. *BMJ Open*, *10*(1), e032232. https://doi.org/10.1136/bmjopen-2019-032232

American Nurses Association. (2017). *American Nurses Association Health Risk Appraisal (HRA)*. https://www.nursingworld.org/HRA-Executive

Antonacopoulou, E., & Bento, R. (2018). From laurels to learners: Leadership with virtue. *Journal of Management Development*, *37*(8), 624–633. https://doi.org/10.1108/JMD-12-2016-0269

Athanasopoulou, A., & Dopson, S. (2018). A systematic review of executive coaching outcomes: Is it the journey or the destination that matters the most? *The Leadership Quarterly*, *29*(1), 70–88. https://doi.org/10.1016/j.leaqua.2017.11.004

Baluku, M. M., Matagi, L., Musanje, K., Kikooma, J. F., & Otto, K. (2019). Entrepreneurial socialization and psychological capital: Cross-cultural and multigroup analyses of impact of mentoring, optimism, and self-efficacy on entrepreneurial intentions. *Entrepreneurship Education and Pedagogy*, *2*(1), 5–42. https://doi.org/10.1177/2515127418818054

Bandura, A. (1977). *Social learning theory*. Prentice-Hall.

Barnett, B. G., Shoho, A. R., & Okilwa, N. S. (2017). Assistant principals' perceptions of meaningful mentoring and professional development opportunities. *International Journal of Mentoring and Coaching in Education*, *6*(4), 285–301. https://doi.org/10.1108/IJMCE-02-2017-0013

Barzinpour, F., Jafari, M., & Biuki, S. H. M. (2015). Presenting the way of implementing succession with the approach of organizational knowledge transfer (A case study of aerospace industry). *Advances in Natural and Applied Sciences*, *9*(1), 75–87. https://www.gogalegroup.com

Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *NursingPlus Open*, *2*, 8–14. https://doi.org/10.1016/j.npls.2016.01.001

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, *26*(13), 1802–1811. https://doi.org/10.1177/1049732316654870

Bittner, A. (2019). Mentoring millennials for nursing leadership. *Nursing*, *49*(10), 53–56. https://doi.org/10.1097/01.nurse.0000580656.81188.ee

Bortnowska, H., & Seiler, B. (2019). Formal mentoring in nonprofit organizations. Model proposition. *Management*, *23*(1), 188–208. https://doi.org/10.2478/manment-2019-0011

Bowlby, J. (1982). *Attachment and loss: Attachment* (2nd ed.). Basic Books.

Bowlby, J. (1988). *A secure base: Parent-child attachment and health human development*. Basic Books.

Bradshaw, C., Atkinson, S., & Doody, O. (2017). Employing a qualitative description approach in health care research. *Global Qualitative Nursing Research*, *4*, https://doi.org/10.1177/2333393617742282

Brady, C. M. (2017). Social learning theory. *The Encyclopedia of Juvenile Delinquency and Justice*, 1–5. https://doi.org/10.1002/9781118524275.ejdj0188

Braun, V., & Clarke, V. (2012). *Thematic analysis.* In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbooks in psychology®. APA handbook of research methods in psychology, Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and biological* (p. 57–71). American Psychological Association. https://doi.org/10.1037/13620-004

Brennen, B. S. (2017). *Qualitative research methods for media studies*. Taylor & Francis.

Bressman, S., Winter, J. S., & Efron, S. E. (2018). Next generation mentoring: Supporting teachers beyond induction. *Teaching and Teacher Education*, 73, 162–170. https://doi.org/10.1016/j.tate.2018.04.003

Buerhaus, P. I., Skinner, L. E., Auerbach, D. I., & Staiger, D. O. (2017). Four challenges facing the nursing workforce in the United States. *Journal of Nursing Regulation*, *8*(2), 40–46. https://doi.org/10.1016/S2155-8256(17)30097-2

Burnett, A. J., Smith, T. M. E., & Wessel, M. T. (2016). Use of the social cognitive theory to frame university students' perceptions of cheating. *Journal of Academic Ethics*, *14*(1), 49–69. https://doi.org/10.1007/s1080501592524

Bussard, M. E., & Lawrence, N. (2019). Role modeling to teach communication and professionalism in prelicensure nursing students. *Teaching and Learning in Nursing*, *14*(3), 219–223. https://doi.org/10.1016/j.teln.2019.04.005

Bynum, Y. P. (2015). The power of informal mentoring. *Education*, *1*(136), 69–73. https://www.projectinnovation.com/education.html

Cairney, P., & St Denny, E. (2015). What is qualitative research (Bloomsbury). Routledge. https://doi.org/10.1080/13645579.2014.957434

Carcea, I., & Froemke, R. C. (2019). Biological mechanisms for observational learning. *Current Opinion in Neurobiology*, *54*, 178–185. https://doi.org/10.1016/j.conb.2018.11.008

Caretta, M. A. (2015). Member checking: a participatory method to test and analyze preliminary results in cross-cultural, cross-language research. *Qualitative Research*, *16*(3), 305–318. https://doi.org/10.117/1468794115606495

Carless, D., & Douglas, K. (2017). Narrative research. *The Journal of Positive Psychology*, *12*(3), 307–308. https://doi.org/10.1080/17439760.2016.1262611

Carr, M. L., Holmes, W., & Flynn, K. (2017). Using mentoring, coaching, and self-mentoring to support public school educators. *The Clearing House*, *90*(4), 116–124. https://doi.org/10.1080/00098655.2017.1316624

Carroll, J. A., Sankupellay, M., Rodgers, J., Newcomb, M., & Cook, R. (2018).

GoSoapBox in public health tertiary education: A student response system for

improving learning experiences and outcomes. *Australasian Journal of*

Educational Technology, *34*(5). https://doi.org/10.14742/ajet.3743

Carter, K. M., Gonzalez-Mulé, E., Mount, M. K., Oh, I. S., & Zachar, L. S. (2019).

Managers moving on up (or out): Linking self-other agreement on leadership

behaviors to succession planning and voluntary turnover. *Journal of Vocational*

Behavior, *115*, 103328. https://doi.org/10.1016/j.jvb.2019.103328

Certo, J. (2005). Support and challenge in mentoring: A case study of beginning

elementary teachers and their mentors. *Journal of Early Childhood Teacher*

Education, *26*(4), 395–421. https://doi.org/10.1080/10901020500413106

Chang, L. C., Chiu, C. W., Hsu, C. M., Liao, L. L., & Lin, H. L. (2019). Examining the

implementation of teaching and learning interactions of transition cultural

competence through a qualitative study of Taiwan mentors untaking the

postgraduate nursing program. *Nurse Education Today*, *79*, 74–79.

https://doi.org/10.1016/j.nedt.2019.05.020

Chang, W., & Busser, J. A. (2017). Hospitality employees promotional attitude: Findings

from graduates of a twelve-month management training program. *International*

Journal of Hospitality Management, 60, 48–57.

https://doi.org./10.1016/j.ijhm.2016.09.013

Chen, C., Wen, P., & Hu, C. (2017). Role of formal mentoring in protégés' work-to-family conflict: A double-edged sword. *Journal of Vocational Behavior*, *100*, 101–110. https://doi.org/10.1016/j.jvb.2017.03.004

Chia, E. W., Tay, K. T., Xiao, S., Teo, Y. H., Ong, Y. T., Chiam, M., Toh, Y. P., Mason, S., Chin, A. M., & Krishna, L. K. (2020). The pivotal role of host organizations in enhancing mentoring in internal medicine: A scoping review. *Journal of Medical Education and Curricular Development*, *7*, 238212052095664. https://doi.org/10.1177/2382120520956647

Chlebikova, D., Misankova, M., & Kramarova, K. (2015). Planning of personal development and succession. *Procedia Economics and Finance*, *26*, 249–253. https://doi.org/10.1016/S2212-5671(15)00828-X

Chu, H., & Ke, Q. (2017). Research methods: What's in the name? *Library & Information Science Research*, *39*(4), 284–294. https://doi.org/10.1016/j.lisr.2017.11.001

Cleary, M., Horsfall, J., & Hayter, M. (2014). Data collection and sampling in qualitative research: Does size matter? *Journal of Advanced Nursing*, *70*(3), 473–475. https://doi.org/10.1111/jan.12163

Collier, P. (2017). Why peer mentoring is an effective approach for promoting college student success. *Metropolitan Universities*, *28*(3), 9–19. https://doi.org/10.18060/21539

Connolly, G. J. (2017). Applying social cognitive theory in coaching athletes: The power

of positive role models. *Strategies: A Journal for Physical and Sport Educators*,

30(3), 23–29. https://doi.org/10.1080/08924562.2017.1297750

Cooper, D. T., & Klein, J. L. (2017). College students' online pornography use:

Contrasting general and specific structural variables with social learning

variables. *American Journal of Criminal Justice*, *43*, 551–569.

https://doi.org/10.1007/s12103-017-9424

Cope, D. G. (2014). Methods and meanings: Credibility and trustworthiness of qualitative

research. In *Oncology Nursing Forum*, *41*(1), 89–91.

https://doi.org/10.1188/14.ONF.89-91

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative

inquiry. *Theory into Practice*, *39*(3), 124–130.

https://doi.org/10.1207/s15430421tip3903_2

Crisp, G., & Alvarado-Young, K. (2018). The role of mentoring in leadership

development. *New Directions for Student Leadership*, *2018*(158), 37–47.

https://doi.org/10.1002/yd.20286

Cross, M., Lee, S., Bridgman, H., Thapa, D. K., Cleary, M., & Kornhaber, R. (2019).

Benefits, barriers and enablers of mentoring female health academics: An

integrative review. *PLOS ONE*, *14*(4), e0215319.

https://doi.org/10.1371/journal.pone.0215319

Cryer, D. R., Davis, R. O., & Pronovost, P. J. (2017). Mutual mentorship: Patient-
partnered care starts at the patient-CEO level. *Quality Management in Healthcare*,
26(1), 49–50. https://doi.org/10.1097/QMH.0000000000000122

Curtis, M. B., & Taylor, E. Z. (2018). Developmental mentoring, affective organizational
commitment, and knowledge sharing in public accounting firms. *Journal of
Knowledge Management*, *22*(1), 142–161. https://doi.org/10.1108/JKM-03-2017-
0097

Custard, B. (2016). President's message. Building the future environmental health
workforce. *Journal of Environmental Health*, *78*(6), 6–7.
https://www.neha.org/JEH/

Cypress, B. (2018). Qualitative research methods: A phenomenological focus.
Dimensions of Critical Care Nursing, *37*(6), 302–309.
https://doi.org/10.1097/DCC.0000000000000322

Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research:
Perspectives, strategies, reconceptualization, and recommendations. *Dimensions
of Critical Care Nursing*, *36*(4), 253–263.
https://doi.org/10.1097/DCC.0000000000000253

Dağ, N., & Sari, M. H. (2017). Areas of mentoring needs of novice and preservice
teachers. *International Electronic Journal of Elementary Education*, *10*(1), 115–
129. https://doi.org/10.26822/iejee.2017131892

Dahlke, S., & Stahlke, S. (2020). Ethical challenges in accessing participants at a

    research site. *Nurse Researcher*, *28*(1). https://doi.org/10.7748/nr.2020.e1665

Daloz, L. A. (1986). *Effective Teaching and Mentoring*. Jossey-Bass.

De Haan, E., Gray, D. E., & Bonneywell, S. (2019). Executive coaching outcome

    research in a field setting: A near-randomized controlled trial study in a global

    healthcare corporation. *Academy of Management Learning & Education*, *18*(4),

    581–605. https://doi-org/10.5465/amle.2018.0158

Dehlendorf, C., Grumbach, K., Schmittdiel, J. A., & Steinauer, J. (2017). Shared decision

    making in contraceptive counseling. *Contraception*, *95*(5), 452–455.

    https://doi.org/10.1016/j.contraception.2016.12.010

DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care

    research: a balance of relationship and rigour. *Family Medicine and Community*

    Health, *7*(2), e000057. https://doi.org/10.1136/fmch-2018-000057

De Wit, D. J., DuBois, D. L., Erdem, G., Larose, S., & Lipman, E. L. (2020). Predictors

    of mentoring relationship quality: Investigation from the perspectives of youth

    and parent participants in Big Brothers Big Sisters of Canada one-to-one

    mentoring programs. *Journal of Community Psychology*, *48*(2), 192–208.

    https://doi.org/10.1002/jcop.22244

Diaz, M. C., Loraas, T. M., & Apostolou, B. (2017). How do mentoring rewards

    influence experienced auditors? *The British Accounting Review*, *49*(6), 594–607.

    https://doi.org/10.1016/j.bar.2017.09.009

Diehn, E. W., & Tomey-Welsh, E. (2018). Mentoring and gender: Perception is not reality. *Career Development International*, *24*(4), 346–359. https://doi.org/10.1108/cdi-11-2017-0198

Djukic, M., Jun, J., Kovner, C., Brewer, C., & Fletcher, J. (2017). Determinants of job satisfaction for novice nurse managers employed in hospitals. *Healthcare Management Review*, *42*(2), 172–183. https://doi.org/10.1097/HMR.0000000000000102

D'lnnocenzo, G., Gonzalez, C. C., Williams, A. M., & Bishop, D. T. (2016). Looking to learn: The effects of visual guidance on observational learning of the golf swing. *PloS one*, *11*(5). https://doi.org/10.1371/journal.pone.0155442

Doyle, S. (2007). Member checking with older women: A framework for negotiating meaning. *Health Care for Women International*, *28*(10), 888–908. https://doi.org/10.1080/07399330701615325

Du, F., & Wang, Q. (2017). New teachers' perspectives of informal mentoring: Quality of mentoring and contributors. *Mentoring & Tutoring: Partnership in Learning*, *25*(3), 309–328. https://doi.org/10.1080/13611267.2017.1364841

Eby, L. T., Butts, M. M., Hoffman, B. J., & Sauer, J. B. (2015). Cross-lagged relations between mentoring received from supervisors and employee OCBs: Disentangling causal direction and identifying boundary conditions. *Journal of Applied Psychology*, *100*(4), 1275. https://doi.org/10.1037/a0038628

Edinyang, S. D. (2016). The significance of social learning theories in the teaching of

    social studies education. *International Journal of Sociology and Anthropology*

    Research, *2*(1), 40–45. https://www.eajounrals.org

Edmonson, C., Marshall, J., & Gogek, J. (2020). Keeping the human in health care

    human capital: Challenges and solutions for RNs in the next decade. *Nurse*

    Leader, *18*(2), 130. https://doi.org/10.1016/j.mnl.2019.12.009

Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014).

    Qualitative content analysis: A focus on trustworthiness. SAGE.

Estedadi, E., & Hamidi, K. (2015). The importance of succession planning in

    organizations. *Advanced Social Humanities and Management*, *2*(3), 41–47.

    https://www.ashm-journal.com

Evans, C. (2018). Trust and connection in formal, virtual mentoring. *International*

    Journal of Evidence Based Coaching & Mentoring, *12*, 154–164.

    https://doi.org/10.24384/000544

Fink, A. S. (2000, December). The role of the researcher in the qualitative research

    process. A potential barrier to archiving qualitative data. In *Forum Qualitative*

    Sozialforschung/Forum: Qualitative Social Research, *1*(3), Art. 4.

    https://doi.org/10.17169/fqs-1.3.1021

Fisher, M., & Stanyer, R. (2018). Peer mentoring: Enhancing the transition from student

    to professional. *Midwifery*, 60, 56–59.

    https://doi.org/10.1016/j.midw.2018.02.004

FitzPatrick, B. (2019). Validity in qualitative health education research. *Currents in Pharmacy Teaching and Learning*, *11*(2), 211–217. https://doi.org/10.1016/j.cptl.2018.11.014

Flaming, L., & Mosca, J. (2019). Should accounting majors have human resource training in compliance, coaching, team-building and mentoring skills? *Journal of Higher Education Theory and Practice*, *19*(5). https://doi.org/10.33423/jhetp.v19i5.2283

Fleig-Palmer, M. M., Rathert, C., & Porter, T. H. (2018). Building trust: The influence of mentoring behaviors on perceptions of health care managers' trustworthiness. *Health Care Management Review*, *43*(1), 69–78. https://doi.org/10.1097/HMR.0000000000000130

Fogarty, T. J., Reinstein, A., Heath, R. A., & Sinason, D. H. (2017). Why mentoring does not always reduce turnover: The intervening roles of value congruence, organizational knowledge and supervisory satisfaction. *Advances in Accounting*, *38*, 63–74. https://doi.org/10.1016/j.adiac.2017.07.004

Foti, F., Piras, F., Vicari, S., Mandolesi, L., Petrosini, L., & Menghini, D. (2019). Observational learning in low-functioning children with autism spectrum disorders: A behavioral and neuroimaging study. *Frontiers in Psychology*, *9*, 2737. https://doi.org/10.3389/fpsyg.2018.02737

Fowler, J. L. (2017). Academics at work: Mentoring in research, teaching, and service. *International Journal for Academic Development*, *22*(4), 319–330. https://doi.org/10.1080/1360144X.2017.1310105

Fox, B. (2017). It's nature and nurture: Integrating biology and genetics into the social

    learning theory of criminal behavior. *Journal of Criminal Justice*, *49*, 22–31.

    https://doi.org/10.1016/j.jcrimjus.2017.01.003

Friesen, P., Kearns, L., Redman, B., & Caplan, A. L. (2017). Rethinking the Belmont

    report? *The American Journal of Bioethics*, *17*(7), 15–21.

    https://doi.org/10.1080/15265161.2017.1329482

Gagnon, A. (2018). Extending social learning theory to explain victimization among gang

    and ex-gang offenders. *International Journal of Offender Therapy and*

    Comparative Criminology, *62*(13), 4124–4141.

    https://doi.org/10.1177/0306624x18763761

Germain, M. L. (2020). *How millennial mentors can help upskill, reskill, and retain*

    mature workers. In strategies for attracting, maintaining, and balancing a mature

    workforce (pp. 179-207). IGI Global.

Gill, P., & Baillie, J. (2018). Interviews and focus groups in qualitative research: an

    update for the digital age. *British Dental Journal*, *225*(7), 668–672.

    https://doi.org/10.1038/sj.bdj.2018.815

Goff, D. A., Karam, G. H., & Haines, S. T. (2017). Impact of a national antimicrobial

    stewardship mentoring program: insights and lessons learned. *American Journal*

    of Health-System Pharmacy, *74*, 224–231. https://doi.org/10.2146/ajhp160379

Goktepe, N., Turkmen, E., Badir, A., Hayta, O., Yakar, H. K., & Buyukgonenc, L. A. (2018). Development of managerial competencies for first-level nurse managers in Turkey. *International Journal of Caring Sciences*, *11*(2), 1096–1102. https://www.internationaljournalofcaringsciences.org

Gopee, N. (2018). *Supervision and Mentoring in Healthcare*. SAGE

Guerra Martin, M.-D., Lima-Serrano, M., & Lima-Rodriguez, J.-S. (2017). Offer and use of virtual and face-to-face mentoring: Perceptions of nursing tutors and students. *Cultura Y Educacio*, *29*(4), 798–832. https://doi.org/10.1080/11356405.2017.1382047

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, *18*(1), 59–82. https://doi-org/10.1177/1525822X05279903

Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. *PLoS One*, *15*(5), e0232076. https://doi.org/10.1371/journal.pone.0232076

Haggins, A., Sandhu, G., & Ross, P. T. (2018). Value of near-peer mentorship from protégé and mentor perspectives: A strategy to increase physician workforce diversity. *Journal of the National Medical Association*, *110*(4), 399–406. https://doi.org/10.1016/j.jnma.2017.09.001

Halkovic, A. (2018). Being undone by research: An ethical obligation to togethering. *Qualitative Research in Psychology*, *15*(2–3), 192–195. https://doi.org/10.1080/14780887.2018.1429854

Hanna, R. C., Crittenden, V. L., & Crittenden, W. F. (2013). Social learning theory: A multicultural study of influences on ethical behavior. *Journal of Marketing Education*, *35*(1), 18–25. https://doi.org/10.1177/0273475312474279

Hansman, C. A. (2016). Mentoring and informal learning as continuing professional education. *New Directions for Adult & Continuing Education*, *2016*(151), 31–41. https://doi.org/10.1002/ace.20193

Harinie, L. T., Sudiro, A., Rahayu, M., & Fatchan, A. (2017). Study of the Bandura's social cognitive learning theory for the entrepreneurship learning process. *Social Sciences*, *6*(1), 1. https://doi.org/10.11648/j.ss.20170601.11

Hartmann, N. N., & Rutherford, B. N. (2015). Psychological contract breach's antecedents and outcomes in salespeople: The roles of psychological climate, job attitudes, and turnover intention. *Industrial Marketing Management*, *51*, 158–170. https://doi.org/10.1016/j.indmarman.2015.07.017

Harvey, L. (2015). Beyond member-checking: A dialogic approach to the research interview. *International Journal of Research & Method in Education*, *38*(1), 23–38. https://doi.org/10.1080/1743727X.2014.914487

Hastings, L. J., & Kane, C. (2018). Distinguishing mentoring, coaching, and advising for leadership development. *New Directions for Student Leadership*, *2018*(158), 9–22. https://doi.org/10.1002/yd.20284

Haven, L. T., & Van Grootel, D. L. (2019). Preregistering qualitative research. *Accountability in Research*, *26*(3), 229–244. https://doi.org/10.1080/08989621.2019.1580147

Heesen, R., Bright, L. K., & Zucker, A. (2019). Vindicating methodological triangulation. *Synthese*, *196*(8), 3067–3081. https://doi.org/10.1007/s11229-016-1294-7

Henry-Noel, N., Bishop, M., Gwede, C. K., Petkova, E., & Szumacher, E. (2019). Mentorship in medicine and other health professions. *Journal of Cancer Education*, *34*, 629–637. https://doi.org/10.1007/s13187-018-1360-6

Hernandez, J. S., Poole, K. G., Jr., & Grys, T. E. (2018). Mentoring millennials for future leadership. *Physician Leadership Journal, 5*(3), 41–45. https://www.physicianleaders.org/publications/journal

Hewlett, P. O. N., Santolla, J., & Persaud, S. D. (2020). Investing in Nursing's Future. *The American Journal of Nursing*, *120*(8), 58–63. https://doi.org/10.1097/01.NAJ.0000694592.98888.10

Hilal, A. H., & Alabri, S. S. (2013). Using NVivo for data analysis in qualitative research. *International Interdisciplinary Journal of Education*, *2*(2), 181–186. http://iijoe.org/index.php/IIJE

Hillman, D. R., & Werner, T. K. (2017). Capturing Generation-Based Institutional Knowledge Utilizing Design Thinking. *Performance Improvement*, *56*(6), 28–36. https://doi.org/10.1002/pfi.21704

Hinshaw, R. E., Burden, R., & Shriner, M. (2012). Supporting post-graduates' skill acquisition using components of constructivism and social learning theory. *Creative Education*, 3(6A), 874–877. https://doi.org/10.4236/ce.2012.326131

Hoffmann, M. D., & Loughead, T. M. (2019). Preliminary development of a questionnaire to assess peer athlete mentoring functions: The athlete mentoring questionnaire (AMQ). *Measurement in Physical Education and Exercise Science*, *23*(1), 10–25. https://doi.org/10.1080/1091367X.2018.1479708

Hogan, R., Fox, D., & Barratt-See, G. (2017). Peer to peer mentoring: Outcomes of third-year midwifery students mentoring first-year students. *Women and Birth*, *30*(3), 206–213. https://doi-org.10.1016/j.wombi.2017.03.004

Holloway, I., & Galvin, K. (2016). *Qualitative research in nursing and healthcare*. John Wiley & Sons.

Holt, D. T., Markova, G., Dhaenens, A. J., Marler, L. E., & Heilmann, S. G. (2016). Formal or informal mentoring: What drives employees to seek informal mentors? *Journal of Managerial Issues*, *28*, 67. https://www.pittstate.edu/business/journal-of-managerial-issues/index.dot

Horner, D. K. (2017). Mentoring: Positively influencing job satisfaction and retention of new hire nurse practitioners. *Plastic Surgical Nursing*, *37*(1), 7–22. https://journals.lww.com/psnjournalonline/pages/default.aspx

Horsburgh, J., & Ippolito, K. (2018). A skill to be worked at: using social learning theory to explore the process of learning from role models in clinical settings. *BMC Medical Education*, *18*(1), 156. https://doi.org/10.1186/s12909-018-1251-x

Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigour in qualitative case-study research. *Nurse Researcher*, *20*(4). https://doi.org/**1**0.7748/nr2013.03.20.4.12.e326

Illies, M. Y., & Reiter-Palmon, R. (2018). The effect of value similarity on mentoring relationships and outcomes. *International Journal of Evidence Based Coaching and Mentoring*, *16*(1), 20. https://doi.org/10.24384/000468

Ilumoka, A., Milanovic, I., & Grant, N. (2017). An effective industry-based mentoring approach for the recruitment of women and minorities in engineering. *Journal of STEM Education: Innovations and Research*, *18*(3), 13–19. https://www.jstem.org

Irby, B. J., Lynch, J., Boswell, J., & Hewitt, K. K. (2017). Mentoring as professional development. *Mentoring & Tutoring: Partnership in Learning*, *25*(1), 1–4. https://doi.org/10.1080/13611267.2017.1312895

Ivey, G. W., & Dupré, K. E. (2020). Workplace mentorship: A critical review. *Journal of Career Development*, *49*(3), 714–729. https://doi.org/10.1177/0894845320957737

Jack, K., Hamshire, C., & Chambers, A. (2017). The influence of role models in undergraduate nurse education. *Journal of Clinical Nursing*, *26*(23-24), 4707–4715. https://doi.org/10.1111/jocn.13822

Jacob, S. A., & Furgerson, S. P. (2012). Writing interview protocols and conducting interviews: Tips for students new to the field of qualitative research. *Qualitative Report*, *17*, 6. https://nsuworks.nova.edu/tqr/

Jakubik, L. D., Weese, M. M., Eliades, A. B., & Huth, J. J. (2017). Mentoring in the career continuum of a nurse: Clarifying purpose and timing. *Pediatric Nursing, 43*, 149. https://www.pediatricnursing.net/

Janssen, S., Tahitu, J., Van Vuuren, M., & de Jong, M. D. T. (2018). Coworkers' perspectives on mentoring relationships. *Group & Organization Management*, *43*(2), 245–272. https://doi-org/10.1177/1059601116669641

Jarvill, M., Kelly, S., & Krebs, H. (2018). Effect of expert role modeling on skill performance in simulation. *Clinical Simulation in Nursing*, *24*(C), 25–29. https://doi.org/10.1016/j.ecns.2018.08.005

Jeffers, S. S., & Mariani, B. (2017). The effect of a formal mentoring program on career satisfaction and intent to stay in the faculty role for novice nurse faculty. *Nursing Education Perspectives (Wolters Kluwer Health)*, *38*, 18–22. https://doi.org/10.1097/01.nep.0000000000000104

Jeong, S., & Park, S. (2020). Mentoring in the human resource development context. *The Wiley International Handbook of Mentoring: Paradigms, Practices, Programs, and Possibilities*, 45–63. https://doi.org/10.1002/9781119142973.ch4

Jervis, M. G., & Drake, M. (2014). The use of qualitative research methods in quantitative science: A review. *Journal of Sensory Studies*, *29*(4), 234–247. https://doi.org/10.1111/joss.12101

Jeyaraman, M. M., Qadar, S. M. Z., Wierzbowski, A., Farshidfar, F., Lys, J., Dickson, G., & Abou-Setta, A. M. (2018). Return on investment in healthcare leadership development programs. *Leadership in Health Services*. *31*(1), 77–97. https://doi.org/10.1108/LHS-02-2017-0005

Johnson, B. K. (2020). Observational experiential learning: theoretical support for observer roles in health care simulation. *Journal of Nursing Education*, *59*(1), 7–14. https://doi.org/10.3928/01484834-20191223-03

Johnson, R. D., Pepper, D., Adkins, J., & Emejom, A. A. (2018). Succession planning for large and small organizations: A practical review of professional business corporations. *In: Gordon P., Overbey J. (eds) Succession Planning*. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-319-72532-1_3

Juwel, R., & Ahsan, M. A. (2019). Social Learning and Governance. *Global Encyclopedia of Public Administration, Public Policy, and Governance*. https://doi.org/10.1007/978-3-319-31816-5_1977-1

Kaur, N., Vedel, I., El Sherif, R., & Pluye, P. (2019). Practical mixed methods strategies used to integrate qualitative and quantitative methods in community-based primary health care research. *Family practice*, *36*(5), 666–671. https://doi.org/10.1093/fampra/cmz010

Kelly, B., Margolis, M., McCormack, L., LeBaron, P. A., & Chowdhury, D. (2017). What affects people's willingness to participate in qualitative research? An experimental comparison of five incentives. *Field Methods*, *29*(4), 333–350. https://doi.org/10.1177/1525822X17698958

Kennett, P., & Lomas, T. (2015). Making meaning through mentoring: Mentors finding fulfilment at work through self-determination and self-reflection. *International Journal of Evidence Based Coaching & Mentoring*, *13*(2), 29–44. https://www.brookes.ac.uk

Khushk, A. A. (2019). Impact of locus of control (LOC) and organizational commitment on employee performance-study of service sector, Pakistan. *International Journal of Law and Peace Works*, *6*(5), 01–06. https://doi.org/10.5281/zenodo.2660275

Kilinc, G., Yildiz, E., & Harmanci, P. (2018). Bandura's social learning and role model theory in nursing education. In E. Alexandrova, N. L. Shapekova, B. Ak, & F. Özcanaslan (Eds.), *Health sciences research in the globalizing world* (pp. 132–140). St. Kliment Ohridski University Press.

Kirilova, D., & Karcher, S. (2017). Rethinking data sharing and human participant

   protection in social science research: Applications from the qualitative

   realm. *Data Science Journal*, *16*, 43. https://doi.org/10.5334/dsj-2017-043

Korhonen, H., Tuomikoski, A.-M., Oikarainen, A., Kääriäinen, M., Elo, S., Kyngäs, H.,

   Liikanen, E., & Mikkonen, K. (2019). Culturally and linguistically diverse

   healthcare students' experiences of the clinical learning environment and

   mentoring: A qualitative study. *Nurse Education in Practice*, *41*, 102637.

   https://doi.org/10.1016/j.nepr.2019.102637

Kosterlitz, M., & Lewis, J. (2017). From Baby Boomer to millennial: Succession

   planning for the future. *Nurse Leader*, *15*(6), 396–398.

   https://doi.org/10.1016/j.mnl.2017.09.006

Kram, K. E. (1985). *Mentoring at work*. Scott, Foresman & Co.

Kumar, S., & Coe, C. (2017). Mentoring and student support in online doctoral programs.

   American Journal of Distance Education, 31(2), 128–142.

   https://doi.org/10.1080/08923647.2017.1300464

Kumar, S., & Johnson, M. (2019). Online mentoring of dissertations: The role of

   structure and support. *Studies in Higher Education*, *44*(1), 59–71.

   https://doi.org/10.1080/03075079.2017.1337736

Latchem-Hastings, J. (2020). *Gatekeepers in ethnography*. SAGE Publications Limited.

Lawrence, T. M. (2017). Reverse mentoring literature review: Valuing diverse

generations' contributions to future successes. *Proceedings of the Northeast

Business & Economics Association*, 170–173. https://www.nbea.us

Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-

Orozco, C. (2018). Journal article reporting standards for qualitative primary,

qualitative meta-analytic, and mixed methods research in psychology: The APA

Publications and Communications Board task force report. *American

Psychologist*, *73*(1), 26. https://doi.org/10.1037/amp0000151

Lewinbuk, K. P. (2019). Kindling the fire: The call for incorporating mandatory

mentoring programs for junior lawyers and law students nationwide. *St. Louis

University Law Journal*, *63*(2), 211–234. https://www.scholarship.law.slu.edu/lj

Loes, C., & Warren, D. L. (2016). Using observational learning to teach negotiation.

Journal of the Academy of Business Education, *17*, 296–310.

https://www.cambriapress.com/

Low, J. (2013). *Researching health: Qualitative, quantitative and mixed methods*. Sage.

Lowe, A., Norris, A. C., Farris, A. J., & Babbage, D. R. (2018). Quantifying thematic

saturation in qualitative data analysis. *Field Methods*, *30*(3), 191–207.

https://doi.org/10.1177/1525822X17749386

Luciani, M., Campbell, K., Tschirhart, H., Ausili, D., & Jack, S. M. (2019). How to design a qualitative health research study. Part 1: Design and purposeful sampling considerations. *European Journal of Nursing Science*, *72*(2), 152. https://www.profinf.net/pro3/index.php/IN

Maccombs, S., & Bhat, C. S. (2020). The women's inclusive mentoring framework: developing strong female leaders in counselor education. *Journal of Counselor Leadership & Advocacy*, *7*(1), 30–41. https://doi.org/10.1080/2326716X.2020.1743795

Mains, I., & MacLean, S. (2017). Developing across boundaries – Mentor and mentee perceptions and experiences of cross-organisational mentoring. *Industrial and Commercial Training*, *49*(4), 189–198. https://doi.org/10.1108/ICT-02-2017-0008

Marshall, C., & Rossman, G. G. (2016). *Designing qualitative research* (5th ed.). Sage.

McCluney, E. N., Fallaize, A., & Schempp, P. (2018). How today's mentoring relationships can influence tomorrow's physical education. *Journal of Physical Education*, *Recreation & Dance*, *89*(3), 34–37. https://doi.org/10.1080/07303084.2017.1417928

Mehrtak, M., Farzaneh, E., Habibzadeh, S., Kamran, A., Zandian, H., & Mahdavi, A. (2017). Explaining the role of organizational culture on succession-planning at the Ministry of Health and Medical Education: A qualitative study. *Electronic physician*, *9*(11), 5806. https://doi.org/10.19082/5806

Mendez, S. L., Tygret, J. A., Conley, V. M., Keith, R., Haynes, C., & Gerhardt, R. (2019). Emeriti faculty as mentors: the benefits and rewards of mentoring the next generation. *Mentoring & Tutoring: Partnership in Learning, 27*(4), 439–457. https://doi.org/10.1080/13611267.2019.1649921

Menges, C. (2016). Toward improving the effectiveness of formal mentoring programs: Matching by personality matters. *Group & Organization Management*, *41*(1), 98–129. https://doi.org/10.1177/1059601115579567

Mishra, S., Barclay, P., & Lalumière, M. L. (2014). Competitive disadvantage facilitates risk taking. *Evolution and Human Behavior*, *35*(2), 126–132. https://doi.org/10.1016/j.evolhumbehav.2013.11.006

Moon, M. D. (2019). Triangulation: A method to increase validity, reliability, and legitimation in clinical research. *Journal of Emergency Nursing*, *45*(1), 103–105. https://doi.org/10.1016/j.jen.2018.11.00

Morrissey, S. P., & Johnson, J. E. (2017). The retirement readiness crisis in healthcare: Crisis calls for customized benefits. *Journal of Economics and Banking*, *3*(3). https://doi.org/10.18103/jeb.v3i3.1481

Mpofu, N., & Nthontho, M. (2017). Connecting the dots: Exploring dispositions in teacher education. *Gender & Behaviour*, *15*(4), 10290–10303. http://ajol.info/index.php/gab/index

Mulcahey, M. K., Waterman, B. R., Hart, R., & Daniels, A. H. (2018). The role of mentoring in the development of successful orthopedic surgeons. *Journal of the American Academy of Orthopedic Surgeons*, *26*(13), 463–471. https://doi.org/10.5435/JAAOS-D-16-00665

Murrell, A. J., & Blake-Beard, S. (Eds.). (2017). *Mentoring diverse leaders: Creating change for people, processes, and paradigms.* Taylor & Francis.

Naim, M. F., & Lenka, U. (2017). How does mentoring contribute to Gen Y employees' intention to stay? An Indian perspective. *Europe's Journal of Psychology*, *13*(2), 314. https://doi.org/10.5964/ejop.v13i2.1304

Nicholson, J., & Higgins, G. E. (2017). *Social structure social learning theory: Preventing crime and violence*. In Preventing crime and violence (pp. 11–20). Springer, Cham.

Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-based nursing*, *18*(2), 34–35. https://doi.org/10.1136/eb-2015-102054

Nogueira, A. L. G., Munari, D. B., Ribeiro, L. C. M., Bezerra, A. L. Q., & Chaves, L. D. P. (2019). Nurses' expectations about the succession of leaders in the hospital context. *Revista latino-americana de enfermagem*, 27. https://doi.org/10.1590/1518-8345.2833.3178

Noon, R. (2018). Presence in executive coaching conversations-The C² model.

    International Journal of Evidence Based Coaching & Mentoring, *16*(12), 4–20.

    https://doi.org/10.24384/000533

Odekunle, F. F., & Odekunie, R. O. (2016). The impact of the US president's emergency

    plan for AIDS relief (PEPFAR) HIV and AIDS program on the Nigerian health

    system. *The Pan African Medical Journal*, *25*, 143.

    https://doi.org/10.11604/pamj.2016.25.143.9987

Oltmann, S. (2016, May). Qualitative interviews: A methodological discussion of the

    interviewer and respondent contexts. In *Forum: Qualitative Social*

    Research, *17*(2). https://doi.org/10.17169/fqs-17.2.2551

Osatuke, K., Yanovsky, B., & Ramsel, D. (2017). Executive coaching: New framework

    for evaluation. *Consulting Psychology Journal: Practice and Research*, *69*(3),

    172. https://doi.org/10.1037/cpb0000073

Parkin, S. (2017). Observant participation with people who inject drugs in street-based

    settings: reflections on a method used during applied ethnographic

    research. *Addiction Research & Theory*, *25*(1), 39–47.

    https://doi.org/10.1080/16066359.2016.1196675

Payne, R. A., Hovarter, R., Howell, M., Draws, C., & Gieryn, D. (2018). Succession

    planning in public health: Addressing continuity, costs, and compliance. *Nurse*

    Leader, *16*(4), 253–256. https://doi.org/10.1016/j.mnl.2018.05.008

Perrault, E. K., & Keating, D. M. (2018). Seeking ways to inform the uninformed: Improving the informed consent process in online social science research. *Journal of Empirical Research on Human Research Ethics*, *13*(1), 50–60. https://doi.org/10.1177/1556264617738846

Polit, D. F., & Beck, C. T. (2013). Is there still gender bias in nursing research? An update. *Research in Nursing & Health*, *36*(1), 75–83. https://doi.org/10.1002/nur.21514

Pop, R. S. (2017). Mentoring nurse practitioners in a hospital setting. *Journal of Nursing Research*, *25*(4), 304–309. https://doi.org/10.1097/JNR.0000000000000161

Postlethwaite, B. E., and Schaffer, R. H. (2019). Creating a mentoring program that works. *Graziadio Business Review*, *22*(3), 3. https://gbr.pepperdine.edu/2019/12/creating-a-mentoring-program-that-works/

Prendergast, H. M., Heinert, S. W., Erickson, T. B., Thompson, T. M., & Hoek, T. L. V. (2019). Evaluation of an enhanced peer mentoring program on scholarly productivity and promotion in academic emergency medicine: A five-year review. *Journal of the National Medical Association*, *111*(6), 600–605. https://doi.org/10.1016/j.jnma.2019.07.001

Queirós, A., Faria, D., & Almeida, F. (2017). Strengths and limitations of qualitative and quantitative research methods. *European Journal of Education Studies, 3*(9), 369–387. https://doi.org/10.5281/zenodo.887089

Ragins, B. R. (2016). From the ordinary to the extraordinary. High-quality mentoring

    relationships at work. *Organizational Dynamics*, *45*, 228–244.

    https://doi.org/10.1016/j.orgdyn.2016.07.008

Raines, D. (2019). Effective mentoring is key to enhancing practice and developing the

    next generation of nurses. *Evidence-Based Nursing*, *22*(1), 30.

    https://doi.org/10.1136/ebnurs-2018-103002

Ramseur, P., Fuchs, M. A., Edwards, P., & Humphreys, J. (2018). The implementation of

    a structured nursing leadership development program for succession planning in a

    health system. *The Journal of Nursing Administration*, *48*(1), 25–30.

    https://doi.org/10.1097/nna.0000000000000566

Rees, C., & Winfree, L. T., Jr. (2017). *Social Learner Decision Making. The Oxford*

    Handbook of Offender Decision Making, 6, 268. Oxford University Press

Reis, T. C., & Grady, M. (2020). Moving mentorship to opportunity for women

    university presidents. *International Journal of Evidence Based Coaching and*

    Mentoring, *18*(1), 31–42. https://doi.org/10.24384/3txj-jw75

Reitz, R., Mitchell, S., & Keel, S. (2017). Attachment-informed mentorship. *Families,*

    Systems, & Health, *35*(4), 498–504. https://doi.org/10.1037/fsh0000300

Rhodes, J. E., Schwartz, S. E., Willis, M. M., & Wu, M. B. (2017). Validating a

    mentoring relationship quality scale: Does match strength predict match length?

    Youth & Society, *49*(4), 415–437. https://doi.org/10.1177/0044118X14531604

Richards, K. (2003). *Qualitative inquiry in TESOL*. Springer.

Ridder, H. G. (2017). The theory contribution of case study research designs. *Business Research*, *10*(2), 281-305. https://doi.org/10.1007/s40685-017-0045-z

Roberts, N., & Birmingham, E. (2017). Mentoring university students with ASD: A mentee-centered approach. *Journal of Autism and Developmental Disorders 47*(4), 1038–1050. https://doi.org/10.1007/s10803-016-2997-9

Rodriguez, A., & Smith, J. (2018). Phenomenology as a healthcare research method. *Evidence-Based Nursing*, *21*, 96-98. http://doi.org/10.1136/eb-2018-102990

Rojuli, S., & Rahayu, A. (2017). Observational learning on industry work practices toward job readiness. *Educational Research and Reviews*, *12*(9), 554–558. https://doi.org/10.5897/ERR2017.3230

Rolfe, A. (2017). What to look for in a mentor. *Korean Journal Of Medical Education*, *29*(1), 41. https://doi.org/10.3946/kjme.2017.52

Rollins, M., Rutherford, B., & Nickell, D. (2014). The role of mentoring on outcome-based sales performance: A qualitative study from the insurance industry. *International Journal of Evidence Based Coaching & Mentoring*, *12*(2),119–132. https://ijebcm.brookes.ac.uk/

Rutberg, S., & Bouikidis, C. D. (2018). Focusing on the fundamentals: A simplistic differentiation between qualitative and quantitative research. *Nephrology Nursing Journal*, *45*(2), 209–213. https://www.annanurse.org/

Ryan, C., Bergin, M., & Wells, J. (2017). Valuable yet vulnerable—A review of the challenges encountered by older nurses in the workplace. *International Journal of Nursing Studies*, *72*, 42–52. https://doi.org/10.1016/j.ijnurstu.2017.04.006

Saeedi, M., & Parvizy, S. (2019). Strategies to promote academic motivation in nursing students: A qualitative study. *Journal of Education and Health Promotion*, *8*, 86. https://www.jehp.net/

Samsudin, Z., Shamsudin, Z., Arif, M., & Faisal, M. (2017). The application of Bandura's social learning theory in the teaching of academic writing. *Global Journal of Business & Social Science Review*, *5*(2), 1–9. https://www.gatrenterprise.com/GATRJournals/index.html

Sánchez-Hernández, M. I., González-López, Ó. R., Buenadicha-Mateos, M., & Tato-Jiménez, J. L. (2019). Work-life balance in great companies and pending issues for engaging new generations at work. *International Journal of Environmental Research and Public Health*, *16*(24), 5122. https://doi.org/10.3390/ijerph16245122

Santora, J. C., Sarros, J. C., Bozer, G., Esposito, M., & Bassi, A. (2015). Nonprofit executive succession planning and organizational sustainability: A preliminary comparative study in Australia, Brazil, Israel, Italy, Russia, and the United States. *Journal of Applied Management and Entrepreneurship*, *20*, 66–83. https://doi.org/10.9774/gleaf.3709.2015.se.00006

Saravo, B., Netzel, J., & Kiesewetter, J. (2017). The need for strong clinical leaders–Transformational and transactional leadership as a framework for resident leadership training. *PLoS One*, *12*(8), e0183019. https://doi.org/10.1371/journal.pone.0183019

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, *52*(4), 1893-1907. https://doi.org/10.1007/s11135-017-0574-8

Schlichting, N. M. (2020). Succession planning in healthcare: Myths, realities, and practical advice. *Frontiers of Health Services Management*, *36*(4), 21–30. https://doi.org/10.1097/HAP.0000000000000084

Sharma, G. (2017). Pros and cons of different sampling techniques. *International Journal of Applied Research*, *3*(7), 749–752. http://www.allresearchjournal.com/

Singh, A., & Sanjeev, R. (2017). Talent management for developing leadership: An empirical investigation. *Independent Journal of Management & Production*, *8*(3), 1130–1146. https://doi.org/10.14807/ijmp.v8i3.630

Smith, C. M., & Johnson, C. S. (2018). Preparing nurse leaders in nursing professional development: Leadership programs. *Journal for Nurses in Professional Development*, *34*(3), 158–161. https://doi.org/10.1097/NND.0000000000000434

Smith, J., & Garriety, S. (2020). The art of flexibility: Bridging five generations in the workforce. *Strategic HR Review, 1*9(3), 107–110. https://doi.org/10.1108/SHR-01-2020-0005

Sng, J. H., Pei, Y., Toh, Y. P., Peh, T. Y., Neo, S. H., & Krishna, L. K. R. (2017). Mentoring relationships between senior physicians and junior doctors and/or medical students: A thematic review. *Medical Teacher*, *39*(8), 866–875. https://doi.org/10.1080/0142159X.2017.1332360

Soklaridis, S., Kuper, A., Whitehead, C. R., Ferguson, G., Taylor, V. H., & Zahn, C. (2017). Gender bias in hospital leadership: A qualitative study on the experiences of women CEOs. *Journal of Health Organization and Management*, *31*(2), 253–268. https://doi.org/10.1108/JHOM-12-2016-0243

Son, S., & Kim, D. Y. (2016). The role of perceived management support and trust in mentors on protégés' organizational citizenship behavior. *Asia Pacific Journal of Human Resources*, *54*(4), 481–497. https://doi.org/10.1111/1744-7941.12103

Stelter, R. L., Kupersmidt, J. B., & Stump, K. N. (2018). Supporting mentoring relationships of youth in foster care: Do program practices predict match length? *American Journal of Community Psychology*, *61*(3/4), 398–410. https://doi.org/10.1002/ajcp.12246

Stockdale, M. S., Chrobot-Mason, D. M., Chance, R. C., & Crosby, F. J. (2017). *Peer mentoring retreats for addressing dilemmas of senior women in stem careers. Mentoring Diverse Leaders: Creating Change for People, Processes, and Paradigms*. Routledge.

Sumpter, D. M., Gibson, C. B., & Porath, C. (2017). Act expediently, with autonomy: Vicarious learning, empowered behaviors, and performance. *Journal of Business and Psychology*, *32*, 131–145. https://doi.org/10.1007/s10869-016-9440-2

Sun, F. K., Long, A., Tseng, Y. S., Huang, H. M., You, J. H., & Chiang, C. Y. (2016). Undergraduate student nurses' lived experiences of anxiety during their first clinical practicum: A phenomenological study. *Nurse education today*, *37*, 21–26. https://doi.org/10.1016/j.nedt.2015.11.001

Sutton, P. A., Beamish, A. J., Rashid, S., Elsey, E., Mohan, H. M., & O'Regan, D. (2018). Attributes of excellent surgical trainers: An analysis of outstanding trainers. *International Journal of Surgery*, *52*, 371–375. https://doi.org/10.1016/j.ijsu.2017.10.007

Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. In C. Willig & W. Stainton Rogers (Ed.) *The SAGE handbook of qualitative research in psychology* (2nd Ed.), 17-37. https://dx.doi.org/10.4135/9781526405555.n2

Thomas, G., Morgan, K., & Harris, K. (2016). *Albert Bandura: Learning in sports coaching: Theory and application*. Routledge.

Tripathy, S., & Satapathy, S. K. (2020). Efficacy of mentoring on junior doctors performance: A case study. *MANTHAN: Journal of Commerce and Management*, *7*(1), 98. https://doi.org/10.17492/manthan.v7i1.195707

Trusson, D., Rowley, E., & Bramley, L. (2019). A mixed-methods study of challenges and benefits of clinical academic careers for nurses, midwives and allied health professionals. *BMJ open*, *9*(10), e030595. https://doi.org/10.1136/bmjopen-2019-030595

Turner, S. F., Cardinal, L. B., & Burton, R. M. (2017). Research design for mixed methods: A triangulation-based framework and roadmap. *Organizational Research Methods*, *20*(2), 243–267. https://doi.org/10.1177/1094428115610808

Ünver, Y., Deniz, S., Çelik, F., Akar, Z., Küçük, M., & Sancak, K. (2016). Synthesis of new 1, 2, 4-triazole compounds containing Schiff and Mannich bases (morpholine) with antioxidant and antimicrobial activities. *Journal of Enzyme Inhibition and Medicinal Chemistry, 31*, 89–95. https://doi.org/10.1080/14756366.2016.1206088

U.S. Bureau of Labor Statistics. (2018). *Healthcare occupations*. BLS. https://www.bls.gov/ooh/healthcare/home.htm.

U.S. Bureau of Labor Statistics. (2020). *Employment projections: 2019-2029 summary*. BLS. https://www.bls.gov/news.release/ecopro.nr0.htm

Van Vianen, A. E., Rosenauer, D., Homan, A. C., Horstmeier, C. A., & Voelpel, S. C. (2018). Career mentoring in context: A multilevel study on differentiated career mentoring and career mentoring climate. *Human Resource Management*, *57*(2), 583–599. https://doi.org/10.1002/hrm.21879

Van Voorhees, E. E., Resnik, L., Johnson, E., & O'Toole, T. (2019). Posttraumatic stress disorder and interpersonal process in homeless veterans participating in a peer mentoring intervention: Associations with program benefit. *Psychological Services*, *16*(3), 463. https://doi.org/10.1037/ser0000231

Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: Systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology*, *18*(1), 1–18. https://doi.org/10.1186/s12874-018-0594-7

Venkatesh, V., Brown, S. A., & Bala, H. (2013). Bridging the qualitative-quantitative divide: Guidelines for conducting mixed methods research in information systems. *MIS Quarterly*, *37*(1), 21–54. https://www.jstor.org/stable/43825936

Waljee, J. F., Chopra, V., & Saint, S. (2020). Mentoring millennials. *Jama*, *323*(17), 1716–1717. https://doi.org/10.1001/jama.2020.3085

Wallace, D. P., & Van Fleet, C. J. (2012). *Knowledge into action: Research and evaluation in library and information science: Research and evaluation in library and information science*. ABC-CLIO.

Walliman, N. (2017). *Research methods: The basics*. Routledge.

Wallston, K. (2016). *An autobiography of rotter's social learning theory modified for health. In Perceived control: Theory, research, and practice in the first 50 years*. Oxford University Press.

https://doi.org/10.1093/acprof:oso/9780190257040.003.0005

Watkins, E. E., Walmsley, C., & Poling, A. (2017). Self-reported happiness of older adults in an assisted living facility: Effects of being in activities. *Activities, Adaptation & Aging*, *41*(1), 87–97.

https://doi.org/10.1080/01924788.2016.1272394

Weimer, K. R. (2019). Maximizing mentoring relationships. *General Music Today*, 32(2), 12-17. https://doi.org/10.1177/1048371318805226

Weinhardt, M. (2020). Ethical issues in the use of big data for social research. *Historical Social Research/Historische Sozialforschung*, *45*(3), 342–368.

https://www.jstor.org/stable/26918416

Welsh, E. T., & Dixon, P. M. (2016). Improving mentoring outcomes: Examining factors outside the relationship. *Journal of Managerial Issues*, *28*(3/4), 231–247.

https://www.pittstate.edu/econ/jmi.html

Whaley, A., & Gillis, W. E. (2018). Leadership development programs for health care middle managers: An exploration of the top management team member perspective. *Health Care Management Review*, *43*(1), 79–89.

https://doi.org/10.1097/hmr.0000000000000131

Williams, J. A., Benjamin, S., Kitterlin-Lynch, M., Brown, E. A., Schoffstall, D., & Zaman, M. M. (2019). Hospitality faculty mentoring program for assistant professors. *Journal of Hospitality & Tourism Education*, *31*(2), 111–118. https://doi.org/10.1080/10963758.2018.1486198

Woods, K. (2019). University students' perceptions of generational issues in the workplace. *Journal of Leadership Education*, *18*(1). https://doi.org/10.12806/V18/I1/R7

Woolnough, H. M., & Fielden, S. L. (2017). *Mentoring in nursing and healthcare: Supporting career and personal development*. John Wiley & Sons.

Yamada, M., & Sakurai, Y. (2018). An observational learning task using Barnes maze in rats. *Cognitive Neurodynamics*, *12*(5), 519–523. https://doi.org/10.1007/s11571-018-9493-1

Yang, C., Guo, N., Wang, Y., & Li, C. (2019). The effects of mentoring on hotel staff turnover. *International Journal of Contemporary Hospitality Management*, *31*(10), 4086–4104. https://doi.org/10.1108/ijchm-07-2017-0398

Yin, R. K. (2017). *Case study research and applications: Design and methods*. Sage.

Yin, R. K. (2018). *Case study research and applications*. Sage.

Ylmaz, M., Yllmaz, U., & Demir-Yllmaz, E. N. (2019). The relation between social learning and visual culture. *International Electronic Journal of Elementary Education*, *11*(4), 421–427. https://doi.org/10.26822/iejee.2019450837

Young, R. A., & Ewing, R. (2020). Types of research. In R. Ewing & K. Park

(Eds.) *Basic Quantitative Research Methods for Urban Planners*, (pp. 46–60).

Routledge.

Zambrano, R. H. (2019). The value and imperative of diversity leadership development

and mentoring in healthcare. *Journal of Healthcare Management / American

College of Healthcare Executives*, *64*(6), 356–358. https://doi.org./10.1097/JHM-

D-19-00209

Zuzuarregui, J. R., Wu, C., & Hohler, A. D. (2018). Promoting careers in neurology:

Mentorship of medical students. *Seminars in Neurology*, *38*(04), 413–417.

https://doi.org/10.1055/s-0038-1666988

Appendix: Interview Protocol

- Arrive at predetermined location and meet participant.

- Discuss with participant that approximately 10 minutes are needed to set up
  recording device and prepare paperwork prior to beginning interview.

- Confirm completion of participant consent form.

- Briefly explain the interview process, noting that I will be audio recording the
  entire interview and that they may withdraw from the study at any time.

- Answer any questions they may have.

- Commence interview with the semi structured interview instrument, asking
  follow-up or clarification questions for more depth.

- Take observation notes during the interview of the participant, watching for
  nonverbal cues.

- After completing the interview questions, ask the participant if there is anything
  else they would like to add that is important for me to know or understand.

- Request pertinent documentation from the participant.

- Stop the recording device and thank the participant for the interview and
  documentation.

- Remind the participant about the member checking process and attempt to
  schedule an appointed time to conduct it. Verify the phone number participant
  would like used.