Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies
Collection

2019

Mentoring Relationship Preferences of Early, Middle, and Late Career Stage Registered Nurses

Tonya M. Harewood-Lawrence
Walden University

Walden University

College of Education

This is to certify that the doctoral dissertation by

Tonya M. Harewood-Lawrence

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Laura Weidner, Committee Chairperson, Education Faculty
Dr. Patricia Brewer, Committee Member, Education Faculty
Dr. Estelle Jorgensen, University Reviewer, Education Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2019

Abstract

Mentoring Relationship Preferences of Early, Middle,

and Late Career Stage Registered Nurses

by

Tonya M. Harewood-Lawrence

MSN, State University of New York at Stony Brook, 1997

BSN, University of North Carolina at Charlotte, 1992

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Education

Walden University

April 2019

Abstract

Registered nurses perceive the healthcare work environment as stressful. Stress can have

a negative effect on patient care and nurses' attrition and health. In the literature, mentors

have been identified as having a positive influence on nurses. This qualitative study was

an examination of nurses in mentoring relationships in the early, middle, and late career

stage and working in a hospital setting. Two research questions addressed mentoring

relationship preferences and mentors' influence on perceived stress. Fourteen nurses were

interviewed in the study. The conceptual framework was based on the career and

psychosocial mentoring theory, the mentoring the adult learner theory, and the

attachment theory. Data were analyzed electronically and manually into intuitively and

inductively derived themes. The results of the study related to preferences showed nurses

prefer mentors to be in the work setting, mentors to help nurses develop nursing

competencies, and mentors to help nurses develop a positive self-concept. The difference

among the nurses in the career stages was the type of competencies developed. The

nurses identified that mentors had a positive influence on the perception of stress through

the development of emotional intelligence and problem-solving skills with similarities

and differences in the type of challenges nurses' experience. The implications for future

research are studies with nurses working in other healthcare settings and quantitative

studies to measure levels of stress with and without a mentor. Implications for practice

are the development of mentoring programs where career stages and perception of stress

are addressed. Limitations of this study were the setting and sample size. Implications for

social change include the development of humanistic approaches to mentoring to address

nurses' challenges and stressors in the healthcare work environment.

Mentoring Relationship Preferences of Early, Middle,

and Late Career Stage Registered Nurses

by

Tonya M. Harewood-Lawrence

MSN, State University of New York at Stony Brook, 1997

BSN, University of North Carolina at Charlotte, 1992

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Education

Walden University

April 2019

Dedication

I would like to dedicate my dissertation to my husband, Patrick, my kids Clarke,

Kelly, and Patrick Jr., and my parents, Mr. & Mrs. Harewood, for their endless love,

support, and mentoring. Thank You.

Acknowledgments

First, I would like to thank God for the opportunity to further my education to help others. There are many family members, loved ones, friends, and mentors I would like to thank for their support. I would like to thank Patrick, my husband, for his continuous support and listening ear over the many years in school. I would like to thank my children, Clarke, Kelly, and Patrick for listening to my (at times) boring school papers and videos. I would like to thank my parents for simply asking, "How are you doing?" I would like to thank my brother Michael for his prayers. I would like to thank every RN who interviewed for this study and all of those who lead me to each RN who either could or was unable to participate in the study. I would like to thank nursing leaders (past and present) for their support, leadership, mentoring, and dedication to the profession of nursing. I would like to thank Shirley Brown-Alleyne for reading and editing school papers, as well as, listening to efforts to balance family, work, and school. I would like to thank my co-workers for listening to potential dissertation topics. I would like to say thank you to Dr. Laura E. Weidner, Dr. Patricia R. Brewer, and Dr. Estelle Jorgensen for their expertise and guidance through the dissertation journey. Finally, I would like to thank Anne Rojas for her expertise as a librarian and Dr. Sara Witty and Courtney Dobson for their expertise as editors.

Table of Contents

iv

List of Tables

List of Figures

x

Chapter 1: Introduction to the Study

The United States healthcare environment is in a constant state of change (Centers for Medicare & Medicaid Services, n.d., Library of Congress, 2017; Obama, 2016; United States Department of Health & Human Services, n.d.). The changes include public, private, and political influences on decisions regarding healthcare. These decisions include healthcare insurance reform, patients' access to care, healthcare interventions, and the use of technology such as computerized documentation. The changes also include regulatory requirements to improve the quality, safety, and cost of patient care with measurable outcomes. Furthermore, the public demands improvements in the provision of healthcare services (Himmelstein, Woolhandler, Almberg, & Fauke, 2018; Library of Congress, 2017). As a result, healthcare providers must adapt to the changes, which can be stressful. One group of healthcare providers that are not immune to the influence of changes in healthcare are registered nurses (RNs). As the largest group of healthcare professionals in the United States, RNs perceive the workplace as stressful (American Nurses Association, 2017a).

According to the American Nurses Association's (ANA) Health Risk Appraisal study conducted between October 2013 to 2016 (2017a), "workplace stress was identified as the top work environment health and safety risk" by RNs (p. 4). Other research studies confirm RNs' perception of stress in the workplace. Stressors in the work setting include bullying; workload, length of work hours (e.g. 12 hour shifts), measures of work

performance on patient outcomes, patient acuity (the complexity of nursing care to meet patients' needs), conflict between generations, staffing shortages, nurse attrition, compassion fatigue, burnout, work-life balance, and lack of communication (ANA, 2015, 2017a, 2017c, 2017d; Namie, 2013; Simons & Sauer, 2013; Smart et al., 2014; Spector et al., 2015; Wakim, 2014). The result of the changes and challenges are visible in RNs' perception of stress.

According to literature these stressors occur across nursing specialties and among the different career stages of RNs (Hunsaker, Chen, Maughan, & Heaston, 2014; Munnangi, Dupiton, Boutin, & George Angus, 2018; Parola, Coelho, Cardoso, Sandgren, & Apostolo, 2017; Parsons, Gaudine & Swab, 2018; Spector et al., 2015; Stimpfel, Sloane, & Aiken, 2012; Unruh & Zhang, 2014; Vergara, 2017). RNs perceive stress whether they work in obstetrics or palliative care or are in their early or late career stage and these stressors affect RNs' health, work performance, and patient outcomes.

Researchers have identified physical and psychological supports as a means to intervene in RNs' perception of stress. Such support includes exercise, proper nutrition, work-life balance, coping mechanisms such as mindfulness, and support persons (American Nurses Association, 2017c; Häggman-Laitila & Romppanen, 2017; Magtibay, Chesak, Coughlin, & Sood, 2017; Rush, Adamck, Gordon, Lilly, & Janke, 2013; Smart, et al., 2014; Stimpfel et al., 2012; Wakim, 2014). In these studies the researchers discuss various methods to cope with the perception of stress, but they do not identify which

methods are the best options for RNs to cope with the perception of stress. One supportive method in the literature was the relationship with support persons such as mentors (Fleig-Palmer & Rathert, 2015; Malloy et al., 2015; Wakim, 2014; Witter & Manley, 2013).

There are numerous research studies on mentors and characteristics of mentoring relationships in nursing. Most of the research on mentoring is in the academic setting of nursing, such as in nursing schools, and the focus is on nursing faculty mentoring nursing students and peer-to-peer mentoring among nursing students (Bryant, Brody, Perez, Shillam, Edelman, Bond, Foster, & Siegel, 2015; Candela, Gutierrez, & Keating, 2013; Eller, Lev, & Feurer, 2014; Jnah & Robinson, 2015; Lewinski, Wainwright, Gordon, & Derouin, 2015; Nowell, 2014; Nowell, White, Mrklas, & Norris, 2015; Poronsky, 2012). In research on mentoring in the hospital setting, the focus is predominately on new graduate RNs from the Millennial generation in their early career stage and adjusting to their new role and responsibilities (Zhang, Qian, Wu, Wen, & Zhang, 2016; Rush, et al., 2013; Unruh & Zhang, 2014). Additional research on mentoring in the hospital focuses on RNs within a specialty, their willingness to remain in the nursing profession, and adjusting to their role within a specialty (Weese, Jakubik, Eliades, & Huth, 2015; Weidman, 2013; Witter & Manley, 2013). There are also studies in support of mentoring RNs for leadership roles where mentees work with mentors on the completion of projects and develop leadership skills (American Organization for Nurse Executives, 2017;

Johnson, Billingsley, Crichlow, & Ferrell, 2011). When I synthesized the research findings, it is evident that mentoring relationships lead to positive outcomes. The outcomes are a decrease in attrition, adaptability to role transitions, commitment to life-long learning, career advancement, and decreased perception of stress (Hu, Chen, Chen, Shen, Lin, & Chang, 2015; Johnson et al., 2011; Weese et al., 2015; Witter & Manley, 2013). Although the literature is extensive on mentoring in nursing, there is a gap in the research to represent RNs across more than the early career stage in the hospital setting and outside academia. The literature does not address the mentoring relationship preferences of RNs across career stages working in a hospital setting. The relevance is RNs are experiencing stress in their most popular work setting, the hospital, and across their career stages. A study needed to identify the potential influence a mentor could have on RNs in various career stages to cope with the perception of stress.

My study is necessary for five reasons based on the gap in the literature. The first reason is to identify what are the mentoring relationship preferences of early, middle, and late career stage RNs. Even though a majority of mentoring studies focus on early career stage RNs working in a hospital setting, the hospital setting represents RNs from three career stages (Parsons et al., 2018; Rush et al., 2013; United States Department of Health and Human Services, 2013; 2017; Health Resources and Services Administration, 2013; Witter & Manley, 2013). Next, RNs from all three career stages may benefit from a mentor's ability to influence their perception of stress, as well as guide, and support RNs.

Third, mentors may change their approach toward the RNs to meet specific career stage needs. Fourth, the findings may identify methods mentors could use to influence RNs' perception of stress in a hospital setting. Fifth, nursing leaders and nursing professional development practitioners may develop nursing mentoring programs that account for the differences in mentoring needs dependent on the career stage of the RN.

Chapter 1 includes the background of research on mentoring and a brief review of the literature (which is developed further in Chapter 2). Next, Chapter 1 outlines the research problem, research purpose, two research questions, a conceptual framework based on three theories, the nature of the study, and definitions of key terms. Finally, there is a discussion of assumptions, delimitations, limitations of the study, and the significance of the findings for social changes.

Background

There are between three and four million nurses in the United States (American Nurses Association, 2017b; United States Department of Health and Human Services, 2013, 2017). The most popular workplace setting for RNs are hospitals (United States Department of Health and Human Services-Health Resources and Services Administration, 2013). The RN population is between the ages of 21 and 65 years of age and predominately female (8–9% men). The academic education includes diploma, associate, bachelor of science, bachelor of arts, masters of science, and doctorate (Accreditation Commission for Education in Nursing, Inc., 2013; United States

Department of Health and Human Services–Health Resources and Services

Administration, 2013).

Throughout history, across the world, and in many disciplines, mentoring has

been a productive way to guide and support an inexperienced person in personal and

professional development. The traditional form of mentoring involves a mentor and

mentee where the mentor is an older and experienced person who guides, supports, and

has an influence on the mentee (Kram, 1983 & 1988). The international literature on

mentoring includes the use of the term protégé or mentee to represent the inexperienced

person. The term mentee is the term that I used for this study, as the term mentee is

common in the nursing literature on mentoring. Moreover, the term protégé, as defined in

the Merriam-Webster online dictionary, is a younger person depicting the traditional type

of mentoring relationship. In this study the mentee may or may not be younger than the

mentor.

National nursing organizations such as the American Nurses Association (2016),

the American Organization for Nurse Executives (2019), and the Association for Nursing

Professional Development (2013) support the role of mentors for nurses. The

organizations provide resources for finding a mentor, define the scope and practice of a

mentor, and encourage nurses to find a mentor. Research on mentoring relationships in

nursing is well published cross nursing specialties, academia, and for early career nurses

(Buffington, Zwink, & Fink, 2012; Eller et al., 2014; Johnson et al., 2011; Rohatinsky &

Ferguson, 2013; Weese et al., 2015). However, there is a gap in the research on the mentoring relationship preferences of RNs in different career stages working in a hospital and the influence mentors could have on RNs perception of work-related stress. The lack of literature indicates a gap in knowledge on how to support RNs perception of stress across career stages.

In the executive summary of the American Nurses Association Health Risk Appraisal (2017a), RNs ranked their perception of stress in the work setting as the highest perceived health risk. Researchers identified perceptions of stress in new and experienced RNs and from different nursing specialties (Hunsaker et al., 2014; Wakim, 2014). These findings are of concern for several reasons. In work by Hayway et al. (2016) new RNs experience feelings of poor emotional and physical health from the stressors of work. Smart et al. (2014) identified that RNs are experiencing burnout and compassion fatigue. In the study by Stimpfel, Sloane, and Aiken (2012), RNs working long shifts have led to higher rates of burnout among RNs and patient dissatisfaction. Finally, in Wakim's study (2014), the researchers found that early career RNs experience a higher level of stress than RNs with more experience. Even though the literature predominately reflects the early career RNs, one cannot assume that middle and late career RNs do not experience stress. The middle and late career stage RNs may have different perceptions of stress.

The recommendations to relieve stress are through physical exercise, mindfulness, and nutrition (American Nurses Association., 2017c; Magtibay, Chesak, Sherry, Coughlin, & Sood, 2017). While work by Jakubik, Eliades, and Weese (2016), Jakubik, Weese, Eliades, and Huth (2017), and McCalla-Graham and De Gagne (2014) indicate the value of a mentor for nurses, such as there being someone to speak with about managing conflicts and professional development. The findings in this study may reveal how mentors could support RNs' in different career stages and their perception of stress.

This study was necessary to identify the mentoring preferences for development of the components of mentoring programs for RNs that address their needs at different career stages. The findings can be used to identify how mentors can guide, influence, and support RNs. Future studies could measure outcomes such as stress levels for RNs in a mentoring relationships verses those not in mentoring relationships across career stages.

Problem Statement

RNs perceive the healthcare work environment as stressful (American Nurses Association, 2017a; Hunsaker et al., 2014; Unruh & Zhang, 2014). The evidence of this current problem came from the American Nurses Association on the Health Risk Appraisal of Nurses (2017a) and the development of the Healthy Nurse Campaign (American Nurses Association, 2017c). One of the focuses of the Healthy Nurse Campaign was to support nurses in managing their perception of stress. RNs' stress has the potential to negatively influence the quality and safety of patient care, RNs' health,

and attrition (American Nurses Association, 2017a; American Nurses Association 2015; Namie, 2013; Simons & Sauer, 2013; Smart et al., 2014; Spector et al., 2015; Stimpfel et al., 2012). The significance to the nursing discipline was the need to identify if there are specific preferences to support RNs across career stages. Mentoring was one opportunity to guide and support RNs in the changing healthcare environment. Recent research depicts the positive effect of mentoring. However, there are limitations in the findings on specific needs, differences, and similarities among the career stages of RNs. Recent literature focuses on RNs in the early career stage. The disadvantage of researchers focusing on early career stage RNs was that it ignores a large portion of the RN population who are in the middle or late stages of their career.

Purpose of the Study

The purpose of this study was to describe the mentoring relationship preferences of early, middle, and late career stage RNs working in an acute care hospital setting. In addition, the inquiry included if mentors could have an influence on RNs' perception of stress in the acute care hospital. The phenomenon or facts of events in the mentoring relationship were the situations, essences, and communications that occurred between the mentor and mentee. I also described the characteristics of the mentor from the perception of the mentee. The study was a basic qualitative study. I conducted one-on-one interviews with open-ended questions to understand RNs' experiences, perception, and preferences in mentoring relationships.

There are concerns in the research literature about the scientific rigor in the use of the basic qualitative approach such as lack of theory, sample size, reaching data saturation, literature review, and methodology (Caelli, Ray, & Mill, 2003; Kahlke, 2014; Thorne, Kirkham, & O'Flynn-Magee, 2004). This study included the rigor of a scientific study including the research purpose, research questions, research method and design, data collection, data analysis, and addressing issues of trustworthiness including credibility, transferability, dependability, confirmability, and ethical procedures, which are detailed in Chapter 3.

During data analysis, I discovered themes suggesting that mentors can influence RNs' perception of stress. The RNs in the study were the mentees who described the characteristics and dynamics of the mentor and their mentoring relationship. Each face-to-face interview occurred through an online video program from December 2017-July 2018. The RNs selected the location where they would participate in the interviews. Most RNs stated they were at home during the interview. The characteristics included descriptions of the mentors, if the mentor was a formal or informal mentor, if the mentee selected the mentor or the mentor was assigned, and if the mentor worked in the same professional setting as the RNs. Dynamics of preferences in the mentoring relationship included types of communications (e.g. face-to-face communication versus telephone communication) and content of the communication. Additionally, RNs identified if their mentors influenced their perception of stress.

The research methodology was a basic qualitative study approved by Walden University's Institutional Review Board (IRB). The approval number was 09 – 19 – 17 – 00916111. I invited RNs to participate in two face-to-face interviews. The interview questions included demographic characteristics, RNs' descriptions of their career stage, nursing experience, mentor(s), mentoring relationships, mentoring preferences, and stressors. Each RN had the opportunity to review their verbatim interview transcripts for accuracy as a member check. If the transcript was not accurate, the RN would return the transcript with corrections. I made the correction in my version of the transcript and resubmitted it to the RN to ensure the final transcript was accurate. After completing all interviews, I analyzed and synthesized the data to identify patterns and themes across the three career stages.

Research Questions

There were two central research questions to guide the research study:

Research Question 1: What are the mentoring relationship preferences of early, middle, and late career stage RNs working in an acute care hospital setting?

Research Question 2: From the perspectives of early, middle, and late career stage RNs, how could mentors guide, influence, and support RNs' perception of work-related stress in an acute care hospital setting?

Conceptual Framework

I used three theories for the conceptual framework of this study. The theories were the career and psychosocial mentoring theory (Kram, 1983, 1988), the mentoring the adult learner theory (Daloz, 1986), and the attachment theory (Bowlby, 1982; 1988). The concept that grounded the study was the dynamics of the communication between the mentor and the mentee in the mentoring relationship. The dynamics of the communication relates to the mentee's development in personal and professional life. The mentee and mentor should not assume that the mentee will achieve all goals mutual outlined in the mentoring relationship or lead to professional promotions or titles (Daloz, 1986).

Career and Psychosocial Mentoring Theory

The career and psychosocial mentoring theory address the guidance and support the mentor provides to the mentee over time. Kram (1983, 1988) described two functions of the mentor: the career function and psychosocial function. In the career function, the mentor supports the mentee through challenges and changes in their career, such as coaching, sponsorship, protection, and giving challenging assignments. The mentor addresses the psychosocial function through role modeling, counseling, friendship, and acceptance-and-confirmation. Kram (1983, 1988) focused on the mentor and mentee in a one-on-one relationship across career stages where she describes the career stages according to biological age. In this study, the focus was on years of experience of the

RNs because the RNs' entry into the nursing profession may not be dependent on biological age.

Mentoring the Adult Learner Theory

Daloz's (1986, 1988) theory on mentoring the adult learner focused on the mentor questioning the thought processes of the mentee. The mentor and mentee meet one-on-one over a period. During the meetings, trust develops from mutual sharing of experiences, as well as the mentor discussing and questioning the mentees' beliefs, challenges, and goals. Daloz questioned the mentee in his experiences by asking probing questions as an inquiry into mentee's knowledge, thought processing, beliefs, and assumptions.

Attachment Theory

Bowlby's (1982, 1988) attachment theory focuses on the mother-child relationship. The child develops trust in the mother. The feeling of trust occurs when the child feels the mother guides, protects, and supports their growth. As a result of the relationship the child learns how to walk, talk, process experiences, and interact with others. If the child does not feel a sense of trust and security, the long-term result can negatively affect relationships. The attachment theory is used as a theoretical framework in mentoring studies based on the trust, self-development, and encouragement from the mentor to the mentee in mentoring relationships. In research studies such as Goldner and Scharf (2014) and Poteat, Shockley, and Allen (2015) the attachment theory was the

theoretical framework used to analyze the quantity and quality of the mentor's feedback and positive self-concept.

Conceptual Framework: Communication in the Mentoring Relationship

The conceptual framework for this study was the mentor's communication with the mentee. From Kram's and Daloz's description of mentoring relationships and Bowlby's description of the parenting relationship, all have in common the need for the relationship to develop by spending time together communicating on different topics. The relationship allowed for a two-way communication in the form of learning, talking, sharing ideas, and instructions. A common concern in the relationships was a lack of time to communicate. The lack of time could have a negative effect on the mentees' satisfaction in the relationship. In this study, through interviews with RNs, I identified the quality of the communication between the mentee and mentor including the type, content, frequency, and elements of the conversations. The RNs also revealed the characteristics of the mentor such as professional status or commonalities and differences between the mentee and mentor. I coded the data by organizing it according to patterns and themes to answer the research questions. Further discussion of the three theories and the conceptual framework are in Chapter 2.

The conceptual framework related to my approach with this study was to describe and discover the influence of mentoring relationships on RNs' perceptions of stress. In this study I looked at the elements of communication, characteristics of the mentors, and

development of the mentoring relationships based on the data I collected from interviews with RNs. I was the instrument for the study and conducted all interviews. I listened to and transcribed all interview data. The interview responses reflected mentees' perceptions of the communication with the mentor and the relationship that developed over time. The conceptual framework related to the data analysis in identifying patterns and themes to answer the research questions.

The Nature of the Study

This was a basic qualitative study. The rationale for a basic qualitative design was to derive thematic meaning from the RNs' perception of the mentoring phenomenon, its processes, and its perspectives. The key concepts under investigation were the communication in the relationship between the mentor and mentee and the mentors' influence on stress. Walden University's IRB approved the study before I started recruiting participants. After the initial IRB approval, I submitted three different requests to change my recruitment strategy to recruit the sample size for the study. In one of the IRB requests, I requested additional types of video conferencing platforms to provide the RNs more options of platforms to work with their computers. I added the additional platforms because one RN's computer would not work with the only video conferencing platform I initially selected. Fourteen RNs participated in the study to reach data saturation.

I was the research instrument for the study and interviewed RN participants. Each RN's interview was audio recorded using My Screen Recorder Pro 2.6 ©. The first interviews were between 23–55 minutes (mean: 35.21 minutes) and the second interviews were between 15–60 minutes (mean: 34.14 minutes). The interviews included questions about demographics, present career stage, nursing experience, mentoring relationships and preferences; the mentor, and stress. I trialed the interview questions with two RNs who do not work at my place of employment. The trial was to ensure clarity, readability and to determine the depth of their responses to answer the two research questions. The two RNs stated the questions were clear to understand and answer. I did not include the interview data from the two interviews in the data analysis for this study. The depth of the RNs' answers addressed the research questions. The changes in the interview questions were two spelling errors.

After approval by the Walden University IRB, I placed the participant recruitment advertisement (Appendix C) on the Walden University Participant Pool. The Walden University Participant Pool was an online site where Walden University students could go to volunteer to participate in research studies. I also emailed and shared the advertisement with RNs and non-RNs I know who could share the advertisement to recruit RNs I did not know. The RNs who were interested in participating in the study sent me an email or called me. I confirmed the RNs' eligibility and then emailed the research invitation (Appendix D). If the RNs agreed to participate in the study, I emailed

the consent form to the RN. After RNs consented to participate the first interview occurred. After the RN completed the first interview, I scheduled a second interview with the RN. After each interview I transcribed the interview verbatim and emailed the transcript to participants as a member check to validate accuracy of their responses. As the researcher, I organized the data by manually entering verbatim transcripts into Microsoft word and excel documents, and the Coding Analysis Toolkit computer software program. Through inductive analysis and intuition, I identified themes. I also analyzed my personal assumptions in my reflective journal to identify themes (Patton, 2015).

Definitions

Attachment: A person's connection to another person(s) where there are feelings and the perception of trust, protection, and comfort (Bowlby, 1988).

Basic qualitative research: is a study design in which the researcher's goal is to collect data from interviews, observations, or both to identify how participants' make meaning and perceive an experience (Caelli, Ray, & Mill, 2003; Kahlke, 2014; Merriam, 1998).

Career: A professional activity a person undertakes for the purpose of benefiting oneself or others, to gain financial income or other benefits, and includes life-long learning.

Communication: The verbal and non-verbal interactions and responses between people with the purpose of relaying a message

Early Career Stage: A person with 6 months to 9 years of professional experience

Middle Career Stage: A person with 10 - 20 years of professional experience

Late Career Stage: A person with over 20 years of professional experience

Mentee: A person seeking advice, guidance, and support from a mentor with the purpose of personal and professional development (Kram, 1983, 1988; Mentee, 2017).

Mentor: A trusted person who develops a mutual relationship with a mentee to provide advice, guidance, and support for personal and professional development. (Kram, 1983, 1988; Mentor, 2017)

Registered Nurse (RN): A professional who completed formal academic education in the field of nursing and passed a licensure exam. The RN provides care and advocacy for the physical, emotional, and spiritual needs of patients, families, the public, and communities

Psychosocial: The psychological and social aspects of situations and people (Psychosocial, 2019)

Assumptions

There were three assumptions to guide this research study. The first assumption was that the RNs will openly share the details of their mentoring experiences. The reason for this assumption was that each RN would create an alias name and their place of

employment and their mentor's name would remain confidential. To create an environment of trust and sharing I started the interview by asking warm up questions related to demographics, career stage, and nursing experience, to avoid delving immediately into feelings and perceptions about mentoring relationships (Esterberg, 2001). If RNs asked about my nursing and academic background, I answered their questions. The purpose in answering their questions was to build a trusting and open researcher and participant relationship (Janesick, 2011; Salmons, 2012). The RNs could also develop trust as I was able to relate to some of their experiences as an insider to the profession. The ability to relate to their experiences reminded me to be cognizant of my personal bias that could influence my perceptions. I kept a reflective journal during the study and refrained from agreeing or disagreeing with their feelings and perceptions (Janesick, 2011). I refrained by being cognizant of nodding my head, smiling, or agreeing with an opinion. The second assumption was that, because the responses were confidential, participants would be honest and open in sharing their positive and negative feelings about mentoring and this would lead to credibility in their answers (Miles, Huberman, & Saldaña, 2014). Additionally, I included both positive and negative experiences the RNs shared, as not all mentoring experiences were supportive as reflected in most published literature. My last assumption was the interviews provided the opportunity for participants to share rich responses to the interview questions by not providing a time limit for each interview and providing time for each RN to verify the

accuracy of the verbatim transcripts (Janesick, 2011; Miles et al., 2014; Rubin & Rubin, 2005). Finally, I did not personally or professional know the RNs who participated in the study.

Scope and Delimitations

The RNs for this study included 14 RNs working in an acute care hospital. The RNs had a minimum of six months of experience within one year of the interview. Recruitment of RNs occurred after Walden University IRB approval through the Walden University Research Pool and I shared the research advertisement with RNs and non-RNs I knew. The focus was on RNs in the hospital because most RNs in the United States work in a hospital and the literature focuses on perceptions of stress on RNs working in the hospital. By conducting a basic qualitative study, I had the opportunity to collect rich data about RNs' mentoring experiences and preferences. The narrative responses are in Chapter 4 for readers to consider potential transferability or external validity in their setting (Miles et al., 2014).

The delimitations of the study were the location, participants, sample size, and work setting of the RNs. The study included RNs working in an acute hospital setting in the United States and who had past or present experience in a mentoring relationship. The study did not address RNs working in non-hospital settings or working in hospitals outside of the United States. The sample population did not include licensed practical nurses. A description of the sample population and rationale for sample size are in

Chapter 3. Due to the small sample size, a generalization of the results to the national population of RNs working in a hospital in the United States cannot be made. A majority of RNs will be female since 8–9% of the nurse population is male (Health Resources and Services Administration Bureau of Health Professions National Center for Health Workforce Analysis, 2013). One male RN participated in this study.

A delimitation of this study was I did not include a potentially appropriate theory on adult development from the works of Levinson (1986) and Erikson (2000). The adult development theory focuses development in biological, career, family, view of life, and behaviors. The theory provides a longitudinal look at development in life. The theory also focuses on the age of the individual and their needs and experiences at stages in life. This study focuses on the RNs years of experience and their needs in a mentoring relationship regardless of age.

Limitations

The limitations were the limit to sample population, setting, and sample size. The interview questions did not focus on specific mentors in academia or from settings outside of the hospital, one type of mentor, or one type mentoring relationship. The mentoring relationships were within the United States and do not reflect experiences in other countries.

To ensure dependability of the responses, there were structured and semi-structured questions for parallelism across questions, even though the responses will be

different (Miles et al., 2014). To ensure transferability, RNs' narratives are in Chapter 4 (Miles et al., 2014).

RNs in the study may have a bias in their perception of mentoring relationships due to present or past positive or negative experiences. The RNs' bias may influence the perception of how a mentor could support and guide RNs. My bias is I have personal and professional experiences in mentoring relationships as a mentee and mentor. Second, I have formal training in the role and skills of being a mentee and mentor. Third, at the time of the study I had over 26 years of experience as a RN working inside and outside of the hospital setting.

To address my biases, I kept a reflective journal and included memos as I conducted data analysis. Also, I had participants conduct member checks of their verbatim transcript to ensure accuracy of data. By journaling and writing memos, I sought to identify and monitor my bias in the interpretation of the data and synthesis of responses to objectively identify themes for coding the data and include verbatim data in Chapter 4 to support my analysis (Janesick, 2011; Patton, 2015). Themes from the reflective journal are in Chapter 4.

Significance of the Study

This research study was significant to add to the knowledge about what RNs prefer in a mentoring relationship to support RNs to manage their perception of stress in the hospital. National nursing associations and healthcare leadership in the hospital could

use the findings to develop mentoring programs that address the needs of RNs from the early, middle, and late career stages. RNs working in a hospital may realize the benefits of being in a mentoring relationship at different career stages. This study was for RNs who may need guidance and support and do not know how to ask, who to ask, if there is a reason to ask, or why they should ask for help from another person such as a mentor. This study was for RNs who will hold patient's hands and wipe tears from loved ones' eyes and do not know that they also need help in a turbulent healthcare environment.

Implications for Social Change

The findings of this study will contribute to social change by identifying how RNs preferences in mentoring relationships may be similar or different across career stages. The stakeholders who would use the findings from the study are healthcare leaders including nursing leaders and nursing professional development practitioners in the development of mentoring programs in a hospital. The results will contribute to positive social change by adding to RNs awareness of the potential help from mentors that could result in decreased perceptions of stress in the hospital environment, potentially improve patient outcomes, and decrease health risks for RNs.

Summary

Chapter 1 provided a background to the changes in healthcare and the role and responsibilities of RNs within those changes. RNs face national healthcare challenges and perceive the healthcare setting as stressful. In a survey by The American Nurses

Association-Health Risk Appraisal (2017a) RNs perceive the workplace to be stressful. The perception of stress has the potential to have a negative effect on patient safety and RNs' health. Chapter 1 also included the research problem, purpose statement, and two research questions. Based on the information provided in the background, problem, and purpose, the focus of this study was identified as understanding RNs' preferences in mentoring relationships from three career stages. The reason I chose to focus on mentoring over other stress relieving options was due to the potential for mentors to guide and support RNs in personal and professional development. Changes in exercise, improved nutrition, and mindfulness can be helpful. However, these activities do not provide the tools for RNs to identify, confront, and manage challenging situations, such as bullying, and experiences in the work setting that RNs may perceive as stressful.

I used the two research questions to focus on RNs preferences in a mentoring relationship across three career stages. I identified themes which illuminated how a mentor can influence a RNs' perception of stress. The conceptual framework was based on three theories to create the lens to view the study. The three theories I selected have been repeatedly used in other research studies on mentoring.

Chapter 1 also included the nature of the study, definitions of key terms, assumptions, delimitations, and limitations. I identified the significance of the study in its potential for social change, as the research findings could be used to inform the development of mentoring programs for RNs at different career stages. In addition, the

findings from this study address a gap in the literature about the role of mentors and their potential to decrease RNs' perception of work-related stress in the hospital.

Chapter 2 includes the literature review for this study. The literature review includes the literature strategy including databases and key terms I used to identify recent and relevant research and literature related to this topic. The literature search in Chapter 2 includes aspects of the three theories to develop the conceptual framework with a focus on communication between the mentee and the mentor. I included a common historical reference in mentoring literature. Then, there is a review of mentoring literature across a variety of disciplines inside and outside of the nursing profession.

Chapter 2: Literature Review

The research problem that I examined in this study was that RNs perceive the hospital work setting as stressful. One means to support RNs in their perception of stress in the hospital setting is through mentoring relationships. The purpose of this study was to discover the mentoring relationship preferences of early, middle, and late career-stage RNs working in an acute care hospital setting. By identifying these preferences, mentors can consider if there was a need to tailor the type of guidance and support for RNs as mentees. I identified a gap in the research on the mentoring relationship preferences of RNs in three career stages and managing perceptions of stress in the hospital setting.

Chapter 2 begins with the literature search strategy to identify the inclusion and exclusion of literature for this study. The next section includes an analysis and synthesis of three seminal theories. The theories are career and psychosocial mentoring, mentoring the adult learner, and attachment theory. Following the synthesis of these theories, I established mentees' communication with the mentor as the conceptual framework. A historical review follows the conceptual framework, and then leads to an explanation of early, middle, and late career stage. Finally, there is a review of the literature on mentoring across different professions including a separate section on mentoring in nursing.

Literature Search Strategy

I used 12 databases for my literature search: CINAHL, Education Research Complete, Education Source, ERIC, Google Scholar, MEDLINE, Ovid Nursing Journals, ProQuest, Taylor and Francis Online with a filter by Imprint to include education online research abstracts (ERA), Society for Research into Higher Education (SRHE), SAGE research methods, and Joanna Briggs. Additionally, three libraries were a source of literary resources including Walden University, Longwood Public Library in Middle Island, New York, and the State University of New York at Stony Brook Library in Stony Brook, New York. The search terms that I used were: *ethnography study, grounded theory study, phenomenology study, case study research, action research, basic qualitative research, interpretive qualitative research, generic qualitative research, mentor, mentee, protégé, guru, preceptor, advisor, Erik Erikson, Kathy E. Kram, John Bowlby, Daniel J. Levinson, Laurent A. Daloz, early career, middle career, late career, nurses, nurses' stress, bullying, burnout, hospital retention, nursing shortage, millennials,* and *graduate nurses.*

I used an iterative search process to identify terms in the search engine that align with the professional discipline. For example, I used a combination of nursing search terms such as *nurses' stress, bullying, burnout, hospital retention, nursing shortage,* and *graduate nurses* in CINAHL, Google Scholar, MEDLINE, Ovid Nursing Journals, ProQuest, and Joanne Briggs. For terms related to the research method, design, and

methodology, Google Scholar, SAGE research methods, and libraries were sources of literature. The search for the original works of Erik Erikson, Kathy E. Kram, John Bowlby, Daniel J. Levinson, Laurent A. Daloz, include searches at the listed libraries and online purchases. I searched for *mentor, mentee, protégé, guru, mentoring relationship, preceptor,* and *advisor* in all databases and libraries. Most of the literature was from the past 5 years and from national and international sources within and outside of the discipline of nursing. The theories of career and psychosocial mentoring, mentoring the adult learner, and attachment theory are from the seminal work of three theorists' primary work notable in books and research literature.

Conceptual Framework Based on Three Theories

The conceptual framework for this study focused on the communication between the mentee and mentor. The mentor guides and supports the mentee by communicating how to manage career and psychosocial aspects of life (Kram, 1983, 1988). The communication presents an opportunity for the mentee to manage their personal and professional life with changes in behaviors and thought processes. For this study I used the theoretical works of Kram (1983, 1988; Kram & Isabella, 1985), Daloz (1986), and Bowlby (1982, 1988) to create the conceptual framework for this study. Kram and Daloz's work focus on experienced adults (mentors) guiding and supporting inexperienced adults (mentees). Bowlby (1982, 1988) focused on an experienced adult (a parent) guiding and supporting an inexperienced person (a child) in life. The work by

Bowlby was appropriate for this study because the mentee and mentor developed an attachment in the mentoring relationship and the greater the attachment, the increase in quality and satisfaction in the mentoring relationship.

Career and Psychosocial Mentoring Theory

In her theory of career and psychosocial mentoring, Kram (1983, 1988) focused on the mentee's successes in their career performance. Kram considers the building of the mentoring relationship in phases, the role of the mentor, and the career stages of the mentee. Kram's (1983, 1988; Kram & Isabella, 1985) theory was based on a younger mentee receiving guidance and support from an older mentor in a one-on-one mentoring relationship.

According to Kram (1983; 1988), the mentoring relationship developmental phases are the initiation, cultivation, separation, and redefinition phases, which develop over years. The role of the mentor is to perform career and psychosocial functions that guide and support the mentee's career successes by managing external and internal challenges. The challenges include protection from negative interactions with senior leaders, encouragement to take on challenging assignments, balancing family, and work, counseling, and friendship (Kram, 1988). The three career stages are early career stage (25–35 years of age), middle career stage (36–45 years of age) and, late career stage (46–65 years of age). Kram's development of the three career stages and division of ages per stage are from the works of Levinson's (1986) nine phases of adult development and Erik

Erikson's (Coles, 2000) three phases of adult development. The predominant theme of Kram's work is that the older person is guiding the younger person in a career. Kram does not focus on the opportunity for a younger person to mentor an older person as mentee as in the recent work on reserve mentoring (Chaudhuri & Ghosh, 2012; Murphy, 2012). According to Kram (1988), the stages of developing a mentoring relationship occur over a period of years. However, depending on the setting and goals, a mentoring relationship may exist for a few months with specific goals. As the researcher, I have experience with short and long-term mentoring relationships. Moreover, there was research to support shorter timeframes of mentoring relationships such as in academia where a semester or project was the length of the relationship (Lewinski et al., 2015; Poronsky, 2012).

Kram's work was the theoretical framework for numerous research studies across diverse disciplines. For example, in Cunningham and Hiller's (2013) study on employees in a governmental work environment there was a building of trust, open communication, and active learning in mentoring relationships. In the study by Craig, Allen, Reid, Riemenschneider, and Armstrong (2012) the researchers identified that the mentees had greater organizational commitment, job involvement, and decrease turnover. In the study by Israel, Kamman, McCray, and Sindelar (2014) the researchers found that special education teachers who received emotional support in their mentoring relationships had a positive perception of their ability to adapt to their role and responsibilities as a teacher.

A common theme among these studies was that the mentor communicated with the mentee and measurable positive outcomes of mentee satisfaction with their job roles and employer were noted. If there was no time to develop the relationship or the mentor does not perform their functions, the mentee perceived a negative mentoring relationship.

Kram's work aligns with the research purpose and research questions of this study. The psychosocial function of a mentor may contribute to the preferences in how RNs perceive stress and how the mentor contributes to the relationship. The disadvantage in the work of Kram for this study relates to limiting career stages to specific age groups without consideration of time of entering the career.

Today, a person may start or change careers at any age and remain in a career longer than retirement age, and RNs are no different (Furunes et al., 2015). RNs may initially enter the nursing profession in their late 40s and 60s (Raines, 2015) as a second career. Moreover, RNs may remain in the nursing profession beyond retirement years (Auerbach, Buerhaus, & Staiger, 2014). According to Kram's (1988) work, a person in their late 40s–60s is in their late career stage and is looking to their identity in retirement. However, an RN entering the field of nursing in their 40s–60s may have different mentoring needs than an RN of a similar age who entered the profession in their 20s. Similarly, the RN who decides to remain in their career after retirement age may have different mentoring than one who plans to finish work at the traditional retirement age. This suggests that the level of professional experience should guide the mentoring

relationship, rather than age. As a result, interview demographic questions in this study included the biological age and years of nursing experience in mentoring relationship preferences.

A further shortcoming of Kram's theory was the predominant reference to mentors who came from the same work environment and career field as the mentee. As a mentee and mentor with experience in multimentoring relationships, I find benefits in professional and personal guidance and support. For example, my mentors were from different careers and included those who were not working in a professional career. In the work by Kram (1983, 1988) the mentor predominately worked in the same work environment and profession as the mentee. My support from multiple mentors included the ability to learn nursing skills; communication skills; stress management; corporate leadership skills; business relationship skills; and balancing family, work, and school responsibilities. In my situation the mentors where an executive mentor, a mentor in nursing, and a mentor in the healthcare profession outside of nursing, all simultaneously taking on the role as mentors without interactions among the mentors.

Peluchette and Jeanquart (2000) used Kram's theory and add to the research knowledge of having multiple mentors from outside of the mentee's profession and the positive influence on mentees' perception of career success. For example, studies on informal mentors, matching mentees and mentors, and the connection of similar traits between the mentor and mentee suggests there are benefits from having more than one

mentor, or having mentors outside of the mentee's professional field (Guse et al., 2016; Humberd & Rouse, 2016). Due to the possible benefits of having mentors from different work environments or professions, some interview questions for this study address the issue of having more than one mentor.

Mentoring the Adult Learner Theory

A mentor has the potential to change how adults perceive life's situations. The mentor questions mentee's beliefs, values, and assumptions. In Daloz's (1986) work, which primarily focused on the academic setting, the mentor was a senior person challenging and guiding an adult learner (mentee) at any stage in life. The mentoring relationship was not limited to successes in academia or a career. The mentor was constantly working toward a transformation of the mentee's thinking and actions. However, the mentee must be willing to let the mentor guide them through the transformative process of questioning, challenge present beliefs, and conversation to expand on the mentee's thought processes and view of life. If the mentee was not willing to participate in the process, the mentoring relationship could dissolve.

Daloz (1986) describes the communication between them where the mentoring relationship develops over time with regular communication. The relationship becomes closer as trust develops and personal beliefs on topics such as religion, family challenges, and insecurities are points of discussion (Daloz, 1986). The regularity of communication depends on the availability of the mentee and mentor. Daloz (1986) also relies on the

work of Levinson (1986) and adds to the discussion of adult development with a greater

focus on a person's life experiences rather than just the age of a person. Such experiences

include marriage, return to school at a senior age, military experiences, divorce, or death.

Daloz's work was the theoretical framework in Kusmartini and Simanjuntak's

(2014) study of the peer-mentoring relationship, instead of faculty and student

relationship. In this study the relationship had a positive influence on academic

performance and perception of the academic environment. While in the study by Haines

& Popovich (2014) Daloz's work was the theoretical framework and the outcome of the

study included faculty becoming board certified, published, receiving individualized

feedback, and addressing individual needs. The mentor's role of challenging and

communicating with the mentee to change beliefs and influence behavior related to this

study where I examined the mentor's role in RNs perception of stress in the hospital

setting.

Attachment Theory

Attachment theory is a concept where two individuals are dependent on one

another for a purpose. The purpose could be food, safety, care, protection, instructions,

and acceptance. In the work of Bowlby (1982, 1988) the parent (predominately in his

work the mother) and child have an attachment to each other based on the purposes

mentioned above. The child was dependent on the parent to meet those needs. If the

needs were unmet, the child could have negative developmental outcomes such as

insecurity, lack of trust, and long-term adult attachment issues (Bowlby, 1988). The association between parent and child and mentor and mentee may seem unrelated in a mentoring relationship. However, the idea that a mentor serves the same purpose to a mentee as between a parent and child was present in research literature where the work of Bowlby was the theoretical framework.

Bowlby's attachment theory appeared in studies on mentoring relationships with adults and children. In the study by Poteat, Shockley, and Allen (2015) Bowlby's attachment theory was the foundation for development of an emotional bond with the mentor. A secure bond elicits trust and commitment while the insecure bond elicits worry and anxious feelings from the mentee that was evident by the perceived commitment in the relationship between the mentee and mentors. Bowlby's work appeared in Goldner and Scharf's (2014) study where a hypothesis was made that the attachment children had in their parental relationship could be reflected in the quality of a mentoring relationship. The findings in the study reveal that greater attachment within a mentoring relationship led to higher self-concept and less loneliness in the mentee (Goldner & Scharf, 2014). Mitchell, Eby, and Ragins (2015) used Bowlby's attachment theory to set the foundation of the attachment between the mentor and mentee in an academic setting where the mentor takes on the role of caregiver to the mentee. Mitchell et al. (2015) also used other works on attachment which built on the work of Bowlby. The mentee and mentors with more similarities in their shared attributes perceived higher levels of attachment. In

synthesizing the use of attachment theory as a foundation to mentoring from these studies, a perception of attachment between the mentee and mentor was a necessity.

Conceptual Framework: The Mentor and Mentee's Communication in the Mentoring Relationship

The career and psychosocial theory, mentoring the adult learner theory, and the attachment theory depicts mentors' influence on mentees behavior through their communication. The mentor brings the characteristics of being a challenger and protector, provides instructions and care, and is a communicator and listener to the mentee. The potential results include career satisfaction, academic successes, and positive self-concept. Figure 1 is my original synthesis of the three theories depicting the characteristics in the mentor communicating with the mentee. The important aspect to highlight in the figure is the mentor cares for the wellbeing of the mentee by focusing on spending time with the mentee. The mentors' ability to spend time with the mentee is the means for communicating knowledge, demonstration of skills, and practice of skills for the development of the mentee.
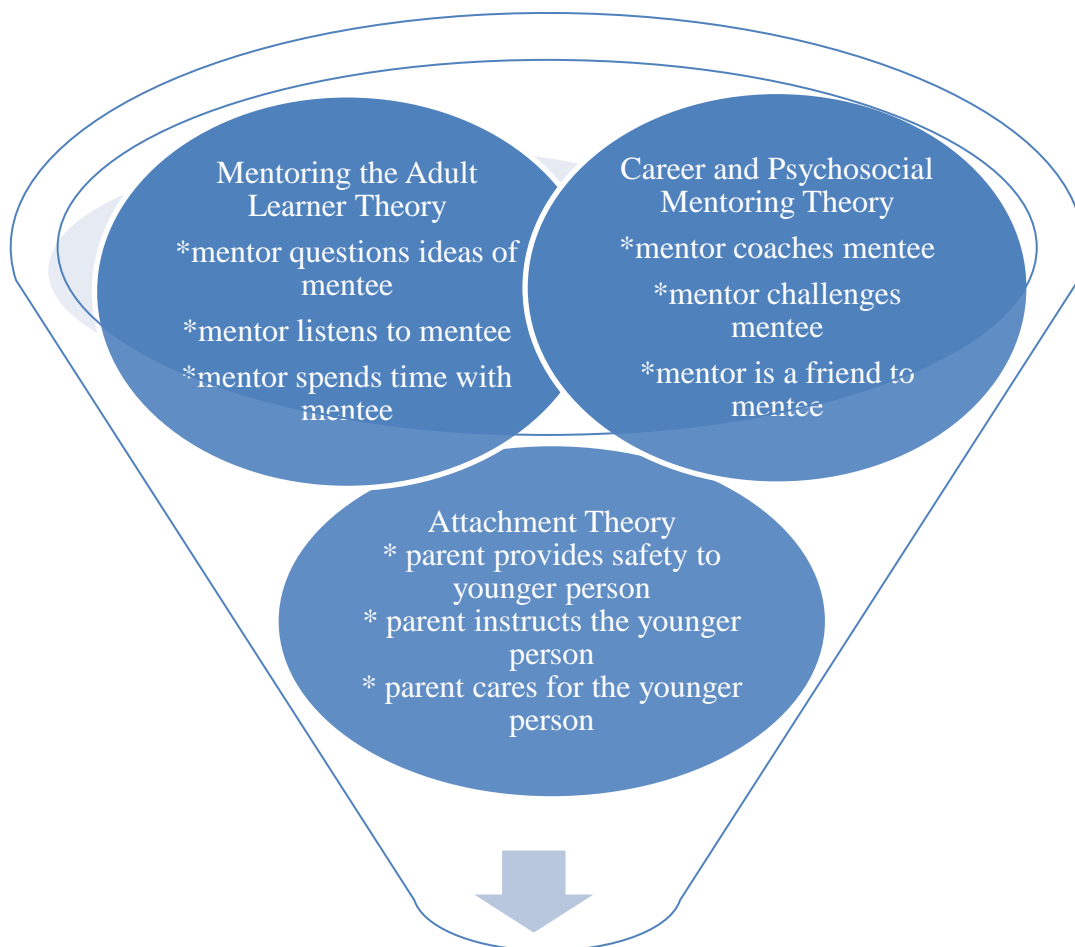
The Mentor and Mentee's Communication in the
Mentoring Relationship

Figure 1. Conceptual Framework: The mentor and mentee's communication in the

mentoring relationship. Original by Tonya M. Lawrence.

Conceptual Basis of Research Methodology

The conceptual basis of this basic qualitative study methodology was to gather data from two interview sessions for an inductive analysis to discover new themes and insight (Caelli, et al., 2003; Patton, 2015). The analysis included studying the interview data, my reflections of the data, and using my intuition as a researcher, nurse, mentor, and mentee to identify themes (Kahlke, 2014). Merriam (1998) states a basic qualitative study does not create "…a substantive theory as it does in grounded theory studies" (p. 11). The purpose of this study did not include developing a new theory yet follows Patton's (2015) idea of new concepts.

A basic qualitative design also referred to as interpretive or generic, stems from qualitative nursing research (Thorne et al., 2004). The philosophy is the study of the complex construct and context of a person's experience to account for "shared realities" with multiple experiences of the same reality (Thorne et al., 2004, p. 3). The philosophy also includes use of the researchers' experience, motives, presuppositions, and personal history as an influence on the analysis of the data (Caelli, et al., 2003). As a result, the researcher must be cautious in bias and assumptions and reveal them in the final study findings. The sample size is small, yet the data is rich using "informed questioning," reflection, and "critical examination" to inform a discipline (Thorne et al., 2004, p. 3). The steps in conducting a basic qualitative study follow the rigor of scientific inquiry in identifying gaps in practice, identification of the purpose of the study, and development

of research questions from the practice in the discipline so the results can then be used in

practice (Thorne et al., 2004). In a basic qualitative study, there may or may not be a

theoretical framework and one is not sought to be developed (Kahlke, 2014). The data are

collected from documents, interviews, or both. If using interviews, the questions can be

semistructured to permit open ended answers. As data are collected, data analysis occurs

simultaneously. However, coding should not occur too early in the process or be

meticulous with too many details (Thorne et al., 2004). As a researcher, I see that coding

too early or meticulously may limit the freedom for induction and intuition in using the

participant data and the researchers' experience and interpretation. Codes should emerge

from the collected data and use conversational language (Kahlke, 2014). Kahlke (2014)

states the researchers using this type of design "are challenged to read and think broadly

about their work" (p. 44). The researcher's synthesis brings new insight into the

experiences of the researcher and participants.

There were other qualitative study designs considered for this study however the

concepts and philosophies of these other designs did not align with the purpose and

research question. The designs considered were ethnography, grounded theory,

phenomenology, a case study, or action research. An ethnographic study could be

conducted if the purpose was to understand the culture of nursing and mentoring

relationships. The grounded theory would be appropriate if the purpose was to develop a

new theory to be the foundation of practice for how a mentoring relationship appears in

reality. The phenomenology study was not considered as I did not seek to observe the phenomenon of a mentoring experience in action. The opportunity to observe a mentoring experience may take away from the open conversation between the mentor and mentee in discussing sensitive topics or problems. The mentee may perceive a risk of feeling judged or lack of trust and confidentiality between participants if a researcher were to observe and listen to an open and honest conversation. A case study approach was considered. However, the study was not an extensive description of RNs' mentoring relationships using a variety of sources (Patton, 2015; Yin, 2018). As the purpose of the research was not to solve a problem as in action research yet to identify how the mentor contributed to a problem. As a result, an action research approach could not be used for this study. Further details of the decision to select a basic qualitative design are also described in chapter 3.

History of Mentoring

The literature on mentoring refers to the first use of the term mentor originating from Greek mythology (Bynum & Young, 2015; Crichlow, & Ferrell, 2011; Daloz, 1986; Hollands, & Gantt, 2013; Jakubik, Eliades, & Weese, 2016). In the classic poem ascribed to Homer, Odysseus charged his aging friend Mentor with the responsibility of educating Telemachus (Odysseus' son) in Odysseus' absence (Homer & Shewring, 1980). Mentor's responsibility was to guide and support Telemachus in discovering and setting his life's path and purpose. The image of the older mentor guiding the younger mentee was the

traditional model of mentoring. This was a weakness in the traditional model of mentoring. In recent years ideas such as reverse mentoring where a younger mentor supports and guides the older mentee are emerging (Chaudhuri & Ghosh, 2012; Murphy, 2012). The change from the traditional model takes into consideration the career stage of adults according to the mentor's experience and knowledge.

Early, Middle, and Late Career Stages in Adults

The common definition of career stages in the literature begins with associating an age group with a specific career stage. In Kram's (1983; 1988) work, she equates age with career stages based on the work of Erikson and Levinson (1986) and their works on staging adult development. There was a different view to consider in looking at career stages only by age. If one begins a profession later in their age, the person may seek to develop new goals and challenges instead of seeking exiting and retirement from work as Erikson and Levinson predicted in their respective works.

Levinson (1986) defined stages of adult development by age groups and determined there is an order to adult development and experiences as well as variables that may influence the stages of development. Today, as individuals redefine expectations for age groups, careers extend beyond American retirement age of mid-60s, and increased life expectancies; older adults are returning to academia as students, and pursue second career paths undertaken due to economic changes or enjoyment in their work (Furunes, et

al., 2015). As a result, the mentoring relationship based on career stages and defined by age requires reconsideration.

In studies in non-nursing fields, researchers considered differences in mentoring needs at different career stages. Bewley, Bonica, Hernandez, and Shewchuk's (2016) study of over 1,800 Untied States Army officers revealed that early career stage officers seek career development while late career officers seek personal development. In the study by Peluchette and Jeanquart (2000) academic faculty in early career stages perceive greater career success with multiple mentors, while middle career faculty experience career success with multiple mentors yet may feel a mentor was not as necessary after promotions. In this study late career stage faculty did not have a significant difference in career performance outcomes. However, the faculty still saw a need for a mentor. The theme from personal experience and literature was one mentor may not be adequate to meet the needs of a mentee. Moreover, the mentee's needs change and the mentor must adapt, or the mentee may need to find a new mentor. Kram's (1983) theory does support a change in mentors as the career and psychosocial needs are met in the final mentoring stages. Kram (1983) refers to a separation stage (relationship changes as mentee develops independence and autonomy) and redefinition (relationship changes to friendship).

The new knowledge to acquire based on Kram's (1983; 1988) work on career development was where the mentee was in their career development and their next job move. A mentor who can account for the mentees' years of experience within a career

field and the preferences of the mentee may be of greater value. Consequently, a person in a late career stage by years of experience may continue to add to present knowledge based on their present or transitioning role. As a result, the recruitment for this study was by biological age. However, upon data analysis I discovered that years of experience was a relevant differentiation of career stages. The findings of this study are by RNs' years of experience.

Mentoring

Mentoring is a common practice in business and academic settings. For people in mentoring relationships they have experienced career advancement, career transitions, increased organizational commitment, increased academic performance, and improved psychosocial support (Bynum & Young, 2015; Craig, Allen, Reid, Riemenschneider, & Armstrong, 2012; Chaudhuri & Ghosh, 2012; Hegmann, 2014; Israel, Kamman, McCray, & Sindelar, 2014; Sanfey, 2013; Shaikh, Al Turabi, & West, 2016; Welsh, Bhave, & KyoungYong, 2012). At the same time, there are aspects to consider when entering a mentoring relationship such as preferences and guidelines or responsibilities. Traditionally, and most commonly, mentors are older than the protégés (Brondyk & Searby, 2013). However, in recent literature reverse mentoring was a model where the mentor could be younger than the mentee (Chaudhuri & Ghosh, 2012; Chen, 2014; Murphy, 2012). The condition for traditional or reverse mentoring was to identify the individual with more experience in a subject area to teach another person with less

experience without dependency on the age of the mentor. An understanding of the reverse

mentoring model was important as new models of mentoring may emerge from RNs

interviewed in this study. The idea that a mentor could be younger than a mentee was

absent from the theories of Bowlby (1982; 1988) and Kram (1983), where the parent or

mentor was older than the child or mentee.

Another consideration in the research literature was in the voluntary versus

involuntary selection of the mentor for the mentee. In the business and academic setting,

the selection of a mentor could be voluntary. In the voluntary model, the mentee chooses

the mentor, the mentor chooses the mentee, or they meet and create a symbiotic

mentoring relationship on their own. While in the involuntary model, someone assigns

the mentor to the mentee. According to the research findings, voluntary selections have

greater success than involuntary selections in communication, commitment, and

professional growth of the mentee (Guse et al., 2016; Hegmann 2014; Kalén, Ponzer,

Seeberger, Kiessling, & Silén, 2015; Witry, Patterson, & Sorofman, 2012). The reason

the voluntary selection was successful was as mentees and mentors discover their

personal and professional commonalities, the relationship tends to last longer and each

person has a greater commitment to the development of the relationship (Mitchell, Eby,

& Ragins, 2015). The commonalities can include a common interest in careers, hobbies,

academic study, similar personalities, and perceived socioeconomic status (Guse et al.,

2016; Noakes, May, van der Sluis, & Gay, 2013). Voluntary selection of a mentor may be a preference of RNs in different career stages in this study.

According to Daloz and Kram, the mentoring relationship develops over time. Time constraints posed a barrier to communication between mentors and mentees and affected the developing a mentoring relationship (Hegmann, 2014; Shaikh et al., 2016). To address this barrier, researchers used innovative means to promote communication in their research studies. For example, in the study by Butler, Whiteman, and Crow (2013) participants used e-mentoring for meeting through an online video chat. While in the study by Shaikh, Al Turabi, and West (2016), phone calls between the mentee and mentor improved communication. These innovative ways to develop the relationship were similar to methods Daloz (1986) described in his mentoring of the adult learner. Daloz (1986) would meet with students for meals or walk with students to listen to their goals and challenges and give time for the student to ask questions.

Challenges in Mentoring Relationships

An assumption that all mentoring relationships lead to career and psychosocial successes may not be true. Kram (1988) speaks of mentoring relationships that result in sexual advances or intimate relationships, and the risk of resentment from the mentee's peers. Such challenges appear in other literature on mentor relationships.

The study by Kao, Rogers, Spitzmueller, Lin, and Lin (2014) depicts the advantages of cross-gender mentoring relationships for career advancements. However,

there remains a concern about assumptions that an intimate relationship can develop with cross-gender mentoring relationships (Green & Jackson, 2014; Wilson, 2015). Even though the studies by Green and Jackson (2014) and Wilson (2015) did not address the potential intimate relationship that may arise in same gender mentoring relationships, researchers should consider the same challenges related to an intimate relationship.

In another study, mentees perceived mentors as tormentors who did not support mentee's academic ideas and negatively influenced academic growth (Lunsford, 2014). While, in a study by Poteat et al. (2015) the less the mentee perceived the mentor as committed to the relationship, the more anxious the mentee felt. Also, negative feelings from peers toward the mentee were under consideration. Feelings such as jealousy and envy toward the mentee for spending time with the mentor, or resentment about why the mentee has a mentor could appear among peers (Janssen, Tahitu, van Vuuren, & de Jong, 2016). As a result, the mentee and mentor could feel left out among peers and self-conscious of the mentoring relationships (Janssen et al., 2016). These challenges reveal the need to consider both internal and external factors that may strengthen or weaken the mentoring relationship.

Mentoring in Nursing

It was evident from the literature review and national nursing organizations that mentors are effective. Mentors can support nursing students' academic success, academic nursing faculty's transition to their role, new nurses' adjustment to the nursing profession

and role transition, and nurses' career advancement (American Nurses Association, 2016; Association of Nursing Professional Development, 2016; Johnson et al., 2011; Nowell, 2014; Rohatinsky & Ferguson, 2013; Rush et al., 2013; Witter & Manley, 2013). Even though the age of the nursing population is diverse, most research studies address mentoring of early career RNs in their role transitions and to increase retention (Hutchinson et al., 2012).

The mentoring research most often performed was in nursing academia (Bryant et al., 2015; Eller et al., 2014; Jnah & Robinson, 2015; Nowell, 2014; Nowell et al., 2015; Weidman, 2013). In nursing academia, the focus of the studies was on the faculty and nursing students mentoring relationship and occasionally peer mentoring where a senior nursing student supports a junior nursing student in an earlier stage in the nursing program. Techniques for mentoring include knowledge sharing, storytelling, co-teaching, observing the mentors in their role, opportunities for feedback, exchanges of ideas, meeting leaders, and stress management (Bryant et al., 2015; Lewinski et al., 2015; Nowell, 2014). Innovative ideas on mentoring include e-mentoring with internet video live chats and emailing (Pietsch, 2012). The problems identified by nurses who participated in the study on e-mentoring were confidentiality, comfort with technology, inability to read non-verbal cues, and using work time to reply to email messages. Researchers have also found mentoring to be effective in nurses' role transitions whether from nursing student to nurse, nurse to advanced practice nurse (e.g. nurse practitioner),

and entry into nursing leadership positions (Bay et al., 2015; Poronsky, 2012). The advantages identified in the studies are the improvements in patient care and collaboration with patients' families.

Mentoring programs may be available in some hospital settings. Jakubik et al. (2016) mentoring model focused on the mentees' experience without a focus on the career stage of the nurse (Jakubik et al., 2016; Weese et al., 2015). The research on mentoring in the hospital setting has tended to focus on early career stage RNs with the goal of decreasing turnover rates and increasing retention (McCalla-Graham & De Gagne, 2015; Zhang et al., 2016). Even though the results are positive with early career RNs, one cannot discount the needs of the middle and late career stage RNs' mentoring needs.

Building the Case for Mentoring Relationships in Nursing

In a national study, RNs perceive their top health risk is stress (American Nurses Association, 2017a). The perception of stress could stem from role transition, peer bullying, and physical and emotional burnout (American Nurses Association, 2017a; Spector et al., 2015; Riahi, 2011). A reoccurring suggestion for managing stress and the factors associated with stress was to seek a support person, such as a mentor (Simons & Sauer, 2013; Zhang et al., 2016). Other recommendations to reduce stress included exercise and nutrition. However, neither physical activity nor proper nutrition provides RNs the opportunity to speak with another person with more experience, on how to

manage a career challenge, how to communicate in the work setting, what to change in thought processes or behaviors to address challenges in the work setting. A mentor has the potential to be this kind of resource for RNs.

Even though the American Nurses Association's (2015) Code of Ethics calls for nurses to treat each other with respect and dignity, bullying continues between nurse-to-nurse and physician-to-nurse (Namie, 2013). According to Namie (2013), bullying was an endemic problem in nursing and contributes to RNs' perception of stress in the work setting (American Nurses Association, 2013-2014). In studies by Rush, Adamack, Gordon, Lilly, and Janke (2013) mentors or confidants provide support for RNs combating bullying.

RNs are the largest population of healthcare professionals and their expression of their perception of stress in the American Nurses Association (2017a) national study was a call for action. The American Nurses Association's (2017a) study includes nurses' from different ages and years of experience. The findings my study can reveal to RNs as mentees the opportunities for guidance and support that mentors can provide in their perception of stress, identify if mentoring needs differ across career stages, and give nursing leadership components to include in developing a mentoring program for RNs.

Summary

Chapter 2 was an introduction to the literature strategy I used to narrow the extensive topic of mentoring to a focus on mentoring in nursing and find gaps in the

literature. I identified the nature of a mentee's and mentor's communication as the

analytical lens to examine the mentoring relationship. The conceptual framework

developed from the career and psychosocial theory, mentoring the adult learner, and the

attachment theory. Chapter 2 included a brief historical review of the first use of the term

mentor as appearing in Greek mythology. The discussion progressed to a description of

career stages and a discussion about considering career stages based on years of

experience in a profession, rather than according to age categories. A shift in this view

would account for the older, yet inexperienced RN who enters this career at a later age.

Finally, there was a discussion of mentoring relationships across professions. The

discussion then progressed to mentoring in nursing where most of the literature focused

on mentoring in academia. However, with the perception of stress among RNs, mentors

could play an integral role in guiding and supporting RNs in a hospital setting.

The literature on mentoring RNs in the hospital setting focused on early career

RNs. However, the literature also depicts a concern in middle and late career RNs needs

as well, even though the literature was limited. Finally, there has been a realization that

mentoring could serve purposes in addition to career advancements or academic progress.

This study revealed characteristics not previously considered in the literature on

mentoring relationships.

Chapter 3 delves into the research design of a basic qualitative study. The rational

for the selection of a basic qualitative study was to have a description of the RNs'

preferences of mentoring and include the rigor and quality of scientific research. Chapter 3 also includes discussion of my role as the researcher, including bias associated with having experience as a mentee and mentor. A description of the research methodology, the sample population, instrumentation and interview questions, the procedure for recruitment, participation criteria, and data collection then follows. The rigor of the study was in the section of trustworthiness including a discussion on credibility, transferability, dependability, and confirmability. A description of the ethical procedure follows the Walden University IRB requirements including approval of the study by IRB, consent from participants, confidentiality of participants, and archival of data.

Chapter 3: Research Method

The purpose of this basic qualitative research study was to discover the mentoring relationship preferences of early, middle, and late career stage RNs working in an acute care hospital. I interviewed a total of 14 RNs for the study. I interviewed an additional two RNs to test the validity of the interview questions. The sample size of 14 was sufficient to reach data saturation in this study because repeated themes emerged. The themes and codes are described in Chapter 4.

I used the interview questions to discover the RNs' mentoring relationship preferences and the role of their mentors in managing perceived stressors. There were four categories of questions including demographic, nursing career experiences, experiences in their mentoring relationships, and experiences with a mentor in managing stressors. I used Microsoft Skype and ZOOM video conferencing service to conduct web-based interviews.

In Chapter 3, I will restate the two research questions, describe the research method and design, and explain my rationale for the chosen design. I will describe my role as the researcher; explain the methodology and participant selection, instrumentation with interview question development, and procedure for recruitment of participants. I will describe the method for data collection and data analysis. Finally, I will address issues of trustworthiness including credibility, transferability, dependability, confirmability, and ethical procedures.

Research Design and Rationale

The research method for this study was a qualitative approach with a basic research design. Kahlke (2014) and Patton (2015) also refer to the basic research design as generic or interpretive. A basic qualitative approach allowed opened ended questions in an interview with an investigatory nature to discover RNs' perception of mentoring relationships without making generalizations or assumptions. The approach was inductive and I used my intuition as the researcher. The research questions that guided the research study were:

Research Question 1: What are the mentoring relationship preferences of early, middle, and late career stage RNs working in an acute care hospital setting?

Research Question 2: From the perspectives of early, middle, and late career stage RNs, how could mentors guide, influence, and support RNs' perception of work-related stress in an acute care hospital setting?

The central goal was to understand, discover, describe, and interpret the mentoring relationship preferences of the RNs. To define the central phenomenon further, I investigated the preferences of the mentors and identified characteristics of the relationship.

Research Method

There are three research methods to select from when conducting a study: qualitative, quantitative, or mixed methodology. The quantitative method would be used

to identify relationships among variables. For example, if A occurs then B was likely to occur or not to occur (Frankfort-Nachmias & Nachmias, 2008). The qualitative method seeks to give meaning to participants' experiences without making relationships among variables (Maxwell, 2013; Merriam & Associates, 2002; Miles, et al., 2014; Patton, 2015). The appropriate method for a study is dependent on the research question and purpose (Maxwell, 2013; Patton, 2015).

In the quantitative method, hypotheses are presented to seek an answer to a problem in a survey format with close-ended questions (Byrne, 2016). While in a qualitative study, the researcher uses open-ended questions and observations to reveal known information and what could be new findings in the participants' and researchers' perceptions of an experience (Byrne, 2016; Merriam & Associates, 2002; Patton, 2015).

The research design and research method also align with the research instrument. A quantitative design has close-ended questions with a survey as the instrument. A qualitative design includes structured and semistructured open-ended interview questions for gathering data with the researcher(s) as the instrument (Caelli, et al., 2003; Janesick, 2011; Maxwell, 2013).

The purpose of this study was to discover the mentoring relationship preferences of RNs. Because researchers use closed-ended questions in quantitative methods, it would not be possible to gather participants' detailed descriptions of the meaning of their experiences. To understand RNs experiences and the meaning the RNs attach to their

mentoring relationship, semistructured, open-ended interviews provided the means to capture the depth of their experiences and understand why they perceived their mentoring relationships in a particular way. Interviews also provided an opportunity to see non-verbal body language and ask the RNs about their non-verbal body language.

Research Design

There are over 20 types of qualitative research designs (Hatch, 2002; Janesick, 2011; Merriam & Associates, 2002; Patton, 2015). The five most common designs in the literature and healthcare research are ethnography, grounded theory, phenomenology, case study, and action research (Cohen & Crabtree, 2006). However, neither of these five research designs would address the central phenomenon of this study. My goal was to understand, discover, and interpret the mentoring relationship preferences and mentors' influence on perceived stressors. I investigated the participants' preferences such as characteristics of communication in the relationship. Upon further analysis of the 20 types of qualitative research designs, a basic design was the most appropriate for this study.

The basic qualitative study is used to understand experiences and perceptions of the participants (Caelli et al., 2003; Kahlke, 2014; Merriam, 1998; Merriam & Associates, 2002; Patton, 2015). In a basic qualitative study the researcher analyzes the data to identify patterns and themes (Patton, 2015, Miles, et al., 2014; Merriam & Associates, 2002). The data collection methods in a basic study can include interviews,

focus groups, observations, and documents (Merriam & Associates, 2002). Even though the use of a qualitative approach was in the literature for over 20 years (Kahlke, 2014; Levinson, 1986; Merriam, 1998; Thorne et al., 2004), researchers continue to doubt the credibility of a basic qualitative design. Questions regarding the credibility of a qualitative approach relate to researchers who do not include a theoretical framework, a literature review, a description of the methodology, demonstration of rigor, or use an analytical lens in the study (Caelli et al., 2003, Kahlke, 2014; Marshall, Cardon, Poddar, & Fontenot, 2013). The lack of a theoretical framework leaves the research community questioning a researcher's motives, and how the research study will contribute to the present body of knowledge without building on past theories. In my research study, I used a synthesis of three seminal theoretical frameworks (the career and psychosocial mentoring theory, mentoring the adult learner theory, and attachment theory) to formulate the conceptual framework of the mentor's communication with the mentee in the mentoring relationship. Additionally, in my study I included a literature review where I synthesized the research on mentoring, communication between the mentee and mentor, the mentee's change in behavior, and the thought processing of the mentee as influenced by the mentor.

The researcher needs to include a description of the sample selection, rationale for sample size, type of data, and consistency in the method of collecting data, and data analysis (Caelli et al., 2003; Kahlke, 2014; Marshall, et al., 2013). This chapter includes

information about sample selection, sample size, type of data, data collection, and data analysis for credibility and replication of the study.

Questions in relation to rigor include member checking, researchers' disclosure of bias, and reliability of data (Caelli et al., 2003). Caelli et al. (2003), Kahlke (2014), Miles et al. (2014) and Maxwell (2013) provide the details to describe the necessary rigor including credibility, transferability, dependability, and confirmability. The elements of transferability will also be in Chapter 4 of this study. Transferability is a connection to theory, an ability to replicate the study from the details of the methodology, and the application of the findings to different settings, contexts, and populations (Miles et al., 2014). I discussed the connection to the theories in this study in Chapter 2 and the methodology is in Chapter 3.

The use of an analytical lens includes revealing the limits of the study, the researcher's assumptions, and bias integrated with the researcher's interpretation of the data (Caelli et al., 2003). The limits of the study and assumptions are in Chapter 1 with researcher bias and assumptions in Chapter 3 in the section on Role of the Researcher. I became aware of my assumptions and biases through journaling and writing memos throughout data collection and a part of Chapter 4 data analysis.

Caelli et al. (2003), Kahlke (2014), Merriam (1998), and Thorne, Kirkman, and O'Flynn-Magee (2004) do not discount the use of the basic qualitative design. Their discussion was about the merits of using traditional quality elements of research studies.

This study on mentoring relationship preferences of RNs includes the same elements of

quality research. The elements include a conceptual framework based on theories, a

review of the literature, and description of the methodology, demonstration of rigor, and

use of an analytical lens.

Qualitative Research Designs Considered for Study

Before identifying the appropriateness of the basic qualitative design, I gave

consideration to the five common qualitative designs in healthcare research. The common

qualitative research designs in healthcare are ethnography, grounded theory,

phenomenology, case study, and action research (Cohen & Crabtree, 2006). The five

designs were not appropriate to address the purpose and answer the research questions for

this study. I did not seek to understand human society or culture such as in an

ethnographic study (Merriam & Associates, 2002; Patton, 2015). The purpose of this

study was not to develop a new theory, such as in a qualitative grounded theory study

(Merriam & Associates, 2002); rather in this study I included a conceptual framework

based on three theories. Based on the interview questions, I did not seek to discover the

structure of an experience such as in a phenomenology study (Merriam & Associates,

2002). Additionally, I did not include an intensive description of an individual or group

of people, such as occurs in a case study (Merriam & Associates, 2002; Yin, 1999) or to

solve a problem such as in action research (Patton, 2015). My rationale for selecting a

basic qualitative design was to identify the preferences of the study's participants, using

my intuition to develop the meanings to those preferences, as well as member checks for each participant to review their interview transcripts.

Role of the Researcher

As the researcher for this qualitative study, I participated in development of the research protocols. Based on literature, purpose, and research questions for this study, I developed the participant's research advertisement (Appendix C), letter of invitation to participants (Appendix D), researcher's interview protocol form completion checklist (Appendix E), research instrument interview questions (Appendix F), researcher's interview questions scripting protocol (Appendix G), and participant's thank you acknowledgement email (Appendix I). I also developed an interview protocol matrix: research questions and interview questions (Appendix A) to ensure the interview questions aligned with and answered the research questions in this study.

My biases and assumptions in this research study stem from more than 26 years of experience in mentoring relationships (as both a mentor and a mentee), which have been positive and negative. Additionally, I have completed a 20-month formal interdisciplinary mentoring program at my place of employment. The participants in the program were doctors and nurses. The topics of discussion included the role and responsibilities of the mentee and mentor, conflict resolution, how to build professional relationships, and humanism. I believe the program contributes to my positive view on mentoring relationships. Additionally, as a RN with over 26-years of experience and as an advanced

practice RN with over 20-years of experience working in hospitals, clinics, grammar schools, higher education, and the community, I have positive professional and personal experiences through which I view mentoring from a variety of viewpoints. As a result, I included positive and negative experiences of RNs in this study to provide different points of view. Additionally, in interviews I asked questions about what the RNs did not like in a mentoring relationship, or what they perceived as potentially unconstructive aspects of a mentoring relationship. Finally, RNs reviewed their transcripts, as a member check for the study. The review was to ensure the transcriptions were accurate and reflected their perceptions of their experiences. My role as a researcher was also to avoid a conflict of interest and bias that could influence participants' responses to the interview questions. To be eligible to participate in this study participants could not currently work at the same healthcare organization where I am presently employed. The intent was to avoid the perception of conflict of interest, influence, or coercion for RNs to participate in the study based on my role in the organization.

Methodology

This section includes a description of the sample population, instrumentation with interview questions, and procedure for recruitment of participants. In a qualitative research design, the three most common data collection methods are interviews, document review, and observations of participants, communities, and interactions (Merriam & Associates, 2002). For this research study, I conducted two interviews with

each of the eligible RNs who consented to participate in the study. Through open-ended interview questions, participants had the opportunity to share their perceptions and feelings about the mentor relationship (Jacob & Furgerson, 2012). The interview question format was structured and semistructured. The rationale for using a set of structured questions was for "comparability of data across individuals" (Maxwell, 2013, p. 88), such as for information related to demographic data, years of mentoring experience, and description of career stages. The reason for also using semistructured interview questions was to identify differences in responses (Maxwell, 2013). For example, when RNs described an experience in the first interview, I then reflected on their experience from the first interview, based on my experiences as a mentor and mentee, wrote memos on my reflection, bias, and assumptions. Then, in the second interview I was able to ask a follow-up question to get more details about a specific experience or preference. The follow-up questions were not the same for each participant, making the open-ended interview questions semistructured in format.

The interviews ended when I reached data saturation with 14 RNs, as themes repeated across and within the career stages. Even though themes repeated across the 14 interviews, there were new pieces of data, such as a RN in the late career stage was ready to retire versus other RNs in the late career stage who were looking for new roles as a RNs or returned to pursue another academic degree.

Sample Population

The sample population included 14 RNs working in acute care hospitals in the United States. The setting did not include behavioral health hospitals or nursing homes. The hospitals were in urban, rural, and suburban areas. The specialty in which the RNs were working was not a contributing factor for participation in the study.

The sampling strategy was a strategic purposeful strategy. The rationale for this strategic approach was to select RNs working in an acute care hospital that had experience in mentoring relationships. There were additional criteria for participant selection. The RNs had to have worked for at least six months within one year of the date of the interview, were in one of the career stages (Appendix H), had present or past experience in a mentoring relationship, and did not work at the same healthcare organization where I currently work. I recruited RNs through advertisements shared by RNs and non-RNs I knew, to other RNs I did not know, who may be interested in participating in the study. RNs knew if they were eligible to participate in the study from the research advertisement (Appendix C).

In my review of qualitative studies on mentoring, sample sizes ranged from 6–239 participants (Eller, Lev, & Feurer, 2014; Nowell, 2014; Kalén et al., 2015). The sample size for this study was 14 participants. The goal in selecting a minimum sample size of 14 participants was to reach data saturation; that is to find consistent and reoccurring patterns and themes with no new additional themes (Gentles, Charles, Ploeg, &

McKibbon, 2015; Marshall et al., 2013). Since there are no statistical formulas to determine sample size in a qualitative study as there are for quantitative studies, RN recruitment ended in this study upon reaching data saturation.

Instrumentation

As the researcher in a qualitative study I was the research instrument. I developed the research protocol, the interview questions, and conducted each interview. The interview questions aligned with the research questions and literature on mentoring (Appendix A). As the research instrument, I provided a standard introduction and exiting script for each interview (Appendix G). The interview questions are in Appendix F.

For the first interviews, I designed the opening questions to inquire about the RNs' characteristics. These were structured questions which I used to compare demographics such as age, location of the hospital, and length of the relationship.

The next set of questions addressed participants' career stage, professional experiences, and mentoring experiences and preferences. The purpose of these questions was to ask RNs about their feelings, such as what they liked or enjoyed, and what the registered nurses did not like or felt stressful about in their career. The RNs in this study spoke about the love of nursing and experiences as a RN. The RNs focused on experiences from the past or present. This was important as the RNs described details of their experience, even if the experience was over 20 years ago. This second set of questions also addressed communication and the forms of communication such as in-

person or remotely via electronic device. Finally, I asked RNs about problems they encountered. There were commonalities among the problems RNs identified, such as bullying which the mentors and RNs worked through. The details of these findings are described in Chapter 4.

During second interviews, I asked participants about mentors' influences and stress. I used probing questions to encourage the RNs to describe a stressful situation such as being bullied or confrontation with healthcare team members and asked them about instances where a mentor would have been helpful.

Two independent reviewers reviewed the interview questions for grammar and readability. I established content validity by interviewing two RNs with all the interview questions, prior to IRB approval. I recruited two RNs from clinical practice that were not working in my healthcare organization. The two RNs' interview responses were not part of the data analysis. With the RNs' responses I determined that the interview questions addressed the two research questions. The only change to the interview questions was the identification of two spelling errors.

Traditionally conducting interviews for qualitative studies occurred in-person with the researcher and participant in the same setting (Janesick, 2004, 2011; Rubin & Rubin, 2005). However, with the use of technology, interviews can take place via email, web-based video chat, texting, blogging, and instant messaging (Hamilton & Bowers, 2006; James & Busher, 2006; Salmons, 2012). For this study I interviewed participants

using web-based video conferencing technology. The web-based video conferencing

provides the opportunity to listen to the participant, observe non-verbal communication,

audio record the interview for transcription, and convenience due to the location of the

participant and researcher. I was able to capture paralinguistic communication such as

voice volume, pitch, and quality, as well as chronemic communication in pacing and

timing of speech with web-based video conferencing (Salmons, 2012). However, there

are also areas of limitation from such as an inability to detect proxemic communication,

which is interpersonal space between the researcher and participant during the interview.

(Salmons, 2012). In consideration of using web-based video conferencing, the advantages

outweighed the limitations in my study.

The goal for interviewing participants was to understand RNs' perceptions of

mentoring relationships. This was not a behavioral study of mentoring relationships in

which I needed to see how mentors and mentees interact. Nonetheless, the limitation of

kinesic communication in the web-based conferencing interview does not negate its

occurrence or the opportunity to collect such observational data. The participants set their

camera for a head to shoulder view and I was able to view eye contact and shift in body

positions during the interview.

In choosing to conduct web-based interviews, another factor to consider was that

participants in this study could come from across the entire United States without

limitation to one state or location. As the research instrument, there was a limitation to

the distance of travel with 14 participants with varying dates and times to meet each participant's scheduling needs. The advantage of web-based conferencing in this study was to allow for a diversity of participants from across the United States and meet both their and my scheduling needs. The video conferencing permitted view of the participants in a synchronous communication to ask interview questions, receive an immediate reply, and ask more questions to delve into a participant's response.

As the researcher, I encouraged participants to select a private setting for their interviews to ensure confidentiality of questions and responses and recording clarity. However, if a semi-private setting was preferred for the participant's convenience, then I requested a quiet setting. The participants had either a private setting with no interruptions during the interview or semi-private with minimal interruptions from pets, children, or partners. The interruptions did not result in participants ending any interviews. However, the participant may have requested to stop the interview, which occurred for less than five minutes in interviews.

Procedures for Recruitment, Participation, and Data Collection

The procedure for recruitment, participation in the study, and data collection started after receiving approval from the Walden University IRB (IRB). I recruited participants using the participants' research advertisement (Appendix C) that the IRB approved. Each participant had the opportunity to read the purpose and eligibility criteria of the study to determine if they were interest and eligible to participate. The eligibility

criteria for participants included (1) must be an RN (2) works in an acute care hospital setting for at least six months within one year of the interview (3) identifies in the early, middle, or late career stage (4) presently in, or has past experience of a mentoring relationship (5) works in a different healthcare organization than the researcher. The definition of the career stages are in Chapter 1 and Appendix H. Participants that had an interest in the study and met the five criteria were sent an email with my contact phone number and email address to receive the letter of invitation to participants (Appendix D). Once I received an email with a contact email or phone number from the potential participant, I called to confirm eligibility. If participants accepted a position at the same healthcare organization I worked at prior to each interview, the participant was then ineligible to participate in the study. Before the start of each interview session, I asked the participant if they accepted a position at the same healthcare organization. If the answer was no, then the interview continued. There were no participants in this study who worked for the same healthcare organization I worked for during the study.

After determination of eligibility, I emailed the consent form to the RN. The consent form included: a review of the study's purpose, background information on the study, procedure for the study, sample population, sample interview questions, voluntary nature of the study, risks and benefits of participating in the study, potential benefits of the study, payment or compensation for participation in the study, privacy, contact information for questions, Walden University IRB approval number and IRB application

expiration date, and option for email consent. If there were any questions, I answered the questions prior to starting interviews. Participants could also contact the Walden University Research Participant Advocate via the contact information provided in the consent form. At the time of the study, the Walden University Research Participant Advocate did not contact me with participants' concerns or questions.

After participants consented to participate in the study, we contacted each other by email or telephone to schedule the first interview. If participants did not consent to participate in the study after receiving the consent form, I emailed a thank you message for their interest and consideration to participate in the study.

At the start of each interview, I thanked participants for agreeing to take part in the study. I reconfirmed that the date and time were still convenient for the participant to continue with a 60–90 minute interview. If the date and time were inconvenient, I requested to reschedule with the participant. Next, I followed my study protocol with my researcher's interview protocol form completion checklist (Appendix E). If there were any questions prior to starting the interview, I answered these at that time. I reminded participants that audio recordings would occur during the interviews with a computer program. If the participant refused at that time, then the participant was not eligible to continue in the study. If the participant agreed to the recording, I started the My Screen Recorder Pro© computer program for the audio recording and started asking the interview questions. Since I planned to transcribe the narrative responses verbatim, I

wrote minimal notes so that I could focus on the participant's responses and observe body language. At the end of the interview, I thanked the participant again and informed the participant that I would send their verbatim transcript for review as a member check for accuracy in the transcription.

I saved audio recordings from My Screen Recorder Pro© on the hard drive of my personal computer and backed these up on a universal serial bus (USB). The hard drive of the computer and USB have username and password protection. I used the same procedure for the second interview including verification that their place of employment was not within my healthcare organization, the need for audio recording, and timeframe of 60–90 minutes for the interview. All participants again had the opportunity to review their verbatim transcript for accuracy as a member check.

Data Analysis Plan

In a qualitative research study the researcher uses intuition, participants' verification of narrative data, and reviews of patterns and themes to analyze the data analysis (Merriam & Associates, 2002). Even though researchers can use a computer software program to organize the data for analysis, the researcher also uses their perception, experiences, biases, and assumptions to formulate the meaning and understanding the data. A researcher's intuition reflects what appears to be of importance. Initial identification of patterns and themes are possible after review of each interview and verbatim transcript. In the analysis of data for this study, I identified emerging

patterns and themes at each interview and read and reread the verbatim transcripts. It is important for researchers to be objective to see new and emerging patterns and themes in the data (Thorne et al., 2004). To achieve this, I retained a reflective journal and memos where I considered how early themes and codes were either consistent or changed throughout the interview process and analysis. Additionally, I asked participants to perform a member check of their verbatim transcript to verify accuracy of the interview transcript.

I organized the data was in two formats, manually and with a computer software program. In the manual format, I typed the verbatim transcripts and notes of non-verbal cues into a Microsoft word document. For the second format I used the Coding Analysis Toolkit (CAT©) computer software program.

From the data organized manually, I placed the verbatim data into tables with columns for the narrative transcript, memos, patterns, themes, and codes. Then I reviewed my notes. I critically reviewed the data for common and diverging patterns and themes, which I synthesized for coding. The second method to organize data was through the CAT.

After review of three qualitative data computer programs, I decided to use the CAT program because it was cost efficient and easy to use. The other programs I reviewed were NVivo and HyperRESEARCH. In comparison to these other programs, the organization of data with CAT was clear and concise, it was reasonably priced, and

there was no additional charge for extra instructions. The results of data analysis and coding are in Chapter 4.

Issues of Trustworthiness

Trustworthiness in research is important to ensure the findings are accurate and researcher biases are avoided in the analysis of participants' data (Patton, 2015). Trustworthiness is established through credibility, transferability, dependability, and confirmability of data.

Credibility

The strategies to establish credibility, also referred to as internal validity or verisimilitude, was done by linking the data to the three theories and conceptual framework, providing rich data from the participants, and transparency on areas of uncertainty. I determined how the participant's verbatim interview data aligned with the conceptual framework of communication between the mentee and mentor from the three foundational theories I discussed in Chapter 2. The visual demonstration of linking the data with the three theories and conceptual framework appears in Chapter 4.

The participants' verbatim responses provided rich data about the participants' perceptions of mentoring relationships. The participants' responses provided the view of their experiences and perception of those experiences. Transparency was provided by including the rich data in and findings of Chapter 4.

Transferability

Transferability, or establishment, includes making clear the characteristics of the participants, describes the limits of the sample population, describes how the findings connect to the conceptual framework, and an explanation of the use of the study's findings for future research (Miles et al., 2014). The elements of transferability are described in Chapter 4. Even though generalization may not be accessible to the public from this basic qualitative study, a level of transferability or external validity in the findings would be possible (Miles et al., 2014). My analysis of participants' perspectives connected to the mentoring theory, mentoring the adult theory, and the attachment theory. Alignment to the conceptual framework and the themes from participants' responses is in Chapter 4. Also, by including the verbatim comments, readers can see how the findings could relate to their context.

Dependability

Dependability, or reliability, involved the connection of the research questions to the research design, a description of my role in the study, and demonstration of parallelism from participants' responses. The connection between the research questions and the design was the inquiry about perception and experiences. The connection between the research questions and the interview questions are represented in Appendix F. I was the instrument to conduct interviews with all participants. This provided consistency in the data collection protocol with a single researcher (Jacob & Furgerson,

2012). Parallelism involved using the same interview questions to obtain participants'

responses. The connection between participants' responses and developing themes and

codes appear in Chapter 4.

Confirmability

Confirmability or objectivity includes describing the research process, retaining a

reflective journal, and member checks of transcripts (Miles et al., 2014). The research

process described earlier included approval for the study by the Walden University IRB,

an advertisement for participants to take part in the study, participants' ability to ask

questions, and the requirement to consent to participate in the study. Then participant's

interviews took place in a private or semi-private setting. I organized the data manually

and with the use of the CAT computer software program. By organizing the data, I

identified codes and themes for similarities and differences in the participants'

preferences. Moreover, the findings could provide healthcare leaders with factors to

consider in supporting RNs with the stressors of their role and responsibilities.

My reflective journal includes a narrative of the participants' interview, as well as

my bias and assumptions of the interview. My bias and assumptions include negative and

positive past experiences in mentoring relationships as both a mentee and mentor. I also

note that I have completed a 20-month mentoring training program.

All participants had the opportunity to review the transcripts of their two

interviews to ensure accuracy as a member check. In between the first and second

interviews I identified gaps in the responses for further investigation on mentoring relationships and stress for inquiry in the second interview.

Ethical Procedures

Before recruitment of participants for this study, I completed and submitted the Standard Application for Research Ethics Review by Walden University IRB version 2015 and awaited approval to begin recruitment. The information in the application for the study included; recruitment of participants, description of participants, description of the treatment of participants including acquiring consent to participate, community partners, stakeholders, potential risk and benefits, data integrity and confidentiality, conflict of interest, data collection tools including expert review and piloting the tool.

The recruitment of participants occurred after IRB approvals. I received more than one approval from the IRB due to changes in study procedures to promote recruitment of RNs as participants into the study. The advertisement was a component of the IRB application for approval before advertising occurred. The advertisement (Appendix C: Participant's Recruitment Advertisement) included the principal investigator, the purpose of the study, criterion for participation, the requirement of written consent, confidentiality of participation, time commitment, interviews through video conferencing, audio recording of interviews, and my contact information. After potential participants reviewed the advertisement, the RN sent me an email or called me if there were further questions about the study.

In addition to meeting the criteria to participate, the participants simultaneously met the following requirement of having minimal risk of being in a vulnerable population group. By the nature of being a RN, the participants were over the age of 17. The participants were not residents of a prison, treatment facility, nursing home, assisted living, or group home for minors. The participants may have a mental or emotional disability. However, the disability did not make them ineligible to work as a RN at the time of the interview. The participants may have been pregnant at the time of the interview. However, this was not a factor contingent on the participant's participation or responses. I excluded participants that could be my subordinates or students. The participant might be less fluent in English where I may not have previously realized. In this situation, no participants acknowledged their lack of fluency in English or doubted their ability to respond to the questions. One participant, who initially participated in the first interview, did not continue and opted out of the study before participating in the second interview. I did not include interview data from that participant in the final data. No other participants opted out of the study; even though I made all participants aware of this option in the consent form. When I identified if a participant was unable to answer a question, I rephrased the question. No participant had to end their participation in the study because they could not understand the questions. I did not note any participants in crisis, nor did participants reveal they were in a crisis. The participant may be economically disadvantaged. However, I was not aware of this situation during the

interviews. I maintained the confidentiality of the situation and not pressure participants

to continue in the study prior to consenting or thereafter. There was no participant over

65 years of age. I addressed safety issues if they arose.

The written consent form included the purpose of the study, voluntary

participation, risk, benefits, possible harm, burdens, option to withdraw from the study at

any time, confidentiality, compensation, my contact information, contact information for

Walden University IRB privacy, confidentiality of data, and data storage and security. If

participants declined to participate, I retained their name and contact information

including an email or phone number, so I did not invite the same participant again. If a

participant, at any time during the study, refused to continue to participate or withdrew

early, the data would remain confidential and stored with completed participants'

interview data but stored in a separate folder for written transcripts, computer folder, and

audio files. For participants who exited early, they received the thank you letter for their

participation and would still be able to contact me with questions and concerns. When

withdrawals occurred, recruitment of additional participants continued until the minimum

sample size or data saturation was reached.

As the sole supporter of this study, there were no community partnerships. The

stakeholders could include healthcare nursing leadership and hospital-based nurse

educators who could use the findings to develop mentoring program curriculums that

address the needs of RNs at different career stages. The stakeholders could also include

individuals from national nursing organizations that provide mentoring programs.

Additionally, individuals from national nursing organizations who develop curricula for

nurse mentoring programs could consider the findings from this study to prepare mentors

for different needs of RNs and according to the three career stages.

  The potential risks to participants were minimal in this study. There was a risk of

unintended disclosure of participating in the study if the participant revealed this

information to others. There was anticipated minimal psychological stress as the

participants discussed present or past mentoring relationships. A potential stressor was a

relived negative mentoring relationship. If a concern arose, I asked for permission from

the participant to refer to the Walden University IRB for further assistance to support the

participant. If the participant revealed sensitive personal information, inclusion would

only occur with the permission of the participant and if it was relevant to the mentoring

relationship. The risk for unwanted intrusion or lack of privacy was minimal. I was in a

private location for all interviews. Moreover, I requested participants to be in a private or

semi-private location. The semi-private location did create a minimal risk for lack of

privacy but may have been convenient for the participant due to family or personal

obligations. There was no risk of social or economic loss, or misunderstanding of effects

of an intervention as the study was non-experimental. The perceived coercion was

minimal as participants from my healthcare organization were excluded from the study.

There were no anticipated minor or major risks to participant's health from participation

in this study, nor were there anticipated minor or major health risks to future stakeholders using the findings from this study.

To maintain data integrity, only I have access to the participants' identifiable data. I stored the data on my password-protected computer and a password-protected USB device. Participants were able to contact me directly by email or telephone to ask questions, email their consent, and set-up interview sessions. I have retained written data and the USB device are in a locked box to protect participants' confidentiality. I am the only person who knows the name of participants with their associated demographic information, alias names, and interview responses. For publication of the results, alias names accompany verbatim data. I did not include in the study data that could be associated with a participant or data that could reveal the participant's identity.

I minimized conflicts of interest by not including a sponsorship for the study and including a criterion where the participant and researcher could not work for the same healthcare organization. The research tool was my original design. The interview questions were reviewed and revised based on two RNs comments.

A total of 14 RNs working in an acute care hospital setting participated in the research study. To describe the participants' demographic characteristics, I included name (participant selects an alias name for confidentiality), contact email address and telephone number, identified gender, age, identified career stage, years of experience as a RN, type of hospital setting, and length of present or past mentoring relationships. The

sampling strategy was a strategic purposeful strategy with equal opportunity to participate in the study if participants met the eligibility criteria. Participants knew they were eligible to participate by reading the advertisement (Appendix C) and speaking with me on the telephone. Exclusion of a participant occurred if an individual did not meet the eligibility criteria, sign the consent form or was unable to participate in two interview sessions. I did not include protected health information from participants in the collection of data.

Archival of Data

By federal guidelines and the Walden University IRB requirements, the typed transcriptions, audio recordings, consent forms, and researcher's interview protocol form completion checklist (Appendix E) will be retained in a secure location for five years. The location of the documents and recordings are on the hard drive of my personal computer and on a USB device with a username and password. The purpose of saving the documents and recordings on two devices was to have a back-up of the data should one device be lost or damaged. The typed transcripts, signed documents, and USB devices are stored in a locked box with a key for five years after study completion. To maintain participants' confidentiality only I have access to the username, password, and key to the locked box. After 5 years, I will dispose of the data by burning transcripts and cleaning the data on the USB devices.

Summary

In Chapter 3 I described the research method and design to illustrate the connection and alignment between the research questions and the research purpose. The methodology discussion included an outline of the steps for conducting the study. I organized the interview questions into five categories to include demographic, career stage, nurse's experience, mentoring relationships, and the mentor and stress questions. The interview included structured and semistructured questions. There was a discussion of the role of the researcher including biases and assumptions. There was a description of the sample population and instrumentation and further development in the ethical aspects of the study. I demonstrated the rigor of the study in my discussion of trustworthiness including credibility, transferability, dependability, confirmability; and ethical procedures. Trustworthiness includes demonstrating the credibility of this study by linking the data to the conceptual framework. The conceptual framework was developed from three seminal theories and connected to the research questions, research purpose, and providing rich data from participants' interview responses.

I addressed ethical considerations for this study by meeting the Walden University IRB requirement that follows national research standards including appropriate recruitment of participants; obtaining informed consent for participation; treatment of participants; protection of participants' rights; and data collection and storage. After data collection and analysis, I have included in Chapter 4 a description of

the findings of this study. Chapter 4 also includes, the research setting, participants'

demographics, data collection methods, data analysis, evidence of trustworthiness

including credibility, transferability, dependability, and confirmability, and results of the

study.

Chapter 4: Results

The purpose of this qualitative research study was to describe the mentoring relationship preferences of early, middle, and late career stage RNs working in an acute care hospital setting. I examined mentors' influence on RNs' perception of stress in the healthcare environment. I selected the qualitative approach because it was the best way to understand RNs' experiences, perceptions, and preferences in mentoring relationships.

The two research questions for the study were,

Research Question 1: What are the mentoring relationship preferences of early, middle, and late career stage RNs working in an acute care hospital setting?

Research Question 2: From the perspectives of early, middle, and late career stage RNs, how could mentors guide, influence, and support RNs' perception of work-related stress in an acute care hospital setting?

The mentors in this study had a positive influence on RNs' perception of stress in their personal and professional life. I describe the RNs' preferences and mentors' influences in this chapter. I also include in this chapter the setting of the study, participant demographics, the data collection method, and data analysis. Furthermore, I address evidence of trustworthiness including credibility, transferability, dependability, and confirmability. The last two sections include answers for the two research questions by identifying the themes from the interview data.

Setting

This study took place in the United States with RNs who worked in an acute care hospital setting within 1 year of the interview. The definition of an acute care hospital, for this study, is a hospital where patients received care for short-term medical conditions (e.g., maternity care, pre- and post-surgical care, and stabilization of medical conditions). Also included were hospitals with patients with long-term medical conditions including complex patients on mechanical ventilators and patients receiving intravenous therapies. The acute care hospitals were in rural, suburban, and urban settings.

Exclusion criteria included acute care hospitals outside of the United States, long-term care facilities such as behavioral health facilities, and ambulatory settings (e.g., clinics, provider practices). I also excluded RNs working in a school setting or home care. I did not ask RNs about their type of hospital specialty or if they worked in more than one hospital setting as a criterion to participate. Additionally, I excluded RNs working in hospitals in the Northwell Health, Inc. healthcare organization, based in the state of New York, due to potential conflict of interest or perception of coercion in recruiting RNs. As an employee for Northwell Health, Inc. at the time of the study, there was potential for conflict of interest or coercion.

Potential external factors that could have influenced participants in this study can be found in published literature on mentoring in nursing and promotion of mentoring programs by national nursing organizations. The national organizations include the

American Nurses Association's (2018) and the American Association of Nurse Executives' (2017) mentoring programs. However, I assessed this influence to be minimal as RNs for this study described mentoring relationships that could have occurred prior to recent publications and national promotions.

A factor that influenced my interpretation of the findings were my experiences as a RN, a mentor, and a mentee. I have worked as a registered nurse for over 26 years in women's health and perinatal care in such settings as acute care hospitals, community hospitals, and ambulatory settings. I have also taught in grammar school for a community organization and worked in the academic setting as an adjunct faculty member for Associate, Bachelor, and Master's degree nursing programs. During those experiences in academic environments, I was a mentor to middle school students and nursing students. I was also a mentee as a nursing student and in my professional career as a nurse and educator. I hold three certifications as a nurse midwife, a nursing professional development specialist, and in fetal monitoring. With these certifications I have had the opportunity to mentor others in those same specialties. Additionally, during my undergraduate nursing program I developed a mentoring program for senior nursing students to mentor junior nursing students in the program. I am unaware if the mentoring program continued after my graduation. I have experience in a formal mentoring training program where for 10 months I was the mentee in the program and then for another 10 months I was a mentor in the program. In 2018, I joined a mentoring taskforce at the

health system where I work to be a part of the development a nursing mentoring program.
At the time of this study, I was a contributing member on the mentoring taskforce. As a
result of my experience and potential bias in interpretation of the results, I have included
my comments from my research notes. I have also included direct quotes from RNs in the
study regarding their preferences and experiences with their mentors to expose their
reality and differentiate my perspectives on mentoring.

<div align="center">**Description and Background of RN Participants**</div>

Fourteen RNs participated in this study including 13 women and one man. Each
RN self-selected an alias name to maintain confidentiality in the publication of this study.
Each interview started with introduction questions to identify the RNs' age, gender,
professional experience, the number of mentors they had, and where they were in their
career stage. From this I was able to create a description and background of each RN. The
next section describes the characteristics of each participant in this study.

Denise

Denise was 23 years old at the time of the interview. She identified herself as
female with 9 months of nursing experience, placing her in the early career stage. She
worked in a suburban hospital in the specialty of labor and delivery on the night shift.
During the first interview, Denise shared that she was interested in a day shift position
due to personal commitments such as church activities and the distance from her home to
work. By the second interview, Denise had accepted for a day shift position. Denise

identified two mentoring relationships. One relationship was with peers in nursing school and the second was a formal relationship where she was assigned a mentor at work.

Presently, in her early career stage Denise stated she feels "pretty well equipped and confident, better than I thought I would be off of orientation." She stated:

Patients always notice that I am young, so just being 23 and having the opportunity to be in this career field that has so many different possibilities . . . I think being young and having energy and the resources to actually dive in and take advantage of what is being offered to me right now. I don't feel stressed because if I don't know what I am doing, they [the RNs she works with] always answer my question, so right now I am loving where I am at and I will continue to grow and you know gain more experience.

Denise stated that she did not experience stress in providing patient care due to her support from RN colleagues. However, she was experiencing stress from the aspect of work-life balance. In her description of her assigned formal mentor (presented later in Chapter 4) the mentor was not present a sufficient amount of time to communicate solutions to her work-life balance concerns.

Darlene

Darlene was 24 years of age at the time of the interview. She identified herself as female with 7 months of nursing experience, placing her in the early career stage. She worked in a rural hospital on a surgical floor on the night shift. Darlene had three mentors

she spoke about during the interview. One mentor was in nursing school and one mentor started with Darlene in nursing school and was still involved in her life. The third mentor was Darlene's present nurse manager. Darlene self-selected all her mentors and none of her mentors were formally assigned.

Presently, in her early career stage Darlene stated:

I'm very comfortable on the night shift. They [the RNs with whom Darlene works] have taught me so much. Everyday there was a new experience; they always have something to offer. If there was like a new procedure or something, they think I have not seen it before they always let me see it so I can be familiar with it . . . the staff that I work with are great. They have taught me so much.

She was interested in changing to a day shift position; however, she stated "it is so much crazier during the day." One reason for switching to a day shift was related to a health concern that Darlene did not specify.

Darlene's was supported by her colleague RNs and stated she felt comfortable. Darlene's statement was a surprise to me as an experienced RN to have less than one year of experience as a RN and feel comfortable. My interpretation from the literature is that, based on age and career experience, early career RNs tend to experience stress due to lack of experience. However, since Denise's and Darlene's statement of support from their colleague RNs there may be a contributing factor to their feeling of being comfortable. Moreover, Denise's and Darlene's learning opportunities focused on the

clinical care of the patient and exposure to different patient care experiences that may contribute to their perception of stress on work-life balance and not patient care.

Bianca

Bianca was 35 years of age at the time of the interview. She identified herself as female with 8 years of experience, placing her in the early career stage. She worked on a combination antepartum (term for pregnant women before birth) and postpartum (term for women up to 6 months after birth) unit where mothers and babies receive nursing and medical care. Bianca had two different mentors. She had the first mentor for 8 years beginning in nursing school and continuing until the time of our interview. The first relationship developed from an assigned preceptor relationship to a mentoring relationship. Bianca knew her second mentor for 2 years. Bianca selected her as a mentor and at the time of the interview they were working together.

Bianca said that she had a feeling of excitement in her early career stage. She felt that:

Coming to the field [of nursing] you are eager to learn, open to criticize, open to experiences. You really want to be a part of the team; you really want to make a difference. And, you are kind of finding your niche, and you are trying to incorporate the things you learned from school.

Bianca repeatedly stated her love for nursing and the field of obstetrics. Bianca described her stress in communicating with the staff she worked with. She was

developing as a leader on her unit based on encouragement from her mentor (whom I will

discuss later in Chapter 4). Bianca expressed that her stress stemmed from managing to

take proper care of herself, for example through diet, and achieving work-life balance.

Amanda

Amanda was 35 years of age at the time of the interview. She identified herself as

female with 15 years of nursing experience. Amanda's years of experience placed her in

the middle career stage. In comparison to Bianca, Amanda started her nursing career at an

earlier age. At the time of the interview, Amanda was working in an urban setting. She

had worked in trauma, on a cardiac telemetry floor with patients on ventilators,

cardiothoracic, cardiac intensive care, and, intensive care. She worked solely with adult

patients. Amanda had a mentor for 4 years. The mentor found Amanda online and

contacted her. After speaking with Amanda, the mentor volunteered to be Amanda's

mentor and Amanda agreed. Amanda said:

> I think I am comfortable . . . I think no matter what you do, you are not 100%
>
> because things are always changing in healthcare in everything from EMR
>
> [electronic medical record] to different devices we use they are always evolving. I
>
> am comfortable with the people. But I'm not going to say I'm 100% comfortable
>
> with everything but I think I have evolved

Amanda would follow statements regarding her comfort with a disclaimer

explaining she was open to changes and learning in healthcare. She did not consider the

clinical care of the patient as a stressor. Amanda spoke of stressors such as changes in healthcare of value-based care (pay for performance), looking at numbers (quality and quantity of care), and the demands on nurses. She also spoke about her stressors in communicating with team members. Amanda was the only RN in the study who had a mentor seek her out and volunteered to be a mentor.

Nasemma

Nasemma was 41 years of age at the time of the interview. She identified herself as female with 15 years of experience. Nasemma's years of experience places her in the middle career stage. At the time of the interview, Nasemma was working in a hospital in a rural setting. As a RN, she has worked in a prison, a behavioral health unit, and in the quality department in a hospital, and as a nurse manager. Nasemma had one mentor for 15 years who was also presently her director. Nasemma self-selected her mentor after the mentor helped her get a job as a RN.

Nasemma described being in the middle career stage stating that "I'm happy where I am . . . it's always good to have another experience" as she has worked in different roles and specialties. At the time of the interview she was working to develop compassion and respect among the nurses she was working with in their understanding patients' diagnosis.

Myra

Myra was 38 years of age at the time of the interview. She identified herself as female with 16.5 years of experience. Myra years of experience places her in the middle career stage. She was working in a hospital in a suburban setting. Myra's background includes medical surgical and telemetry. She has worked as a nurse educator and as clinical nurse specialist. Myra described having mentors throughout her life. However, during her interview she focused on two mentors.

In the middle career stage Myra spoke about being an educator and "the evolution of technology of how it infiltrated nursing" such as the electronic medical record. She also spoke about working with "four different generations" of nurses and educating them on using computers for documentation. She found this difficult depending on the computer skills of the nurse, for example with nurses who were not as familiar with computers.

Michele

Michele was 37 years of age at the time of the interview. She identified herself as female with 12.5 years of experience as a RN. Michele work as a licensed practical nurse prior to becoming a RN. For this study the years of experience relate to being a RN, which would place her in the middle career stage. She was working in a hospital in a suburban setting. Michele's background includes working with postoperative perioperative, general surgery, oncology, bariatric, orthopedics, intraoperative, and acute

home care. She has been a staff nurse and nurse educator. Michele spoke about two mentors during the interview. The first mentor she met early in her career and the second mentor was her present director. Michele's mentors were not assigned; she independently selected both mentors.

In her present career stage, Michele stated she felt "comfortable . . . of a broader knowledge of nursing. But I still feel in terms of my position in education there are still things that I would like to learn." She shared that she would like to learn about, "budgeting issues, and fall matrix, and quality data"

Michele's focus was not on the clinical care of patients. Her concern was on knowledge that nursing leaders sought to gain, such as budget and data and developing relational skills in working with others. Michele also mentioned a comfort in her career, yet she added the disclaimer that there was more to learn.

Kelly

Kelly was 40 years of age at the time of the interview. She identified herself as female with 13 years of experience. Kelly's years of experience places her in the middle career stage. She was working in an urban hospital setting at the time of the interview. Kelly's experience ranged from doing humanitarian work in pediatrics, intensive care, geriatrics, out-patient ambulatory, general surgery clinic, and surgery. She worked as staff nurse as well as in leadership roles such as a clinical manager and clinical nurse specialist. Kelly spoke about two mentors during her interview. She has known one

mentor for 1 month due to the short duration she has worked at her present position. The

second mentor she knew for 1.5 years. Kelly's mentors were not assigned, and she

selected both mentors.

Kelly stated that in the middle career stage "I love that I am in a position right

now where I don't have a supervisory role . . . I get to focus on teaching and mentoring . .

. I can focus on things I really enjoy". She also shared that in this stage there was a

culture change in working with people with different titles and age groups as young as

18–19. Kelly found the work ethic of younger group was "a little different than my work

ethic." She stated that the 18–19-year old nurses "have to have things handed to them on

a silver platter sometimes."

Kelly was in a leadership role where she was able to balance her clinical and

leadership skills without supervision of others. In her recent new role, her stressor

stemmed from role transition. She also faced the challenge of understanding and working

with different generations among the staff. Once again, the focus of RNs in the middle

stage career shifted from clinical skills to leadership skills and continuous learning

culture.

Tracy

Tracy was 36 years of age at the time of the interview. She identified herself as

female with 15 years of experience. Tracy's years of experience places her in the middle

career stage. At the time of the interview, she was working in an urban hospital setting.

Tracy's experience included work as a nursing assistant while she was in nursing school and then after graduation worked in several types of pediatric emergency rooms. At the time of the interview she was a clinical educator in a pediatric emergency room where she was able to provide education to the nurses as well as patient care. She spoke about one mentor during her interview that she had known for 3 years. The mentor started as a nurse Tracy was training to work in her department and then the nurse turned into Tracy's mentor.

In the middle career stage, Tracy stated "I love that no two days are the same, and there is never any shortage of work to be done." She shared that she would like something closer to home as her job was 54 miles away. However, she stated that the pay and aspects of the job have kept her in the position.

Tracy enjoyed her work and role. However, her stressors were work-life balance due to her distance to travel between home and work and the need to work at her present position due to the salary. Tracy adapted to her stressors according to the needs in her life and enjoyment at work.

Lynn

Lynn was 61 years of age at the time of the interview. She identified herself as female with 30 years of experience, placing her in the late career stage. Lynn was working in a suburban hospital setting. Her experience included orthopedics, emergency room, and home care. Lynn spoke about two mentors during her career. The first mentor

was assigned to Lynn and she knew her for 6 weeks. The second mentor Lynn selected, and she has known her for 29 years. The relationship with the second mentor started in nursing school.

Lynn states "I love being a nurse. It's something I always wanted to do years before I went to nursing school, so I have absolutely no regrets . . . . I would like to get a little more back into making a difference" At the time of the interview, Lynn was interested in entering the specialty of oncology.

Lynn's interest remains in direct patient care and one would consider Lynn close to retirement. However, Lynn shared that with paying for college and other financial obligations; she did not see retirement in the near future. She was planning to contact a mentor to speak about her next career move to oncology. I was surprised by the new interest in specialty shifting. However, this theme resonated among the late career RNs. Lynn had an eagerness to learn even though she expressed fear in pursing her interest and taking on another position.

Rosanne

Rosanne was 57 years of age at the time of the interview. She identified herself as female with "almost 38" years of experience, placing her in the late career stage. Rosanne was working in a suburban hospital setting. Her experience included working in acute care hospital settings, rehabilitation hospitals, nursing homes, and long-term care with sub-acute services. She worked as an educator, supervisor, assistant director, and

consultant. Rosanne had two mentors she spoke about during the interview. She had one

mentor for 4 years and a second mentor for 8 years. Rosanne's mentors were not assigned

as she selected both mentors.

In the interview Rosanne shared, "I like the fact that I have accomplished a lot of

stuff over a long period of time. I think people respect me for the knowledge that I bring

to the table . . . and my career has been very varied." She was at a point in her life that

she said "I've done everything I wanted to do. I'm not aspiring to do this, that, and the

other. I'm comfortable with who I am. I know my skill set. I'm good doing what I'm doing

now". Then Rosanne shared that she felt she was becoming stagnant. As a result of her

feeling she decided to enroll in a PhD program and had just completed her first year. She

stated, with regard to her late career stage, "I have to keep my brain cells moving. I have

to do something for me." During the interview Rosanne's perception of herself shifted

from I am good to I am stagnant.

Adjoa

Adjoa was 65 years of age at the time of the interview. She identified herself as

female with 22 years of experience as a RN, placing her in the late career stage. She had

one year of experience as a licensed practical nurse. Adjoa was working in a suburban

hospital at the time of the interview. She has worked in a sub-acute unit, medical-

surgical, and intensive care. Adjoa spoke about two mentors during her nursing career.

The first mentor started as Adjoa's assigned preceptor and then Adjoa selected her to be

her mentor. The second mentor she was presently involved with at the time of the interview was her nurse manager who Adjoa selected as a mentor.

Adjoa stated she thanked God that she made a successful career in nursing. She was "ready to walk out" and retire. Adjoa stated that she did not feel respected for her knowledge "because with the younger ones coming in the scene with computer knowledge and computer savvy" and her "paper and pencil knowledge" there were difficulties in building relationships to help each other.

Adjoa expressed that she wanted to build a relationship with the younger generation because she felt that if they could help her with the computer, she could help them by sharing her knowledge and experience. Adjoa's perspective on the situation highlights the communication issue with respect to support each other, even if not in a mentoring relationship. However, with there being two perspectives in a situation it is impossible to know how efforts were being made to build the relationship between generations. Adjoa was the only RN in the study who was seeking retirement. She mentioned looking forward to reading more during her retirement.

Madeline

Madeline was 50 years of age at the time of the interview. She identified herself as female with 22 years of experience. Her years of experience place her in the late career stage. Madeline worked in sub-acute long-term care, acute care settings, medical surgical unit, pediatric vent unit, mother baby unit, newborn nursery, female surgery, long term

care, and geriatric. She has had multiple mentors as a nurse and focused on three. She had

one mentor for 2 years, the second mentor for 3 years, and the third mentor for 1 year.

Madeline was feeling "a bit stagnant. I am going into the master's program this

fall for nursing education." Her interest in returning to study education stemmed from her

feelings of enjoyment in teaching. She stated:

> I like teaching the new grads. That is where I get my pleasure. I like teaching
>
> them the right way and that they can come to me. I see teachers intimidate the
>
> students . . . I enjoy teaching them the right way and to love nursing as much as I
>
> do.

Madeline was another late career RN not seeking retirement. She was interested

in teaching others. The feeling of stagnation did not move RNs to another profession. The

feeling of stagnation led to an interest in pursuing a different specialty within the same

profession.

John

John was 54 years of age at the time of the interview. He identified himself as

male with 26 years of experience placing him in the late career stage. John worked in a

renal transplant unit, mental health unit in as a small community hospital, acute mental

health, long term care, medical surgical, and nursing informatics. He has taken on the role

of staff nurse, nurse educator, and psychiatric nurse practitioner. John stated he had

several mentors. His mentors included nurse educators and a non-nurse who educated him on medical records and building templates in his present role in informatics.

In the late career stage John spoke of his interest in pursuing another specialty in healthcare, for example in performance improvement. However, at the time of the interview John was interested in learning from others already in his position of interest. He also spoke about the larger impact of the nursing shortage, noncompetitive salaries for his region, and the difficulty in attracting nurses to take positions in his type of institution. He stated about his present setting "it could be the specialty, or it could be the institution because the institution was known to be a good work environment. But we have kind of fallen down on that."

John was another RN not seeking retirement. He was interested in pursuing another specialty within the same profession and adding to his knowledge. His focus at this stage was not on clinical experience. The participants repeated having an interest in learning skills within the profession that were more than clinical, hands-on skills in caring for patients.

<div align="center">**Summary of Participants**</div>

The participants in this study were RNs between the ages of 23–65 with a mean age of 43. The mean age of nurses in the United States was 45 (Department of Health & Human Services, 2013). The RNs had between 7 months to 38 years of experience with a mean of 17 years of experience at the time of the interview. Eight RNs worked in a

suburban setting, two RNs worked in a rural setting, and four RNs worked in an urban setting. According to the United States Nursing Workforce: Trends in Supply and Education (2013), a majority of nurses' work in urban and secondly in rural settings. In the United States report there was not a separate category for nurses working in suburban settings, as in this study. The demographics of the RNs in the study match the demographics of the national population of RNs. Even so, it is not possible to generalize the findings of the study due to sample size.

In the work by Kram (1988), mentoring relationships can be for a period of six months and last for many years. The RNs in this study identified their length of mentoring relationships ranged from eight weeks to 29 years. Even though the length of the relationship was a little as eight weeks, the description of the relationship aligned with Kram's (1983, 1988) characteristics of a mentoring relationship.

I divided the career stages into early career stage between 6 months to 9 years of experience, middle career stage between 10–20 years of experience, and late career stage over 20 years of experience. The two early career RNs with less than one year of experience had different views than the RN with 8 years' experience, whose views were closer to those in the middle career stage. As I have noted above, the age the RNs entered into nursing practice will dictate the number of years of nursing experience at the time of the interview. Therefore, RNs in this study can be the same age and have different years of experience.

Of the 14 RNs, the two early career RNs with less than one year of experience sought new clinical experiences in caring for patients and felt comfortable in their career stage. The one RN in the early career stage with 8 years of experience reflected that she could not consider herself 100% comfortable in nursing as there was still more to learn. The middle career RNs also sought to add to their knowledge and focused on developing in their present positions. The late career RNs were seeking new specialties within the nursing profession and two were feeling stagnant and returned to graduate school. The RNs in this study, either had a mentor, were looking for a mentor, or had a desire to reconnect with a past mentor. Only one RN, Adjoa, was seeking retirement. As the only RN seeking retirement, she still sought to develop a relationship with the younger generation of RNs she was presently working with. Adjoa shared that a fellow RN asked her to remain as an adjunct academic faculty to stay in nursing. However, Adjoa felt it was time to take a break and but thought she might return later to teaching.

The demographics of the RNs are depicted in Table 1. Table 1 includes the alias names, age, gender, nursing experience, hospital setting, and length of mentoring relationship. The table provides a quick view of the age and experience range, the common hospital setting, and the range of mentoring experiences as defined by the RNs.

Table 1

Participant Demographics

Alias Name	Age	Gender	Experience	Hospital Setting	Length in Mentoring Relationship
Denise	23	Female	9 months	Suburban	6 months & 2 years
Darlene	24	Female	7 months	Rural	7 months & 4-5 years
Bianca	35	Female	8 years	Urban	2 years & 8 years
Amanda	35	Female	15 years	Urban	4 years
Tracy	36	Female	15 years	Urban	3 years
Michele	37	Female	12.5 years	Suburban	13 years
Myra	38	Female	16.5years	Suburban	16.5 years
Kelly	40	Female	13 years	Urban	1.5 years
Nasemma	41	Female	15 years	Rural	15 years
Madeline	50	Female	22 years	Suburban	1 year, 2 years, & 3 years
John	54	Male	26 years	Suburban	15 years
Rosanne	57	Female	38 years	Suburban	4 years & 8 years
Lynn	61	Female	30 years	Suburban	6 weeks & 29 years
Adjoa	65	Female	22 years	Suburban	2 months & ongoing

Table 2 shows the career stages for each of the RNs. Initially, the career stages were defined by age. However, in analyzing the data the significance of experience had greater relevance than age, particularly as the registered nurses started their career at different ages. For example, Adjoa had 22 years of experience and Rosanne had 38 years of experience. However, Adjoa was 65 years of age and Rosanne was 57 years of age. Adjoa spoke about retirement with 22 years of experience and Rosanne spoke about her continued experience in nursing beyond 38 years of experience and the role of a mentor in her life.

Table 2

RNs Career Stages

Early	Middle	Late
0 –9 years of experience	10–20 years of experience	Over 20 years of experience
Darlene 7 months	Michele 12.5 years	Adjoa 22 years
Denise 9 months	Kelly 13 years	Madeline 22 years
Bianca 8 years	Amanda 15 years	John 26 years
	Nasemma 15 years	Lynn 30 years
	Tracy 15 years	Rosanne 38 years
	Myra 16.5 years	

Data Collection

Data were collected through two interviews with each consenting RN. In this section, I describe the recruitment strategies, the location of recruitment, the frequency of data collection, duration of data collection, and interviews with the participants. Finally, I include descriptions of data recordings, variations in data collection from the original plan, unusual circumstances encountered in data collection, interviews, and my notes collected during the research study.

Fourteen RNs met all criteria to participate, consented to participate in two interviews, and reviewed their two verbatim interview transcripts for accuracy. I started recruitment after receiving the initial approval from the Walden University IRB. After the initial approval, the recruitment advertisement (Appendix C) was posted on Walden University Research Pool. The Walden University Research Pool was an online posting of research studies to recruit student participants. After six weeks without any contact from potential RN participants, I submitted to the IRB a request to expand my recruitment. My request was to ask RNs I knew personally and professionally to share the research advertisement with RNs they knew. The RNs could also request a copy of the research recruitment advertisement to give to RNs who may be interested in participating. The IRB approved this request.

After nine weeks of recruiting, three RNs agreed to participate in the study. However, another challenge arose during one of the initial interviews. One RN's

computer program would not work with the Skype video platform. We could hear each other; however, we could not see each other. As a result of this challenge I made another request to the IRB to add more video platforms such as ZOOM, Face time or other platforms as needed by the RNs. Additionally, I requested to ask people (RNs and non-RNs) I knew to share my research advertisement. The IRB again approved my request. After 6 months of recruitment there were seven RNs in the study. I returned to request IRB approval to ask RNs and non-RNs I know at my place of employment to share my recruiting advertisement to RNs they know outside of the organization. A member of the nursing leadership team of the organization granted permission to share the research advertisement. As a result of the various recruiting methods, seven more RNs completed the two interviews resulting in 14 RN participants. After analysis of the interview data according to career stage by years of experience, I reached data saturation with 14 RN participants as themes appeared repeatedly in the data. The repeated themes are in the narratives of how each RN responded to the interview questions. Narrative data from each RN is included in this chapter.

The frequency of interviews occurred, on average, every 3.5 weeks. The total duration of data collection was approximately 34 weeks. The first interviews ranged between 23–55 minutes (mean: 35.21 minutes). The second interviews ranged between 15–60 minutes (mean: 34.14 minutes). I completed data collection using two methods. The first method used was My Screen Recorder Pro 2.6 program for verbatim audio

recordings of each interview. The second method was my written research notes taken during the interviews. I informed each participant when the audio recording started and ended. Additionally, I informed each participant of my need to take notes during the interview to explain why I might have looked away from the video conferencing camera.

I conducted participant interviews according to the availability of the RNs. Verification of consent occurred before each interview. I used the researcher's interview protocol form completion checklist (Appendix E) for each interview as a standard to document the interview process. Each interview started with an introduction script and ended with a concluding script (Appendix G). The interview instruments for the first interview included questions on demographics, career stage, RNs' experiences, mentoring experience and preferences, the mentor, and stressors (Appendix F). The second interview questions were about the mentors and stress. The second interview included probing questions based on responses from the first interview (Appendix F). The data were audio recorded and saved to a password-protected computer and USB. Each participant answered all interview questions. After each interview, the participants received a thank you email (Appendix I) for participating. I reviewed and analyzed each recording and transcribed each interview. I emailed the interview transcript to each participant for member check to ensure the accuracy of the interview. From 28 transcripts (two interviews per RN), two RNs requested changes in their transcripts for grammar edits and to ensure the answers reflected the questions. I made all corrections and emailed

to the two RN participants for review. The two RNs did not request further changes in their transcripts.

Data collection with each RN participant was with Skype or ZOOM for video conferencing and recorded with My Screen Recorder. Participants used either a computer or phone for each interview. The location of the interviews was in the United States in the RN participants' home (as stated by the participants), except one participant conducted the interview at work.

The notes I took during data collection included comments of my thoughts from the interviews, in addition to verbal and non-verbal communication from the RNs. For example, I noted the smile RNs expressed as they spoke about their feelings of love about being a nurse or their feelings of love for the nursing profession. In the notes I included that RNs identified the lack of the formal title of mentor for their mentors except for two RNs who acknowledged mentors with the formal title of mentor.

The variation in data collection from the original plan presented in Chapter 3 occurred because of the inability of Skype to function on a RN's brand of computer or phone. The variation did create a challenge as I cannot determine if the reason the RN did not continue with the study was due to difficulty with the video platform. For this reason, other video conferencing platform options were available to the RNs.

The second variation from the original plan was to have a minimum of 15 RNs. After 14 RNs, I reached data saturation as repeated themes appeared in the data. Another

unusual circumstance encountered in the data collection was the length of time to recruit

RNs for the study. Due to a RN population between 3-4 million in the United States, I did

not anticipate the length of time for recruitment would take 34 weeks after initial IRB

approval. There were five factors that may have contributed to the length of time to

recruit RNs. There could be a lack of RNs experience in participating in a mentoring

relationship. The RNs identification of a preceptor as a mentor would not meet the

criteria. The RNs may not have the personal and professional time in their lives for

interviews and reading the transcript after each interview to ensure accuracy. RNs may

also not have been interested in participating in the research study.

Data Analysis

After data collection, three steps were taken to analyze the data inductively to

identify code units and themes. I transcribed data into Microsoft Word, Excel, and the

CAT program. I organized demographic data into an Excel spreadsheet (Table 1). I

created an additional Excel spreadsheet to organize RNs by their alias name, date of first

and second interview, length of interviews, timing of initial IRB approval, and IRB

request for changes due to length of recruitment and advertising. I copied the interview

transcription data from Word documents to Excel documents for coding the data. I

divided the narrative interview data into columns headed as career experience and stage

(CES), stressors (S), and mentoring relationship preferences (MRP).

I used inductive reasoning to identify themes from RNs' answers. I organized narrative data from each RN to highlight themes. There were discrepant cases such as the RN in the later end of the early career stage that was not as focused on building clinical skills and the late career RN interested in retirement.

Evidence of Trustworthiness

Trustworthiness in a study includes credibility, transferability, dependability, and confirmability to uphold rigor in a study (Miles et al., 2014; Thorne et al., 2004). I addressed all four areas in this study. This section of Chapter 4 includes a description of how I addressed each aspect of trustworthiness.

Credibility

Credibility in this study was achieved through triangulation of the rich and thick interview data, member check by RNs, and alignment of results to the conceptual framework. Each RN participated in two interviews through video conferencing. The opportunity to use video conferencing provided the opportunity to see non-verbal body movements such as facial expressions and upper body movements, verbal replies with audio recording of all the interviews, and the opportunity to ask open-ended questions. During each interview I took notes of the facial expressions and upper body responses (e.g. smiles and tears). After each interview I added to my notes to describe what I heard, saw, and felt. Then, I transcribed the interviews and emailed the transcripts to the RNs for review for accuracy. Two RNs requested changes in two of their interviews. The patterns

from data analysis aligned with aspects of the conceptual framework developed from the three theories. Further descriptions of the alignment with the results are discussed in chapter 5.

Transferability

Transferability refers to the opportunity to apply studies' findings to other contexts, populations, and settings (Miles, et al., 2014; Patton, 2015). The 14 RNs in this study worked in hospital settings in the United States. The small sample size, limitation to the hospital setting, and geographic setting, limits the generalizations to apply to the general RN population. Aspects of the findings could be considered for mentoring relationships in various contexts, populations, and settings based on the rich data without making generalizations.

Dependability

Dependability occurred in the consistency of the study design in which the purpose, research questions, methodology, and findings aligned and could be replicated by another researcher (Miles et al., 2014). I have consistently repeated and aligned the research purpose and the two research questions throughout the study. A full description of the methodology appears in chapter 3, as well as in the Appendices, with inclusion of the interview protocol and interview questions. The inclusion of this information allows for other researchers to repeat the study.

Confirmability

The transparency of data collection, analysis, and the inclusion of the RNs' rich data lends confirmability or objectivity to this research study. The platform for collecting data and interview questions, description of data analysis, and RNs' member check of their interviews are included in the methodology section of this study. Additionally, I retained my research notes and addressed my bias as a researcher to maintain objectivity during data analysis.

Research Question 1

The first research question was:

What are the mentoring relationship preferences of early, middle, and late career stage RNs working in an acute care hospital setting?

Each RN shared their preferences ranging from how and what they would like to communicate with their mentors. I have included the interview data from each RN to reveal the themes of their preferences that I coded into content of their communication and preferences about the mentor.

Early Career Stage

The three RNs in the early career stage range from less than one year of experience to nine years of experience. The RNs described more than one mentor. The preferences of the RNs with less than one year of experience had similarities and differences to the RN with nine years of experience.

Darlene

Darlene was in the early career stage with seven months experience and spoke about two mentors who she selected and her preferences in those relationships. The first mentor she identified was her mother and the second was her nurse manager at the time of the interview. Darlene identified her mother as her mentor due to her mother's experience as a RN for 34 years including direct care experience and leadership experience. Her mother provided support and guidance when she struggled in nursing school and continued providing guidance after school when she was a RN. When I asked about school faculty as mentors she stated "teachers were always looking out for you. But, in the end if you were not doing well there was nothing they could do to help you. Then, you were kind of on your own." Darlene shared that she did not consider the faculty as mentors. Darlene's mother did not work at the same facility as Darlene was presently working. However, Darlene described how her mother had taken her to a professional gathering of nurses and encouraged Darlene to share her experiences as a new graduate nurse. Darlene also spoke about how her mother had returned to pursue her Ph.D. and Darlene was now providing support to her mom since she returned to school and was caring for her mother's health needs at the time of the interview.

Darlene shared that her nurse manager started as her preceptor during orientation at her first nursing job. The nurse manager provided training to Darlene about her role

and responsibilities as a staff nurse. Then Darlene stated after orientation her manager became her mentor. She stated her mentor would:

> Always make sure I am ok if I'm running around she will stop me and say are you ok. Do you need help with anything? Are you ok? She makes sure I am up on the education, so like we have tutorials on the computer to do so she always makes sure I'm up to date on those. She helps me with IV [intravenous] insertions because I am still pretty new to that.

Darlene stated she prefers to speak with each mentor in person. Darlene communicated with her nurse manager mentor on the unit as care of patient issues arose and while they were both working on the same night shift. Darlene shared that she was looking for a nursing position during the day shift on the same unit. She stated that she would still reach out to her nurse manager as her mentor even if she accepted a position on the day shift. Darlene communicated with her mother as a mentor by texting her; however, she still preferred to speak with her mother in person about work related issues.

Darlene has a mentor at work on her unit as well as a mentor outside of the work setting. The focus of the conversation at work with her mentor was on direct care of the patients and how to balance working night shift with personal life. The conversations with her mother outside of work ranged from professional development in attending professional meetings to patient care issues. Darlene also stated they spoke about her mother's experience of working on nights many years ago. Yet there was a difference

that Darlene identified and felt there may not be the same ability to compare challenges. Darlene's mother worked five nights per week with a routine schedule and Darlene's schedule varies weekly.

Darlene was in the early career stage and from her interview it was notable that she preferred to focus on clinical skills and patient care with her mentors. She also preferred to speak with her mentors in person. The discovery of a parent as a mentor could be seen as a parenting role as in the attachment theory. However, the specific role her mother took on in taking Darlene to a professional nursing gathering and coaching as a nurse extends to the role of a mentor.

Denise

Denise was in the early career stage and had nine months of RN experience. She had described three mentoring relationships during her interviews. Two mentoring relationships occurred in nursing school and the third was at her place of employment at the time of the interview. The reason for including a brief description of the relationships in nursing school was due to preferences that carried over to her present relationship. Denise described a guidance counselor who she identified as her mentor. Denise stated:

> She was a nurse so I would come into her office and explain the stress and everything. One thing I really appreciated about her was she was real but she was encouraging. The other counselors were just like this is what it is and if you can't handle it get out. She would help me . . . with my anxiety and help me through my

stress even give me strategies on how to study like what to prioritize you know

things that really helped me . . . she was really a mentor for me and I really

appreciate her.

Next Denise described a peer mentoring relationship among fellow nursing

students. Denise shared that instead of leaving other students in the "dust" why not work

in "a team effort . . . why not try to work together and encourage one another." Denise

stated the five students in the group would help each other with class materials, created a

"sharing atmosphere without hording the good materials." The group was "dedicated to

building each other up and the success of each other."

Denise's present mentor was assigned though her work setting. Denise reflected

that having a mentor was a good idea at work. However, the mentor did not meet her

needs as in the two previous relationships. Denise described that the present mentor:

comes down and talks to us during our shift and she always comes near change of

shift and that is when you are busiest and trying to get everything together and

even trying to explain to her that this is not the perfect time.

Denise had spoken to her mentor about the inconvenient time. However, the

mentor continued to arrive on the unit and Denise has said, it's "not good for me; so I

have to put my patient care on hold to talk to you and I don't want to rude." Denise stated

she would like a mentor who was working on her unit as the nurses she works with

provide the knowledge on the care of the patients under her responsibility. Her present

mentor used to work as a staff nurse. However, at the time of the interview this mentor was working in a role that did not include direct patient care. Denise stated she did not feel as though the mentor could relate to her present situation as a staff nurse

Denise was looking for a mentor to be present and provide knowledge on care of the patient. Earlier Denise stated that she felt comfortable in her role. The contribution to the comfort was two-fold. Denise had nurses on the unit who supported her, and she also completed a clinical experience on the same unit as a nursing student. I believe the opportunity to have different mentoring relationships in school provided Denise with an expectation of what a mentoring relationship should entail. The inability for the mentor to meet Denise's needs was one aspect of the knowledge acquired from this study in terms of a mentor's ability to listen and change to meet the mentee's needs.

Bianca

Bianca was in the early career stage with eight years of experience. She described having her first mentor for eight years. This mentor relationship started in nursing school and continued until the interview. The second mentor relationship began at her place of work and was still ongoing.

The mentor from school started during her senior year experience caring for patients at a hospital. The nurse was her preceptor and became her mentor due to their continued relationship at the time of the interview. Bianca remembered the first time she met her mentor. Bianca shared:

She gave me a gift and I opened the box and it was a pin that said RN on it [Bianca was tearful]. And, I did not finish yet. But just that little token made me feel so good inside . . . she knew I was going to succeed. She said I am already a nurse, and you are going to be a nurse, so take this time to learn as much as you want. I won't hold anything back from you. Whatever you are comfortable with, we will do.

Bianca continued, "she was right there by my side." Bianca stated that until the day of the interview they were still in touch and spoke by phone. Her mentor would give extra support as needed and Bianca would be a lifelong friend with someone who has "already been there."

Bianca works with her present mentor on the same nursing unit. Bianca shared that her mentor:

is consistently putting up different journals and email. If I ask her a question, she will answer. Sometimes I will sit there and she will say did you learn this and I would say I did not learn this and she will say "What? You did not learn this?" and then she will show me. She will pick up a book or she will order a book for me online.

Bianca shared how her mentor's presence on the unit made a difference in managing challenging personalities of team members. The challenges will be discussed further in the stressors of Bianca's role. Bianca did share that she would text her mentor

in addition to speaking to her at work. Bianca stated, "She texts me back and forward. And I will laugh, or she sends me a funny story. I love it when she texts me, we have a really good time." However, Bianca stated she still preferred to speak with her mentor in person.

Bianca shared that:

Both of them are very sweet, but they are very warm. I think it really makes the difference when you have someone who is very open and very transparent . . . . It makes you feel good the person is paying attention to you as an individual. I can talk to them about anything.

When I asked how she prefers to speak with her mentors she stated in person. Even though she speaks with her mentor from nursing school over the phone, she still prefers to speak with her in person.

In the early career stage, the three RNs preferred to speak with their mentors in person. Two of the RNs present mentors worked on the same unit as the RNs. The RNs focus was on clinical skills and knowledge in caring for the patients. However, as a RN with the greatest amount of experience in the early career stage, Bianca was starting to turn her focus to developing leadership skills and communicating skills with team members.

Middle Career Stage

The RNs in the middle career stage had between 10-20 years of experience. The similarities are revealed in their preferences in their different nursing experiences. The RNs reflected on mentors in their early career stage as well as mentors in their middle career stage.

Myra

Myra was in the middle career stage with 12.5 years of experience and shared her experiences with two mentors. One mentor was her mother who became her mentor after her first nursing degree (Myra had her bachelor and master's in nursing at the time of the interview). While, Myra met her second mentor at work. Myra selected both mentors.

Myra described her mother as her mentor because she was "a supervisor for many years and started her career as an ICU nurse." Myra explained how her mother influenced her in nursing stating:

> We are surrounded by women and being surrounded by women they are very emotional beings to deal with. Having her guidance of how to navigate through politics and how to navigate through how I could accomplish my goals without being too attached, [and] not to be too cold, and not to be too attached to people who don't serve me. She really has been my guiding light from the beginning of my career till now. She kept me wise.

Myra shared a time when her mother's wisdom of not being attached to people

"who don't serve" you was relevant. Myra experienced a situation where she felt her

nationality was why a trick was played on her. She described the situation in which she

was working among:

> Five or six of us all the same age group, all young, eager, stupid, and ready to take
>
> on the world and I felt I was a target for whatever reason. I do not know if it was
>
> because I was meek and strong or as strong as the others, but I know I was . . . the
>
> cute Asian girl . . . . And was more the observer and only wanted to be liked; and
>
> that was why I was a target, regardless [of that] I was.

Myra went on to share how she got in trouble at work where a trick was played on

her because of how she described herself above. After that night at work, Myra went to

see her mentor and cried. The mentor made her breakfast, listened to the story, and

advised her to focus on what was important and not as "the cute Asian girl." Myra

described that the focus of their conversation was on maintaining patients' safety and

knowing how to handle the situation in the future.

Myra's second mentor was a nursing peer working on the same unit as Myra.

Myra described her peer as an experienced RN working on a hospital unit. Myra recalled

one day quickly running around on the unit to care for patients. Myra shared that her

mentor "stopped me in my tracks and she held me and looked me in my eyes, and she

said you need to slow down or you're going to kill someone." Myra considers her a

mentor to this day as someone who "stopped me in my tracks and [gave me] that brutal honesty I needed."

Between the two mentors, one was not in Myra's work environment and the second mentor was in Myra's work environment. Myra reflected on her early career stage, she indicated the kind of support she preferred from her mentor was not about developing knowledge about a patient's diagnosis or the clinical skills needed to start an intravenous catheter. Myra preferred support on how to manage herself in her work environment.

In both relationships, Myra shared that she preferred in-person communication with both mentors, whether on the unit or outside the work setting. Even though Myra stated there were times when she did not see "eye to eye [with her mother as her mentor], those types of discussions always make you grow as long as you're listening and not kicking and screaming."

Kelly

Kelly was in the middle career stage with 13 years of experience and described two mentoring relationships. Kelly selected both mentors. The first mentor relationship lasted 1.5 years and the Kelly recently initiated the second mentor relationship one month prior to the interview.

The first mentor was Kelly's supervisor. Kelly described him as the one who would get frustrated because something occurred. However, in general he was "upbeat

and positive. And I needed that in my career because of all the stressors and the personal and work things I was going through." Kelly stated she was able to "bounce things off of him. He heard what I said and tried to advocate for me and that kind of helped to get me on track where I needed to be. He had a tendency to check on me."

Kelly selected her present mentor one month ago after starting a new position. In selecting a mentor Kelly shared that she was looking for help in the transition to her new role as a clinical nurse specialist and not taking on supervisory responsibilities as in her previous role. Kelly described her present mentor in the following way:

> His personality is kind of funny. And when I was talking to a colleague, she could not believe I went to him. [He has] a stronger personality and could be a little overbearing. [He] is not someone I would be interested in as a mentor and I was actually intimidated by him. But I decided there is really lot of characteristics about him that would be helpful and beneficial. But as I have gotten to know him more, he really cares about the nurses and wants to help and guide. He is just a little rough around the edges.

In both experiences Kelly's mentors have been in her work environment. Additionally, Kelly stated she preferred to speak with her mentors in-person. She did not discuss meeting the mentors outside of the work environment. Furthermore, her preference in the discussions revolved around leadership roles and skills as a supervisor and clinical nurse specialist as opposed to clinical skills in caring for the patient.

Amanda

Amanda was in the middle career stage with 15 years of experience. She described one significant mentor during her nursing career. The difference in Amanda's situation was that her mentor contacted her. Amanda described the experience:

My mentor looked me up to find out who I was. It is a very interesting mentoring relationship. This was someone who saw me on a website and thought my bio looked interesting and randomly asked me to be my mentor . . . .and it went from there.

The relationship developed over time as they discovered they had similarities such as the same birth month and were from the same country. Amanda described that coming from the same country provided the opportunity to share struggles in coming to America and not having support. Amanda stated that sharing "those same stories help cement [them] together."

Amanda described her as "someone with the passion, someone who understands you. She pushes me, you know, there is never any limits as the sky's the limit. She also walks the talk, she takes action." Amanda states her mentor worked (not on the same unit) close to her and they would meet for lunch or dinner and talk. However, the mentor moved out of state and now they speak in the phone while driving or meet for dinner if her mentor is in town.

Even though Amanda's mentor lives out of state and she can speak to her by phone or text, Amanda stated she prefers to speak with her mentor in-person. Their conversations focused on work relationships versus clinical patient skills. Amanda stated she would prefer to speak with her mentor in-person more often.

Nasemma

Nasemma was in the middle career stage with 15 years of experience. She selected her mentor who she has known for 15 years as well. Nasemma shared that her mentor helped her in finding her first job. Nasemma described her mentor as "God fearing . . . very gentle" and understands the importance of family. She stated her mentor was her supervisor in the past and was promoted to Director. During the time Nasemma has known her mentor, they have worked together either on the same unit or in the same hospital. Nasemma continued to work with her mentor at the time of the interview.

Nasemma shared an incident when a patient attacked her (Nasemma) without provocation. She shared how her mentor went to the emergency room with her for support and Nasemma thought this was special. Nasemma described her mentor as supportive during difficult times such as in the attack and when she was transitioning to a leadership role as a nurse manger. Nasemma felt that one of the aspects of her mentor was "being there with me" as the mentor worked with Nasemma on the same unit.

In Nasemma's relationship they did speak outside of the work setting. However, the experiences between Nasemma and her mentor occurred predominately in the work

setting. The experiences and conversations that Nasemma shared focused on managing challenging situations in working and communication with the healthcare team as Nasemma became a leader. The focus of the conversations between Nasemma and her mentor was not on diagnosis or clinical care of the patients.

Tracy

Tracy was in the middle career stage with 15 years of experience. She selected a mentor at her place of work. Tracy shared that:

I still keep in touch with her even though I don't live anywhere near her now. She had just taken me under her wing, not necessarily mentor mentee. We did not use those words necessarily. But she was a mentor to me.

The relationship started when her mentor (at the time was a staff nurse from another unit) transferred to Tracy's unit. Tracy was given the responsibility to be the preceptor to her mentor to work in the pediatric emergency room. Tracy shared that her mentor has more experience and Tracy did not know how to add to her mentor's knowledge. Tracy stated that her mentor had "quadruple experience and a wealth of knowledge." After Tracy completed training her mentor Tracy expressed that her mentor "pushed me in a way to give me the confidence I needed and to help other people. I guess she must have known deep down, I never told her, I wanted to be an educator, a teacher." Even though Tracy states she still has confidence issues, she recalls her mentor encouraging her to "just go and do it . . . just have the confidence in yourself. If someone

teaches you something great, we are always learning. She pushed me in the direction of where I am today."

Tracy worked with her mentor in the same work environment. The relationship began with learning clinical skills as Tracy's mentor shared her wealth of experience in patient care. Then the relationship changed as Tracy's mentor supported her self-image related to her confidence as a nurse, as well as Tracy becoming an educator. Even though Tracy has moved away from her mentor, Tracy states she would prefer to speak with her mentor in-person just as she did when they worked together.

Michele

Michele was in the middle career stage with 12.5 years of experience. She had two mentors from her work environment. One mentor started as Michele's assigned preceptor and then became her mentor. The first mentor was in Michele's early career stage of nursing. Even though the mentor no longer lives close to Michele they continue to keep in touch. Michele stated that she felt that her mentor "pretty much shaped me into the person I am today." When she met her mentor, she stated that she thought, "Wow, this is a woman I want to emulate. I want to be her when I grow up. Not only as smart as she was [and] she [was] empathic toward me." When Michele and her mentor's relationship started as a preceptor relationship, Michele remembered her mentor saying:

> I am going to teach you the right way to do things, not the way you see other
>
> people do it. I'm going to teach you the policy and procedures because I believe

in following that. If you do things the right way you never have to explain yourself and you are never going to get in trouble. And so from that moment I said oh my God this woman is amazing.

Michele described encouraging words that her mentor would share such as "you're becoming the great nurse that I knew you would be." Michele stated her mentor encouraged her by giving pep talks, especially in her first year as a nurse when Michele stated she would go home crying and questioned continuing as a RN.

The second mentor was Michele's director who encouraged Michele to apply for an educator position in the director's department before Michele completed her master's degree. The second mentor has continued into Michele's middle career stage. Michele recalls her second mentor saying to her "I heard great things about you." Even though there was a time before Michele was accepted for a position with her present director in education, her mentor continued to pursue her for the position during that time. Michele described how her mentor was able to provide specific guidance in stressful situations at work on how to communicate with healthcare team members. I will discuss the stressful situations when I address answering the second research question.

Michele described that her mentors "were strategically there to guide me though life" whether it was in her struggles as new nurse or new educator. In both experiences Michele's mentors were at her place of employment. Even though Michele shared that

she would text her mentors, she still preferred to speak with her mentors at work and in-person.

Late Career Stage

The RNs in the late career stage had over 20 years of experience. The RNs reflected on mentors from their early, middle and late career stage regarding preferences in the mentoring relationship.

Adjoa

Adjoa was in the late career stage with 22 years of experience. She shared her experiences with two mentors. Adjoa's first mentor started as an assigned preceptor in her first job as a RN. Adjoa stated that after she completed orientation, the preceptor became her mentor and continued to provide feedback on her clinical performance in patient care experiences. Adjoa stated she loved the feedback from her mentor. She also shared that she appreciated that her mentor taught her about how research and evidence-based practice guides clinical practice. Adjoa stated that 22 years ago the application of research was not as popular as it is today. She felt that her mentor was ahead of her time. Adjoa also shared that her mentor was nice, "very understanding" she had "fantastic problem-solving skills" and had "patience, kindness, and good communication skills". A comment that Adjoa recalled from her mentor was "you are doing very well and I'm proud of you." Adjoa felt that her comments "really gave me a push and it made me like her more."

Adjoa's second mentor was her current nurse manager that she was working with on the same unit. Adjoa selected her as a mentor describing the manager as "a little panic…and hyper." However, her mentor was a role model for having a positive manner in approaching and communicating with doctors, has a high work ethic, and took the initiative to help others.

The first mentor in Adjoa's early career provided clinical patient care skills while in her late career stage the second mentor was providing leadership and communication skills. In both situations Adjoa spoke about mentors being in the same unit together and she preferred speaking with mentors in-person. I noted that Adjoa only had positive statements and experiences with her first mentor. Even though Adjoa's second mentor was hyper, the mentor had traits Adjoa wanted to model.

Madeline

Madeline was in the late career stage with 22 years of experience. She had three mentors that she selected to talk about during the interview. The first mentor Madeline described was a faculty member she had during her graduate studies. Madeline described her mentor as being "wonderful. She is very positive, understanding. She has empathy and compassion. She absolutely loves what she does. It makes me want to do it (teach) . . . . and she was nurturing." Madeline expressed she needed the nurturing relationship because she had graduated nursing school 20 years ago. Madeline described that a significant moment in their relationship occurred when her mentor took the time

and taught her one-on-one how to use the American Psychological Association guidelines for formatting academic papers. She further stated that she spoke with her mentor 2–3 times per week in-person or on the telephone. Madeline stated she preferred speaking with her mentor in-person.

Madeline had a second mentor for two years in a hospital setting. This second mentor was Madeline's nurse manager. Madeline stated:

She was very strict and not many people . . . liked her. But I loved her. And, I thought she was strict, but she expected a certain, professional expectations, expected you to do your job . . . I had no problem with her. I was not intimidated by her. I took to her . . . she earned the respect of her staff. And even though not everyone liked her, she did have their respect.

Madeline stated the two of them "clicked." Madeline liked her style, professionalism, and fairness with employees. The two of them could be friendly but did not "cross the line at work." Madeline would speak with her mentor at work and every 3–4 months they would do activities together outside of work, such as go out to dinner. They communicated either in-person or on the telephone. However, Madeline stated she preferred speaking with her mentor in-person because "I like to see people's faces." Madeline's second mentor retired and moved out of state.

Madeline met her third mentor when Madeline moved out of state. The relationship was for one year and with a nurse manager. Madeline described that "it was

nice to watch her and how she handled situations. I learned how to respond to people and patients and that was mentoring. She was mentoring even when she did not know she was mentoring." Once again, Madeline stated she preferred speaking with her mentor in-person.

With all the three mentors, Madeline preferred speaking with each in-person even though they also used other means of communication such as the telephone. The mentors were in leadership roles in the work and academic setting. Madeline observed the actions of her mentors, as well as received guidance on managing situations in professional and personal life, which will be further described below when I answer the second research question. While in academia the support she received after she returned to school after 20 years was significant to Madeline

John

John was in his late career stage with 26 years of experience. He shared that he had many mentors during his career. However, he described three that were significant and provided an overview of the contribution of other mentors during his career. John stated his favorite mentors were two nurse educators he had when he took a new position as a nurse educator. He had these mentors when he was in his late career stage. Each nurse educator met his different needs as he could "tap into their knowledge." John stated:

One educated me on how to do classes and how to write lesson plans. The other one knew the computer stuff like the bar code med administration. She took me under her belt to learn stuff and that built the foundation of where I am now and I am deeper in that. Those two people really helped me a lot.

The third mentor John described was not a nurse. The third mentor taught John about electronic medical records and how to build templates for electronic medical records. The mentors also taught John how to manage hospital accreditation visits. John stated that the three relationships occurred over time and continued until the time of the interview. John stated "you always have to have somebody" referring to a mentor. When speaking with the mentors John preferred to meet them in-person "to be close, face-to-face is more powerful than email." He also shared that mentors "don't have to be kind [or] a nice person, but fair and know where you are at and [the person] wants to be a mentor."

According to John's description, the mentors provided specific knowledge to the roles and responsibilities he had at that moment in time. John also described how mentors were supportive over time and provided guidance on how to manage challenges, even though John did not specifically identify them separately. I describe those situations below when I answer research question two.

Lynn

Lynn was in her late career stage with 30 years of experience. She had three mentors in her nursing career. The first mentor was assigned to her when she was a new nurse in the hospital. Lynn described that she was fearful in the relationship. Lynn described how she was excited to work on the unit because her grandmother worked there as a volunteer and there was a plaque on the unit dedicated to her grandmother. In one situation, Lynn described how she was caring for a patient and the mentor criticized Lynn on her assessment skills stating the patient "totally took advantage of you…you have to know that none of that [what the patient told Lynn] was true." Lynn stated:

I was thinking I was so upset and so turned off and so mixed up because first of all I didn't know until afterward but I think that is something you learn as you go along and you know it put a damper on the relationship I was a little more fearful of asking questions and doing what I was doing. I felt like if I did the wrong thing she would call me out on it.

Lynn then explained how the mentor should have shared communication tools:

I was not used to talking to a lot of patients . . . not so in-depth. When you're in nursing schools the stuff you learn in the book is different than when you're talking to someone. I think there could have been a whole lot that she could have given me . . . instead of being as harsh as she was

Even though the mentor was assigned to Lynn, she stated that she would go to other nurses for support since Lynn was in her first year as a nurse. Lynn shared that she would also prefer for the mentor to be calm when Lynn was feeling anxious.

The second mentor Lynn described was a nursing student peer who mentored her in school as well as through her nursing career. During school they studied together and developed a friendship. The relationship developed into a peer mentoring relationship as the mentor encouraged Lynn to return to school for her Bachelor's degree, encouraged her to change positions, and role modeled behaviors for Lynn. The role modeling occurred as Lynn observed her mentor change positions. Lynn shared "We started out equal, yes, but she went on to work on the orthopedic ward and then she went to work in the emergency room and then she left, and she was really kind of building her career". Even though Lynn observed her mentor change positions, in Lynn's early career stage, Lynn stated she did not change positions because "I was afraid." At the time of the interview Lynn stated again that she did not change positions recently because "I am more afraid." Lynn said her mentor was "good with advice. I think because she had this maturity that made her just good with the advice." However, even though Lynn's mentor told her that "you'd be so good at that" Lynn continued to feel afraid. It is possible that Lynn's negative experience with her first mentor has had a lasting impact on her self-image.

Rosanne

Rosanne was in her late career stage with "almost 38" years of experience. She spoke about two mentors. Rosanne's first mentor was an educator who suggested Rosanne also become an educator. Rosanne shared that her first mentor:

Was willing to share and was open to anything she learned. She was not like one

of those people who say I know it I'm not sharing it with you, you have to figure it

out yourself, she opened herself. She wanted you to know just as much as she did

. . . So I can't thank her enough.

Rosanne continued that "She started me on this path. She took the time to show it [the job], to sit down with you to explain it [the job]."

Rosanne's second mentor was a supervisor she worked with for 8 years and their mentoring relationship has continued for another 2 years. Rosanne stated that from her mentor, "I learned more about management . . . staffing, payroll and all of finance . . . . It's more like the financial business management part of nursing . . . she gave me the courage and insight to be able to question my bosses." Even though, at the time of the interview, Rosanne's second mentor did not work in the same hospital, their relationship continues. Rosanne stated that networking with her mentor was good for solving problems and asking questions. Rosanne's two mentoring relationships overlapped in time and Rosanne acknowledged that there was a balance between knowledge about finance and education. During both relationships Rosanne stated that she preferred to

speak with her mentors in-person. She did speak with her mentors on the phone and exchanged text messages. Rosanne found that:

> I feel I have to listen to what they are saying. I have to observe what they are doing because something good is going to come out . . . to be able to use to enhance my own practice.

In interviewing the RNs in the late career stage, four of the five RNs were not making plans for retirement. Only Adjoa was planning for retirement at the age of 65. Four of the late career stage RNs described an interest in changing positions or returning to further their academic education in their nursing specialty instead of being stagnant in their present positions or planning retirement.

Themes

There were three themes that emerged from the interviews to answer the first research question. The preferences among the RNs were for the mentors to be present in their work or academic setting, build their nursing competencies, and building of their self-image. The themes were evident across the career stages. However, there were differences in how the competencies and self-image emerged.

Presence of the Mentor in the Work Setting

In most cases the mentors worked in the same hospital unit as the RNs. Having the mentor in the work environment allowed the mentor the opportunity to intervene

when the RNs had a challenge. Additionally, the mentor identified gaps in the RNs'
competency and performance.

From the interviews the early career stage RNs' mentors preferred having mentors
in the same unit where they were working. Denise described how having a mentor in the
unit could be productive for having an immediate resource who could advise on how to
take care of patients. Additionally, the mentors appeared to understand the needs of the
RNs by providing knowledge and experiences before the RN as a mentee requested
additional knowledge. The presence of the mentor on the unit could have provided the
mentor an opportunity to observe the RNs gaps in knowledge and clinical skills and
intervene accordingly.

The opportunity in having the mentor on the same unit as the RN was the in-
person communication. The RNs in the early career stage stated they preferred in-person
communication. Even though Darlene and Bianca stated they would text their mentors
their preference was for in-person communication. The ability to have a mentor present
on the same unit as the RN provided the convenience for in-person communication. The
mentors also had relevant and recent experience they could share with the mentees.

There were two exceptions in the presence of a mentor in the work environment.
Madeline's mentor was in the academic setting. The mentor served Madeline's needs as
she returned to graduate school 20 years later after completing her undergraduate degree.
The second exception was Amanda, whose mentor was out of state and did not work in

the same work setting. Amanda shared that the focus of their conversations was on work related challenges and secondly on personal life concerns, such as balancing family and work responsibilities.

Develop RNs' Competency

Competencies in nursing include the elements of knowledge, skills, and attitude or behaviors the nurse demonstrates. Other elements included components based on the Quality and Safety Education for Nurses (QSEN) that includes patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics (QSEN, 2019). Knowledge can be of the anatomy and physiology of a patient's diagnoses or how to design electronic medical record templates in the specialty of informatics and appropriate utilization of electronic medical records. The skills can include how to perform interventions such safe insertion of an intravenous catheter and suctioning patients' secretions using the latest quality research findings and evidence-based practice guidelines. The attitude or behaviors can include communication skills and the use of communication tools in the provision of patient centered care and positive teamwork. In all three career stages the RNs described how their mentors were integral in developing the elements and components of practice. The examples to support this statement include the RN and mentor working in the same setting and the mentor demonstrating or role modeling the competencies, the RN and mentor performing skills together, and the RN being able to ask the mentor questions about safe nursing practice.

The development of competencies occurred over time. In the early career stage, the nurses focused on the knowledge of patients' diagnoses and basic nursing skills (e.g. intravenous catheter insertions). In the middle career stage, the RNs focused on communicating and working with others as leaders. In the late career stage, the RNs needed support on how to balance all areas as they returned to school or entered new specialties, and needed basic knowledge as well as how to communicate with team members.

Self-Concept

In each mentoring experience the RNs were seeking growth in their role and responsibilities. From the RNs' descriptions of what the mentors provided the preference was for mentors to help them develop their self-concept. The themes that repeated in the interviews were the ability for the mentors to listen to the RNs, observe when the RNs had a challenge, and understand where the RN was in their thinking and experience. The RNs expressed that the mentors accepted who they were and had a genuine desire to help others. The themes that emerged from the interviews align with the work of Carl Rogers' work on self-concept (Rogers, 1961, 1978, 1980) where one knows their strengths and areas of improvements and works to magnify their strengths and develop areas of improvement. Rogers also spoke of the need to receive help from others.

These themes are evident as the RNs stated they lack confidence, had feelings of being anxious, and the mentors would tell them to pursue advancement or new skills at

different stages in their career. For example, Tracy's mentor encouraged her to become a Pediatric Advance Life Support instructor, Myra's mentor encouraged her to return to college to obtain her graduate degree, and Michele was encouraged to take an educator role. Even though the early career RNs with less than one year of experience expressed confidence in their new role as an RN they still sought a mentor to continue to develop their self-concept.

Answer to Research Question 1

In answering the first research question, the RNs prefer mentors that can meet their needs in the development of their nursing competencies in their knowledge and skills of their present role or future role. The RNs prefer in-person communication even though they are willing to use other forms of communication such as texting and telephone. Finally, all the RNs expressed improvement in self-concept, except Lynn who continues to feel anxious about taking on new challenges.

The most important aspect of the first research question was the RNs and their career stages. The RNs saw, heard, and felt different experiences that were usually challenging and difficult. These challenges may have dictated their preferences. For example, RNs preference was for the mentor to be in the same work setting so that the mentor could be available to communicate, to demonstrate or assist with a skill such as intravenous insertion, step in with a difficult team member, or to simply ask a question. Therefore, the RNs valued the protection the mentors could provide they worked on the

same unit or in the hospital. As the mentor develops the RNs competency, the patient is protected from errors. If a RN experiences bullying the mentor present on the unit or in the hospital can be beneficial for resolving situations swiftly.

Research Question 2

The second research question was:

How could mentors guide, influence, and support RNs' perception of work-related stress in an acute care hospital setting?

All RNs in the study experienced stressors in their nursing career whether in a patient experience or with a healthcare team member. The description of how the mentors guided, influenced, and supported the RNs had two common themes. The mentors provided skills of emotional intelligence and problem-solving skills.

Early Career Stage

The next section includes the early career stage RNs. The early career RNs with less than one year of experience expressed their stressors with work-life balance. The RN with eight years of experience also expressed work-life balance and communication with healthcare team members as a perceived stressor.

Darlene

Darlene shared that balancing work responsibilities with self-care and the care of a family member was a source of stress. Darlene shared that her mother broke her arm and someone needed to be drive to her different daily activities. As Darlene was working

nights at the time of the interview the driving was a stressor for Darlene. Darlene also had

a medical issue that "makes it hard for me to stay up at nights." With the combination of

both situations Darlene was feeling stressed. Darlene stated how she appreciated that her

mentor would ask "how is she [mom] doing. How are you doing with taking care of her

and making sure she gets everything done?" Darlene's mentor in return shared how she

managed to balance working nights with a family member who decided to "pop by one

day during the day when she was sleeping." The mentor shared how she made a meal and

then had to go to sleep for as long as she could. The mentor shared the importance of rest

as well as showed empathy in asking how Darlene was managing her responsibilities

Denise

Denise's stressors were related to caring for complex patients and working 12-

hour night shifts. In caring for complex patients Denise stated there were times when she

felt "overwhelmed to take those patients." However, the support Denise received was

from the charge nurse and not her assigned mentor. The charge nurse was "always a

nurse to help you . . . if we have any questions or issues." The mentor did not provide this

type of support as Denise shared the mentor was not in a role to work beside her in taking

care of patients.

Denise found working 12-hour shifts, living an hour from work, and balancing

personal activities such as sleep, and attending church activities to be stressful. As a

result, Denise was interested in changing her position from night shift to day shift.

However, she did express that the day shift did not have the same type of team work culture. For example, when the day shift staff would request which patients they would like to take care of, "it was a shouting match". However, Denise stated with the night shift nurses "it's never an issue of what assignment we want" there was camaraderie of helping versus competition. Denise described that this was the type of culture in the peer mentoring group that Denise was involved with in nursing school.

The lack of the mentor's ability to meet Denise's need in meeting at a time that was convenient for Denise to share her challenges with patient care and work-life balance did not lead to a supportive mentoring relationship. Denise stated if the mentor could meet at a convenient time in Denise's schedule versus a convenient time in the mentor's schedule, then the mentor may have shared helpful information to address challenges.

Denise's previous mentoring experiences with her guidance counselor and her peers in nursing school provided her with support to manage academic stressors. Denise shared that her mentor in school "was real but she was encouraging . . . she would help me . . . with my anxiety and help me through my stress . . . give me strategies on how to study, what to prioritize . . . I really appreciate her." As Denise stated her nursing peers spent time together. The peers "worked together and encouraged each other" to succeed instead of developing a competitive relationship. In my researcher reflection, the mentoring relationships in schools appeared to set the expectations for Denise's mentoring relationships in her nursing career.

Bianca

Bianca shared that working with healthcare team members and addressing conflicts were her stressors. Bianca shared that "I am not a confrontational person, and not as assertive as I should be, and I don't feel comfortable sometimes approaching my colleague because certain people you cannot approach." These types of situations were stressful for Bianca because her mentor was developing Bianca to be a leader on the unit as a charge nurse. Bianca shared that "I will go to her [mentor] and say this is what is going on. She will deal with it, or she will tell me you need to do this, or this is the way you handle the situations." Bianca described that her mentor would turn the focus of confrontations from being a personality difference among team members and focus on safe patient care, needs of staffing to care for the patients, and respect for each other. Bianca stated that by learning to change the focus "I know how to handle them [team members] in the future so I can handle the situations. So she guides me and protects me at the same time."

In my researcher reflection it was evident that Bianca's mentor took on the parenting and protective role as a mentor in stepping in to address a situation. Additionally, the mentor role modeled how to handle the situations. Bianca's self-concept was developing as she shared that she was not sure of herself with certain things and would not have considered the charge nurse role if it was not for her mentor's encouragement.

Middle Career Stage

The next section is on the middle career stage RNs. The RNs express their

stressors and the mentors guidance and support. There are similarities in the RNs'

perceived stressors and where the mentors guided the RNs in managing their stressors.

Michele

Michele shared that dealing with the politics of working with people that don't

support the vision she was creating for the setting and staff was a stressor for her. She felt

her mentor was "not only smart, she was empathic toward me." There was a situation

when Michele had to deal with the personalities of surgeons when she worked in the

perioperative setting in her early career stage. To manage those situations, Michele

stated:

> What she [mentor] always taught me was to stay level headed. Things are going
>
> to happen you are going to have emergencies, families will come to you, patients
>
> will come to you, and providers and sometimes they may not be so nice. The
>
> perception is the nurse must handle everything.

An additional piece of advice from her mentor in her early career stage was

communication skills. Michele shared that her mentor said:

> Always use the words "I think" and "I assessed" and not "I feel." Feelings are
>
> intuition and in nursing that is important. But, the providers like facts . . . I have
>
> always taken that with me . . . I think the patients will benefit . . . because this is

what I assessed and this is what I have seen, versus I feel . . . People don't take

you seriously when you say I feel. I think because thinking is logical.

Michele's present mentor provided her with communication tools to manage

challenges. For example, Michele shared how a manager on a unit thought Michele was

trying to spy on her. Michele did not know how to manage the conflict and met with her

mentor to seek advice to solve the conflict. Michele also cried to her mentor about the

situation. The mentor informed Michele what to say and Michele stated, "we rehearsed

and after that I went and spoke with the manager and I pretty much highlighted the

issues." After meeting the manager Michele returned to her mentor and shared that she

resolved the conflict.

Michele shared that she was still working on managing her emotions because she

tended to be:

> Strong headed and once I have a point to get across, I want to get it across. But
>
> I'm learning that sometimes that it is not to seek at that moment, just to reserve
>
> that frustration or that [anger], because then if it comes out unprofessional then
>
> you lose the person you're talking to and . . . I'm still learning to do that.

Kelly

Kelly shared that her first mentor knew about all her stressors including being a

leader in her work setting, personal issues such as balancing family life, and a decision to

return to graduate school. Kelly stated:

He went out of his way to check on me and had what I needed. And if there was

anything I needed to bounce off him, any struggles . . . I went to him. I think I

naturally gravitated toward him that I needed someone more nurturing, more

encouraging and more to my needs.

The stressors that Kelly shared with and received help from her mentor were high

turnover of nurses, personality issues among staff, younger healthcare staff who

challenged instructions, and guidance on how to make changes in the work environment.

Kelly stated her mentor was an "advocate for me and [helped] make some changes occur

in my department, [he would] give me more guidance, and people to talk to try to change

staffing." Kelly also struggled with her decision to return to graduate school. Kelly's

mentor advised her by reviewing influential factors in returning to graduate school, such

as family obligations. Kelly perceived that her mentor helped her with her stressors.

The second mentor who Kelly was working with at the time of the interview was

different. Kelly still sought the need to identify herself as a leader in the new environment

and she reached out to her mentor who was the "senior clinical nurse specialist and asked

if he would be willing to mentor me even if he is not in my specialty." However, Kelly

described that he was not the nurturing type but intimidating and had a stronger

personality. However, she did realize there were "characteristics about him that would be

helpful and beneficial." She found the need to have a mentor to adjust to the stressors of

her new role and said to herself "let me make this easier for myself and find a mentor…I

do not feel like he needs to fulfill all of my needs and that is why I say yes I could have another mentor." In her present role she found the work ethics of the younger generation challenging.

The mentors helped Kelly solve problems associated with her adjustment to her leadership role and responsibilities. In my researcher reflection Kelly's first mentor stepped into some situations to help Kelly solve stressors such as with staffing. Kelly was also able to focus on the positive aspects of the mentoring relationship with the second mentor in adjusting to her new role, rather than focus on the personality of the mentor who Kelly perceived as less nurturing.

Amanda

Amanda shared that her stressors involved dealing with the focus of healthcare related to reimbursement and quality measures to meet outcomes where the focus has shifted away from the patients. She said that there are "more demands on nurses . . . and [the focus is] not on the bedside" in patient care. Even though she shared her stress about the healthcare culture, Amanda's main stressors at work were a major conflict with a boss (that Amanda stated she did not want to talk about) and challenges working with other healthcare professionals.

Amanda shared that her mentor volunteered for the role and Amanda agreed. The mentor did not work in the same hospital and they spoke by phone. Amanda would ask her mentor questions, and the mentor would "indirectly guide me [through] the answer."

Amanda went further to say her mentor "connects to what challenges I am facing and helped me find a solution." Amanda shared how her mentor would help her understand how to look at different perspectives and how to confront and address a situation. Amanda stated her mentor would "give me the words. Finding the right words is important, so that was helpful. And also timing . . . that was helpful . . . . Because sometimes it may not be the right time [to address a challenge]. To find the appropriate time can be difficult." When asked if her mentor helped her manage her stressors she said "Yes, she did."

It was clear that in this relationship the RNs key concern was how to communicate with others in terms of what to say and when to address a challenge. Amanda highlighted the value of having a mentor outside of the work setting who could provide different perspectives. In this study, a majority of RNs had mentors within the same work setting

Nasemma

Nasemma stated her mentor helped her with perceived stressors. She shared how her mentor would understand issues such as getting nervous in front of people and being shy as a new leader. Nasemma stated when she was a nurse manager, she had to deal with the stressors of nurses who were bullies on her unit. Nasemma shared that she told her staff "there are bullies in nursing . . . I want to take a different road. I want to say you guys can change it. You don't have to be mean; you don't have to be difficult."

Nasemma's mentor would go with her to staff meetings as she had to learn how to be a leader with nurses who were bullies. She also shared that as a new nurse manager there were nurses that were "my mom's age and mainly there was a cultural difference." Nasemma felt that she did not know how to handle the differences. Nasemma shared her feelings with her mentor. Her mentor would sit with her and tell her "you have to train your mind . . . you have to think differently . . . there is no obstacle." Nasemma's mentor was also a role model. Nasemma described how her mentor was a director and would still help with taking care of patients if the unit was busy.

In reflecting on Nasemma's stressors, the mentor was in the same hospital to step in to help either by coaching or demonstrating leadership behaviors. It is fascinating that Nasemma perceived that her mentor changed her thinking across stressors such as bullying, culture, and age differences. Nasemma smiled throughout the interview when she spoke about the longevity of their relationship from being a new nurse to a leader at the time of the interview.

Tracy

Tracy shared that her stressors were feeling "pulled in 20 different directions everyday" at her present position, long commute, and confidence issues. Tracy did not share that her mentor helped with her present long commute or being pulled in different directions. Tracy did share how her mentor supported her confidence and self-concept. Tracy stated her mentor:

Pushed me to actually teach PALS [Pediatric Advance Life Support] . . . She

pushed me in a way to give me the confidence I needed, to be able to help other

people . . . . She pushed me in that direction [to be an educator], where I still am

after 15 years of experience.

Tracy shared that she still has confidence issues. However; she will ask herself

"what would she [her mentor] say in this situation." And, Tracy answers back to herself

"just go and do it." Tracy even stated "And I will say she helped me grow my

confidence . . .I am trying to grow in that aspect of my career . . . in a leadership educator

role that I am working on. I have not mastered that yet."

Tracy also shared that her mentor helped her with personal advice such as

selecting a mate based on her mentor's past marital challenges with her husband. Her

mentor said, "you need to know this person 100% before you decide to get in a long-term

thing with them." Her mentor helped with work-life balance as they share experiences

about family life, such as children and celebrations, as they continue to stay in occasional

contact with each other.

Myra

Myra's present stressor, as an educator, was educating the different generations at

her hospital. Myra also shared situations in her past that her mentor helped her with. For

example, Myra shared a night when she was in her early career stage when a provider

bullied her, a patient died she was assigned to, and she had a discharge to complete. That

night she said "I was ready to quit." Myra shared that her mentor had to "talk her off the ledge" from quitting. Her mentor told Myra, it will get better. Myra stated that in her first year as a nurse she "was an emotional mess." Her mentor was the one that spoke with her on a regular basis about how to manage the stress of being a RN. Myra's mentor also helped her in the situation discussed previously where Myra felt others picked on her for being new and Asian.

Myra also shared a stressful experience where she was rushing to take care of a patient. Myra's second mentor stopped her and told her to slow down or she was going to kill someone. Myra said, "that honesty it kind of stops me in my tracks . . . I was a year into my nursing career really young like 21, 22." In each situation the mentors were present either in the work environment or outside the work environment to give instructions on how to handle stressors.

Late Career Stage

The late career stage RNs shared about stresses from all three of their career stages. The mentors were influential in provided the RNs guidance in managing their perceived stressors. If a mentor was not present, a RN stated where a mentor would have been useful.

Adjoa

Adjoa described stressors in her early and late career stages. The stressors in her early career stage were in her development as a new nurse. Adjoa stated her mentor

would ask "how are you going to solve this? So, she would see how I handled it [the situation] and she would approach me and give me feedback." Adjoa shared that her mentor would correct her or show her different ways to handle a situation. Adjoa stated her mentor would share literature on research studies and evidence-based practice guidelines in clinical care for the patient.

In the late career stage, her stressors were changes in her physical health. She stated that her issues with high blood pressure puts more stress on her. She said between feeling tried and the "bountiful paperwork…and inspections" and new templates in the electronic medical record create stress. Additionally, the younger generation of nurses is savvy at using the electronic medical record. However, the younger generation was not willing to help in completing her documentation in the electronic medical record. She stated that she felt the younger generation of nurses did not have the same respect for the older generation of nurses. Adjoa did not seek out her present mentor to resolve her stressors of working with the younger generation, the electronic medical record, and health issues. Adjoa stated "in [my] late career I think I am successful in the stress it is lower than how I started." Adjoa did not perceive the same level of stress in her late career as in her early career stage.

Madeline

Madeline described her present stressors as lack of communication. She attempted to share the communication tools from the nationally recognized program of Team

STEPPS©. However, the leadership did not adopt the tools into the setting where she was working. Madeline shared her previous stressors of returning to school after 20 years. Madeline shared that her mentor guided her in academia by taking the time to teach her how to use American Psychological Association formatting. In the work setting, Madeline shared how her mentor helped her with the stressor of being a nurse working 12.5 hours shifts. Her mentor taught her how to delegate and balance the work schedule, and taught Madeline that if she did not manage her schedule there would be a risk for burn-out.

Madeline stated she observed how her mentor handled situations. Madeline shared an experience with a challenging patient who was disrespectful to her. When Madeline presented the situation to a past leader and requested for an assignment change, Madeline thought the leader was "rude" and did not change the assignment. Madeline felt that if her previous manager as her mentor was present, the mentor would have understood what Madeline could and could not handle and would have switched the assignment. In my reflection, the mentor knew Madeline's strengths and weaknesses.

John

John shared his stressors included gender bias and starting new positions. As a male nurse in a female dominated sector, John had to deal with gender bias. He recalled a situation from his early career stage. In a job interview, the interviewer raised a question about his gender and working with female RNs. John shared:

I never really felt like a minority until after something happened, then I realized that should not have happened that way. One example, I went for an interview, not to mention names, after nursing school at [named hospital] and I interviewed very well. And, in the end, they said well we had not had any men here. Well, we had one man work here, and it is unusual. So, how do you feel about working with women? And, I answered the question and I answered it the way as how do you feel about working with women. After a while you are working with people you do not realize you are a man, these are my peers. And, as time went on, I realized this was a strange question . . . That was one I remembered [until] today.

John states he may have spoken to someone about the situation but did not mention a specific mentor he spoke with about the situation. He shared that he knew it was not right. At the time of the interview John does not think there is discrimination toward him in present practice. It was notable that this memory remained with John until the time of his participation in this study. John has been a mentor to RNs and shared how his experiences as a RN have helped others deal with such biases.

In starting new positions John sought out mentors who were nurses and non-nurses. As a new nurse he was placed in a stressful situation where he would be required to learn a new skill set for 90 days and then work on another unit to learn another skill set. He stated that other nurses stepped in to cover working for him. He did not identify the nurses as mentors, but he acknowledged the difference they made in his life and how

he continues to be friends with them today. John stated the mentors in his present role supported him manage the stress of his new role by giving him the specific knowledge for the role, such as how to write lesson plans and templates for electronic medical records. As John stated he is "quite happy in what I am doing" he would look for a mentor . . . to get some insight into the next change" in his position.

Lynn

Lynn's stress included an experience with a mentor who was not helpful when she was a new nurse, and an experience with a second mentor who supported her through the stressors in her nursing profession. Lynn recalls a stressful event where her mentor critically appraised her novice communication skills after speaking with a patient. Lynn shared that her mentor did not make her feel comfortable. Thereafter, Lynn made a point to "talk to other nurses and was comforted." Lynn stated she would have preferred for her mentor to be "a little . . . kinder and gentler . . . as you have to gain by experience after you talk to people a few times."

Lynn's second mentor provided support with managing the stress of nursing school, studying for exams, work-life balance, and changing positions. Lynn shared how her mentor would suggest her study strategies, took care of a child when she had other life responsibilities, and encouraged Lynn to change positions. Lynn stated her mentor supported her by being calm and not saying she was wrong. Lynn's mentor would discuss different perspectives to handle situations.

Rosanne

Rosanne's stressors in her career stage were varied. There were challenges with her relationship with a previous boss; she worked in settings where she questioned the safety and quality of care, and in another setting, she was encouraged to apply for a position as a nurse educator. During these times Rosanne had a mentor encourage her to attend a class to become a preceptor to develop her teaching skills. Rosanne also had a mentor give her encouraging words and remind her in a new position that she was hired for her skills as a nurse. Rosanne shared that even though she did not always agree with her mentors, they could "hear each other out and come out with a calm solution."

Rosanne shared how one mentor she worked with would share a desk and "communication was wonderful every single day." They no longer worked together at the time of the interview. However, Rosanne stated they still text and talk on the phone and her mentor asks if she needs anything during those conversations. They talked about Rosanne returning to school, Rosanne's daughter, and work was usually the focus of their conversations.

<div align="center">

Themes

</div>

There were two themes that emerged from the interviews to answer the second research question. The mentors guided, influenced, and supported the RNs' perception of work-related stress in an acute care hospital setting by develop the RNs' emotional intelligence skills and how to solve different types of problems. The emotional

intelligence skills included managing feelings and reactions to others, while, the problem-solving skills included the mentor stepping in to solve the problem or teaching the registered nurses how to solve problems.

Emotional Intelligence

The theme of mentors' ability to guide, influence, and support RNs manage the stressors they experienced aligned with emotional intelligence. The mentors taught the RNs how to manage their perception of stress in how to be self-aware of their emotions and the emotions of others in challenging situations. Those emotions included feelings of anxiety, lack of confidence, or strong expression of their opinions. The mentors taught the RNs control of when and how to address a challenge with specific words to communicate with the individual or in situations. The mentors motivated the RNs to confront the challenges that were causing stress by speaking words of encouragement to the RNs. The mentors were empathetic as the RNs were new in their position whether as a new nurse or in a new role. In Lynn's experience with her mentor that did not meet her needs, these themes were not present and caused Lynn to be stressed. Also, in Denise's assigned mentoring relationship, the mentor was not present and therefore there were no experiences that Denise could share to see if similar themes were evident.

As the mentors showed the RNs how to manage the stressors, there were two techniques. The mentors' role modeled and demonstrated behaviors for the RNs, or stated

how to handle a challenge. In Michele's situation her mentor had her practice the confrontation before approaching the team member at work.

The RNs stated that the mentor would say encouraging words such as, "you can do this," "just go and do it," "you are smart," or "you should pursue this opportunity." The words were not stated once, but in the interviews the RNs stated more than once the positive words the mentors would say.

In this study, RNs found their mentors to be empathetic. Madeline stated her mentor had "empathy and compassion." Denise stated the mentor would need to "be a nurse to understand my stress." However, her assigned mentor could not understand Denise's present state because she had not worked on the unit recently. Empathy was also apparent as the mentors understood the experiences of the RNs. Such understanding could be due to their personal experience as a new RN or changes in position. The other similarity was the mentors were in positions the RNs were in or aspired to be in.

Amanda stated her mentor could "understand my perspective" and the two also "understand each other." Michele's mentor was in education and mentored her before Michele became an educator. Nasemma said her mentor could understand a situation, make a difference, and was gentle. Kelly selected a mentor who was also a clinical nurse specialist as she was. Bianca's mentor was her leader and encouraged Bianca to be a leader as a charge nurse. John stated he was looking for a mentor who was in the next

role he may be interested in. Madeline stated "she [her mentor] is positive,

understanding."

Solving Types of Problems

The mentors made a difference in the RNs perception of stress by solving

different types of problems. The types of problems were communication challenges with

healthcare staff, feelings about perceived biases such as gender and nationality, and self-

image. In the work by Gibson, Ivancevich, Donnelly, and Konopaske (2009) there are

structured and unstructured problems. Structured problems were frequent and routine and

are resolved with policies and procedures (2009). Unstructured problems are novel and

need creative problem-solving techniques (2009). The themes of problems for the RNs

were both structure and unstructured.

The structured problems involved patient care. For example, Michele, and Kelly

shared how their mentors taught them the importance of following policies to avoid

problems in patient care. For Michele it included following policies in a surgical setting

even if a surgeon's behavior was unprofessional. In Kelly's situation she had to know

how to address problems such as a need to change a policy you may not agree with for

practice.

The unstructured problems were more frequent such as communication challenges

with healthcare staff, which the RNs spoke about frequently. The mentors guided the

RNs to solve the problem by practicing role play scenarios of how to managing

communication challenges. Then the RN would independently speak with the person and return to the mentor after the confrontation to discuss how they resolved the situation. The RNs in the study said they felt better after resolving the challenge and that patient safety and their relationship with the other person was intact.

The issue of bias was a problem. Adjoa stated that in her late career stage she felt "no respect for your knowledge because the younger ones coming on the scene with computer knowledge and computer savvy." At the same time, Darlene feels that "because I know how to use the computer and in some other places the older nurses kind of show hatred toward the new nurses [the younger nurse] because they are so savvy [with the computer]." Darlene relies on her mentor to discuss concerns about being in the early career stage and how she is perceived. Adjoa did not reveal speaking with a mentor about her concerns with younger generations and shared that she is retiring soon anyway.

Nasemma described another situation in which she achieved a leadership position. She had to give instructions to nurses who were older than her and the same nationality. Nasemma stated "it feels awkward I was like you know they know me . . . since I was little [she laughed] . . . they were my mom's age." Her mentor told her how to best approach the situation in an objective manner without the focus on age or nationality but to focus on the needs of the patient. Nasemma described how her mentor would go with her into meetings to managing challenging behaviors such as bullies and maintain a leadership relationship with the staff.

Answer to Research Question 2

Whether the problems were structured or unstructured, the mentors addressed the problems by not ignoring the RNs' concerns. The mentors acknowledged the RNs' feelings, focused on the patient's safety in following policies and application of nursing knowledge, and work relationships. In addition, the mentors continued to state supportive words to the RN that they could succeed in their role and responsibilities.

The most important aspect of research question 2 was the RNs perception of stress. Whether the RNs described stressful situation a few months prior to the interview or 38 years after the experience, the mentor's impact on the situation appeared to be turning points for the RNs. At those turning points the RNs thought of leaving the profession, crying, or were stopped from potentially causing harm to a patient. The RNs perceptions were based on fear of harm from others toward the RN, fear of harm the RN may cause the patient, or fear of damaging a work relationship. In each case, the RN was unsure of how to handle the situation and turned to the mentor or would have sought a mentor if available.

<div align="center">

Summary

</div>

In analyzing the interview data, the two research questions were answered. The RNs' preference for the presence of the mentor in the work environment, the mentors' ability to develop the RNs' competency, and the mentors' ability to have a positive influence on the RNs' self-concept answered the first research question. The mentors'

ability to guide, influence, and support RNs' perception of work-related stressors with the development of emotional intelligence and addressing and solving problems answered the second research question.

The RNs' mentors were predominately in the work environment and provided just-in-time education on how to handle stressors. The RNs preferred in-person communication even though the use of texting and telephones were used. The early and middle career stage nurses stated they used or would use texting and the telephone more often than the late career stage RNs. However, generalizations cannot be made because of the small sample size, but these should be considered an option for communicating. In developing competencies, the early career RNs focused on clinical skills while the middle and late career RNs focused on communication and leadership skills. The development of emotional intelligence was based on themes of RNs facing challenges with patients, doctors, or other healthcare staff while RNs controlled their response with others. One mentor suggested her RN consider the other persons' perspectives. A few mentors provided the RNs with the opportunity to practice what they would say to avoid crying as they addressed a conflict with another person.

Of the 14 RNs who took part in this study, 11 RNs selected their mentors, while three RNs had mentors assigned to them. There was only one diverse case where the mentor sought out the RN and offered to be her mentor. This was an unusual case in this study and the RN shared that the experience was unexpected for her as well. It should be

noted that RNs who selected their mentor reported greater satisfaction than RNs who did not select their mentors. Once again, a generalization cannot be made due to the small sample size, but this should be considered in RNs independently selecting their mentor as the RNs and mentors seemed to have characteristics in common. One aspect of the relationships the RNs would change was the opportunity to spend more time with the mentor or speak with the mentor in-person if this was a viable option due to distance or convenience.

The overarching theme from the findings was the gap in the RNs' knowledge and skills related to what actions to take to manage a situation. This dictated the need for a mentor with the knowledge and skills to share with the RN to fill the gap. The mentors were unselfish in their sharing and creating a nurturing learning relationship with the RN. The relationship was humanistic in nature; the RNs cared for each other, as RNs are to care for patients.

The discussion in chapter 5 includes the key findings of the study, interpretation of the findings, limitations of the study, recommendations, implications, and a conclusion. The findings of the study contribute to the knowledge on mentoring by considering career stages, the experiences that cause RNs stress, and assessing the gaps in knowledge and skills to individualize the mentoring experience. Additionally, this study promotes social change in the culture of nurses to care about the success of each other in the nursing profession.

Chapter 5: Discussions, Conclusions, and Recommendations

The purpose of this study was to describe the mentoring relationship preferences of early, middle, and late career stage RNs working in an acute care hospital setting. In addition, the inquiry included whether mentors could have an influence on RNs' perception of stress in the work setting. For this study I used a basic qualitative design. My goal was to answer the two research questions for this study through interviews. Fourteen RNs participated in two one-on-one interviews via video conferencing. I was the research instrument for the study. The conceptual framework for the study was based on three theories. The theories were the career and psychosocial mentoring theory (Kram, 1983, 1988), mentoring the adult learning theory (Daloz, 1986), and the attachment theory (Bowlby, 1982, 1988). The common factor in the theories was the communication that occurs in relationships and, specifically for this study, mentoring relationships.

Three themes arose related to the first research question and two themes arose related to the second question. The research questions were:

Research Question 1: What are the mentoring relationship preferences of early, middle, and late career stage RNs working in an acute care hospital setting?

Research Question 2: From the perspectives of early, middle, and late career stage RNs, how could mentors guide, influence, and support RNs' perception of work-related stress in an acute care hospital setting?

I analyzed the interview data from the 14 RN participants. The key findings in the study were the RNs preferred mentors who: were present in the work environment, developed their competency, and developed their self-concept. A further finding was that the mentors were able to influence RNs' perception of stress through development of emotional intelligence and the mentors' roles in solving problems. Chapter 5 includes the interpretation of the findings, limitations of the study, recommendations, implications, and a conclusion.

Summary of Findings

All RNs in the study had a mentor in their work setting. Four RNs had a mentor inside and outside the work setting. The themes were the ability of the RN to ask the mentor for guidance whether it was in the care of a patient, managing challenging communication with a healthcare staff member, or to practice how to confront another healthcare staff member. Of the four RNs who had mentors outside of the work setting, the communication included discussions on how to manage the same challenges the RNs sought from the mentors in the work setting. Whether the mentors were in the work setting or outside the work setting, the RNs preferred to meet with their mentor in-person.

The key finding related to the first research question was that RNs prefer mentors who can meet their needs based on the RNs' gaps and competencies in being a RN. In-person meetings provided the opportunity to see each other and discuss those gaps and competencies. The RNs described the in-person meetings which occurred in the work

setting as an opportunity to have an immediate resource available. The RNs also appreciated the in-person meetings to see the mentors' facial expressions. For example, the exchange of a smile or laughter to show the RN how the mentor managed situations.

This was also noted in the reason for conducting interviews in person as useful in research studies (Salmons, 2012). The purpose of face-to-face interaction was to see, as well as hear nonverbal responses. During interviews for this study, the RNs shed tears as they described how their mentor influenced their professional life in dealing with challenging coworkers. There were also smiles of joy when a RN shared that her mentor gave her a special gift during nursing school. A RN also shared how her mentor would tell jokes and make her laugh. When the mentors and RNs would meet, sometimes they would have meals outside of the work setting at the mentor's home or in a restaurant. Although all mentoring encounters were not in-person, the preference by all the RNs was to see the mentor in-person.

The second key finding that answered the second research question was the mentors helped the RNs confront problems they perceived as stressful. The problems sometimes made the RNs question remaining in the nursing profession. Whether the problem was performance of a clinical skill or self-concept because of bullying, the mentor was able to change the thinking and actions of the RN to manage the problem.

The RNs preferred mentors who could add to their knowledge on patient diagnosis and well as clinical nursing and communication skills. The mentors in the RNs'

early career stage focused on clinical skills such as procedures while communication and leadership skills were the focus of middle and late career RNs. The ability to be competent in attitude and behaviors included how to address conflict while maintaining a working relationship with others. In the finding of self-concept, the RNs spoke about the mentors' words of encouragement and reminders that they could succeed in their field or a new specialty in nursing. The findings revealed the mentors guided the RNs in the development of emotional intelligence. Whether the RNs described themselves as emotional or strong-willed, the mentor was able to speak with the RNs to provide instructions on managing their emotions and know when and how to address a problem.

Finally, the findings revealed the role the mentor played in problem solving. When a RN had a problem, the RN presented the problem to the mentor for discussion and resolution. The mentor then coached the RN on how to manage the problem. The mentor either went with the RN to add to the RNs' words in addressing the conflict with a staff member or spoke with the RN after addressing the problem to discuss the results. The mentoring relationships among the RNs spanned many years and all RNs except Adjoa, who will be retiring, spoke about their need for continued professional growth with a mentor.

Interpretation of Findings

The research questions that I used to guide this study were:

Research Question 1: What are the mentoring relationship preferences of early, middle, and late career stage RNs working in an acute care hospital setting?

Research Question 2: From the perspectives of early, middle, and late career stage RNs, how could mentors guide, influence, and support RNs' perception of work-related stress in an acute care hospital setting?

I analyzed the results based on the conceptual framework of three theories. Kram's (1983, 1988) career and psychosocial mentoring theory focuses on the function of the mentor to provide career and psychosocial guidance and support. Aspects of the career function include coaching, protection, and sponsorship (Kram & Isabella, 1985).

Daloz's (1986) mentoring the adult learner theory, in which the mentor questions the mentee on beliefs, challenges present beliefs, and has conversations with the mentee to expand on the mentee's thought processes and view of life. Although the attachment theory by Bowlby (1988) focused on the parenting relationship, the trust between the mentor and mentee to protect from harm was evident in the mentoring relationship just as in a parenting relationship.

Mentoring Relationship Preferences by Experiences and Challenges

This study demonstrates the alignment with Kram's (1983, 1988) theory and the role of the mentor as coach, projector, and friend. This study contributes new knowledge regarding the mentor's abilities, such the ability to teach communication skills, emotional intelligence, and direct skills related to role and responsibilities of the profession. This

study adds new knowledge to the career stage by years of experience and mentoring needs based on years of experience. The key finding was that age was not the determining factor in the need for a mentor. The key factor for the RNs having a mentor was based on the years of experience, the competencies the mentee wanted to develop, and the RNs interest to work with the mentor as the RNs pursued present and future goals.

Kram's (1983, 1988) career functions of coaching, protection, and role modeling aligned with how the mentors guided, influenced, and supported the RNs. In this study, RNs described situations where the mentor provided the words to say to colleagues who were bullies. The mentors provided words to respond to colleagues who challenged the RNs' authority in their leadership role. Additionally, the mentors protected the RNs from leaving the nursing profession as RNs in their middle career stage shared how they wanted to leave nursing when they were in their early career stage. In the psychosocial function, the RNs described situations where the mentors were counselors. For example, when colleagues played a trick on Myra, the next morning Myra's mentor sat with her while she cried and made her breakfast and tea. The mentors were friends to the RNs. The mentors asked about the RNs' lives outside of work, including how their children were doing. In Tracy's situation, her mentor provided advice on selecting the right partner for a relationship. The mentors' functions were more than supporting advancement in positions in their careers. The mentors were role models. The RNs in the

study looked to their mentors for guidance and appreciated their mentors' love for nursing, as a few RNs mentioned.

Communicating in the Work Setting

This study contributes new knowledge on mentoring outside of the controlled environment in academia. In the work setting, challenges can be unpredictable, and the mentor may not have the time to look up how the handle a situation; however, according to the RNs who participated in this study, the mentors immediately stepped in to give instructions on managing a challenge. This is different than the work by Daloz (1986), where in the academic setting, there is time for an in-depth conversation, while in a real life setting an immediate challenge needs an immediate intervention. As a result, the skills of a mentor in a controlled environment can be different than the skills of a mentor in a real work setting.

The adult learners in this study were not in a formal classroom. The learners were RNs acquiring knowledge on how to take on the new or present role as an RN in the work setting. In the work of Daloz (1986), the focus was on communication, sharing, and questioning to develop the learner. In this study, the RNs described conversations where the mentor would ask for the RNs' thoughts on a situation. Then the two would debrief and discuss how to manage the situation in the future. The RNs described how some mentoring relationships changed from an authoritative figure to a relationship of mutual intellectual and emotional growth where they shared challenges. For example, Myra

stated one of her mentors stopped her in her tracks from rushing around while risking

harm to a patient. The same mentor is now a longtime friend as well as a mentor. Kram,

in her later works, described this as a peer relationship with functions similar, and at

times the same, as career and psychosocial mentoring functions (Kram, 1988; Kram &

Isabella, 1985).

The questioning from the mentors also challenged the RNs' beliefs. For example,

Myra's perception of being a quiet, Asian girl or Nasemma's belief of how other RNs

from her nationality would respond to her as she was now their leader and younger

changed. In both situations the mentors focused on the value the RNs brought in caring

for patients and as leaders. Myra and Nasemma stated that over time with their mentors,

their confidence increased. In the end, the RNs resolved the stressors they experienced, or

the RNs were able to process the situation, remain in their position, and continue to

perceive a love for nursing at the time of the interviews.

Attachment: Mentors Connection Based on RNs Needs

This study contributes new knowledge as there were mentoring experiences where

the mentor was the RNs' mother. The mothers as mentors did not protect the RNs from

returning to work and support the RN to leaving nursing. However, the mothers as

mentors shared the reality of being a RN, what to say in challenging situations, and

focused on patient safety, just as other mentors in this study. This study does add to the

damaging effect a mentor can have on the mentee when there is a lack of attachment,

which may influence a lack of self-concept. This occurred in Lynn's experience as a new RN, when the mentor was not supportive and Lynn continued to hesitate to take a risk and change jobs. The limit to comparing this study to the attachment theory is that Bowlby (1982, 1988) discusses the psychological factors that contribute to a lack of attachment, which is not part of this study. However, further studies could reveal how negative mentoring relationships could influence self-concept.

It was evident that the RNs had an attachment to their mentors and depended on what the mentors could provide. Nasemma felt protected when her mentor went with her to a staff meeting because she was scared to speak with her team as a leader. The RNs described how a challenging situation would occur and they would seek out their mentors for guidance. The RNs statements aligned with Bowlby's (1982, 1988) needs in attachment of protection, instructions, and acceptance. The situations where the RNs felt the mentors were not helpful were mentors who were not accepting or helpful to RN. Those mentoring relationships were not sustained.

The findings in this study aligned with present studies on mentoring. Bowlby's attachment theory such as in the study by Poteat et al. (2015) depicts the emotional bond that develops with the mentor. In the study by Goldner and Scharf (2014) higher self-concept were considered the result of the mentor. In this study, Michele expressed how her mentor stated that she heard great things about her and offered her a job prior to Michele graduating with her master's degree. Michele stated:

I think they (her mentors) were there and they were strategically there to guide

me through life. Just a sort of lift me up and reassure me that I can do this because

there were times when I was like maybe nursing is not for me. And every time

these women were able to reassure me that this is your calling this is what you

were made to do.

The experience helped Michele's self-development and improved her confidence.

In Mitchell et al.'s (2015) study the mentor became the caregiver. This is similar to

Myra's mentor making her breakfast and tea after a bad experience working the night

shift. The perception of an attachment between the mentor and mentee was a necessity as

the RNs felt trust in their mentors to share their stressors.

Conceptual Framework: Communication

One definition of communication is the process of exchange of information

between individuals (Communication, 2018). The RNs repeatedly spoke about how and

when the mentors spoke with them to share how to manage stressful situations. The RNs

described conversations they had with mentors over 20 years ago and how the

information from that time had influenced their actions today. The RNs felt the mentors

sharing knowledge on how to handle situations had a positive influence on their

perception of stress.

Coding Using a Computer Program Versus Manual

Two coding techniques were used in this study. I entered the data into the Coding

Analysis Toolkit (CAT) by Texifer and Microsoft excel and word documents. The

purpose of using the two techniques was to compare findings.

In the CAT program, I coded words such as love, in-person, face-to-face, and

work in the setting. In using the Microsoft documents, especially Microsoft excel, I found

greater flexibility in repeatedly moving and organizing interview data into different

columns to see themes and code data. As I placed codes into categories I realized all the

codes from the CAT did not align with the research questions. However, more codes

aligned when I used the Microsoft excel document. As a result, I returned to the narrative

data and analyzed the transcripts a second and third time. I then discovered themes that

answered the research questions by identifying emotional intelligence, self-concept,

solving different types of problems and their solutions, and developing competencies that

were different depending on the years of experience. I was able to use the codes of face-

to-face and the work setting of the RN and mentor. As a result, the findings emerged

from a combination of the two techniques. I though the two techniques would confirm

each other, however, the two techniques were complimentary and confirmed the need for

in-person or face-to-face encounters.

I believe the codes from the CAT could address other questions not included in

this study such as details about the like and dislikes of being a RN, the love of nursing,

and the coaching aspect of the mentor as one characteristics of mentoring as described by

Kram. The use of the CAT and Microsoft programs was successful in organizing the data

for coding. However, the inductive and intuitive nature to answer the research questions

was based on my experience as a researcher, RN, mentee, mentor, listening to the RNs

during their first and second interview, watching their non-verbal body language, re-

reading transcripts, and replaying interview recordings. The programs cannot encompass

the researcher's need to connect and describe human behavior from the interview data.

The researcher needs to accomplish this through immersion in the interview data.

Limitations

There were three limitations in this study. The limitations were that the study was

limited to RNs working in an acute care hospital setting in the United States. Even though

most RNs in the United States work in the hospital setting, there are additional settings

such as ambulatory settings or providers' offices, schools, and behavioral health settings.

RNs working in acute care hospital settings in countries outside of the United States

could have similar or different preferences and stressors. The sample size was small with

14 RNs.

I minimized the limitation by including rich data from the interviews.

Additionally, the RNs' reviewed their transcripts for accuracy. Two RNs requested

changes in their transcripts.

The bias I had in this study was I anticipated the RNs would have positive experiences in their mentoring relationship. My bias was confirmed. However, my bias became a challenge as two RNs shared their negative experiences with their mentors. I assumed that the mentors were bullies or I believed in a saying in nursing that "nurses eat their young." This negative culture is apparent in tradition and in the literature (Namie, 2013; 2014). There are many reasons why the mentors may not have satisfied the two RNs' needs, such as lack of training to be a mentor or disinterest.

Another experience occurred when I had difficulty holding back tears if the RN cried due to a story they shared about their love for nursing or the difference their mentors made in their life. The opportunity to capture this experience and feel the emotions of the RNs was just as evident and significant using video conferencing as if it had happened in-person. The tears fell as an RN described her return for a second degree and the mentor encouraged this despite family challenges such as an illness in the family. There was more than one time during the interviews when RNs cried when expressing their love for nursing or influence of their mentor. The contributions of the mentors on the lives of the RNs changed the RNs' course of life. The change may have occurred at some point in the past. However, the RNs in the study attributed their success to the mentors. Even though I could not include all the interview data, I did include negative and positive aspects of the mentoring relationships. The purpose of including negative

and positive data was to avoid bias in my positive experience in mentoring relationships and interpretation of the interview data.

Recommendations

Recommendations for future research are based on the key findings and codes identified from the CAT. The key finding of the mentors' ability to meet the RNs present and future goals could develop into a study on the need for more than one mentor in a career stage. In this study, the RNs answered that having more than one mentor could be useful for developing different skills. The RNs did not expect one mentor to serve all their needs and some RNs had more than one mentor at the time of the interview, such as a mentor at work and a mentor outside of work. I also revealed data about RNs love of nursing. The focus of this study was not on feelings about nursing. However, the finding may be useful for a study on resilience of RNs to continue in a stressful profession and at the same time have a love for the profession and the patients. The connection to mentoring was that RNs in this study shared how their mentors' love for nursing had an influence on their role as a RN.

Implications

Based on the gap in the literature, my study was necessary for five reasons. The first reason was to identify what are the mentoring relationship preferences of early, middle, and late career stage RNs. Even though a majority of mentoring studies focused on early career stage RNs working in a hospital setting, in practice the hospital setting

represents a combination of RNs from all three career stages (Parsons et al., 2018; Rush et al., 2013; United States Department of Health and Human Services Health Resources and Services Administration, 2013; Witter & Manley, 2013). RNs' needs differ across career stages. The implication for practice is the mentors need to identify what are the preferences of the RN such as what aspect of their competency do they need to develop, where are the gaps in thinking, and make a schedule for meeting in-person to develop the relationship. The mentors need to have the knowledge and ability to apply the concept of emotional intelligence and teach these concepts to the RN. Working with different personalities and caring for ill patients has the potential to evoke stress on a healthcare team. A mentor needs to have the confidence to step in to a situation with the RN to maintain the RNs' self-concept and de-escalate a situation. As a result, a mentoring training program should include the concept of emotional intelligence.

The next implication is that problems are not ignored in the mentoring relationship, but addressed with solutions and problem solving to maintain work relationships. As a result, a mentoring training program may need to include negotiation skills or, as one RN mentioned in her interview, a governmental program called Team STEPPS © to learn communication skills.

The mentors played a role in developing RNs' competencies, confronting conflicts with healthcare staff, develop emotional intelligence in working with staff and patients, develop communication skills, develop leadership skills, and increase positive

self -image. The mentors' techniques for developing the RN were role modeling, allowing the RN to practice their skills, and encouraging words of support. The mentors shared their techniques by spending time with the RNs and communicating.

This study further promotes the benefits of mentors with regards to perception of stress, which can be a factor in nurse attrition. This was evident in this study as RNs questioned early in their career if they would continue in the profession. If hospital leadership determines the findings of the study could decrease nurse attrition, they may develop a mentoring program. The advantage of this study was the RNs described the influence of their mentors across their career stages. Therefore, the findings show the benefits of a mentor across career stages.

The mentoring relationship also provides a humanistic approach of caring for another person. As a RN, the role is to care for others in different stages of life, in illness and wellness. The mentoring relationship depicts the same humanistic approach as the mentor cares for the mentee in professional challenges such as starting a new role or dealing with a conflict at work. Additionally, the mentor would celebrate the mentee's success, such as the mentor who gave a meaningful present to an RN her graduation from nursing school. It could be said that if one person is treated with care, there could be an impact on how one cares for others. And, this reflects comments the RNs received recently and over 30 years ago. The RNs in this study believe the mentors of the past made an impact on their present care of patients.

Conclusion

The study confirms that RNs' mentoring relationship preferences can be similar and different among their career stages and mentors have a positive influence on RNs perceived stress in the workplace setting. When the RNs select or are assigned a mentor, the preferences are that the mentor will communicate with the RN face-to-face. Additionally, RNs prefer mentors who are kind and at times tough. The stressors of communication with other RNs and bias comments or feelings are shared with the mentor to identify ways to address these stressors and still continue in their role. Based on the results of this study, I suggest that RNs seek a mentor before stressors occur. The RNs in this study had an ongoing relationship with their mentors to they could turn to for guidance, support, and at times, answers to challenges.

The focus in a mentoring relationship is the desire for humans to build relationships with each other for the benefits and unselfish purpose to contribute to another person's success. The purpose of mentoring is for one person, the mentor, to help another person, the mentee, succeed, where the mentee agrees that the mentor is or has been helpful. The reason for the mentee's agreement that the mentor has been helpful is that a mentor may not realize that their actions were harmful and had a negative effect on the mentee's self-concept. The mentor and mentee need to mutually agree on the goals of successful guidance, influence, and support. This will lead to greater success and positive outcomes in professional and personal life for the mentee.

References

Accreditation Commission for Education in Nursing, Inc. (2013). Search ACEN

accredited nursing programs. Retrieved from

http://www.acenursing.us/accreditedprograms/programsearch.htm

American Nurses Association (2015). *Incivility, bullying, and workplace violence*

Retrieved from http://www.nursingworld.org/Bullying-Workplace-Violence

American Nurses Association (2016). *Welcome to the ANAs Mentoring Program*

Retrieved from http://www.ananursespace.org/mentorprogram?ssopc=1

American Nurses Association (2017a). *American Nurses Association Health Risk*

Appraisal (HRA). Retrieved from http://nursingworld.org/HRA-Executive

Summary

American Nurses Association (2017b). *About ANA*. Retrieved from

http://www.nursingworld.org/FunctionalMenuCategories/AboutANA/

American Nurses Association (2017c). *Healthy Nurse, Healthy Nation*. Retrieved from

http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-

Nurse

American Organization of Nurse Executives (2019). *Leader2leader member community*.

Retrieved from http://www.aone.org/resources/community.shtml

Association for Nursing Professional Development (2013). *ANPD white paper: Role of nursing professional development in helping meet institute of medicine's future of nursing recommendations. Retrieved from http://www.anpd.org/page/npd-practicioner-resources*

Auerbach, D. I., Buerhaus, P. I., & Staiger, D. O. (2014). RNs are delaying retirement, a shift that has contributed growth in the nurse workforce. *Health Affairs, 33*(8), 1–6. doi:10.1377/hlthaff.2014.0128

Bewley, L. W., Bonica, M. J., Hernandez, S. R. & Shewchuk, R. M. (2016). Mentorship mediated by life-career seasons: An analysis of a multi-dimensional model of mentoring among career groups of United States army officers. *Global Journal of Management and Business Research, 16*(8), 35–46. ISSN: 2249-4588

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

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

Brondyk, S. & Searby, L. (2013). Best practices in mentoring: complexities and possibilities. *International Journal of Mentoring and Coaching in Education, 2*(3), 189–203. doi:10.1108/IJMCE-07-2013-0040

Bryant, A. L., Brody, A., Perez, A., Shillam, C., Edelman, L. S., Bond, S. M., Foster, V., Siegel, E. (2015). Development and implementation of a peer mentoring program for early career gerontological faculty. *Journal of Nursing Scholarship, 47*(3), 258–266. doi:10.1111/jnu.12135

Buffington, A., Zwink, J., & Fink, R. (2012). Factors affecting nurse retention at an Academic Magnet hospital. *The Journal of Nursing Administration, 42*(5), 273–281. doi:10.1097/NNA.0b013e3182433812

Butler, A. J., Whiteman, R. S., & Crow, G. M. (2013). Technology's role in fostering transformational educator mentoring. *International Journal of Mentoring and Coaching in education, 2*(3), 233–248. doi: 10.1108/IJMCE-06-2013-0037

Bynum, Y. P. & Young, C. (2015). Female superintendents and the effects of mentoring relationships. *International Journal for Innovation Education and Research, 3*(10) 117–125. ISSN 2411-2933

Byrne, D. (2016). What's the difference between qualitative and quantitative methods? *In Philosophy of Research*. Retrieved fromhttp://methods.sagepub.com.ezp.waldenulibrary.org/project-planner/philosophy   of-research

Caelli, K., Ray, L., & Mill, J. (2003). 'Clear as mud': Toward greater clarity in generic qualitative research. *International Journal of Qualitative Methods, 2*(2), 1–24. ISSN 237432157

Candela, L., Gutierrez, A., & Keating, S. (2013). A national survey examining the professional work life of today's nursing faculty. *Nurse Education Today, 33*(8) 853–859. doi:10.1061/j.nedt.2012.10.004

Castillo-Montoya, M. (2016). Preparing for interview research: The interview protocol refinement framework. *The Qualitative Report, 21*(5), 811–831. Retrieved from http://nsuworks.nova.edu/tqr/vol21/iss5/2

Center for Medicare & Medicaid Services (n.d.). *The Center for Consumer Information & Insurance Oversight*. Retrieved from https://www.cms.gov/cciio/programs-and-initiatives/health-insurance-market-reforms/index.html

Chaudhuri, S., & Ghosh, R. (2012). Reverse mentoring: A social exchange tool for keeping the boomers engaged and millennials committed. *Human Resources Development Review, 11*(1), 55–76. doi:10.1177/1534484311417562

Cohen D., & Crabtree, B. (2006). *Qualitative research guidelines project: Common research traditions*. Retrieved from http://www.qualres.org/HomeComm-3582.html

Communication (2018). In *Merriam Webster, incorporated online dictionary*. Retrieved from https://www.merriam-webster.com/dictionary/communication

Craig, C. A., Allen, M. W., Reid, M. F., Riemenschneider, C. K., & Armstrong, D. J.(2012). The impact of career mentoring and psychosocial mentoring on affective organizational commitment, job involvement, and turnover intention. *Administration & Society, 45*(8), 949–973. doi:10.1177/0095399712451885

Cunningham, J., & Hillier, E. (2013). Informal learning in the workplace: Key activities and processes. *Education + Training, 55*(1), 37–51. doi:10.1108/00400911311294960

Daloz, L. A. (1986). *Effective Teaching and Mentoring.* San Francisco, CA: Jossey–Bass Inc. Publishers.

Department of Health & Human Services (2013). *The United States Nursing Workforce: Trends in Supply and Education*. Retrieved from https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/nursingworkforcetrendsoct2013.pdf

Eller, L. S., Lev, E. L., & Feurer, A. (2014). Key components of an effective mentoring relationship: A qualitative study. *Nurse Education Today, 34*, 815–820. doi:10.1016/j.nedt.2013.07.020

Esterberg, K. G. (2001). *Qualitative methods in social research*. Boston, MA: McGraw Hill.

Fleig-Palmer, M. M., & Rathert, C. (2015). Interpersonal mentoring and its influence on retention of valued health care workers: The moderating role of affective commitment. *Health Care Management Review, 40*(1), 56–64. doi:10.1097/HMR.0000000000000011

Frankfort-Nachmias, C. & Nachmias, D. (2008). *Research methods in the social sciences* (7th ed.). New York, NY: Worth Publishers.

Furunes, T., Mykletun, R. J., Solem, P. E., de Lange, A. H., Syse, A., Schaufeli, W. B. & Ilmarinen, J. (2015). Late career decision-making: A qualitative panel study. *Work, Aging and Retirement, 1*(3), 284–295. Doi:10.1093/worker/wav011

Gentles, S. J., Charles, C., Ploeg, J. & McKibbon, K. A. (2015). Sampling in qualitative research: Insights from an overview of the methods literature. *The Qualitative Report, 20*(11), 1772–1789. Retrieved from http://search.proquest.com.ezp.waldenulibrary.org/docview/1750038029?accountid=14872

Gibson, J. L., Ivancevich, J. M., Donnelly, J. H., & Konopaske, R. (2009). *Organizations: Behavior, structure, processes* (14th ed.) New York, NY: McGraw-Hill. Retrieved from http://dl.motamem.org/organizations_behavior_structure.pdf

Goldner, L., & Scharf, M. (2014). Attachment security, the quality of the mentoring relationship and proteges adjustment. *Journal of Primary Prevention, 35*, 267–279. doi:10.1007/s10935-014-0349-0

Green, J. & Jackson, D. (2014). Mentoring: Some cautionary notes for the nursing profession. *Contemporary Nurse, 47*(1-2), 79–87.doi:10.5172/conu.2013.3528

Guse, J., Schweigert, E., Kulms, G., Heinen, I., Martens, C., & Guse, A. H. (2016). Effects of mentoring speed dating as an innovative matching tool in undergraduate medical education: A mixed methods of study. *PLos ONE, 11*(2). doi:http://dx.doi.org/10.1371/journal.pone.0147444

Häggman-Laitila, A. & Romppanen, J. (2017). Outcomes of interventions for nurse leaders' well-being at work: A quantitative systematic review. *Journal of Advanced Nursing, 74*(1), 34–44. doi:10.111/jan.13406

Haines, S. L., & Popovich, N. G. (2014). Engaging external senior faculty members as faculty mentors. *American Journal of Pharmaceutical Education, 78*(5), 1–6. doi: 10.5688/ajpe785101

Hamilton, R. J. & Bowers, B. J. (2006). Internet recruitment and e-mail interviews in qualitative studies. *Qualitative Health Research*, *16*, 821–835. doi:10.1177/1049732306287599

Hatch, J. A. (2002). *Doing qualitative research in education settings*. Albany, NY: State University of New York.

Health Resources and Services Administration Bureau of Health Professions National

    Center for Health Workforce Analysis. (2013). *The United States nursing*

    workforce: Trends in supply and education. Retrieved from

    http://bhpr.hrsa.gov/healthworkforce/supplydemand/nursing/nursingworkforce/nu

    rsingworkforce fullreport.pdf

Hegmann, T. (2014). Outcomes of a nationwide mentoring program for physician

    assistant educators. *The Journal of Physician Assistant Education, 25*(4), 35–38.

    ISSN: 1941-9430

Himmelstein, D. U., Woolhandler, S., Almberg, M., & Fauke, C. (2018). *The U.S. health*

    care crisis continues: A data snapshot. International Journal of Health, 48(1),

    28–41.

Homer, & Shewring, W. (1980). *The Odyssey*. Oxford, UK: Oxford University Press.

Hu, Y-C, Chen, S-R, Chen, I-H, Shen, H-C, Lin, Y-K, & Chang, W-Y (2015). Evaluation

    of work stress, turnover intention, work experience, and satisfaction with

    preceptors of new graduate nurses using a 10-minute preceptor model. *The*

    Journal of Continuing Education in Nursing, 46(6), 261–

    271.doi:10.3928/00220124-20150518-02

Hunsaker, S., Chen, H-C., Maughan, D., & Heaston (2014). Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurse. *Journal of Nursing Scholarship, 47*(2), 186–194. doi:10.1111/jnu.12122

Humberd, B. K. & Rouse, E. D. (2016). Seeing you in me and me in you: Personal identification in the phases of mentoring relationship. *Academy of Management Review, 41*(3), 435–455. doi:10.5465/amr.2013.0203

Israel, M., Kamman, M. L., McCray, E. D., Sindelar, P. T. (2014). Mentoring in action: The interplay among professional assistance, emotional support, and evaluation. *Exceptional Children, 8*(1), 45–63.doi:10.1177/0014402914532231

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), 1–10. ISSN:1052-0147

Jakubik, L. D., Eliades, A. B., & Weese, M. M. (2016). Part 1: An overview of mentoring practices and mentoring benefits. *Pediatric Nursing, 42*(1), 37–38. doi: 10.1016/j.pedn.2014.07.011

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(3), 149–152 Retrieved from https://web-a-ebscohost-
com.ezp.waldenulibrary.org/ehost/ pdfviewer?vid=7&sid=b7533fce-3c9b-4f69-
b6cf-c62ed0f4f845%40sdc-v-sessmgr05

James, N. & Busher, H. (2006). Credibility, authenticity and voice: Dilemmas in web
based interviewing. *Qualitative Research*, *6*(3), 403–420.
doi:10.1177/1468794106065010

Janesick, V. J. (2004). *Stretching: exercises for qualitative researchers* (2nd ed.).
Thousand Oaks, CA: SAGE Publications.

Janesick, V. J. (2011). *Stretching: exercises for qualitative resea*rchers (3rd ed.).
Thousand Oaks, CA: SAGE Publications.

Janssen, S. Tahitu, J., van Vuuren, M, & de Jong, M. D. T. (2016). Coworkers'
perspectives on mentoring relationships. *Group & Organization Management*, 1–
28. Retrieved from
https://journals.sagepub.com/doi/pdf/10.1177/1059601116669641

Jnah, A. J., & Robinson, C. B. (2015). Mentoring and self-efficacy. *Advances in*
Neonatal Care, 15(5), E3–E11. doi:10.1097/ANC.0000000000000227

Johnson, J. E., Billingsley, M., Crichlow, T., & Ferrell, E. (2011). Professional

    development for nurses: Mentoring along the U-Shaped curve. *Nursing*

    Administration Quarterly, 35(2), 119–125. doi:10.1097.NAQ.0b013e31820f69c0

Kahlke, R. M. (2014). Generic qualitative approaches: Pitfalls and benefits of

    methodological mixology. *International Journal of Qualitative Methods, 13,* 37–

    52. ISSN:16094069

Kalén, S., Ponzer, S., Seeberger, A., Kiessling, A. & Silén, C. (2015). Longitudinal

    mentorship to support the development of medical students' future professional

    role: A qualitative study. *BMC Medical Education, 15*(1),1–10. doi:

    10.1186/s12909-015-0383-5

Kao, K. Y., Rogers, A., Spitzmueller, C., Lin, M. T., & Lin, C. H. (2014). Who would

    serve as my mentor? The effects of mentor's gender and supervisory status on

    resilience in mentoring relationships. *Journal of Vocational Behavior, 85,* 191–

    203. doi: http://dx.doi.org/10.1016/j.jvb.2014.07.004

Kram, K. E. (1983). Phases of the mentor relationship. *Academy of Management Journal,*

    26(4), 608–625. doi:10.2307/255910

Kram, K. E. (1988). *Mentoring at work developmental relationships in organization life.*

    Lanham, MD: University Press of America.

Kram, K. E., & Isabella, L. A. (1985). Mentoring alternatives: The role of peer

    relationships in career development. *Academy of Management Journal, 28*(1),

    110–132. doi:10.2307/256064

Kusmartini, S. E. & Simanjuntak, T. (2014). Peer-mentoring program and academic

    atmosphere toward writing achievement of the students. *International Journal of*

    Applied Linguistics & English Literature, 3(2), 2200–3452.

    doi:10.7575/aiac.ijalel.v.3n.2p.83

Levinson, D. J. (1986). A conception of adult development. *American Psychologist*

    41(1), 3–13. doi 10.1037/0003-066X.41.1.3

Lewinski, A., Wainwright, K., Gordon, H., & Derouin, A. (2015). Student-Faculty lunch

    program to increase mentoring and facilitate cross-program relationships in

    school of nursing. *Nurse Educator, 41*(3), 143–146.

    doi:10.1097/NNE.0000000000000220

Library of Congress (2017). *H.R. 277 – American Health Care Reform Act of 2017*.

    Retrieved from https://www.congress.gov/bill/115th-congress/house-bill/277/text

Lunsford, L. G. (2014). Mentors, tormentors, and no mentors: Mentoring scientists.

    International Journal of Mentoring and Coaching in Education, 3(1), 4–17.

    doi:10.1108/IJMCE-02-2013-0007

Magtibay, D. L., Chesak, S. S., Sherry, S., Coughlin, K, & Sood, A. (2017). Decreasing

stress and burnout in nurses. *The Journal of Nursing Administration, 47*(7/8),

391–395. doi.10.1097/NNA.0000000000000501

Malloy, D. C., Fahey-McCarthy, E., Murakami, M., Lee, Y., Choi, E., Hirose, E., &

Hadjistavropoulos, T. (2015). Finding meaning in the work of nursing: An

international study. *The Online Journal of Issues in Nursing, 20*(3),1–10.

Retrieved from

http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPedri

odicals/OJIN/TableofContents/Vol-20-2015/No3-Sept-2015/Articles-Previous-

Topics/Finding-Meaning-in-Nursing.html

Marshall, B., Cardon, P., Poddar, A., & Fontenot, R. (2013). Does sample size matter in

qualitative research?: A review of qualitative interviews in IS research. *Journal of

Computer Information Systems, 54*(1), 11–22.

doi:10.1080108874417.2013.11645667

Maxwell, J. A. (2013). *Qualitative research design an interactive approach* (3rd ed.)

Thousand Oaks, CA: SAGE Publications, Inc.

McCalla-Graham, J. A. & De Gagne, J. C. (2015). The lived experience of new graduate

nurses working in an acute care setting. *The Journal of Continuing Education in

Nursing, 46*(3), 122–128.

Merriam, S. B. (1998). *Qualitative research and case study applications in education.*
    San Francisco, CA: Jossey-Bass.

Merriam, S. B. & Associates. (2002). *Qualitative Research in Practice*. San Francisco,
    CA: Jossey-Bass.

Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis a*
    methods sourcebook (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Mitchell, M. E., Eby, L. T., & Ragins, B. R. (2015). My mentor, myself: Antecedents and
    outcomes of perceived similarity in mentoring relationships. *Journal of*
    V*ocational Behavior, 89*, 1–9. doi:10.1016/j.jvb.2015.04.008

Munnangi, S., Dupiton, L., Boutin, A., & George Angus, L. D. (2018). Burnout,
    perceived stress, and job satisfaction among trauma nurses at a level 1 safety-net
    trauma center. *Journal of Trauma Nursing, 25*(1), 4–12.
    doi:10.1097/JTN.0000000000000335.

Murphy, W. M. (2012). Reverse mentoring at work: Fostering cross-generational learning
    and developing millennial leaders. *Human Resource Management, 51*(4), 549–
    574. doi:10.1002/hrm.2189

Namie, G. (2013). *2013 WBI survey bullying by industry*. Retrieved from
    http://www.workplacebullying.org/multi/pdf/WBI-2013-Industry.pdf

Namie, G. (2014). *2014 WBI United States workplace bullying survey*. Retrieved from
    http://workplacebullying.org/multi/pdf/WBI-2014-US-Survey.pdf

Noakes, H. J., May, S., van der Sluis, H. V., & Gay, J. (2013). Speaking the same

    language: The influence of mentor-protégé demographics and perceived

    similarities on student engagement in a peer learning programme. *Widening*

    Participation and Lifelong Learning, 15(2), 56–78. ISSN:1466-6529

Nowell, L. S. (2014). The lived experience of neophyte nursing instructors: Mentorship

    and its role in their development. *Nursing: Research and Reviews 4*, 117–127.

    doi:10.2147/NRR.S70216

Nowell, L., White, D. E., Mrklas, K., & Norris, J. M. (2015). Mentorship in nursing

    academia: A systematic review protocol. *Systematic Reviews, 4(*16), 1–9. doi:

    10.1186/s13643-015-0007-5

Obama, B. (2016). United States health care reform progress to date and next steps.

    JAMA, 316(5), 525–532. Doi:10.1001/jama.2016.9797

Parola, V., Coelho, A., Cardoso, D., Sandgren, A., & Apostolo, J. (2017). Prevalence of

    burnout in health professionals working in palliative care: A systemic review. *JBI*

    Database of Systematic Reviews and Implementation Reports. 1905-1933.

Parsons, K., Gaudine, A., & Swab, M. (2018). Older nurses' experiences of providing

    direct care in hospital nursing units: A qualitative systematic review. *JBI*

    Database of Systematic Reviews and Implementation Reports. doi:

    10.11124/JBISRIR-2017-003372

Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). Thousand

    Oaks, CA: SAGE Publications, Inc.

Peluchette, J. V. E. & Jeanquart, S. (2000). Professionals' use of different mentor sources

    at various career stages: Implications for career success. *The Journal of Social*

    Psychology, 140(5), 549–564. http://dx.doi.org/10.1080/00224540009600495

Pietsch, T. M. (2012). A transition to e-mentoring. *Computers, Informatics, Nursing*

    *30(*12), 632–639. doi:10.1097/NXN.0b013e318266cbc5

Poronsky, C. B. (2012). A literature review of mentoring for RN-to-FNP transition.

    Journal of Nursing Education, 51(11), 623–631. doi:10.3928/01484834-0120914-

    03

Poteat, L. F., Shockley, K. M., & Allen, T. D. (2015). Attachment anxiety in mentoring:

    The role of commitment. *Career Development International, 20*(2), 119–132. doi:

    10.1108/CDI-12-2014-0157

QSEN Institute (2019). *Competencies*. Retrieved from http://qsen.org/competencies/

Raines, D. A. (2015). Being in the nursing workforce: Words of second-career nurses 5

    years after graduation. *Nurse Leader, 13*(6), 44–51.

    https://doiorg.ezp.waldenulibrary.org/10.1016/j.mnl.2015.02.001

Riahi, S. (2011). Role stress amongst nurses at the workplace: Concept analysis. *Journal*

    of Nursing Management, 19(6), 721–731. doi: 10.1111/j.1365-2834.2011.01235.x

Rogers, C. R. (1961). On becoming a person: A therapist's view of psychotherapy. Boston, MA: Houghton Mifflin Company.

Rogers, C. R. (1978). Some observations on the organization of personality. In E. R. Hilgard (Ed.), *American Psychology in Historical Perspective* (pp. 417–434). Washington, DC: American Psychological Association. https://doi-org.ezp.waldenulibrary.org/10/1037/021

Rogers, C. R. (1980). *A way of being*. Boston, MA: Houghton Mifflin Company.

Rohatinsky, N., & Ferguson, L. (2013). Mentorship in rural healthcare organizations: Challenges and opportunities. *Online Journal of Rural Nursing and Health Care, 13*(2), 149–172. ISSN:1539-3399

Rubin, H. J. & Rubin, I. S. (2005). *Qualitative interviewing the art of hearing data* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Rush, K. L., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2013). Best practices of formal new graduate nurse transition programs: An integrative review. *International Journal of Nursing Studies, 50*(3) 345–356. doi:10.1016/j.ijnurstu.2012.06.009

Salmons, J. (2012). Designing and conducting research with online interviews. In *Cases in online interview research*. Thousand Oaks, CA: SAGE Publications Inc.

Sanfey, H. (2013). Strategies for building an effective mentoring relationship. *The American Journal of Surgery, 206*(5), 714–718 doi:10.1061/j.amjsurg.2013.08.001

Shaikh, A., Al Turabi, L., & West, D. J. (2016). Developing a successful master of health administration student mentor-mentee program. *The Health Care Manager, 35*(1), 47–57. doi:10.1097/HCM.0000000000000091

Simons, S., & Sauer, P. (2013). An exploration of the workplace bullying experience *Journal of Nurses in Professional Development, 29*(5), 228–232 doi:10.1097/01.NND.0000433147.33631.c9

Smart, D., English, A., James, J., Wilson, M., Daratha, K. B., Childers, B., & Magera, C. (2014). Compassion fatigue and satisfaction: A cross-sectional survey among US healthcare workers. *Nursing and Health Sciences, 16(1)*, 3–10 doi:10.1111/nhs.12068

Spector, N., Blegen, M. A., Silvestre, J., Barnsteiner, J., Lynn, M. R., Ulrich, B., . . . Alexander, M. (2015). Transition to practice study in hospital settings. *Journal of Nursing Regulation, 5*(4), 24–38. ISSN2155-8256

Stimpfel, A. W., Sloane, D. M., & Aiken, L. H. (2012). The longer the shifts for hospital nurses, the higher the levels of burnout and patient dissatisfaction. *Health Affairs, 31*(11), 2501–2509. doi:10.1377/hlthaff.2011.1377

Thorne, S., Kirkham, S. R., & O'Flynn-Magee, K. (2004). The analytic challenge in

   interpretive description. *International Journal of Qualitative Methods*, *3*(1), 1–11.

   doi:10.1177/160940690400300101

Tough (2018). In *Merriam-Webster, incorporate dictionary*. Retrieved from

   https://www.merriam-webster.com/dictionary/tough

United States Department of Health and Human Services (2013) *The United States*

   nursing workforce: Trends in supply and education. Retrieved from

   https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/nursingworkforcetr

   endsoct2013.pdf

United States Department of Health and Human Services (2017). *Supply and demand*

   projections of the nursing workforce: 2014-2030. Retrieved from

   https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/NCHWA_HRSA_

   Nursing_Report.pdf

United States Department of Health and Human Services (n.d.). *Strategic Plan 2018-*

   2022. Retrieved from https://www.hhs.gov/about/strategic-plan/index.html

Unruh, L. Y. & Zhang, N. J. (2014). Newly licensed RN job turnover and turnover intent.

   Journal of Nurses in Professional Development, 30(5), 220–230.

   doi:10.1097/NND.0000000000000079

Vergara, J. Y. (2017). Implementation of a mentorship program to increase staff

satisfaction and retention in critical care. *Nurse Leader, 15*(3), 207–212.

doi.https://doi.org/10/1016/j.mnl.2017.02.003

Wakim, N. (2014). Occupational stressors, stress perception levels, and coping styles of

medical surgical RNs a generational perspective. *The Journal of Nursing

Administration, 44*(12), 632–639. doi:10.1097/NNA.0000000000000140

Weese, M. M., Jakubik, L. D., Eliades, A. B., & Huth, J. (2015). Mentoring practices

benefiting pediatric nurses. *Journal of Pediatric Nursing, 30*(2).

doi:10.1016/j.pedn.2014.07.011

Weidman, N. A. (2013). The lived experience of the transition of the clinical nurse expert

to the novice nurse educator. *Teaching and Learning in Nursing   8*(3), 102–109.

doi:10.1016/j.teln.2013.04.006

Welsh, E. T., Bhave, D., & Kyoung Yong K. (2012). Are you my mentor? Informal

mentoring mutual identification. *Career Development International, 17*(2), 137–

148. doi:10.1108/13620431211225322

Wilson, F. (2015). Romantic relationships at work: Why love can hurt. *International

Journal of Management Review, 17*, 1–19. doi:10.1111/ijmr.12034

Witter, J. A. & Manley, R. J. (2013). A quasi-experimental study: Mentoring for the

novice nurse in an acute care setting. *Journal of Business and Economics, 4*(5),

381–396. doi:10.15341/jbe(2155).05.04.2013/002

Witry, M. J., Patterson, B. J., & Sorofman, B. A. (2013). A qualitative investigation of protégé expectations and proposition of an evaluation model for formal mentoring in pharmacy education. *Research in Social and Administrative Pharmacy, 9*, 654–665. doi: http://dx.doi.org/10.1016/j.sapharm.2012.08.003

Yin, R. K. (1999). Enhancing the quality of case studies in health services research. *Health Services Research, 34*(5), 1209–1223.

Yin, R. K. (2018). *Case study research and applications* (6th ed.). Thousand Oaks, CA: SAGE Publications, Inc.

Zhang, Y., Qian, Y., Wu, J., Wen, F., & Zhang, Y. (2016). The effectiveness and implementation of mentoring program for newly graduated nurses. A systematic review. *Nurse Education Today, 37*, 136–144.

Appendix A: Alignment of Research Questions, Literature Review, and Interview

Questions

Research Questions	Literature Review	Interview Questions
Research Question 1. What are the mentoring relationship preferences of early, middle, and late career stage RNs working in an acute care hospital setting?	Interview questions for my study are based on the result of RNs mentoring experiences from the quantitative study by Weese, et al. (2015). Interview questions for my study are based on who should be the mentor of a mentee with a look at the gender and supervisory position of the mentor, based on the study of Kao, et al. (2014). Interview questions also based on reverse mentoring where a younger generation mentors a more senior generation (Murphy, 2012 & Chaudhuri & Ghosh, 2012). Qualitative study describing characteristics of a mentor and mentoring relationship in a pharmacy academic mentoring program (Witry, Patterson, & Sorofman, 2013). The interview questions in	**Category: Introduction Interview Questions: (first interview)** 1. Please provide your full name (participant selects an alias name for publication in the research study to maintain confidentiality) 2. Please provide a contact email address and phone number (Participants' information is only for researcher to contact participant during the study) 3. What is your identified gender? 4. What is your age? 5. Are you in the early, middle, or late career stage as a RN (Appendix I: Participant's Career Stage Reference Chart)? 6. How many months or years of experience do you have as a RN? 7. Are you working in a hospital located in a rural, urban, or suburban setting? 8. How long have you been in a mentoring relationship, either presently or in the past? **Category: Nurse's Experience Interview Questions (first interview)** 1. Tell me about your experience as a RN 2. How would you describe what you are experiencing in your present career stage after _____ years of experience? 3. Tell me about an aspect of what you like or enjoy about your present

Research Questions	Literature Review	Interview Questions

	the study: Who is a mentor? What mentors have you had? What characteristics make a good mentor? What would you like from a mentoring program? What would you like a mentor to do for you? What would you like a mentor to help you with? What would you like a mentor to discuss with you? What do faculty mentors gain from participating in this program? How would you like the mentoring program to work? (Witry, Patterson, & Sorofman, 2013, p. 665)
	
	Mixed methodological study with neonatal nurse practitioner students(Jnah & Robinson, 2015, p. E8). Four of the seven qualitative questions from study were relevant in developing question for my study: Would you describe your most significant preceptor as a mentor?
		career stage as a RN
		4. Tell me about an aspect of what you do not like or you feel is stressful about your present career stage as a RN
		
		Category: Mentoring Experience and Preferences Interview Questions (first interview)
		1. Are you presently in a mentoring relationship? If yes, tell me about the mentor or mentors you have at this career stage of your life and a mentor or mentors in the past. If no, tell me about a mentor or mentors you have had in your past in a particular career stage.
		   a. Probing question: Have you had more than one mentor at a particular career stage? If yes, what was the purpose of each mentor? If no, tell me if there is an experience where you might consider having more than one mentor?
		2. Please share what you preferred about the mentor or mentors you have now or had in the past
		3. What would you change, if anything, about the mentoring relationships you presently have or had had in the present?
		4. I am going to ask you about communicating with your mentor, tell me about what you talk about with your mentor
		   a. Probing question: How often do/did you communicate with your mentor?
		   b. Probing question: How do/did

Research Questions	Literature Review	Interview Questions
	Describe the qualities of a good mentor. Did you preceptor help you build self-confidence? How did your preceptor help you build self-confidence?	you prefer to communicate with your mentor? c. Probing question: Did your mentor help you in solving problems? If yes, what kind of problems was your mentor helpful in solving? If not, what would you have liked for your mentor to help you with?
Research Question 2. From the perspectives of the early, middle, and late career stage RNs how could mentors support, guide, and influence RNs perception of work-related stress in a hospital setting?	Qualitative study by Eller, Lev, & Feurer (2014) Interview question: "What are the key components of an effective mentoring relationship?" (p. 816). The interview question for my study based on how the protégé would like to communicate is based on a study where mentoring as conducted via email (Pietsch, 2012). The length of time and frequency in a mentoring relationship question is based on the studies by Eller, Lev, & Feurer, (2014) and Guse, et al. (2016). Interview question for my study based on the finding of Wakim's (2014) quantitative study of RNs seeking social support as a means to manage	**Category: Mentor and Stress Interview Questions (second interview)** 1. I would like to know more about your career stage, your mentor(s), and stress. Going back to your response regarding where you are in your career stage, tell me where your mentor(s) would have the most significant role in your perception of stressful situations in the hospital setting? a. Probing question: Can you tell me about an experience where a mentor helped you through a stressful situation? If you do not have such an experience, tell me about a stressful time as a nurse where you would have liked to have had a mentor. 2. From you answer in the previous question the specific actions your mentor(s) took or you would like to have the mentor take was _____. 3. In your first interview you mentioned _____ can you share more about the experience or preference of

Research Questions	Literature Review	Interview Questions
	perception of stress in the hospital setting including generational differences.	_____ (gap identified to inquire more details)

Appendix B: Interview Protocol Matrix:

Research Questions and Interview Questions

Category	Research Question 1	Research Question 2
Introduction Questions	X	
Nurse's Experience Questions	X	X
Mentoring Experience and Preferences	X	X
Mentor and Stress	X	X

Note. This table is from Castillo-Montoya, M. (2016). Preparing for interview research: The interview protocol refinement framework. *The Qualitative Report, 21*(5), 811-831. Retrieved from http://nsuworks.nova.edu/tqr/vol21/iss5/2.

Appendix C: Participant's Recruitment Advertisement

Seeking Volunteers to Participate in a Research Study
Principal Investigator: Tonya M. Lawrence

You are invited to participate in a research study on the mentoring relationship preferences among RNs. The purpose of this research study is to discover the mentoring relationship preferences among early, middle, and late career RNs working in an acute care hospital setting. To participate in this study, you will need to meet the criteria below with the last criterion determined after you contact Tonya M. Lawrence – Principal Investigator for the study.

To participate in this research study you must meet the following criteria:

1. Be a RN
2. Be working in an acute care hospital setting for at least six months within one year of the interview
5. Identify in one of the career stages below:
   *Early career stage (21–35 years of age)
   *Middle career stage (36–45 years of age)
   *Late career stage (46–65+ years of age)
6. Presently in or have past experience in a mentoring relationship
7. Work in a different healthcare organization than the researcher (determined upon contacting the researcher if you have an interest in participating in the study)

Participation in the study involves:

1. Written consent to participate in the research study
2. Confidentiality of your identity for participating in the research study
3. A time commitment of two 60–90 minute interviews and to verify your interview transcript.
4. Interview with video conferencing services of Microsoft-Skype, ZOOM, Face Time, or other platforms
5. Audio and video recordings of all interview session

To find out more about this study please send an email with your email address and contact phone number to:
Tonya M. Lawrence

Appendix D: Letter of Invitation to Participants

This is an invitation for you to participate in a research study on the mentoring

relationship preferences among RNs. The purpose of this research study is to discover the

mentoring relationship preferences among early, middle, and late career RNs working in

an acute care hospital setting. To participate in this research study, you will need to meet

criteria for participation. Please see the criterion below. If you meet the criteria, I will set

up two 60–90 minute interviews. You will also need to review the verbatim transcript of

each interview for accuracy. I will type the transcript for your review. If you are

interested in participating in the study, please send an email to:

To participate in this research study you must meet the following criterion:

1. Be a RN
2. Be working in an acute care hospital setting for at least six months within one year of the interview
3. Identify in one of the career stages below:
   *Early career stage (21–35 years of age)
   *Middle career stage (36–45 years of age)
   *Late career stage (45–65+ years of age)
4. Presently in or have past experience in a mentoring relationship
5. Work in a different healthcare organization than the researcher (determined upon contacting the researcher if you have an interest in participating in the study)

Appendix E: Researcher's Interview Protocol Form Completion Checklist

Information and Checklist of Completion
Instructions: Place a check in box or fill-in information

Name of participant	
Alias name chosen by participant to de-identify responses	
Contact email or phone number of participant	
Interviewee # (# 1–14)	
Early Career Stage (#)	
Middle Career Stage (#)	
Late Career Stage (#)	
Additionally numbers to be added to reach saturation	
Participant's identified gender	
Eligibility criterion confirmed	
Consent confirmed with email signature	Date:
Start and end time of first interview	Start Time: End Time:
Prior to each interview – Verify participant is not employed by same healthcare organization as researcher	
Introduction – Script completed	
Exiting – Script completed	
Recordings saved on hard drive of computer and USB	Date Completed
Thank you letter given to participant for taking part in the study with my name and contact email address	Date Provided: Provided by Email
Researcher's reflective journal	Date Completed
Start and end time of second interview	Start Time: End Time:
Prior to each interview – Verify participant is not employed by same healthcare organization as researcher	
Introduction – Script completed	
Exiting – Script completed	
Recordings saved on hard drive of computer and USB	Date Completed
Thank you letter given to participant for taking part in the study with my name and contact email address	Date Provided: Provided by Email
Researcher's reflective journal	Date Completed

Appendix F: Research Instrument Interview Questions

Interview Questions:

Demographic Interview Questions (first interview):

1. Please provide your full name (participant selects an alias name for confidentiality)

2. Please provide a contact email address or phone number where I can reach you after the interview if I have a question

3. What is your identified gender?

4. What is your age?

5. Are you in the early, middle, or late career stage as a RN? (Refer to Appendix I: Participant's Career Stage Reference Chart)

6. How many years of experience do you have as a RN?

7. Are you working in a hospital located in a rural, urban, or suburban setting?

8. How long have you been in a mentoring relationship, either presently or in the past?

Career Stage Interview Questions (first interview):

1. How would you describe what you are experiencing in your present career stage after ____ years of experience?

2. Please describe an aspect of the present career stage that you like and an aspect you do not prefer.

Category: Nurse's Experience Interview Questions (first interview):

1. Tell me about your experience as a RN

2. How would you describe what you are experiencing in your present career stage after _____ years of experience?

3. Tell me about an aspect of what you like or enjoy about your present career stage as a RN

4. Tell me about an aspect of what you do not like or you feel is stressful about your present career stage as a RN

Category: Mentoring Experience and Preferences Interview Questions (first interview)

1. Are you presently in a mentoring relationship? If yes, tell me about the mentor or mentors you have at this career stage of your life and a mentor or mentors in the past. If no, tell me about a mentor or mentors you have had in your past in a particular career stage.

   a. Probing question: Have you had more than one mentor at a particular career stage? If yes, what was the purpose of each mentor? If no, tell me if there is an experience where you might consider having more than one mentor?

2. Please share what you preferred about the mentor or mentors you have now or had in the past

3. What would you change, if anything, about the mentoring relationships you presently have or had had in the present?

4. I am going to ask you about communicating with your mentor, tell me what you talk about with your mentor

   a. Probing question: How often do/did you communicate with your mentor?

   b. Probing question: How do/did you prefer to communicate with your mentor?

   c. Probing question: Did your mentor help you solve problems? If yes, what kind of problems was your mentor helpful in solving? If not, what would you have liked for your mentor to help you with?

Category: Mentor and Stress Interview Questions (second interview)

1. I would like to know more about your career stage, your mentor(s) and stress. Going back to your response regarding where you are in your career stage, tell me where your mentor(s) would have the most significant role in your perception of stressful situations in the hospital setting?

   a. Probing question: Can you tell me about an experience where a mentor helped you through a stressful situation? If you do not have such an experience, tell me about a stressful time as a nurse where you would have liked to have had a mentor.

2. From you answer to the previous question, the specific actions your mentor(s) took or you would like to have the mentor take was _____.

3. In your first interview you mentioned _____. Can you share more about the experience or preference of _____? (gap identified to inquire more details)

Appendix G: Researcher's Interview Questions Scripting Protocol

Introduction – Starting Interview Script

Thank you for your interest in participating in my study on mentoring relationships. The purpose of the study is to discover the mentoring relationship preferences of early, middle, and late career RNs working in an acute care hospital setting. Please take the time to review the consent and ask any questions you may have. If you agree to participate, please send via email the consent with an electronic signature. What questions do you have at this time?

The interview is approximately 60-90 minutes. All interviews will be audio and video taped. I will ask you questions. Then I will ask questions about your experience as a RN, career stage, mentoring relationship preferences, and perception of stress. There are no right or wrong answers. Do you have any questions at this time?

If your identity could be revealed by your response, I will request you to re-word your response. At the end of the interview, I will send you a thank you email for participating in the research study with my contact information. I will also type your transcript and email the transcript to you to review the verbatim transcript for accuracy. If you do not reply within 7-days of my email with changes to your transcript I will presume your transcript is accurate. If you request for changes in your transcript, I will make revisions to ensure accuracy of your interview transcript.

I will send you my contact information in a thank you email for your participation. If you are ready, we can start the interview. I will start the audio and visual recordings at this time.

Category: Introduction Interview Questions: (first interview)

1. Please provide your full name (participant selects an alias name for publication in the research study to maintain confidentiality)

2. Please provide a contact email address and phone number (Participants' information is only for researcher to contact participant during the study)

3. What is your identified gender?

4. What is your age?

5. Are you in the early, middle, or late career stage as a RN (Appendix I: Participant's Career Stage Reference Chart)?

6. How many months or years of experience do you have as a RN?

7. Are you working in a hospital located in a rural, urban, or suburban setting?

8. How long have you been in a mentoring relationship, either presently or in the past?

Category: Nurse's Experience Interview Questions (first interview)

1. Tell me about your experience as a RN

2. How would you describe what you are experiencing in your present career stage after _____ years of experience?

3. Tell me about an aspect of what you like or enjoy about your present career stage as a RN

4. Tell me about an aspect of what you do not like or you feel is stressful about your present career stage as a RN

Category: Mentoring Experience and Preferences Interview Questions (first interview)

1. Are you presently in a mentoring relationship? If yes, tell me about the mentor or mentors you have at this career stage of your life and a mentor or mentors in the past. If no, tell me about a mentor or mentors you have had in your past in a particular career stage.

    a. Probing question: Have you had more than one mentor at a particular career stage? If yes, what was the purpose of each mentor? If no, tell me if there is an experience where you might consider having more than one mentor?

2. Please share what you preferred about the mentor or mentors you have now or had in the past

3. What would you change, if anything, about the mentoring relationships you presently have or had had in the present?

4. I am going to ask you about communicating with your mentor, tell me what you talk about with your mentor

    a. Probing question: How often do/did you communicate with your mentor?

    b. Probing question: How do/did you prefer to communicate with your mentor?

    c. Probing question: Did your mentor help you in solving problems? If yes, what kind of problems was your mentor helpful in solving? If not, what would you have liked for your mentor to help you with?

Exiting - Ending Interview Script:

Thank you for participating in this research study on mentoring relationship preferences of RNs working in an acute hospital setting. I will listen to the recordings to create verbatim typed transcripts of the interview. I will email the transcripts to you for review to ensure accuracy in your responses. If I do not receive a response for changes in the transcript within 7 days of emailing the transcript, then I will deem the transcript is accurate in representing your responses in the interview. I would like to schedule the second interview date and time (Send thank you email-Appendix J: Thank You Email to Participants).

Introduction – Starting Interview Script

Thank you for your second interview. The interview is approximately 60 – 90 minutes. The interview will be audio and video taped. There are no right or wrong answers. Just to confirm, are you presently working for the same healthcare organization I am employed? (If the answer is no, the interview will continue. If the answer is yes, the interview will be concluded and recruitment for participants will continue) What questions do you have at this time?

If your identity could be revealed by your response, I will request you to re-word your response. At the end of the interview, I will send you a thank you email for participating in the research study with my contact information. I will also type your transcript and email the transcript to you to review the verbatim transcript for accuracy. If you do not reply within 7 days of my email with changes for your transcript, I will presume your transcript is accurate. If you request for changes in your transcript, I will make revisions to ensure accuracy of your interview transcript.

I will send you my contact information in a thank you email for your participation. If you are ready, we can start the second interview. I will start the audio and visual recordings at this time.

Category: Mentor and Stress Interview Questions (second interview)

1. I would like to know more about your career stage, your mentor(s) and stress. Going back to your response regarding where you are in your career stage, tell me where your mentor(s) would have the most significant role in your perception of stressful situations in the hospital setting?

    a. Probing question: Can you tell me about an experience where a mentor helped you through a stressful situation? If you do not have such an experience, tell me about a stressful time as a nurse where you would have liked to have had a mentor.

2. From you answer to the previous question, the specific actions your mentor(s) took or you would like to have the mentor take was _____.

3. In your first interview you mentioned _____. Can you share more about the experience or preference of _____ (gap identified to inquire more details)

Exiting - Ending Interview Script (second interview):

Thank you for participating in this second interview for this research study on mentoring relationship preferences of RNs working in an acute hospital setting. I will listen to the recordings to create verbatim typed transcripts of the interview. I will email the transcripts to you for review to ensure accuracy in your responses. If I do not receive a response for changes in the transcript within 7-days of emailing the transcript then I

will deem the transcript is accurate in representing your responses in the interview (Send

thank you email-Appendix J: Thank You Email to Participants).

Appendix H: Participant's Career Stage Reference Chart by Years of Experience

Career Stage	Years of Experience
Early Career Stage	0 - 9 years
Middle Career Stage	10 - 20 years
Late Career Stage	over 20 years

Appendix I: Thank You Email to Participants

Thank you for participating in my study on the mentoring relationship preferences of RNs. Your answers will remain confidential. If you have questions about the study or your participation in the study, please contact:

Thank you again for your participation.

Contact Information: