

Olivet Nazarene University

## Digital Commons @ Olivet

---

Ed.D. Dissertations

School of Graduate and Continuing Studies

---

5-2015

# Utilizing Internet-Based Group Mentoring to Retain Home Health Care Nurses

Gwendolyn M. Oglesby-Odom

*Olivet Nazarene University*, [gwendolynodom@sbcglobal.net](mailto:gwendolynodom@sbcglobal.net)

Follow this and additional works at: [https://digitalcommons.olivet.edu/edd\\_diss](https://digitalcommons.olivet.edu/edd_diss)



Part of the [Adult and Continuing Education and Teaching Commons](#), [Health and Physical Education Commons](#), [Nursing Administration Commons](#), and the [Other Nursing Commons](#)



This work is licensed under a [Creative Commons Attribution 4.0 License](#).

---

### Recommended Citation

Oglesby-Odom, Gwendolyn M., "Utilizing Internet-Based Group Mentoring to Retain Home Health Care Nurses" (2015). *Ed.D. Dissertations*. 84.

[https://digitalcommons.olivet.edu/edd\\_diss/84](https://digitalcommons.olivet.edu/edd_diss/84)

This Dissertation is brought to you for free and open access by the School of Graduate and Continuing Studies at Digital Commons @ Olivet. It has been accepted for inclusion in Ed.D. Dissertations by an authorized administrator of Digital Commons @ Olivet. For more information, please contact [digitalcommons@olivet.edu](mailto:digitalcommons@olivet.edu).

UTILIZING INTERNET-BASED GROUP MENTORING TO RETAIN  
HOME HEALTH CARE NURSES

by

Gwendolyn M. Oglesby- Odom

Dissertation

Submitted to the Faculty of Olivet Nazarene University

School of Graduate and Continuing Studies

in Partial Fulfillment of the Requirements for

the Degree of

Doctor of Education

in

Ethical Leadership


May 2015

UTILIZING INTERNET-BASED GROUP MENTORING TO RETAIN  
HOME HEALTH CARE NURSES

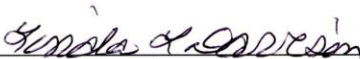
by

Gwendolyn M. Oglesby- Odom

Dissertation

  
Dissertation Adviser

4/18/15  
Date

  
Dissertation Reader

4/18/15  
Date

  
Dissertation Coordinator

4/18/15  
Date

  
Program Director

4-18-15  
Date

  
Vice President for Academic Affairs

4-18-15  
Date

© 2015

Gwendolyn Oglesby-Odom

All Rights Reserved

## ACKNOWLEDGMENTS

The completion of this dissertation symbolizes the power of team work and dedication. A combination of efforts help to shed light on the need for nurse retention and nurse mentoring in the home health care industry. The assistance I garnered from a number of my colleagues in the home health care industry proved to be invaluable. The words thank you cannot fully nor adequately express my heartfelt gratitude and appreciation to all.

I wish to thank first and foremost my two loving and supportive children Brittney and Brandon who have always been the wind beneath my wings. I would also like to give a special thanks to my significant other George Williams for his unwavering patience, love and support of my educational endeavors and for prophetically speaking of my doctoral accomplishments back in 2001. In addition, I would like to thank my dissertation committee Dr. Rosalie Tuttle, Dr. Davison, Dr. Lee and my cohort family for their encouragement, feedback and patience throughout this dissertation process. Equally, the entire Olivet of Nazarene doctoral program faculty members contributed significantly in the completion of this dissertation.

Lastly, I wish to thank my parents, Phyllis Oglesby and Henry Croom for instilling in me a can do and will do attitude that provided the fortitude needed to complete this dissertation. I now know what you've always known mom and dad, with God's help, I am greater than any challenge life presents.

## ABSTRACT

This study aimed to determine if the implementation of an internet based nurse mentoring group program would aid in the retention of registered nurses in the home health care industry. As the Vice President of Operations for a home health care organization, the researcher both implemented and facilitated an internet based group mentoring program for registered nurses working in home health. The study sample included 47 registered nurses. Forty-two registered nurses were in the control group and five registered nurses were in the experimental group. All sample participants worked in home health care, either in Illinois or Indiana. Quantitative results indicated that there were no significant findings related to retaining registered nurses who participated in the internet based group mentoring program. Qualitative results revealed that the internet based group mentoring program was a positive experience and a forum needed to support nurses in home health care industry.

## TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION.....	1
Statement of the Problem.....	2
Background.....	3
Research Questions.....	6
Description of Terms.....	7
Significance of the Study.....	7
Process to Accomplish.....	8
Summary.....	13
II. REVIEW OF THE LITERATURE.....	15
Introduction.....	15
Mentoring.....	16
Nurse Mentoring.....	25
Mentoring in Home Health.....	39
Internet Mentoring.....	42
Group Mentoring.....	47
Retention.....	59
Disadvantages and Barriers.....	73
Conclusion.....	78
Summary.....	78

	Chapter	Page
III.	METHODOLOGY.....	80
	Introduction.....	80
	Research Design.....	80
	Population.....	81
	Data Collection.....	82
	Analytical Methods.....	89
	Limitations.....	93
	Summary.....	95
IV.	FINDINGS AND CONCLUSIONS.....	96
	Introduction.....	96
	Findings.....	97
	Conclusions.....	108
	Implications and Recommendations.....	110
	REFERENCES.....	114
	APPENDIXES	
	A. Mentoring Effectiveness Scale and Use Approval.....	132
	B. Demographic Data Collection Sheet.....	135
	C. Mentoring Effectiveness Scale: Experimental Group Results.....	137



## LIST OF TABLES

Table	Page
1. Demographic Characteristics of Experimental Group.....	83
2. Demographic Characteristics of Experimental Group.....	84
3. Demographic Characteristics of Control Group.....	85
4. Demographic Characteristics of Control Group.....	85
5. Control and Experimental Group Retention Rates.....	98
6. Item Statistics.....	100
7. Item Statistics.....	101
8. Codes and Themes.....	107

## CHAPTER I

### INTRODUCTION

As the need for health care increases for individuals age 65 years and older in the United States, so will the need for registered nurses. Both public and private sectors of the health care industry have explored strategies to recruit and retain registered nurses. The United States Registered Nurse Workforce Report Card and Shortage Forecast reported that by 2020 the national shortage of registered nurses will range from 300,000 to 1,000,000 (Juraschek, Zhang, Ranganathan, & Lin, 2012). The magnitude of the nursing shortage coupled with the increased demand for health care services prompted the United States government to take action. On February 17, 2009, President Barack Obama signed into law the American Recovery and Reinvestment Act (ARRA) which allocated over \$33 million in funding to help address the challenges facing the health care profession (U.S. Department of Health and Human Services, 2012). Allocated funds from the ARRA will support scholarships for disadvantaged health professions students, expanded programs for underrepresented minority individuals, funded public health traineeships programs, funded nursing workforce diversity projects, created health careers opportunity programs, and fund dental public health residency training programs.

The impact of the nursing shortage has disproportionately affected the home health care industry and heightened home health care agencies awareness of the need to

retain home health care nurses. According to Greene and Puetzer (2002), the implementation of a structured mentoring program can address the problem of recruitment and retention, and it can avert the operational cost associated with recruitment and retention. Fagenson (1989) found that employees associated with mentoring programs demonstrated increased productivity, increased professionalism, increased job satisfaction, increased organization power, and decreased turnover rates as compared to non-mentored employees. Block, Claffey, Korow, and McCaffrey (2005) contend that mentorship is a cost-effective mechanism that organizations can utilize to increase job satisfaction, long-term growth, and retention while providing an environment that fosters support for nurses and nursing.

#### Statement of the Problem

An estimated 12 million individuals receive home health care upon discharge from the hospital (National Association for Home Care & Hospice, 2010). While acute care and other health care settings have seen an increase in the number of nurses they employ, home health care has seen a dramatic decrease. The United States Government Accountability Office reported a 22,707 reduction in the number of nurses employed in the community health and public health sectors (United States General Accounting Office, 2007). Hall-Ellenbecker, Porell, Samia, Byleckie, and Milburn (2008) found that the shortage in community health nurses were related to job satisfaction, job benefits, comparable wages, the nurses' intent to stay with the home health care agency upon hire, professional pride, relationship with the agency, their peers, the physician, and the patients, as well as the stress and work load associated with providing skilled nursing services to an increasingly acute population of patients.

Nursing personnel serve as a vital component of the services rendered by home health care agencies. The combination of the nursing shortage and aging baby boomers makes the recruitment and retention of qualified nursing personnel a priority for those home health care agencies focused on providing quality patient care (Hall-Ellenbecker, 2003).

The primary focus of this research was to explore the impact of implementing an internet based group mentoring nursing program in order to retain nursing personnel in home health agencies located in Indiana and Illinois. If positive correlations between the internet based group mentoring and nurse retention were identified, future researchers could potentially utilize this study to develop a plan that would provide opportunities for all home health care agencies to implement internet based group mentoring programs and benefit from the positive correlations identified from this research process regardless of geographical location.

### Background

Nationwide, home health care organizations reported a turnover rate of 21 % among home health care nursing staff (United States General Accounting Office, 2007). The cost of nurse turnover and the nursing shortage has the potential to severely impact the delivery of health care services within home health care. Jones (2004) determined that health care organizations sustained several financial consequences related to nurse turnover rates, including productivity loss, unstable workforce, overburdened nursing staff, and ability to render quality patient care. In addition, patient and employee satisfaction declined along with the patient's perception of quality of care. The critical

impact of the nursing shortage and nurse turnover rates has forced health care organizations to implement strategic mechanisms for retaining nursing staff.

Carvin (2011) reported that in the United States of America mentoring programs were instituted at an estimated 70 % of the companies designated as Fortune 500 companies. In the field of nursing, mentoring is often touted as a viable and cost-effective tool for recruiting and retaining nursing staff. Block et al. (2005) demonstrated that the adoption of a mentorship model was a cost-effective mechanism that supported long-term growth, retention, and job satisfaction among nurses. Mills, Francis, and Bonner (2008) examined how nurses felt about mentoring and whether nurses found mentoring to be a viable mechanism for recruiting and retaining nursing staff. Mills et al. concluded that nurses had positive perceptions about mentoring and viewed mentoring as a supportive relationship that built trust and fostered engagement. Mills et al. considered mentoring a viable mechanism and a rarely used resource for recruiting and retaining nurses. Mills and Mullins (2008) determined that nurses who participated in a mentoring program had decreased attrition rates in comparison to those nurses who did not participate in the mentoring program. In addition, Mills and Mullins found that after deducting the actual cost of conducting the mentoring program, the savings for the organizations that participated in the study over a 3-year period ranged from 1.4 million to 5.8 million dollars.

Mentorship programs in home health care can be utilized as a tool for recruitment and retention in home health care. Hall-Ellenbecker et al. (2008) determined that the largest predictors of nurse retention in home health care were strongly linked to job tenure and job satisfaction. While examining home health care nurses' job satisfaction,

Hall-Ellenbecker (2003) found that job satisfaction and retention for home health care nurses were intrinsic and extrinsic in nature. Intrinsic factors include autonomy in patient relationships and profession, relationship with peers and physicians, as well as the character of the organization. Extrinsic factors include stress and work load, control of work hours and activities, salary and benefits, and perceptions of available opportunities at other health care institutions. Hall-Ellenbecker concluded that the intrinsic and extrinsic factors influenced job satisfaction, retention, and the intent to stay.

Home health care agency owners and administrators must work cohesively to determine the needs of their institution as they deal with the task of retaining nursing personnel. DeCicco (2008) found that a preceptorship and mentorship model for home health care nurses provided support for recruitment and retention, career-building opportunities, and increased preceptees' and mentees' feelings of being supported by and connected to the organization. According to DeCicco, feelings of support and connectedness contribute greatly to nurse retention rates. The United States Office of Personnel Management (2008) identified mentoring as a best practice for organizations and contended that companies can demonstrate to their employees that they are valued and an important part of the companies futures by instituting a mentoring program.

Mentoring can occur in several different forms and forums. According to Emelo (2011b), group mentoring has become known as the best practice in training and development and a cost-effective way to rapidly multiply learning, knowledge and skills throughout an organization. Developing practical application skills while fostering lifelong learning, is a byproduct of the group mentoring process (Emelo, 2011a). Group mentoring mirrors peer learning partnerships and has the potential to foster reciprocal

learning among professionals (Eisen, 2001). Kostovich and Thurn (2006) found that participants in their nursing group mentoring study were initially uncertain about the group mentoring process, role ambiguity, the structure of the group, and the overall value of mentoring. Over time, the participants' attitudes about group mentoring became favorable as relationships and trust within the groups were established. Carvin (2011) found that increased confidence, increased knowledge, increased commitment, and increased connectedness to the organizations were a few of the outcomes related to the implementation of successful mentoring groups.

As the home health care industry searches for strategies to employ in their efforts to retain home health care nurses and meet the needs of their patients, an in-depth understanding of mentoring must be attained and the benefits of mentoring must be examined. The task of employing and retaining nursing staff will remain a balancing act without the implementation of viable strategies such as mentoring. Strategies that go beyond offering monetary rewards are required.

### Research Questions

In order to explore the impact that implementing an internet based group mentoring program has on the retention rates of home health care nursing personnel in Illinois, Indiana, and New York two research questions were developed. The data that was collected during this research process served as a means to answer each research question. The following questions guided this research study:

1. What impact does the internet based group mentoring program have on the retention rates of home health care nurses?

2. How effective was the group mentoring relationship from the perspective of the mentee?

#### Description of Terms

*Group Mentoring.* Professional knowledge sharing in a group setting that allows individuals to gain practical knowledge in a supportive setting that stimulates and promotes large-scale productivity and job effectiveness (Emelo, 2011a).

*Mentee.* An individual who receives advice and guidance from a mentor (DeSalvo Rankin, 1991).

*Mentor.* An experienced and trusted individual who offers support, encouragement, advice, and direction to a mentee (Kilgallon & Thompson, 2012).

*Mentoring.* A valued relationship in which learning takes place, skill development takes place, and outcomes are measured (Kilgallon & Thompson, 2012).

*Retention.* A mechanism used by healthcare institutions to prevent their nursing staff from abandoning their nursing positions. (Hensinger, Minerath, Parry, & Robertson, 2004).

#### Significance of the Study

Research focused on nurse mentoring in home health care is limited. Furthermore, the impact of implementing a group mentoring program in home health care as a mechanism for nurse retention has yet to be explored. Home health care agencies are searching for avenues to recruit and retain nursing staff. While research offers no guarantees, research can serve as a valuable tool to gain insight into the best practices and strategies for implementing a group mentoring program in an effort to retain nursing staff.



The administrations at the two home health care agencies that participated in this study desired to retain their nursing staff and reduce the cost associated with nurse turnover. Thus, this research resulted in a collaborative effort by all parties involved. The need for this research was derived from conversations held with home health care owners and administrators regarding the issue of nursing retention. Each agency's administration expressed a need to increase nurse retention rates. However, the avenue to accomplish this objective has remained elusive.

As a result of this research, the researcher hoped to identify internet based group mentoring strategies that home health care agencies could implement in order to retain nursing staff. Nationwide there are several public and private home health care agencies with demographics similar to the participating agencies. Those home health care agencies could potentially benefit from the results of this research.

A review of the current literature presented no evidence that group mentoring program can positively or negatively impact the retention rates of home health care nursing staff. The researcher hoped that this study would add to the knowledge base regarding the utilization of internet based group mentoring to increase nurse retention rates in the home health care industry.

#### Process to Accomplish

The primary focus of this research is the exploration of the impact of implementing an internet based group mentoring nursing program in order to retain nursing personnel in home health care agencies located in Illinois and Indiana. This section includes information about the participants in the study and the instruments that

were used to collect and analyze the research data in order to answer the proposed research questions.

The participants in the study included a convenience sampling of five registered nurses. The registered nurses work for the participating home health care agencies and were solicited for the research study during staff meetings. The population consisted of predominately female registered nurses of varying racial and ethnic demographics. There will be no participants under the age of 18. The retention rates of participants in the convenience sampling were compared to the control group of registered nurses who were employed at either agency but did not participate in the group mentoring research study.

Several steps were taken to accomplish the purpose of this research study. The Mentorship Effectiveness Scale developed by the Ad Hoc Faculty Committee at Johns Hopkins University School of Nursing was amended for the purpose of this study (Berk, Berg, Mortimer, Walton-Moss, & Yeo, 2005). Amendments included changing the title of the scale to Group Mentorship Effectiveness Scale, changing the scale from a 7-point *Likert* scale to a 6-point *Likert* scale by eliminating the not applicable option on the scale, the word mentor was changed to group mentor, question number six was reworded to include provided techniques to deal with work challenges, question number seven had the word product replaced by the word performance, question 10 was reworded to state my mentor enhanced my commitment to the agency. The amended version of The Mentorship Effectiveness Scale resulted in a 12-item, 6-point *Likert* scale with no neutral option. Options are defined as strongly disagree, disagree, slightly disagree, slightly agree, agree, and strongly agree. When analyzing the data from the scale, each option was assigned a number one through six to denote which option was endorsed the most or the

least and to provide a total score for each option. The survey scale is assumed to have equal intervals (see appendix A). Berk et al. contended that content validity for the Mentorship Effectiveness Scale must be consistent with the definition of the term mentoring and the activities associated with the mentoring process. Berk et al. further contended that each mentor and mentee relationship is unique, and thus computing validity and reliability from sample data cannot be estimated for most scales measuring mentors' effectiveness.

Prior to implementing the use of the amended version of the Mentorship Effectiveness Scale, a pilot survey of the additional and amended questions were administered to a minimum of five home health care registered nurses; the number of nurses equivalent to the number of registered nurses who agreed to participate in this study. Those home health care registered nurses who completed the pilot survey did not participate in the actual research study. A minimum of five home health care registered nurses participation was needed for the pilot to ensure that the amended version of the survey was clear, understandable, and focused on the effectiveness of the mentoring relationship from the perspective of the mentee. Pilot survey participants completed an informed consent prior to completing the survey. Pilot survey participants were asked by the researcher to discuss the clarity, readability, ease or difficulty of the survey questions, and their ability to be objective while answering the survey questions.

Prior to collecting data for the research study, participants involved in the research study attended an informational session hosted by the researcher. At that time, the participants were provided with an informational letter outlining the study, data collection methods, and management during the selection process and upon

implementation of the group mentoring program. Each participant completed an informed consent form. In an effort to maintain anonymity, each participant was assigned a unique three digit identification number beginning with 100 that was preceded by the letters IN for Indiana and IL for Illinois participants. Registered Nurses who did not participate in the internet based group mentoring program but are employed at the participating agencies were assigned a unique identification number beginning with a three digit number beginning with 200 and ending with an IL or IN. Participants were asked to use this number on all forms and correspondence related to the group mentoring program including the consent form.

The researcher maintained a ledger to identify control group and experimental participants. This ledger was kept in a locked filed cabinet at the researchers' home. The researcher conducted an orientation with all nurse participants during the informational session. During the informational session, each nurse completed a demographic sheet that asked questions pertaining to race, age, state of residence, and educational level. The demographic sheet also asked each participant to document if they had previously participated in a mentoring program and to also indicate if that mentoring experience was positive or negative.

Participants met one Saturday a month for two hours; meetings were facilitated by the researcher. Go-To-Meeting an internet based internet based meeting program was used by the researcher to facilitate the internet group mentoring sessions. Participants were able to log into the internet based meeting site via an app on their smart phones, personal computers, and other smart devices such as the Apple iPad. The facilitator utilized the United States Office of Personnel Management's (2008) Best Practices

Mentoring Guide and topics obtained from the participants during the informational session to facilitate the monthly group mentoring sessions.

The researcher used the following process to answer research questions. Research question one: What are the differences in retention rates for nurses who participated in the group mentoring program as opposed to the nurses who did not participate in the group mentoring program? The researcher collected retention data from the Human Resources departments of participating agencies 60 days after the fourth and final group mentoring session to determine which registered nurses are still employed with their respective home health care agency. A summative data analysis was conducted using the Statistical Package for the Social Sciences (SPSS) version 20.1. Chi-Square was used to identify categorical data and statistically significant differences that exist between the control group of non-participants and the experimental group of participants.

In an effort to address question two: How effective was the mentoring relationship from the perspective of the mentee? The Mentorship Effectiveness Scale was administered during the fourth and final group mentoring session. Participants will complete the survey via an internet base survey administration tool named Survey Monkey. Each item on the scale was assigned a number one through six to denote which option was endorsed the most or least. A total was provided for each option. Survey data from the Mentorship Effectiveness Scale was checked and rechecked for accuracy and reliability using Cronbach's Alpha. A summative data analysis was conducted using the descriptive statistics computer program SPSS version 20.1. The researcher also conducted telephone interviews with the five experimental group

participants. During the interviews, the researcher asked five open-ended questions to further evaluate the effectiveness of the mentoring relationship.

### Summary

As the need for registered nurses increases along with the aging baby boomer population, acute, sub-acute, and community based organizations are searching for systematic approaches to recruit and retain registered nurses. This chapter was formulated to introduce the research study that focused on implementing an internet based group mentoring program in an effort to retain registered nurses in home health care. A summative analysis of the background research concerning the nursing shortage, nurse mentoring in home health, group mentoring, and nurse retention rates was presented in order to validate the need for research in this area. A review of the data concerning the nursing shortage revealed that the nursing shortage has had a severe impact on the home health care industries ability to care for patients and the cost related to recruiting and retaining registered nurses has negatively impacted the operational budget of home health care agencies. In the field of nursing, mentoring has been touted as a viable and cost-effective tool for recruiting and retaining nursing staff. However, the researcher was unable to find research data to suggest that implementing nurse mentoring in home health care could serve as a mechanism for reducing nurse turnover rates and increasing nurse retention rates.

This body of research focused on exploring the impact of implementing an internet based group mentoring program for registered nurses in home health care. Two research questions were introduced and the researchers' methodological processes needed to answer the research questions were reviewed under the process to accomplish in this

chapter. In an effort to support the research design and validate the need for the study, the researcher conducted a comprehensive literature review of mentoring, nurse mentoring, nurse mentoring in home health, internet based mentoring, group mentoring, retention, and barriers to mentoring in the next chapter.

## CHAPTER II

### REVIEW OF THE LITERATURE

#### Introduction

The primary focus of this chapter was to review pertinent literature related to mentoring, nurse mentoring, mentoring for nurses in home health, internet mentoring, group mentoring, and retention. Most of the literature available on the topic of mentoring dates back to the 1970s forward. Literature pertaining specifically to mentoring in nursing began to emerge in the late 1970s with Vance's (1977) systematic review of mentoring in nursing. Biehl (1997) noted that mentoring was considered to be a role that was an expected part of normal social dealings; it was viewed as being similar to what breathing is to the human body, and therefore it was unstudied. With Vance's study of mentoring in nursing and Levinson, Darrow, Klein, Levinson, and McKee's (1978) study of adult learning, articles and books pertaining to mentoring began to emerge in the literature.

Additional literature for this literature review was gathered from the areas of academia, business management, health care, and the social sciences concerning nurse mentoring and nurse retention. Great effort was made to review literature that was specific to nursing and home health care. However, home health and public health care both fall under the spectrum of community health, and therefore there was very little literature available regarding mentoring specifically for registered nurses in home health. With limited data available on mentoring for nurses in home health, the researcher also



gathered data from numerous areas of nursing, including acute care, sub-acute care, community, military, and nursing academic.

### Mentoring

When an individual desires career success and job satisfaction, mentoring becomes a viable option worth consideration, or at least that is the widely held claim of professional journals and popular media. While researchers have viewed role modeling as an advantageous tool for advancement, they also have found that the more advantageous route to career success includes a system of mentors and sponsors (Shapiro, Haseltine, & Rowe, 1978; Vance, 1982, 2000). Having a role model, mentor, or sponsor has become a universally accepted practice and a prerequisite for success (Speizer, 1981). An example of this concept was illustrated by Collins and Scott (1979) who noted that top executives professed that their success was made possible by having a mentor.

Mentoring is viewed as a cost effective avenue by which organizations can foster professional development in a manageable time frame and produce tangible positive outcomes (DeSalvo Rankin, 1991; Fielden, Davidson, & Sutherland, 2009). According to Levinson et al. (1978), mentorship is a necessary component of training and development in any organization and provides upward progression for professionals seeking advancement. Furthermore, Dingham (2002) suggested that mentoring can serve as the human support connection needed in our daily lives at work.

The term mentor dates back to the days of Greek mythology. In the poem by Homer, *The Odyssey*, Ulysses entrusted his wise adviser and friend to look after his son Telemachus while he went on a ten-year odyssey (Collins, 1870; Klauss, 1981). Other examples listed in the literature regarding mentoring during the time of Greek mythology

include Socrates's mentoring of Plato, Plato's mentoring of Aristotle, and Aristotle's mentoring of Alexander the Great (Cox & Daniel, 1983).

In the late 1970s and throughout the 1980s, the term mentor experienced a rebirth. Business management literature focused heavily on the aspect of mentoring and the importance of acquiring a mentor for career advancement (Adams, 1979; Collins, 1983; Collins & Scott, 1978; Hunt & Michael, 1983; Kanter, 1977; Kram, 1983, 1988; Kram & Isabella, 1985; Levinson et al., 1978; Noe, 1988; Phillips-Jones, 1983; Zey, 1985). The term mentor lacks one agreed upon operational definition (Berk, et al., 2005; Bowen, 1986; Speizer, 1981). However, mentoring has been defined by Kilgallon and Thompson (2012) as a valued relationship that cultivates learning and skill development and has the potential to produce measurable outcomes. Regarding the recipient of mentoring, for the purpose of this research the term protégé has been replaced by the term mentee.

A mentor is viewed as an experienced individual who expresses interest and offers support to a less experienced person desiring to advance his or her career (Riley & Wrench, 1985). A mentor also provides to the mentee instruction and information concerning the culture of an organization, how to become acclimated to the organization, and the mission and the vision of the organization (McKinley, 2004; Zey, 1985). According to Alleman, Cochran, Doverspike, and Newman (1984), in the area of people-related skills mentoring is ranked among the most complex. Researchers have found that the process by which mentoring occurs will vary, but the overarching theme must remain focused on developing relationships that enhance and develop an individual's personal and professional growth (Bowen, 1986; Kanter, 1977; Kram, 1983; Levinson et al., 1978; Phillips-Jones, 1982; Speizer, 1981; Vance, 1977).

Kram (1983) and Kram and Isabella (1985) conducted detailed research concerning the mentoring process. Kram performed comprehensive interviews with 18 managers from a public organization in an effort to ascertain data that defined the functions of a mentor. Analysis of the data revealed that mentors offered both career and psychosocial functions. Career functions included those aspects that prepared the mentee for career progression, and psychosocial functions included conveying the appropriate attitudes and behaviors for the mentee. Kram and Isabella found that mentees benefitted greatly when a mentor functioned in several different capacities.

Mentoring can occur both formally and informally. Formal mentoring occurs when a mentor is assigned or matched to a mentee, and informal mentoring occurs when two individuals with the same interests form a relationship (Klauss, 1981). The success or failure of formal or informal mentoring is contingent upon the clarity of roles and expectations, and the mentee's awareness of the benefits associated with participating in a mentoring program (United States Office of Personnel Management, 2008). Mentoring is essential for the advancement and survival of the nursing profession. Thus, every nurse should be involved in mentoring in some capacity, either seeking out a mentor, or being a mentor to someone else (McKinley, 2004).

An additional factor that can impact the outcomes of a mentoring program is the overall perception of the mentoring relationship. According to Kram (1983), mentoring relationships occur in several phases. The first is the initiation phase that lasts approximately one year. During this time the mentoring relationship is formed, expectations are set, and interactions that are supportive and positive should occur. The second phase is the cultivation phase, which lasts from two to five years. During this time

boundaries are clarified, expectations are compared and contrasted against reality, and the value of the relationship is defined. The separation phase is the third phase and occurs after the two- to five-year cultivation phase. At this point the cultivation phase has been disrupted by organizational or structural changes, and the mentor or the mentee may experience feelings of loss, turmoil, abandonment, and anxiety. Finally, there is the redefinition phase whereby the mentoring relationship turns into a friendship or dissolves completely.

Serving as a mentor is a complex undertaking. It involves the psychosocial components of role modeling, friendship, coaching, sponsoring, protecting, guiding, counseling, and facilitating exposure (Fagenson, 1989; Kram, 1983; Levinson et al., 1978; Noe, 1988). Psychosocial functions rendered by the mentor will fluctuate depending on the career stage of the mentee (Noe). Noe found that individuals who most often sought out mentoring relationships were those individuals who had increased levels of self-efficacy and believed that collaborative work was necessary for the advancement of their careers. Noe's conclusions support the findings of Fagenson, Kram, Levinson et al., Noe, and Teja (2003). These researchers noted the importance of the mentoring relationship and the psychosocial functions rendered by the mentor, as well as the overall impact that the mentoring relationship has on a mentoring program.

Noe (1988) made one of the first known attempts to explore both the antecedents and consequences of formal mentoring relationships. Noe initiated a comprehensive developmental program that included mentoring. The primary focus of the developmental program was to promote personal and career development of educators desiring to obtain the administrative positions of principal or superintendent of schools. Developmental

programs were conducted at nine different sites throughout the United States. Developmental program participants included 139 educators who were the mentees and 43 mentors. Each mentor was assigned one to five mentees. Each mentor was instructed to provide to the mentee guidance, support, and information concerning his or her career. A questionnaire was developed to ascertain to what extent the mentor provided career and psychosocial support to the mentee. The questionnaire included the following measurements: job involvement, locus of control, career planning, relationship importance, quality of interaction and amount of time spent with mentors, gender composition of the mentoring dyad, and mentoring functions. Mentors and mentees completed questionnaires that included these measures approximately six months after the program concluded. Noe's findings suggested that the functions of a mentor have both a career and psychosocial aspect. Furthermore, Noe's findings support Kram's (1983) conclusions concerning the functions of a mentor. Findings from Noe's research also suggested that organizations recognize that a formal mentoring relationship and an informal relationship will not result in the same benefits.

Another important consideration when exploring the quality of the mentoring relationship are the psychosocial aspects of mentoring influence. Jakubik, Eliades, Gavriloff, and Weese (2011) conducted a descriptive correlation research study at a Midwestern, Magnet-designated, children's hospital to explore the aspects of mentoring quality, quantity, type, length of employment, and benefits among pediatric nurse mentors' protégés. Jakubik et al. utilized Zey's Mutual Benefits Model to guide their study. Jakubik et al. hypothesized that the linear variables of mentoring quantity, type, and length of employment are true predictors of mentoring benefits. The researchers used

Dillman's Tailored Design Method to distribute 967 electronic survey questionnaires via email to experienced pediatric nurse participants. Jakubik et al. utilized two unnamed instruments to test reliability and validity. Four hundred and sixty-two nurses responded. Jakubik et al. found that 263 participants had experience with formal mentoring in the workplace, and 364 reported that they were assigned mentors. According to the respondents, mentoring occurred on a daily basis via written communication and one-to-one communication. Jakubik et al. concluded that hospitals that utilized the Magnet model benefited from mentoring, just as Vance (1977) suggested after a systematic review of the nursing literature.

In a mixed method study focusing on the mentee's perception of the advantages of having a mentor, Fagenson (1989) compared data from survey questionnaires concerning favorable career experiences from those who were mentored as opposed to those who were not mentored. Two hundred and forty-eight randomly sampled males and females in the health care industry completed the questionnaires. Fagenson's findings suggested that individuals who received mentoring experienced greater job satisfaction, opportunity for career advancement, and greater performance recognition than those who did not receive mentoring. These findings validated both Noe's (1988) and Kram's (1985) claims concerning the value of mentoring.

In this same psychosocial vein, Roemer (2002) and Riley and Wrench (1985) conducted qualitative studies, and both found that mentoring played a pivotal role in the success and satisfaction of persons established in their careers. Roemer obtained data from 35 female chief executive officers (CEOs) concerning how they attained their positions, and how they perceived and described their lives. Roemer conducted face-to-

face semi-structured interviews lasting from 1 to 2 hours at the office of each participant. Roemer found that 19 of the 35 women interviewed had a mentor or mentors who offered and provided assistance with career advancement, and who provided psychological support. Participants reported that their informal mentoring relationships developed based on mutual attraction and chemistry. An unspecified number of the participants acknowledged that advancement was easier with the guidance of a mentor. However, non-mentored participants did not perceive the lack of a mentor as a barrier to their advancement. Roemer's findings supported the assertions of Klauss (1981) that mentoring can occur in both formal and informal settings; Sheehy's (1976) finding that mentoring is the secret link in the lives of successful women; and Collins and Scott (1978) who claimed that everyone who makes it has a mentor.

Riley and Wrench (1985) surveyed six empirical studies and three theoretical views on the criterion of mentoring to develop a survey tool that could assist them in determining the efficacy of mentoring among women attorneys and their perceived success. The study compared three groups: those who were truly mentored, group mentored, or not mentored. One hundred sixty-eight female attorneys in the state of Oregon responded to the survey request. Results from the survey indicated that respondents who were mentored reported that having a mentor aided in their career success and job satisfaction. Riley and Wrench concluded that the long- and short-term effects of mentoring depend heavily on the quality of the mentor and mentee relationship. These findings support the assertions of numerous researchers (Fagenson, 1989; Kram, 1985; Levinson et al., 1978; Noe, 1988; Teja, 2003; Vance, 1977) that the mentor and the mentee relationship can have a significant impact on the overall mentoring experience for

both the mentee and the mentor. Riley and Wrench's findings also corroborate Roemer's (2002) findings that suggested that career advancement is easier with a mentor.

Teja (2003) conducted a mixed method study to explore the perceptions of the mentor functions and examine characteristics that make the mentoring relationship effective from the adult learner's perspective among a group of adult learners enrolled in a non-formal educational program called the Leadership Development Network (LDN). Teja's study was guided by a theoretical framework that utilized Cohen's (1995) Principles of Adult Mentoring Scale. There were two populations in the study: adult learners, 68 mentees from the Christian Reformed Church of North America enrolled in the Leadership LDN; and 47 mentors who were ordained ministers or evangelists active in the ministry of the Christian Reformed Church of North America. Some mentors were assigned more than one mentee. The mentors of the LDN, according to Teja, were considered more experienced leaders willing to train future leaders. Two surveys were administered, one to the mentee and one to the mentor. Surveys administered to the mentors also included a component whereby the mentors could conduct a self-examination of their skills to help them understand their impact on mentees and identify areas of deficiencies within the mentoring program. Findings from the study regarding perception revealed that both the mentee and the mentor had a moderate to high perception of the mentoring relationship. The researchers also found that the level of trust and degree of mutual benefit were perceived as high among both the mentee and the mentor, while the overall effectiveness of the mentoring was rated low by the mentee and high by the mentor. Teja noted that the incongruence in the data related to overall effectiveness was directly tied to perception. Teja's findings validate Kostovich and



Thurn's (2006); Levinson et al. (1978); and Mills, Francis, and Bonner's (2008) findings concerning the importance of establishing trusting relationships and ensuring that there are tangible results for adult learners when developing or implementing an effective mentoring program. According to Teja, tangible results are foundational steps; without them, there will be nothing to build upon.

Mentoring is far reaching and has become common in global and international organizations. Carraher, Sullivan, and Crocitto (2008) conducted a cross-sectional study guided by Mezias and Scandura's theory of international mentoring to explore the impact that home- and host-country mentors had on expatriates' performance. Carraher et al. hypothesized that the relationship between the home-country mentor and the expatriate would be positive and significantly impact performance, and that the relationship between the host-country mentor and the expatriate would be positive and would significantly impact performance. Carraher et al. sent surveys via internal mail to 366 employees of a large multinational professional service organization. Two hundred and ninety-nine employees returned the surveys. Of those surveyed, 153 expatriates had a host-country mentor, 50 had a home-country mentor, and 14 had both a home- and a host-country mentor. Carraher et al. used several measuring tools to analyze their data that resulted in alpha scores ranging from 0.94 to 0.96. Carraher et al.'s results indicated that having a host-country mentor had a significant and positive effect on expatriates, and to the contrary, having a home-country mentor had a significant but negative effect on expatriates. Carraher et al.'s findings support the findings of McKinley (2004) and Zey (1985) which suggested that mentors are an important part of and assist with the acclimation process in an organization.

An overarching view of mentoring has been provided by Eby, Allen, Evans, Ng, and DuBois (2008). These researchers conducted a quantitative multidisciplinary meta-analysis comparing mentored and non-mentored individuals involved in mentoring programs that included youth, academics, and the workplace to determine the effects mentoring had on the mentee in the areas of behavior, attitudinal, health, relational, motivational, and career outcomes. Eby et al. hypothesized that there would be positive outcomes in all areas. One hundred and sixteen independent samples that included studies and reports were used for the meta-analysis. Findings from their study were significant and supported their hypotheses. However, these findings are opposite those of Hunt and Michael (1993) and Kahle-Piasecki (2011) which assert that mentoring can have both negative and positive outcomes.

#### Nurse Mentoring

Nurse mentoring gained focus and momentum in the late 1970s after Vance (1977) completed a systematic review of mentoring in nursing. Mentorship in nursing is defined as an intense form of role modeling performed by a nurse expert who serves as a sponsor and guidance counselor, and who models the standards of excellence to a novice nurse who lacks the confidence and skills necessary to perform nursing tasks and advance his or her career (Benner, 1984; Burns & Grove, 2003; Devis & Butler, 2004; Haag-Heitman, 2008; Kirk & Reichert, 1992; Polit & Tanto Beck, 2004; Vance, 1977). Vance and Olson (1998) suggested that mentoring in nursing is evolving and serves as a paradigm shift that provides the benefits of self-confidence, career advancement, enhanced self-esteem, preparation for leadership, and that mentoring in nursing also strengthens the nursing profession. In concert with this assertion, McCloughen, O'Brien,

and Jackson (2009) contend that mentoring is essential to the development of nursing and the acquisition of nurse leaders who will advance the overall vision for nursing leadership.

Across professions, mentoring is a widely held practice used to cultivate and foster personal and professional growth. Researchers have found that mentoring serves as a form of social role modeling necessary for career advancement (Fagenson, 1989; Kram, 1983; Levinson et al., 1978; Noe, 1987; Speizer, 1981; Vance, 2000). Mentoring is especially critical to advancement in the nursing profession. Nursing is a female-dominated profession which lends itself to covert advancement disadvantages based on gender (Lane, 2000). Mentoring, according to Sheehy (1976), is the secret link in the lives of successful women. And yet, although establishing mentoring relations has been found to be important, it is very difficult for women to accomplish (Kanter, 1977; Sheehy, 1976). Mentoring in the field of nursing holds the potential to represent a nurturing support system crucial to the professional development and career success of nurses (Vance, 1982). The very nature of health care makes social learning and role modeling key components to professional socialization in nursing (Murray & Main, 2005). Andrews and Wallis (1999) and Vance (2002) contend that nurses find mentoring to be particularly valuable as it relates to the development of their practice and view the mentoring process as a component of their professional obligation. Dingham (2002) suggested that establishing the mentor connection in nursing fosters interconnectedness and an interdependence that is required for the evolution of mentoring in the practice of nurses.

Pairing the right mentor with the right mentee is imperative to the success of any nurse mentoring program (Poradzisz, Kostovich, O'Connell, & Lefaiver, 2012). In addition, a mentor must possess qualities that exhibit professional and personal integrity, and embody a spirit of trustworthiness (Taylor, 1992). These characteristics are especially important to nursing students who felt that obtaining a good mentor is a matter of luck (Gray & Smith, 2000).

The term mentor began to appear in literature pertaining to the nursing profession three decades ago when Connie Vance, a registered nurse, defined mentorship in nursing. Vance (1977) conducted the very first systematic investigation of nurse mentorship in America as she explored the mentor connection for her doctoral research. Vance interviewed 71 influential nurse leaders and found that 83% (59) had one or more mentors, and 70% (50) of their mentors were nurses. Vance also found that an overwhelming 93% (66) of the influential nurse leaders she interviewed served as mentors. Vance concluded that having a connection with a mentor played a key role in career success and job satisfaction of the 71 influential nurse leaders interviewed for the doctoral study.

In the 1970s mentoring was introduced in nursing, and subsequently a vast amount of research was conducted concerning mentoring in the nursing profession. Nursing research began to show that mentoring among staff nurses provided increased self-confidence in their abilities to problem solve and make appropriate decisions; mentoring also subsequently provided staff nurses with career guidance and support (Fagan & Fagan, 1982; Hinson 1986; Just, 1989; Pyles & Stern, 1983). Parse (1998) noted that mentoring programs in nursing should serve as an avenue by which nurses are

honored and allowed to use their own creative process to bring forth the nurse they desire to become. In order for the transition from novice nurse to expert nurse to take place, the novice nurse mentoring experience must be enriched by a trusting and cherished alliance that fosters individuality on the human journey of dream acquisition (Doucet, 2009). Several research studies and articles that focused on the mentoring of baccalaureate nursing students showed that students who had mentors were more apt to be successful as they transitioned from new graduate to practicing clinician, and from novice to expert (Atkins & Williams, 1995; Atwood, 1981; Beecroft, Santner, Lacy, Kunzman, & Dorey, 2006; Benner, 1984; Cahill, 1996; Devis & Butler, 2004; Gray & Smith, 2000; Hamilton, Murray, Lindholm, & Myers, 1989; Hurley & Snowden, 2008; Poradzisz et al., 2012; Simms-Gidden, Helton, & Hope, 2010; Smith, 1985; Winter-Collins & McDaniel, 2000).

Examining expert nurses in relation to mentoring, Haag-Heitman (2008) conducted an exploratory qualitative descriptive study guided by a five-stage novice-to-expert framework and Dreyfus's Model of Skill Acquisition to explore expert nurses' perceptions of factors that influence expert practice. A purposive sample of 10 hospital-based practice nurse experts working for two Midwest health care systems participated in the study. Haag-Heitman conducted audio-recorded semi-structured interviews and focus groups to collect the data. The researcher developed and utilized two collection instruments: the Expert Nursing Practice Questionnaire (ENPQ) and an interview protocol entitled the Development of Expert Performance in Nursing (DEP). Three nurse experts evaluated and documented the validity of Haag-Heitman's collection instruments. Haag-Heitman utilized an Excel spreadsheet to code, summarize, and categorize the data. The researcher used descriptive statistics to analyze characteristics obtained from the

self-reported data on the ENPQ. Haag-Heitman found that nurses need to have at least five years of practice in an area to become proficient in their skills and acquire the title of nurse expert. Haag-Heitman also found that several factors influenced the nurse expert practice. These factors included working in a dynamic and diverse environment, having a positive and engaging demeanor, becoming influential and self-confident, becoming innovative, and having role models or mentors. The factors also included the influence of managers, childhood influences, and recognition for their practice. Qualities identified by Haag-Heitman that are necessary for the transition from novice to expert with the help of a role model and mentor validated assertions by Benner (1984) and Speizer (1981) that a mentor is needed during role transition from novice to expert. Haag-Heitman's findings also validated the assertion by Collins and Scott (1978) that everyone who succeeds has a mentor.

Staff nurses are another subject group examined in mentoring research.

McDonald, Tullai-McGuinness, Madigan, and Shively (2010) conducted a qualitative study at a Veterans Affairs hospital to obtain baseline data about staff nurse empowerment levels in an effort to formulate a benchmark for measuring the impact of restructuring. McDonald et al. utilized Laschinger's Work Empowerment Theory to guide their study. McDonald et al. utilized a descriptive correlational survey entitled the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) to measure the staff nurses' perceptions of structural empowerment. The researchers analyzed results by using an independent sample's *t* test. One hundred and twenty-two registered nursing staff completed the internet based CWEQ-II via the Inquisite survey software program. McDonald et al. found that nursing staff perceived their level of empowerment to be at a

moderate level. The researchers also found that nurses who participated in councils within the organization felt a greater sense of empowerment due to their access to informal and formal power resources and their ability to express nursing issues at the council meetings. McDonald et al. acknowledged that their study was limited by their sample size and methodology. However, McDonald et al.'s findings regarding the level of empowerment felt by nursing staff who have had an opportunity to participate in organizations such as mentoring programs versus those who have not participated in such organizations validates the value and benefit of mentoring programs in nursing in terms of self-confidence and empowerment as found by Fagan and Fagan (1982), Hinson (1986), Just (1989), Pyles and Stern (1983), Vance (1977), and Vance and Olson (1998).

A study from the perspective of the mentors who provided mentoring to nursing students was conducted by Atkins and Williams (1995). Their qualitative study investigated and analyzed the experiences of registered nurses who mentored undergraduate nursing students. Atkins and Williams aimed to highlight the importance of mentoring by explicitly describing and analyzing the experiences of nurse mentors. Twelve nurse mentors obtained through purposive sampling from hospital and community settings participated in semi-structured focused interviews conducted and audio recorded by Atkins and Williams. Atkins and Williams found that nurse mentors perceived mentoring to be a complex undertaking, but an operable one, if mentors received formal training for their role, support from their colleagues and superiors, and recognition for their efforts. Atkins and Williams acknowledged that their study was limited by the use of a small purposive sample that reflected the nurse mentors' perspectives during a time when the role of mentor was a new one for the participants of

their study. Atkins and Williams' findings validate Alleman et al.'s (1984) suggestion that being a mentor is ranked among the most complex of people-related skills.

A study on mentoring from the perspective of the nursing student was conducted by Cahill (1996). Cahill conducted a qualitative analysis to understand what student nurses thought about mentorship and to determine if mentorship was the answer to the support student nurses desired. Cahill conducted group discussions and individual interviews with 16 registered nursing students who were members of a cohort group of 23 registered nursing students. The registered nursing students involved in the study defined mentorship as a mechanism of appraisal, and they found the mentor and mentee relationship to be superficial. Cahill's results from the study indicated that the students' experiences with mentorship varied based upon the level of interest the mentor showed in them as individuals and as students. The researcher also found that the culture and climate of an organization helped to formulate the registered nursing students' perceptions of mentorship. Cahill concluded that mentorship in nursing is needed. The researcher recommended that mentors display a positive attitude and demonstrate mutual respect for registered nursing students in an effort to develop a quality relationship and provide an effective clinical learning experience for the registered nursing student. Cahill's findings support Kram and Isabella's (1985) findings concerning the important role the mentor plays in conveying the appropriate attitude towards the mentee. Cahill's conclusions also validate Eby et al. (2008) findings that suggested that a mentor's attitude and behavior can cause the mentee to have a positive or negative attitude about mentorship.



Gray and Smith (2000) conducted a longitudinal qualitative study guided by Grounded Theory to explore the effects of mentorship on nursing students. Ten nursing students participated in the study. Over a 3-year period, Gray and Smith interviewed nursing students for 60 to 90 minutes on five different occasions using an informal in-depth approach. Seven of the 10 study participants recorded their mentorship experiences and thoughts in a diary. Gray and Smith utilized the constant comparative method to collect and code their data. Gray and Smith used a software package to organize their codes. The researchers compared all coding data to other data, and they then organized the results from the data into categories. Gray and Smith found during the initial interview that participants depicted mentoring positively. However, the participants expressed anticipatory fear. The participants' fears were rooted in the assumption that getting assigned to a good mentor would be based merely on luck. During subsequent interviews, Gray and Smith found that as students became comfortable with their roles and evolved in their nursing practice, participants became distant from their mentors. Participants, however, continued to view mentoring as a vital component of their practice experience. Furthermore, Gray and Smith's study highlighted the importance of the qualities and attributes of good mentors when formulating a mentoring program. Their assertions validate the findings that the attributes of a mentor can negatively or positively impact the mentee's perception of mentorship, as noted by Hunt and Michael (1983). Gray and Smith's findings also validate the need to appropriately pair the mentee and mentor, as asserted by Beecroft et al. (2006); and Poradzisz, Kostovich, O'Connell, and Lefaiver (2012).

Poradzisz et al. (2012) conducted a qualitative research study to explore the psychological types and characteristic types of 218 orientees and 159 preceptors according to the Myers-Briggs Type Indicator (MBTI). Poradzisz et al. partnered with nursing education departments at two medical centers in Chicago to conduct their study. The researchers aimed to utilize the findings from their study to help facilitate classroom and clinical sessions for new graduate nurses. Poradzisz et al. analyzed findings from the data collected on the MBTI in percentages for each dimension preference and each psychological type. The researchers also conducted chi-square analysis to determine differences among participants and between the two sites at which the study was conducted. Poradzisz et al. found that orientees had all 16 psychological types, and preceptors had 15 of the 16 psychological types. The researchers concluded that preceptors and faculty should prepare orientation modules that are suitable to all psychological types. Poradzisz et al. further suggested that making preceptors aware of their own psychological types can result in a reduction of bias towards orientees with different psychological types. For the purposes of this study, the term preceptor is synonymous with mentor and orientee with mentee. Thus, findings reported by Poradzisz et al. support findings by Beecroft et al. (2006) that suggested pairing of the mentor with the mentee is an important aspect of implementing a successful mentoring program for those transitioning from novice to expert.

Beecroft et al. (2006) conducted a 6-year evaluation study to explore if graduate nurses were adequately matched with mentors, were guided and supported, were socialized into the profession of nursing, found role modeling beneficial and helpful in their acquisition of professional behavior, kept in contact with their mentors, and were

satisfied with the mentorship they received. Three hundred and eighteen new graduate nurses participated in the study. Beecroft et al. created a 35-item survey to gather quantitative and qualitative data about the new graduate nursing students' experiences. The researchers conducted a summative analysis using descriptive statistics. Beecroft et al. reported in their findings that 264 students were adequately matched with a mentor, 286 students received guidance and support, 136 students were socialized into the profession and benefited from role modeling, 158 students met with their mentors regularly and kept in contact, and 184 students were satisfied with the mentorship they received. Beecroft et al.'s findings supported the importance of role modeling as identified by Speizer (1981). Beecroft et al.'s findings also supported the psychological components of the mentor role as identified by Fagenson (1989); Kram (1983); Levinson et al. (1978); and Noe (1987). Additionally, Beecroft et al.'s findings validate the importance of pairing the right mentor with the right mentee, a concept suggested by DeCicco (2008) and Poradzisz et al. (2012).

Hurley and Snowden (2008) conducted a qualitative study to examine the barriers nurse mentors encountered while performing their mentor role on three critical care wards. Hurley and Snowden created a self-administered questionnaire from themes in the literature; the questionnaire focused on a list of 11 potential barriers. Hurley and Snowden sent the questionnaires via internal mail to 118 nurses working in three critical care wards. The contacted nurses returned 40 questionnaires, which the researchers utilized for the study. Hurley and Snowden used descriptive statistics to analyze *Likert*-type and tick-list data. The researchers found that barriers to the role of mentoring included lack of the following: time, familiarity with course of study, familiarity with

documentation, training related to supervision and assessment, updated knowledge, confidence to assess the mentee's proficiency, confidence in interpersonal skills, and confidence in English writing skills. Hurley and Snowden acknowledged that the data for their study were weakened by the anonymity of the questionnaires. Hurley and Snowden's findings validated findings by DeCicco (2008); Hill, Del Favero, and Ropers-Huilman (2005); and Riley and Wrench (1985) concerning the impact that perceived or actual barriers may have on the success of a mentorship relationship or program.

As the patient population continues to change in nursing, so will the need for ethnically diverse nurse educators, nursing staff, and those willing to mentor them. The lack of a diverse mentor pool can serve as a barrier to the success of a mentoring program. Hill et al. (2005) conducted a sequential mixed design study to explore the role mentoring played in the development of African American leadership in baccalaureate and graduate nursing programs. Hill et al. also explored the similarities and differences in same-race versus cross-race mentoring experiences. Hill et al. used Levinson et al.'s (1978) adult developmental theory as a guide in constructing their study. Hill et al. conducted their study in two phases. During Phase 1, 47 African American academic nurse leaders participated in the study. In Phase 2, Hill et al. interviewed 10 out of the original 47 participants. The researchers conducted interviews using two instruments: an adaptation from Jeanne Madison's mentoring survey entitled the Mentoring Experience Survey (MES) and the Mentoring Experience Interview (MEI). A panel of five African American academic nurse leaders pilot tested both instruments for reliability and validity. Hill et al. used Statistical Package for the Social Sciences, version 10, to analyze data for Phase 1 from the MES. Hill et al. used frequency counts, point biserial correlations, and

independent *t* tests to analyze the data. The researchers used the constant comparative method to transcribe, analyze, and code for themes the qualitative data for Phase 2. Hill et al.'s findings indicated that same-race versus cross-race mentoring did not have a huge impact; mentoring relationships formed naturally based upon common interests and the ability to relate to one another. The participants characterized their mentoring experiences as positive. These findings support the findings of Kostovich and Thurn (2006); Mills et al. (2008); Taylor (1992); and Teja (2003) concerning the importance of the mentorship relationship in mentoring.

Although pairing a novice nurse with an experienced nurse is often reviewed in the literature (Benner, 1984; Vance, 1977), there are also instances of peer-to-peer mentoring in nursing. Kram and Isabella (1985) conducted an exploratory study to examine both the significance and importance of peer relationships during the career cycle. Kram and Isabella conducted 25 peer-relationship-paired biographical interviews. The researchers reported that the development of peer relationships is in essence less threatening than the traditional one-on-one mentoring model because it is devoid of the hierarchical component, which makes it easier to communicate, provide mutual support, and engage in beneficial collaboration. In addition, Kram and Isabella suggested that peer relationships last longer than traditional mentoring relationships, create forums for a mutual exchange of information, aide in the development of a sense of expertise, provide continuous support over the career course, and provide support as individuals navigate through the change and transitions that occur in both their personal and professional lives. Kram and Isabella's findings support the findings of Collins and Scott (1978); Riley and Wrench (1985); Roemer (2002); Shapiro et al. (1978); Speizer (1981); and Vance (1982,

2000) which also suggested that mentoring aids in career advancement, provides support, and increases confidence for those who are mentored.

Another positive instance of peer-to-peer mentoring was that noted by Simms-Giddens et al. (2010). These researchers conducted a mixed method pilot study, guided by Benner's (1984) Novice to Expert framework, to examine a student-to-student peer mentoring teaching strategy used to deliver health care to a community-based, at-risk population. Simms-Giddens et al. aimed to provide participants with increased knowledge about the application and process of mentoring. Participants were comprised of nursing faculty, community health leadership and management, and graduate nursing students who expressed an interest in community health. Participants completed weekly logs, reflective journals, and pre and posttest evaluations over the course of a 16-week semester. Participants were also required to complete a needs assessment in order to develop and institute projects that benefited their assigned agency. Course instructors developed the peer mentoring evaluation tool consisting of 26 items in a *Likert* scale format that was administered before and after the pilot project. The researchers conducted qualitative interviews with participants at the end of the semester. Simms-Giddens et al. provided no information regarding the analysis of their data. However, Simms-Giddens et al. concluded that the peer-mentoring project was successful. The researchers also concluded that the nursing students' ability to work together and support and encourage one another to complete their innovative community-based projects helped participants gain a rich experience that enhanced their pride in the nursing profession. These findings validate Glass and Walter's (2000) findings on the advantages of peer-to-peer

relationships, as well as Eisen's (2001) and Emelo's (2011a) perspectives on the use of peer learning to develop learning partnerships and foster professional development.

Another research investigation concerning peer-to-peer mentorship was undertaken by Glass and Walter (2000). Glass and Walter conducted focused interviews and reviewed the reflective journals of seven nursing students to ascertain the relationship peer mentoring had on their personal and professional growth. A sense of belonging, the ability to validate their feelings and express their vulnerabilities, as well as the development of an understanding of and appreciation for dualism were sentiments expressed by the students in the findings of Glass and Walter's study. These findings validate Kram and Isabella's (1985) and Vance's (1977) findings concerning the importance of the mentoring relationship in the nursing profession, as well as Simms-Giddens et al.'s (2010) findings on the advantages of peer-to-peer relationships. Additionally, Glass and Walter's findings validate Eisen's (2001) and Emelo's (2011a) perspectives on the use of peer learning to develop learning partnerships and foster professional development.

In a broader view of the mentoring process, Fielden et al. (2009) conducted a longitudinal study to explore the differences and similarities between coaching and mentoring relationships in the field of nursing, and to examine the professional development impact of those coaching and mentoring relationships. Fielden et al. collected qualitative and quantitative data from interviews they conducted during a 6-month nurse coaching/mentoring program at six Health Care Trusts in the United Kingdom. Fifteen nurse coaches and 15 nurse mentees participated in the study. Fielden et al. conducted face-to-face or telephone interviews with the participants at three time

points: at the start of the program, 4 months after the program began, and 9 months after the program began. Fielden et al. used a 5-point *Likert* scale to explore the impact that the program had on career progression, leadership and management development, and the organization. The researchers also used a 4-point bi-polar scale to investigate career support, career assets, and organizational support. Fielden et al. conducted content analysis on qualitative interview data, and they used *t* tests to analyze quantitative data from the interviews.

Fielden et al. found that participants in the study perceived the role of mentoring to encompass support and coaching. Participants described similar processes for coaching and mentoring. Both the nurse coaches and nurse mentees reported significant progression and impact in terms of career development, leadership skills, and capabilities. Fielden et al.'s findings support previous research findings that suggested the importance of acquiring a mentor to enhance skills, knowledge, and capabilities that are needed for career advancement (Adams, 1979; Collins, 1983; Collins & Scott, 1978; Hunt & Michael, 1983; Kanter, 1977; Kram, 1983, 1988; Kram & Isabella, 1985; Levinson et al., 1978; Noe, 1988; Phillips-Jones, 1983; Vance, 1977; Zey, 1985).

### Mentoring in Home Health

There is a severe shortage of research dedicated to mentoring for registered nurses in home health care. One of the few such studies is that conducted by DeCicco (2008). The researcher conducted a cross-sectional qualitative study that included an in-depth analysis of a preceptorship/mentorship program that focused on highlighting the value of such programs for home health care nurses. DeCicco utilized purposeful sampling to collect data from 27 employees, including preceptees, preceptors, health service



supervisors, managers, and clinical resource nurses. The sample participants participated in eight 2-hour focus groups. DeCicco held four focus groups prior to the creation of the preceptorship/mentorship program and four focus groups after the creation of the preceptorship/mentorship program. With the assistance of an internal information management expert, DeCicco developed a workflow analysis as a means of identifying operational barriers, as well as enablers that may have impacted the sustainability and the standardization of the program. DeCicco reported that the program was mutually beneficial for the organization and the participants as evidenced by support for recruitment and retention, career-building opportunities, and preceptees' increased feelings of being supported by and connected to the organization. Every participant felt that the program was a valuable resource for the organization. DeCicco identified the following themes as major challenges of the program: the lack of clearly defined accountability, the method of pairing preceptees with preceptors, the reward and recognition methods for preceptors, and staffing shortages. DeCicco's findings validate Hurley and Snowden's (2008) finding concerning barriers encountered in nurse mentoring programs.

As stated earlier, home health care nursing and public health nursing both fall under the umbrella of community health, and so it is pertinent to also examine mentoring in the public health arena. Sowan, Moffatt, and Canales (2004) conducted a pilot project to determine if the creation and implementation of a mentorship partnership model developed by the University of Vermont and the Vermont Department of Public Health (VDPH) would increase students' participation in public health nursing experiences at the VDPH.

In November 2000, Sowan et al. launched the pilot project by hosting a 2-day expert-consultant-led workshop for faculty and VDPH officers, nursing supervisors, and nursing specialists to develop guidelines for the mentorship partnership model. Thirteen baccalaureate nursing students participated in the piloting of the mentorship partnership model in the spring of 2001. Students observed public health nurse preceptors provide care to patients in well child clinics, and observed care given during home health visits to maternal child patients and patients enrolled in the Women, Infants, and Children program (WIC). Faculty members provided the public health nurse preceptor with a profile of each student participant and discussed available resources for student projects.

Students and faculty received orientation at the public health facility. Sowan et al. conducted informal meetings with the preceptor, student, and faculty at the beginning, middle, and end of each student's clinical experience. All participants logged the informal discussions held during the meeting. At the end of the experience, the researchers conducted a final evaluation with all participants. Sowan et al. found the joint collaboration of the nursing school and the public health department, as well as the pairing of expert nurse with novice nursing student, to be successful. Communication improved among faculty, students, and public health mentors. Student participants gained an understanding and appreciation for public health, and enrollment in public health nursing experience courses increased. Sowan et al.'s findings validated the assertions of Benner (1984), Teja (2003), and Vance (1977) that pairing a novice with an expert can result in a mutually beneficial experience for both the mentee and the mentor.

## Internet Mentoring

We are living in a time of technology explosion. The Internet is ranked as the top source for consumers to access quality information about a variety of topics and products, and it provides opportunities for consumers to become involved in different social activities (Finch, 1999). According to Sinclair (2003), from a pedagogical perspective internet based learning offers an environment that is more egalitarian, democratic, and less intimidating than a classroom setting. It is therefore unsurprising that in the midst of increased internet based learning in general, internet based mentoring began to emerge in the 1990s. Nonprofit and traditional organizations such as iMentor and Big Brothers/Big Sisters began to use internet based as an adjunct component to their traditional mentoring programs in an effort to increase commitment and participation of adults with a limited amount of spare time (Brotherton, 2001).

As of February 2001, there were 40 existing internet based mentoring programs based in the U.S.A. and Canada (Cravens, 2003). Group e-mentoring is defined as the connection of group experts with group learners via an electronic component; it is the merging of mentoring and electronic communication also known as virtual mentoring, tele-mentoring, cyber-mentoring, computer-mediated mentoring, computer-mediated communication, e-mail mentoring, e-mentoring, and internet mentoring (Bierema & Hill, 2005; Ensher, Heun, & Blanchard, 2003; Kalish, Falzetta, & Cooke, 2005).

In the arena of corporate internet based mentoring, Management Mentors (2010) noted the following as benefits for corporations that utilize internet based mentoring software: (a) allows managers and participants enrolled in the mentoring programs to access information from an Internet browser, whether from their home, office, or even the

airport; (b) connects remote workforces in various towns, cities, states, and countries; (c) provides a green solution, eliminating the waste of toner, paper, and time; and (d) allows participants to virtually commune and managers to continuously disseminate a core message and collective goals. Bierema and Hill (2005) asserted that virtual mentoring allows for mentoring to take place anytime, anyplace, and anywhere and makes access to professional development readily available. However, Ensher et al. (2003) contended that negative aspects to computer-mediated communication include misunderstandings, the coldness of the medium, and flaming. The researchers noted that all of these negatives can be overcome by providing training and support on engaging in proper communication.

Carvin (2011) suggested that use of technology can expand group mentoring programs. Technology provides a mechanism by which information can be transferred among the group participants expeditiously and reduces the administrative burden of training and development managers (Carvin). Geographic barriers to accessing the knowledge and wisdom of experts are removed by technology (Emelo, 2011a). Although the concept of internet based mentoring is new in the nursing arena, it has been utilized and found to be a valuable mechanism for promoting mentor-mentee relationships among other disciplines (Kalish et al., 2005).

In the discipline of business management, e-mentoring has been examined repeatedly. Headlam-Wells (2004) conducted a case study to uncover the advantages of e-mentoring as experienced by 28 mentor pairs participating in a pilot e-mentoring program called EMPATHY housed at the University of Hull business school. The overarching aim of the program was to develop e-mentoring as a mechanism for

cultivating future women managers. Participants completed questionnaires midway through the program and at the end of the program. Headlam-Wells found that the cost for setting up an e-mentoring system can be high, but the cost to run an e-mentoring program was relatively low. The researcher also found that participation in an e-mentoring program indirectly enhanced participants' information technology skills, broadened network opportunities, and saved money as it relates to travel time and cost. Twenty-eight mentor pairs were asked specifically about the effectiveness of the e-mentoring program: 42.4% (23) found it to be very effective, 26.9% (16) found it to be satisfactory, and 30.7% (17) found it to be not effective. One of the biggest takeaways from the study, according to Headlam-Wells, was to expect the unexpected: life happens, jobs change, and several circumstances have the potential to derail the mentor relationship. Headlam-Wells' findings validated the findings of DeCicco (2008); Hill et al. (2005); Hurley and Snowden (2008); and Riley and Wrench (1985) concerning barriers to implementing mentoring programs regardless of genre.

Kalish et al. (2005) suggested that group e-mentoring is a viable strategy for recruitment into the nursing profession and allows for the provision of mentoring within a flexible environment that is independent of space and time. Over the years, The American Nephrology Nurses' Association (ANNA) desired to implement a mentoring program but never did due to the extensive time required to manage such a program (Cahill & Payne, 2006). However, in 2005 the Leadership Development committee of ANNA found that the Oncology Nursing Society (ONS) successfully utilized technology to reduce the amount of time associated with mentoring to a minimum. Thus, ANNA formed an internet based mentoring program to mirror the internet based mentoring

program offered by ONS. The ANNA internet based mentoring program offers skill building, knowledge sharing, and advocacy for both the mentor and the mentee. Findings from this study validate the importance of mentoring in nursing to skill building, knowledge sharing, and advocacy as noted earlier by Vance (1977), and Vance and Olson (1998). Cahill and Payne's study also confirmed Miester and Willyerd's (2010) assertion that utilization of technology in mentoring is a valuable tool.

Attrition of public health nurses prompted the institution and development of e-mentoring for public health nurses in the state of Missouri (Miller, Devaney, Kelly, & Kuehn, 2008). The purpose of the e-mentoring project, according to Miller et al., was to promote cross-fertilization of knowledge among diverse nurses throughout the state. Public health nurses in Missouri service both rural and urban populations through 114 autonomous public health agencies. Registered nurses with an associated degree working in public health were allowed to enroll in an internet based course in population-based nursing which was a long distance learning project. Nursing faculty from The University of Missouri Columbia Sinclair School of Nursing served as mentors and coordinators who facilitated learning and provided support. Over the course of three years, 38 students were paired with mentors. The program had a 92% completion rate; 35 of the 38 students completed the program. Students reported that they valued the expertise and guidance provided by their mentors. The mentors reported that participating in the project increased their confidence in their practice and increased their skills as a mentor. Both students and mentors reported that issues concerning the use of technology and the amount of time to communicate acted as barriers to the e-mentoring program. At the end of the program, over 70 public health nurses became part of a core public health

community of nurses that found e-mentoring to be a viable mechanism for the utilization of collective expertise. Findings from this study validate the assertion of Brotherton (2001), Carvin (2011), Emelo (2011a), and Management Mentors (2010) that technology can diminish geographical barriers, expand aspects of mentoring, and make mentoring accessible to individuals who otherwise might be unable to participate in mentoring activities.

O’Keefe and Forrester (2009) conducted a pilot study to determine the success of implementing an internet-based mentoring program for nurses at a Magnet-designated acute care facility in the Atlantic region of the United States. The pilot project ran for 6 months. There were 31 nurses who participated in the study: 16 mentors and 15 mentees. The aim of the internet based mentoring program was to improve nurses' job satisfaction, change the perception of nurses, use the internet-based mentoring program as an adjunct to support provided by managers and coworkers, and improve patient accounts. Anecdotal feedback from the internet based mentoring program's participants validated the value of implementing the pilot program, according to O’Keefe and Forrester. Participants valued the real-time communication, increased their strategic thinking skills, had the ability to monitor their progress, valued the green environment, and increased their knowledge of the organization. O’Keefe and Forrester’s findings support Kalish, et al.’s (2005) assertion that e-mentoring allows for the provision of mentoring and knowledge sharing; Management Mentors' (2010) finding concerning the value of utilizing the Internet for mentoring to support green initiatives; and Meister and Willyerd’s (2010) assertion concerning the value of Internet-based mentoring.

As a result of the lack of empirical data concerning e-mentoring in nursing, Pietsch (2012) conducted a quantitative study to explore nurses' attitudes and identify constraints that would influence the adoption of e-mentoring. One hundred and twenty-eight registered nurses participated in the study. The following instruments were developed: (a) the Nurses Attitudes Towards E-Mentoring (NATE) instrument, a semantic differential scale to measure nurses' attitudes about e-mentoring; (b) the E-Mentoring Facilitators and Constraints (EFC), a nominal scale with open-ended questions to obtain facts about facilitating and identify constraints of e-mentoring; and (c) a demographic questionnaire. Pietsch's findings from NATE revealed that participants' attitudes concerning e-mentoring were positive. Scores for NATE ranged from 88 to 224; the median score was 173.93. Pietsch's findings from EFC revealed that the facilitators' e-mentoring score ranged from 8 to 15; the mean score was 12.21. For the facilitators, the constraints to e-mentoring scores ranged from 0 to 7; the mean score was 2.76. Pietsch noted that fewer items were seen as constraints to the implementation of e-mentoring for nurses. Pietsch concluded that findings from the study provided empirical evidence that e-mentoring serves as a viable option for the nursing profession. Findings from the study validate the findings of Bierema and Hill (2005); Carvin (2011); Emelo (2011a); Ensher et al. (2003); Headlam-Wells (2004); Kalish et al. (2005); Management Mentors (2010); Miller, Devaney, Kelly, and Kuehn (2008); and O'Keefe and Forrester (2009). These researchers all noted advantages to implementing e-mentoring.

### Group Mentoring

Group mentoring is a term used to describe the process for career development of professional individuals within a professional network or professional association, and it



is considered to be a best practice in the world of training and development (Dansky, 1996; Emelo, 2011b). Carvin (2011) contended that mentoring is similar to classroom training and defined group mentoring as “a methodology for individual development that utilizes multiple experts (mentors) and multiple learners (mentees) in a group setting” (p. 50). According to McCormack and West (2006), the mentoring group facilitator should be one who has the experience and is well versed in the workings of the profession and the institution. Additionally, McCormack and West contended that the facilitator must also provide an environment that fosters self-directed learning and values each participant's contributions to the group.

Group mentoring exposes individuals to different perspectives and fosters creative learning (Emelo, 2011a). Group mentoring is also seen as an attractive alternative in the mentoring arena because it is fast, flexible, cost effective, and offers relational learning as opposed to traditional learning approaches (Emelo, 2011b). Furthermore, mentoring in a group setting provides opportunities for mentoring those individuals who might find it difficult to approach a person and ask him or her to take on the role of mentor (Mitchell, 1999). However, the group mentoring experience requires teamwork that embodies a common focus, a commitment to growth, and effective collaboration (Donner & Wheeler, 2008).

Group mentoring can present differently depending on the generation being studied. Miester and Willyerd (2010) suggested that organizations seek different approaches when it comes to providing mentoring to individuals born between 1977 and 1997. Considered to be the millennial generation, these individuals will account for more than half of the workforce in the world by 2014. Miester and Willyerd reported that

millennials are the most socially conscious generation, and their job satisfaction is tied to a sense of purpose, opportunities to learn new skills, and the ability to connect with a larger purpose. The researchers pointed out that group mentoring is an effective mechanism for providing millennials what they hunger for. The researchers provided the example of AT&T's group mentoring program called leadership circles. Leadership circles are self-organized groups led by a mentor who mentors individuals from several locations via an internet based platform. This type of mentoring provides social networking and peer mentoring in a non-threatening forum.

The traditional recipe for a mentoring relationship is becoming obsolete, according to Kram and Higgins (2008). The researchers suggested that individuals seek out small groups of people who have a genuine interest in their success and can offer mentoring support. Kram and Higgins identified a pharmaceutical company that has built an employee network that administered group mentoring by having their team leaders meet monthly in small groups of 10 to 12 people. The groups identify new challenges, explore mechanisms for handling low performers, and build teams that can deliver new product designs in a specific timeframe. Members of the group address each issue in turn and are offered viable solutions and strategies by their peers. Kram and Higgins also identified a consumer-products organization that convenes their junior and senior executives on a regular basis to converse about challenges faced, and how to seek out positions that will promote career advancement and promotion to senior level executive positions. Kram and Higgins contended that this type of group mentoring opens the doors for junior level executives to enlist senior level executives into their developmental network. The researchers suggested that these types of developmental networks enhance

employee engagement, increase job satisfaction, increase customer and employee satisfaction, increase retention rates, and give organizations a competitive advantage.

Kram and Higgins' findings are supported by Eisen (2001), who contended that the very dynamics of peer learning offer an opportunity for joint reflection, transformative learning, reciprocal learning, and professional development, which in turn promotes confidence and increases job satisfaction.

Dansky (1996) conducted a cross-sectional study that explored the impact of group dynamics on career outcomes. Dansky hypothesized that professional organizations serve as sources of mentoring for their membership, and furthermore that the influences from these associations impact career outcomes. Dansky's sample participants for the study were individuals who attended the 1992 annual meeting of the Ohio Council for Home Care. Dansky distributed 150 surveys that contained questions pertaining to individual mentoring, group dynamics, and career outcomes to home health care agency management and supervisory staff. Eighty-eight individuals returned the surveys. Dansky utilized the principal components method with oblique rotation for analysis. Eigen's values and a scree plot to identify common factors were also utilized. Dansky's results showed that membership in an association or organization fosters relationships and processes that influence and support the career development of its membership. Dansky noted that limitations of the study included selection bias influence on the validity of the study, and the study results did not imply causality. Findings from this study validate findings suggested by Eisen; Emelo (2011a, 2011b); Kram and Higgins (2008); Levinson et al. (1978); Miester and Willyerd (2010); and Mitchell (1999) concerning the value of group mentoring and adult peer learning.

Emelo (2011a) conducted a study in 2009 to 2010 to evaluate the use of group mentoring as a mechanism for collaborative learning. The study included 211 participants in 24 group mentoring programs. Emelo conducted personal interviews with two group advisors and three program managers, and all 211 participants were sent surveys to ascertain the relevancy, success, and impact of group mentoring on the effectiveness and productivity of the organization. Seventy-four participants responded to the surveys. Survey results indicated that 69 participants reported the use of relevant topics pertaining to their specific jobs, 71 participants reported that the information received would be applicable to their role in the organization, and 56 participants reported an increase in their productivity and effectiveness. Emelo concluded by noting that the rapidly changing world requires a faster and more conducive avenue for communication and dissemination of information and skills among experts and practitioners, and group mentoring can provide just that. Emelo's findings confirm the findings of Kram and Higgins (2008) and Kostovich and Thurn (2006) as those findings relate to group mentoring as well as knowledge sharing of information and skills.

Financial constraints and the nursing shortage make the task of implementing a one-on-one mentoring model less viable and the implementation of group mentoring more advantageous for health care institutions (Scott & Smith, 2008). Scott and Smith explored the implementation of a group mentoring program as a cost-effective mechanism for building confidence and competence of nursing graduates in their first year of practice at a rural hospital.

In July of 2005, three Nurse Education Specialists, who served as the leads and the mentors, implemented a group mentoring program called the Successful Transition

and Retention (STAR) which assisted 25 new graduate mentees in their transition from novice nurse to expert. The new STAR program with a group mentoring platform was in essence a rebirth of an unsuccessful traditional one-on-one mentoring program previously implemented at the rural hospital.

The graduate mentees were enrolled in the mentoring program once they accepted employment with the institution. Formal meetings were held quarterly as a group with the mentors and the mentees. The first meeting took place near the end of the mentees' 90<sup>th</sup> day of employment and subsequent meetings took place every three months for approximately one year. Sessions began with a 1-hour meet-and-greet, and a 3 to 4-hour continuing education component designed to address the needs expressed by the mentees and the mentors. The quarterly meetings also fostered peer connections and collaborations. Mentors made themselves available outside of the quarterly meetings via pager and were present on the hospital units when the mentees felt they needed support.

Components of the STAR program included an extended orientation period, clinical preceptors, continuing education programs, and preceptor training for the mentees to learn how to become supportive to the group of new graduates who will join the hospital after them. During the final meeting of the program, mentees were given an opportunity to reflect on their experience in a focus group meeting. This reflection period was hosted by nurse faculty members; hospital administration and the Nurse Education Specialists were not in attendance, allowing mentees the opportunity to speak candidly about their experiences in the group mentoring program. Mentees were also asked to complete a survey questionnaire evaluating their experiences.

The overall aim of the STAR program was to build the confidence and competence of the 25 new graduate nurses. Results from the survey showed that 15 of the new graduates reported feeling very confident, while nine responded that they felt somewhat confident. Survey responses pertaining to competence showed 13 expressed that they felt very competent and 12 felt somewhat competent. When asked about their intent to stay with the hospital, 16 of the new graduates voiced their intention to stay, four stated that they were unsure, and four wanted to further their education within 3 years. The STAR program began with 25 new graduates and ended with 20 new graduates. Only one new graduate left the hospital because the graduate felt that the hospital environment was not a good fit. Results also showed that the new graduates felt that the STAR program showed that the hospital cared about their success and was a major factor in their decision to remain committed to the organization. Scott and Smith's findings validated Greene and Puetzer's (2002) findings that mentoring can avert operational costs associated with recruitment and retention, as well as Block et al.'s (2005) assertion that mentoring is a cost-effective mechanism that can increase job satisfaction and foster support.

Carvin (2011) explored methodologies for creating a group mentoring program as an add-on to an extension for a new corporate mentoring program at Nobscot Corporation. Carvin contended that when group mentoring programs are implemented correctly they have a proven track record for increasing outcomes, increasing confidence, increasing the level of connectedness and commitment one has for an organization, and expanding understanding. Carvin identified seven focus areas for implementing and sustaining a group mentoring program: plan and develop the structure of the group, work

out the logistics prior to implementation, acquire facilitator, identify and address issues presented by participants, have an understanding of group dynamics, use technology, and establish a start and stop date for the group. Carvin suggested that group mentoring program facilitators utilize quantitative and qualitative surveys to assess the success of the group mentoring program. Carvin concluded that group mentoring meets the growing demand for mentors in corporate environments and ensures organizations that they will have adequate staff that can provide business continuity and productive performance. Carvin's examination of a group mentoring program noted the same outcomes as McCormack and West (2006) and validated the suggestion that the implementation of group mentoring can have great outcomes for both the participants and the organization. Carvin's results also confirm Scott and Smith's (2008) findings that mentoring programs showed that an employers' support of their employees actually fosters the employees' commitment to stay with an organization.

Ritchie and Genoni (2002) evaluated a group mentoring program using a quasi-experimental research design. The purpose of Ritchie and Genoni's research was to provide evidence that a group mentoring program was a valuable mechanism for supporting the emerging professional identity and career of 80 new graduate librarians from two universities. The program was designed and implemented by authors who were professional librarians with experience in management, mentoring, and teaching. Additionally, the librarians recognized that the transition from graduate to professional for new graduates could be enhanced by a mentor. The group mentoring program began in 1996 and was evaluated in 1997. The implementers of the program served as facilitators for the group mentoring session. Two-hour formal group mentoring sessions

were held every month for 11 months to address specified objectives. Pre- and post-questionnaires were administered to measure outcomes data related to the professional, career, and psychosocial development of the participants.

Ritchie and Genoni's (2002) findings suggested that group mentoring had a significant impact on the development of professional identity and in the area of career development. However, findings showed no significant results related to the psychosocial component. Ritchie and Genoni concluded that a 1-year group mentoring program cannot be the only strategy used to facilitate the development of professional identities for new graduates. Ritchie and Genoni's claims are in direct opposition to claims asserted by Fagenson (1989); Kram (1983); Kram and Isabella (1985); Levinson et al. (1978); and Noe (1988) that psychosocial components are major factors in mentoring programs.

McCormack and West (2006) conducted a case study to determine if a facilitated group mentoring program aided in the development of career competencies for women at the University of Canberra in Australia. McCormack and West utilized questionnaires, focus groups, and interviews to conduct a content analysis. One hundred and twenty-two women, consisting of 103 mentees and 19 facilitators, participated in a 1-year group mentoring program from 1999 to 2003. Results from McCormack and West's study indicated that the group mentoring program provided the women with "three ways of knowing: knowing why, knowing how, and knowing whom" (p. 409). Knowing why articulates that the mentee understands who she is and understands how the functions, culture, structure, and governance of the organization mesh with the mentee's identity; knowing how means that the mentee is competent; and knowing whom means that the mentee understands the importance of relationships, connections, and networking



activities. McCormack and West also identified the following themes: knowledge of the university, work-related skills, sense of belonging and connectedness, increased self-confidence and self-efficacy, enhanced networks and relationships, group process benefits, and career advancement. McCormack and West found that the group mentoring program was a success among university women, and the participants found that their participation in the program fostered career competencies and aided in their success. Themes identified by McCormack and West provided a framework for the implementation of a group mentoring program, enhances the body of knowledge regarding group mentoring, and validates the findings of Carvin (2011), DeCicco (2008), and Dingham (2002) that mentoring and group mentoring provide an environment for support and provide participants with a sense of connectedness.

Kostovich and Thurn (2006) conducted a qualitative study guided by Benner and Wrubel's theoretical framework entitled *The Primacy of Caring*. The researchers explored the perceptions of nursing faculty members who assumed the role of group mentor for nursing students. Kostovich and Thurn audiotaped semi-structured interviews guided by open-ended questions with eight nursing faculty members for approximately one hour each. Three nurse researchers used Colaizzi's phenomenologic hermeneutical method to analyze the data. The nurse researchers also utilized the technique to make sense of the phenomena without incorporating bias. Kostovich and Thurn complied with Guba and Lincoln's criteria for judging the quality of an evaluation to ensure rigor. Kostovich and Thurn found that participants were initially uncertain about the group process, role ambiguity, the structure of the class, and the overall value of mentoring. Over time, the participants' attitudes about group mentoring became favorable as

relationships and trust within the groups were established. Participants found that if the group sizes remained small—hosting eight to ten nursing students—mentoring was more effective. In addition, the researchers found that the group mentoring program was mutually beneficial for nurse faculty mentors and nursing students. Kostovich and Thurn's findings build on and validate the body of knowledge that asserts the value of the trusting relationships in mentoring and mentoring groups (Carvin, 2011; Kilgallon & Thompson, 2012; Mills et al., 2008; Teja, 2003).

Additionally, Kostovich and Thurn (2013) conducted an exploratory study at a Midwestern university school of nursing. The researchers used the hermeneutic imperative phenomenological method to ascertain the lived experience of undergraduate nursing students taking part in group mentoring for four semesters as a requirement for enrollment in the nursing program. The faculty shortage coupled with increased student enrollment did not permit for one-on-one traditional mentoring to take place. Thus, group mentoring took place in a classroom setting with nurse faculty members serving as the mentors to the 22 undergraduate nursing students. At the end of each semester, the 22 undergraduate nursing students responded in writing to five open-ended questions concerning their experiences in the group mentoring course. Themes that emerged from the study conducted by Kostovich and Thurn were that of cohesiveness, communication, conversation, and connection. Kostovich and Thurn concluded that group mentoring was an effective mechanism for supporting the undergraduate student nurses' transition from student to novice nurse. Kostovich and Thurn's findings support Benner's (1984) and Carvin's (2011) findings that suggested the importance of mentoring for individuals transitioning from novice to expert.

Sawatzky and Enns (2009) conducted a cross-sectional mixed method study using a six-item Faculty of Nursing Mentoring Needs Assessment questionnaire containing open-ended questions. Sawatzky and Enns aimed to validate the need for a formal nurse faculty mentoring program at the University of Manitoba in Manitoba, Canada that would provide an environment in which nursing faculty were cared about and supported. The researchers used Bener's Conceptual Framework of Caring to guide the study. Utilizing a convenience sampling, Sawatzky and Enns selected 29 full-time nurse faculty members to complete the Faculty of Nursing Mentoring Needs Assessment questionnaire. Participants voluntarily provided qualitative comments at the end of the questionnaire.

Sawatzky and Enns analyzed qualitative data using a summative five-category *Likert*-type scale to extract both negative and positive response agreement and emerging themes. The researchers analyzed quantitative data using basic univariate descriptive analysis. Sawatzky and Enns's study validated the need for a formal mentorship program. Sawatzky and Enns found that participants desired teaching support strategies, clear communication regarding role expectations, a review of university protocols and policies, and a venue for celebrating achievements. Participants considered a formal mentoring program to be beneficial from the aspects of increasing job satisfaction, improving teaching skills, promoting collegiality, and increasing their zeal for facilitating the student learning process. Sawatzky and Enns' findings concerning the beneficial aspects of mentoring and increased job satisfaction validate findings suggested by Block et al. (2005); Fagenson (1989); Hall-Ellenbecker (2003); Mills, Francis, and Bonner (2008); and Winter-Collins and McDaniel (2000).

## Retention

The supply of qualified registered nurses has diminished while the demand for nurses has increased, resulting in a nursing shortage (Campbell, Fowles, & Weber, 2004). Other factors such as role ambiguity, work overload, and increased job demands have added to the nursing shortage (Janssen, De Jonge, & Bakker, 1999; Thompson & Brown, 2002). According to Leifer (1995), the nursing shortage began to resurface in 1995 when reports suggested that the morale among nurses had hit a low point. During times of nursing shortages, nurse turnover is a complex phenomenon of great concern for health care administrators (Jones, 2005). Due to the nursing shortage and the estimated future needs for additional nurses, recruitment and retention efforts for nurses are emerging in both the public and private sectors (Campbell et al., 2004; Kalish et al., 2005).

Federal legislation specifically aimed at recruitment includes the Nurse Reinvestment Act, the Recruitment and Diversity Act of 2003, and the Nurse Loan Forgiveness Act of 2003. In addition, private companies such as Johnson and Johnson began their Campaign for Nursing's Future efforts in 2002 (Kalish et al., 2005). Vance (2000) contended that utilizing mentoring for identifying, supporting, and retaining qualified nurses should not be considered an option but a necessity for the very survival of the nursing profession. The cost of replacing an employee is approximately 30% of his or her annual salary (Toossi, 2004). For professional positions, that cost is even higher, ranging from 150% to 200% of his or her annual salary; this figure includes costs associated with recruitment and training (Kalish et al., 2005). The pressure to advance from novice nurse to expert nurse is enormous in public health and can lead to stress that

can result in a nurse's inability to survive and endure (Smith, McAllister, & Crawford, 2001).

In the field of nursing, mentoring is often touted as a viable tool for recruiting and retaining nursing staff. Mills et al. (2008) conducted an exploratory-descriptive study to examine how Australian rural nurses felt about mentoring, and whether Australian rural nurses found mentoring to be a viable mechanism for recruiting and retaining nursing staff. Nine rural nurses from across Australia who had experience in mentoring other nurses participated in the study. Mills et al. conducted 11 interviews, utilized email correspondence, and shared situational mapping with the participants to obtain the data for their study. Mills et al.'s study revealed that Australian nurses had positive perceptions about mentoring and viewed mentoring as a supportive relationship that built trust and fostered engagement. Mills et al. considered mentoring a viable mechanism and a rarely used resource for recruiting and retaining nurses among Australian rural nurses. The researchers mentioned that mentoring could occur formally or accidentally, but that either way, mentors should receive some sort of education and training to legitimize mentoring. Mills et al.'s study confirms research by Carvin (2011) and DeCicco (2008) that suggested that mentoring is a viable tool for the retention of nursing staff and offers the nurses an environment where they feel supported.

Hall-Ellenbecker (2003) conducted a qualitative study to examine a theoretical model of job retention for home care nurses guided by Neal's theory of home health care nursing practice. Hall-Ellenbecker developed and utilized an instrument that measured home health care nurses' job satisfaction. The researcher hypothesized that job satisfaction is directly related to retention. Hall-Ellenbecker utilized empirical research

data related to the intent to stay and findings from previous research as the sample for this study. The researcher found that job satisfaction and retention for home health care nurses are intrinsic and extrinsic in nature. Intrinsic factors included autonomy in the profession, autonomy in patient relationships, cohesion with peers, and cohesion with physicians. Extrinsic factors included stress, work load, control of work hours and work activities, salary and benefits, and perception of real opportunities elsewhere. Hall- Ellenbecker concluded that the intrinsic and extrinsic factors influenced job satisfaction, retention, and intent to stay. The researcher believed that the theoretical model of job retention for home health care nurses can serve as a guide to explore gaps in the research concerning the intent to stay and the retention of home health care nurses. Hall- Ellenbecker's research study validated other studies that contend that job satisfaction is key to retention and indicate that efforts for retention are supported by mentoring programs (Block et al., 2005; Fagenson, 1989; Hall-Ellenbecker, 2003; Mills et al., 2008; Winter-Collins & McDaniel, 2000).

Hall-Ellenbecker, Porell, Samia, Byleckie, and Milburn (2008) conducted a descriptive correlations study of home health care nurses in six New England states. Hall- Ellenbecker et al. aimed to explore job satisfaction, as well as test a theoretical model's direct and indirect impact on job satisfaction, the intent to stay, and the retention of home health care nurses. Hall-Ellenbecker et al. collected data for the study in two phases. During Phase I, the researchers collected data from a self-administered survey questionnaire given to 2,459 nurses. During Phase II, the researchers mailed survey questionnaires to 2,357 nurse participants from Phase I; 1,900 nurse participants responded and completed the survey questionnaire. Hall-Ellenbecker et al. utilized the

structural equation model to test their theoretical model of home health care retention. The researchers used Mplus software with the multi-level add-on module for parameter estimations. Hall-Ellenbecker et al.'s findings indicated that the largest predictors of nurse retention in home health care were strongly linked to job tenure and job satisfaction. Hall-Ellenbecker et al. acknowledged that using only nurses in home care in New England was a major limitation in their study. However, their findings support other findings by Fagenson (1989); Block et al. (2005); Hall-Ellenbecker (2003); Mills et al. (2008); and Winter-Collins and McDaniels (2000) that contend that job satisfaction directly correlates with retention and mentoring can play a key role in helping organizations to increase job satisfaction, thus decreasing turnover rates.

Hall-Ellenbecker and Cushman (2011) suggested that all home care agencies, including those not struggling to retain home health care nurses, should consider interventions to enhance nurses' job satisfaction and ensure patient outcomes. The researchers noted that there is a strong and direct correlation between an adequate amount of competent, skilled, productive, and satisfied nurses, and the quality of care an agency is able to render.

The California Nurses Foundation, in collaboration with Catholic Healthcare West, conducted a 3-year pilot project in California that focused on utilizing a formal mentoring program to retain multicultural, multilingual, and male registered nurses (Mills & Mullins, 2008). The California Nurses Foundation and Catholic Healthcare West aimed to create a mentoring project that could be replicated by other health care institutions in an effort to provide relief for the current nursing shortage in the United States. These two organizations hypothesized that mentoring would reduce the attrition

rate of those new nurses who are mentored early in their career. Four acute care hospitals located in California and just over 450 registered nurses participated in the study over a 3-year period. Registered nurse mentors and registered nurse mentees participated in a mentor and cultural awareness certification program.

LaFrance Associates, LLC was hired by the California Nurses Foundation a year after the project concluded to evaluate the effectiveness of the mentoring program. The evaluation focused on the experience of the mentor and the mentee, and the impact the program had on the mentors and mentees job satisfaction and professional confidence. The evaluators also assessed attrition rates for newly hired nurses and the cost effectiveness of the mentorship program.

After reviewing human resource records for participating institutions, LaFrance and Associates, LLC found that new nurses who participated in the mentoring program had decreased attrition rates in comparison to those newly hired nurses who did not participate in the mentoring program. With the use of surveys and focus groups, LaFrance and Associates, LLC found that both mentors and mentees who participated in the mentoring program expressed greater job satisfaction and professional confidence. The company also found that those who participated in the cultural competency training reported an increased cultural sensitivity to patients and co-workers. LaFrance Associates, LLC found that after deducting the actual cost of conducting the mentoring program, the savings for the hospitals that participated in the study over the 3-year period ranged from \$1.4 million to \$5.8 million.

The organizations that conducted the study found that with increased job satisfaction and increased professional confidence among nursing staff, patients will reap



the benefits and receive quality care. Mills and Mullins (2008) concluded that The California Nurse Mentor project represented a legitimate nurse mentoring program that had a positive impact on staff, institution, and patients. Additionally, Mills and Mullins found that the project supports findings by Block et al. (2005); Fagenson (1989); Hall-Ellebencker (2003); Mills et al. (2008); and Winter-Collins and McDaniels (2000) concerning the positive impact that mentoring programs have on job satisfaction.

Carraher and Buckley (2008) conducted a qualitative study to determine if nurse turnover, on-the-job performance, or absenteeism were influenced by the employees' attitudes about benefits and by their behavioral intentions. Carraher and Buckley hypothesized that attitudes about benefits and the intention to search for a new job influenced turnover, performance, and absenteeism rates among nurses. The researchers collected data using a 206-question survey given to 386 nurses at a large primary care hospital in the Southwest.

Carraher and Buckley (2008) developed a survey instrument and a performance appraisal measurement tool based on employee interviews that they conducted for this study. The researchers also developed a six-item scale called the Attitudes Towards Benefits Scale to measure several aspects of satisfaction with benefits. Carraher and Buckley used a 7-point *Likert* scale to determine behavioral intentions, and they utilized zero order correlation to analyze the data. Carraher and Buckley found that turnover rates were related to benefits received but not to performance and absenteeism. The researchers also found that behavioral intentions were related to actual turnover and performance but not to absenteeism. Carraher and Buckley acknowledged that a major limitation of their study was that it lacked a theory for guidance. However, their findings

support other findings in the literature that speak to the importance of a supportive environment and its impact on job satisfaction and turnover rates (Carvin, 2011; Haag-Heitman, 2008; Kalish et al., 2005; McCormack & West, 2006; Sawatzky & Enns, 2009).

Cushman, Hall-Ellenbecker, Wilson, McNally, and Williams (2001) conducted a mixed method study to examine what home health agency administrators perceived to be the reasons nurses stay or leave their jobs in home health care. Cushman et al. posed two specific research questions: (a) According to agency administrators, what factors influenced nurse retention? and (b) What methods were agency administrators utilizing to recruit and retain qualified nurses? Four hundred agency administrators filled out a two-page questionnaire that contained both quantitative and qualitative questions. Five researchers, recruited by the authors, analyzed the responses from the questionnaires for categories and themes, transcribed the responses verbatim, and coded the responses by their relevance to a theme or category.

Cushman et al.'s (2001) study revealed that administrators believed that nurses left jobs in home health care due to stress, the increased demands of the job, relocation, ability to get higher wages elsewhere, and lack of appreciation from colleagues and management. Cushman et al. also found that agency administrators recruited and retained qualified nursing staff by providing a professional work environment where nurses were allowed to focus on nursing care, offering flexible scheduling, and providing a comprehensive benefits compensation package. Cushman et al.'s study supported findings by Hall-Ellenbecker (2003) and Hall-Ellenbecker et al. (2008) that suggested that mentoring is a viable tool for the retention of home health care nursing staff.

Flynn and Deatrick (2003) conducted a qualitative study guided by sociological theories of professions to identify attributes that home health care nurses considered important to job satisfaction and their professional practice. Fifty-eight nurses from six home care agencies in the Mid-Atlantic region of the United States participated in the study. Flynn and Deatrick obtained data for the study by conducting seven focus groups. The investigators audiotape recorded each focus group session. Flynn and Deatrick utilized common questioning for 1 hour during the focus group sessions. The researchers transcribed the audiotapes verbatim and analyzed the transcripts using open coding and axial coding. A research consultant with expertise in qualitative research evaluated the consistency of the transcripts. Flynn and Deatrick found that participants described six important attributes in terms of job satisfaction and support of their professional practice. Those attributes identified were a need for an extensive preceptor-based orientation, an organized and supportive work environment, interdisciplinary coordination and follow-up, adequate and efficient clerical assistance, reasonable working conditions, and accessible field security. The researchers found that the attributes listed by home care nurses were different from those listed in the literature for hospital-based nurses. Flynn and Deatrick's findings validate the importance of job satisfaction for nurses as suggested by Block et al. (2005); Fagenson (1989); Hall-Ellenbecker (2003); Mills, Francis, and Bonner (2008); and Winter-Collins & McDaniels(2000).

Kovner et al. (2007) conducted a qualitative cross-sectional two-stage design study to gather baseline data for Wave 1 of a panel survey. The researchers administered the panel survey to newly licensed registered nurses in order to understand their characteristics and attitudes towards work in hopes of better understanding turnover rates

in hospitals. The researchers' study was guided by Price and Mueller's conceptual framework of turnover (Price & Mueller, 1981). Kovner et al. sent a 16-page survey via postal mail to randomly selected registered nurses in 35 states and the District of Columbia who received their first nursing license between August 1, 2004 and July 31, 2005; 3,266 nurses completed and returned the survey. Kovner et al. used an unnamed computerized database to enter survey responses, analyze the data, and compute descriptive statistics. The researchers found that expectations for reducing turnover may be unrealistic for newly licensed registered nurses. Of the total respondents, 1,339 reported that if given the opportunity, they would leave their current position for another one. Overall, respondents reported that they were generally satisfied with their jobs but lacked support from their supervisors. Kovner et al. implied that their study may have been limited by the self-reporting nature of the survey. Kovner et al.'s study adds to the growing body of knowledge that suggested that mentorship programs can increase nurse retention rates, thus reducing turnover rates (Block et al., 2005; DeCicco, 2008; Greene-Puetzer, 2002; Hall-Ellenbecker, 2003; Hall-Ellenbecker et al., 2008; Scott & Smith, 2008).

Prevosto (2001) conducted a qualitative study guided by Hunt and Michael's theoretical framework to explore the impact that mentoring had on Army Reserve nurses' intent to stay in the Army Reserve and their job satisfaction. Prevosto hypothesized that the rates for job satisfaction and the rates for intent to stay were equal among mentored and non-mentored Army Reserve nurses. Prevosto utilized a stratified random selection process to mail questionnaires to 400 Army nurses. Of that group, 171 nurses returned the questionnaires. Prevosto used three tools to develop the questionnaire: Price's Intent to

Stay Scale, Dreher's Mentoring Survey, and Hoppock's Job Satisfaction Survey. The researcher used Statistical Package for Social Science, version 7.5, to analyze the data. Additionally, Prevosto utilized Analysis of Variance (ANOVA) to analyze the comparison data for job satisfaction and intent to stay among mentored versus non-mentored groups. Prevosto used the Pearson correlation technique for correlational analysis. Prevosto was unable to validate the hypothesis stated in this study. The researcher found that Army nurses who were mentored had higher job satisfaction rates and higher intent to stay rates than non-mentored Army nurses. Prevosto indicated that the sample size created a limitation in the study. Prevosto's exploration and findings concerning the impact of mentoring on the socialization process, intent to stay, and job satisfaction support findings by Block et al, (2005); Fagenson (1989), Hall-Ellenbecker (2003); Mills et al., (2008); and Winter-Collins and McDaniels (2000).

Jones (2005) conducted a retrospective study with a descriptive design to gather data pertaining to nurse turnover cost at an acute care hospital with 600 beds for fiscal year (FY) 2002. Jones defined nurse turnover for the study as any registered nurse who terminated employment externally during the study period, including those who terminated voluntarily and involuntarily. Data was gathered using a data collection tool and from interviews conducted with nursing administrators to ascertain the number of registered nurses who were employed during the FY and the number of registered nurses who turned over during the FY. Cost of turnover for three service lines represented by registered nurses in surgery, women's health, and children's health were represented in the findings. The researchers reported that the total nurse turnover cost ranged from approximately \$5.9 million to \$6.4 million. Jones ranked the cost of vacancy as the most

costly aspect of nurse turnover and termination cost as the least costly aspect of nurse turnover. Jones' study highlights the importance of administrators addressing nurse turnover by developing programs to retain them, as suggested in research conducted by Cushman et al. (2001) and Hall-Ellenbecker (2003).

Price and Mueller (1981) conducted a longitudinal study to approximate a causal model for turnover rates in hospital organizations. At seven short-term general hospitals, 1,091 nonsupervisory female registered nurses voluntarily agreed to participate in Price and Mueller's study. The researchers mailed questionnaires to the homes of participants for the first portion of their study. In the second component of their study, Price and Mueller obtained data from the participating hospitals regarding voluntary and involuntary turnover. Price and Mueller estimated total model parameters using multiple regression analysis and path analysis. The researchers also used pairwise deletion options in the analysis. Price and Mueller used a matrix of correlation to report their findings.

The researchers found that job satisfaction, intent to stay, general training, and opportunity had a statistically significant impact on turnover rates at the seven participating hospitals. Price and Mueller (1981) noted that in future studies they would do the following: adapt their model to replace intent to stay with commitment and loyalty toward the organization, include the size of the organization, include urban organizations, include both genders, and include different professions. The researchers identified general training as one of the major impacts on turnover rates. Price and Mueller concluded that there is a need for instituting mentoring programs as part of the effort to reduce turnover rates, a finding also presented by Block et al. (2005); Fagenson (1989); Hall-Ellenbecker (2003); Mills et al. (2008); and Winter-Collins and McDaniels (2000).

Rosenfeld, Smith, Iervolino, and Bowar-Ferres (2004) conducted a qualitative study using open-ended survey questions to gather evaluation data on the elements of the residency program at New York University Hospitals Center. Rosenfeld et al. sought to understand why nurses chose to stay or leave New York University Hospitals Center after their residency. One hundred and twelve registered nurses who completed the Nurse Residency Program between 1996 and 2001 at New York University Hospitals Center responded to the surveys. The residency included an 8- to 12-week mentorship and competency-based orientation program. Rosenfeld et al. used a *Likert* scale to rank responses gained from the survey. The researchers analyzed data across services using analysis of variance (ANOVA).

Rosenfeld et al. (2004) found that 422 registered nurses completed the Nurse Residency Program, and 392 were still employed at New York University Hospitals Center. Registered nurses who left reported leaving due to family obligations, relocation, or dissatisfaction with the institution. Ninety-nine of the 112 respondents said that they would recommend the Nurse Residency Program to new graduates. Rosenfeld et al.'s findings suggested that novice nurses who were engaged and transitioned into the culture of the institution—through relationships with mentors and access to leadership via the Nurse Residency Program—were more likely to remain employed with that institution. These assertions confirm findings suggested by Block et al. (2005); Cushman et al. (2001); Fagenson (1989); Hall-Ellenbecker (2003); Mills et al. (2008); and Winter-Collins and McDaniels (2000).

Winter-Collins and McDaniel (2000) conducted a qualitative study guided by Kramer's work on Reality Shock to examine the correlation between job satisfaction and

a sense of belonging among newly graduated registered nurses. Winter-Collins and McDaniel aimed to understand the importance of job satisfaction and morale in the milieu. The researchers mailed 250 surveys to registered nursing graduates, and the recipients completed and returned 95 surveys. Winter-Collins and McDaniel used the surveys to collect information regarding demographics, the milieu, job satisfaction, and a sense of belonging in the milieu. Winter-Collins and McDaniel collected data by using two instruments: a revised version of Hagerty-Patusky's Sense of Belonging and McCloskey-Mueller's Satisfaction Scale. The researchers determined the relationship between satisfaction and sense of belonging by using the Pearson  $r$ .

Winter-Collins and McDaniel (2000) found that the sense of belonging and job satisfaction were highest among nurses working in home health care and lowest among nurses working in the operating room. A significant number of the respondents revealed that they experienced reality shock as a result of a lack of confidence and stressful situations encountered in their new roles. Respondents reported that a nurturing environment, good orientation, and positive relationships were key components to job satisfaction and sense of belonging. Furthermore, having a sense of belonging directly correlated with a nurse's intent to stay.

Findings noted by Winter-Collins and McDaniel (2000) concerning reducing the reality shock and providing confidence are components of a mentoring program. Winter-Collins and McDaniel's findings support findings by Block et al. (2005); Cushman et al. (2001); Fagenson (1989); Hall-Ellenbecker (2003); Mills et al. (2008); and Winter-Collins and McDaniels (2000) that suggested mentoring programs serve as a valued



mechanism for increasing a nurse's confidence and increasing job satisfaction, thus influencing a nurse's decision to stay.

Thomas and Lankau (2009) examined job burnout in healthcare to determine to what extent relationship social support, socialization, and role stress negatively or positively contributed to the burnout. The researchers also sought to determine the direct and indirect impact of Leader-Member Exchange (LMX) and mentoring. Thomas and Lankau hypothesized that an exchange relationship between a leader and subordinate could impact burnout levels. The researchers administered 2,100 paper surveys to employees at a not-for-profit hospital. Employees returned 440 surveys. Surveys missing data were removed, resulting in a total of 422 surveys used for the study.

Thomas and Lankau (2009) reported in their findings that employees in multiple supportive relationships reported less burnout, and LMX had a positive and direct impact on organizational socialization and role stress. Findings from their study also suggested that burnout turnover and role stress can be reduced by implementing supportive systems such as mentoring. Thomas and Lankau's results support findings of Carvin (2011); DeCicco (2008); Dingham (2002); Mills et al. (2008); and Teja (2003), that demonstrated the important impact of role socialization and support on a nurse's intent to stay.

Willits (2009) conducted a qualitative phenomenological study to investigate the impact a formal mentoring program had on job satisfaction and intent to stay for nurses. Twelve nurses participated in a traditional one-on-one mentoring program. Data for the study was collected via interviews. Emerging themes were the following: overwhelmed, road blocks, mentor qualities, programmatic follow through, and motivation to participate in the mentoring program. Willits' results revealed no significant impact on job

satisfaction and intent to stay for those participating in the mentoring program. Willits' findings contradict the findings of Block et al. (2005); Cushman et al. (2001); Fagenson (1989); Hall-Ellenbecker (2003); Mills et al. (2008); and Winter-Collins and McDaniels (2000), as these researchers' findings suggested that job satisfaction is a key component of an employee's intent to stay.

With the nursing shortage and aging baby boomers, organizations are striving to retain their employees. The reality of the matter, according to DeLong (2004), is that organizations rely heavily on intellectual capital and knowledge retention for their ongoing success, highlighting the need to retain their employees. Scott's (2007) suggestion mirrors that of DeLong, noting that the very survival of health care organizations is contingent upon their ability to leverage their greatest asset: the knowledge of their employees. According to Dohm and Shniper (2007), between the years of 2006 to 2016, the occupations with the greatest need for employees will be those that provide services to the elderly; registered nursing will need to add an estimated 587,000 new nurses to address the needs of 76 million baby boomers. However, the outlook is bleak for retaining current nurses and hiring new graduate nurses. According to Grindel and Roman (2002), greater than 50% of new graduate nurses left their nursing jobs after less than a year, resulting in a costly impact to the organization and a distressing and possibly devastating event for the novice nurse.

#### Disadvantages and Barriers

Mentoring relationships are similar to personal relationship. Hence, mentoring relationships encompass all of the fragility of personal relationships and have the potential to go wrong (Scandura, 1998). A vast amount of literature pertaining to

mentoring portrays mentoring in a positive manner and highlights the positive outcomes of increased socialization, commitment, and productivity. (DeSalvo Rankin, 1991; DuBois & Karcher, 2005; Mills et al., 2008). However, there are scholars that contend that the literature regarding mentoring has inadvertently overlooked the negative aspects of mentoring and thus, they challenged the positive perspectives of mentoring (Scandura, 1998; & Andrews & Wallis, 1999).

According to Andrews and Wallis (1999) the perception that one individual could encompass all of the attributes necessary to constitute what individuals perceive as a good mentor is a fallacy and perhaps those seeking mentoring relationship would be better served by a group of mentors who embody the characteristics to mentor effectively. Hunt and Michael (1983) and Kahle-Piasecki (2011) noted that mentoring can have negative implications and the outcomes can be either positive or negative for the mentee, mentor, or the organization. In contrast to the popular positive outcomes of mentoring relationships, Kahle-Piasecki suggested that mentoring relationships are not devoid of drawbacks and risk. In other words, negative and damaging situations can occur, resulting in sabotage for the mentee or the mentor and a lack of support for the mentee. In addition, the intimate and multidimensional structure of a mentoring relationship can lend itself to a host of ethical problems including romantic or sexual involvement, harassment, and confusion of the role of the mentor (Warren, 2005). The issue of harassment, be it sexual, gender, or race related is heavily document in the literature as a negative aspect as well as a barrier to the success of mentoring relationships (Ragins, 1989; Bushardt, Fretwell, & Holdnak 1991, Ragins, 1997a; Ragins, 1997b). McDonald (2003) suggested that women mentors are void of listening skills, one of the key aspects to communicating

effectively. McKinley (2004) asserted that lacking the skill to listen effectively and the inability to control emotions are barriers to mentoring in nursing and adds to the gap in mentoring seen in the nursing profession. Cahill (1996), Hagerty (1986), McDonald (2003), and McKinley (2004) found that mentoring in nursing was flawed and worthy of further exploration.

Many factors can perpetuate the demise of a mentoring program or a mentoring relationship. Kram's (1985) study on aspects of mentoring in relationship to organizational life highlighted the potential for productive mentoring relationships to erode over time based on the changing needs of individuals or the changes occurring in an organizations. Kram suggested that these changes may result in dissatisfaction and or destruction for both organizations and individuals involved. Kram related the dysfunctional aspects of mentoring relationships to that of violence in the work place, noting that dysfunctional mentoring relationships are destructive and marred by mistrust and jealousy which has the potential to result in personal damage to all involved. Conversely, Scandura (1998) noted the powerful dynamics of a supervisory mentoring relationship. When an individual is being mentored by their supervisor they can often feel enormous amounts of pressure related to fulfilling the reasonable and unreasonable demands of their mentoring supervisor. Inability of the mentee to meet the demands of their mentor can result in fear and possible termination of employment. Scandura's assertion is supported by Ragins (1997a; 1997b) assertion that the mentoring relationship is an imbalance in power since the mentor more often than none holds the power and can influence the dynamics of the mentoring relationship.

Ragins and Scandura (1997) conducted an assessment to determine the psychological reasons for the termination of dysfunctional relationships. Ragins and Scandura's findings indicated that jealousy, stifling of mentee's advancement, lack of support for the mentee by the mentor, the mentor's unrealistic expectations of the mentee, and the mentor feeling suffocated by the mentee were often noted as reasons that lead to the dysfunction and termination of mentoring relationships. Ragins and Scandura's findings supports Krams's (1985) assertion that not all mentoring relationships are positive and some mentoring relationships are indeed destructive.

Disadvantages and barriers to implementing and maintaining mentoring relationships are present in all professions including the female dominated profession of nursing. Hagerty (1986) conducted an analysis of the nurse mentoring phenomenon and found the definition of nurse mentoring and the theories outlined in the literature concerning nurse mentoring were flawed and worthy of further investigation. According to McDonald (2003) women mentors are void of listening skills, one of the key aspects to communicating effectively. McKinley (2004) asserted that lacking the skill to listen effectively and the inability to control emotions are barriers to mentoring in nursing and adds to the gap in mentoring seen in the nursing profession. Cahill's (1996) qualitative analysis of student nurses' experiences of mentorship found that superficiality was a barrier in the students' mentoring experience and lead to a lack of camaraderie with their mentor allowing the relationship to become easily fragmented and incongruent. In addition, Cahill also noted that nurse mentors often lacked organizational support needed to effectively mentor student nurses. Cahill's findings are supported by Fielden et al.'s (2009) assertions that an organizations inability to provide support and professional

development for nurse mentors could impede the success of implementing and sustain nurse mentoring programs.

While Cahill's (1996) study was conducted from the perspective of the registered nurse mentee, Atkins and Williams (1995) study focused on the registered nursing mentoring experience of mentoring nursing students from the perspective of the mentor. Atkins & Williams found the following barriers related to implementing and maintaining successful mentoring relationships 1. lack of formal training for the mentor, 2. inability to role model, 3. conflicts related to supporting and assessing the students, 4, the energy and time consuming activities associated with mentoring, the complexity of the mentoring role and the amount of commitment required to be successful, and 5. support from colleagues including managerial and educational. Both Cahill's and Atkins William's findings suggested that lack of support for the mentor and the mentee can lead to the demise of a nurse mentoring program.

The demise of a nurse mentoring program can also be the result of a toxic mentor. According to Darling (1985) toxic nurse mentors are avoiders, dumpers, blockers, and destroyers. Avoiders according to Darling are those nurse mentors who make themselves unavailable to nurse mentees, dumpers abandon the nurse mentee and their responsibility to mentor, while blockers purposefully withhold important information, skills, and knowledge that deliberately obstructing the success of the nurse mentee, and destroyers criticize, belittle, and undermine the efforts of the nurse mentee. Toxic nurse mentors according to Darling are void of the knowledge, attitudes, and skills required to be an effective mentor.

## Conclusion

The challenges home health care administrators currently face regarding recruitment and retention of qualified, competent registered nurses will continue to persist without the incorporation of viable mechanisms such as mentoring to increase job satisfaction and their intent to stay (Cushman, Hall-Ellenbecker et al., 2001; Hall-Ellenbecker, 2003; Hall-Ellenbecker et al., 2008). As one study showed, the cost of nurse turnover can be as substantial as \$5.9 million to \$6.4 million for a healthcare organization (Jones, 2005). To state that retention, socialization, and development of nurses is problematic within the nursing profession is an understatement according to Thomka (2007). The key to retention is not just in the formation of a formal mentoring program, but in the establishment of a milieu that encourages and nurtures mentoring relationships (Thomka).

## Summary

In order to establish an understanding of the state of mentoring nurses working in home health, this researcher conducted a thorough review of the literature on the topics of mentoring, nurse mentoring, mentoring for nurses in home health, Internet mentoring, group mentoring, and retention. Mentoring is viewed in the literature as an investment in the future of the employee and the organization, and it is viewed by nursing scholars as an obligation to the nursing profession (United States Office of Personnel Management, 2008; Vance, 2000). With the advancements in technology, geographical barriers to accessing mentoring programs have been obliterated, and organizations now have opportunities to offer mentoring in a nonthreatening environment that fosters personal

and professional growth (Brotherton, 2001; Carvin, 2011; Emelo, 2011a; Management Mentors, 2010).

Literature that addressed the impact of implementing an Internet-based group mentoring program for registered nurses in home health as a mechanism for retention is lacking in the body of knowledge reviewed. The literature reviewed did not contain one research article addressing this topic. The literature review clearly demonstrated that there is a need to conduct such research and fill the gap currently in the body of literature concerning Internet-based mentoring for home health nurses.



## CHAPTER III

### METHDOLOGY

#### Introduction

The literature review conducted contained varying perspectives and theories pertaining to mentoring. Areas addressed in the literature review included the history of mentoring, mentoring in nursing, Internet-based mentoring, group mentoring, retention, and the disadvantages and barriers that can potentially perpetuate the demise of a mentoring program or a mentoring relationship. Conducting the literature review revealed that there was a need for scholarly research related to mentoring of registered nurses in the home health care industry.

In this chapter, the researcher conducted an overview of the qualitative and quantitative methods and procedures used by the researcher to explore the impact of initiating an internet based group mentoring program for registered nurses in home health care and evaluate the effectiveness of a group mentoring relationship from the perspective of the mentee. A detailed description of the population demographics used in the study was provided, and the statistical methods utilized to conduct the data analysis was. In addition, limitations that have the potential to affect the study results were discussed prior to the conclusion of this chapter.

#### Research Design

The primary focus of this study was to explore the impact of implementing an Internet-based group mentoring nursing program in order to assist home health care

administration in retaining registered nursing personnel in Illinois and Indiana. The study was a mixed-method design. According to Robson (2011), a mixed-method designed study allows the researcher to collect data that is both qualitative and quantitative. Furthermore, Leedy and Ormrod (2013) concluded that a mix-method designed study requires the researcher to integrate both the qualitative and quantitative into a whole, which may present as a challenge. Since qualitative and quantitative studies are not mutually exclusive, the researcher used a mixed method study design that allowed for the combination of both approaches to explore the experimental groups perceptions and reactions to the Internet-based group mentoring program. According to Leedy and Ormrod, utilizing a mixed method approach can provide the researcher with insight into a particular phenomenon that neither quantitative nor qualitative could provide alone. The research questions addressed in this study were as follows:

1. What are the differences in retention rates for nurses who participated in the group mentoring program as opposed to the nurses who did not participate in the group mentoring program?
2. How effective was the mentoring relationship from the perspective of the mentee?

### Population

The participants in the study included a convenience sampling of 47 registered nurses working at two home health care agencies in Illinois and Indiana. The pool of registered nurses included registered nurses who participated in four Internet-based group mentoring sessions hosted on February 1, 2014; February 8, 2014; March 1, 2014; and March 8, 2014 via the Go-To-Meeting application on their smart phone, smart devices, or

laptop computer ( $n = 5$ ), and registered nurses employed by the two participating agencies that decided not to participate in the Internet-based group mentoring sessions ( $n = 42$ ).

### Data Collection

For this mixed-method study, the researcher used a qualitative method consisting of surveys disseminated via Survey Monkey after the final session of the Internet-based group mentoring program and conducted semi-structured informal recorded interviews with registered nurses in the experimental group. The researcher also used quantitative methods that entailed contacting the human resources departments for the participating agencies 60 days after the conclusion of the internet-based group mentoring sessions to obtain retention data on the control group and experimental group participants.

The researcher sought and received approval to conduct the study from the participating agency's administration in 2013. In the fall and winter of 2013-2014, during staff meetings at the participating agencies, the researcher hosted an informal session providing an informational letter outlining the study and data collection methods. The letter also addressed the management of the study during the selection process and upon implementation of the group mentoring program to recruit registered nurses. Each registered nurse who decided to participate in the study became part of the experimental group. The experimental group of registered nurses completed an informed consent form and was assigned a unique three-digit identification number beginning with 100 and ending with the letters IL or IN to maintain anonymity. The registered nurses who decided to participate also completed a demographic sheet that contained questions pertaining to race, age, state of residency, and educational level. Whether they had a

mentor, and if yes, whether that mentoring experience was positive or negative, were also addressed. Registered nurses who did not participate in the Internet-based group mentoring program but were employed at the participating agencies became part of the control group and were assigned a unique three-digit identification number beginning with 200 and ending with the letters IL or IN to maintain their anonymity. Nurses in the control group were also asked to complete a demographic form. Completion of the demographic form for the control group was voluntary.

Demographic data was collected from those nurses who decided to participate in the study and became the experimental group (see tables 1 and 2). Regarding ethnicity, 80% of the sample were African-American ( $n = 4$ ), and 20% were Caucasian ( $n = 1$ ), with a mean age of 32.6 years. No other ethnic groups were represented in the study. Forty-percent of the nurses had had less than 1 year of experience ( $n = 2$ ), and 60% had between 1 year and 7 years ( $n = 3$ ). Eighty percent of the participants had a baccalaureate degree ( $n = 4$ ), and 20% had an associate's degree ( $n = 1$ ). Regarding gender, 100% were female, and 100% reported that they never had a mentor in the nursing profession.

Table 1

*Demographic Characteristics of Experimental Group*

	Participants ( $n = 5$ )	Percentages
Gender		
Female	5	100%
Ethnicity		
African-American	4	80%
Caucasian	1	20%
Education		
Baccalaureate Degree	4	80%
Associates Degree	1	20%
Mentoring		
Yes	0	<1%
No	5	100%

Table 2

*Demographic Characteristics of Experimental Group*

Participants ( $n = 5$ )	Age	Years in home health
101IN	34	<1
102IN	29	1
103IN	37	4
104IL	37	7
105IN	26	<1
Mean	32.6	2.6

Demographic data was collected from those nurses who did not participate in the study and became the control group (see table 3 and 4). Forty-two nurses were part of the control group and 15 of those nurses voluntarily submitted their demographic data.

Regarding ethnicity, 13% of the sample were African-American ( $n = 2$ ), 80% were Caucasian ( $n = 12$ ), and 7% were Hispanic ( $n = 1$ ) with a mean age of 43.14 years. No other ethnic groups were represented in the control group. As it relates to experience in home health care, the experience ranged from 4 years to 40 years with a mean of 16.66 years. Fifty-three percent of the participants had a baccalaureate degree ( $n = 8$ ), 13% had masters degrees ( $n = 2$ ), 27% had associate degrees ( $n = 4$ ), and 7% had a diploma ( $n = 1$ ). Regarding gender, 100% of the control group were female and of that percentage, only 13% ( $n = 2$ ) reported having a mentor and their experience with the mentor were positive. Those who reported having a mentor also held a master's degree in nursing.

Table 3

*Demographic Characteristics of Control Group*

	Control Group ( <i>n</i> = 15)	Percentages
Gender		
Female	15	100%
Ethnicity		
African-American	2	13%
Caucasian	12	80%
Hispanic	1	7%
Education		
Baccalaureate Degree	8	53%
Master's Degree	2	13%
Associates Degree	4	27%
Diploma	1	7%
Mentoring		
Yes	2	13%
No	13	87%

Table 4

*Demographic Characteristics of Control Group*

Control Group ( <i>n</i> = 15)	Age	Years in home health
200IL	33	10
202IL	45	20
207IL	35	10
211IL	46	15
212IL	62	40
214IL	45	25
220IL	38	15
225IL	28	4
226IL	59	40
227IL	28	6
234IL	58	10
235IL	27	4
238IL	32	12
241IN	53	19
242IN	58	20
Mean	43.13	16.66

When comparing the demographic data for the experimental group and the control group a few things stand out concerning the demographic data. For instance, the average number of years the nurses had varied drastically between the two groups; the experimental group had an average of 3 years, while the control group had an average of 16 years. In addition, none of the nurses in the experimental group had mentors, while two nurses in the control group who were both master's prepared had mentors and both said their experiences with their mentor were positive.

To address research question one—What are the differences in retention rates for nurses who participated in the group mentoring program as opposed to the nurses who did not participate in the group mentoring program?—the researcher collected retention data from the human resources departments of participating agencies 60 days after the fourth and final group mentoring session. Nurses in both the control group and the experimental group who stayed with their respective agencies were labeled as number one, and nurses who left were labeled as number two.

To address research question two—How effective was the mentoring relationship from the perspective of the mentee?—the Mentorship Effectiveness Scale was amended with permission from the authors to ascertain data from the experimental group participants (Berk et al., 2005). Berk et al. found that computing reliability and validity of the Mentorship Effectiveness Scale and any scale measuring a mentor's effectiveness could not be estimated based on the inability to find a consistent definition of the word *mentor* and the unique relationship of the mentor and the mentee.

Prior to administering the Group Mentorship Effectiveness Scale to the experimental group, a pilot study of the survey was disseminated via email to nine home

health care registered nurses to estimate the internal consistency of the 12-item, 6-point Group Mentorship Effectiveness Scale. Each nurse received and signed an informed consent denoting her willingness to participate and completed a short demographic questionnaire. The goal was to have a minimum of five pilot surveys to match the number of experimental group participants. All nine surveys were returned. Cronbach's Alpha was conducted by the researcher on the responses from the pilot study to denote reliability and validity of the survey tool. The coefficient alpha obtained by the researcher resulted in a value of .922, indicating a high degree of internal consistency and reliability among the items on the scale. Pilot survey participants were asked to provide comments at the end of the survey denoting the clarity, readability, and ease or difficulty of the survey questions, as well as their ability to be objective while answering the survey questions. Results showed that the participants found the survey to be clear and easy to read; additionally, they had no difficulties with staying objective while answering the survey questions. No further amendments were suggested by the pilot survey participants. Based on the results of Cronbach's Alpha, the pilot survey, and the affirmation of the participants, the researcher decided to move forward with the research study utilizing The Mentorship Effectiveness Survey.

The experimental group of participants ( $n = 5$ ) were asked 12 questions pertaining to the effectiveness of the group mentor on The Mentorship Effectiveness Scale via Survey Monkey. Data collected from the surveys completed by the experimental group were entered into SPSS version 21.0. Responses to the surveys were labeled with the following numeric values: Strongly disagree received a value of 1, disagree received a value of 2, slightly disagree received a value of 3, slightly agree received a value of 4,



agree received a value of 5, and strongly agree received a value of 6. Each respondent's survey results were entered separately, and single transfer for coding was submitted to prevent the occurrence of errors during the importation to SPSS.

Data from the survey respondents were collected in a 24-hour period via Survey Monkey. Thus, there was no interaction between the researcher and the participants involved in this study during that time. However, the researcher interacted with the survey participants during the Internet-based group mentoring sessions, as the researcher was the individual hosting the sessions. Survey responses were identified by their assigned participant identification numbers to maintain anonymity. Using a survey to obtain qualitative data allowed the researcher to assess individual attitudes in a non-invasive manner (Leedy & Ormrod, 2013). Use of the *Likert* scale survey served as a simplistic mechanism for acquiring information concerning beliefs and attitudes about the effectiveness of the group mentor.

To further explore the effectiveness of the internet based group mentoring program, during the summer of 2014 the researcher conducted semi-structured informal interviews with the five nurse participants in the experimental group via the telephone. The participants had a choice of face-to-face or telephone interviews. Face-to-face interviews offer the researcher the potential to establish a rapport and gain the cooperation of participants. On the contrary, telephone interviews are less time-consuming and can be conducted with a cellphone or landline phone (Leedy & Ormrod, 2013). The semi-structured informal interviews consisted of five open-ended questions that encouraged the participants to provide subjective perceptions, interpretations, reflections, and evaluations pertaining to their experience. According to Leedy and

Ormrod, qualitative interviews should consist of five to seven interview questions pertaining to the research questions. The interviews with each participant included the following questions:

1. Describe your experience with the internet based group mentoring program?
2. What characteristics or qualities are needed to be an effective group mentor?
3. How would you describe the mentoring groups' interactions during the sessions?
4. How has your participation in the internet based group mentoring program enhanced your professional growth?
5. Now that you have participated in the internet based group mentoring program, what would you change or add to the program to enhance the experience and what would you keep the same?

Each interview was digitally recorded using the TapeACall application, saved in a MP3 format using a Dropbox file, and transcribed. Participant ID numbers were used during the interview recordings to ensure anonymity and maintain confidentiality. The research maintained field notes using a word document during the interview process to further facilitate the transcription process and provide a depiction of the interview experience that is as accurate as possible.

#### Analytical Methods

The Statistical Package for the Social Sciences (SPSS) version 21.0 was the method chosen to analyze the statistical data collected. The statistical data collected was uploaded to SPSS using a single transmission to reduce the likelihood of error. To address the research questions, both chi-square and descriptive statistical analysis were utilized to analyze the data obtained for the purpose of this research study.

Descriptive statistics and thematic coding analysis were utilized to analyze research question two. Descriptive statistics, according to Salkind (2012), allows the researcher to describe the general characteristics identified in a set or distribution, and provide accurate insight into what the data looks like for the researcher. Robson (2011) contended that descriptive statistics can be used to summarize certain facets of qualitative data and conducting a thematic coding analysis allows the researcher to report the experiences, meanings, and reality of a particular experience from the participants' perspective.

In an effort to address each question systematically, the researcher utilized several steps. To address research question one—What are the differences in retention rates for nurses who participated in the group mentoring program as opposed to the nurses who did not participate in the group mentoring program?— The researcher collected retention data from the human resources departments of participating agencies 60 days after the fourth and final group mentoring session. The researcher examined the data between the independent variables of the registered nurses who participate in the mentoring program and the registered nurses who did not participate in the program, noting the differences in the dependent variable of retention rates. The summative data analysis was conducted using SPSS version 21.0. Chi-square was used to identify categorical data and statistically significant differences that existed related to retention rates for the control group of non-participants given the value of 0 and the experimental group of participants given the value of 1. Nurses who stayed with their respective agencies were given a value of 1 and those who left were given a value of 2. Chi-square allows the researcher to measure the degree of association and identify linkages between two variables (Robson,

2011). Chi-square, according to Leedy and Ormrod (2013), is the appropriate statistical procedure for analyzing nominal data or data in terms of names, comparing frequencies in various categories, and determining the mode and percentage values of data. In addition, Robson illustrated that chi-square can be used to measure linkages and identify relationships that exist among two variables.

To address research question two— How effective was the mentoring relationship from the perspective of the mentee? —data was collected from the pilot study via email on the amended version of the Mentorship Effectiveness Scale. The amended version resulted in a 12-item, 6-point *Likert* scale that contained no neutral option. The survey scale is assumed to have equal intervals (see Appendix A). Options were defined as strongly disagree, disagree, slightly disagree, slightly agree, agree, and strongly agree. *Likert* scales are used as an unprejudiced and impartial mechanism for collecting and analyzing information, according to Gay, Mills, and Airasian (2009). Leedy and Ormrod (2013) found *Likert* scales to be a simplistic tool for assessing, analyzing, and quantifying human attitudes and behaviors. Each item on the *Likert* scale survey was assigned a number one through six to denote which option was endorsed the most or the least. A total composite score was obtained for each of the six options. Cronbach's Alpha was used to check and recheck for internal reliability and consistency of the instrument. The Coefficient Alpha for the survey instrument resulted in a value of .922. Analyzing the data obtained from the *Likert* scales included organizing the data in SPSS 21.0, perusing the results of the data multiple times to identify potential categories, patterns, or themes. The researcher summarized scores for each question individually. The mean and the standard deviation for each item was discussed in the findings and displayed in Table 7.

The researcher aimed to get multiple and varying perspectives from the experimental group participants by encouraging participants to complete the optional comments section of The Mentorship Effectiveness Survey.

To further explore the effectiveness of the internet-based group mentoring program from the experimental group participants' perspective, a systemic examination of the transcribed phone interviews were conducted by the researcher to identify codes and themes. Transcripts of the interviews were printed out, read, re-read, and compared to the MP3 digital recordings to ensure accuracy. Transcripts from the interviews were read and re-read multiple times to enable the researcher to become familiar with the data. While reading the printed version of the interview transcriptions the researcher noted themes and gave those similar themes the same code. Inductive thematic coding analysis allows for the emergent of codes and themes based purely on the interaction of the researcher with the data (Robson, 2011).

Once themes from the interviews were identified and coded, the researcher compared the themes and assigned them to a specific thematic network level. Attride-Stirling (2001) contends that thematic networks serve as a simple technique for deriving themes from textual data and conducting thematic analysis of qualitative data. The analytical steps involved in conducting the thematic coding analysis included: 1. devising a coding framework guided by the research question, 2. abstracting and refining themes from coded segments of the interviews, 3. arranging themes by levels for the construction of the thematic network, and 4. summarizing the thematic networks, and interpreting patterns identified.

Thematic network used by the researcher were defined based on the topic of discussion derived by the interview questions. A context table that illustrates the codes and themes obtained from the semi-structure interviews concerning the effectiveness of the group mentoring program were constructed to summarize, interpret, and present the analytical data (see Table 4). According to Attride-Stirling (1995), when read in sequential order, the thematic network provides an anchor for the researcher's interpretation of the summary provided by the thematic network. Quotes from the transcribed interviews were presented to support the analysis and will be discussed in Chapter 4.

### Limitations

The researcher identified several limitations in the study. A chief limitation was the sample size. The sample size was small in nature ( $n = 47$ ), and the actual number of participants were even smaller ( $n = 5$ ) for the experimental group. Although Kostovich and Thurn (2006) noted that a group of eight to ten participants is ideal for group mentoring; groups with more than 12 participants can become problematic in that it becomes difficult to respond to the individual needs of the group members. In addition to the group size, there were no male participants in the study. The experimental and control group of participants lacked the diversity seen in home health care nursing staff given that 80% of the experimental group participants were African-American, 20% were Caucasian, and in the control group 80% were Caucasian, 13% were African American, and 7% were Hispanic. The lack of diversity related to the gender and race of the study participants limits the generalizability of the study within the home health care nursing population.

Another limitation to the study that existed pertained to the fact that the researcher serves as Vice President of Operations for one of the participating home health care agencies, and served as the mentor for the Internet-based group mentoring sessions. Although the participants submitted surveys via Survey Monkey and utilized their participant identification numbers, participants that worked for the participating agency where the researcher serves as Vice President of Operations may have felt obligated to suppress or adjust their true feelings concerning the effectiveness of the mentor. Hence, the results from the Mentorship Effectiveness Survey are subject to bias. According to Robson (2011), issues of bias can present themselves in research when there is a close relationship between the researcher and the respondents. Consequently, bias has the potential to evolve in research involving humans. Leedy and Ormrod (2013) also suggested that the process of analyzing qualitative data is subject to be influenced by the researchers' biases and values.

A subsequent limitation identified by the researcher was management turnover at participating agencies. Due to management changes, the researcher had to push back the original orientation presentations at the agencies. Also, some of the registered nurses who expressed interest in the study prior to the orientation left their respective agencies when new management took over.

Another limitation pertained to the control group of registered nurses ( $n = 42$ ). The control group of registered nurses were given the option to complete the demographic data sheet even if they were not going to participate in the study. Twenty seven registered nurses from the control group declined the invitation to complete the demographic data sheet. Only 15 registered nurses from the control group completed the

demographic data sheet thus limiting the researchers' ability to have a full view of the demographic landscape as it relates to registered nurses in the control group. Better procedures in the future would include having all registered nurses who participate in the informational session fill out the demographic data sheet, whether they decide to participate in the study or not.

A final limitation to the study was the extremely brutal winter that occurred 2013-2014 in the Midwest. Many of the nurses who expressed interest in the study decided not to participate because they had to reschedule their patient visits that usually occurred during the week for the weekend. Since the Internet-based group mentoring sessions took place Saturday afternoons, the nurses decided that they would not participate.

### Summary

In this chapter, the researcher provided a detailed overview of the research design, methods, and procedures used to collect the data that address both research questions. Furthermore, the researcher provided a thorough description of the population demographics used in the study. Statistical methods utilized to conduct the data analysis were also presented. In addition, the researcher discussed the limitations and flaws that have the potential to impact the study findings. The next chapter will include an in-depth exploration of the study findings, provide interpretation of the data, and conclude with implications from the study and recommendations for future research concerning the use of mentoring as a way to retain registered nurses in home health care.



## CHAPTER IV

### FINDINGS AND CONCLUSIONS

#### Introduction

In Chapter I, a summative analysis of the background research concerning the nursing shortage, nurse mentoring in home health, group mentoring, and nurse retention rates was presented in order to validate the need for research in this area. Chapter II provided an exhaustive review of the literature on the topics of mentoring, nurse mentoring, mentoring for nurses in home health, Internet mentoring, group mentoring, and retention. Chapter III detailed the particulars of the methodology used to collect and analyze data for the research questions. This chapter will primarily focus on the findings and conclusions drawn from the data collection and analysis completed for a mixed-method quasi-experimental research study. The study explored the impact of implementing an Internet-based group mentoring nursing program in order to retain registered nursing personnel in home health care agencies located in Illinois and Indiana. This chapter will also present implications and recommendations for future research in the area of nurse mentoring in home health care.

The researcher gathered, analyzed, and interpreted statistical and survey data results utilizing SPSS, Version 21.0 statistical software program. The sample for this study consisted of 47 registered nurses employed at home health care agencies located in Illinois and Indiana ( $n=47$ ). Forty-two nurses were in the control group and five nurses were in the experimental group. The independent variable for this study was mentoring

and the dependent variable was retention. The research questions addressed during the study included the following: Research Question 1: What impact does the Internet-based group mentoring program have on the retention rates of home health care nurses?

Research Question 2: How effective was the group mentoring relationship from the perspective of the mentee?

## Findings

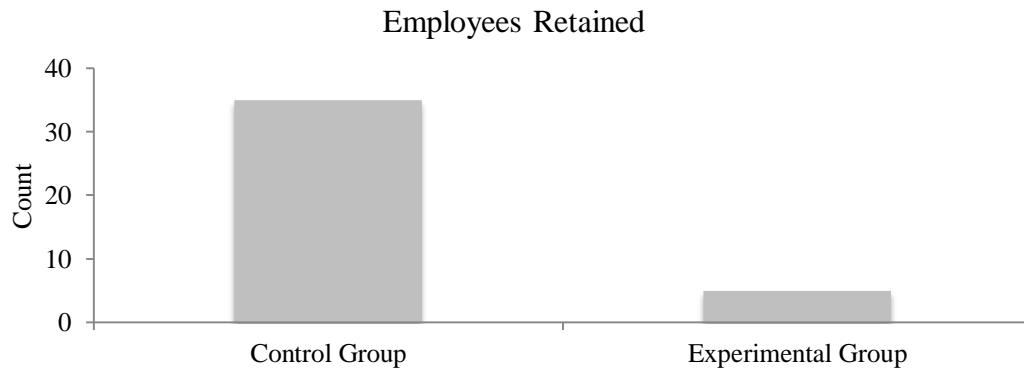
### Research Question 1

Sixty days post completion of the online group mentoring program, data was collected from the participating home health care agency's human resources department denoting if registered nurses in the experimental group and control group were still employed with their respective home health care agencies. Registered nurses who stayed with the agency were given a value of 1, and nurses who were no longer employed with a participating agency were given a value of 2. Data collected was entered into an Excel spreadsheet and uploaded in a single transmission to SPSS Version 21.0. A Chi-square statistical analysis was conducted in SPSS Version 21.0 statistical software program to address Research Question 1: "What impact does the Internet-based group mentoring program have on the retention rates of home health care nurses?" Results from the Chi-square analysis are presented in Tables 5 and 6. Results indicated that there was not a significant relationship between mentoring and the retention rates of registered nurses,  $X^2(1, n = 47) = .115, p = .734, \text{Cramer's } V = .049$ . Data analyzed further and presented in Table 5 listed below shows that 85.7% of registered nurses in the control group and 80% of the registered nurses in the experimental group stayed with their respective agencies.

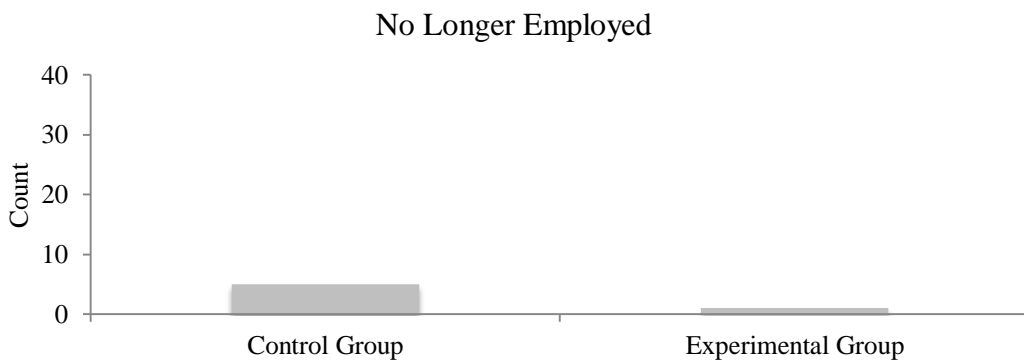
Table 5

*Crosstabulation*

	No Longer Employed	Still Employed	Total
Control Group	6 (14.3%)	36 (85.7%)	42
Experimental Group	1 (20%)	4 (80%)	5
Total	7 (14.9%)	40 (85.1%)	47



*Figure 1. Control and Experimental Group Employees Retained*



*Figure 2: Control and Experimental Group Participants Not Retained*

## Research Question 2

To address Research Question 2, “How effective was the group mentoring relationship from the perspective of the mentee?” descriptive statistical analysis was

performed on the data collected from the Group Mentorship Effectiveness Scale, a 6-point, 12-item Likert scale. Prior to administering the Group Mentorship Effectiveness Scale to the experimental group, a pilot study was conducted with nine home health care registered nurses to estimate the internal consistency of the 12-item Group Mentorship Effectiveness Scale. The researcher conducted a coefficient alpha on the scale, and the results were .922, indicating a high degree of internal consistency among the items on the scale. The mean of the individual items ranged from 5.22 to 5.89, with the mean on the total scale of 62.11 ( $SD = 4.68$ ). For a complete list of the survey questions and items, refer to Appendix A. The mean and standard deviation for each question on the Group Mentorship Effectiveness Scale are listed in Table 6 below. Item 3 variables had a zero variance, and therefore the item was removed from the scale during the pilot analysis.

Table 6

*Item Statistics*

Items	M	SD
1. My group mentor was accessible.	5.67	.500
2. My group mentor demonstrated professional integrity.	5.89	0.333
4. My group mentor was approachable.	5.78	0.441
5. My group mentor was supportive and encouraging.	5.89	0.333
6. My group mentor provided techniques to deal with work challenges.	5.56	0.527
7. My group mentor motivated me to improve work performance.	5.67	0.500
8. My group mentor was helpful in providing direction and guidance on professional issues (e.g. networking).	5.44	0.726
9. My group mentor answered my questions satisfactorily.	5.78	0.441
10. My group mentor suggested appropriate resources (e.g., experts, Internet websites, associations).	5.22	1.930
11. My group mentoring experience enhanced my commitment to my home health agency.	5.56	0.527
12. My group mentoring experience helped build my professional confidence and morale.	5.67	0.500

As it relates to the findings from the Group Mentorship Effectiveness Scale given to the experimental group consisting of five registered nurses, the mean ranged from 5.40 to 6.00, and the standard deviation ranged from .000 to 1.342. Overall findings suggested that the registered nurses found the mentor to be effective during the group mentoring sessions. Item 12, “My group mentoring experience helped build my professional

confidence and morale,” received the lowest score ( $M = 5.40$ ), and Items 1 through 9 all received the highest score ( $M = 6.00$ ). The mean and standard deviation for the experimental group findings are listed below in Table 7. The experimental group was the only group to take the Mentorship Effectiveness Survey.

Table 7

*Item Statistics*

Items	<i>M</i>	<i>SD</i>
1. My group mentor was accessible.	6.00	.000
2. My group mentor demonstrated professional integrity.	6.00	.000
3. My group mentor demonstrated expertise in home health care.	6.00	.000
4. My group mentor was approachable.	6.00	.000
5. My group mentor was supportive and encouraging.	6.00	.000
6. My group mentor provided techniques to deal with work challenges.	6.00	.000
7. My group mentor motivated me to improve work performance.	6.00	.000
8. My group mentor was helpful in providing direction and guidance on professional issues (e.g. networking).	6.00	.000
9. My group mentor answered my questions satisfactorily.	6.00	.000
10. My group mentor suggested appropriate resources (e.g., experts, Internet websites, associations).	5.80	.447
11. My group mentoring experience enhanced my commitment to my home health agency.	5.80	.447
12. My group mentoring experience helped build my professional confidence and morale.	5.40	1.342

To further explore the effectiveness of the Internet-based group mentoring from the experimental group participants' perspective, the researcher conducted semi-structured MP3 recorded interviews via telephone with the five experimental group participants that consisted of home health care registered nurses. The semi-structured MP3 recorded interviews consisted of the following five open-ended questions:

1. Describe your experience with the Internet-based group mentoring program.
2. What characteristics or qualities are needed to be an effective group mentor?
3. How would you describe the mentoring group's interactions during the sessions?
4. How has your participation in the Internet-based group mentoring program enhanced your professional growth?
5. Now that you have participated in the Internet-based group mentoring program, what would you change or add to the program to enhance the experience and what would you keep the same?

Recorded interviews were transcribed verbatim. Interviews lasted a minimum of 2 minutes 34 seconds and a maximum of 4 minutes 40 seconds. Recorded responses were numbered according to the participant's ID number to maintain anonymity. After transcription of the MP3 recordings concluded, recordings were deleted.

The researcher used thematic analysis to draw out themes identified by the participants during the telephone interviews. Participants discussed knowledge and experience gained from participating in the Internet-based group mentoring program. Table 9 presents eight codes and summarizes 31 principal themes that emerged during the transcription process.

In responses to their experience with the Internet-based group mentoring program, five themes were identified: 1. participants found that the group mentoring program was beneficial to their nursing practice, 2. participants found it helpful to hear from other nurses, 3. participants considered it a learning experience, 4. participants identified their experience as a great or good experience and 5. Participants found the Internet-based mentoring program to be a great forum for bringing busy nurses together to discuss issues or concerns regarding their nursing practice.

“It was a good experience. It was a good group of people...I think it was definitely helpful” (Participant 104IL).

“I felt like it was a very beneficial program because it allowed me to actually interact with other nurses across the profession that may be dealing with some of the same situations” (Participant 105IN).

“I found it to be very helpful. I found it to be a learning experience. I was able to listen to the views and opinions of the other participants and it kind of gave me a little more insight on things” (Participant 103IN).

“My overall experience was really great, it was something that I have never done before or never thought of...it was a great medium...nurses are busy nowadays, and I thought it was a great way to reach out to different nurses and get nurses together to discuss important issues in nursing” (Participant 102IN).

“We talked about how to retain the nurses in home health and it was some really good information that I was able to take back with me to work and kind of use on my unit to help me out a little bit” (Participant 101IN).

In response to the characteristics or qualities needed to be an effective group



mentor, nine themes emerged during the interviews with the participants: professional, understanding, ability to listen, confident, experienced, considerate, flexible, a good communicator, and encouraging.

“Confidence and experience; clinical experience and experience managing people” (Participant 104IL).

“Professional and understanding and to also have a listening ear” (Participant 105IN).

“First I think people have to have, a mentor have to have patience when mentoring....they have to be respectful and considerate” (Participant 103IN).

“Someone that is flexible, someone that is a good communicator that can get the group together. Someone that can get their point across pretty easily. Someone that encourages group discussions” (Participant 102IN).

“A mentor who listens” (Participant 101IN).

Participants viewed their interactions with others during the group mentoring program sessions as positive. The participants’ varying perspectives as related to interactions amongst the participants during the group mentoring program sessions are summed up in the following quotes:

“Everybody had different experiences and different things to bring to the table. So, like I said once again, I think that all of the participants were helpful” (Participant 101IN).

“I thought it went very well. Everyone definitely gave their input. The mentor also did a great job of encouraging everyone for their participation” (Participant 102IN).

“The interaction was very professional and very respectful and everybody gave their I believe undivided attention and no one was made to feel as if their response or their answers to questions was inappropriate” (Participant 103IN).

“I think it was a great interaction. I think people respected each other, listened to each other. I think people raised good questions. I think over all it went really well” (Participant 104IL).

“I felt the interaction was pretty good for the nurses that were on there. The only issue sometimes was just the sound, but the actual interaction was very positive” (Participant 105IN).

During the recorded telephone interviews participants provided the researcher with several examples of how their participation in the nurse mentoring program enhanced or contributed to their professional lives. Examples included increased awareness, acknowledgement that they are not alone, reassurance that other nurses relate to the issues they experience in the industry, knowledge from others on how to deal with challenges, encouragement to mentor other nurses, and ability to apply knowledge gained from other nurses in the group to their current practices.

“Some of the topics that we had, like I said before I was able to use them I think effectively at work” (Participant 101IN).

“I was exposed to new things in those different subject areas and also was able to get something from the more experienced nurses that participated in the group” (Participant 102IN).

“What I’ve learned, what I took from the group I shared with a friend of mine who’s in a nursing program...she asked me to mentor her, which I was kind of

surprised because I'm not a mentor, I'm being mentored myself, but it helped me to help someone else if that makes sense" (Participant 103IN).

"I think it makes me more aware of others, others' needs and how I can help the new nurses in the future" (Participant 104IL).

"Like I said recently, I felt it helped me to grow by learning that I was not alone with dealing with a lot of the situations. The other nurses were able to relate and actually also speak on how they may have dealt with some of the challenges" (Participant 105IN).

When asked by the researcher what would they change or add to the program to enhance the experience, the following suggestions were made:

"Make the program slightly longer" (Participant 101IN).

"The program should occur weekly" (Participant 104IL).

Participants were also asked what they would keep the same, to which they replied:

"The time was convenient, the PowerPoint slides were easy to read and follow, and it was a very smooth process" (Participant 102IN).

"I would keep everything the same" (Participant 103IN).

"I think it was good that we were able to communicate by phone and Internet considering that a lot of people are busy" (Participant 105IN).

Table 8

*From Codes to Themes*

Codes	Topic discussed	Themes per discussion topic
-Experience -Learning	Experience with Internet-based group mentoring program	<ol style="list-style-type: none"> <li>1. Beneficial to nursing practice</li> <li>2. Helpful to hear from other nurses</li> <li>3. Learning experience</li> <li>4. Really great experience</li> <li>5. Great forum for busy nurses</li> </ol>
-Characteristic -Qualities	Characteristics and qualities needed for an effective mentor	<ol style="list-style-type: none"> <li>1. Professional</li> <li>2. Understanding</li> <li>3. Listener</li> <li>4. Confident</li> <li>5. Experienced</li> <li>6. Considerate</li> <li>7. Flexible</li> <li>8. Good communicator</li> <li>9. Encouraging</li> </ol>
-Interactions -Group dynamics	Group interaction	<ol style="list-style-type: none"> <li>1. Great group interaction</li> <li>2. Showed respect for one another</li> <li>3. Listened to each other</li> <li>4. Raised good questions</li> <li>5. Positive interactions</li> <li>6. Very respectful</li> <li>7. Very professional</li> <li>8. Everyone gave input</li> <li>9. Encouraged each other to participate</li> <li>10. Group provided varying perspectives</li> <li>11. Positive</li> </ol>
-Professional growth -Career enhancement	Contribution Internet-based group mentoring made to enhancing professional growth	<ol style="list-style-type: none"> <li>1. Increased awareness of need to help other nurses</li> <li>2. Learned that they are not alone and other nurses related to issues experienced by nurses in the industry</li> <li>3. Learned how others dealt with challenges</li> <li>4. Encouraged to mentor others</li> <li>5. Ability to apply knowledge gained from other nurses in the group to their current practice</li> <li>6. Appreciated exposure to new things and different subject areas discussed within the group</li> </ol>

The quantitative findings from this research study suggested that there is no significant relationship between providing Internet-based group mentoring and the retention of registered nurses in home health care. However, the qualitative thematic analysis of the MP3 recorded semi-structured telephone interview transcripts illustrated that for the experimental group of participants, the Internet-based group mentoring program offered a professional, encouraging, flexible forum where a variety of perspectives can be shared and translated into their nursing practice. Participants displayed a positive personal consideration for one another during the mentoring sessions which formed the foundation for the group mentoring relationships to grow and benefit the participants.

### Conclusions

The first research question explored the impact implementing an internet-based group mentoring program had on the retention rates of registered nursing staff in home health care. In order to answer the first question, a Chi Square statistical analysis was conducted in SPSS version 21.0. Findings from the Chi Square statistical analysis revealed a significance value of .613 which showed that there were no significant relationship between the internet-based group mentoring program and the retention rates of registered nurse participants in the control group and experimental group. The lack of participation in the control group led to insufficient power to effectively explore the first research question.

Thomka's (2007) research that centered on the problematic state of retention, socialization and development of nurses within the nursing profession. Thomka's findings suggested that the key to retention of nursing professionals does not hinge on the

formation of a mentoring program, but instead hinges on the establishment of an environment that encourages and nurtures mentoring relationships. However, the insignificant findings from this study are in direct contrast to the scholarly research findings of Fagenson (1989); Greene and Puetzer (2002); Block et al. (2005); Winter-Collins and McDaniels (2000); Hall-Ellenbecker et al. (2008), Mills et al. (2008) and DeCicco (2008) all of which concluded that mentoring had a significant impact on job satisfaction and the retention rates.

The second research question assessed the effectiveness of the mentoring group relationship from the perspective of the mentee. In order to answer the second question, descriptive statistical analysis were performed on the data collected from the Group Mentorship Effectiveness scale questionnaire; a six-point 12 item *Likert* scale. The Mean score ranged from 5.40 to 6.00 and these findings suggested that the experimental group of registered nurses found the group mentoring relationship to be effective.

The next phase in addressing the second research question was to conduct semi-structured telephone interviews with the five registered nurse experimental group participants. The qualitative analysis of the transcriptions from the interview were equal to the results found from the questionnaire in that the participants found the internet-based group mentoring program relationship to be effective.

Qualitative findings from both the questionnaire and quotations from participant interviews support Eisen's (2001) assertion that Group mentoring mirrors peer learning partnerships and has the potential to foster reciprocal learning among professionals, and subsequently supports Bierema and Hill (2005) assertion that virtual mentoring allows for mentoring to take place anytime, anyplace, and anywhere and makes access to

professional development readily available. In addition, Kalish et al.'s (2005) research findings revealed that virtual mentoring program allows for the provision of mentoring within a flexible environment that is independent of both space and time and directly correlated with comments made by the participants during the interviews regarding the flexibility of the internet-based group mentoring program. Findings from this Internet-based group mentoring research study supports Eisen's findings that showed Group mentoring mirrors peer learning partnerships and has the potential to foster reciprocal learning among professionals.

### Implications and Recommendations

The findings indicated that implementing an internet-based group mentoring program had virtually no impact on registered nurse retention rates in home health care. Although, Fagenson (1989); Greene and Puetzer (2002); Block et al. (2005); Winter-Collins and McDaniel(2000); Hall-Ellenbecker et al. (2008); Mills et al. (2008); and DeCicco (2008) research studies reviewed for the purpose of this study found mentoring to be an effective mechanism for fostering retention. The researcher feels that the results may be a result of the small sample size although Kostovich and Thurn (2006) found group mentoring to be effective when there are eight to ten participants in the group. To address this limitation, the researcher recommends that future researchers consider increasing their sample size of nurse participants to ensure that the findings are not skewed due to a small sample size.

It is further recommend that future research include more than two home health care agencies to increase sample size as well as provide greater diversity related to gender and ethnicity. Increasing the number of participating agencies provides an opportunity for

home health care agencies to get involved in mentoring and potentially conduct research and publish studies that will add to the limited body of knowledge concerning nurse mentoring in home health care.

Lastly, the researcher recommends that the researcher be excluded from participating in the group mentoring programs as a mentor or as a mentee. Robson (2011) and Leedy and Ormrod (2013) suggested that the relationship between the researcher and the participants can lead to bias in the qualitative analysis.

The findings from this unique research study add a new dimension to the limited body of peer-reviewed literature focused on nurse mentoring and group mentoring in the home health care industry. In short, this study uncovered a major problem in the home health care industry, a problem that is severely neglected in nursing peer-reviewed literature. This study uncovered the alarming fact that very few nurses working in the home health care industry have access to a mentor and even fewer have experienced a mentoring relationship. Based on these findings, future research is needed to explore the reasoning behind the lack of nurse mentoring programs in the home health care industry.

As a researcher I gained an immense amount of knowledge while analyzing the data. Thus, I would recommend that those choosing to replicate this study consider making the following adjustments: 1. increasing the sample size. Although I am unable to scientifically validate my belief, I strongly believe that the insignificant results of the quantitative component of the study is a direct results of the small sample size, and 2. choose organizations that they have no affiliation with to conduct the study. This would remove any possible perceptions that the researcher had influence over the study participants and would delineate the limitation presented in this research study.



The cost of nurse turnover and the current nationwide nursing shortage continues to pose a threat to the delivery of health care services for those individuals that are home bound and in need of nursing care. Home health care owners and administrators must continuously explore avenues such as mentoring in an effort to increase nurse retention rates. Home health care agencies can no longer continue to ignore increased turnover rates. Without immediate action from home health care agencies owners and administrators, the future of delivering post-acute quality nursing care is at stake.

Mentoring has the ability to provide nurses with a forum that fosters both personal and professional development as evidenced by the literature review and this research study. This research study aimed to determine if implementing an Internet-based nurse mentoring program would aid in the retention of registered nurses in home health care. Although the quantitative findings from the study revealed no significant relationship between mentoring and retention of registered nursing staff, the qualitative findings from the study emphasized that meaningful and insightful nurse mentoring relationships can occur in a variety of ways, including Internet-based groups. The qualitative findings also indicated that nurse mentoring should not be limited to the traditional model of mentoring that pairs a novice nurse with a more experienced nurse.

Home health care administrators must continue to seek viable solutions for retaining their registered nursing staff. As baby boomers age and the landscape for acute care transitions from the hospital to the home care setting, the need for registered nurses in home care will continue to increase. Nurse researchers must begin to explore the impact of instituting a mentoring program in home health care, and bring awareness to the opportunities that mentoring provides both the mentor and the mentee.

## REFERENCES

- Adams, J. (1979). *Women on top: Success patterns and personal growth*. New York, NY: Hawthorn Books.
- Alleman, E., Cochran, J., Doverspike, J., & Newman, I. (1984). Enriching mentoring relationships. *The Personnel and Guidance Journal*, 62(6), 329-332.  
doi:10.1111/j.2164-4918.1984.tb00217.x
- Andrews, M., & Wallis, M. (1999). Mentorship in nursing: A literature review. *Journal of Advanced Nursing*, 29(1), 201–207. doi:10.1046/j.1365-2648.1999.00884
- Atkins, S., & Williams, A. (1995). Registered nurses' experience of mentoring undergraduate nursing students. *Journal of Advanced Nursing*, 21, 1006-1015.  
doi:10.1046/j.1365-2648.1995.21051006.x
- Attride-Stirling, J. (2001). Thematic networks: An analytic tool for qualitative research. *Qualitative Research*, 1(3), 385-405. doi:10.1117/146879410100100307
- Atwood, A. H. (1981). *Effects of a three-month mentorship on mentors and new graduate nurses in an acute care urban hospital*. (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Full Text. (Order No. 8204266).
- Beecroft, P. C., Santner, S., Lacy, M. L., Kunzman, L., & Dorey, F. (2006). New graduate nurses' perceptions of mentoring: Six-year programme evaluation. *Nursing and Health Care Management and Policy*, 737-747. doi:10.1111/j.1365-2648.2006.03964.x

- Benner, P. (1984). From novice to expert excellence and power in clinical nursing practice. *The American Journal of Nursing*, 84(12), 1479.  
doi:10.1097/00000446-198412000-00027
- Berk, R. A., Berg, J., Mortimer, R., Walton-Moss, B., & Yeo, T. P. (2005). Measuring the effectiveness of faculty mentoring relationships. *Academic Medicine*, 80(1), 66-71. doi:10.1097/00001888-200501000-00017
- Biehl, B. (1997). *Mentoring: Confidence in finding a mentor and becoming one*. Nashville, TN: Broadman & Holman Publishers.
- Bierema, L. J., & Hill, J. R. (2005). Virtual mentoring and HRD. *Advances in Developing Human Resources*, 7(4), 556-568. doi:10.1177/1523422305279688
- Block, L. M., Claffey, C., Korow, M. K., & McCaffrey, R. (2005). The value of mentorship within nursing organizations. *Nursing Forum*, 40(4), 134-140.  
doi:10.1111/j.1744-6198.2005.0026.x
- Bowen, D. D. (1986). The role of identification in mentoring female protégées. *Group & Organization Management*, 11(1-2), 61-74. doi:10.1177/105960118601100107
- Brotherton, P. (2001). Students connect with mentors through e-mail. *Techniques: Connecting Education and Careers*, 76(8), 38-40.
- Burns, N., & Grove, S. K. (2003). *Understanding nursing research*, (3<sup>rd</sup> ed.) Philadelphia, PA: Saunders.
- Bushardt, S. C., Fretwell, C., & Holdnak, B. J. (1991). The mentor/protégé relationship: A biological perspective. *Human Relations*, 44(6), 619-639.  
doi:10.1177/001872679104400606

- Cahill, H. A. (1996). A qualitative analysis of student nurses' experiences of mentorship. *Journal of Advanced Nursing*, 24, 791-799.  
doi:10.1046/j.1365-2648.1996.25618.x
- Cahill, M., & Payne, G. (2006). Internet based mentoring: ANNA connections. *Nephrology Nursing Journal*, 33(6), 695-697.
- Campbell, S. L., Fowles, E. R., & Weber, J. B. (2004). Organizational structure and job satisfaction in public health nursing. *Public Health Nursing*, 21(6), 564-571.  
doi:10.1111/j.0737-1209.2004.21609.x
- Carraher, S. M., & Buckley, R. M. (2008). Attitudes towards benefits and behavioral intentions and their relationship to absenteeism, performance, and turnover among nurses. *Academy of Health Care Management Journal*, 4(2), 89-109.
- Carraher, S. M., Sullivan, S. E., & Crocitto, M. M. (2008). Mentoring across global boundaries: An empirical examination of home- and host-country mentors on expatriate career outcomes. *Journal of International Business Studies*, 39, 1310-1326. doi:10.1057/palgrave.jibs.8400407
- Carvin, B. N. (2011). The hows and whys of group mentoring. *Industrial and Commercial Training*, 43(1), 49-52. doi:10.1108/00197851111098162
- Cohen, N. H. (1995). The principles of adult mentoring scale. *New directions for adult and continuing education*, (66), 15-32. doi:10.1002/ace.36719956603
- Collins, N. W. (1983). *Professional women and their mentors: A practical guide to mentoring for the woman who wants to get ahead*. Englewood Cliffs, NJ: Prentice-Hall.

- Collins, E. G., & Scott, P. (1978). Everyone who makes it has a mentor. *Harvard Business Review*, 56(4), 89-101.
- Collins, W. L. (1870). *Homer: The Odyssey*. Edinburg Scotland: Blackwood.
- Cox, J., & Daniel, N. (1983). The role of the mentor. *Gifted Child Today*, 6(4), 54-61.
- Cravens, J. (2003). Internet based mentoring: Programs and suggested practices as of February 2001. *Journal of Technology in Human Services*, 21(1/2), 85-109.  
doi:10.1300/J017v21n01\_5
- Cushman, M. J., Hall-Ellenbecker, C., Wilson, D. L., McNally, M., & Williams, K. (2001). Home health care nurses: Why they leave and why they stay. *CARING Magazine*, 62-67.
- Dansky, K. H. (1996). The effect of group mentoring on career outcomes. *Group & Organizational Management*, 21(1), 5-21. doi:10.1177/1059601196211002
- Darling, L. A. W. (1985). What to do about toxic mentors. *Journal of Nursing Administration*, 15(5), 43-45.
- DeCicco, J. (2008). Developing a preceptorship/mentorship model for home health care nurses. *Journal of Community Health Nursing*, 25, 15-215.  
doi:10.1080/07370010701836310
- DeLong, D. W. (2004). *Lost knowledge: Confronting the threat of an aging workforce*. New York, NY: Oxford University Press.
- DeSalvo Rankin, E. A. (1991). Mentor, mentee, mentoring: Building career development relationships. *Nursing Connections*, 4(4), 49-57.
- Devis, K., & Butler, J. (2004). Assessment of a study day to recognize the value of mentors. *Nursing Times*, 100(32), 36.

- Dingham, S. K. (2002). Mentoring connections: Learning relationships. *Creative Nursing*, 8(3), 9.
- Dohm, A., & Shniper, L. (2007). Employment outlook 2006–16. Occupational employment projections to 2016. *Monthly Labor Review*, 130(11), 86-125.
- Donner, G. J., & Wheeler, M. M. (2008). A strategy for building interprofessional teams. *The Canadian Nurse*, 104(3), 37.
- Doucet, T. J. (2009). Trusting another: A Parse research method study. *Nursing Science Quarterly*, 22(3), 259-266. doi:10.1177/0894318409336992
- DuBois, D. L., & Karcher, M. J. (2005). *Handbook of youth mentoring*. Thousand Oaks, CA: Sage
- Eby, L. T., Allen, T. D., Evans, S. C., Ng, T., & DuBois, D. (2008). Does mentoring matter? A multidisciplinary meta-analysis comparing mentored and non-mentored individuals. *Journal of Vocational Behavior*, 72(2), 254-267.  
doi:10.1016/j.hvb.2007.04.005
- Eisen, M. J. (2001). Peer-based professional development viewed through the lens of transformational learning. *Holistic Nursing Practice*, 16(1), 30-42.
- Emelo, R. (2011a). Group mentoring: Rapid multiplication of learning. *Industrial and Commercial Training*, 43(3), 136-145. doi:10.1108/00197851111123587
- Emelo, R. (2011b). Group mentoring best practices. *Industrial and Commercial Training*, 43(4), 221-227. doi:10.1108/00197851111137898
- Ensher, E. A., Heun, C., & Blanchard, A. (2003). Internet based mentoring and computer-mediated communication: New directions in research. *Journal of Vocational Behavior*, 63, 264-288. doi:10.1016/s0001-8791(03)00044-7

- Fagan, M. M., & Fagan, P. (1982). Mentoring among nurses. *Nursing and Health Care*, 4, 77-82.
- Fagenson, E. A. (1989). The mentor advantage: Perceived career/job experiences of protégés versus non-protégés. *Journal of Organizational Behavior*, 10(4), 309-320. doi:10.1002/job.40301000403
- Fielden, S. L., Davidson, M. J., & Sutherland, V. J. (2009). Innovations in coaching and mentoring: Implications for nurse leadership development. *Health Services Management Research*, 22, 92-99. doi:10.1258/hsmr.2008.008021
- Finch, B. J. (1999). Internet discussions as a source for consumer product customer involvement and quality information: An exploratory study. *Journal of Operations Management*, 17(5), 535-556. doi:10.1016/S0272-6963(99)00005-4
- Flynn, L., & Deatrick, J. A. (2003). Home care nurses' descriptions of important agency attributes. *Journal of Nursing Scholarship*, 35(4), 385-390. doi:10.1111/j.1547-5069.2003.00385.x
- Gay, L., Mills, G. E., & Airasian, P. (2009). *Educational research: Competencies for analysis and applications* (9<sup>th</sup> ed.). Upper Saddle River, NJ: Pearson-Merrill.
- Glass, N., & Walter, R. (2000). An experience of peer mentoring with student nurses: Enhancement of personal and professional growth. *Journal of Nursing Education*, 39(4), 155–160.
- Gray, M. A., & Smith, L. N. (2000). The qualities of an effective mentor from the student nurse's perspective: Findings from a longitudinal qualitative study. *Journal of Advanced Nursing*, 32(6), 1542-1549. doi:10.1046/j.1365-2648.2000.01606.x

- Greene, M. T., & Puetzer, M. (2002). The value of mentoring: A strategic approach to retention and recruitment. *Journal of Nursing Care Quality*, 17(1), 63-70.  
doi:10.1097/00001786-200210000-00008
- Grindel, C. G., & Roman, M. (2002). Nurses nurturing nurses: A strategy for new graduate nurse development and retention. *Dean's Notes TM-A Communication Service to Nursing School Deans, Administrators, and Faculty*. Retrieved from: <https://www.ajj.com/services/publishing/deansnotes/may02.pdf>
- Haag-Heitman, B. (2008). The development of expert performance in nursing. *Journal for Nurses in Staff Development*, 24(5), 203-211.  
doi:10.1097/01.NND.0000320690.42061.07
- Hagerty, B. (1986). A second look at mentors. *Nursing Outlook*, 34(1), 16-19.
- Hall-Ellenbecker, C. (2003). A theoretical model of job retention for home health care nurses. *Journal of Advanced Nursing*, 47(3), 303-310.  
doi:10.1111/j.1365-2648.2004.03094.x
- Hall-Ellenbecker, C., & Cushman, M. (2011). Home health nurse retention and patient outcome model: Discussion and model development. *Journal of Advanced Nursing*, 68(8), 1881-1893. doi:10.1111/j.1365-2648.2011.05889.x
- Hall-Ellenbecker, C., Porell, F. W., Samia, L., Byleckie, J. J., & Milburn, M. (2008). Predictors of home healthcare nurse retention. *Journal of Nursing Scholarship*, 40(2), 151-160. doi:10.1111/j.1547-5069.2008.00220.x
- Hamilton, E. M., Murray, M. K., Lindholm, L. H., & Myers, R. E. (1989). Effects of mentoring on job satisfaction, leadership behavior and job retention of new graduate nurses. *Journal of Nursing and Staff Development*, 5, 159-165.



- Headlam-Wells, J. (2004). E-mentoring for aspiring women managers. *Women in Management Review*, 19(4), 212-218. doi:10.1108/09649420410541281
- Hensinger, B., Minerath, S., Parry, J., & Robertson, K. (2004). Asset protection: Maintaining and retaining your workforce. *Journal of Nursing Administration*, 34(6), 268-272. doi:10.1097/00005110-200406000-00004
- Hill, J. J., Del Favero, M., & Ropers-Huilman, B. (2005). The role of mentoring in developing African American nurse leaders. *Research and Theory for Nursing Practice: An International Journal*, 19(4), 341-356. doi:10.1891/rtnp.2005.19.4.341
- Hinson, D. K. (1986). *Identification of the mentor relationship in the career of a staff nurse* (Doctoral dissertation). Retrieved from: <http://content.lib.utah.edu/utis/getfile/collection/etd1/id/494/filename/715.pdf>
- Hunt, D. M., & Michael, C. (1983). Mentorship: A career training and development tool. *Academy of management Review*, 8(3), 475-485.
- Hurley, C., & Snowden, S. (2008). Mentoring in times of change. *Nursing in Critical Care*, 13(5), 269-275. doi:10.1111/j.1478-5153.2008.00293.x
- Jakubik, L. D., Eliades, A. B., Gavriloff, C. L., & Weese, M. M. (2011). Nurse mentoring study demonstrates a magnetic work environment: Predictors of mentoring benefits among pediatric nurses. *Journal of Pediatric Nursing*, 26, 156-164.
- Janssen, P. P. M., De Jonge, J., & Bakker, A. B. (1999). Specific determinants of intrinsic work motivation, burnout and turnover intentions: A study of nurses. *Journal of Advanced Nursing*, 29, 1360-1369. doi:10.1016/j.pedn.2010.12.006

- Jones, C. B. (2004). The cost of nurse turnover: Part 1: An economic perspective. *Journal of Nursing Administration*, 34(12), 562-570. doi:10.1097/00005110-200412000-00006
- Jones, C. B. (2005). The cost of turnover, Part 2: Application of the nursing turnover cost methodology. *Journal of Nursing Administration*, 35(1), 41-49. doi:10.1097/00005110-200501000-00014
- Juraschek, S. P., Zhang, X., Ranganathan, V. K., & Lin, V. W. (2012). United States registered nurse workforce report card and shortage forecast. *American Journal of Medical Quality*, 27(3), 241-249. doi:10.1177/1062860611416634
- Just, G. (1989). *Mentors and self-reports of professionalism in hospital staff nurses* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Full Text. (303801098). (Order No. 9016411).
- Kahle-Piasecki, L. (2011). Making a mentoring relationship work: What is required for organizational success. *The Journal of Applied Business and Economics*, 12(1), 46-56.
- Kalish, B. J., Falzetta, L., & Cooke, J. (2005). Group e-mentoring: A new approach to recruitment into nursing. *Nursing Outlook*, 53, 199-205. doi:10.1016/j.outlook.2004.12.005
- Kanter, R. M. (1977). *Men and Women of the Corporation* (Vol. 5049). New York, NY: Basic Books.
- Kilgallon, K., & Thompson, J. (2012). *Mentoring in nursing and healthcare: A practical approach*. Ames, IA: Wiley-Blackwell.

- Kirk, E., & Reichert, G. (1992). The mentoring relationship: What makes it work? *Imprint*, 39(1), 20-22.
- Klauss, R. (1981). Formalized mentor relationships for management and executive development programs in the federal government. *Public Administration Review*, 41(4), 489-496. doi:10.2307/975712
- Kostovich, C. T., & Thurn, K. E. (2006). Connecting: Perceptions of becoming a faculty mentor. *International Journal of Nursing Education Scholarship*, 3(1), 1-15. doi:10.2202/1548-923X.1148
- Kostovich, C. T., & Thurn, K. E. (2013). Group mentoring: A story of transition for undergraduate baccalaureate nursing students. *Nurse Education Today*, 33, 413-418. doi:10.1016/j.nedt.2012.12.016.
- Kovner, C. T., Brewer, C. S, Fairchild, S., Poornima, S., Kim, H., & Dijukic, M. (2007). Newly licensed RNs' characteristics, work attitudes, and intentions to work. *American Journal of Nursing*, 107(9), 58-70. doi:10.1097/01.NAJ.0000287512.31006.66
- Kram, K. E. (1983). Phases of the mentor relationship. *Academy of Management Journal*, 26(4), 608-625.
- Kram, K. E. (1985). *Mentoring at work: Developmental relationships of organizational life*. Glenview, IL: Scott Foresman.
- Kram, K. E. (1988). *Mentoring at work: Developmental relationships in organizational life*. Lanham, MD:University Press of America.
- Kram, K. E., & Higgins, M. C. (2008). A new approach to mentoring. *Wall Street Journal*, 22.

- 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.
- Lane, N. (2000). The management implications of women's employment disadvantage in a female-dominated profession: A study of NHS nursing. *Journal of Management Studies*, 37(5), 705-731. doi:10.1111/1467-6486.00200
- Leedy, P. D., & Ormrod, J. E. (2013). *Practical research: Planning and design* (10<sup>th</sup> ed.). Boston, MA: Pearson.
- Leifer, D. (1995). Lowest morale ever. *Nursing Standard*, 10(1), 14-15.
- Levinson, D., Darrow, D., Klein, E., Levinson, M., & McKee, B. (1978). *The seasons of a man's life*. New York, NY: Knopf.
- Management Mentors (2010). *Corporate mentoring success in the 21<sup>st</sup> century: Online mentoring software: 5 main benefits* [White paper]. Retrieved October 11, 2013, from <http://www.management-mentors.com/benefits-online-mentoring-software/>
- McCloughen, A., O'Brien, L., & Jackson, D. (2009). Esteemed connection: Creating a mentoring relationship for nurse leadership. *Nursing Inquiry*, 16(4), 326-336. doi:10.1111/j.1440-1800.2009.00451.x
- McCormack, C., & West, D. (2006). Facilitated group mentoring develops key career competencies for university women: A case study. *Mentoring & Tutoring*, 14(4), 409-431. doi:10.1080/13611260600739290
- McDonald, M. (2003). The mentor gap. *US News & World Report*, 135(15), 36-38.
- McDonald, S. F., Tullai-McGuinness, S., Madigan, E. A., & Shively, M. (2010). Relationship between staff nurse involvement in organizational structures and

- perception of empowerment. *Critical Care Nursing Quarterly*, 33(2), 148-162.  
doi:10.1097/CNQ.0b013e3181d9123c
- McKinley, M. G. (2004). Mentoring matters: Creating, connecting, empowering. *American Association of Clinical Nurses Clinical Issues*, 15(2), 205-214.  
doi:10.1097/00044067-200404000-00005
- Meister, J. C., & Willyerd, K. (2010). Mentoring millennials. *Harvard Business Review*, 88(5), 68-72.
- Miller, L., Devaney, S., Kelly, G., & Kuehn, A. (2008). E-Mentoring in public health nursing practice. *Journal of Continuing Education In Nursing*, 39(9), 394-399.  
doi:10.3928/00220124-220080901-02
- Mills, J., Francis, K., & Bonner, A. (2008). Getting to know a stranger-rural nurses' experiences of mentoring: A grounded theory. *International Journal of Nursing Studies*, 45, 599-607. doi:10.1016/j.ijnurstu.2006.12.003
- Mills, J. F., & Mullins, A. C. (2008). The California nurse mentor project: Every nurse deserves a mentor. *Nursing Economics*, 26(5), 310-315.
- Mitchell, H. J. (1999). Group mentoring: Does it work? *Mentoring & Tutoring*, 7(2), 113-120. doi:10.1080/1361126990070202
- Murray, C., & Main, A. (2005). Role modeling as a teaching method for student mentors. *Nursing Times*, 101(26), 30-33.
- National Association for Home Care & Hospice. (2010). *Basic statistics about home care*. Retrieved from [http://www.nahc.org/facts/10HC\\_Stats.pdf](http://www.nahc.org/facts/10HC_Stats.pdf)
- Noe, R. A. (1988). Women and mentoring: A review and research agenda. *Academy of Management Review*, 13(1), 65-78.

- O'Keefe, T., & Forrester, D. A. (2009). A successful internet based mentoring program for nurses. *Nursing Administration Quarterly*, 33(3), 245-250.  
doi:10.1097/NAQ.o6013e3181accb45
- Parse, R. R. (1998). *The human becoming school of thought: A perspective for nurses and other health professionals*. Thousand Oaks, CA: Sage.
- Phillips-Jones, L. (1983, February). Establishing a formalized mentoring program. *Training & Development Journal*, 38-42.
- Pietsch, T. M., (2012). A Transition to e-mentoring: Factors that influence nurse engagement. *Computers, Informatics, Nursing*, 30(12), 632-639.  
doi:10.1097/NXN.Ob013e318266cbc5
- Polit, D. F. & Tanto Beck, C. (2004). *Nursing research: Principles and methods* (7<sup>th</sup> ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Poradzisz, M., Kostovich, C. T., O'Connell, D., & Lefaiver, C. A. (2012). Preceptors and new graduate nurse orientees: Implications of psychological type compatibility. *Journal for Nurses in Staff Development*, 28(3), E9-E15.  
doi:10.1097/NND.0b013e31825515ec
- Prevosto, P. (2001). The effect of "mentored" relationships on satisfaction and intent to stay of company-grade U.S. Army Reserve nurses. *Military Medicine*, 166(1), 21-27.
- Price, J. L., & Mueller, C. W. (1981). A casual model of turnover for nurses. *Academy of Management Journal*, 24(3), 543-565. doi:10.2307/255574

- Pyles, S. H., & Stern, P. N. (1983). Discovery of nursing gestalt in critical care nursing: The importance of the gray gorilla syndrome. *Image: Journal of Nursing Scholarship*, 15, 51-71.
- Ragins, B. R. (1989). Barriers to mentoring: The female manager's dilemma. *Human relations*, 42(1), 1-22. doi:10.1177/001872678904200101
- Ragins, B. R. (1997a). Diversified mentoring relationships in organizations: A power perspective. *Academy of Management Review*, 22(2), 482-521.  
doi:10.5465/AMR.1997.9707154067
- Ragins, B. R. (1997b). Antecedents of diversified mentoring relationships. *Journal of Vocational Behavior*, 51(1), 90-109. doi:10.1006/jvbe.1997.1590
- Ragins, B. R., & Scandura, T. A. (1997). The way we were: Gender and the termination of mentoring relationships. *Journal of Applied Psychology*, 82(6), 945.  
doi:10.1037/0021-9010.82.6.945
- Riley, S., & Wrench, D. (1985). Mentoring among women lawyers. *Journal of Applied Social Psychology*, 15(5), 374-386. doi:10.1111/j.1559-1816.1985.tb00913.x
- Ritchie, A., & Genoni, P. (2002). Group mentoring and professionalism: A programme evaluation. *Library Management*, 23(1/2). doi:10.1108/01435120210413869
- Robson, C. (2011). *Real world research* (3<sup>rd</sup> ed.). Chichester, UK: Wiley.
- Roemer, L. (2002). Women CEOs in health care: Did they have mentors? *Health Care Management Review*, 27(4), 57-67. doi:10.1097/00004010-200210000-00006

- Rosenfeld, P., Smith, M., Iervolino, L., & Bowar-Ferres, S. (2004). Nurse residency program: A 5-year evaluation from the participants' perspective. *Journal of Nursing Administration*, 34(4), 188-194. doi:10.1097/00005110-200404000-00006
- Salkind, N. J. (2012). *Exploring research* (8<sup>th</sup> ed.). Boston, MA: Pearson.
- Sawatzky, J. V., & Enns, C. L. (2009). A mentoring needs assessment: Validating mentorship in nursing education. *Journal of Professional Nursing*, 25(3), 145-150. doi:10.1016/j.profnurs.2009.01.003
- Scandura, T. A. (1998). Dysfunctional mentoring relationships and outcomes. *Journal of Management*, 24(3), 449-467. doi:10.1177/01492063980240030
- Scott, K. A. (2007). Managing the threat of lost knowledge through technology and teamwork. *Nursing Administration Quarterly*, 31(1), 17-21. doi:10.1097/00006216-200701000-00007
- Scott, S. S., & Smith, S. D. (2008). Group mentoring: A transition-to-work strategy. *Journal for Nurses in Staff Development*, 24(5), 232-238. doi:10.1097/01.NND.0000320691.24135.72
- Shapiro, E. C., Haseltine, F. P., & Rowe, M. P. (1978). Moving up: Role models, mentors, and the patron system. *Sloan Management Review*, 19(3), 51-58.
- Sheehy, G. (1976). The mentor connection: The secret link in the successful woman's life. *New York Magazine*, 8, 33-39.
- Simms-Giddens, S., Helton, C., & Hope, K. L. (2010). Student peer mentoring in a community-based nursing clinical experience. *Nursing Education Perspectives*, 31(1), 23-27.



- Sinclair, C. (2003). Mentoring internet based about mentoring: Possibilities and practice. *Mentoring & Tutoring, 11*(1), 79-94. doi:10.1080/1361126032000054826
- Smith, L. A. (1985). Mentoring outcomes following nursing orientation programs in a critical care/teaching hospital (Doctoral dissertation). Retrieved from Dissertation Abstracts International (Accession 3258A)
- Smith, L. S., McAllister, L. E., & Crawford, C. S. (2001). Mentoring benefits and issues for public health nurses. *Public Health Nursing, 18*(2), 101–107. doi:10.1046/j.1525-1446.2001.00101.x
- Sowan, N. A., Moffatt, S. G., & Canales, M. K. (2004). Creating a mentoring partnership mode: A university-department of health experience. *Family & Community Health, 27*(4), 326-337. doi:10.1097/00003727-200410000-00009
- Speizer, J. J. (1981). Role models, mentors, and sponsors: The elusive concepts. *Signs, 6*(4), 692-712. doi:10.1086/493841
- Taylor, L. J. (1992). A survey of mentor relationships in academe. *Journal of Professional Nursing, 8*(1), 48-55. doi:10.1016/8755-7223(92)90117-H
- Teja, G. A. (2003). Mentor/mentee perceptions of mentor functions: The mentoring of adult learners in a leadership development network (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Full Text. (Order No. 3092216).
- Thomas, C. H., & Lankau, M. J. (2009). Preventing burnout: The effects of LMX and mentoring on socialization, role stress, and burnout. *Human Resource Management, 48*(3). 417-432. doi:10.1002/hrm.20288
- Thomka, L. A. (2007). Mentoring and its impact on intellectual capital. *Nursing Administration Quarterly, 31*(1), 22–26.

doi:10.1097/00006216-200701000-00008

Thompson, T. P., & Brown, H. N. (2002). Turnover of licensed nurses in skilled nursing facilities. *Nursing Economic\$, 20*(2), 66-69, 82.

doi:10.1097/00152193-200203000-00042

Toossi, M. (2004). Labor force projections in 2012: The graying of the US workforce. *Monthly Labor Review, 127*, 37.

United States General Accounting Office. (2007, April 30). *Nursing workforce: HHS needs methodology to identify facilities with a critical shortage of nurses.*

Retrieved from <http://www.gao.gov/products/GAO-07-492R>

United States Office of Personnel Management. (2008). *Best practices: Mentoring.*

Retrieved from <http://www.opm.gov/policy-data-oversight/training-and-development/career-development/bestpractices-mentoring.pdf>

U.S. Department of Health and Human Services. (2012, September 1). *Recovery Act Funding for Health Professions.* Retrieved from

<http://www.hhs.gov/recovery/programs/hrsa/healthpros.html>

Vance, C. (1977). *A group profile of contemporary influential in American nursing* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Full Text. (302830348). (Order No. 7804472).

Vance, C. (1982). The mentor connection. *The Journal of Nursing Administration, 12*(4), 7-13. <http://dx.doi.org/10.1097/00005110-198204000-00004>

Vance, C. (2000). Discovering the riches in mentor connections. *Reflections on Nursing Leadership: Sigma Theta Tau International Honor Society of Nursing, 26*(3), 24-25.

- Vance, C. (2002). Leader interview. Mentoring: A professional obligation. *Creative Nursing*, 8(3), 4-9.
- Vance, C., & Olson, R. K. (Eds.). (1998). *The mentor connection in nursing*. New York, NY: Springer.
- Warren, E. S. (2005). Future colleague or convenient friend: The ethics of mentorship. *Counseling and Values*, 49(2), 141–146.  
doi:10.10002/j.2161.007x.2005.tb00260.x
- Willits, E. M. (2009). *Can we get nurses to stay? A qualitative study to evaluate the effectiveness of a formal mentoring program in an acute care health system* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Full Text; ProQuest Education Journals; ProQuest Nursing & Allied Health Source; ProQuest Social Sciences Premium Collection. (Order No. 3392165).
- Winter-Collins, A., & McDaniel, A. M. (2000). Sense of belonging and new graduate job satisfaction. *Journal for Nurses in Staff Development*, 16(3), 103-111.  
doi:10.1097/00124645-200005000-00002
- Zey, M. G. (1985). Mentor programs: Making the right moves. *Personnel Journal*, 64, 53-57.

## Appendix A


### Mentoring Effectiveness Scale and Use Approval

RE: Request for use of Mentorship Effectiveness Scale - Mozilla Firefox

https://by2prd0811.outlook.com/owa/?ae=Item&a=Open&t=IPM.Note&id=RgAAACbTzcl4jQQbLc8ncyp54nBwDCZyy5ssxCs6BikETV4fjYAAAA7JaTAADCZyy5ssxCs6BikETV4fjYAAAA73e5AAAJ&

Reply Reply All Forward

**RE: Request for use of Mentorship Effectiveness Scale**

 Ronald Berk [rberk1@jhu.edu]  
Wednesday, January 09, 2013 4:34 PM

To: Gwendolyn Oglesby-Odom

You forwarded this message on 1/10/2013 9:49 AM.

Dear Gwendolyn:

You have permission to use the Mentorship Effectiveness Scales in your doctoral research intact or modified for your sample as long as copyright line remains at bottom and article is referenced in your study. A revised version of the scale is available on my website below under Publications (Click Articles and scroll down to AM article and download PDF).

I wish you the best with your research. You will also find another article on my site on "Speed Mentoring." Have a productive 2013. Thank you for your interest in my work.

Best regards,  
Ron

**Ronald A Berk, PhD**  
Professor Emeritus, Biostatistics & Measurement,  
Former Assistant Dean for Teaching,  
The Johns Hopkins University  
Email: [rberk1@jhu.edu](mailto:rberk1@jhu.edu) Phone: 410.940.7118  
Websites: [www.ronberk.com](http://www.ronberk.com) [www.pptdoctor.net](http://www.pptdoctor.net)  
LinkedIn: <http://lnkd.in/9Rav7R>  
Facebook: <http://www.facebook.com/pptdoctor> [www.facebook.com/rberk](http://www.facebook.com/rberk)  
Blog: <http://ronberk.blogspot.com>  
Twitter: <http://twitter.com/pptdoctor>

---

**From:** Gwendolyn Oglesby-Odom [gmoglesbyodom@olivet.edu]  
**Sent:** Wednesday, January 09, 2013 4:31 PM  
**To:** rberk1@son.jhmi.edu  
**Cc:** gwendolynodom@sbcglobal.net  
**Subject:** Request for use of Mentorship Effectiveness Scale

Good afternoon Dr. Berk,

My name is Gwendolyn Oglesby-Odom and I am a doctoral student at Olivet Nazarene University in Bourbonnais, IL. I came across your Mentorship Effectiveness Scale while conducting a review of the literature. I would like to request the use this scale for my research study that will focus on increasing nurse retention rates in home health with a group mentoring program.

zotero Secure Search McAfee

3:42 PM 1/31/2013

## GROUP MENTORSHIP EFFECTIVENESS SCALE

Participant ID: \_\_\_\_\_

Directions: The purpose of this questionnaire is to evaluate the effectiveness of your group mentor and your mentorship experience. Indicate the extent to which you agree or disagree with each statement listed below. Circle the letters that correspond to your response. Your response will be kept confidential.

<b>SD</b>	=	Strongly Disagree
<b>D</b>	=	Disagree
<b>SLD</b>	=	Slightly Disagree
<b>SLA</b>	=	Slightly Agree
<b>A</b>	=	Agree
<b>SA</b>	=	Strongly Agree

<b>Sample Question:</b> My mentor was hilarious.		SD	D	SLD	SLA	A	SA
<hr/>							
1.	My group mentor was accessible.	SD	D	SLD	SLA	A	SA
2.	My group mentor demonstrated professional integrity.	SD	D	SLD	SLA	A	SA
3.	My group mentor demonstrated expertise in home health care.	SD	D	SLD	SLA	A	SA
4.	My group mentor was approachable.	SD	D	SLD	SLA	A	SA
5.	My group mentor was supportive and encouraging.	SD	D	SLD	SLA	A	SA
6.	My group mentor provided techniques to deal with work challenges.	SD	D	SLD	SLA	A	SA
7.	My group mentor motivated me to improve work performance.	SD	D	SLD	SLA	A	SA
8.	My group mentor was helpful in providing direction and guidance on professional issues (e.g. networking).	SD	D	SLD	SLA	A	SA
9.	My group mentor answered my questions satisfactorily (e.g., timely Response, clear, comprehensive)	SD	D	SLD	SLA	A	SA
10.	My group mentor suggested appropriate resources (e.g., experts, internet websites, associations).	SD	D	SLD	SLA	A	SA
11.	My group mentoring experience enhanced my commitment to my home health agency.	SD	D	SLD	SLA	A	SA
12.	My group mentoring experience helped build my professional confidence and moral.	SD	D	SLD	SLA	A	SA

---

**Please make additional comments on the back of this questionnaire.**

**Copyright©2002 The Johns Hopkins University School of Nursing** Reformatted: 10/30/05 & 8/13/09  
*Amended for the purpose of this research study by Gwendolyn Oglesby-Odom RN, MSN 01/08/2013*

Appendix B

Demographic Data Collection Sheet

Participant ID: \_\_\_\_\_

**Registered Nurse Group Mentoring Program Demographic Form**

Directions: Indicate your response by circling or filling in the blank below.

1. I am \_\_\_\_\_ years of age.
2. My race/ethnicity is:
  - a. African American
  - b. Caucasian
  - c. Hispanic
  - d. Pacific Islander
  - e. Asian
  - f. Native American
3. I reside in:
  - a. Indiana
  - b. Illinois
  - c. New York
4. I have previously participated in a nurse mentoring program. (If yes, proceed to question 5. If no, proceed to question 6.)
  - a. Yes
  - b. No
5. My experience with a nurse mentoring program was:
  - a. Positive
  - b. Negative
6. In addition to being an RN I have the following:
  - a. Diploma
  - b. Associates
  - c. Bachelors
  - d. Masters
  - e. Doctorate

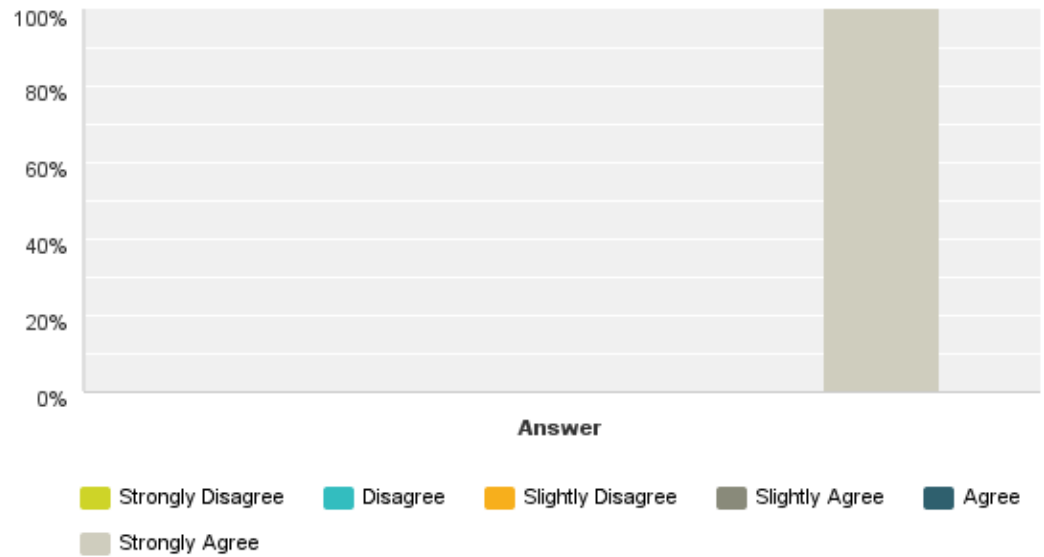


## Appendix C

### Mentoring Effectiveness Scale: Experimental Group Results

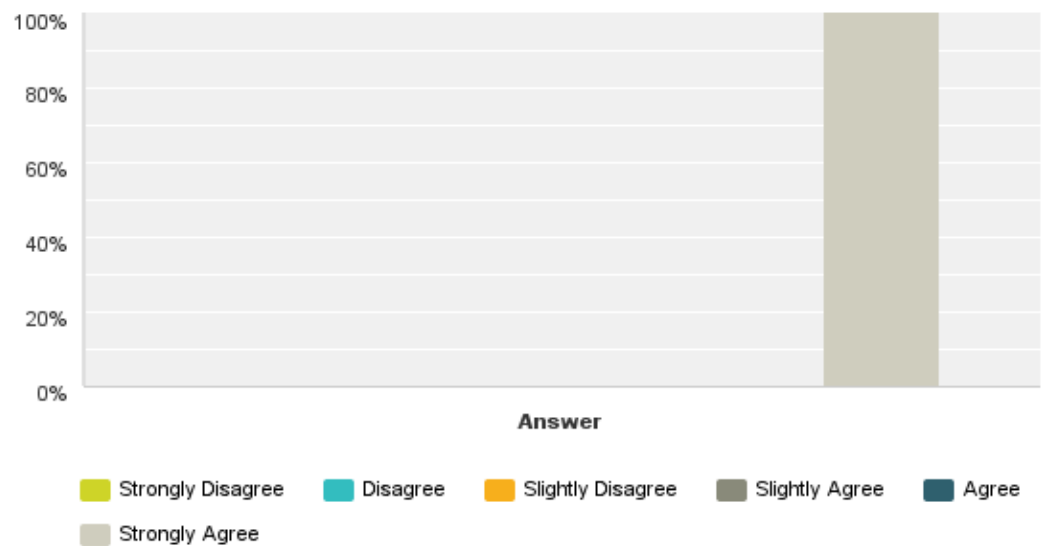
### Q1 My group mentor was accessible.

Answered: 5 Skipped: 0



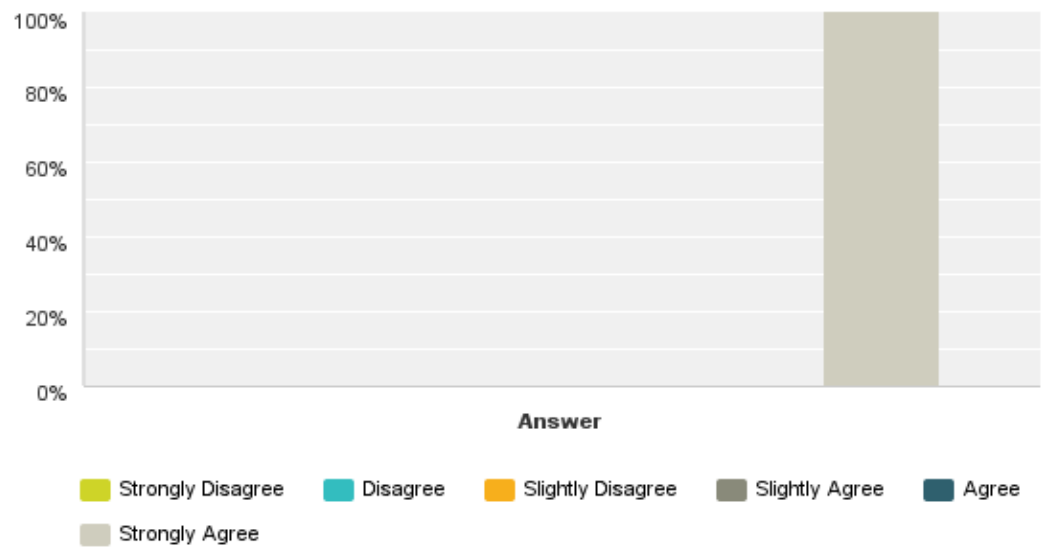
### Q2 My group mentor demonstrated professional integrity.

Answered: 5 Skipped: 0



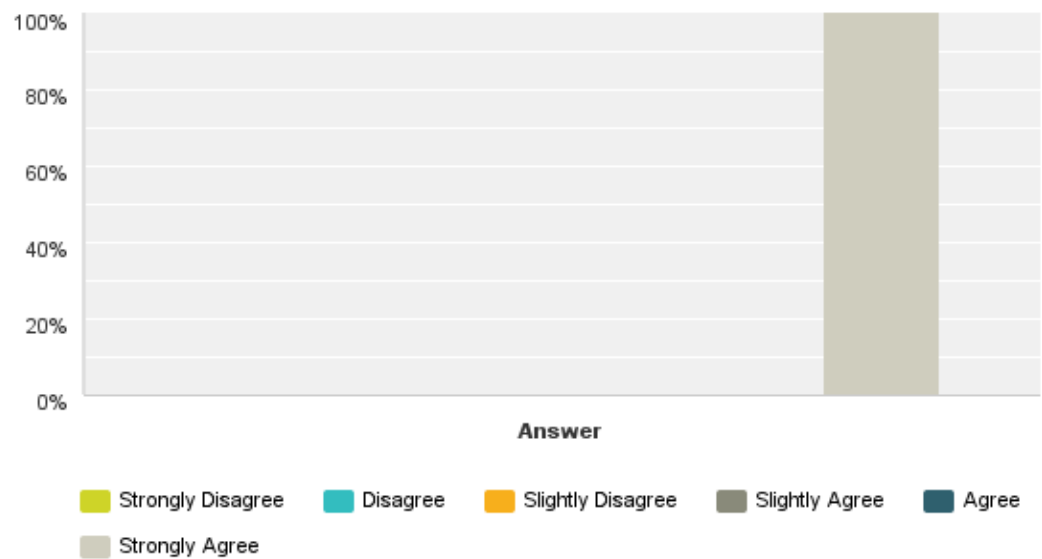
### Q3 My group mentor demonstrated expertise in home health care.

Answered: 5 Skipped: 0



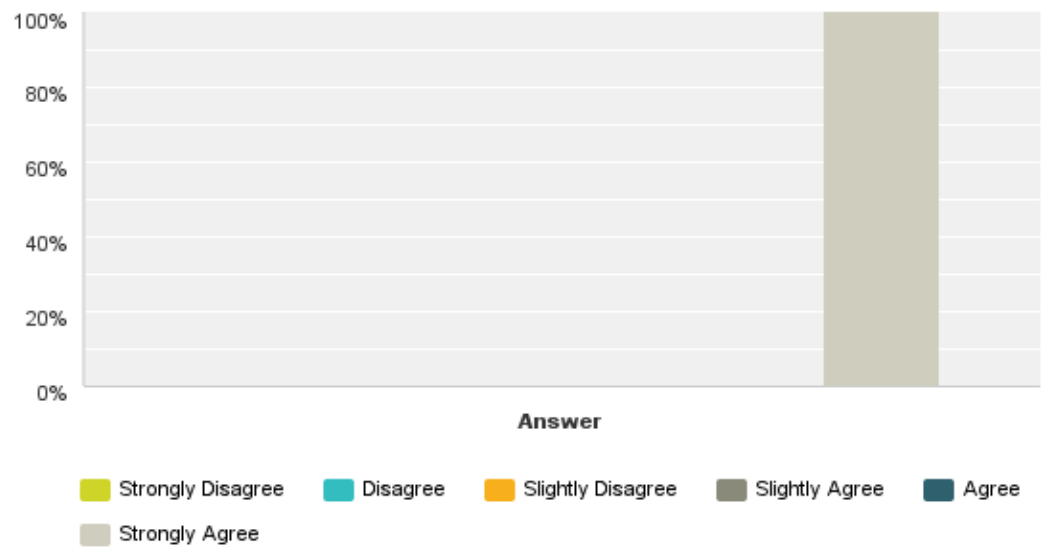
### Q4 My group mentor was approachable.

Answered: 5 Skipped: 0



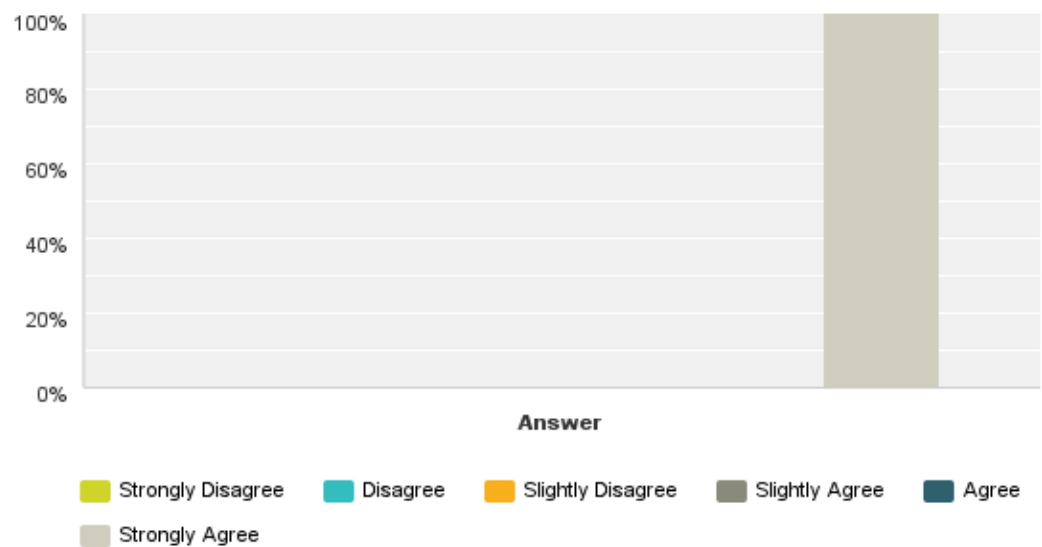
### Q5 My group mentor was supportive and encouraging.

Answered: 5 Skipped: 0



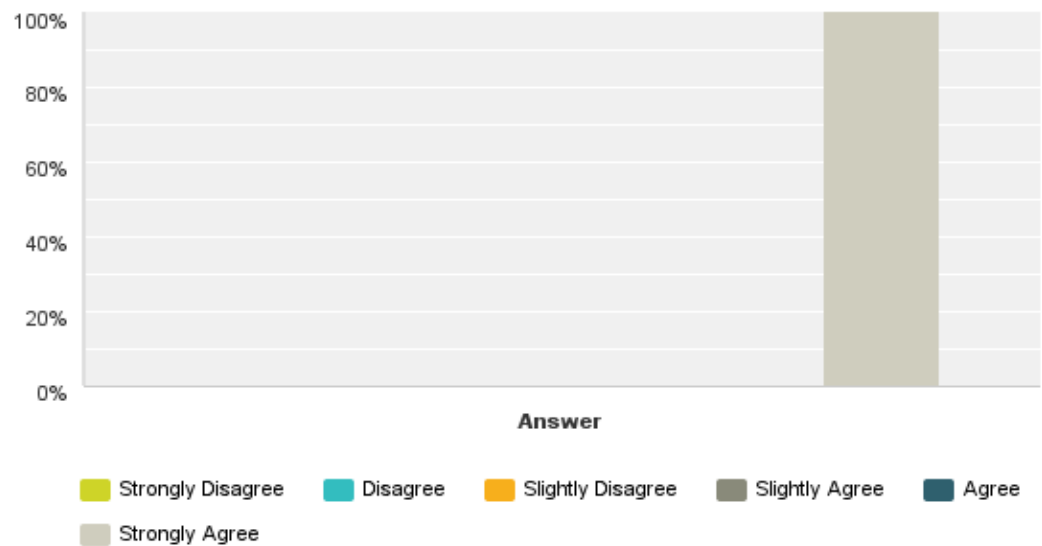
### Q6 My group mentor provided techniques to deal with work challenges.

Answered: 5 Skipped: 0



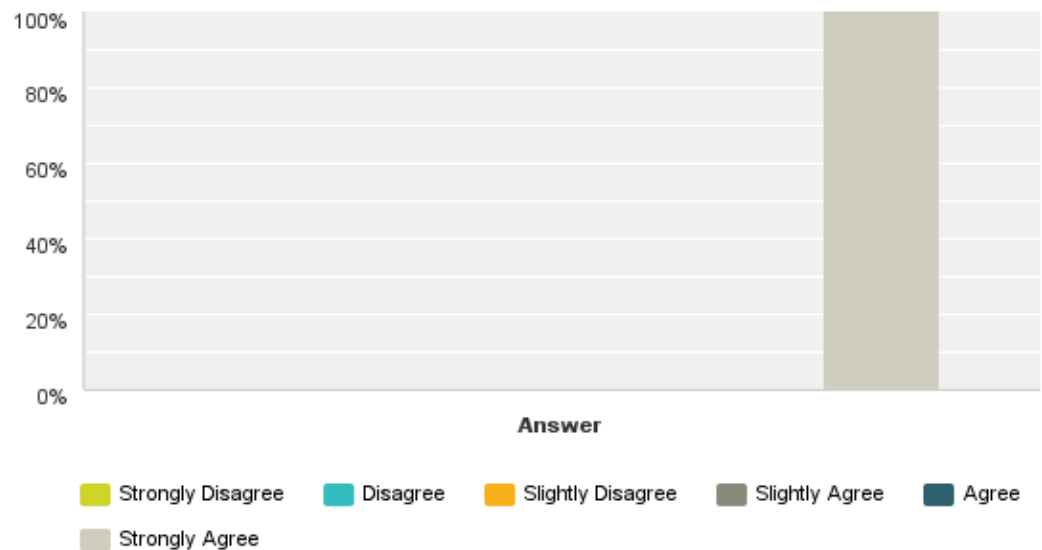
### Q7 My group mentor motivated me to improve my work performance.

Answered: 5 Skipped: 0



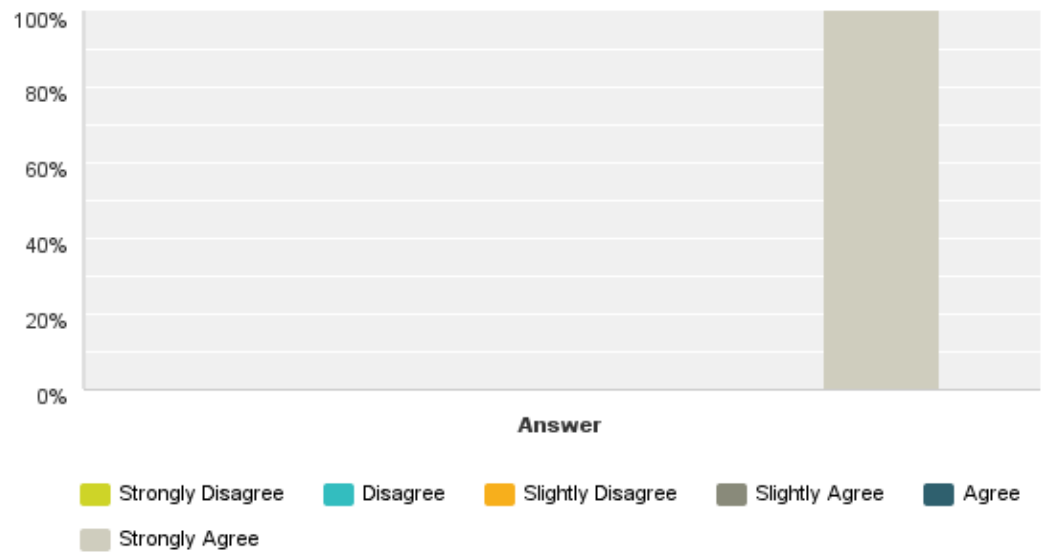
### Q8 My group mentor was helpful in providing direction and guidance on professional issues (e.g. networking).

Answered: 5 Skipped: 0



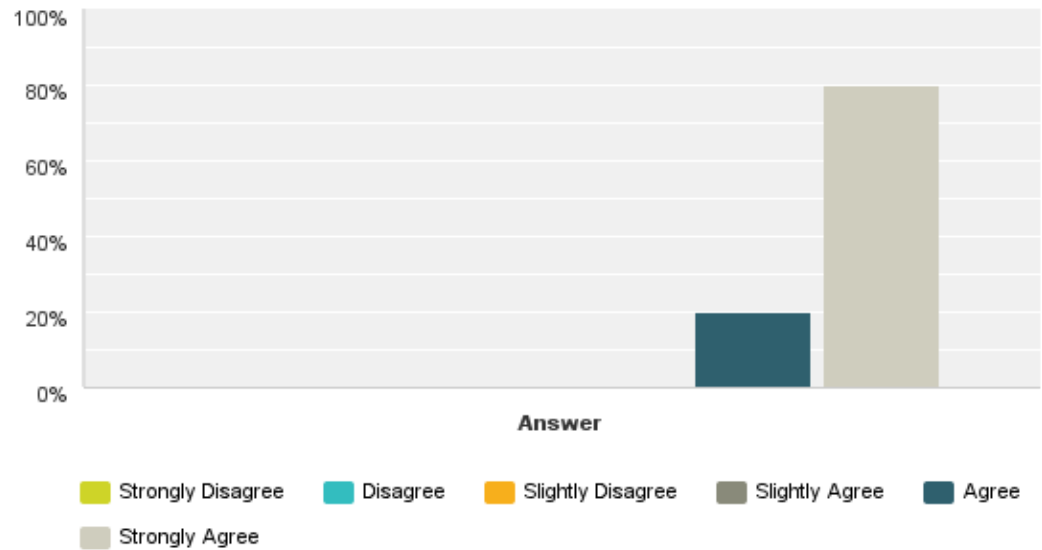
**Q9 My group mentor answered my questions satisfactorily (e.g., timely response, clear, comprehensive).**

Answered: 5 Skipped: 0



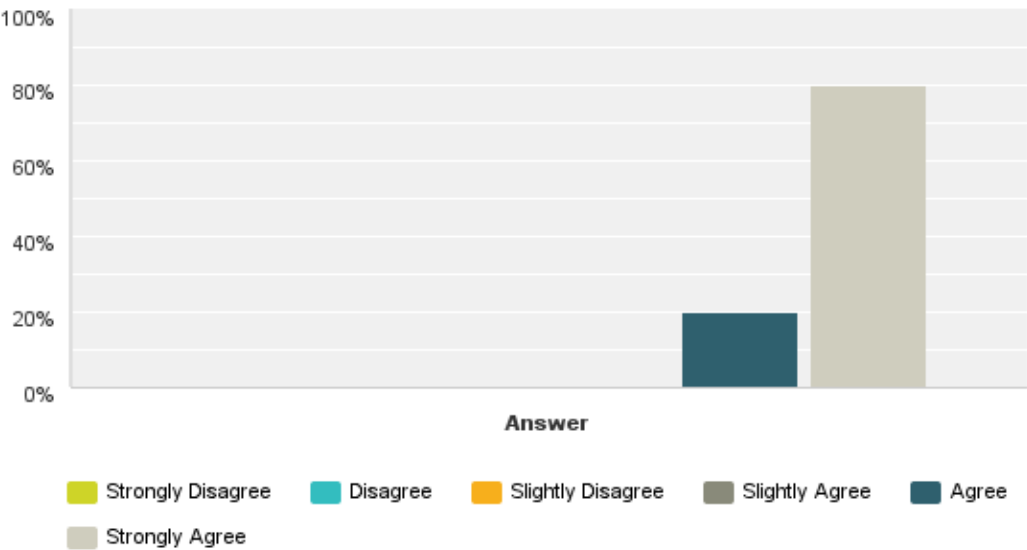
**Q10 My group mentor suggested appropriate resources (e.g. experts, internet websites, associations).**

Answered: 5 Skipped: 0



**Q11 My group mentoring experience enhanced my commitment to my home health agency.**

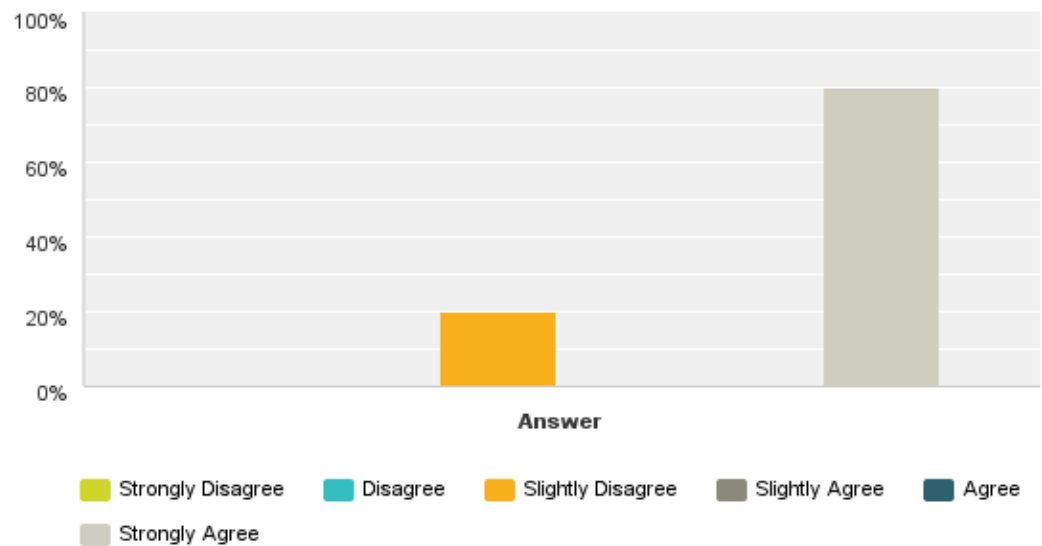
Answered: 5 Skipped: 0





### Q12 My group mentoring experience helped build my professional confidence and moral.

Answered: 5 Skipped: 0



### Q13 Do you have any other comments, questions, or concerns?

Answered: 1 Skipped: 4

#### # Responses

1. "I really appreciate being asked to participate in the group mentoring experience. I feel as if I have the tools necessary to build my level of professional performance and confidence."