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The Influence of Mentoring on Goal Attainment and Role Satisfaction for Registered Nurses in Acute Care Facilities

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A dissertation

presented to

the faculty of the Department of Nursing

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Doctor of Science in Nursing

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by

Christine Benz Smith

May 2006

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Keywords: Mentoring, Goal Attainment, Role Satisfaction, King's Theory of Goal Attainment, Kram's Conceptual Model of Mentoring

ABSTRACT

The Influence of Mentoring on Goal Attainment and Role Satisfaction for Registered Nurses in Acute Care Facilities

by

Christine B. Smith

Mentoring has been suggested as a means to assist with role transition, career planning, and retention in the profession by providing opportunities for personal and professional growth lead to satisfaction. Satisfaction is especially crucial for the retention of Registered Nurses in a time when the profession has been experiencing a critical shortage. This quantitative study examined the influence of mentoring for RNs who have been employed in acute care facilities for the first time for less than 2 years. Using Bouquillon's mentoring instrument and based in the frameworks of King and Kram, the study suggests mentoring is occurring among new nurses (protégés). The protégés reported mentoring antecedents, and both the psychosocial and the career development functions that Kram states are important to be present if mentoring is to occur. These RNs clearly describe an individual as a "mentor". In this study, those nurses who achieved a higher level of goal attainment (mean $\geq$ 36) and were in a mentoring relationship had greater levels of role satisfaction.

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DEDICATION

There have been many people in my life who have been supportive of my efforts. Judy Buhrman and Pam Collins, fellow nurse practitioners and friends, encouraged me to pursue this degree. Patti Vanhook and Joy Magness, fellow doctoral students, have been through this process with me, and because of them I have learned and grown as we all attempted to rise to the challenges a doctoral program presents. My husband, Trip, and my family have supported me through the process and because of them I have succeeded. But I wish to dedicate this work to two individuals, William George Benz, Jr., my father, and Ruth Lowrance Street, my grandmother. They both gave me the confidence to begin this journey. I know they are smiling now that I have finished.

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On the first day of class we are told pursuing a doctoral degree is like a journey. We know where we should end up. However, along the way we often find ourselves taking different paths to reach the destination. If we are lucky, we meet those who make the journey enjoyable as well as educational. The faculty at East Tennessee State University has made this journey enjoyable. Dr. Jo-Ann Marrs, chair of my dissertation committee, provided the road map with which I was able to find my way from "here" to "there". Dr. Lois Lowry was instrumental in helping me fine tune my questions about mentoring and gave me an appreciation for the importance of basing them within a nursing framework. Dr. Lee Glenn gave me the confidence to examine the concepts in this study and understand how the relationships influenced each other and what this might mean to nursing as a profession. I thank them all. It is important, however, I acknowledge other faculty – those women with whom I work and teach each day. Dr. Virginia Keatley, a member of my dissertation committee, but more importantly a colleague at the University of Tennessee at Chattanooga, set me on this course of study as we discussed precepting and mentoring our students. I feel I have a new appreciation for the role we play as teachers and mentors as a result of these discussions. I would also like to acknowledge fellow faculty members Dr. Janet Secrest, Dr. Barbara Norwood, and Dr. Kay Lindgren for their support during this journey. Most importantly, I want to acknowledge my mentor, my friend and colleague Professor Anne Chi'en, for her unwavering support and her friendship. I have arrived at my destination because of your help and support. I thank you all.

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CHAPTER 1

INTRODUCTION

Mentors have been a well documented part of society since Homer's *Odyssey*. Mentor, a wise and trusted friend, cared for the son of Odysseus who had left to fight in the Trojan War, teaching him those things were important for the development of a young man. Since then, a mentor has meant a wise counselor who undertakes the education of a younger or less experienced individual by fostering personal growth and developing professional attributes necessary for a successful career (Andrews & Wallis, 1999). Mentoring represents the quality, caring relationship benefits both the mentor and the protégé (Colley, 2001).

Mentoring occurs in all facets of business, education, medicine, and law. But, does it exist in nursing? Can the novice registered nurse (RN) be mentored by an expert registered nurse (RN) to achieve professional goals and find satisfaction within the profession? Early literature indicates this does happen. The first mentor-protégé pair in nursing was Florence Nightingale and Rachel Williams. Nightingale, who was older, assisted Williams by sharing her vision of the profession and by serving as Williams' sponsor, counselor, and teacher of skills. Nightingale believed in Williams' abilities, supported her, and groomed her to be the head of St. Mary's Hospital (Lorentzen & Brown, 2003). Her support of Williams, who was now in a new role, fulfilled the traditional role of mentor. In the letters Nightingale wrote to Williams, she often reassured Williams the problems she was having with physicians and management were quite normal. Nightingale provided Williams with strategies by which she could keep the hospital running smoothly. Nightingale was providing career and psychosocial support as

Williams grew in her new role as a current day nurse manager. Nightingale befriended and nurtured Williams, providing psychosocial support. She also provided career development by counseling, providing guidance, offering advice, and assisting with administrative decisions (Lorentzen & Brown).

Today's mentor possesses the same willingness to work for the protégé's development (Hanneman, 1998) in a continuous, goal-directed relationship (Bessent, 1998). Achieving personal goals contributes to personal growth, satisfaction, and a sense of accomplishment. A mentor can accomplish this by assisting individuals in defining realistic goals that are attainable. This leads to growth based on the needs and desires of the client. Conversely, this can also help identify possible barriers (Griffith & Graham, 2004).

Vance and Olson (1998) suggest the mentor provides opportunities for the personal and professional growth of the protégé who will, in turn, provide the profession with continuity. Additionally, the quality of the next generation of nurses can, in part, be directly attributed to the mentoring they have received. Fiore and Cima (1998) state learning and growing in the professional nursing role is a continuous process. Those who came before can assist novice practitioners in the development and definition of career goals as well as help the protégé gain a deeper understanding of the nursing profession. Schmus (1998) states mentors often can see the potential of the protégé and encourage its development. Nursing leaders have the responsibility to help their less experienced colleagues realize their greatest potential, and this occurs when the nurse fulfills the role of mentor (Vance & Olson). If nurses are mentored, they are more likely to experience satisfaction in their role.

Vance and Olson (1998) suggest those nurses who are mentored are more likely to experience satisfaction in their role; thus, it is important to explore role satisfaction among nurses. Satisfaction is a powerful predictor of continued employment in any profession (Higgins, 2000). It is well known job dissatisfaction has been identified as a major factor contributing to the current problems of recruiting and retaining nurses. The Federation of Nurses and Health Professionals (FNHP) instrument found half (50%) of the currently employed RNs who were surveyed had considered leaving the patient-care field for reasons other than retirement (United States General Accounting Office, 2001). Reasons cited by RNs for leaving include inequitable pay, the overall image of nursing, job dissatisfaction (Seago, Ash, Spetz, Coffman, & Grumbach, 2001), stressful work environment (work load, work pressure, and long hours), physician-nurse conflicts, and lack of autonomy (Atencio, Cohen, & Gorenberg, 2003).

A solution to the nursing shortage is needed. Mentoring has been suggested to assist with role transition, career planning, and retention in the profession. Mentoring may provide opportunities for personal and professional growth and lead to satisfaction. In turn, the nurse who has realized these attributes may remain on the job and in the profession (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2005).

Background of the Problem

Nursing has experienced cyclical shortages over the last 15 years. Hospitals experienced two RN shortages in the 1990s. The shortage in 1990-1992 was resolved quickly. However 6 years later, in 1998, another shortage, that seemed to be limited to highly specialized areas such as the operating room and intensive care unit, spread to the

general medical-surgical areas. This was evident in the early 2000s. Now, the profession has been experiencing a shortage of RNs for 8 years, the longest ongoing shortage in more than 50 years (Buerhaus et al., 2005). The current shortage is considered one of the most important problems facing hospitals, and it is interfering with adequate patient care (Buerhaus, 2005b).

The current nursing shortage is well documented. In February 2002, the seventh National Sample Instrument of Registered Nurses confirmed previous findings – the nursing workforce is continuing to age and far too few young people are coming into the field (Spratley, Johnson, Sochalski, Fritz, & Spencer, 2002). In 1980, 52.9 % of all RNs were under the age of 40. In contrast, 31.7% were under 40 in 2000. Alarmingly, the most significant change occurred in those under the age of 30. In 1980, 26 % of RN workforce was under age 30, but by 2000, less than 10 % were under age 30. (Spratley et al., 2002). With the bulk of nurses in the workforce in their 50s, more are choosing to work fewer hours or leave the workforce altogether (Buerhaus, 2005a).

Buerhaus et al. (2005) suggest RNs do not see nursing as a rewarding or respected career. They perceive the shortage as problematic for the quality of their work and the quality of patient care delivered. They also suggest the limits placed on the amount of time available to spend with patients remains an issue. In fact, Hart Research Institutes' (2001) study states when examining nurses' transition to job satisfaction, there are clear key indications of why they considered leaving or have left direct patient care. Dissatisfaction with the direction in which the profession has been moving in recent years and the level of morale among their nursing colleagues are cited. Of those currently employed, 63% say the overall situation facing nurses is getting worse rather than

getting better, and 80% view their profession as being in decline (Hart, 2001). About half (51 %) were less or much less satisfied with their jobs than they were 2 years prior (United States General Accounting Office, 2001). A survey conducted by the American Nurses Association showed 54.8 % of RNs and LPNs responding would not recommend the nursing profession as a career for their children or friends, and 23 % would actively discourage someone close to them from entering the profession (United States General Accounting Office, 2001).

Extensive research conducted by the U.S. Department of Health and Human Services, Health Resources and Service Administration Bureau of Health Professions, Division of Nursing (Spratley et al., 2002) substantiated the findings of the FNHP instrument. Their national survey of registered nurses with active licenses to practice in the United States revealed just over 2/3 of RNs (69.5 %) report being satisfied in their current position. This general level of satisfaction is markedly lower than levels seen in the employed general population (85%) (Spratley et al.). In addition, Krozek (2002) states nationally the attrition rate for RNs ranges from 35% - 60% and job dissatisfaction is a major cause. Data indicate job satisfaction declines with age and does not seem to return to the higher levels seen earlier in nurses' careers. Thus, it is possible to assume keeping satisfaction levels high could result in a well-trained, experienced, stable workforce (Spratley et al.).

New graduates are not remaining in the profession, contributing to the nursing shortage. In 2000, the turnover rate for new hires was 28% for those 25-34 years of age versus 12% for those ages 45-54 (Marcum & West, 2004). New graduates cite a lack of support as one reason for leaving. While the data show satisfaction declines with age, maintaining higher satisfaction levels early in the careers of nurses could improve job

satisfaction and help retain RNs who would then become well-trained and experienced (Spratley et al., 2002).

A recent study about reasons for the nursing shortage examined data from a national instrument funded by Johnson and Johnson at two points in time, 2002 and 2004 (Buerhaus et al., 2005). For the first study, more than 7,600 randomly selected licensed RNs were asked to participate with the goal of learning about the nursing shortage. The first study was conducted from October 2001 through March 2002 and had a return rate of 55%. The second study (2004) from May to July 2004 was distributed to 3,500 randomly selected licensed RNs. This study had a return rate of 53%. Nurses responding in 2004 cited managing patient safety and early detection of patient complications as major problems in the profession but were less concerned with undesirable hours, salary and benefits, and negative perception of the health care environment. Recruitment strategies were perceived as effective overall; whereas retention strategies were perceived as ineffective except for mentoring programs for recent new graduates that were seen as effective by 75% of the respondents (Buerhaus et al.).

Statement of the Purpose

The purpose of this study was to measure the effect of mentoring on personal and professional satisfaction and goal attainment of RNs employed in nursing for less than 2 years. The researcher predicted mentoring in acute care settings, either formally or informally through the new intern programs, does occur and positively impacts both goal attainment and role satisfaction for RNs during their first 2 years of employment. If RNs are satisfied, then fewer will leave the workforce, thus eventually leading to a decline in the number who leave these settings because of job dissatisfaction.

Theoretical Bases

The theoretical bases for this study, King's Theory of Goal Attainment (based in nursing) and Kram's Mentoring Model (based in psychology), were appropriate perspectives for guiding this study. For example, the study explored a response (role satisfaction and/or goal attainment) to an intervention (mentoring) grounded in King's (1981) mid-range Theory of Goal Attainment. King's theory consists of concepts and propositions are testable, are specific to nursing practice, and address the relatively concrete and specific phenomenon, goal attainment. Kram's (1983) conceptual model of mentoring includes career and psychosocial functions the mentor provides for the protégé, too, can be measured.

Relational Propositions

The relational propositions for this study are listed below. These propositions seek to link the metaparadigm concepts of person, environment and nursing.

1. Mentoring is a positive relationship in that the more experienced nurse undertakes the education of the less experienced nurse by assisting in his/her personal growth.
2. Positive growth is evidenced by changes in behaviors lead to goal attainment (King, 1981).
3. When goals are met, satisfaction in the role results (King, 1981).
4. Mentoring has the potential to enhance career development and psychosocial development of both mentor and protégé (Kram, 1983, p. 613).
5. Psychosocial development in the protégé is evidenced by a sense of competence, confidence, and effectiveness in the role (Kram, 1983, p. 614).

Research Questions

The research questions for this study are:

1) What is the relationship between mentoring antecedents and the quality of mentoring?

2) What is the relationship between mentoring and goal attainment?

3) What is the relationship between goal attainment and role satisfaction?

4) What is the relationship between mentoring and role satisfaction?

5) Do those RNs who are mentored and who have significant levels of goal attainment have greater role satisfaction?

The following diagram depicts relationships between the independent variables (mentoring antecedents, mentoring, and goal attainment) and dependent variables (goal attainment and role satisfaction) for the five research questions (Figure 1).

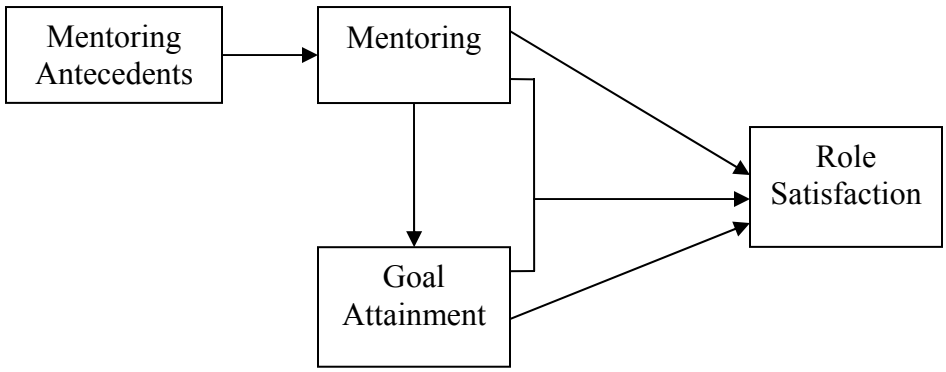

Figure 1. Relationship Between the Research Questions.

Assumptions of the Study

The conceptual framework for this study is based on the theoretical foundations derived from King and Kram. The assumptions for this study that are based on those theoretical foundations are as follows:

1) "Open living systems exhibit an exchange of energy and information and are goal directed" (King, 1997b, p. 20).
2) "A system is composed of at least five elements: goals, structure, functions, resources and decision making" (King, 1997a, p.180).
3) "Human beings are open systems who think, set goals, and who select a means to achieve them" (King, 1997b, p. 20).
4) "Human beings are open systems in transaction with the environment" (King, 1995, p. 26).
5) "Nursing is a goal seeking system" (King, 1997b, p. 21).
6) "Goals, needs and values of nurse and client influence the interaction process" (King, 1981, p. 143).
7) A mentoring relationship goes through specific stages that lead ultimately to independence for the protégé (Kram, 1983).
8) All individuals have goals they strive to achieve and act purposefully to achieve them (King, 1981).
9) The goals of the mentor and the goals of the protégé may not be congruent.
10) Goals are re-evaluated frequently (King, 1981).

Definitions of the Research Variables

The definitions of the research variables for this study are based on an extensive review of the literature and are taken from the works of the theorists.

Mentor

A nurse who provides a variety of functions that support, guide, and counsel the young adult as he/she enters the work force (Kram, 1983) and includes career enhancing functions and psychosocial support is a mentor (Kram & Isabella, 1985).

Protégé

A new graduate nurse who is entering the work force and is encountering questions about self, career, and family (Kram, 1983) is a protégé. In this study, the protégé was the RN who has been employed in the acute care facility for the first time for less than 2 years.

New Graduate Registered Nurse

For the purposes of this study a new graduate Registered Nurse (RN) was defined as an individual who has completed a course of study from an accredited program in that the degree obtained enabled the individual to take the National Council Licensure Examination (NCLEX) needed for practice as an RN. This individual will not have worked as an RN for the first time in any acute care facility for more than 2 years.

Mentoring

Often there is a relationship between two individuals who work in the same organization (i.e. acute care facility) in that the senior person (mentor/RN) assists with the personal and professional development of the less-experienced individual (protégé/new graduate RN) (Higgins & Kram, 2001). In this relationship the more

experienced RN (mentor) assists with career development by helping the less experienced person (protégé) establish a role in the organization and prepare for advancement. These functions include sponsorship, coaching, facilitating, exposure and visibility, and offering challenging work or protection (Kram & Isabella, 1985). The mentor also provides psychosocial functions in that the mentor assists the protégé in developing a sense of professional identity and competence. These functions include role modeling, counseling, confirmation, and friendship (Kram & Isabella).

Mentoring Antecedents

Certain qualities must exist before mentoring occurs. The components of the antecedents include the mentor's integrity, trust (Stewart & Krueger, 1996), willingness to engage and willingness to accept (Owens & Patton, 2003), and acknowledgement of a professional responsibility (Byrne & Keefe, 2002). Mentors seek out protégés who are willing to accept power and risk, intelligent, committed to the organization/discipline, and able to establish alliances (Yoder, 1990).

Mentoring Functions

A mentor fulfills two roles for the protégé. The first, career development, includes coaching, providing challenging assignments, teaching, protection, sponsorship, exposure, and visibility (Kram, 1983; Yoder, 1990). The second, psychosocial functions, include role modeling, encouragement, personal counseling, and acceptance (Kram; Yoder).

Goal Attainment

The achievement of an agreed upon outcome occurs when two individuals participate in a purposeful interaction in that goals are set based on the nurse's

assessment of the needs of the client and the manner in that they are attained are mutually agreed upon. A plan is developed and implemented to achieve the identified goals and, once completed, the process is evaluated (King, 1995). In order for goal attainment to be achieved, communication, perception, and interaction must be present. These lead to transaction, the concept results in goal attainment.

Role

According to King (1981), role is a set of behaviors expected when occupying a position in a social system. It is a relationship with one or more individuals interacting in specific situations for a purpose.

Satisfaction

Job satisfaction is the feeling of accomplishment and is influenced by having positive relationships, participating in decision making, and is defined by interpersonal contact, pace and meaning of work, autonomy, and control (Randolph, 2005).

Significance of the Study

To promote excellence in nursing science and practice, nurses must be mentored and trained to develop knowledge and skills guide quality nursing practice. The new RN workforce is inexperienced and needs time to become competent in skills, both clinically and interpersonally. Coping with patients, families, and the organizational structure takes time and experience (Santucci, 2004). New graduates must go through role integration (functioning as a nurse), clinical and interpersonal skills (belonging to a team and the profession, navigating the system and the unit), and definition of values (determining the level of involvement with the patient and family, boundaries of caring, and shaping and

refining their personal values) (Santucci). New graduates must develop "technical, clinical, and psychosocial skills in a culturally sensitive and age-appropriate manner, written and verbal assessment skills, priority setting, decision making, problem solving, organizational skills, and demonstrating clinical practice within the standards of care" (Hom, 2003, p. 36). Additionally, the new graduate is expected to perform all of this in a safe and competent manner (Krozek, 2002).

While programs in nursing do their best to address these issues, it is not until the new graduate experiences "baptism by fire" these facets of the job become a reality. The role of new RNs is dramatically different from any other role in their career. New RNs are expected to function autonomously in a fairly short period of time with little or no real clinical experience or background. Support from a mentor may help these nurses in many ways. One way, in particular, is to assist new nurses to define their professional goals as they acclimate to their role. If they acclimate well, they may experience personal satisfaction and be more likely to remain in the profession.

This study can contribute to the body of nursing knowledge in several ways. First, research describes the relationship between mentoring and role satisfaction will demonstrate the importance of this concept to employers. Second, if satisfaction is achieved, the nurse's intent to stay may be positively influenced. Thus, evaluation of mentoring programs in acute care facilities employ new graduates can provide data about job retention.

The data generated by this research study will provide a measurable means by which to show the effectiveness of the program. The Nursing Executive Center estimates the cost of replacing a hospital medical/surgical nurse in 2000 was $42,000, a specialty

nurse $64,000. Additionally, those institutions with a high RN turnover rate (22% - 44%) had 36% higher costs per discharge than hospitals with turnover rates of 12% or less (Department for Professional Employees, 2004). According to Atencio et al. (2003) state turnover costs can be higher, up to two times a nurse's salary. For example, if the national average salary for a medical-surgical nurse is $46,832, replacement would cost $92,442 for one nurse and replacement for specialty nurses can be as high as $145,000. Replacement costs include human resources expenses (advertising, interviewing), increased dependence on traveling nurses, overtime pay, temporary nurse salaries, and lost productivity for the institution. Consider a hospital with 100 nurses experienced a turnover rate similar to the national average (21.3%). The financial impact on this hospital would amount to approximately $1,900,000 annually (Atencio et al.). Therefore, it is proposed mentoring new nurses, helping them to develop and attain goals, and experiencing satisfaction with the role of the RN will have a significant impact on the financial stability of the institution by reducing turnover costs. By documenting outcomes (retention), budgetary justification for a mentoring program will be well-defined.

Summary

In this chapter, the problem of job satisfaction among new graduate RNs was introduced. Unique ways to improve job satisfaction must be identified and used if the profession is to control the exodus. Mentoring has been used successfully in all areas to improve job satisfaction among employees. This research study explores the mentoring phenomenon and its effect on goal attainment and satisfaction with the role. Figure 2 is a model illustrates the mentoring process, the achievement of goals, and role satisfaction.

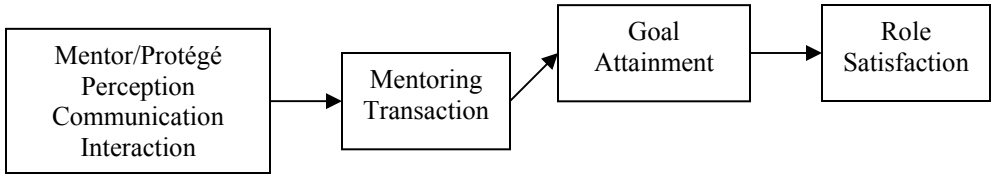

Figure 2. Relationships Between the Transaction Process in the Theory of Goal Attainment, Mentoring, and Role Satisfaction.

If the study findings suggest a relationship between the independent variables (mentoring and goal attainment) and the dependent variable (role satisfaction), acute care facilities will be provided with a scientific basis from which to develop recommendations for a formal/informal mentoring program for RNs in the first 2 years of practice. It will also enable these facilities to determine the level of satisfaction in the role among new nurses. This will place mentoring within a theory of goal attainment and will demonstrate how theories can be integrated into the acute care environment.

CHAPTER 2

REVIEW OF THE LITERATURE

Introduction

Mentoring is a topic is well-researched in all disciplines. Numerous articles address the concept of mentoring involve definitions, qualities, attributes, and benefits gained by one who mentors and by one who receives the guidance (protégé); thus, mentoring is not discipline-specific and is well-represented in the literature from various disciplinary perspectives. Mentoring literature in nursing, however, is more limited. This review of the literature begins with an introduction into the two theoretical bases supporting the study followed by a general background of mentoring research specific to nursing, mentoring antecedents, and mentoring functions. Additionally, literature on goal attainment and role satisfaction in general and in relationship to mentoring will also be presented. Kram's concepts of career development and psychosocial support will be discussed in this chapter.

The Theoretical Bases

King's Theory of Goal Attainment

King's Theory of Goal Attainment consists of 10 concepts. Three of these concepts, communication, perception, and interaction, lead to the fourth, transaction (King, personal communication, January 9, 2006) (Figure 3). The theory describes the nurse-client relationship that leads to the attainment of mutually established goals. Through this interaction, the nurse and the client mutually agree on a means to achieve goals following the nurse's assessment of the client's needs. Through the sharing of

information related to the perceived needs (the transaction) the nurse and the client then move toward goal attainment (King, 1981). The essential elements in transaction include perception, communication, and interaction (King, 1992). King states that knowledge of these concepts "is basic to entering a relationship" (King, 1999, p. 295). In order to understand the process of transaction, these three concepts need to be defined.

Communication. Communication is defined as the process by which information is given from one person to another. This can be through direct, face to-face exchanges or indirectly. It is both intrapersonal (genetic, metabolic, or neuronal exchange) and interpersonal (between individuals and can be verbal or nonverbal) (King, 1981).

Perception. Perception is defined as the process of organizing, interpreting, and transforming information. All individuals seek to understand others and objects in the environment. Through the experiences gained through this interaction, they come to understand their environment. It is a personal and highly subjective experience for each individual and is "influenced by current interests, needs, and future goals" (King, 1981, p. 23).

Interaction. Interaction is defined as perception and communication between a person and the environment or another person. It occurs verbally and nonverbally. These behaviors are goal-directed. During this process, one demonstrates how he/she feels about another individual, and each exhibit behaviors which show they understand each other. Expectations are verbalized and each person reacts to the other as a result of this interaction. Examining this from the nursing perspective, the interaction of nurse and patient/client is initiated for a specific purpose. Both parties evaluate each other and the situation, make judgments, and then decide the appropriate course of action (King, 1981).

Transaction. Transaction is defined as interactions in that one communicates with the environment for the purpose of goal achievement. They are unique for the individual and are based on "facts, beliefs, expectancies and preferences" (King, 1981, p. 82). Transactions are goal-directed human behaviors and are observable. The concept of transaction provides the theoretical knowledge for the nursing process method (King, personal communication, January 9, 2006). In mentoring, transaction is the result of the interactions of two individuals who interact for a purpose. Both enter into the process as an active participant and through the course of the experience each is changed (King, 1981).

When relating the transaction process to the mentor-protégé relationship, the protégé is seeking help while the mentor provides assistance. The interaction is purposeful. Goals are set based on the mentor's assessment of the skills that the protégé requires to be successful in the profession and on concerns or problems of the protégé. The manner in that these goals will be attained is mutually agreed upon.

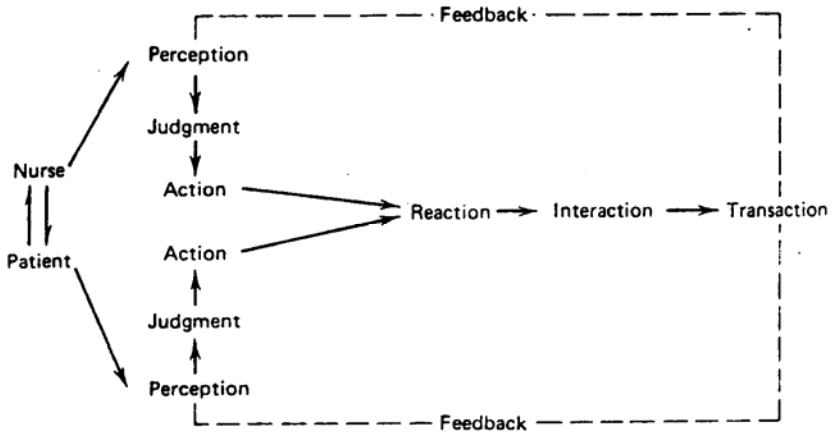

Figure 3. A Transaction Process. Reprinted With Permission From King (1981, p. 145), (Appendix F).

Using the transaction process in King's theory, "two individuals come together in a health care organization to help and be helped to maintain a state of health which permits functioning in roles" (King, 1981, p. 142). When this process is used in mentoring, two individuals come together, either formally or informally. One helps (the mentor) and one is helped (the protégé). The mentor and the protégé interact to identify interests and needs and through sharing they continue to interact to mutually set goals and agree to a means to be used to achieve the goals. These actions are purposeful. The goals are determined by the mentor's assessment of the protégé's needs or problems and through mutual sharing of information (communication), they set goals and determine how they are to be achieved (King, personal communication, January 9, 2006). This transaction process moves them toward goal attainment.

Kram's Conceptual Model of Mentoring

The literature contains many current articles on the subject of mentoring. However, Kram's (1983) work, that is now 20 years old, has been the basis of several studies and articles about mentoring and she is considered an expert in the field. Kram developed her four-stage conceptual model of mentoring based upon Erickson's life stage "generativity versus stagnation" (care for others vs self-absorption). Her seminal study on relationships in mentoring identified the four stages through that the relationship progresses.

Based on her qualitative study was conducted in a large northeastern public utility (n= 18 pairs of younger and older managers), Kram (1983) identified a four-stage progression in the mentor-protégé relationship (Figure 4). Initiation is a period of 6-12

months during that the relationship begins and becomes important to both mentor and protégé and the mentor gains the admiration and respect of the protégé. During this period, the mentor provides support and guidance. Cultivation, a 2-5 year period in that the career and psychosocial functions are at their greatest intensity, is the phase during which both the mentor and protégé recognize the value of the relationship. Separation, a period of 6 months to 2 years, is preceded by a change in roles and occurs when the protégé begins to develop a sense of autonomy and the relationship becomes less important to both individuals. Redefinition is an indefinite period when the relationship either ends or takes on different characteristics. The relationship may change to friendship or may completely dissolve. The protégé relies on the mentor for fewer functions. The mentor may provide some counseling and coaching but this is more likely in an indirect manner (Kram).

A mentor serves two purposes, a psychosocial role and a career development function. Psychosocial function enhances a sense of competence, clarity of identity, and effectiveness includes friendship, role modeling, encouragement, personal counseling, and acceptance and confirmation (Kram, 1983; Yoder, 1990). The career development function enhances career advancement provides coaching and challenging assignments, teaching, protection, sponsorship, exposure, and visibility (Kram, Yoder).

Kram's work is corroborated by Hunt and Michael (1983) who developed their framework for mentorship. It parallels Kram's four-stage progression model. Both Kram (1983) and Hunt and Michael agree a mentor is an individual who trains and develops others for upward progression in management, moving through a four-step process. The mentor's individual characteristics include altruism, belief in another's potential, positive

work ethic, integrity, unselfish gifts of time, trust (Stewart & Krueger, 1996), willingness to engage and willingness to accept (Owens & Patton, 2003), and acknowledgement of a professional responsibility (Byrne & Keefe, 2002). The attributes of the mentor identified by Kram supported by Hunt and Michael include being successful in a career, occupying a position of authority in the company, having power, not being threatened by a protégé, and having a willingness to share knowledge. The mentor provides career and psychosocial support and the relationship is mutually beneficial. But, the mentor also benefits through empowerment, recognizing an increased influence on the discipline, and personal satisfaction (Kram). The protégé, a beneficiary of the relationship, is protected, educated, advised, and supported (Haley-Andrews, 2001). Learning, growth, affirmation, respect, professional responsibility, and professional development are gained (Haley-Andrews).

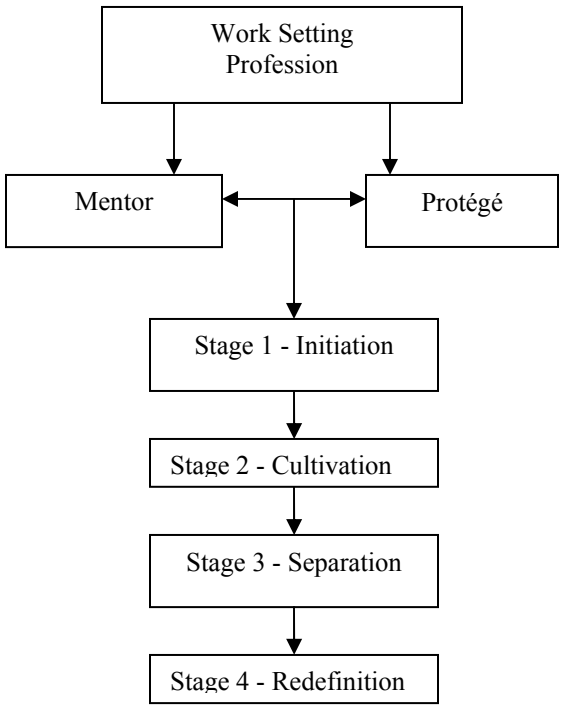

Figure 4. Kram's Four-Stage Progression of Mentoring (Adapted From Kram), 1983.

Mentoring Research

Mentoring research is evident in many disciplines including education, psychology, sociology, and business. Both qualitative and quantitative studies have been conducted and a review of the literature in these areas provides a vast number of journals, books, and monographs addressing mentoring. While the literature related to mentoring in nursing appears limitless, upon closer examination importance of formal mentoring between the professional nurse and protégé is not addressed. Articles addressing the concept of mentoring, involving definitions, qualities, attributes, as well as benefits gained by one who mentors and by one who receives the guidance (protégé) are numerous. Mentoring research in nursing and select disciplines is discussed.

Mentoring Research in Other Disciplines

In looking at the literature in health care management, Roemer's (2002) qualitative study of 35 female CEOs in health-related fields that focused on the lived experience of mentoring finds similarities to Kram's career and psychosocial functions. Roemer's findings suggest the mentor provides professional assistance and access to opportunity. She also suggests the mentor helps shape the professional identity of the protégé. However, Beyene, Anglin, Sanchez, and Ballou (2002) suggest there is mutuality of the relationship, not a one-sided association. Their mixed method study of 133 college students in the Northeast examined the characteristics of mentoring and their importance. Their findings suggest mentoring contributed to the protégé's success, was critical for the successful transition from high school to college, and was critical for the protégé to meet new people. Friendship and trust were also key to its success. The

qualitative component identified 340 mentoring attributes and 17 themes that support Kram's work.

In mentoring, the mentor is usually the older, more experienced person in the dyad. Phillip and Hendry's (2000) qualitative study (n=30) in psychology examined mentoring from the adult perspective. The results suggest that the mentor enters into a relationship with a protégé to provide support, to challenge the protégé, to give advice, and to serve as a role model. The relationship is often very positive. The mentor as a guide is empathetic, connected (regarding experiences), and able to accept the protégés on their own terms. Mentoring can either begin formally through assignment or informally when one of the dyad chooses the other. Phillip and Hendry found the adult mentor's role includes support as the protégé faces the new challenges of adulthood. This is effective because the adult can often share experiences to that the protégé can relate.

Eby and Allen (2002) surveyed 242 protégés who were engaged in informal mentoring in business. Their findings suggest this type of relationship, one in that the mentor-protégé relationship evolves through a natural process rather than by assignment, leads to fewer negative experiences than formal mentoring relationships. This is an important finding because if the mentor-protégé relationship is not successful, job satisfaction, stress, and turnover rates in a business will be negatively impacted. The study also challenges the overwhelming number of studies that examine mentor-protégé relationships from a solely positive viewpoint. Eby and Allen suggest focusing only on the positive aspects of mentoring "grossly oversimplifies their complexity and makes the negative aspects of relationships seem aberrant and pathological, rather than a natural and common aspect of relational experiences" (p. 458).

It has been suggested the mentor stand back and allow the protégé to develop autonomously (Armitage & Burnard, 1991). Contrary to this, Andrews and Wallis (1999) state that the relationship varies in intensity. The mentoring relationship may be one that is very intensely personal and emotional with a high degree of involvement for both partners. At the other end of the spectrum, the relationship may be a formal alliance in that the protégé works under the supervision of the mentor, similar to a business arrangement. Ryan and Brewer (1997) used a mixed method design to study 81 BSN students who were mentored by faculty members. Their findings suggest that the mentor is a resource person. This supports Armitage and Burnard's concept that states the mentor is only called upon to guide the protégé. Dohm and Cummings' (2002) quantitative study of female doctoral students in psychology (n=630) suggests that mentoring provides expanded work opportunities. Kelly and Schweitzer's quantitative study (n=670) demonstrated that mentoring afforded access to scholarships and academic support that resulted in improved grades for the protégé. Campbell and Campbell's (2000) quantitative study of 205 faculty/staff members and 187 students in a large metropolitan university on the West Coast showed both students and faculty/staff perceived the relationship as beneficial ($p < .001$), yet the benefits cited were different. Students stated benefits were academic in nature while the faculty/staff cited social benefits (friendships and helping the student succeed).

The literature in mentoring research suggests the mentor-protégé dyad enters into one of two types of mentoring processes (informal or formal). In either instance, the mentor serves as a role model and advisor who allows the protégé to acquire attributes

that otherwise may not develop. The mentor's purpose is to provide opportunities for personal and professional growth.

Mentoring in Nursing

In nursing literature, the term is first associated with Florence Nightingale who mentored Rachel Williams (Lorenzton & Brown, 2003). Andrews and Wallis (1999) state the term mentoring began to appear in the nursing literature in the early 1980s although it had been used extensively in medicine, law, psychology, sociology, education, and business prior to this time. Although it is more than 15 years old, O'Connor's (1988) seminal article identified the classic definition of mentoring in nursing. She defines mentoring as a relationship in that a seasoned leader takes personal interest in molding the career of a young practitioner, one who demonstrates a commitment to the future of nursing. Yoder (1990) and Bliss-Holtz (2003) support this definition of mentoring in their work that found that the mentor enables growth and professional responsibility. The mentor also provides opportunities for the development of the protégé. This is accomplished through empowerment in a nurturing relationship over an extended period of time (Haley-Andrews, 2001). It entails mutual sharing and learning and occurs in an atmosphere of respect and admiration. These attributes are supported by Stewart and Kreuger (1996) and Morrison-Beedy, Aronowitz, Dyne, and Mkandawire (2001).

Other authors define a mentor as a sponsor who provides challenging assignments, serves as a teacher, and is a communicator. They associate the attributes of a mentor with coaching, role modeling, accepting, and confirming. The authors also suggest something that is not evident in the business literature; that is, the mentor provides research opportunities and often invests large amounts of time providing

opportunities for mutual learning and problem solving (Atkins & Williams, 1995; Olson & Connolly, 1995).

Several authors discuss the importance of support in the mentoring relationship with students to increase self-confidence. Registered nurses' experiences in mentoring undergraduate nurses provided support, a well-documented attribute that increases the protégé's self-confidence. Atkins and Williams' (1995) qualitative study using focused interviews with 12 RN mentors revealed mentors support students, facilitate learning, and provide encouragement especially in difficult situations. The mentor reduces the student's anxiety and is concerned about and provides positive reinforcement for the protégé (Atkins & Williams). These findings are supported by Olson and Connolly (1995). Their qualitative study using semi-structured interviews and a written questionnaire examined four faculty mentor-doctoral student protégé pairings. The results suggested the mentor is shown to provide sponsorship, role modeling, challenging assignments, friendship, acceptance, and confirmation. While these attributes could be applied to a coach, a friend, or a preceptor, it lends credence to the need to be supportive. However, Atkins and Williams' study fails to underscore the long-term relationship that facilitates the development of the protégé. In respect, their definition of mentor falls short and in fact may actually reflect those attributes of a coach or preceptor.

With novice nursing students, the importance of stressing professional values, socialization, and communication skills is noted. The literature reveals a mentor as possessing caring behaviors, sound judgment, and wisdom (Pullen, Murray, & McGee, 2001; Watson, 1999). The mentor is selected by the student on the basis of the ability to provide assistance, guidance, advisement, and counsel. These mentoring relationships

that are entered into in a very informal manner are claimed to be as successful as sponsored (formal) relationships as demonstrated in Hayes' (1998) quantitative study (n=238) of nurse practitioner students. Her research suggests when the student chooses the clinical preceptor, the mentoring scores were significantly higher ($p < .04$) and the attributes of mentoring are evident. The students also answered a series of open-ended questions in that they were asked to describe their mentor. More than half the students (n=133) described the mentor as supportive, encouraging, trusting, and a role model. Adjectives to describe negative responses (n=11) included dull, disappointing, unfriendly, guarded, and critical parent.

Watson's (1999) phenomenological study of 35 nursing students and 15 clinical supervisors who were considered mentors suggests the mentor is not involved in the formal supervision or assessment of the student. Both student protégés and clinical mentors identified the mentors as facilitators, role models, and clinical supporters. On the other hand, Sprouse's (2001) longitudinal qualitative study (n=8) that examined supervisory relationships in nursing reveals mentoring is supervision as well as teaching, providing feedback, and giving support. Her research adds some confusion of the roles because mentors traditionally are not expected to have a direct clinical teaching role. Replicating her study to examine the differences between the role of mentor and of the preceptor is warranted.

Role Satisfaction

A review of the data bases CINAHL, MEDLINE, American Medical Association Collection, the Nursing and Allied Health Collection, and Psychology and Behavioral

Sciences Collection revealed 25 articles that address role satisfaction and nursing. When goal attainment is entered into the search there are no articles that address these concepts. The literature review will, therefore, be limited to examples of roles in that satisfaction is cited.

Role

In order to understand role satisfaction, role needs to be defined within the context of this study. The definition is based upon the work of King (1981) whose Theory of Goal Attainment is the theoretical basis for this research. Role is a set of behaviors that are expected from an individual who occupies a specific position in a social system. It requires individuals to interact with others purposefully, is situational, and is learned from existing within society (King, 1981).

Role Satisfaction Research

Randolph (2005) suggests health care professionals who are able to make a difference (n= 328) in the lives of their patients and serve as an advocate for them while having financial stability and a flexible work schedule exhibit job satisfaction. Her study suggests factors differ within levels of health professions, with those in higher-level jobs such as managers valuing intrinsic factors more (stable environment, professional growth opportunities, adequate staffing) ($p < .05$) and lower-level positions (staff) valuing extrinsic factors more (child care, flexible scheduling, competitive pay, clinical ladder) ($p < .01$).

Roles are transient, having a period of duration (Kipper, 1991). Because role is transitory, there are two qualities for it: roles are dictated by function and relevance and are susceptible to change as time, priorities, and circumstances change, thus these are

dynamic. On the other hand, self is permanent. Although to become "self" requires an evolution, once this is developed, it becomes constant (Kipper).

Roles also go through phases: formation, maintenance, and dissolution. It is interesting to note these phases appear to parallel Kram's mentoring phases. Within these phases, one's level of satisfaction or dissatisfaction within the phase is affected by various states. Satisfaction is affected by levels of challenge and skill and can be categorized as relaxation or fulfillment. As long as the balance between challenge and skill is maintained, satisfaction is achieved. Relaxation occurs when there is little challenging in the role and/or the skills required in the activity are minimal. On the other hand, fulfillment occurs when a higher level of challenge is required and great skill is needed to complete a task. Dissatisfaction occurs when challenge and skill are not well balanced. Anxiety and boredom can result. Anxiety occurs when the challenge is great but the level of skill needed to complete the task is low. Boredom occurs when the challenge is not great enough to match the level of skill possessed by the individual (Kipper, 1991).

Satisfaction affects role preservation while dissatisfaction can lead to role fatigue, role disintegration, and role abandonment. As a role moves through its cyclic existence, there will be a period of satisfaction, a period of dissatisfaction, and finally role abandonment (Kipper, 1991).

Role satisfaction can occur in any area of practice. Hill (1998), who has been identified as a transformational leader in cardiac nursing by *The Journal of Cardiovascular Nursing,* states that she achieved a high level of role satisfaction when she had the opportunity to network with nursing and other disciplines. She also cited

coaching and mentoring others as other facets of her role that brought her great satisfaction.

Finn (2001) examined autonomy in a quantitative study (n=178) in a large teaching hospital. Autonomy is defined as job-related independence, freedom, and initiative allowed or required at work. The findings suggest autonomy is the most important aspect of job satisfaction. However, the study also suggests those nurses who had been licensed for a shorter period (defined as less than 2 years) had a higher level of satisfaction when there was more interaction (social and professional contact during working hours) (p <.017) than those nurses who were licensed longer than 2 years. Finn's study also suggests preceptors have lower job satisfaction because of task requirements (tasks completed in the course of the job) and organizational policies (p < .010).

Atencio et al. (2003) examined autonomy as an indicator of satisfaction. Their longitudinal descriptive study (n=256) suggests those nurses who perceive they have a greater degree of autonomy are those nurses who have been employed less than 5 years (p = .001) or more than 21 years (p=.037). Additionally, the study suggests those nurses who were employed less than 5 years also had a more positive view of the tasks they performed from day to day. These findings seem to contradict the study by Bratt, Broome, Kelber, and Lostocco (2000) (n=1973) that suggests inexperienced nurses have a greater degree of job-related stress, and this can explain a lack of job satisfaction.

The ability to prescribe is a positive experience saves time for the patient and nurse, is more convenient for the patient, and increases the nurse's autonomy and role satisfaction (Lewis-Evans & Jester, 2004). The findings from this qualitative (n=7) study

suggest the function of nurse prescribing is a rapidly evolving area of practice unique from the nurse practitioner role may potentially advance nursing roles.

Role satisfaction for nurse practitioners (NPs) was examined in a doctoral dissertation by Harper-Femson (1998). Using a qualitative methodology (n=10), Harper-Femson identified such things as the challenge of the role, the autonomy/ independence/flexibility of the role, the collaborative practice/collegial relationship with physicians, physician respect for and acceptance of the NP role, and working within a team/multidisciplinary team environment as factors NPs cited as leading to role satisfaction. Those things that lead to dissatisfaction with the NP role were lack of employment opportunities/job security, lack of legislation to support the NP role, lack of physician understanding of and support of the NP role, lack of public understanding of the role, and a lack of collegial relationship with physicians.

Smith and Hall's (2004) study examined the scope of practice and evolving role of the Advanced Neonatal Nurse Practitioner (ANNP) (n=79), looking for factors that may affect recruitment and retention for this role. Using an open-ended structured questionnaire on clinical role, working arrangements, retention and attrition, continuing education, and professional development, the researchers found a well-defined role, working within a team of ANNPs, appropriate salaries, support for the role, and the opportunity for continued professional development led to role satisfaction. The nurses also cited that increased autonomy would positively impact a decision to remain in their current position. Citing data that suggest there will be an increasing need for ANNPs, retaining these professionals will be a critical issue. This may be accomplished by increasing role satisfaction for ANNPs.

Role satisfaction has also been noted in the role of the case manager. An abstract from Heider's (2001) dissertation presented data from her phenomenological study that examined the essence of case management as experienced by 12 nurse case managers. Six major themes were identified as representing the essence of case management, with three being positive in nature: patient advocacy and patient services, the benefits of cooperation and collaboration with other health care professionals, and high role satisfaction. The negative issues included lack of educational preparation of nurse case managers, the lack of managed care and case management theory in the nursing curriculum, and the need to cope with frequent conflict and ethical dilemmas.

Summary of the Review of Literature

After reviewing the literature on mentoring, several important factors should be summarized. A mentor fulfills the career function that includes coaching, providing challenging assignments, teaching, protection, sponsorship, providing exposure, and visibility, all of that enhance career advancement. Psychosocial functions include role modeling, encouragement, personal counseling, acceptance, and friendship. Through these functions, the mentor enhances the protégé's sense of competence, helping to clarify professional identity. Mentoring is a teaching-learning process; yet it is a reciprocal relationship. Because of the knowledge differential between mentor and protégé, the protégé learns from the mentor over time. Mentoring lasts for an extended period of time – up to several years. The mentor serves as a sounding board, problem solver, ratifier, mirror, coach, referee, devil's advocate, connector and networker, empathizer, and guide (Kram, 1983; Stewart & Kreuger, 1996; Yoder, 1990).

Both members agree to participation in this relationship. It is one that endures over time because the mentor believes in the protégé's abilities and shares a vision for the protégé's accomplishments. The mentor must possess a willingness to work for the protégé's development in a continuous, goal-directed relationship. For nursing, a mentor is one who assists in the development of a less experienced individual. This is accomplished by sharing the vision of the profession and serving as a sponsor, a counselor, and teacher of skills. These reach far beyond the clinical arena. King's Theory of Goal Attainment illustrates a transaction process in that values are transferred between two persons for the purpose of achieving goals and role satisfaction. The models of Kram and King can be integrated and then visualized (as in Figure 5) as complimentary to each other. The mentor assists the protégé in achieving role satisfaction through mentoring and goal attainment (Bessent, 1998; Hanneman, 1998).

CHAPTER 3

RESEARCH METHODS

Introduction

This chapter describes the identification of the research design and description of the sample. Ethical considerations, i.e. the protection of human subjects are addressed. It concludes with the description of the instrument, the data collection process, and data analysis.

Identification of the Research Design

The design was a descriptive, correlational study in that the influence of mentoring on goal attainment and role satisfaction was examined. A single 77-item instrument was used. This instrument was developed by Bouquillon who has given his permission for its use.

Description of the Sample and Settings

Both nonprobability and probability sampling were used for this study. The criteria for inclusion were as follows: registered nurses (RNs) employed in nursing for less than 2 years in acute care facilities, graduation from an accredited program, and current licensure to practice as an RN. Participants were accessed from three acute care facilities, each with a contact person. Two sampling designs were used because of the constraints placed by the acute care facilities. Two of the three facilities would not allow direct access to their data base of names and graduation dates of the nurses. For these two facilities, a nonprobability sampling design was used. In the first facility, informational

posters describing the study were given to the Director of Patient Care who then distributed them to the clinical nurse managers at their monthly meeting. These were then requested to be posted in the lounge of each unit (Appendix A). The Director of Patient Care was also given 70 instruments to give to the nurse managers who then distributed them to those RNs who wished to participate. There were provisions for the completed instruments to be returned in a sealed envelope with no personally identifying information. The nurse managers returned the surveys to the Director's office.

In the second acute care facility, the Executive Nursing Director (END) wanted to distribute the instruments to all RNs whom she felt met the criteria. The END was given 82 instruments to distribute and she informed those who wanted to participate to return the surveys to her directly in her office in Nursing Administration in a sealed envelope with no identifying information. In the third facility, probability sampling was used. All RNs who met the criteria (n=78) were included. A coin toss was used, and 38 RNs were identified for participation. Four surveys could not be delivered because these nurses were no longer employed; the remaining 34 were distributed and completed instruments were returned to the Nursing Resource Specialist.

A 14-day period was given for distribution, completion, and collection of the instruments for all sites. Visits to each facility were made every 3-4 days to pick up any surveys that had been completed and placed in a sealed envelope. Emails to each of these three contacts every 2-3 days had an impact on the return rate. Two of the three contacts made rounds personally to pick up the surveys or encourage participation. These two nurses also delivered the incentives, $5 movie passes to Carmike Cinemas, to those who had completed the survey. In the third facility, emails to each clinical nurse manager from

the Director of Patient Care reminded them to encourage those who met inclusion criteria to complete the surveys. The RNs in this facility returned them in the sealed envelope to the Director's Office. The office secretary delivered the movie passes to those who returned the surveys. One email and one phone call were received from RNs at this facility who wanted to participate. They were instructed to contact the unit manager for a survey. These nurses obtained the email address and the phone number from the informational poster and decided to participate independently. Three surveys were received directly from the RNs and movie passes were returned to them through the nursing administrative office.

A 3 x 5 index card was attached to each packet to allow the RNs to write their name and unit number so the movie passes could be forwarded to them. These cards were returned with the completed survey. The card was removed prior to opening the envelope to insure anonymity. The movie pass and the index card were delivered to the RN by the contact from each hospital.

It was anticipated a sample size of 80 would be attainable if direct access to the RNs had been feasible. However, with the limitations placed on the distribution of the instruments by two of the acute care facilities, a return of 45% was ambitious. The nurses who were given an instrument were asked to complete it and return it in a sealed envelope. Those who returned the instrument, even if it was not completed, were given a $5 Carmike Cinemas movie pass purchased to be distributed in appreciation for participation. Two surveys were returned in the appropriate manner but the RNs did not answer any questions. One did not meet the criterion for time of employment in the acute

care facility, while two were received after data analysis were completed. The remaining 45 were completed and returned.

Three facilities were used. The first facility has 818 beds and 50 long-term care beds. It is a public facility that has a tertiary Level III care center for high risk obstetric patients, a neonatal intensive care unit, and a Level I trauma center designation. The second facility is a private facility that belongs to a national corporation. The main campus where the surveys were distributed has 365 beds. The services offered here include medical surgical, diagnostic, and acute care. The third facility also belongs to a national corporation and has two locations, one with 128 beds and the second with 296 beds. Both sites were used. The services offered include cardiac, cancer, obstetric, orthopedic, acute, and emergency care.

Ethical Considerations

Protection of Human Subjects

A request for approval to conduct this research was submitted to the Institutional Review Boards (IRB) from East Tennessee State University (ETSU) (Appendix D), and three facilities where the research was to be conducted. Those requests were approved. All RNs who met the inclusion criteria had an opportunity to participate in the study. Risks to the participants were minimal. Additionally, the RNs could choose to withdraw from participation in the study at any time.

All information about the participants was treated anonymously and will not be revealed unless required by law. Each participant's right to privacy was maintained by coding the data. Only the researcher and the dissertation committee at ETSU had access

to the data. The research information was available for inspection by study related personnel and the IRB at ETSU. The results of the study will be shared in aggregate form with the participants and the three acute care facilities in Chattanooga, TN from which the participants were obtained if so desired.

At the request of the acute care facilities, no written consent to participate was required. A statement on the cover letter stated by completing and returning the instrument, consent to participate was implied (Appendix C). Any questions that the participants may have had were answered by the principal investigator or other knowledgeable, qualified designee(s) such as the dissertation committee members.

Description of Measurement Methods

Registered nurses in three acute care facilities in Chattanooga, TN were asked to complete the instrument. A discussion of the instrument follows.

Demographics

Demographic variables selected included age, gender, and unit assignment. It was suggested in the literature demographic variables may have an influence on mentoring, role satisfaction, and goal attainment. Additional questions regarding the type of program from that the respondent graduated, passing the National Council Licensure Examination (NCLEX) on the first attempt, length of time in the mentoring relationship, and the average number of times the new RN met with the mentor were also included.

Instrumentation

Bouquillon's instrument explored mentoring antecedents and mentoring functions (role modeling, career development, and psychosocial support). The instrument

also measured career outcomes (goal attainment) and job satisfaction. All questions were measured using a Likert Scale with 1 indicating a negative response and 5 indicating a positive response. See Table 1 for a reference for the relationship between questions and concepts. The instrument also allowed for the measurement of the transaction process from King's Theory of Goal Attainment within Bouquillon's instrument. Goal attainment was equated with career outcomes. As previously mentioned, the concepts that lead to transaction are interaction, communication, and perception.

Table 1.

Concepts and Scoring.

Concept	Questions	Range	Concept Mean	Standard Deviation	Mean Per Question
Mentoring Antecedents	37–41	5–25	21.11	2.57	4.22
Mentoring	23–36, 42–51, 69, 70, 73	27–131	107.10	12.13	3.97
Goal Attainment	23, 24, 52–58	9–45	36.11	3.93	4.01
Role Satisfaction	57–66	10–50	39.27	3.47	3.93

The composite instrument contained 77 questions, four of which were open ended. These open-ended questions sought to identify how mentoring has been beneficial for the RNs, why they chose nursing as their profession, and how they currently felt about the role. Demographic information, length of the mentoring relationship, the

number of years the mentor has functioned in this role, and the number of times the mentor and protégé have met were asked.

The instrument chosen for this study measures the major aspects of mentoring including antecedents, attributes, and outcomes. The instrument consists of several parts in that Bouquillon (2004) used the instruments of various researchers. The section of the instrument measuring career development and psychosocial functions in mentoring was developed by Noe and is based on work by Kram (1983), while the career outcome questions including the intrinsic factors of job satisfaction are based on Weiss, Dawis, England, and Lofquist's work (1967) on the Minnesota Job Satisfaction Questionnaire (Bouquillon). The section on career expectations and career planning is based on Gould's work (1979).

Bouquillon gave permission to use the instrument and to change words such as *organization* to *hospital* to make the questions more applicable to nursing (Personal communication, March 8, 2005 Appendix E). Questions from the instrument that were pertinent to intrinsic career outcomes (job satisfaction, career expectations, career planning, and commitment), mentoring function, goal attainment, and role satisfaction were included in the instrument for this study. However, questions regarding extrinsic outcome factors (compensation and promotions), phase of the mentoring relationship, previous number of mentor-protégé relationships, career experience, supervisory role, and dyadic consensus, which were included in the original instrument, were not included because they were outside the objectives of this study. Other than changing the word *organization* to *hospital*, the wording of the questions was retained in its entirety.

Bouquillon's instrument contains the Mentoring Functions Scale, which was developed by Noe (1988) and is based on Kram's qualitative analysis of career and psychosocial functions in mentoring. A factor analysis identified the constructs that are the underpinnings of mentoring functions. All mentoring functions were represented by two factors with the exception of items assessing friendship. The eigenvalues indicated the two factors explain 82% of the variance in mentoring function items. Internal consistency reliability estimates calculated to assess the homogeneity of the two scales was high (α = .89) for the career related function scales, while the estimate for the psychosocial function scale was also high (α =.92). The intercorrelation between the two scales is .49 (Noe, 1988). Noe found a high internal consistency reliability estimate and homogeneity of item content and suggested this scale may be suitable for use in mentoring (Noe, 1988). Noe used the Mentoring Function Scale again in a study exploring mentor-protégé information exchange and found both the career development scale (α = .91) and the psychosocial development scale (α = .90) had good reliability (Mullen & Noe, 1999).

Bouquillon's questions regarding career outcome and job satisfaction questions are based on Weiss, Dawis, England, and Lofquist's work on the Minnesota Job Satisfaction Questionnaire (Bouquillon, 2004). The median internal consistency coefficient for this scale is high (α = .90) and is grounded in the theory of job satisfaction (Baugh & Scandura, 1999). The career expectations scale that assesses the respondent's expectations for future advancement in the organization has an acceptable reliability (α = .80) (Baugh & Scandura, 1999; Baugh, Lankau, & Scandura, 1996). Bouquillon used the career planning scale that was developed by Gould (1979). The

internal consistency reliability of the career planning scale is acceptable (α = .80) (Gould, 1979).

Other Questions

An open-ended question regarding the benefits of mentoring, was asked to provide an opportunity for the respondents to verbalize their feelings more fully. Open-ended questions allowed the respondents to elaborate in areas they feel may need further clarification and, therefore, provide a richness in the data that would not be evident in closed-ended questions (Polit & Beck, 2004).

Operational Definitions

The operational definitions for the concepts listed in Table 1 are presented. The questions relevant for the concept were answered on a Likert Scale in which 1 is strongly disagree and 5 is strongly agree. Scores were summed to determine the measurement for each concept.

Mentoring Antecedents

Mentoring antecedents were measured using questions 37 through 41. These questions included, "I trust my mentor to treat me fairly," and "I enjoy meeting with my mentor." Possible scores were from a low of 5 to a high of 25.

Mentoring

Mentoring was measured using questions 23 – 36, 42 – 51, 69, 70, and 73. Possible scores ranged a low of 27 to a high of 131. Subscores under mentoring included the following mentor functions. For career development, the concept was measured using questions 42, 43, 45, and 50. Possible scores were from a low of 4 to a high of 20. These

questions included, “My mentor has devoted special time and consideration to my career,” and “My mentor helps me coordinate my career goals.” Psychosocial support was measured using questions 44, 47, 49, and 51. These questions included “I share personal problems with this person,” and “I exchange confidences with this person,” The possible scores were from a low of 4 to a high of 20. Role modeling was measured using questions 46 and 48. These questions were, “I try to model my behavior after my mentor,” and “I respect my mentor’s knowledge.” Possible scores ranged from a low of 2 to a high of 10.

Goal Attainment

Goal attainment was measured using questions 23, 24, and 52 – 58. These statements included, “…helped me formulate my own learning goals” and “…has suggested specific strategies for achieving career goals”, “I have a plan for my career,” and “I have a strategy for achieving my career goals.” Possible scores ranged from a low of 9 to a high of 45.

Role Satisfaction

Role satisfaction was measured using questions 57 – 66. These questions included, “My chosen line of work gives me a sense of wellbeing,” “I get a sense of pride from my chosen line of work,” and “I get a sense of accomplishment from doing the job.” Possible scores ranged from a low of 10 to a high of 50.

Pilot Testing

A pilot study using the instrument was administered to 10 experienced, registered nurses who currently work in acute care facilities. These nurses have had mentors and

have functioned as mentors for new nurses. The total work experience for these individuals was 175 years. Feedback from the pilot group was elicited to determine average time of completion, presentation of the format, and ease with which it was completed. In response to suggestions, the definition of mentoring was moved from the beginning of the instrument to the section that precedes the questions dealing with mentoring. The layout was also changed from landscape to portrait view (Appendix B). The RNs stated the average time of completion was 10 minutes.

Data Collection Process

Consent from each of the three acute care facilities was obtained. Additional IRB training, a stipulation for research in one facility, was completed. The distribution times and procedures were dictated by the acute care facilities. A poster announcing the study was used in only one acute care facility and was distributed by the clinical nurse managers to the individual units.

A pre-coded instrument described in the Instrument Section was distributed to each of the acute care facilities (Appendix B). It was anticipated the instrument would take no longer than 20 minutes to complete. The RNs completed this instrument wherever they chose. The purpose of the study and explicit instructions for completion, including contact phone numbers, were included in the packet (Appendix C). Upon completion, the RN placed it in the accompanying 8 x 11 envelope, sealed the flap, placed a mark across the seal, and returned it to the contact from Nursing Administration. Follow-up emails were sent to each of the three contacts at the acute care facilities every 2 – 3 days to ask those who distributed the surveys to remind the RNs who had not returned the instrument

to do so. When the instruments were returned, the RNs left a 3 x 5 card with their names and unit number with the administrator so the movie pass could be delivered to them. A follow-up letter to each of the contacts at the acute care facilities was sent thanking them for their participation. They were also informed any individual who wished to review the results of the study data would have the opportunity, and a final report of the findings would be shared with each facility upon request.

Parameters of the Study

Delimitations

This study was conducted in three acute care facilities in Chattanooga, Tennessee, a city in the southeastern portion of the United States. Inclusion criteria included: RNs who have graduated from an accredited program, have been licensed as an RN for less than 2 years, and are employed in one of these 3 acute care facilities.

Limitations

Limitations resulted from the size of the sample (n=45). The original plan in that the researcher would have access to a list of those RNs from each of the facilities who met the inclusion criteria was not feasible. Only one facility was willing to do this. This administrator was very helpful and stated she would personally distribute these to each of the 38 RNs who were randomly chosen. In the other facilities the researcher was dependent upon nursing administration to distribute the instruments because they were unwilling to allow the researcher access to the names of the RNs who met the criteria or to the patient care areas where these nurses were working. It was also unknown how aggressive the administrators were in the distribution of the surveys or if all the surveys

were distributed. Additionally, because the surveys were returned to their nursing administrators, the return rate could have been affected.

It is unknown if the self-administration of the instrument limited the number of responses obtained. Meadows (2003) states that the self-completion questionnaire has a potential for low return rates. To offset the potential for the lack of response an incentive was given. Additionally, through the use of self-report, there was the possibility of incomplete instruments that limited the number of usable responses. However, there were only two surveys returned in the manner specified that were not completed.

Summary

King's Theory of Goal Attainment and Kram's Model of Mentoring provided the theoretical bases for this study. The concepts, the research variables, and the operational definitions were offered. A description of the method by which the instrument was administered as well as the ethical considerations were discussed. Both delimitations and limitations also were included.

CHAPTER 4

RESEARCH FINDINGS

Introduction

The purpose of this study was to determine the influence of mentoring on goal attainment and role satisfaction for registered nurses in acute care facilities. The purpose of this chapter is to discuss the findings of the study.

Analysis and Interpretation of Data

Of the 180 surveys distributed, 51 were returned, and 6 were discarded, resulting in a return rate of 27% (n=51). For two of these surveys, the respondents did not answer any questions and a third did not meet the inclusion criteria for working in acute care for less than 2 years, and three were received after the completion of data analysis. The 4 concepts under study were mentoring antecedents, mentoring, goal attainment, and role satisfaction.

Demographic Data

The respondents ranged in age from 21–54 with the mean age of 29.5 years (SD = 7.56) with 41 females (91.1%) and 4 males (8.9%) responding. The shift worked was fairly evenly distributed: 51.1% worked 0700 to 1900 while 42.2% worked 1900 to 0700. May 2005 graduates comprised 38% while 31% graduated in May 2004. Forty respondents (88.9%) reported passing the National Council Licensure Examination (NCLEX) on the first attempt. These RNs worked in the following units: Medical Surgical (n=13), MICU (n=6), SICU (n=3), CCU (n=1), Cardiac Stepdown (n=1), ER (n=1), Labor and Delivery (n=2), Orthopedics (n=2), PICU (n=1), NICU (n=1), Trauma

II (n=1), NNICU (n=1), OR (n=1), CHF/Telemetry (n=1) (Figure 5). Six responded as "other areas". The majority of the nurses graduated with an Associate Degree (AD) (n=31), 13 earned the Bachelor of Science in Nursing (BSN), and 1 an AD-BSN degree (Figure 6).

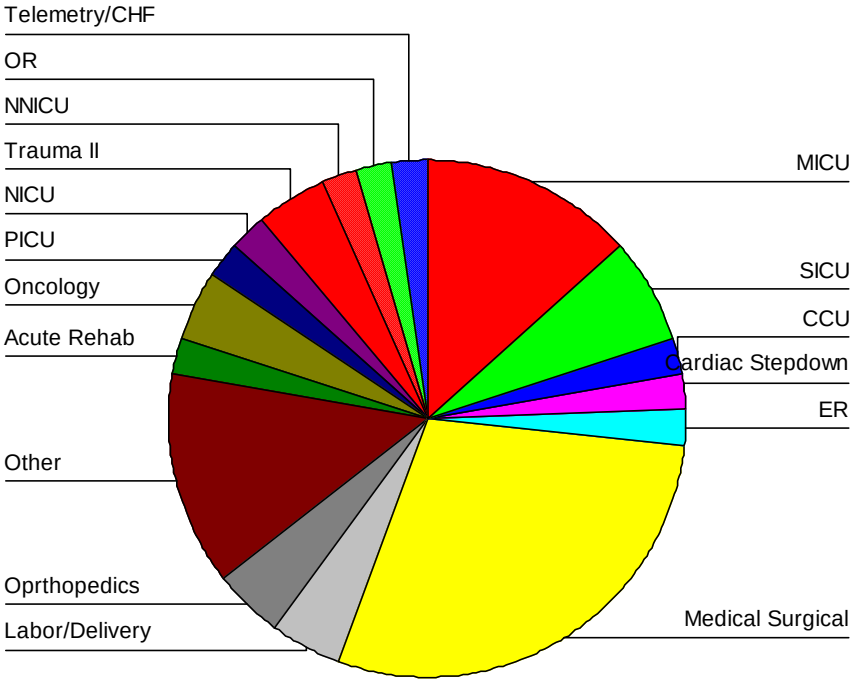

Figure 5. Reported Worksites of the Mentored RNs.

The mentors of these protégés had worked as RNs from 1 to 35 years with a mean length in the profession of 12 years (SD = 8.16). Five respondents did not answer this question. The majority of the mentors held an Associate Degree (AD) (48.9%, n=22), 42.2% (n=19) held a Bachelor of Science in Nursing (BSN), while 4.4% (n=2) had an MSN (Master of Science in Nursing), and another 4.4% (n=2) had either a PhD (Doctor of Philosophy) or a DSN (Doctor of Science in Nursing) (Figure 7). Most mentors met

with their protégés 1-2 times each week (51%, n=23), while others met less than once a week (40%, n=18). A small percent (9%, n=4) met more than three times a week. The respondents stated 40% (n=had a relationship less than 3 months, 24% between 4 and 6 months, while 31% stated that they had been in a relationship longer than 7 months.

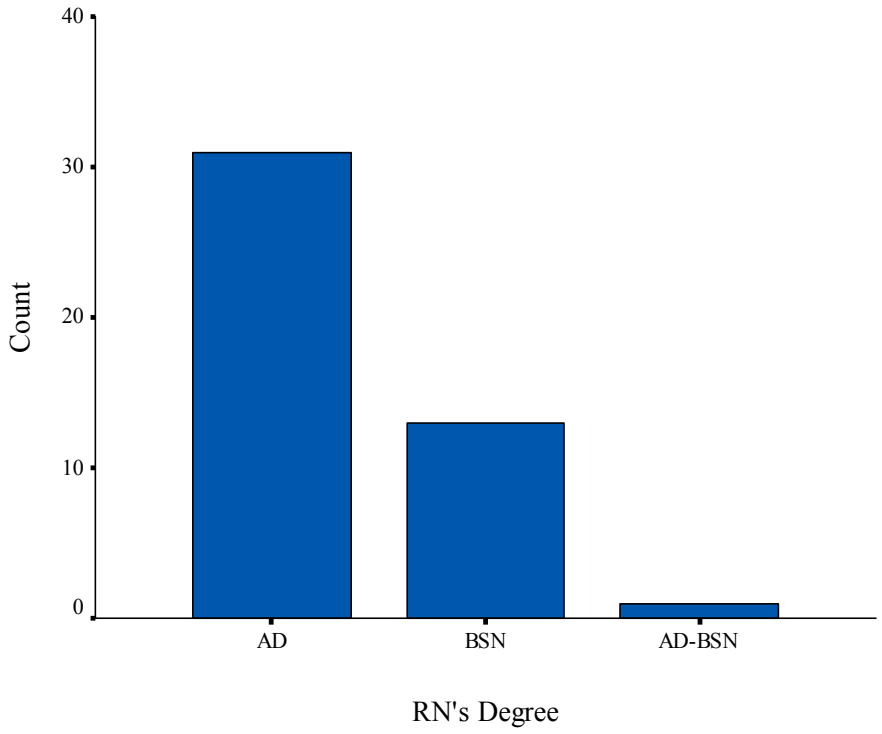

Figure 6. Highest Degree of the Mentored RNs.

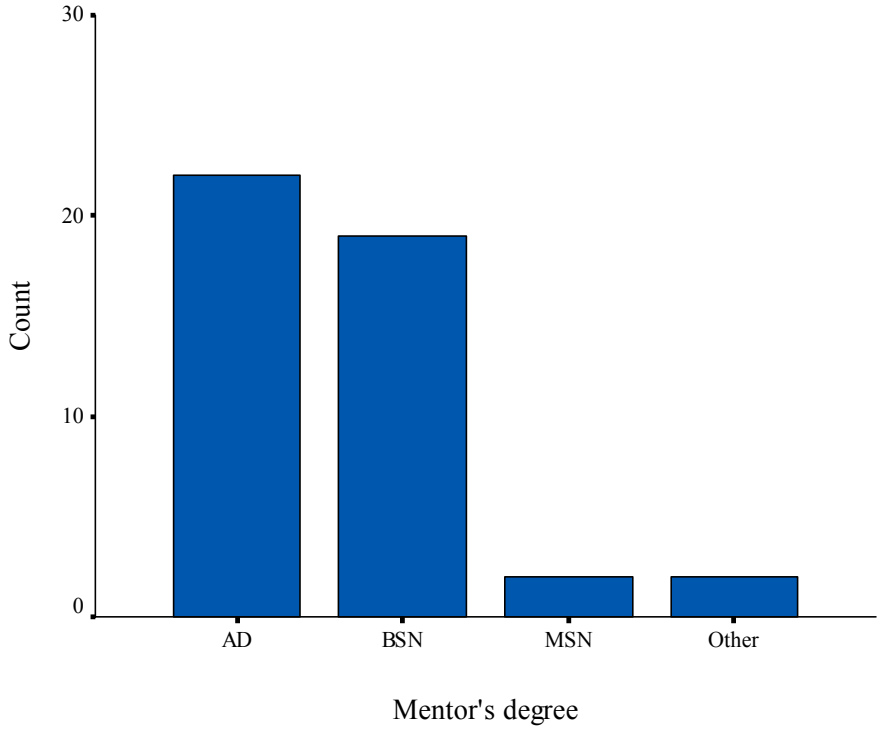

Figure 7. Highest Degree of Mentors.

Presentation of Major Findings

Only 0.4% of the responses for the concept questions were unanswered; therefore, a series mean was used to replace the missing data. Table 1 lists the mean scores and standard deviations of the four concepts under study. The scores for all concepts are normally distributed approximating a "good to excellent" bell shape distribution. Pearson's r was used to answer the research questions. The reliability coefficient for the questions exploring mentoring antecedents was acceptable (α=.823) while the questions exploring mentoring was strong (α=.929). The concept of goal attainment had marginal reliability in this study (α=.743). The reliability for role satisfaction was low (α=.545) whereas the literature cites a strong reliability (α=.90) for this instrument.

CorrelationalData

The findings from the research questions follow. Table 2 shows the correlations for each of the four concepts. The fifth question that only examines mentoring in those RNs who had a higher level of goal attainment (mean $\geq$ 36) is also discussed.

Research Questions

1. What is the relationship between mentoring antecedents and the quality of mentoring? Questions that addressed the mentor's qualities (i.e., trustworthy, fair, similar values, satisfactory relationship) were correlated with the mentoring function (i.e., help with personal and career problems, sharing confidences, friendship, and provider of knowledge). There was a strong correlation between the presence of mentoring antecedents and the quality of mentoring ($r = .87$; $p < .001$).

2. "What is the relationship between mentoring and goal attainment?" Questions asked about plans for the RN's careers, a strategy to achieve those goals, and decisions regarding a career plan. This had a strong correlation ($r=.80$; $p < .001$).

3. "What is the relationship between goal attainment and role satisfaction?" There was no significant relationship ($r=.27$; $p=.058$).

4. "What is the relationship between mentoring and role satisfaction?" There is no significant relationship between these two concepts ($r=.27$; $p =.071$). However, there was a significant correlation between the presence of mentoring antecedents and role satisfaction ($r=.345$; $p < .05$).

5. "Do those RNs who are mentored and who have high levels of goal attainment have greater role satisfaction?" The analysis was conducted using only those who scored

above the mean (36.0) for the goal attainment concept (n=21). There was a moderate relationship between mentoring and role satisfaction (r = .54; *p* < .05).

Table 2.

Correlations for the Concepts.

	Mentoring Antecedents	Mentoring	Goal Attainment	Role Satisfaction	Role Satisfaction (n=21)
Mentoring Antecedents	1 .	.867** .000	.695** .000	.345* .020	
Mentoring		1 .	.804** .000	.272 .071	
Goal Attainment			1 .	.285 .058	
Mentoring (n=21)					.54* .011

* p < .05; **p<.01

After the correlations were calculated for each of the research questions, a scatter plot for the four research questions was developed (Figure 8). A scatter plot is a visual representation of the relationship between the variables (Polit & Beck, 2004). This representation visually reinforces the relationships between the concepts under study.

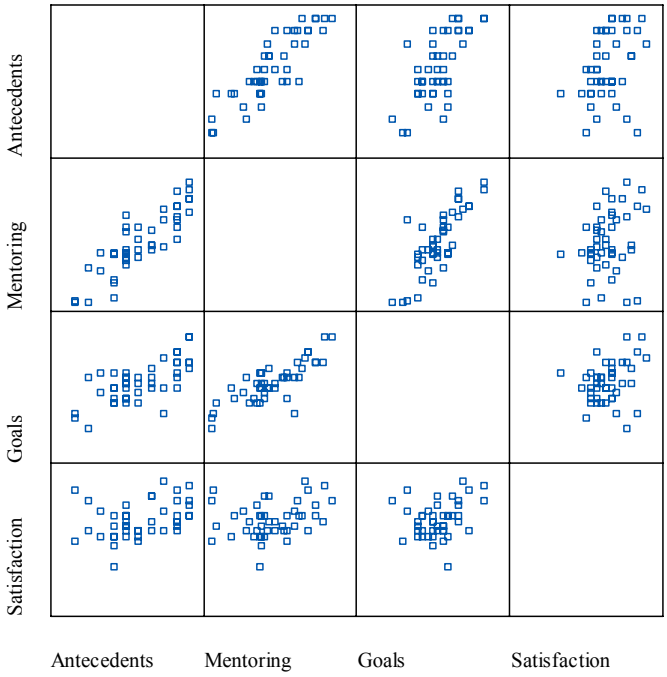

Figure 8. Matrix Scatter Plot of the Four Concepts.

The answers to the open ended question, that was placed at the end of the instrument, addressed "How has having a mentor hindered or benefited you?" The results are cited in Table 3 and support the literature.

Table 3.

How Has Having a Mentor Hindered or Benefited You?

Trusted friend
Great relationship inside and outside work
Taught me by example and with words
She's been patient with my 1000s of questions and always helps if she sees me sinking
She believes in me as a person and as an RN that helps me believe in myself
Helps me to continually grow as a nurse
Respect for my mentor's morals and character, I trust and respect her
Developed a relationship with her and trust her opinion and guidance
Great source of information and guidance for me in practice
Teaching me, takes the time to teach me all the jobs
Prepared me for position
Feeling of teamwork
Instilled behaviors, skills, knowledge for my career, organizational skills, and the overall nursing process
Develop my critical thinking skills, stronger critical thinking skills
Time management, excellent organizational skills
Having a resource to go to
Turn to for help and advice

Concepts in Goal Attainment

The instrument was examined in light of concepts in King's Theory of Goal Attainment. According to this theory, the four concepts, communication, perception, interaction, and transaction, must be present in the mentor/protégé relationship in order to attain goals. Relevant questions from the instrument were assigned to one of the four concepts to create new scales (Table 4). The total score, the mean, and standard deviation as well as Cronbach's alpha were calculated for each new scale.

Table 4.

King's Concepts and Scoring.

Concept	Questions	Range	Mean	Standard Deviation	Reliability Coefficient
Communication	24, 26, 28, 29, 31, 36, 44, 47	9–45	32.51	3.95	.812
Perception	23, 24, 43	3–15	12.53	1.74	.762
Interaction	29, 31, 34, 36, 42–45, 47, 50	10–50	38.87	5.32	.862
Transaction	23, 27, 30, 32, 52–54	7–35	29.89	3.29	.760

The mean for each question for the concepts in King's Theory of Goal Attainment is presented. The concept of communication had 8 questions with a mean of 4.06. The concept of perception had 3 questions with a mean of 4.18. There were 10 questions for

the concept of interaction with a mean of 3.89 while the concept of transaction had 7 questions with a mean of 4.27.

Summary

The influence of mentoring on goal attainment and role satisfaction was examined in hospital nurses using an instrument developed by Bouquillon (2004). Both a simple random sample and convenience sampling designs were used. Frequencies and correlations were used for data analysis. The instrument has established validity and reliability and is based on a large foundation of scientific literature dating back to 1967. Ten RNs with extensive experience in acute care pilot tested the specific instrument. The instrument was modified in response to their suggestions. The five research questions were answered. The concepts in King's theory were evaluated. A reliability coefficient was developed for each concept in this study, including King's theory.

CHAPTER 5

CONCLUSIONS, DISCUSSION, AND SUGGESTIONS FOR FURTHER RESEARCH

Introduction

The purpose of this chapter is to discuss the findings from the study and relate them to the literature. Mentoring has been studied from two theoretical bases, King's (1981) and Kram's (1983). Suggestions for areas of further research are discussed.

Discussion

This study sought to examine the influence among mentoring, goal attainment, and role satisfaction for new graduate nurses working in an acute care facility for the first time. The mean age of this sample (29.5 years) was younger than the mean age (31 years) of the new graduate RNs reported by Sigma Theta Tau International (2001). The percentage of males (9%, n=4) in this study was slightly higher than the national average (5.4%) (Sprately et al., 2002). The pass rate for this sample was compared to the pass rate for first time NCLEX test takers (NCSBN, 2006) and was similar or better for the years 2003 and 2005, yet lower for 2004 (Table 5). Of the respondents, 68.9% (n=30) had an AD, 28.9% (13) had a BSN, and 2.2% (n=1) had an AD-BSN degree. Nationally, approximately 43.3% of the RNs report an AD as their highest level of education and 30.3% reported the BSN as their highest level in 2000 (Sprately et al.). For this study, there were more RNs with AD than the national average while RNs with BSNs were fewer.

Table 5. Pass Rates for First Time NCLEX Test Takers for the Years 2003-2005.

Year	AD*		BSN**	
	National Pass Rate	Sample Pass Rate	National Pass Rate	Sample Pass Rate
2003	87%	87%	86.9%	100%
2004	85.3%	72.2%	84.8%	83.3%
2005	87.5%	94%	86.7%	100%

*Associate Degree; ** Bachelor of Science in Nursing

King's Theory of Goal Attainment in that two individuals come together for the purpose of goal attainment is supported in this study. There was a strong correlation between mentoring and mentoring antecedents (r=.867; $p < .01$). Referring to the transaction process in King's theory, the mentor and the protégé have come together in a mentoring relationship "to help and be helped to maintain a state of health permits functioning in roles" (King, 1981, p. 142). In this study, the mentors assisted the protégés as they worked toward becoming competent RNs, those who successfully made the transition from student to new graduate. Competency can only be achieved when the concepts in King's theory are present. Kram's Model is also supported in this study. Kram suggests that mentoring antecedents must be present for effective mentoring. If these are not present, mentoring will not occur.

Communication was present as evidenced by the number of meetings the RNs had with their mentors (51% met 1-2 times each week, 8.9% met 3 or more times each week). There was also an exchange of confidences with their mentors in 68.9% of the

respondents. They “agreed” or “strongly agreed” this occurred (mean score 3.68, range 1-5, SD=.972). In 93.3 % of the responses, the RN stated the mentor provided feedback regarding job performance. The mean score on the concept of communication was 32.51 (range 9-45, SD 3.95) out of a possible score of 45. King’s concept of communication, the process of giving information from one person to another (King, 1981) was present.

King (1981) defines perception as the process of organizing, interpreting, and transforming information. The mean score for this concept was 12.53 (range 3-15, SD=1.74). The mentors suggested specific strategies for achieving career goals (mean score 4.06, range 1-5, SD=.780), gave opportunities for learning new skills (mean score 4.44, range 1-5, SD= .623), and coached the protégés on the job (mean score 4.0, range 1-5, SD=.852). Kram (1983) states the mentor’s responsibilities include both psychosocial and career development functions.

Interaction is defined as perception and communication between the mentor and protégé, is goal-directed, and demonstrates how one feels about another individual. The interaction of the mentor and protégé is initiated for a specific purpose. Both evaluate each other and the situation, make judgments, and then decide the appropriate course of action (King, 1981). Because communication and perception are the basis of the interaction, the scores from these two concepts as well as three questions regarding goal-directed behaviors were summed. The mean score for this concept was 38.87 (range 10-50, SD=5.82). The mean score for the question regarding the mentor’s interest in the protégé’s career was 4.07 out of 5 (SD=.695). The mean score for the mentor’s assistance in coordination of goals was 3.46 out of 5 (SD=.867) while the mean score for the mentor devoting time and consideration to the protégé’s career was 4.0 out of 5 (SD=.739).

Career development and psychosocial support are evident in this study. With the low variability in the responses, the data suggest the basis for goal attainment is present in these relationships, an outcome of King's theory.

All three of the previous concepts must be present for a transaction. Transaction is defined as observable behaviors in that two individuals "share their frame of reference about events" and identify those things that they share in common and, as a result, are able to attain mutually set goals (King, 1981, p. 147). In mentoring, transaction is the result of the interactions of two individuals who interact for a purpose – to help the protégé become competent in the new role of RN. Both enter into the process as active participants and, through the course of the experience, each is changed (King, 1981). The mean score for this concept was 29.8 out of 35 (SD=3.286). Assistance in formulating career goals (mean 4.22, range 1-5, SD=.765), increasing self confidence of the protégé (mean score 4.35, range 1-5, SD=.712), and the mentor's contribution to the protégé's improvement in all areas of skills (mean 4.46, range 1-5, SD=.660) support the presence of a transaction that must be present to achieve goal attainment. These also are present in mentoring.

When the four concepts are examined, some of the results of this study were surprising, some expected. The expectation mentoring antecedents and mentoring would be correlated was supported (r= .87, $p < .001$) and is congruent with the other literature. The mentor's individual characteristics such as belief in another's potential, gifts of time, trust (Stewart & Krueger, 1996), willingness to assist the protégé (Owens & Patton, 2003), and acknowledgement of a professional responsibility (Byrne & Keefe, 2002) were reflected in the results. The mean score for mentoring attributes was 21.11 (range 5-

25, SD=2.58). The attributes of the mentor identified by Kram (1983) and supported by Hunt and Michael (1983) were supported in this study.

The scores for mentoring (mean score 107.10, range 27-131, SD=12.13) suggested the new nurses believed the relationship that they had with their nurses was of a mentor/protégé. The study supports the views expressed in the literature regarding the mentor/protégé. The respondents stated they felt supported in their learning goals, received assistance regarding new skills, and were provided with assistance on how to solve problems. Haley-Andrews (2001) suggests mentors educate, advise, and support the protégés as they gain knowledge, grow, and develop in their professional life/career.

The responses to the open-ended question reflect the psychosocial functions the mentors fulfilled for these nurses. They alluded to many of the reported findings by Kram (1983) and Yoder (1990) such as competence, friendship, role modeling, encouragement, and personal counseling. Additionally, the career development function (coaching, teaching, and sponsorship) Kram and Yoder reported in their studies was evidenced in the responses by the nurses in the sample. Mentoring in this study supports Kram's Conceptual Model of Mentoring and what is reported in the literature. Citing the mentor as a great source of information and guidance for the RN in practice, teaching and taking the time to teach the RN the job, providing preparation for that position, instilling behaviors, skills, and knowledge for the career, and teaching organizational skills are all career development functions cited in this study and the literature. The RNs stated the mentors also assisted with the development of critical thinking skills and time management that also supported the career development function.

The relationship between mentoring and goal attainment was strong (r =. 80, *p* <.001). It appears that in mentoring, the mentors are assisting new nurses to identify career goals. The range for the scores for goal attainment was 9-45 (mean 32.76, SD=3.94). This study supports the relationship between mentoring and King's Theory of Goal Attainment. It also supports Kram's career development function. One function of the mentor is to provide opportunities for and development of the protégé's career. These questions addressed whether or not the mentor helped the protégé formulate learning goals and suggested strategies to achieve career goals. Opportunities to learn new skills, coaching and feedback on job performance, discussion concerning and coordination of goals were analyzed within this concept. The protégé responded to questions that addressed career plans, what is required to achieve the goals, and having set career objectives in light of mentoring functions.

Role satisfaction has either a weak or nonsignificant relationship with the other variables. The Cronbach's alpha on this scale was low (α=.545). However, after data were collected, it became evident that this instrument was a one not a two-scaled tool, and only one of the components of the scale was used. There were 20 questions relating to satisfaction, 10 relating to intrinsic factors, (i.e. organization commitment, career planning), and 10 relating to extrinsic factors, (i.e. compensation), thus the correlations with this variable may be underestimated. Factors that may have also influenced this include placement of the questions (these questions were placed at the end of the instrument) and fatigue of the respondent.

In a post hoc attempt to appraise role satisfaction, a single question, "My chosen line of work gives me a sense of well being," was used as a measure for role satisfaction.

This question was embedded in the role satisfaction scale. There was a nonsignificant relationship there as well (r=.343, *p*=.128) even though the individual question had good reliability (α=.81) (Bouquillon, 2004).

There was also no significant relationship between goal attainment and role satisfaction (r = .285, *p* = .06) with this single-item measure. When the sample was stratified to include only those participants who scored high ($\geq$ 36), on goal attainment, however, there was a significant relationship (r=.54, *p* <.01). This is consistent with King's Theory of Goal Attainment in that she says satisfaction occurs when goals are achieved. The median score for role satisfaction for this sample was 39.27 (SD=3.47) that would indicate a high level of scoring for satisfaction (79%) and the mean score for goal attainment was 36.11(80%) slightly higher than for satisfaction. The standard deviation in the questions related to goal attainment (.58 – 1.21) may indicate these nurses may have clearly identified a career path and those things that they deemed necessary to reach those goals either prior to becoming a nurse or early in role acculturation. The mean age of the nurses in this study is 29 and 12 of the respondents have a previous degree. If these individuals are representative of those nurses who are entering the profession and are choosing nursing as a second career, they may have already clearly identified what they perceive as necessary to achieve their personal and professional goals. Thus, their satisfaction in the role as a new nurse and as well their satisfaction in their job may be greater.

With no literature in nursing that either refutes or supports a relationship between the concepts of role satisfaction and goal attainment, it is difficult to determine how these concepts should influence each other. Questions that address goal attainment include

assistance from the mentor regarding the development of career goals, opportunities for the development of new skills, clarification, coordination of career goals, and a strategy to achieve them.

There was no significant relationship between mentoring and role satisfaction ($r = .29$; $p = .058$). Numerous studies in nursing do support a relationship between mentoring and role satisfaction; therefore, these results are surprising. Forty-one percent of those surveyed graduated from their programs 8 months prior to the survey. The question then could be, is 8 months enough time to be comfortable in the job and derive satisfaction especially when engaged in a mentoring relationship? Repeating this study in 1 year when the RNs have more comfort in the "work" of the job may affect this finding.

A second factor may be the sample size was not large (n=45). Direct access to the RNs to explain the reason for the research and the importance of the study was not allowed. This was provided in written form in the packet. The surveys would be distributed by and returned to nursing administration in a sealed envelope that was provided. However, it is unknown whether or not returning the survey in this fashion had an impact on the rate of return because nursing administration was a component in the process. Also it is not known how aggressively those distributing tried to identify those who met the inclusion criteria. It is assumed a larger sample size may influence the results.

The final question addressed whether those mentored nurses with significant levels of goal attainment had greater role satisfaction. The findings support a statistically significant relationship ($r=.54$; $p < .05$). The analysis was conducted using those who scored above the mean (36) for the goal attainment concept. The literature suggests new

graduates must go through role integration, develop clinical and interpersonal skills, and define their values (Santucci, 2004). All of these variables are a part of the process of becoming a competent nurse. Those who have their professional goals identified may have a higher level of role satisfaction. The findings suggest that mentoring does play a part in this.

The RNs responded to open-ended questions that attempted to determine the how mentoring benefited the RN. The responses strongly supported the literature that describes both the mentoring antecedents and mentoring.

Recommendations for Further Research

This study should be replicated with a larger sample size. Comparing different geographic areas and different preparation of the nurses are areas for future research. The instrument has good validity and reliability and should be used again. The instrument can be distributed via a survey site or possibly through the State Board of Nursing. Distribution procedures need to be such the respondents are assured their employers are not involved in any way with the surveys. This would allow more control over how often the nurses were approached and provide an opportunity to explain the importance of the research. The researcher, with a vested interest in obtaining as large a sample as possible, might be able to increase the size of the return rate, and, thus, the results would have more strength.

Replication using only those RNs who have been employed in nursing for a longer period of time may also be beneficial (i.e., longer than 12 months but fewer than 24). As nurses remain in the role, they are able to deal with the issues of role integration

and are comfortable with clinical and interpersonal skills. These RNs may be a better population to study. It might be assumed those nurses who have more than 12 months experience would be better suited to this study. There may be too much variance in the work experiences of the sample. More experienced nurses may feel they are able to practice competently, and this in itself may be important in the process of identifying personal and career goals and the determination of role satisfaction. Additionally, 12 of the respondents cited they had degrees in areas other than nursing prior to entering and earning a degree in nursing. These RNs who have already had a previous career may have clearly defined goals and objectives for their new career as an RN.

Repeating this study with the same nurses in 1 year may reveal within time goals have been more of a focus with the mentor. As part of the mentoring process, the mentor and the protégé may have identified the need to spend more time on career development issues. Based on the mentor's assessment of the areas that need to be addressed, the protégé would be working toward this specific goal. The identification of personal goals is an important function for the mentor/protégé dyad. There needs to be a period of time in the relationship in that goals can be identified and the way in that they can be achieved developed. A longitudinal study may reveal the mentor and protégé phases of the mentoring relationship and whether goal attainment and role satisfaction increase as the length of time in the relationship increase with time

A study in that the mentor's and/or the protégé's perspective of how goals were identified and how they were to be addressed can be conducted either quantitatively or qualitatively. The RNs who participated in this study may not have had mentors who made the discussion of career goals a priority. If this is the case, then the protégé would

not have the opportunity to address personal and professional goals. Even though the survey used did ask these types of questions, focus groups or a phenomenological study of goal attainment in new RNs who are mentored may shed some light on the manner in that goals are identified and achieved. Quantitatively, using an instrument that focuses more on the measurement of goals and achievement of them may give a better analysis of goal attainment. The instrument used in this study has nine questions relating to goal attainment. Expanding on this concept may give a better representation of the phenomenon. King's Goal Attainment Scale has been used as an assessment instrument in research and practice in nursing (King, 1995). Adapting this for use in mentoring would advance King's theory and show its usefulness for other disciplines. While growth and development were not addressed in this study, it is a transformative process for both the mentor and the protégé when goals are achieved. These concepts could be studied in future research.

Replicating this study with Advanced Practice Nurses (APNs such as Nurse Anesthetists, Nurse Practitioners, or Certified Nurse Midwives) in rural settings would be beneficial. In those areas, APNs are often in practice settings where there is not a great deal of practice support. The role of the APN is unique in autonomy is an important aspect of the practice setting. It would be interesting to examine if those who had mentors experienced greater role satisfaction and whether the mentor assisted in the identification and achievement of goals relative to the specific advanced practice role. If this in the case and there was greater influence on role satisfaction, the importance of support for those nurses who are in a unique practice arena would be strengthened.

This study is important for nursing practice. It underscores the importance for acute care facilities to support those nurses who are acting as mentors either through a formal or informal association with the new RNs. These mentored nurses are more satisfied with their role as RNs. It is assumed then, these nurses will remain in the profession that will help to address the shortage that currently impacts patient care. For these three acute care facilities in Chattanooga, those nurses who remain will save their institutions money avoiding replacement and retraining for those nurses who leave their facilities due to a lack of role satisfaction.

This study is also important for nursing education. It has been shown in the literature mentoring is an effective strategy in education. Mentors support students, facilitate learning, and provide encouragement especially when facing difficult situations that occur in the acute care setting (Atkins & Williams, 1995). Mentoring is teaching, providing feedback, and giving support (Sprouse, 2001). The findings from this study support the literature.

Summary Conclusions

The purpose of the study was to examine the influence of mentoring on goal attainment and role satisfaction. The three facilities in this study were chosen because they have internship programs. Because there was a relationship between mentoring and goal attainment, these facilities may want to explore their internship programs to determine how the mentor/protégé dyad is determined. It has been suggested in the literature that mentoring occurs through formal and informal assignment (Eby & Allen, 2002; Hayes, 1998). The findings in this study suggest by whichever means the

relationship began, it is effective in achieving goal attainment in these three acute care facilities. Review of the program with emphasis on mentoring and goal attainment may increase job satisfaction to a greater degree in these institutions.

The shortage of nurses is not expected to abate in the near future because enrollment in RN programs is not great enough to meet the demand. Unless RNs remain in acute care to meet the needs of those who are in the hospital, the problem will continue to escalate. Satisfaction for nurses is not measured in dollars (Seago et al., 2001). It is measured in the assurance they have the ability to provide safe, competent care. If this is accomplished, satisfaction in the role can be expected. Those nurses who are satisfied remain in the profession. While most retention strategies have been ineffective, mentoring recent graduates was seen as effective (Buerhaus et al., 2005).

Examining mentoring using two theoretical bases, Kram's Conceptual Model of Mentoring and King's Theory of Goal Attainment, provided theoretical frameworks within which this phenomenon could be explored. The questions that King might ask include, "Did the mentor assess the needs of the new graduate? Did both the mentor and the protégé participate in identifying goals that both agreed were important?" There was a strong correlation between mentoring and goal attainment; therefore, one might assume this in fact is true, based on the assumptions and propositions of the Theory of Goal Attainment. Mentoring used as a mechanism for teaching those things that were important for the development of an individual has been present in society since the Trojan War, 1200 B.C. With its effectiveness supported for more than 3200 years, mentoring has a place in the education of our newest nurses.

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APPENDICES

APPENDIX A

Recruitment Poster

Attention RNs!

Want to be part of that research you learned about in school?

I am looking for RNs who graduated less than two years ago to complete a instrument. It will take only a few minutes of your time and may possibly be the most important questionnaire you ever fill out!

See your unit manager or call me at 645-7958 if you want to join in the fun.

Thanks!

Chris Smith, MSN, RN

APPENDIX B

Instrument

ETSU

2005 Mentoring in Nursing Study

Shade Circles Like This--> ●
Not Like This-->

What is your age?

What is your gender?

- O Male
- O Female

On which of the following units do you work on most often? (Select only one)

- O MICU
- O SICU
- O CCU
- O Cardiac Stepdown
- O Emergency Room Trauma
- O Burn
- O Medical/Surgical
- O Labor/Delivery
- O Pediatrics
- O Orthopedics
- O Geriatrics
- O Psychiatric
- O Outpatient Clinic
- O Other

In the last month, what shift have you worked the most? (Select only one)

- O 7a.m.- 7p.m.
- O 7p.m. - 7a.m.
- O 7a.m. - 3p.m.
- O 3p.m. - 11p.m.
- O 11p.m. - 7a.m.
- O Prn
- O Other

Average hours you work per week:

Do you participate in mandatory overtime?

- O Yes
- O No

Do you work overtime voluntarily?

- O Yes
- O No

How long have you been employed with this facility?

- O 0 to 6 months
- O 7 to 12 months
- O Over 12 months

In how many different facilities have you worked since graduation?

- O 0 to 3
- O 4 to 6
- O 7 to 12

Prior to employment did you work in this facility as an:

- O Intern
- O Technician
- O Certified Nursing Assistant
- O None of the above
- O Other

Was this facility a clinical site for your program?

- O Yes
- O No

Date you received your degree:

☐☐/☐☐/☐☐☐☐

From which program did you earn your degree?

- O AD Program
- O BSN Program
- O LPN-BSN Program
- O AD-BSN Program

Did you receive your degree from Regents On-Line?

- O Yes
- O No

Do you have any other degrees?

- O Yes
- O No

If yes, What is your other degree?

☐

Date of second degree:

☐☐/☐☐/☐☐☐☐

Did you pass the NCLEX on your first attempt?

- O Yes
- O No

What type of degree does your mentor hold?

- O AD
- O BSN
- O MSN
- O DSN/PhD
- O Other

How long have you been in a mentoring relationship?

- O 0 to 3 months
- O 4 to 6 months
- O 7 to 12 months
- O Over 12 months

How many years has your mentor worked as an RN?

☐☐

How many times per week, on average, do you meet with your mentor?

- O 0 times
- O 1 to 2 times
- O 3 or more times

Mentoring is often used to help new nurses learn about the profession. A mentor can be any experienced nurse who provides guidance, counsel, support or helps a less experienced nurse by fostering growth through personal development, friendship and trust. The mentor also provides career enhancing functions (skills, know how, information about the organizational climate and career progression) by assisting with the development of professional characteristics. A true mentoring relationship conutinues beyond the orientation program. Please answer the following questions relating how you feel your mentor has benefited you.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Helped you formulate your own learning goals?	O	O	O	O	O
Suggested specific strategies for achieving your career goals?	O	O	O	O	O
Given you assignments that present opportunities to learn new skills?	O	O	O	O	O
Given you feedback (written and/or oral) regarding your job performance?	O	O	O	O	O
My self confidence has increased as a result of my relationship with my mentor.	O	O	O	O	O
My mentor has conveyed feelings of respect for me as an individual.	O	O	O	O	O
I feel comfortable discussing my goals and developmental plans with my mentor.	O	O	O	O	O
My mentor has contributed to my improvement in a number of skill areas.	O	O	O	O	O
My mentor has helped me clarify my career goals.	O	O	O	O	O
My mentor has provided me with assistance and direction on how to solve problems I face on my job.	O	O	O	O	O
I value my mentor's opinion as an RN.	O	O	O	O	O
Discussing my interests with my mentor will benefit me in the long run.	O	O	O	O	O

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I derive the greatest source of satisfaction at work from my relationships with my mentor.	O	O	O	O	O
I often discuss my career goals with my mentor.	O	O	O	O	O
I enjoy meeting with my mentor.	O	O	O	O	O
I respect and admire my mentor.	O	O	O	O	O
I trust my mentor to treat me fairly.	O	O	O	O	O
I feel like my mentor and I share many of the same values.	O	O	O	O	O
The hospital is supportive of me and my mentor interacting.	O	O	O	O	O
My mentor takes a personal interest in my career.	O	O	O	O	O
My mentor gives me special coaching on the job.	O	O	O	O	O
I share peronal problems with my mentor.	O	O	O	O	O
My mentor helps me coordinate my career goals.	O	O	O	O	O
I try to model my behavior after my mentor.	O	O	O	O	O
I exchange confidences with my mentor.	O	O	O	O	O

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I respect my mentor's knowledge.	O	O	O	O	O
I consider my mentor to be a friend.	O	O	O	O	O
My mentor has devoted special time and consideration to my career.	O	O	O	O	O
I often go to lunch with my mentor.	O	O	O	O	O
I have a plan for my career.	O	O	O	O	O
I know what I need to do to reach my career goals.	O	O	O	O	O
I have a strategy for reaching my career goals.	O	O	O	O	O
I have not really decided what my career plan should be.	O	O	O	O	O
I change my career objectives frequently.	O	O	O	O	O
I am sometimes dissatisfied with my career choice.	O	O	O	O	O
My chosen line of work gives me a sense of well being.	O	O	O	O	O
I get a sense of pride from my chosen line of work.	O	O	O	O	O
Sometimes I wish I had chosen a different career field.	O	O	O	O	O
It is important that I have the chance to do different things from time to time.	O	O	O	O	O

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It is important that I have the chance to do things for other people.	O	O	O	O	O
It is important that I have the chance to do something that utilizes my abilities.	O	O	O	O	O
It is important that I have the freedom to use my own judgement.	O	O	O	O	O
It is important that I have the chance to try my own methods of doing the job.	O	O	O	O	O
I get a feeling of accomplishment from doing the job.	O	O	O	O	O
I expect to be promoted from within my organization.	O	O	O	O	O
I find that my values and the values of this organization are very similar.	O	O	O	O	O

My mentor's influence on my career has been...

O Negative
O Neutral
O Beneficial

My mentor's influence on my personal development has been...

O Negative
O Neutral
O Beneficial

My satisfaction as an RN working in acute care has been...

O Very Low O Low O Moderate O High O Very High

My satisfaction with my present working environment has been...

O Very Low O Low O Moderate O High O Very High

My relationship with my mentor is...

O Unimportant
O Somewhat Important
O Neutral
O Valued
O Highly Valued

Please comment on the following questions.

How has having a mentor hindered or benefited you?

Why did you become a nurse?

How did you feel after the first few months of graduation?

Please comment about your role as an RN.

You are done.
Thank you for your time!

APPENDIX C

Letter of Introduction

To My Fellow Nurses:

My name is Chris Smith. I am currently a student at East Tennessee State University and I am working toward my Doctorate of Science in Nursing. I am also a Family Nurse Practitioner and faculty member in the UTC School of Nursing. I am very concerned about the nursing shortage and the problem with retention and role satisfaction that affects our profession.

The Purpose of the Study

This instrument will help me to understand the influence of mentoring on goal attainment and role satisfaction for nurses who have been licensed as an RN for less than two years. Your participation in this study is voluntary and anonymous. Only my dissertation committee and I will see the responses. The instruments are coded to allow me to group responses for data analysis. None of these instruments will be used for any other purpose than to study the research questions. Your completion and submission of the instrument is considered implied consent.

This instrument should take no longer than 20 minutes of your time. Please respond to each question and blacken the circle that best corresponds to your feelings about the statement. You may skip answers, however, this may affect the quality of the findings. Once you have completed the instrument, please place it in the envelope, seal it, place a mark across the seal and return it to the nursing office. There will be no identifying information on the instrument. In return for your assistance with this research, please accept a complimentary movie pass.

This research is being conducted by me, Christine B. Smith, a doctoral candidate at East Tennessee State University. If you have any questions about the research, the instrument or how the information will be used, please contact me at 423-645-7958 or at The UTC School of Nursing, 615 McCallie Avenue, Department 1051, Chattanooga, TN 37403. My email address is Chris-Smith@utc.edu. Thanks for your time.

Chris Smith, MSN, APRN-BC
Doctoral Candidate, ETSU College of Nursing

APPENDIX D

ETSU IRB Approval

East Tennessee State University
Office for the Protection of Human Research Subjects • Box 70565 • Johnson City, Tennessee 37614-1707 • (423) 439-6053
Fax: (423) 439-6060

IRB APPROVAL - Modification

September 8, 2005

Christine Smith
Nursing
1609 Edgewood Circle
Chattanooga, TN 37405

Re: The influence of Mentoring on goal Attainment and Role Satisfaction for Registered Nurses in Acute Care Facilities
IRB#: c04-367s

The following items were reviewed at the 09/01/2005 meeting and approved:

- Narrative - changed to waive ICD
- Letter to nurses
- Purpose of the Study Letter
- Modification - request for waiver of ICD (09/01/2005)

Memorial Hospital and Erlanger Health Systems in Chattanooga, two of the potential sites of data collection, have requested that the staff who participates in the survey NOT be required to supply any identifying information at any point in the research process. This would not be rue if the ICD was included. I have submitted an amended narrative for this study as well as a new letter of introduction which will be attached to all surveys. This states that by completing and returning the survey, consent will be implied.

Sincerely,

Andrea Clements, Ph.D., Chairperson
ETSU Campus Institutional Review Board

APPENDIX E

Permission to Use Dr. Bouquillon's Mentoring Instrument

From: Dr.Edward Bouquillon
To: Chris-Smith@utc.edu
CC:
Date: 03/08/05 12:37 pm
Subject: Re:
Attachments:

Chris,

Good luck and yes you may use my instrument. In one of the appendice the instruments are identified. If you have questions or would like a copy of the original instrument (The format was very well recieved) I can send it along. Originally I had a Version A (protege) and a Version B (mentor) coded so I could match mentor and protege. As you may be learning this continues to be the "grail" of mentoring research, is to have a complete unique dyad data set.. anyway as one of my committee said..The best dissertation is a bound dissertation..

Ed

Edward A Bouquillon PhD
Director
Windham Regional Career Center
Trade and Industrial Center
45 Career Circle
Brattleboro VT 05301

802-257-7335 Office
802-451-3911 Direct
413-537-6451 Personal Cell

APPENDIX F

Permission to Use A Transaction Process

January 9, 2006

Christine B. Smith
Doctoral Student-ETSU
School of Nursing
The University of Tennessee
At Chattanooga
Dept 1051
615 McCallie Avenue
Chattanooga, TN 37403-2598

Dear Christine:

You have requested the use of :

Figure 4
A Process of Human Interactions
From King (1981, p. 145)

I give my permission for you to use the above process. Since I have changed the title o the Figure to read A Transaction Process, I give you permission to change the title fo your use.

Sincerely,

Imogene M. King

Imogene M. King, RN, EdD, FAAN

APPENDIX G

Narrative Description

NARRATIVE DESCRIPTION OF THE PROJECT

1. NAME OF PRINCIPAL INVESTIGATOR: Christine B. Smith, MSN, APRN-BC

2. PROJECT TITLE: The Influence of Mentoring on Goal Attainment and Role Satisfaction for Registered Nurses in Acute Care Facilities

3. PLACE
This study will be conducted at three acute care facilities, Memorial Hospital, Erlanger Medical Center and Park Ridge Hospital in Chattanooga, TN. IRB approval has been obtained in writing from each institution. The letters are attached.

4. OBJECTIVES
The objectives of this study are to determine the effect of mentoring on goal attainment and role satisfaction for registered nurses who are graduated from an accredited program less than two years ago and are employed in acute care facilities for less than two years.

5. SUMMARY
It is recognized that the new nurse's period of adjustment from the academic to career role can either positively or negatively impact their desire to remain in the profession (White, 1996). According to the latest projections from the U.S. Bureau of Labor Statistics published in the February 2004 Monthly Labor Review, more than one million new and replacement nurses will be needed by 2012 and 1 out of every 5 nurses currently working is considering leaving the profession. Job dissatisfaction is the reason most often cited for leaving the profession. Yet, it is also a powerful predictor of continued employment in any profession (Higgins, 2000).

The nursing profession is currently experiencing a significant loss of nurses. Sources of the problems in nursing include high patient acuity, long work hours and low wages. In addition, it is estimated that by 2020, there will be at least 400,000 fewer nurses available to provide care than will be needed (JACHO, 2000). The supply of and demand for nurses will drastically be affected.

Both current and former nurses acknowledge retaining and/or recruiting qualified nurses are significant problems. Seventy percent of currently employed RNs indicate their facility has a major or moderate problem retaining (70%) and recruiting (69%) qualified nurses (Hart, 2001). When currently practicing nurses were instrumented, 50% indicated they had considered leaving patient care within the past two years for reasons other than retirement. Identified as “potential leavers”, nurses ages 18 to 59 have considered leaving direct patient care within the past two years but not because they want to retire. “Potential leavers” willingness to consider leaving patient care is a result of their lower

levels of satisfaction with every aspect of their job (Hart, 2001). Role stress is a significant issue for the registered nurse.

The American Association of Colleges of Nursing (AACN) is concerned about the nursing shortage and is focusing its efforts toward enacting legislation, identifying strategies, and forming collaborations to address the nursing shortage (AACN, 2002). One such strategy may be the use of mentors for registered nurses.

The need for research regarding mentoring in nursing has been acknowledged. Ecklund (1998) examined mentoring in the clinical setting to determine if the more in depth relationship of mentoring could in fact impact job satisfaction. Critical care RNs in clinical practice were surveyed. Using the Index for Work Satisfaction (IWS) that is used to measure job satisfaction in health care she examined both mentored and non-mentored participants. Review of the findings showed that 56% of the nurses had mentors in their career. However, the results showed that mentoring and job satisfaction were not significantly related (p = 0.408). The question then is, does being satisfied in the role of the registered nurse have a significant influence? It is hypothesized that through mentoring and goal attainment role satisfaction will increase.

Recognizing the need for improved satisfaction for RNs in acute care facilities, this study will examine the influence of mentoring on goal attainment and role satisfaction for RNs in acute care facilities. Three hospitals in Chattanooga, Tennessee will be contacted to determine willingness to recruit for participation in the study. The participants will include all those RNs who have worked in the hospital for less than two years (defined as no more than 23 months and 29 days). Each will be asked to complete a questionnaire and demographics sheet that will be utilized to determine the presence of a mentoring relationship in that goal attainment and satisfaction are addressed. This questionnaire will measure both the mentoring process (defined as what experiences occur during the relationship between the mentor and protégé) and the impact of the relationship on the individuals.

6. METHODS OF RECRUITMENT

A convenience sample will be chosen from three acute care facilities in Chattanooga, Tennessee. The retention coordinator and/’or department of nursing of each of these hospitals will be contacted to assist in recruiting nurses. In addition, a poster discussing the purpose of the study will be placed in each nurse’s lounge and the nursing office. The PI will deliver packets with the purpose of the research and instruments to the nursing office for distribution. These instruments will be coded prior to distribution and there will be no other identifying information on the forms. Each nurse willing to participate will be given a packet to complete. Criteria for participation is as follows: 1) Registered nurses working in nursing for the first time 2) graduated from an accredited RN program in the last 2 years 3) have passed the NCLEX exam and 4)are working as registered nurses in an acute care facility. Recruitment procedures will be designed to assure that consent is given freely and to avoid coercion or undue influence.

7. RESEARCH DATA

The research instruments will be a demographics sheet and a survey. A cover letter will be attached that will states that by completing the questionnaire consent to participate is implied. Each set of forms will be assigned a unique number. No other identifying information other than demographic information, length of time employed as an RN and date of graduation (recorded in months) will be obtained. After completing the forms, the respondent will place them in an 8x11" envelope, seal them and mark an "X" across the seal and place them in a locked box in the nursing services department. No one will have access to this box except for the PI. The forms will be removed from the box every two days and be taken by the PI to her office, 615 McCallie Avenue, Chattanooga, TN 37403 in Metro Building office 317 and locked in a file cabinet. These forms will be maintained in the PI's office in a locked file cabinet for 10 years. No identifiable information will be retained. No one will have access to the completed data except the PI's dissertation committee at ETSU, and a named statistician if needed.

8. SPECIFIC ROLE OF HUMAN SUBJECTS

The participants will be graduates of accredited RN programs. They will be eligible for inclusion if they have been employed in nursing less than 2 years (defined as 23 months and 29 days) and graduated within the last 2 years. The participant will be asked to complete demographic information sheet and a survey. After completing the forms they will be sealed and placed in a locked box in the nursing services department by the respondent.

9. SPECIFIC RISKS TO SUBJECTS

There are limited risks associated with this research. The RN may determine the level of role satisfaction is unacceptable. In this case, the RN will be directed to the Human Resources Department for discussion of concerns. The RNs may choose to withdraw from participation at any time.

10. BENEFITS TO SUBJECTS

This research is intended to determine whether mentoring RNs can positively impact role satisfaction leading to retention of nurses. This study may demonstrate that a formal program of mentoring can in fact positively influence nurses who need support in the role of RN.

11. INDUCEMENTS

One movie pass will be offered as an incentive for participation in this program.

12. SUBJECT CONFIDENTIALITY

Each participant's right to privacy will be maintained by coding the data. Only the PI, PI's dissertation committee at ETSU, and a named statistician if needed will have access to the data. The research information will be available for inspection by study related personnel and ETSU IRB. All information about the participants will be treated confidentially and will not be revealed, unless required by law. The results of the study will be shared with the participants and the acute care facilities from that the participants are obtained if so desired.

13. INFORMED CONSENT

A cover letter attached to the instrument will explain the purpose of the study. It

will also state that by completing the questionnaire, consent is implied. All participants will be provided with the phone number and address of PI if questions or concerns arise while the study is being conducted.

14. ADVERSE REACTIONS REPORTING

All adverse events (AE) will be reported verbally to the IRB within 24 hours of its occurrence and in writing to the IRB no later than five working days from the date of the event date the PI is notified of the occurrence.

15. PERTINENT LITERATURE

American Association of Colleges of Nursing. (2002). Nursing shortage fact sheet. Retrieved April 11, 1004 from http://www.aacn.nche.edu/Media/shortageresource.htm

Ecklund, M. M. (1998). The relationship of mentoring to job satisfaction. *Journal of the New York State Nurses Association, 29*(2), 13-15.

Hart Research Institutes. (2001, April). *The nurse shortage: perspectives from current direct care nurse and former direct care nurses.* An opinion research study conducted on behalf of the Federation of Nurses and Health Professionals. Retrieved April 11, 2004 from http://www.aft.org/healthcare/downloadfiles/Hart_Report.pdf

Joint Commission on Accreditation of Healthcare Organizations. (2001). *Health care at the crossroads, strategies for addressing the evolving nursing crisis.* Retrieved April 11, 2004 from http://www.jcaho.org/about+us/public+policy+initiatives/health+care+at+the+crossroads.pdf

White, A. (1996). A theoretical framework created from a repertory grid analysis of graduate nurses in relation to the feelings they experience in clinical practice. *Journal of Advanced Nursing, 24,* 144-150.

16. LOCATION OF RECORDS

The records will be located in the office of Christine B. Smith, at the University of Tennessee at Chattanooga, Metro 317, 615 McCallie Avenue, Chattanooga, TN 37403 for a period of 10 years as required by law. In the event this location must change, the IRB at ETSU will be notified in writing prior to relocation.

VITA

CHRISTINE BENZ SMITH

Personal Data:	Date of Birth: January 20, 1954
	Place of Birth: Jersey City, New Jersey
	Marital Status: Married
Education:	Vanderbilt University, Nashville, Tennessee Bachelor Science of Nursing, 1976
	The University of Tennessee at Chattanooga Chattanooga, Tennessee Master of Science in Nursing, 1997
	East Tennessee State University, Johnson City, Tennessee Doctor of Science in Nursing, 2006
Professional Experience:	Registered Nurse 1976 – current
	Family Nurse Practitioner 1997 – current
	Assistant Professor of Nursing, Kay K. Chitty Professor 2001 – 2005
	Coordinator, Family Nurse Practitioner Concentration Assistant Professor University of Tennessee at Chattanooga, 2005 – current
Honors and Awards:	Sigma Theta Tau, International Nursing Honor Society – 1996
	Recipient – Margaret Lupton Rawlings Award for Community Service – 1997
	Recipient – Elise Chapin Moon Sustainer Service Award: Junior League of Chattanooga – 2001
	American Lung Association Woman of Distinction – 2004
	Gamma Beta Phi Honor Society – 2005