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Critical care nursing necessitates specialized knowledge and skill acquisition. Because of this, intensive care units have historically hired competent acute care nurses. Due to the current nursing shortage, critical care units are now hiring new graduate nurses. In light of this trend, one way to provide effective teaching to the tasks and critical thinking involved with ICU nursing is by assigning new graduate nurses a mentor. The purpose of this study was to examine the experiences of mentees and mentors in a structured mentorship program. These perceptions were gleaned through a qualitative study using focus group methodology and a convenience sample of five mentees and six mentors. Results of this study revealed the following shared perceptions from the mentees and mentors: (1) availability, (2) sense of community, and (3) support and knowledge. Furthermore, this study supports mentorship programs as a means of professional development, education, and overall organizational commitment.

PERCEPTIONS OF AN INTENSIVE CARE MENTORSHIP PROGRAM

by

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CHAPTER I

BACKGROUND AND RATIONALE

Introduction

New graduate nurses display various degrees of enthusiasm, anxiety and readiness to learn when beginning their new profession. Many practice-based professions, including nursing, traditionally rely on clinical staff to support, supervise and teach the novice in practice settings. Within critical care, this is even more important because of the intense nature of the nursing care provided to clients as well as the specialized and comprehensive nursing knowledge required to care for critically ill patients. The underlying rationale is that by working alongside expert clinicians, the novice practitioner will learn in a safe, supportive and educationally adjusted environment (Benner, 1984). However, this support and educational framework is inconsistent throughout nursing. Furthermore, the current nursing shortage has created challenges in effectively orienting and precepting new graduate nurses (Drenkard, 2004).

One way to provide constructive and effective orientation to the tasks of nursing care, and more importantly to the profession of nursing, is by assigning a mentor to graduate nurses who are beginning their careers in critical care. This nurse mentor should be experienced in critical care and have the ability to teach the neophyte nurse. Such a strategy has a multifaceted role. As has been clearly documented in the literature, the current and projected nursing shortage has significantly contributed to burnout,

frustration, workload, and a lack of respect and support (Letvak, 2002). By implementing a mentor program, new graduate nurses will have the necessary support to guide them through the clinical and emotional challenges of their first year as a professional nurse. Consequently, mentees will develop confidence and opportunities for professional growth. They learn from the insights of experienced mentors and benefit from hearing about the patient care encounters and feelings experienced by the mentor. In conjunction with mentee benefits, mentors have an opportunity to benefit from the satisfaction of helping a colleague begin his or her career and/or reach desired goals (McCloughen & O'Brien, 2005).

Purpose Statement

Despite the intuitive advantages of mentorship programs, there lacks quality data in the literature from both the mentee and mentor perspective of the professional and interpersonal profitability from this synergistic relationship. Furthermore, there are many interpretations of the term "mentor." Some of these include teacher, coach, advisor, friend, and counselor. Fawcett (2002) makes the distinction that a mentor implies a long-term relationship between people whereas a preceptor implies a teaching relationship. The mentor's role has a much broader scope than the preceptor's and includes career introduction, guidance, and inspiration. This nebulous concept lacks clear definition and construct in the literature. Consequently, the purpose of this study was to examine the experiences of mentees and mentors in a structured mentorship program.

Justification of Study

In January of 2002, in the American Association of Colleges of Nursing's (AACN) white paper, *Hallmarks of the professional nursing practice environment*, there was a recommendation to establish mentoring networks for new graduates to support their successful transition into a professional work environment. Indeed, mentoring and precepting can serve to create and enhance a climate of encouragement, excellence, acceptance, and support. Although true throughout nursing, this is especially true in the critical care arena, where critical thinking, expert knowledge, and utilization of theory are paramount for optimal patient outcomes. However, there lacks clear definition in the literature of effective mentoring programs, as well as the perceptions of such programs on mentors and mentees. Subsequently, this thesis proposal examined through qualitative methodology the perspectives of mentors and mentees who participated in a structured mentoring program. The results of this study provided data into the thoughts and perspectives that both mentee and mentor nurses have in the mentorship relationship process. Furthermore, results of this study have provided a deeper insight into staff development to assist in developing mentorship programs.

Due to a growing and aging U.S. population, a demand for the highest quality of care, an aging Registered Nurse (RN) workforce, and difficulties attracting new nurses and retaining the existing workforce, the shortage of nurses is projected to increase over the next 20 years (Bureau of Health Professions, 2002). Based on anticipated population reports, the national full-time employee nursing deficit is expected to by approximately 30% by 2020 (Bureau of Health Professions, 2002). Literature suggests that the present

nursing shortage is a result of nurses leaving direct patient care for other jobs within the nursing profession, resulting in a critical shortage of bedside nurses. Literature also cites that a primary cause of such departures are due to overwhelming pressure experienced by the new graduate nurse as they transition from student to professional (Buerhaus, Staiger, & Auberbach, 2000; Laschinger, 2004; Laschinger & Finegan, 2005; Laschinger, Finegan, & Shamian, 2001).

Many find that the transition from student to graduate nurse is challenging. New graduates come from varying backgrounds, from never having been employed, to experience as a nurse's assistant, to having successful professional careers outside the healthcare setting. All of these require a transition to the new role as a professional nurse. Nursing curriculum provides an introduction to nursing; however, once one is working in the field, challenges arise. The reality shock that a graduate nurse experiences as they orient to a clinical practice can be lessened as the nurse begins to feel a sense of belonging during the transition period (Winter-Collins & McDaniel, 2000). Increasing the sense of belonging can occur in fairly simple ways, from incorporating the new graduate nurses into the socialization of the nursing unit to checking with the new graduate daily to ask about progress made in the transition. The sense of belonging, or acceptance from other nurses, allows the new graduate to grow professionally on the nursing unit. Consequently, the nursing shortage has challenged acute care facilities to be creative in identifying effective recruiting and retention efforts. One creative effort that can attract and retain graduate nurses is a comprehensive mentorship program that focuses on critical thinking, care analysis, and professional development.

Multiple studies have demonstrated that organizational support significantly contributes to ideals of empowerment, job satisfaction, and overall increased retention rates (Bureaus et al., 2000; Laschinger, 2004; Laschinger et al., 2001; Laschinger & Finegan, 2005). Furthermore, there has been much anecdotal discussion regarding the positive effects of mentorship on retention rates and overall satisfaction rates for new graduate nurses. However, no study was found directly linking staff retention to structured mentorship programs. Moreover, no studies or anecdotal literature could be found on the positive effects of said mentorship programs on retention rates or satisfaction rates for the experienced and expert staff.

Theoretical Framework

Kanter's Theory of Organizational Empowerment stresses the importance of social structures within an organization or unit. Kanter argued that the social environment and structure of a unit will influence an employee's behavior more than individual personalities. These structures include access to information, resources, support, and opportunities to learn and grow (Kanter, 1977, 1993). According to Kanter, employees in environments where these structures are in place are more committed to the organization, are more likely to engage in positive organizational activities, and experience less job strain and burnout. Kanter's theory mandates that administrators create conditions for work effectiveness by ensuring that employees have access to the information, support, and resources necessary to accomplish their work and are provided ongoing opportunities for employee development. Ultimately, access to these empowerment structures can

result in increased feelings of power, respect, trust, and increased commitment to the organization (Kanter, 1977,1993).

Kanter (1977, 1993) outlined power as stemming from formal and informal sources. Formal power refers to the jobs that allow flexibility and visibility in the organization and provide employees with autonomy to be creative and innovative. Informal power means that opportunities to build networks of alliances with peers must be prevalent. These two sources of power influence access to job-related empowerment structures, including opportunities for advancement, education, and appropriate compensation for exemplary work. To attain power in the work environment, Kanter believes that access to the information, resources, and support to carry out job activities effectively is essential. When these organizational characteristics are present, employees are more satisfied with their work and have lower levels of occupational stress or tension (Kanter, 1977, 1993).

As Kanter's theory is centered around organizational structures and processes that encourage and foster support and guidance, a mentorship program within the Cardiothoracic Intensive Care Unit at the University of North Carolina Hospitals was established based on this organizational theory. So as to better understand how this support service is perceived and viewed from both the mentor (expert) and mentee (novice) perspective, the following questions were developed for the mentor focus group and mentee focus group:

1. What effect has the mentoring program and relationship had on you and your nursing practice?

2. How did you feel about being a mentee / mentor?
3. What have you learned from being a mentee / mentor?
4. What did you like about being a mentee / mentor?
5. What did you not like about being a mentee / mentor?
6. Is there anything else you would like to discuss about your mentorship experience?

Assumptions

The assumptions of this study included the following:

1. The assigned mentors are clinical experts.
2. The mentors have an understanding of professional development.
3. The assigned mentors are enthusiastic participants in the structured mentoring program.
4. The assigned mentees are enthusiastic participants in the structured mentoring program.
5. The mentor / mentee pairings engender a healthy and collaborative relationship.
6. The developed mentorship program provides a positive supportive and collaborative environment.

Research Question

The research question asked in this study was, “what are the perceptions of a mentorship program from both the mentee and mentor perspective?”

Definition of Terms

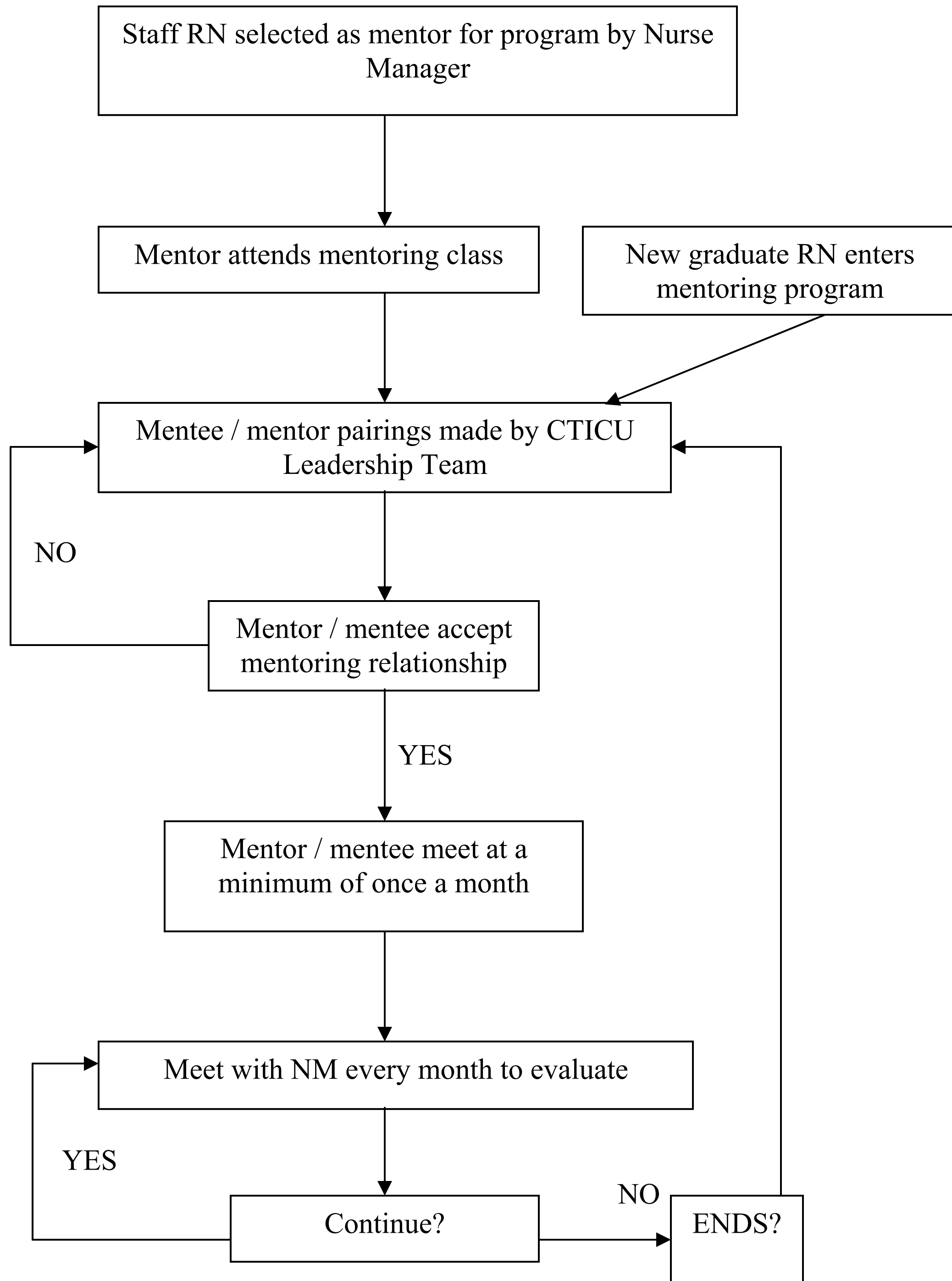
Within this study, the term "mentor" will be defined as a Clinical Nurse III, according to the University of North Carolina (UNC) Hospital's Professional Advancement Ladder. This program is a tiered performance based professional advancement system that provides a professional framework for developing, evaluating, promoting and rewarding RNs who are direct caregivers. The levels are based on Patricia Benner's (1984) novice-to-expert model. Within the framework of this study, a Clinical Nurse III practices at the level of an expert practitioner of nursing. The nurse at this level demonstrates expertise in caring for patients with complex problems. In addition, the Clinical Nurse III demonstrates clinical leadership skills through contribution to standards of care and unit goals. The Clinical Nurse III serves as a role model for other staff and participates in endeavors to increase nursing knowledge. Finally, a "mentor" must have completed an hour long class entitled "The Mentoring Spirit," which was developed as a means of educating the Clinical Nurse III on what it means to be a mentor and the expectations of that role. All mentors within this study will be Clinical Nurse IIIs at UNC Hospital's Cardiothoracic Intensive Care Unit.

Within this study, the term "mentee" is defined as a Clinical Nurse I within the University of North Carolina's Professional Advancement Ladder. A Clinical Nurse I is identified as a novice. The nurse at this level is able to apply the nursing process to his or her practice, but requires guidance. Mentees within this study will have less than one year of nursing experience or have less than a year of critical care experience. As with the

Clinical Nurse III, all mentees within this study will be employed as Clinical Nurse I at UNC Hospital's Cardiothoracic Intensive Care Unit.

Furthermore, within the framework of this study, all mentee/mentor pairings are participants of a structured mentorship program within Cardiothoracic Intensive Care Unit at the University of North Carolina Hospitals. As part of this program, all mentor/mentee pairings are made at the administrative level. Mentors are required to meet with their mentees at least monthly outside of the work environment. No structure is provided as to activities mentor/mentees must perform, however, case studies, PowerPoint development, and attendance at classes and conferences are encouraged. Mentors and mentees must meet with the unit manager every other month so as to ensure that the mentor/mentee relationship is progressing constructively (see Figure 1).

Figure 1. UNC Health Care Systems' Cardiothoracic ICU Mentoring Program.



CHAPTER II

REVIEW OF LITERATURE

Due to a growing and aging U.S. population, a demand for the highest quality of care, an aging Registered Nurse (RN) workforce, and difficulties attracting new nurses and retaining the existing workforce, the shortage of nurses is projected to increase over the next 20 years. Based on anticipated population reports, the national full-time employee nursing deficit is expected to by approximately 30% by 2020 (Bureau of Health Professions, 2002).

Literature suggests that the present nursing shortage is a result of nurses leaving direct patient care for other jobs within the nursing profession, resulting in a critical shortage of bedside nurses and that a primary reason for this departure is a lack of organizational support for the novice nurse. In a study by Budd, Warino, and Patton (2004), 21% of 700 surveyed nurses in current practice planned on leaving bedside nursing within five years for reasons other than retirement. Another study by Aiken, Clarke, Sloane, Sochalski, and Silber (2002) found that approximately 30% of nurses under the age of 30 anticipated leaving their current job within a year from the survey date, citing poor communication, stress, and lack of autonomy as primary areas of dissatisfaction. This data is further supported by a more recent publication by Lynn and Redman (2005), who cited lack of satisfaction with colleagues and lack of support as primary reasons for nurses to leave an organization.

Consequently, in order to meet patient acuity demands, clinical areas that had historically reserved employment to the most seasoned and expert nurses, such as critical care, are now recruiting new graduate nurses. However, critically ill patients require heightened vigilance and extraordinarily intricate care. Achieving the knowledge, skills, competence and confidence to care for such a population set is thought to require years of medical-surgical acute care nursing. Therefore, the demands of an intensive care unit coupled with the ever-present nursing shortage dictates a need for an effective clinical orientation. However, due to time, monetary and staffing constraints, most clinical orientation programs for new graduate RNs range from 10 weeks to 18 weeks (Delaney, 2003). As proposed by Benner (1984), this amount of orientation time is insufficient to achieve critical thinking competence. Such is supported by Delany (2003), whose phenomenological study of 10 new graduate nurses in a 12 week clinical orientation program expressed clinical adroitness, but felt inadequate regarding critical analysis of complex scenarios and desired to have long-term support as they transitioned from novice to competence.

Brasler (1993) examined the effectiveness of different components of the orientation program on the clinical performance of 75 novice nurses. Multiple regression analysis using Schwirian's Six-Dimension Scale of Nursing Performance found that the best predictors of performance were support by colleagues and preceptor skill levels. The study's findings indicated the importance of a holistic orientation program that addresses both knowledge and skills needed in preceptors, as well as psychological support of novice nurses.

This concept of organizational support as nurses' transition from novice to competent was also detailed by Godinez, Schweiger, Grover, and Ryan (1999). This study described the initial steps of role transition from new graduate RN to staff nurse. During the first three weeks of an orientation to a clinical unit in an acute care hospital, graduate nurses and their preceptors used feedback sheets to document the learning activities of the graduate nurse, communicate the need for and evaluation of learning experiences, and plan activities to meet the continued needs of graduate nurses. Daily feedback sheets from 27 orientees and preceptors analyzed using content analysis revealed five themes: (1) the need for support, (2) guidance, (3) experience, (4) recognition of institutional idiosyncrasies and (5) interpersonal dynamics.

Moreover, a qualitative interview study by Bibb, Malebranche, Crowell, and Altman (2003) used interview methodology as a means of identifying common themes regarding the development of professional programs for nurses. Results revealed five predominant themes: (1) a need for providing continuing education, (2) a need for methods in evaluating the effectiveness and efficiency of continuing education, (3) a need for professional development programs, (4) barriers to professional development, and (5) and retention. A primary theme within the findings highlights professional development programs as a large factor in the professional development of nurses. This concept is important because professional development correlates directly with nursing employment satisfaction and retention rates, as outlined by Kanter (1977, 1993).

Institutional support to assist in the role transition of new graduate nurses has been supported in the literature with utilization of several theoretical models, but

specifically with Kanter's Theory of Organizational Empowerment. This model of organizational empowerment offers a framework for creating meaningful work environments. Kanter (1977, 1993) argued that situational aspects of the workplace influence employee attitudes and behaviors to a greater extent than personal predispositions. She described various tools that enable employees to accomplish their work in meaningful ways: access to information, support, resources, and the opportunity to learn and grow. According to the model (see Figure 2), employees with access to these power tools are more motivated at work than those without access. They also experience greater job satisfaction and commitment to the organization. Furthermore, Kanter stressed that managers can play an important role in providing access to these empowering conditions in the work setting.

Several studies of nurses have linked structural empowerment to factors identified as important for retaining nurses, including job satisfaction (Laschinger, Almost, & Tuer-Hodes, 2003), participation in organizational decision making (Kutzcher, Sabiston, Laschinger, & Nish, 1997), job autonomy or control over practice (Laschinger & Havens, 1996), and organizational commitment (Laschinger et al., 2000). Work settings that are structurally empowering are more likely to have management practices that increase employees' feelings of organizational respect and trust in management.

Respect has been defined as paying attention to and taking seriously another person (Dillon, 1992). People experience disrespect when they are ignored, neglected, disregarded, or dismissed lightly or thoughtlessly. Although respect is identified as a core value within organizational theory (Kanter, 1977, 1993), research on respect in the

workplace is limited. Recently, Laschinger (2004) found that only 38.3% of staff nurses felt they received the respect they deserved from their managers. It is reasonable to expect that when employees are empowered to carry out their work in a meaningful way, and are treated fairly and with respect, they are more likely to trust management to represent their best interests.

Gilbert and Tang (1998) defined organizational trust as the belief that an employer will be straightforward and follow through on commitments. Podsakoff, MacKenzie, and Bommer (1996) linked organizational trust to job satisfaction, organizational commitment, role clarity, and improved performance. In a study by Laschinger et al. (2001), staff nurses felt that structural empowerment resulted in higher levels of psychological empowerment, which, in turn, strongly influenced their trust in management. This enhanced trust subsequently had a positive effect on their commitment to the organization. When the work environment is empowering and employees perceive a climate of respect and trust, it is reasonable to expect that they would experience greater job satisfaction and commitment to the organization.

In a meta analysis of 48 studies, Blegen (1993) found that the two most important predictors of nurses' job satisfaction were stress and organizational commitment. Communication with peers and supervisors, autonomy, and recognition were also important. McNeese-Smith (1995) found that leadership behaviors such as "enabling others to act" had a significant impact on job satisfaction. Finally, Colgrove (1992) found that work autonomy directly affected work satisfaction, which in turn, affected patient satisfaction with the care they received from nurses.

As a result of this growing research and data that stresses the importance and need for supportive leadership and empowerment as a means of professional development and improved job satisfaction, mentorship initiatives are being introduced in primary care settings as a means of attracting nurses to healthcare systems with the ultimate goal of nursing retention and support. Mentorship programs provide the core concepts of Kanter's (1977, 1993) Theory of Organizational Empowerment, specifically trust and respect. Mentoring relationships exist in an environment that is nurturing and supportive to staff as they develop new skills and knowledge, thus facilitating inquiry and critical thinking (Kanaskie, 2006). This concept was highlighted in the qualitative and quantitative findings of Almada, Carafoli, Flatery, French, and McNamara (2004), indicating a high level of satisfaction, 29% increase in retention, and 9.5% decrease in vacancy following implementation of an intense eight-week preceptorship program. However, findings of this study demonstrated that new graduates still felt a need for more support and mentoring after the completion of the preceptorship program. This conclusion was further supported in a qualitative study by Andrews et al. (2006), which emphasized that clinical support was superior to unit placement, as it relates to optimal nursing knowledge and implementation of theory into practice.

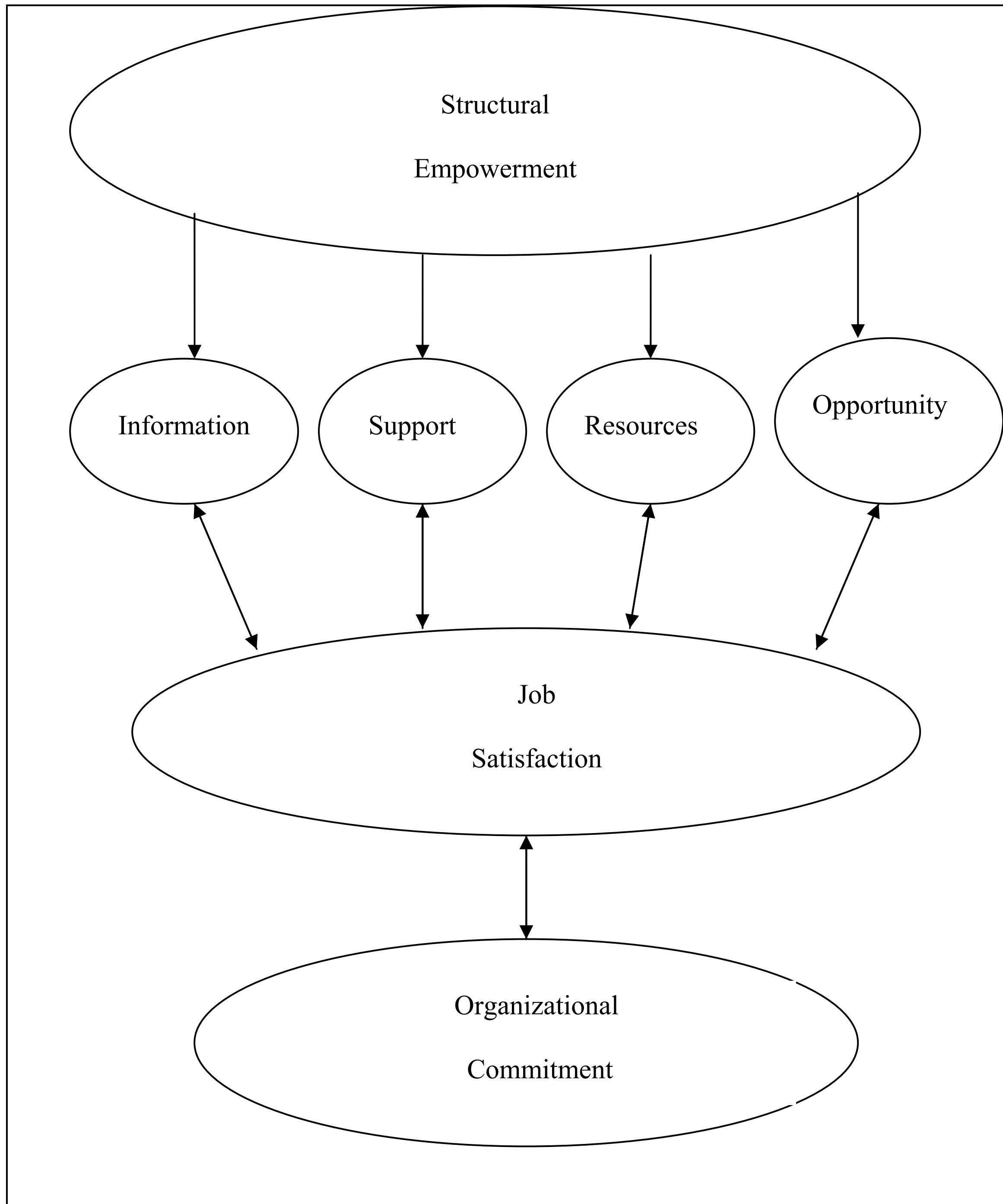
Most of the literature regarding the effects of mentoring as it relates to professional development and overall satisfaction is primarily anecdotal. Glass and Walter (2000) studied the effect of peer mentoring on a small group of student nurses (N=7) and identified five themes: (1) sense of belonging, (2) being acknowledged, (3) feeling validated, (4) verbalizing vulnerability, and (5) understanding dualisms. However,

this study focused on co-mentoring and learning from one another, as opposed to a clinical expert mentoring a novice or advanced beginner. Neary (2000) synthesized data from more than 400 interviews on student and instructor perceptions of the mentoring role. Although comprehensive, this study focused on the mentoring from the student role, not from the professional role. Furthermore, the study was primarily concerned with perceptions of mentor-student relationship as opposed to the effects of the relationship on professional development. Halfer (2007) evaluated the retention rates after implementation of a structured mentoring program. Results of this data assessment revealed that one year after implementation of the nurse mentor program, turnover rates decreased from 29.5% to 12.3%, for an estimated cost savings of $707, 600. However, again this publication centered around staff retention as opposed to the perception of such programs by the participants. Finally, most mentorship programs are initiated to provide support for the mentee. However, utilizing Kanter's (1977, 1993) theory, access to information, support, resources, and the opportunity to learn and grow from such a relationship could also be experienced by the mentor as well. Although intuitive, this concept and discussion is limited in the literature to subjective statements.

After a comprehensive review, there is an apparent gap in the literature regarding mentorship within the profession of nursing. Much literature was found discussing the importance of extensive clinical and professional support, but very little on the best means to achieve such. Furthermore, review of the literature demonstrated confusion with the term "mentor." In nursing, this can be especially confusing because preceptors are often referred to and/or thought of as mentors. Confusion may develop because mentors

and preceptors do share some common role functions. The primary role of a preceptor is to educate the new staff nurse to clinical adroitness. Fawcett (2002) makes the distinction in that a mentor provides guidance for the new graduate nurse beyond clinical ability. A mentor provides a holistic, individual and experiential approach to learning, guiding the novice in critical thinking and to the nursing profession. Consequently, this study focused on the perceptions of a structured, long-term mentoring program, which was designed to extend beyond the precepting phase and focus on experiential analysis, critical thinking, and professional development. Moreover, most of the literature found regarding mentoring assessed retention rates as opposed to the mentee's and mentor's perception of said program and relationship. In conjunction, although it is suggested that mentoring has a positive impact on the mentor, there was no literature found to support or refute this premise. In conclusion, the effect mentorship has from both the mentee and mentor perspective is largely speculative and requires further research and investigation.

Figure 2. Theoretical Model



CHAPTER III

RESEARCH DESIGN AND METHODS

Research Design

Research provides an opportunity to utilize systematic questioning to solve problems and ultimately expand a body of knowledge (Polit & Beck, 2004). This query is primarily explored through one of two mechanisms: qualitative studies and quantitative studies. Quantitative research uses deductive reasoning to generate suppositions that are tested and measured. In comparison, qualitative research relies on a more naturalistic approach to obtain narrative data related to perceptions. Such an approach allows for dynamic, holistic, and humanistic aspects of experiences and perceptions, such as those that participated in mentorship relationships.

This study employed qualitative research design using focus group methodology. Focus group methodology was selected as the most appropriate method for understanding nurses' experiences in the structured mentorship program. The advantages to focus group interviews are that this method is socially oriented, studying participants in a natural, real-life atmosphere. The format allows the facilitator the flexibility to explore unanticipated issues as they arise in the discussion. Furthermore, since this method is readily understood, the results have a high face validity. Moreover, the findings are often believable and it provides quick results (Krueger & Casey, 2000). Focus groups are used in program evaluation when the objective is to gain a detailed understanding of

participants' experiences, opinions, and thoughts (Webb, 2002). The technique of interviewing participants in focus groups primarily comes from marketing research. The groups are selected due to specific common characteristics that are relevant to the question of the study. The interviewer creates an open environment, asking focused and specific questions, to engender discussion of various opinions and points of view. This method is advantageous because interactions between participants may produce information that would not otherwise be revealed in individual interviews and because participants' interactions and discussions contribute to data analysis (Krueger & Casey, 2000). The three major components of focus group research are (1) a method devoted to data collection; (2) interaction as a source of data; and (3) the active role of the researcher in creating group discussion for the purpose of data collection (McLafferty, 2004).

This method assumes that group interaction and discussion facilitates the organization and formulation of opinions. Subsequently, the advantages to focus group interviews are that this method is socially oriented, studying participants in a relaxed, non-threatening atmosphere amongst a group of peers. Moreover, this study format permits the facilitator(s) the flexibility to explore unanticipated issues as they arise in the discussion and has been demonstrated to be comprehensive and effective in qualitative research (Krueger & Casey, 2000; McLafferty, 2004). As a result, focus group methodology was an ideal method in answering the research question "what are the perceptions of a mentorship program from both the mentee and mentor perspective?" Since the experience of the mentee versus the mentor is fundamentally different, two different focus groups were used: one of the mentors and one of the mentees.

Setting

This research study was conducted in a nine bed Cardiothoracic Intensive Care Unit (CTICU) at the University of North Carolina Hospitals located in Chapel Hill, NC. This institution is a Level I university affiliated teaching hospital with five adult intensive care units. The CTICU nurses care for the open heart and thoracic surgery patients. The patient population includes the immediate post-operative heart transplants, lung transplants, coronary artery bypass grafts, valve replacements, ventricular assist devices, thoracic surgery patients, and trauma overflow.

This unit utilizes a professional practice ladder, in which staff are stratified according to professional advancement. Under this program, new graduate nurses are labeled as Clinical Nurse I, and are novice to the nursing profession. Clinical Nurse IIs identifies staff who have over 18 months of nursing experiences and are considered competent in clinical practice, as outlined by Benner (1984). Finally, a title of Clinical Nurse III is awarded to staff that have demonstrated clinical expertise and have forged themselves as clinical leaders. In the fall of 2006, a structured mentorship program was initiated on this unit. This program pairs Clinical Nurse IIIs as mentors to Clinical Nurse Is. This program's design is structured such that the pairs meet at least once a month outside of the work environment, with a focus on case discussion, professional development, and peer support.

In September of 2006, six pairings were made. To ensure sufficient time for the progression of the mentor/mentee relationship, data collection was not initiated until August of 2007. This timeframe was assumed to be sufficient to allow for the pairings to

get to know each other and solidify a meaningful relationship. Despite the fact that these relationships are synergistic and operate in the same realm of reality, their roles, and subsequently their perceptions, are substantially different. Therefore, the mentor focus group was conducted separately from the mentee focus group.

Data collection occurred from August to September of 2007. All focus group interviews took place in a conference room located within the institution of participants' employment. Although convenient, this location incurs several limitations. Parking at this institution is financed by the area university as opposed to the hospital. Therefore, parking had to be arranged by the study participants. Furthermore, although data collection did not occur on the unit, having the focus groups on-site could have influenced the participant's responses, as they were not in a neutral and non-biased location.

Population and Sample

New graduate nurses offer a great deal of potential when coming to their first nursing profession position. Just out of nursing school, nurses bring with them a wide range of abilities, but also anxiety about whether they will be able to meet the demands of the nursing profession. Moreover, it has been demonstrated in the literature that there is significant new nurse turnover during their first years as a staff nurse, due to cited lack of peer support, guidance, and educational opportunities (Olson et al., 2001; Schoessler & Waldo, 2006). Within critical care, this is even more important due to the intense nature

of the nursing care provided as well as the specialized and comprehensive nursing knowledge needed for such a position.

One way to help alleviate these problems is to assign a mentor to graduate nurses who are beginning their critical care career. The nurse mentor is an expert in critical care and has the ability to teach and be a role model for the neophyte nurse. Therefore, the mentor is more of a role model to the novice nurse. Mentors can give the nurse the benefit of their experience. Ultimately, this synergistic relationship can provide a profoundly positive impact on both the mentee, whom gains knowledge and support as they initiate their career, and for the mentor, who may develop a since of pride knowing that they contributed to the positive growth of a novice nurse (Pulsford, Boit, & Owen, 2002).

Despite these intuitive advantages, very little is known or understood of the perceptions of such mentoring relationships within nursing. This study was intended to explore these perceptions. Results of this study are directly applicable to critical care nurses, but potentially can be applied to all of nursing.

As the only mentorship program at the University North Carolina Hospitals, this study utilized a nonrandom purposive sample. Inclusion criteria for this study included the mentee and mentor participants of the structured mentorship program in the CTICU at UNC Hospitals who had been paired for at least ten months. This population set included six mentees and six mentors. Although a small sample size and comprising a group well acquainted with one another, McLafferty (2004) has demonstrated that smaller groups were more manageable and that groups made up of strangers required more moderator

intervention. Other limitations include hesitation by the participants to speak freely and openly due to their acquaintance with other members of the focus group.

Protection of Human Subjects

Informed consent is defined as having “adequate information regarding the research, are capable of comprehending the information, and have the power of free choice, enabling them to consent to or decline participation voluntarily” (Polit & Beck, 2004, pg. 151). To recruit study participants, a formal letters detailing the purpose and description of the study was placed in potential participants’ work mailboxes (Appendix A). The letter included the principal investigator’s (PI) contact information so as to be reached if they wish to be part of the study. Once the PI was contacted by willing participants, the approved consent form (Appendix B) was provided to them and a detailed explanation of the study was given. Institutional Review Board (IRB) approval was obtained at the University of North Carolina at Greensboro on 06/11/2007 (approval number 067309). Furthermore, since data collection occurred at another institution, IRB approval was also obtained at the University of North Carolina at Chapel Hill on 05/01/2007 (approval number 07-0514).

Instruments

As this study is on perceptions as experienced by participants in the mentorship program, focus group questions targeted these experiences (refer to Chapter I). Furthermore, although both groups are part of the same relationship, their roles in these

relationships are uniquely different. Despite this fact, questions targeting their experiences would be the same. Therefore, both the mentor questions and the mentee questions were identical. These questions were developed to spark ideas and explore the range of perceptions by the other participants (Krueger & Casey, 2000). The questions were developed and deemed valid based on face validity through the principal investigator and his thesis chair. Face validity refers to whether the instrument looks as though it is measuring the appropriate construct, specifically perceptions of the mentorship program (Polit & Beck, 2004). Utilizing Krueger & Casey's (2000) strategies, the developed focus group questions were clear, easy to say, short, open-ended, and one-dimensional. So as to account for a natural flow of conversation and topics, an umbrella question of "is there anything else you would like to discuss about your mentorship experience?" was posed at the end of each focus group so as to allow for any other discussion regarding the mentorship program and the corresponding relationship. Each question was estimated to generate about seven minutes of conversation with about ten minutes allotted for extra items of discussion. This would allow for approximately an hour long focus group session. While an hour long focus group was anticipated, each focus group session lasted thirty minutes for a total of an hours worth of data.

Data Collection and Field Procedures

Data collection occurred in a conference room at the University of North Carolina Hospitals. The mentee focus group session occurred on a different day, but in the same location as the mentor focus group session. Each focus group was moderated by the

principal investigator and an assistant. The principle investigator is a Registered Nurse in the CTICU and developed the mentorship program, but does have a supervisory role. The assistant in the study is also a Registered Nurse in the CTICU, but is not part of the mentorship program nor has any supervisory roles within that unit or with the participants.

So as to ensure that participants felt comfortable during the sessions, the following statement was made before each focus group interview:

> Thank-you for your time today. You are participating in a research study and your participation is completely voluntary. You are welcome to leave if at any point you wish to stop participating. This session will involve several open-ended questions with the intent of active discussion between members of the focus group. Please be aware that everything discussed in this group must be treated confidentially, and you may not disclose any information you learn from this session. For data collection and analysis purposes, the focus group session will be audio taped, but will be turned off upon your request. You do not need to use your name during discussion, and you will only be identified in written transcripts as a participant.

Following this announcement, the developed questions detailed in Appendix C and D were posed. Focus group sessions were audio recorded. So as to ensure accurate collection of verbal data, concurrent use of two audio recorders were utilized during both interview sessions. The principle investigator moderated the discussion and maintained control over the audiotape recording and the assistant took notes on nonverbal cues from the participants.

Data Analysis

Focus groups conversations were transcribed verbatim into a written text. Field notes on nonverbal communication were incorporated into the written text. Each participant was identified as Mentee #1, Mentor #1, etc. Transcripts were coded line by line, categories were developed from the codes, and specific themes were generated. Interviews were then analyzed for specific themes using long-table methodological analysis.

Limitations

A noted limitation of this study was the small sample size. However, the depth of participant responses may have minimized this limitation. At the time of data collection one of the mentees had recently resigned her position at UNC Hospitals and started employment at another institution. This limited the potential mentee population sample to five. Therefore, the mentee focus group consisted of five participants and the mentor focus group consisted of six participants, for a total participation number of eleven (N=11). This small sample size prevents all possible realities of the lived experience to be adequately explored and may hinder the transferability of obtained data. Furthermore, each focus group consisted of participants who know each other well and work with each other often. This group homogeneity can limit group discussion and exploration of concepts. Despite this limitation, all possible potential participants who met the inclusion criterions were solicited.

CHAPTER IV

RESULTS

New graduate nurses display various degrees of enthusiasm, anxiety and readiness to learn when beginning their new profession. Many practice-based professions, including nursing, traditionally rely on clinical staff to support, supervise and teach the novice in practice settings. One way to provide constructive and effective orientation to the tasks of nursing care, and more importantly to the profession of nursing, is by assigning a mentor to graduate nurses who are beginning their careers in critical care. Despite the intuitive advantages of mentorship programs, there lacks quality data in the literature from both the mentee and mentor perspective of the professional and interpersonal profitability from this synergistic relationship. Consequently, the purpose of this study was to determine the experiences of mentees and mentors in a structured mentorship program. Therefore, so as to answer the research question "what are the perceptions of a mentorship program from both the mentee and mentor perspective?" the following questions were developed for the mentor and mentee focus groups:

1. What effect has the mentoring program and relationship had on you and you're nursing practice?
2. How did you feel about being a mentee / mentor?
3. What have you learned from being a mentee / mentor?
4. What did you like about being a mentee / mentor?

5. What did you not like about being a mentee / mentor?
6. Is there anything else you would like to discuss about your mentorship experience?

Sample Characteristics

The PI compiled a list of mentors and mentees who met the inclusion criteria: all mentee and mentor participants of the structured mentorship program in the CTICU at UNC Hospitals who had been paired for at least ten months. This allowed for a nonrandom, purposive sample of potentially six mentors and six mentees. At the time of data collection one of the mentees had recently resigned her position at UNC Hospitals and started employment at another institution. This limited the potential mentee population sample to five. Participant recruitment was accomplished via letters of interest (see Appendix A). After recruitment letters were placed in potential participants' work mailboxes, six mentors and five mentees, for a total of 11 participants (N=11), approached the PI, at which point full consent was obtained (see Appendix B), for a participation rate of 100%.

The mentee purposive, nonprobability sample (N=5) was comprised of four Caucasian females and one Caucasian male, ranging in age from 22 to 27 years of age (mean 24.4). All mentees at the time of data collection had one year of nursing experience, all of which was at UNC Hospitals' CTICU. The educational level of all mentees (N=5) was a Bachelor of Science in Nursing. The mentor purposive, nonprobability sample (N=6) was comprised of three Caucasian females and three Caucasian males, ranging in age from 27 to 47 (mean 36.2). The educational level of the

mentor participants included one Diploma Degree in Nursing (N=1), two Associate's Degree in Nursing (N=2), and three Bachelor of Science in Nursing (N=3). Experience level of the mentors ranged from five years to eighteen years of critical care experience. This was all the demographic data obtained and was collected through employment records.

Analysis Techniques

The mentee focus group session occurred on August 15th, 2007 and the mentor focus group session occurred on September 5th, 2007. Both sessions were held within a conference room at UNC Hospitals. The mentee focus group session started at three o'clock in the afternoon and ended at three-thirty. The mentor focus group session started at four o'clock in the afternoon and ended at four-thirty. So as to facilitate open dialogue, participants sat in a circle during both focus group sessions and were randomly assigned nametags identifying them as Mentee #1-5 and Mentor #1-6. So as to ensure an accurate collection of data, two audiotapes were utilized. The PI moderated both focus group sessions. Field notes of any nonverbal communication were made during both focus group sessions and were incorporated into transcript text with parentheses. Following each session, the PI transcribed the audio-tapped dialogue word-for-word. So as to ensure accuracy of the transcription, an assistant reviewed the typed dialogue and compared it with the audiotape.

Analysis of the data included long-table methodology. Each statement within the transcribed data was numbered and cut. This allowed the PI to look at each statement in

isolation, but also have an idea of where the statement occurred during the focus group session. There were 45 mentee statements during mentee focus group session and 42 mentor statements during the mentor focus group session. Mentee statements were cut out of white parchment while mentor statements were cut out of blue parchment. This technique allowed the PI to separate mentor statements versus mentee statements while also looking at them collectively. All statements were spread upon the floor and grouped according to consistent themes. The PI and assistant analyzed statements separately for global themes on a daily basis, spending approximately two hours a day reviewing the transcriptions. After one week the PI and assistant meet and each discussed their analysis and discussed data until a consensus of themes was reached.

Findings

The findings are presented as a discussion of the three themes that emerged from the analysis of the data. These themes are: 'availability', 'sense of community' and 'support and knowledge.'

Availability

The majority of mentees spoke to the concept of mentor availability. The context of this theme centered on being accessible for questions and clinical support. All mentees mentioned how having an assigned mentor helped them feel more comfortable asking questions. One mentee reported,

> “There is someone that you knew and they expected you to come to them with questions and, um, you didn’t feel like you were bothering them. It’s someone there for you and asking and answering questions for you. I used my mentor at the very beginning, because I didn’t know anybody else, as my person to vent to and reflect on, you know, reflect on ‘well this happened, this is what I did, should I have done this or should I have done it differently?’ That’s nice to have someone to go to.”

The ability to access mentors not just during planned meetings or while working together, but as learning needs arose, was mentioned as being instrumental in their nursing practice. Mentees reported that the individual attention of an identified mentor enabled them to initiate contact at leisure and helped create an environment of support and trust. One mentee stated,

> “…when I had a lot of anxiety about ACLS, I thought ‘oh my gosh, I’m not prepared to handle situations like this by myself,’ but then I met with my mentor and he was asking me all these questions, and I knew everything. I just needed the reassurance...”

The theme of availability was also prominent during the mentor focus group session; however the context of this theme was primarily under the perspective of visibility. Unlike with the mentees, the theme of availability was not in the sense of clinical support, but instead centered on how the mentors are looked upon as clinical experts and role models. One mentor stated,

> “It made me feel important. It was just really nice, you know. You could identify with this person. It gave me a big sense of contribution to her practice and it made me feel like I was contributing to the unit.”

It was clear from the mentor responses that being an assigned mentor to a new graduate nurse not only made them feel as contributors to the nursing practice of the mentees, but also affected their own clinical practice. This is evident through one mentor stating,

> "Its extra responsibility, but it's good responsibility, because, like, um, it does make you think about what you are doing, how you are portraying yourself, how someone else perceives how things are going on the unit and if policies, procedures, and protocols are being followed like they're supposed to."

In conjunction with positive attributes, the theme of availability was also discussed under the context of constructive feedback for the mentorship program. One aspect of the mentorship program entails mentor/mentee pairings meeting once a month outside of the work setting. Throughout the focus group sessions, there was a lot of discussion of the inconvenience of this format. An example of this feedback can be seen in the following mentee statement,

> "…I was excited, you know, at first I didn't know what to expect out of being a mentee, and I guess, uh, I was excited to have someone to take my questions to, and, um, the only problem that I ran into was the geographic thing. Just because my mentor and I live half an hour away and we had such different schedules that it was hard to meet. We ended up doing most of our meetings in the hospital, like when we would see each other at shift change, which was fine. She tried to get me to come up with questions and stuff and then we could talk about it the next time we met. You know, it was just a little more difficult because we didn't get to meet quite as much, and, um, the meetings weren't as, um, formal, I guess."

This idea of difficulty meeting outside of work was also expressed from the mentor perspective,

> "…working with my mentee was not on a regular basis and, once again, the geographical constrictions. Um, it made for some difficulty. We just talked a lot when we worked together and when he was coming on and I was going off shift. So we made the most out of the time we did see each other."

Both mentors and mentees discussed how impromptu meetings and discussions in the work setting were not only beneficial, but potentially superior to meetings outside of work. One mentor who had consistently met with his mentee outside of work stated,

> "…I felt like even though, um, you know, it was easier for me to meet with my mentee, I think we had just as much, if not better conversations at work, actually, than outside of work."

> "It also gave me the opportunity to not give so much formalized, um teaching, but informal to my mentee and whoever else happened to be there. Not structured, you know, it was just very on the spur type of thing that I don't think I would normally do for somebody else."

A suggestion from both groups as a way around this barrier was to change the program so that the pairing simply meet once a month, and to not set restrictions on how and where they met.

Sense of Community

A major benefit from both the mentee and mentor perspective of the mentorship program was the sense of community it provided. Mentees discussed how the mentorship program allowed them to learn the culture of nursing and the culture of the unit. Mentees went to great lengths to describe the benefits of the mentorship program in helping them develop relationships. Out of the 45 mentee statements, 12 consisted of this theme of

community. The following two quotes highlight this concept of personal connection between the mentor and mentee:

> "I think my mentor and I had more of a friendship than more of a professional mentor/mentee kind of thing. And when we had our meetings we didn't necessarily talk about nursing related stuff, but sometimes just talked about life stuff and how things were going. It helped, I think because she was my first preceptor also, I had more of a professional development with her then, but during the mentor/mentee relationship it was more of a friendship thing, which I think is sometimes a little more important that I have a really really good friend on the unit."

> "It was somebody to be associated with and we all have cool mentors. You know what I mean? It was somebody on the unit who you would want to be associated with and be able to put your name next to and say 'hey, this is who I'm with.' So I like that."

Often this sense of community engendered a drive for the mentees to make their mentors proud:

> "I felt like once I did something cool or that we had talked about something at my meetings, and then I actually did it out on the floor, it was nice to be like 'my mentor will be so proud of me'….It kind of gave me, like ambition to do it and talk about it…"

Furthermore, the mentees spoke at length regarding how having a mentor provided them with someone who knew unit culture and history.

> "My mentor is very blunt about the way things are, and that was really nice. He was able to give me perspective into how things really are versus what they sugar-coat and, you know what I mean, the picture they paint when you come on a unit. He definitely wasn't afraid to tell me how things really were. The good and the bad, so I kind of went into situations understanding maybe why things weren't the way I thought they would be. Which as a new nurse you have this picture of what you're going to be

> coming out of nursing school, you know what I mean, how it is going to be. And then you get here and there's a lot of things that aren't. He was really good about being honest with me and saying 'this is why it is and this is why the have that' and why this is going on or why this is going on. So it was nice having an insider that has been here a long time and knows the in's and out's of the unit."

From the mentor focus session, there was not much discussion in the terms of friendship, but there was a great deal of discussion in regards to understanding "where they [mentees] are coming from." Out of the 42 statements made by mentors, 15 of them were in the context of community. Specifically, they spoke to understanding and appreciating the mentees on a personal, non-professional level. This is evident in the following mentor quotes:

> "I learned more about…it wasn't so much about being a nurse in the unit, it was being like a person in the unit. What they go through, how they perceive their co-workers, how they get along with them and all that. To me it was just, with mine, having her say what she perceived as going on in the unit, or how she was treated…..that's what I learned. Not so much about being a mentor, but what a mentee goes through."

> "I feel like, you know, they came in and assimilated…I don't know if 'assimilation' is a good word or the right word, but they seem to fit with the personality of the unit already, you know, they just added certain components of that personality. They're all a really good fit, and again, I don't know if it's because they had an increased socialization from us and each other….I know they also hang-out a lot on their own together, but um, they not only fit in the unit personality-wise, they added a lot of personality to it as well."

This particular statement was received with nodding from all mentor focus group participants.

Support and Knowledge

The theme of support and knowledge was prominent during both mentee and mentor discussions. For the mentees, this support and education was both clinical and professional. Clinically, mentees felt that the mentors provided them with valuable knowledge and skills. Although all mentees at the time of data collection had completed their first year as a nurse, skill acquisition and understanding the complexity of critically ill patients requires more guidance and teaching than beyond the two months allotted for clinical orientation. When asked "what have you learned from being a mentee," one responded "not to be afraid to ask questions, because they encouraged you and were supportive." This theme continued, as evident in the following mentee statement,

> "It was also nice to know that in a situation where you are just starting work, that it is pretty common to have a lot of anxiety and a lot of, like questions, and a lot of, like, 'oh my goodness I don't really know this is or why they do it,'….."

Within this same context, mentees spoke to how having a mentor provided them with learning opportunities that were not always solicited,

> "Because they were our mentors, they knew that if something came up they could, you know, share with us. It wasn't always us doing the questioning and bringing our concerns to them."

During the mentor focus group, the theme of support and knowledge was primarily discussed in the context of mentors learning from their experiences with the mentees. When asked "what have you learned from being a mentor," one mentor stated,

> "For me, like clinically for me, you know since I came here without any cardiac experience, um, so when she asked me questions I wouldn't know a lot of the answers, and I would have to seek out the answers from other people or look them up, and, um, it made me learn, clinically, another aspect of care that, um, I was not as comfortable with as before. So clinically I learned a lot."

Furthermore, in regards to nursing practice, many of the mentors stated that by having a mentee, it helped them "…remember what it's like to be someone who's just starting out," and "being so far away from it" the mentors had forgotten the way mentees saw things. Finally, in the context of support and knowledge, by having a mentee, many of the mentors spoke to the joy they experienced watching their mentee's develop professionally. When asked "what did you like about being a mentor," one respondent stated "I liked that I felt I was able to help mold someone." This statement was immediately repeated by another mentor, who said,

> "Especially now that my mentee has reached her year mark, I really like seeing her as a nurse now versus when she started back then, there's just a stark contrast and I feel like I contributed to that somehow. When she does something good on the unit, I feel really proud, you know. All of them, really, not just her, but all of then, growing and developing professionally…the projects they've done, seeing how their questions have changed from task oriented questions to more broad questions about physiology or nursing in general and the profession in general. It was kind of neat to see that, to see them grow as professionals."

The focus group questions posed were developed as a means of targeting the perceptions of the mentorship program from both the mentee and mentor perspective. This is specifically why the mentees and mentors were asked the same questions. After collection and analysis of the data, three themes became prominent from both the

mentees and mentors. Data analysis for these themes appears robust, as all study participants were active in the focus groups and content analysis were on theme saturation. Specifically, from both the mentee and mentor perspectives, the mentorship program developed in the Cardiothoracic Intensive Care Unit at UNC Hospitals was perceived as establishing a sense of availability, community, and clinical support and knowledge.

CHAPTER V

DISCUSSION

Mentorship is associated with individuals' personal and professional development, and is viewed as a necessary element to career socialization and success (Shea, 2002). Prevosto (2001) described mentorship as a process of 'shared experiences with and providing advice to those who have less experience, rather than forcing those less knowledgeable to go it alone' (p. 22). Morton-Cooper and Palmer (2000) describe the mentoring process as a dynamic relationship in which personal characteristics, philosophies, and priorities interact to influence the nature and direction of a partnership embedded in sharing, encouraging and supporting fundamentals of a profession. This relationship facilitates personal development and professional socialization for the mentee. Furthermore, the reciprocal nature of the relationship can engender mutual support, respect, and growth for both participants.

New graduate nurses have expressed their need for support to make the transition from student nurse to registered nurse. They have reported feeling overwhelmed and extremely vulnerable, and acknowledge the importance of encouragement and guidance during this traumatic and stressful period (Aiken et al., 2002; Bibb et al., 2003; Delany, 2003; Godinez et al., 1999; Lynn & Redman, 2005). Assistance during the first year of being a professional nurse has been described as the single biggest factor that helps the individual to develop as a nurse (Amos, 2001). Mentorship has been identified as a

method of structured support and integration that can assist role transition and reduce anxiety (Hurst & Koplin-Baucum, 2003). Consequently, mentoring has been assumed and accepted as a valid approach to supporting novice nurses during periods of change and transition into professional roles.

Due to these intuitive advantages of mentorship, the CTICU at UNC Hospitals developed a structured mentorship program. This program was specifically designed to pair identified clinical leaders and experts at the unit level with new graduate nurses entering the fast-passed and often intense environment of the cardiothoracic critical care arena. This program was created utilizing the Theory of Organizational Empowerment by Kanter (1977, 1993).

This framework stresses the importance of social structures within an organization or unit. Kanter argued that the social environment and structure of a unit will influence an employee's behavior more than individual personalities. These structures include access to information, resources, support, and opportunities to learn and grow (Kanter, 1977, 1993). According to Kanter, employees in environments where these structures are in place are more committed to the organization, are more likely to engage in positive organizational activities, and experience less job strain and burnout. Kanter's theory challenges administrators to create conditions in which employees have access to information, support, and resources necessary to accomplish their work and are provided ongoing opportunities for professional development. According to this theory, access to these structures can result in increased feelings of autonomy, higher levels of self-efficacy, and increased commitment to the organization (see Figure 2).

The premise of this study was that by establishing a mentorship program and pairing nurses, not only novice to the profession, but also novice to critical care, an environment of support and one in which information, resources, and opportunities to develop professionally would be readily available. Ultimately, by implementing this organizational construct, the result would be increased job satisfaction and organizational commitment. According to Kanter's Theory of Organizational Empowerment, this would not only be true for the mentee, but for the mentor as well.

In reviewing the literature, much was found discussing the importance of extensive clinical and professional support, but very little on the best means to achieve such. Consequently, this study focused on the perceptions of a structured, long-term mentoring program, which was designed to extend beyond the precepting phase and focus on experiential analysis, critical thinking, and professional development. Moreover, most of the literature found regarding mentoring assessed retention rates as opposed to the mentee's perception of said program and relationship. In conjunction, although it is suggested that mentoring has a positive impact on the mentor, there was no literature found to support or refute this premise. Therefore, this study was constructed to assess the perceptions of a mentorship program from both the mentee and mentor perspective, as well as provide a format for constructive feedback of the established program. So as to answer the research question "what are the perceptions of a mentorship program from both the mentees and mentors perspective?" the following questions were developed and posed to a mentee focus group followed by a mentor focus group:

1. What effect has the mentoring program and relationship had on you and your nursing practice?

2. How did you feel about being a mentee / mentor?

3. What have you learned from being a mentee / mentor?

4. What did you like about being a mentee / mentor?

5. What did you not like about being a mentee / mentor?

6. Is there anything else you would like to discuss about your mentorship experience?

Results of this qualitative study revealed the following three shared perceptions or themes from the mentees and mentors: (1) availability, (2) sense of community, and (3) support and knowledge. Mentees in this study spoke to how having an identified mentor available to them made them feel more comfortable asking questions. When asked "how did you feel about being a mentee?" one mentee responded "…I was excited, you know, at first I didn't know what to expect out of being a mentee, and I guess, uh, I was excited to have someone to take my questions to." Ultimately, mentees reported that the individual attention of an identified mentor enabled them to initiate contact at leisure and helped create an environment of trust. Furthermore, this access to resources provided mentees with opportunities to develop professionally. Specifically, when asked "what effect has the mentor relationship had on your nursing practice?" one mentee responded,

> "Well, when I had a lot of anxiety about ACLS, I thought 'oh my gosh, I'm not prepared to handle situations like this by myself,' but then I met with my mentor and he was asking me all these questions, and I knew everything. I just needed the reassurance and sitting down and actually talking about it helped."

From the mentor perspective, this theme of availability was discussed in the context of being viewed as a role model. When asked “what effect has the mentoring relationship had on your nursing practice?” one mentor responded as follows,

> “It made me feel important. It was just really nice, you know. You could identify with this person. It gave me a big sense of contribution to her practice and it made me feel like I was contributing to the unit.”

Also, by being available to the novice nurse, the mentor was provided an opportunity to contribute to the professional development of a less experienced nurse. When asked, “what did you like about being a mentor?” one mentor responded “I liked that I felt I was able to help mold someone…a new nurse, who will hopefully carry away with him some things that will last a lifetime.”

In relation to Kanter’s Theory of Organizational Empowerment (1977, 1993), the theme of availability provided mentees with opportunities to ask questions and receive clinical guidance. This resource engendered trust within the work environment through having an identified resource for information. For mentors, being paired with a novice nurse provided them an opportunity to contribute not only to an individual’s professional growth, but also to the professional environment at the unit level. Ultimately, according to Kanter (1977, 1993), mentors and mentees with access (e.g. via a mentorship program) to opportunities, resources, and information will be more committed to the unit and organization as a whole.

The identified theme of community is also consistent within Kanter’s Theory of Organizational Empowerment (1977, 1993), specifically in regards to the concept of

respect. Mentees stated how the mentorship program allowed them to learn the culture of nursing and the culture of the unit. It also allowed them to identify with a formal leader of the unit. When asked "what did you like about being a mentee?" one stated "it was somebody to be associated with…, you know what I mean, it was somebody on the unit who you would want to be associated with and be able to put your name next to." Also, the mentee focus group had discussions regarding how the mentors were viewed as friends, as opposed to assigned mentors. For example, when asked "what effect has the mentorship program had on your nursing practice?" one mentee stated,

> "I think my mentor and I had more of a friendship than more of a professional mentor/mentee kind of thing. And when we had our meetings we didn't necessarily talk about nursing related stuff, but sometimes just talked about life stuff and how things were going. It helped, I think because she was my first preceptor also, I had more of a professional development with her then, but during the mentor/mentee relationship it was more of a friendship thing, which I think is sometimes a little more important that I have a really really good friend on the unit."

From the mentor standpoint, the established relationships served to help the mentors see the mentees not as new graduate nurses, but as "a person in the unit." Mentors spoke to learning what new graduates go through as they transition through their first year as a professional nurse. When asked "what have you learned from being a mentor?" one mentor responded,

> "...it wasn't so much about being a nurse in the unit, it was being like a person in the unit. What they go through, how they perceive their co-workers, how they get along with them and all that. To me it was just, with mine, having her say what she perceived as going on in the unit, or how she was treated. Again, you forget that kind of stuff when you've done it for a long time, but to be able to sit and say 'well, that's what happens so

> you got to do it,' or 'you don't have to put up with that,' you know 'you can speak up, you've been here for a while now,' um, stuff like that, that's what I learned. Not so much about being a mentor, but what a mentee goes through."

This idea of identifying one another, not as co-workers, but as friends and as dynamic individuals with life experience and clinical knowledge connotes mutual respect. Laschinger (2004) found that only 38.3% of nursing staff felt that they received the respect they deserved. According to Kanter (1977, 1993), respect is fundamental to employees' trust of others in the organization and the organization as a whole. Consequently, when employees are treated and viewed as friends and with respect, they are more likely to trust and be committed not only to each other, but also to the organization (Kanter, 1977, 1993). Therefore, it is reasonable to generalize that implementation of a mentorship program, as described within this study, could increase feelings of organizational respect and trust by both the novice nurse and experienced staff. For mentors, this feeling of organizational trust and respect stems from them being formally identified as clinical leaders and experts. An example of this is evident in that one mentor stated that the program made him "feel important" and "made me feel like I was contributing to the unit." From a mentee standpoint, this idea of institutional respect and trust came through as mentees spoke of how their mentors provided them with insight into institutional culture and history. For example, when asked "what effect has the mentor relationship had on your nursing practice?" one mentee responded,

> "My mentor is very blunt about the way things are, and that was really nice. He was able to give me perspective into how things really are versus what they sugar-coat and, you know what I mean, the picture they paint

> when you come on a unit. He definitely wasn't afraid to tell me how things really were. The good and the bad, so I kind of went into situations understanding maybe why things weren't the way I thought they would be. Which as a new nurse you have this picture of what you're going to be coming out of nursing school, you know what I mean, how it is going to be. And then you get here and there's a lot of things that aren't. He was really good about being honest with me and saying 'this is why it is and this is why they have that' and why this is going on or why this is going on. So it was nice having an insider that has been here a long time and knows the in's and out's of the unit."

The other prominent theme noted during data analysis was that of support and knowledge. Clinically, mentees felt that the mentors provided them with valuable knowledge and skills. Although all mentees at the time of data collection had completed their first year as a nurse, skill acquisition and understanding the complexity of critically ill patients requires more guidance and teaching than beyond the two months allotted for clinical orientation. When asked "what have you learned from being a mentee," one responded "not to be afraid to ask questions, because they encouraged you and were supportive." Of the five mentees that participated all five spoke to how having a mentor provided them with an outlet for professional support and clinical knowledge, citing instances such as helping them study for an Advanced Cardiac Life Support class and prepare for staff meeting presentations.

From the mentor perspective, the theme of support and knowledge was primarily discussed in the context of mentors learning from their experiences with the mentees. Of the six mentor participants, all six spoke to how having a mentee provided them with opportunities to not only teach, but learn. For example, when asked "did being a mentor teach you anything about your own nursing practice?" one mentor responded,

> “I said this earlier, it taught me that I didn’t know as much as I thought as I thought I did. And that was good, because it makes you learn something. They [mentees] ask you questions, and you are like ‘I don’t know.’ Then you look it up or make them look it up and tell you…”

Thus, evidence from this study demonstrates how mentorship programs can provide a means of nursing education for both the novice and the expert clinician. Furthermore, the theme of support and knowledge identified within this qualitative study are clearly identified as pivotal pillars in Kanter’s Theory of Organizational Empowerment (1977, 1993), thus contributing to the creation of a milieu conducive to increased job satisfaction and ultimately organizational commitment.

Rosabeth Moss Kanter’s model of organizational empowerment offers a framework for creating meaningful work environments for professional nurses through access to information, support, resources, and the opportunity to learn and grow (1977, 1993). This model has been utilized in several studies that have linked structural empowerment to factors identified as important for retaining nurses, including job satisfaction and organizational commitment (Almada et al., 2004; Andrews et al., 2006; Laschinger et al., 2003; Laschinger & Finegan, 2005). Intuitively, a mentoring program can be an effective means of establishing these tools. Although intuitive, there was little research in the literature regarding mentorship within the profession of nursing, specifically the experiences of those in such programs. Subsequently, this study focused on the perceptions of a structured mentorship program that emphasized experiential analysis, critical thinking, and professional development. The results of this study shed light on the perceptions of mentees and mentors who have simultaneously experienced a

mentorship relationship. Specifically, these perceptions relate to availability, sense of community, and support and knowledge. These results demonstrate themes that are consistent with Kanter's tools, thus supporting the program's primary intention of creating an environment of empowerment within the unit.

In conjunction with the common themes of availability, sense of community, and support and knowledge, the focus group sessions also provided valuable insight into the mentorship program structure and ways to improve it. One of the main points of feedback, as discussed previously, centered around not limiting mentor/mentee meetings outside of work. Overwhelmingly, from both mentors and mentees, this "requirement" placed significant hindrance to the mentor/mentee relationship. In the same context, it was highly encouraged to adjust pairings so that mentors and mentees worked similar schedules. This is evident in the following mentor statement,

> "I think rather than assigning a mentee/mentor, see what personalities go together and see what work schedules jive, because I felt bad for the fact that I wasn't available as much as I felt a mentor should be available."

Another constructive feedback included not limiting mentors to being Clinical Nurse IIIs. The developers of the mentorship program had decided to restrict being a mentor to Clinical Nurse IIIs, as they have clear leadership roles and clinical expertise. However, as one mentee stated, "…I know that there are some CN IIs that are just as helpful and maybe have a little more enthusiasm." This statement continued with

> "…I feel that sometimes the CN IIs would be just as helpful or more so because, um, they haven't been there as long, they seem a little more excited."

Within the clinical ladder framework at UNC Hospitals, Clinical Nurse IIs range from advanced beginners to competent clinicians (Benner, 1984). Many of the experienced Clinical Nurse IIs that precept within the CTICU are competent clinicians with many years of clinical experience and often function as informal leaders within the unit. Other mentees also mentioned noticing a lack of enthusiasm from their mentors,

> "I probably would have been more into this mentee/mentor relationship, but my mentor had a different perspective as far as meeting outside of work goes and meeting one-on-one outside of work. So, I think I probably could have gotten more out of it if he had been as excited about actually working together to get stuff done. But what he did provide for me was a really good person."

Consequently, as a result of this feedback, the mentorship program has re-evaluated the pairings of mentee/mentors and how best to identify mentors. The program now entails that new graduate nurses (e.g. potential mentees) identify to management whom they would like to be their mentor. Once this person is identified, the individual is approached by management and evaluated for interest, enthusiasm, and a genuine desire to be a mentor. Furthermore, due to the results and program feedback of this study, mentor / mentee pairings are no longer required to meet outside the institution, but instead are encouraged to meet wherever they determine is appropriate and constructive.

A noted limitation of this study was the small sample size. The mentee focus group consisted of five participants and the mentor focus group consisted of six participants, for a total participation number of eleven (N=11). This small sample size prevents all possible realities of the lived experience to be adequately explored and hinders the transferability of the data obtained. Each focus group consisted of participants

who know each other well and work with each other often. This group homogeneity and lack of diversity can limit group discussion and exploration of concepts. Furthermore, there was only one focus group session for both the mentees and mentors. This is inconsistent with techniques outlined by Krueger and Casey (2000), as it limits the robust data that non-homogeneous groups with multiple focus group sessions can provide.

The nursing profession is facing a serious nursing shortage that will reach exponential proportions within the next half decade. Bureaus et al. (2000) argue that the nature of the work environment in nursing contributes significantly to this shortage. The current nursing shortage mandates a comprehensive response so that retention strategies and workplace values are evaluated. Mentorship provides nurses with a unique opportunity to enhance the professional development of its newest members and can serve as a model to contribute to a positive work environment. Moreover, as demonstrated within this study, mentorship programs create a unique environment that facilitates the educational opportunities of not only the novice but also the expert clinician. The results of this study suggest that mentees and mentors, although they have very different roles, undergo similar experiences and perceptions in a mentorship program. Further research is needed to fully explore the experiences of mentors and mentees and to comprehensively evaluate if such programs truly contribute to improved job satisfaction, organizational commitment, and overall retention.

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APPENDIX A. RECRUITMENT LETTER

March 5, 2007

Dear Colleagues:

There has been a recent push in the nursing profession to establish mentoring networks for new graduates so as to support their successful transition into a professional work environment. Indeed, mentoring and precepting can serve to create and enhance a climate of encouragement, excellence, acceptance, and support. Although true throughout nursing, this is especially true in the critical care arena, where critical thinking, expert knowledge, and utilization of theory are paramount for optimal patient outcomes. However, there lacks clear definition in the literature of effective mentoring programs, as well as the effects of such programs on mentees and mentors. Subsequently, I am performing a study examining the effects of an established and structured mentoring program within an intensive care unit from both the mentee and mentor perspective.

Since you are either a mentor or mentee in this program, I am soliciting your help as a study participant. This will involve one to three focus group sessions, each lasting approximately one hour. If you are interested in learning more about being a part of this study, please contact me at any time. My contact information is as follows:

ewolak@unch.unc.edu

(919)966-5246 – work

(919)932-3481 – home

Thank you for considering participation in this study. We hope that we can share your views with the greater professional community.

Sincerely,

Eric Wolak, BSN, RN, CCRN

APPENDIX B. CONSENT FORM

University of North Carolina-Chapel Hill
Consent to Participate in a Research Study
Adult Participants
Social Behavioral Form

IRB Study #07-0514 (UNC-Chapel Hill) and 067309 (UNC-Greensboro)
Consent Form Version Date: 4-11-2007
Title of Study: Perceptions of an Intensive Care Unit Mentorship Program

Principal Investigator: Eric Wolak, BSN, RN, CCRN
UNC-Chapel Hill Department: Cardiothoracic Intensive Care Unit
UNC-Chapel Hill Phone number: 919-966-5246
Email Address: ewolak@unch.unc.edu
Co-Investigators: N/A
Faculty Advisor: N/A
Funding Source: N/A

Study Contact telephone number: 919-966-2218
Study Contact email: ewolak@unch.unc.edu

What are some general things you should know about research studies?
You are being asked to take part in a research study. To join the study is voluntary. You may refuse to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study. You will be given a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

What is the purpose of this study?
The purpose of this research study is to learn about the experiences of mentees and mentors in a structured mentorship program.

You are being asked to be in the study because you are either a mentee or mentor within UNC Hospital's Cardiothoracic Intensive Care Unit's mentorship program.

How many people will take part in this study?
If you decide to be in this study, you will be one of approximately ten to twelve people in this research study.

How long will your part in this study last?
If you decide to be in this study, your participation will require about one hour to one hour and thirty minutes of a focus group interview. There will be one to three focus group sessions, for a total time of participation of one hour to four hours and thirty minutes.

What will happen if you take part in the study?
If you decide to be in this study, you will participate in one of two focus group interview sessions. If you are a mentee, then your focus group will consist of the other mentees within the mentorship program. If you are a mentor, then your focus group will consist of the other mentors within the mentorship program. The interview session will last approximately one hour to one hour and thirty minutes and will take place within a conference room at UNC Hospitals, with the exact date, time, and specific location to be determined at a later date. During this focus group discussion session, the group will be asked a series of open-ended questions. The session will be audio-taped to assure that all spoken words are captured. Over the course of the year, there will be one to three focus group discussion sessions, each lasting one hour to one hour and thirty minutes. If you agree to be a part of this study, your participation in one or all of the discussion sessions is completely voluntary and you may withdrawal your participation at any point.

What are the possible benefits from being in this study?
Research is designed to benefit society by gaining new knowledge. You may not benefit personally from being in this research study, however information obtained may be used to improve mentorship programs and other mentors and mentees.

What are the possible risks or discomforts involved from being in this study?
The potential risks involved are minimal, but include emotional distress, embarrassment, and concern for breach of confidentiality within the focus groups. Risks will be minimized through careful moderation of the focus groups and facilitating the questions and responses.

Discussion of study discussion items outside of the focus group could compromise confidentiality.

There may be uncommon or previously unknown risks. You should report any problems to the researcher.

How will your privacy be protected?
Consent to this study means that you must agree not to reveal anything that you learn from group discussion or other study related activities. This condition is relevant to all study participants.

No identifying information will be collected. You may choose to not use your name during the focus group session or use a fictitious name. Although the discussion sessions will be audio tapped, tape recording will be paused at your request. The audio recorded interviews will be stored in a locked cabinet at the principle investigator's residence. Signed consent forms will be kept separate from the interview data. All transcribed conversations will be kept on the principle investigator's personal home computer, which is password protected. At the completion of this study, the audio recordings will be erased and the tapes destroyed. The data analysis file on the principle investigator's home computer will be password protected and erased at the completion of five years.

Participants will not be identified in any report or publication about this study. Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, UNC-Chapel Hill will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University, research sponsors, or government agencies for purposes such as quality control or safety.

Will you receive anything for being in this study?
You will not receive anything for taking part in this study.

Will it cost you anything to be in this study?
Your costs will include transportation to and from the focus group interview location, as well as parking at the interview site, if applicable.

What if you are a UNC employee?
Taking part in this research is not a part of your University duties, and refusing will not affect your job. You will not be offered or receive any special job-related consideration if you take part in this research.

What if you have questions about this study?
You have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns, you should contact the researchers listed on the first page of this form.

What if you have questions about your rights as a research participant?
All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject you may contact, anonymously if you wish, the UNC-Chapel Hill's Institutional Review Board at UNC at 919-966-3113 or by email to IRB_subjects@unc.edu. You can also contact Eric Allen with UNC-Greensboro's Institutional Review Board at 336-256-1482.

- -

Participant's Agreement:

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

____ ________________
Signature of Research Participant Date

____
Printed Name of Research Participant

____ ________________
Signature of Person Obtaining Consent Date

____
Printed Name of Person Obtaining Consent

APPENDIX C. MENTEE FOCUS GROUP RAW DATA

PI: Thank-you for your time today. You are participating in a research study and your participation is completely voluntary. You are welcome to leave if at any point you wish to stop participating. This session will involve several open-ended questions with the intent of active discussion between members of the focus group. Please be aware that everything discussed in this group must be treated confidentially, and you may not disclose any information you learn from this session. For data collection and analysis purposes, the focus group session will be audio taped, but will be turned off upon your request. You do not need to use your name during discussion, and you will only be identified in written transcripts as a mentee.

PI: What effect has the mentoring program had on you and your nursing practice?

Mentee # 4: Um, it has helped me become comfortable with the people on the unit because my mentor was good about introducing me to people and helping me get to know people. Also, it gave me somebody I could go to with questions because since I was new I did not feel comfortable asking other people. So that was nice.

Mentee #2: I don’t think I got out as much from it as I did later on. Like, when I first got there I was like ‘I have to go to mentor meetings, I just want to work!’ But the more I got comfortable and the more questions I had that weren’t necessarily specific to anything, but just, like general ‘why does this do that kind of stuff,’ then I found it much more

helpful and actually interesting. And I also found I enjoy my mentor meetings when there are more than one person there. Because I do have questions that he could answer, but when other people came they would have a different perspective and more questions. So I just found it a lot more interesting and I got more out of it than when it was just me and him.

PI: Anyone else want to say anything? (silence)

PI: What effect has the mentor relationship had on your nursing practice? By relationship, I am defining that as you and your mentor.

Mentee # 2: I felt like once I did something cool or that we had talked about something at my meetings, and then I actually did it out on the floor, it was nice to be, like 'my mentor will be so proud of me because I looked-up a protocol!' You know. It kind of gave me, like ambition to do it and talk about it because sometimes you feel like 'Oh my gosh, I just worked my butt off all day long' and would just go home and feel unappreciated.

Mentee # 3: I think my mentor and I had more of a friendship than more of a professional mentor/mentee kind of thing. And when we had our meetings we didn't necessarily talk about nursing related stuff, but sometimes just talked about life stuff and how things were going. It helped, I think because she was my first preceptor also, I had

more of a professional development with her then, but during the mentor/mentee relationship it was more of a friendship thing, which I think is sometimes a little more important that I have a really really good friend on the unit. Not that I don't have other friends on the unit, but, um, it was just nice to be able to take questions to someone like that and have that kind of relationship.

Mentee #5: I kind of agree with the same thing, because I also feel like my mentor is someone I can ask anything to, and so, um, not that I feel like a burden asking questions to other people, but we're OK as friends and everything, that I just go up to her and ask her a couple of questions and not feel guilty, like I am being bothersome to people. It makes it feel a little easier and a little more comfortable.

Mentee #1: I agree. There is someone that you knew and they expected you to come to them with questions and, um, you didn't feel like you were bothering them. It's someone there for you and asking and answering questions for you. I used my mentor at the very beginning, because I didn't know anybody else, as my person to vent to and reflect on, you know, reflect on 'well this happened, this is what I did, should I have done this or should I have done it differently?' That's nice to have someone to go to.

Mentee #4: My mentor is very blunt about the way things are, and that was really nice. He was able to give me perspective into how things really are versus what they sugar-coat and, you know what I mean, the picture they paint when you come on a unit. He

definitely wasn't afraid to tell me how things really were. The good and the bad, so I kind of went into situations understanding maybe why things weren't the way I thought they would be. Which as a new nurse you have this picture of what you're going to be coming out of nursing school, you know what I mean, how it is going to be. And then you get here and there's a lot of things that aren't. He was really good about being honest with me and saying 'this is why it is and this is why they have that' and why this is going on or why this is going on. So it was nice having an insider that has been here a long time and knows the in's and out's of the unit.

Mentee #2: And how they've changed over the years too. They know that, like, this is how it was. It's not perfect now, but this is how it was then. So, you know, it's nice to get a feel for, like, ok maybe it's not perfect now, but things are still going to change because they're always changing.

Mentee # 3: I think another part of the mentor/mentee relationship was that it wasn't always us taking questions to them. Because they were our mentors, they knew that if something came up they could, you know, share with us. It wasn't always us doing the questioning and bringing our concerns to them. If they had something happen to them that they wanted to talk about or share that they thought we might be interested in they could do that.

PI: Do you have any specific examples you want to share?

Mentee #2: I have one. Well, when I had a lot of anxiety about ACLS, I thought, 'oh my gosh, I'm not prepared to handle situations like this by myself,' but then I met with my mentor and he was asking me all these questions, and I knew everything. I just needed the reassurance and sitting down and actually talking about it helped.

Mentee #3: I had one, but I can't think of it right now.

PI: Ok. Um, how did you feel about being a mentee?

Mentee #4: I guess this is all about, you know, being honest. I probably would have been more into this mentee/mentor relationship, but my mentor had a different perspective as far as meeting outside of work goes and meeting one-on-one outside of work. So, I think I probably could have gotten more out of it if he had been as excited about actually working together to get stuff done, you know what I mean? But what he did provide for me was a really good person. I still got definite benefits from it. But for those mentees who met with their mentors outside of work probably got more applicable things out of it… definitely more critical thinking related stuff than I did. I think that was probably more by the book of how this program was designed to go. I think I was just a little bit disappointed that my mentor wasn't on the same page. You know what I mean? But then again, it's ok; I don't feel gypped or anything.

Mentee #2: I kind of think that they, the mentors, outside of my mentor, felt like it was kind of a one sided… *they* were helping us, *they* were doing this. I don't think that they felt it was a 'give back' relationship, so they weren't into it at all. My mentor really enjoys conversing and teaching people and I don't know if they necessarily outside of work felt like 'Oh boy! Let's go meet and talk about cardiac output!'…you know. And so if there's some way to incorporate like, I don't know someway to make it like, uh, a mutual like they can enjoy, not just like it is mandatory teaching time on top of everything else they have to do in their lives.

Mentee # 3: Can you repeat the question?

PI: Yea, how did you feel about being a mentee?

Mentee # 4: Well, just going along with what she is saying too, I think the pairing of them was done based on a lot of who you were with during orientation and things like that. But also, obviously, if you are two different places in life, you're not going to have the same approach as to how to work this thing out to where you're both getting something out of it. You know what I mean? If you have somebody similar in age that you can go sit in a, you know, bar or restaurant and have these meetings, great. But if you've got somebody who is going home to their family after work, and when they come to work, they're at work, and when they leave work, they're with their families, you can't expect to say 'hey, lets go hang-out!' ya' know, that's not even an option.

Mentee #2: And geographically, like, people live all over the place. Like if you could find-out where people live and, like, see if maybe they can…….

Mentee #5: Does it have to be a CN III that's a mentor, because I know that there are some CN IIs that are just as helpful and maybe have a little more enthusiasm……

Mentee #3: Yes!

PI: Um, well, that is the way it was originally designed, but that is one reason why we are doing….. part of this study is also a program evaluation. So that is definitely a possibility.

Mentee #5: Only because I think that…I know that there are different approaches and I feel that sometimes the CN IIs would be just as helpful or more so because, um, they haven't been there as long, they seem a little more excited. And I just know from my own, um, precepting that my preceptor was really, just very enthusiastic and just really excited. And she didn't even explain to me that she was excited to be doing it because, like I would ask her a question, and she would be like 'I don't know, lets go look it up!' And so it was kind of like the whole give and take…they were getting something out of it and we were getting something out of it.

PI: Any other feedback regarding that question?

Mentee #3: Well, um, getting back to the question, I was excited, you know, at first I didn't know what to expect out of being a mentee, and I guess, uh, I was excited to have someone to take my questions to, and, um, the only problem that I ran into was the geographic thing. Just because my mentor and I live half an hour away and we had such different schedules that it was hard to meet. We ended up doing most of our meetings in the hospital, like when we would see each other at shift change, which was fine. She tried to get me to come up with questions and stuff and then we could talk about it the next time we met. You know, it was just a little more difficult because we didn't get to meet quite as much and, um, the meetings weren't as, um, formal, I guess.

PI: What have you learned from being a mentee?

Mentee #5: Not to be afraid to ask questions, because they encouraged you and were supportive.

Mentee #3: I think that I realized that, um, like she was saying not to be afraid to ask questions, but people actually sometimes enjoy you, if they are in that situation, asking them questions and getting them to share their knowledge with you and you can tell that some people are pretty proud of the things that they know and can share, because that shows their experience and how large their knowledge base is. And getting to share that with someone younger and newer to the profession, you know, I would imagine feel

pretty good at the end of the day, getting to know that you have helped someone out like that.

Mentee # 2: It was also nice to know that in a situation where you are just starting work, that it is pretty common to have a lot of anxiety and a lot of, like, questions, and a lot of, like, 'oh my goodness I don't really know what that is or why they do it,' and, like, um, having a lot of other mentee's as well, you can talk about it together. It's not just, like, a you and your mentor thing. It was, like 'well, I know they're all going through the same thing,' so it was nice talking about the same stuff with fellow mentees.

Mentee #1: Yea, I agree, it was nice to converse with other mentees.

PI: What did you like about being a mentee?

Mentee #2: I always feel supported, like, I know people know, like um, when I do have seventeen questions in a row…. they know, like why, and it's appropriate. You know, like, I don't feel like I'm over bombarding people with questions. Like, I feel like if I wasn't….. it helps me feel like it's ok and people aren't getting annoyed with me yet for having so many questions. So they can still, kind of, relate to me as a new person. I'm still new; I'm still a newbie, or whatever. And if I wasn't a mentee, I kind of feel like they would see me as 'you're coming up on your one year mark, so you're supposed to be

a charge nurse.' And I would be like 'woe!' I've heard multiple times 'I don't think you guys are quite ready to be charge nurses.'

Mentee #4: Yea, I think it's funny whenever the nurses are like, you know, if I screw up, their like '_ _ _ _ _, that was yours.' Or, like, if _ _ _ _ _ does something too, their like 'that's your mentor, right there.' It was somebody to be associated with and we all have cool mentors. You know what I mean? It was somebody on the unit who you would want to be associated with and be able to put your name next to and say 'hey, this is who I'm with.' So I like that.

Mentee # 3: I just really like being involved with a group and having people go along and having the same kind of experiences as you did. Knowing that you're not the only one out there struggling, I guess.

Mentee # 1: I just like having a mentor. It was just nice to have somebody to go to.

PI: What did you not like about being a mentee?

Mentee #5: I was talking about this yesterday, and anyway, I don't know if this is ever going to end, but, like, I am always having like these bad dreams where I am always, like, not finishing things. Like the latest dream was I couldn't get the A-line and one of the doctors was standing over me, like yelling at me. I don't know what it is and I don't know if other people do it, but I think it's stress. That is the one thing that I'm looking

forward to getting….. and I know it's not like part of a mentee thing, but I know it's one of the things that I'm looking forward to actually relaxing. I don't know how many years after being a mentee.

PI: Did you talk about this with your mentor?

Mentee #5: Yea, she laughed….it's a nice source of entertainment. But in a way it's nice to have somebody who can just laugh it off and just be able to say 'you are psycho, just relax.' I think that it is probably best that, like my mentor is very laid back and very relaxed.

Mentee #4: I thought that it was a lot of pressure coming up with goals. I think in the end, maybe had it been done the exact way the program was designed, it would have been a great thing, but I didn't like the fact that I had to come up with these goals that were like….I'm not……I set goals for myself, but not in words. It's more just kind of what I would like to see happen. So I didn't like the pressure of being, like trying to set these goals and meet them, then other stuff happens. You know what I mean? Or like life happens, and if they didn't get met, then it was like those goals went onto the next month. But that's just personal…. I don't like having goals.

Mentee #2: And a lot of it…..like at this point in my career, I kind of felt like, it wasn't like…. my goals aren't technically something that you do. It's a lot of like feeling goals.

Like ‘oh my gosh, I can feel comfortable taking a patient and not having to ask a question every ten minutes,’ ya know. And it’s really hard to be like, did I achieve this goal? Some days I feel like I do and some days I feel like I don’t. It’s really hard to be, like ‘I’m going to do blank.’

Mentee #1: Yea, the goals are very difficult. You definitely want to achieve things, but when you’re first starting out it’s not like you want to change the hospital the first couple of months you’re there, you just want to get comfortable and find out things about the people you work with, the type of patients you’re going to have and feeling comfortable coming into work everyday. It’s not about ‘well, did I make a poster this month? Or did I re-write a policy?’

Mentee # 3: I think for me, um, setting the goals was a little easier in the beginning because I do think, like you know ‘feel more comfortable taking cases.’ That was a goal for a month, and, um, then when I was taking my GRE, you know that was a goal ‘study for my GRE.’ Not that it’s exactly nursing related, but professionally related. So, I used things like those, and then, you know, I hit a plateau where there was nothing I felt at the time to set goals for. You know, I got busy, I was trying to do work, you know, come in and work, try to learn a couple things at work and then go home. It was hard sometimes to come up with the goals. But setting goals, I think…..I like setting goals, I think it’s a good thing. I’m the kind of person I feel like I’ve always got to be aspiring to do

something, like just setting a goal, you know, for each time I come into work. But just trying to get it onto paper was difficult.

PI: Is there anything else you would like to discuss about your mentorship experience?

Mentee #2: I think maybe, um, having the meeting groups be bigger, that's one thing I mentioned earlier. And that way you can have more interested mentors instead of having to run everyone so thin and having one-on-one, and then you end up having a couple of people who are like 'I don't have time for this,' ya know. And make sure that all your mentors are into it as much as your mentees are. Then you don't have as many.

Mentee #3: For me, the only thing about it was the geography. It really was. Um, 'cause it was hard enough trying to figure out days that I wasn't working, because at times I was working during the week and she works weekend nights, and she's got a family during the week and everything else and it was kind of hard to make a half hour trip to have a meeting. Or even meeting halfway, you know, trying to coordinate things like that. I know our first meeting we did at Top of the Heel and even though trying to get everyone together….I felt like it was easier to actually get everyone together if you made it kind of a larger group. And if you could kind of structure it more like that where you said 'ok, all mentors and mentees try to find a date and we'll all get together.' But then have your meetings kind of separate while you're there, you know something to that effect, where you try to look at the schedule and get everyone together on a certain day. I think you

would be more successful at getting people to meet and actually go over the stuff you're supposed to go over rather than having it outside of work. And I know that the 'outside of work thing' was an attempt to make it not seem like part of work, but I think it would just be easier than to do it outside of work. Because I think people have lives outside of work and sometimes it's hard to get together and do that kind of stuff.

Mentee #2: The other thing with that is, if it is a big group, if one mentor or whoever can't make it, there's always the rest of the group that they can go over stuff with.

Mentee #4: It's such a catch 22, because how do you find time….if you can't find the time to meet with one person, how can you possibly figure out a way for everybody to get together or a group? But on the other hand, I think the once a month…..once a month is realistic for people who, say, are working the same shifts or who live near each other. Once a month is not a realistic amount of time to meet. Um, lives happen….I mean just stuff happens, and then it ends up being the last day of the month and you realize that you haven't met, and then you go, you know to Wendy's for coffee, which is fine, but you're not getting exactly what you're supposed to get out of it. That, and the other thing is before doing something like this, just make sure everybody doing it wants to be doing it. And I know you don't have to do it if you don't want to do it, but say 'this is what is expected out of you….do you want to do it or not?' Because if not, probably somebody else would.

Mentee #2: Yea, the other thing is, I think maybe people need a little more direction…. a little more of a nudge. And maybe if we could do like uh once a year….like when I did the oral care presentation. Like just a goal to work towards. Even if it's not a presentation at a staff meeting, but something to work towards, so you also have the closure, or whatever, so you can say 'oh, you did it.'

Mentee #3: I was going to say… honestly nobody likes doing projects, but I think it would have been a good thing to have the mentor/mentee kind of work toward one, you know, one thing that you could show what you've done. Kind of like a physical thing that you can say 'here, this is what we've worked on….this is some of the things we've discussed.' Just trying to find a theme that's interesting to both….not even really a formal project, just something to share.

Mentee #2: Even if it's, like, all the groups working on the same thing….just some direction towards doing something.

Mentee #4: Yea, like I don't feel like anything is ending right now. You know what I mean? Whereas maybe if we had done something, like specifically, then it would be like 'oh, the mentorship is coming to an end…that sucks,' you know what I mean?

Mentee #1: You know, it doesn't really end. Our mentors are still going to be working with us. We're still going to see them everyday, we're still going to ask them questions and talk to them. We'll still continue on with our friendships or whatever.

PI: Yea, you know, it doesn't have to end after a year. The hope is that it would morph into something, whatever that something is.

Mentee # 3: It's more that your mentor/mentee thing is ending for your project, more than the mentor/mentee relationship.

Mentee #4: Yea, there is definitely the opportunity for it to morph into something great and be a lifelong…..yea.

Mentee #2: I feel that the CCRN study classes…stuff like that, um, I feel could be incorporated. It wouldn't necessarily be a study class, and that would give it a lot more direction also. You know, maybe the first year start the relationship by doing something small, like the oral care presentation, have that be your goal, but then, like, continue on doing other stuff, like the CCRN review.

Mentee #4: I think the CCRN things were a good thing. I wish I could have gone to more of them.

PI: Are there any other questions or comments? (silence)

PI: Is there anything else you would like to discuss about your mentorship experience? (silence)

PI: Well, I really appreciate your time today. Thank-you.

APPENDIX D. MENTOR FOCUS GROUP RAW DATA

PI: Thank-you for your time today. You are participating in a research study and your participation is completely voluntary. You are welcome to leave if at any point you wish to stop participating. This session will involve several open-ended questions with the intent of active discussion between members of the focus group. Please be aware that everything discussed in this group must be treated confidentially, and you may not disclose any information you learn from this session. For data collection and analysis purposes, the focus group session will be audio taped, but will be turned off upon your request. You do not need to use your name during discussion, and you will only be identified in written transcripts as a mentor.

PI: What effect has the mentoring program and relationship had on you and your nursing practice?

Mentor #6: It just enabled me with, um, the person that I am mentoring for, it just gave me, like, opportunities to see how they are progressing once they are off their precepting, and other ways that I can help, you know, like, questions that she has or concerns that she has, I can take those and use them for future people that I precept. Because she has brought-up some really good points of things she would've liked to have seen.

Mentor #5: I think for me it just helped me remember what it's like to be someone who's just starting out. Being so far away from it, I've forgot the way they see things. Just hearing what she saw going on on the unit was like "oh, yea, OK, I remember that."

Mentor #1: It made me feel important. It was just really nice, you know. You could identify with this person. It gave me a big sense of contribution to her practice and it made me feel like I was contributing to the unit.

Mentor #4: I agree. It also gave me the opportunity to not give so much formalized, um teaching, but informal to my mentee and whoever else happened to be there. Not structured, you know, it was just very on the spur type of thing that I don't think I would normally do for somebody else.

Mentor #1: I also think that it made me be more cognizant of how I was practicing, because I knew that, you know, if I'm someone's person to look up to, then I should probably do things correctly. Um, yea, so it just made me be more cognizant of how I did things and be more attune to….. It just made take things more seriously I guess.

PI: Does anyone have anything else to add to that question (silence).

PI: How did you feel about being a mentor?

Mentor #2: It's extra responsibility, but it's a good responsibility, because, like um, it does make you think about what you are doing, how you are portraying yourself, how someone else perceives how things are going on the unit and if policies, procedure, and protocols are being followed like they're supposed to. It's also nice to help you remember when you were a tiny baby nurse too, and how you saw things.

Mentor #5: I was excited when it started. Um, I thought I'd be good. In the end I don't think I was very good at it. I don't think I did a good job.

PI: What makes you say that?

Mentor #5: Uh, we didn't work the same schedule. Single versus married. Two different towns. It was just very hard to get together and I don't think I did her justice, which makes me feel worst in the end about doing it. I think in the beginning getting matched with her was great because we hit it off initially, and I think it's still fine as far as personalities go, but I don't think she sees me in any way as a mentor. She may see me as an experienced nurse she can go to, but I don't think I'm her mentor.

PI: Do you think that she sees other people in that capacity?

Mentor #5: I think so. Mentor #1 I think she sees in that capacity. And I think it's the way he approached it and I think it worked out well. But I think it's not only an aspect of

what he did outside of work, but that he was physically at work most of the time that she was there. So I think it was easier to develop that role since he was open to that role for her to pick it up from him.

PI: Does anyone else want to talk about how they felt about being a mentor?

Mentor #4: It felt good to be a mentor, but I have to agree with Mentor #5 in the fact that, um, working with my mentee was not on a regular basis and, once again, the geographical constrictions. Um, it made for some difficulty. We just talked a lot when we worked together and when he was coming on and I was going off shift. So we made the most out the time we did see each other.

Mentor #1: I really liked it.

Mentor #2: I was worried that I wouldn't be as good as some of the others. Um, just because a lot of times I think I have higher expectations of the nurses coming into the unit because of the unit we are, um, and I have to continuously remind myself that they don't know any of this. You know, you have to teach them this, they don't know; they haven't been doin' this as long as you have. Um, and sometimes it's hard for me to let my guard down around people and to get to know people.

Mentor #1: It was actually kind of hard for me, because I still kind of feel like I just graduated from nursing school. I do, I feel like a new graduate a lot of times. I was surprised at myself at how I assumed that they knew certain things, and they didn't. And I thought that I would never lose that. I think Mentor #5 alluded to that earlier. I thought I would never lose that feeling. But when I started meeting with my mentee, I realized that I had forgotten a lot about what it's like to be a new graduate. You know, that lifestyle, what they know, what they don't know, their anxiety. Um, for me a lot of stuff that I thought I had not taken for granted, I began to realize that I had started taking for granted.

PI: Would anyone else like to talk about how they felt or feel? (silence)

PI: What have you learned from being a mentor?

Mentor #1: For me, like clinically for me, you know since I came here without any cardiac experience, um, so when she asked me questions I wouldn't know a lot of the answers, and I would have to seek out the answers from other people or look them up, and, um, it made me learn, clinically, another aspect of care that, um, I was not as comfortable with as before. So clinically I learned a lot.

Mentor #4: I thought of it more as just an expansion of being a primary preceptor. You know, your six, eight, ten weeks are up, but "I'm here for you." That's more as how I

viewed it as. “I’m here as your resource and I’m here to bounce things off of or if you have any problems.”

Mentor #5: I learned more about….it wasn’t so much about being a nurse in the unit, it was being like a person in the unit. What they go through, how they perceive their co-workers, how they get along with them and all that. To me it was just, with mine, having her say what she perceived as going on in the unit, or how she was treated. Again, you forget that kind of stuff when you’ve done it for a long time, but to be able to sit and say “well, that’s what happens so you got to do it,” or “you don’t have to put up with that,” you know “you can speak up, you’ve been here for a while now,” um, stuff like that, that’s what I learned. Not so much about being a mentor, but what a mentee go through.

PI: Anyone else? (silence)

PI: What did you like about being a mentor?

Mentor #4: I liked that I felt I was able to help mold someone….a new nurse, who will hopefully carry away with him some things that will last a lifetime.

Mentor #1: Especially now that my mentee has reached her year mark, I really like how….how should I put this…. seeing her as a nurse now versus when she started back then, there’s just a stark contrast and I feel like I contributed to that somehow. When she

does something good on the unit, I feel really proud, you know. All of them, really, not just her, but all of them, growing and developing professionally….the projects they've done, seeing how their questions have changed from task oriented questions to more broad questions about physiology or nursing in general and the profession in general. It was kind of neat to see that, to see them grow as professionals.

Mentor #2: I agree with that. I think it's fun to watch them go from "this is what I'm supposed to be doing" to "Ok, why am I doing this?"

Mentor #1: Yeah.

Mentor #4: Yeah, the "aha."

Mentor #2: I told my mentee, "you're going to have a defining moment when somebody's going to ask you a question and you're going to know the answer and it's going to make you feel like ten million bucks, because you knew the answer and you knew how to answer that question."

Mentor #4: It's good to see them precepting, it's good to see them branching out themselves to become the teachers.

Mentor #5: I've said before about this group, and I don't know whether it's their personalities or if we had something to do with it, but they are very involved for new nurses. You know, and hopefully maybe it was a part of this, you know…..feeling like they were welcomed when they got here, but I've personally never seen such a large group come in and be as involved in their first year of nursing as these people are.

Mentor #1: I feel like, you know, they came in and assimilated…I don't know if assimilation is a good word or the right word, but they seem to fit with the personality of the unit already, you know, they just added certain components of that personality. They're all a really good fit, and again, I don't know if it's because they had an increased socialization from us and each other….I know they also hang-out a lot on their own together, but um, they not only fit in the unit personality-wise, they added a lot of personality to it as well. (Lots of nodding from group)

PI: Would anyone else like to talk about what they liked?

Mentor #6: Another thing too, it's just like, you know, kind of like that people, you know, I know that with mine a couple of times when things didn't go right or something went wrong, they could trust you and come up to you and say "well, I feel like I did this wrong," or "I feel like I didn't do whatever," they trust you enough to come to you and say that they feel like an idiot. And you can tell them that their not being an idiot, that nothing's wrong, that it's all part of being a nurse. So for them to trust you and open-up

and say, you know….and I think it helps them too to know that they got someone they can go to when they've had a rough time and express that without being looked down upon.

PI: Anybody else? (silence)

PI: Did the experience make you see others, your colleagues at varying levels of experience in a different way….the way they interacted with your mentee, etc.?

Mentor #5: For me the only thing was when she had told me that she felt on the unit there was, and I don't know if it was a specific day, she didn't say, but at times she felt like she was being treated like the new person. And this is much later since the time she had been here. You know, and I could tell, I was like "look, standup and speak for yourself; you're not so new that you have to sit and take it from people." You know, and its not like she doesn't have a personality that not outgoing, but on that professional side it was hard for her to step-up and make that step to, you know "I'm grown-up now, I can do this." That's the only thing that I saw different, but I don't think that that's anything new, I think that's the way a lot of people treat new nurses. But that's the first time anybody has ever told me, not just observing it, but told me that it was happening.

Mentor #3: I think it makes you more aware, like you know… we all know who the experienced people on the unit who treat new people certain ways, and you know that

some people are difficult to get along with, or their personalities are just kind of harsh and that's just them, they're not, you now, they really aren't being mean to you, that's just their personality. We all know that, but it makes you more aware that these new people don't know that about these people, and we need to tone it down just a little until they get to know you.

Mentor # 4: But along those lines too, having a mentee, um let me talk to that person and say "expect this from this, expect this from this…" I don't think I might have said that to somebody else.

PI: Along those lines, did you see people that weren't mentors stepping up to the plate to help those less experienced people?

Mentor #4: Yea, and it's always going to be a certain core group. There's the group that wants to eat the young, and then there's always going to be the group that wants to help them grow.

Mentor #1: And maybe because it's because we're already leaders on the unit, but I feel like, you know even if we weren't formal mentors we would still be protective of them. I think this group did a really good job at protecting them and allowing them to kind of grow and slowly kind of letting go and encourage them to speak-up and be proactive. I think it goes back to watching them develop, because in the beginning we're all very

protective of them, and now that they've been to the balloon pump class and we're priming them to being charge nurses and primary preceptors, or whatever. Um, they're at their year mark and they've taken the VAD class….we've protected them and kind of trust where they are and know that they can hold their own.

PI: Did being a mentor teach you anything about your own nursing practice?

Mentor #5: I think Mentor #2 said it earlier, about that you know but you forget that they don't know it, and you get in that habit and saying "well blah, blah, blah," instead of saying "no, it's this then this." So I think even with some of the new people that come in that are experienced, you know and I think Mentor #4 learned this this past weekend, you know, it's like experience doesn't always mean you have it down. They can do the bath and pass the meds and do all that, but the other stuff they still need *a* to *b* to *c* to *d*, and they can't do that *a* to *d* right away and skip the middle because they know where they're trying to get to. But that's the thing I always get reminded when I precept, is you have to start all over again.

Mentor #4: I said this earlier, it taught me that I didn't know as much as I thought I did. And that was good, because it makes you learn something. They ask you questions, and you are like "I don't know." Then you look it up or you make them look it up and tell you….and you act like you knew the whole time.

Mentor #5: And I think along those lines too, there're things they ask that aren't really important, like it doesn't really matter, but they want to know. And it's not like you didn't know it, it's like you've forgotten about it because it didn't really matter…..

Mentor #2: Or it's one of those things you take for granted.

Mentor #5: Right. It's like, uh, "I've got to explain this and I haven't thought about it in years."

PI: Looking back now after having done this, how do you think the process could be….how can we make it better in the future and how can we improve the process?

Mentor #4: I think rather than assigning a mentee/mentor, see what personalities go together and see what work schedules jive, because I felt bad for the fact that I wasn't available as much as I felt a mentor should be available.

Mentor #3: One thing with me, um, like it takes me a while to get to know someone and open up, and I think the person who was my mentee was the exact same way. So, you know, we got along fine, I just don't think either one of us had the personality to push through it.

Mentor #5: I don't know how you assign it better, I don't know how you do it, but like I said, in the end, in my own mind as a mentor I failed miserably. As being somebody who's experienced meeting somebody new, showing her you're not this old ogre who's set in his ways and doesn't… I think I did OK in that way, you know I think that works out fine, the new people seeing the experienced people as, you know, people who don't want to be bothered. Um, I think that worked out fine, but as far as any kind of teaching, motivation, whatever, I don't think I did well, which is my fault. But in my mind I know that there're things there…..barriers just kept going in front. You know, as it got more towards the end I was sick and tired of trying to break them down so that we could get together, because it just didn't work. Our schedules were just too far off at work and personally that it was almost impossible to meet.

PI: Is there anything else anyone would like to discuss about their mentorship experience?

Mentor #1: Well, for me it's easy because I'm a single guy with no other obligations, so it was easy for me to meet with my mentee. But the first time we met outside of our first group meeting, it was very awkward, but after that it got, you know, as we met more and more, we became much more comfortable with each other.

Mentor #4: I really felt that the more informal meetings were more effective than, you know, the formal meetings. We didn't go out but maybe a couple of times to meet outside

of here, but I think that even though, you know, you have this hanging over your head, you know “is somebody watching my patient?” or “I have to go answer that call light,” I really think that those experiences were more valuable than not meeting here.

Mentor #1: Yea, I felt like even though, um, you know, it was easier for me to meet with my mentee, I think we had just as much, if not better conversations at work, actually, than outside of work.

Mentor #5: And my only thing, again, on that, to start again the next time, or whatever, was that that was the way we were supposed to do it, we were supposed to meet outside of work. One, it was very hard for me to do; Two, and this isn’t one of those “well I have a friend this happened to when it was really me,” I didn’t have this problem, but putting a married person with a single person of the opposite sex, that you’re supposed to meet outside of work… I think in the long run, my wife doesn’t care, but in the long run you get a spouse that is like “you have to what….you have to go meet a young girl for lunch?” You know, I just thought that part of it was….you have to look at that to say “are you putting somebody in a situation where they’re totally not even comfortable with doing that?” Or they’re looking over their shoulder, or they’re hiding it to try to get it done. I think the informal stuff, like we met when I would just stay over, we’d get coffee, go sit outside and talk, and I found-out a lot more than meeting for lunch, when it was like we were just doing it and we each had things to do that afternoon, so it was have a little lunch, talk and then go along our way. So, I just think those are things when it

comes down to…. I don't think you don't match a married person with a single person, but I just think the up-front saying you should meet outside of work shouldn't be the defining thing, it should just be that you meet.

Mentor #2: It was impossible for my mentee and I to get together, just because of things like vacations, but we did have some really good meetings, you know either before my shift or after her shift.

Mentor #4: I liked the way we initiated it, you know we all met together, we all sat down and had a nice dinner together, so that was great, that was definitely outside of work and everybody getting feelers for everything all at once. Then after that just a more informal process would be beneficial.

PI: Is there anything else you would like to discuss about your mentorship experience? (silence)

PI: Well thank-you very much for your time today.