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An Exploration of Faculty and Student Perceptions of Mentoring

Harjit Kaur Dhesi

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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

AN EXPLORATION OF FACULTY AND STUDENT
PERCEPTIONS OF MENTORING

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

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College of Natural and Health Sciences
School of Nursing
Nursing: Education

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Entitled: *An Exploration of Faculty and Student Perceptions of Mentoring*

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ABSTRACT

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Students may be faced with many challenges and stressors as they progress through their chosen field of education. Nursing education is no different. As nursing students progress through their program of study, they can face stresses similar to those faced by nurses in practice with the additional burden and stress of academic life, often without the support that might be in place for nurses in clinical settings. Stress, burn-out, and high attrition rates in nursing schools during a time when nurses are much needed in the workforce remain prominent issues within nursing education. Mentoring, which is found inherently within all domains of nursing, might be an ideal strategy for working supportively with and guiding students through these challenges. Before proposing mentoring strategies, faculty and student perceptions of mentoring needed to be explored. The purpose of this study was to explore faculty and student perceptions of mentoring within the context of the following overarching research question:

Q1 What is the experience and meaning of mentoring for nursing faculty and undergraduate nursing students?

A qualitative research design utilizing a descriptive phenomenological method was used to conduct this study. Participants in the study included 8 nursing faculty members and 12 undergraduate nursing students, all of whom had experiences with mentoring--informal, formal, or both. They were asked to reflect on this experience in

discussing interview questions posed to them. The participants were also asked to articulate a definition of mentoring, discuss whether mentoring was important for nursing students, and offer recommendations for mentoring nursing students. Data analysis of the interview transcripts from the students and faculty revealed four themes guided by an overarching theme of mentoring mitigating stress: (a) relationships and connections, (b) willingness and commitment to work together, (c) teaching and learning, and (d) personal characteristics. Faculty and student participants shared their thoughts on the benefits of mentoring and made recommendations for formalized mentoring programs that could meet the needs of students and faculty members with peers and faculty as mentors. Nursing educators and students need to work together to develop mentoring programs that meet their learning needs and create positive learning environments based on mentoring one another. Recommendations for further research were also made as mentoring in nursing education has not been explored in significant detail thus far.

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CHAPTER I

INTRODUCTION

Background

Students may be faced with many challenges and stressors as they progress through their chosen field of education. Nursing education is no different; in fact, nursing students might face more challenges and stress than the average undergraduate student (Gibbons, 2010). This could be attributed to the need for nursing students to focus on the academic rigors of their program while also facing the challenges of caring for clients with complex health challenges in the clinical environment and safely applying what they are learning to work with patients in that environment (Chan, So, & Fong, 2009; Gibbons, 2010). Clinical practice experiences can be an isolating experience for students without peer and instructor supports in asking and answering questions (Chan et al., 2009; Hatlevik, 2012). Compounding this isolation for the student might be the lack of opportunity for peer and instructor dialogue at the end of clinical practice experiences for debriefing and closure (Chan et al., 2009; Hatlevik, 2012). The lack of interaction and support could create stressful situations for students, leading to erosion of self-esteem, confidence, and health (Bowden, 2008; Chan et al., 2009; Edwards, Burnard, Bennett, & Hebden, 2010). During times of nursing student stress and challenge, nursing faculty are in a unique position to help students work through their stress and develop

positive coping strategies for dealing with difficult situations, much as a mentor would do for a mentee (Reeve, Shumaker, Yearwood, Crowell, & Riley, 2013; Williams, 2010).

A mentoring relationship between faculty and students might be an ideal strategy for working supportively with and guiding students through these challenges. But, before proposing such a relationship, faculty and student perceptions of mentoring need to be explored. This phenomenological study explored the perceptions of faculty teaching in a Bachelor of Science in Nursing (BSN) program and students enrolled in an BSN post-baccalaureate (BSN-PB) program. The findings from this study explored the phenomena of mentoring between nursing faculty and nursing students as a strategy to support student success. The overarching research question was:

- Q1 What is the experience and meaning of mentoring for nursing faculty and undergraduate nursing students?

Research Problem

Nursing, while being a rewarding career, is also known to be a stressful career (Edwards et al., 2010; Gibbons, 2010). Unfortunately, as nursing students progress through their chosen field of study, they can face similar stresses faced by nurses in practice, often with the additional burden and stress of academic life but without the support that might be in place for nurses in clinical settings. In fact, stress faced by nursing students has been discussed and acknowledged within literature for decades and recommendations for curricular changes and sensitivity to academic demands placed on students have been made (McGregor, 2005; Sawatzky, 1998). Despite recommendations for supportive environments and support for students, strategies to implement these recommendations have been scarce (McGregor, 2005; Sawatzky, 1998). Nursing students are reporting high levels of stress, psychological distress, lack of coping, and

burnout before entering the profession (Bowden, 2008; Deary, Watson, & Hogston, 2003; Gibbons, 2010; Williams, 2010). Over the decades, it also seemed instead of reporting decreasing stress levels, nursing students were consistently reporting higher levels of stress related to the rigors of academic life exacerbated by the clinical practice experiences, financial burden of school, and stress in their personal lives (Bowden, 2008; Evans & Kelly, 2004). While financial support could be available to students in the form of student loans, bursaries, and scholarships, often these were not enough for students to live on; thus, students faced financial hardship unless they took on paid employment in addition to their academic responsibilities (Bowden, 2008; Williams, 2010). The financial stress and burden students faced had the potential to lead to student attrition (Bowden, 2008; McGregor, 2005; O'Donnell, 2009; Williams, 2010).

Additionally, there was an increased risk and higher rates of attrition in student nurses from minority groups and those belonging to nontraditional student groups (Harris & O'Rourke, 2014; Igbo et al., 2011; Tower, Walker, Wilson, Watson, & Tronoff, 2015). Nontraditional student groups are described as older students from a variety of ethnic backgrounds and with varying degrees of academic ability (Harris & O'Rourke, 2014; Tower et al., 2015). Many postsecondary students might be leaving the security and comfort of their family support system or their cultural ways of life and entering a rigorous academic program of study (Anonson, Desjarlais, Nixon, Whiteman, & Bird, 2008; Deary et al., 2003). Personal stress faced by nontraditional students could compound the stress and challenges they might encounter in their program of study. (Anonson et al., 2008).

Although nursing student attrition is not a new phenomenon in nursing education, it is one of concern considering the worldwide nursing shortage and the need for competent and skilled nurses. Students reported grueling academic demands, inability to cope, and a lack of support from faculty as some reasons contributing to the decision to leave nursing education (McGregor, 2005; O'Donnell, 2009; Watson, Deary, Thompson, & Li, 2008). It is surprising that while nursing programs expend resources to recruit nursing students, the same level of resources are perhaps not expended on ensuring student retention and program completion. Student success might be enhanced with supportive environments that guide students to develop positive coping skills. These skills could also be essential to nurses in practice to enable them in meeting the rigorous demands of the profession.

The Canadian Nurses Association (CNA; 2009) recommended six strategies to be implemented together as a plan to eliminate the nursing shortage within a 15-year span. Of these six recommendations, two pertained to nursing education and recommended increased enrollment in nursing programs and reduction of attrition rates (CNA, 2009). According to the CNA, one in four nursing students either did not complete their program of study or they did not practice in Canada after graduation. These are startling statistics and constitute an issue of concern for nursing academia.

The most recently completed study (Bowden, 2005) examining nursing school attrition in Canada found while there was a lack of documentation of reasons for student attrition, those tracked were found to be related to the financial burden of obtaining an education, academic abilities, increased levels of perceived responsibility, stress, and a lack of support in the practice and academic settings (CNA, 2005; Condon et al., 2013).

Based on the findings of their study, one of the recommendations from the CNA (2005) was for schools of nursing to offer support and mentoring to nursing students from an Aboriginal or international background and to those students from rural or remote areas of Canada as a strategy in ensuring they completed their program of study. This strategy was recommended in nursing literature related to retention of nontraditional and minority group nursing students as well (Anonson et al., 2008; Condon et al., 2013). In considering mentoring as a strategy in supporting students, it must be explored from the perspectives of students and faculty. This leads to the question: What are faculty and student perceptions of mentoring? This study explored that question.

Research Purpose

Stress, burn-out, and high attrition rates in nursing schools during a time when nurses are much needed in the workforce remain prominent issues within nursing education. An additional concern is the cost of attrition to the educational institutions and the burden on already constrained resources and budgets. Educational institution revenues generated from direct means such as tuition, fees, and bookstore revenues as well as indirect means through housing and campus entertainment are used to support operations of the institution and are directly lost when students do not pursue their programs of study (Azarcon, Gallardo, Anacin, & Velasco, 2014; Raisman, 2013; Swail, 2004). Retention of students is as imperative to the function of educational institutions as is enrollment (Azarcon et al., 2013; Swail, 2004).

In a U.S. report (Raisman, 2013) studying revenue loss due to attrition at 1,669 universities and colleges in the 2010-2011 fiscal year, the loss of revenue was estimated to be \$16.5 billion with losses for individual schools ranging between \$102,533,338 to

\$10,584 and averaging \$9,910,811. These numbers are not only startling but also alarming. In considering programs such as those in health care and including nursing, seats for students are typically fixed numbers; thus, when students leave the program without completing, those seats might remain empty for the duration of the program. This not only results in a loss of revenue but is also a loss of graduates entering into the workforce.

Student attrition also impacts students lost to attrition. Students who enroll and leave an institution before graduation bear not only the financial costs of leaving an academic program without completion but also the cost of time spent in the program without career development (Swail, 2004). Researchers suggested helping students develop coping skills to alleviate stress and increase their overall level of self-efficacy could be a strategy to decrease the burdens faced by nursing students (Gibbons, 2010; Watson et al., 2008; Williams, 2010). This could be achieved by providing students with supportive learning environments and guidance from the start of their academic program (Gibbons, 2010; Watson et al., 2008; Williams, 2010). This is akin to mentoring.

Mentoring as described by the CNA (2004) is a voluntary long-term relationship between an individual with experience in a specific area who functions as a mentor in guiding and supporting a mentee, an individual with less experience, that requires guidance and support to meet his/her full potential. In taking this definition further, it could be applied in academic settings to the faculty member as the mentor and the nursing student as the mentee. Thus, mentoring in an academic setting might offer students the guidance necessary in navigating their educational journey and leading them to successful careers. A mentoring relationship between faculty and students might be an

ideal strategy in working supportively with students and guiding them through the challenges of a nursing program. However, before implementing a strategy such as this, faculty and student perceptions of mentoring must be explored.

Research Question and Aims

Nursing student attrition is an exhaustion of resources for academic institutions, faculty members, students, and society at a time when the discipline of nursing is struggling with a worldwide shortage. All viable strategies to alleviate this issue need to be explored including mentoring. While a large breadth of research has been conducted related to peer mentoring, informal mentoring, and formal mentoring in workplace and academic settings, there is a paucity of research exploring faculty and student perceptions of mentoring. This study explored faculty and student perceptions of mentoring to answer the following overarching research question:

- Q1 What is the experience and meaning of mentoring for nursing faculty and undergraduate nursing students?

The purpose of the study was to explore the phenomenon of mentoring within academic settings. The aim of the study was to explore faculty and student definitions of mentoring. The intent of the researcher was to explore faculty and student perceptions of mentoring experiences. Nursing is a profession that guides and supports so although mentoring might not be explicitly in place, it could be unintentionally occurring with students and faculty who might be engaged in mentoring relationships without acknowledging them. Participants were encouraged to draw on this experience of mentoring to discuss their perceptions.

Theoretical Perspective

Albert Bandura's (1977) social learning theory, later expanded to his social cognitive theory, fits well as a theoretical foundation in studying mentoring relationships. Bandura's theory postulated people learn by observing behaviors of others (modeling) and using those behaviors as a guide for their own behaviors in the future (Wood & Bandura, 1989). The theory further provided an explanation for how learning and patterns of behavior occurred and were influenced by environmental, social, and human interactions. It emphasized symbolic interactions and activities as being imperative to learning and postulated learning and behavior occurred through observations of modeling or observation of others. Response consequences were influenced by a constant, dynamic interaction among the environment, behavior, and cognition, also known as reciprocal determinism or triadic reciprocal causation (Bandura, 1989, 1992, 1993; Wood & Bandura, 1989). The theory contended behavior and learning were neither innately influenced nor influenced by environmental stimulus alone but by an interaction between the unique personal attributes of each individual and their environment; although the influences of the different sources were not always equal in strength (Bandura, 1986, 1989, 1993). Central to the functioning of this theory was observational learning and modeling. The theory proposed individuals learned from observing others and using the outcomes of others' behaviors as a guide for their own actions (Bandura, 1986). By using observational learning, individuals are not required to expend effort on completely learning a new behavior and are able to adopt the components of the behavior they understand as being beneficial, thus adding to their own knowledge and skill base

(Bandura, 1986). Thus, observational learning occurs in the social environment (Bandura, 1977, 1986, 1992).

Bandura (1977, 1992) described the environment as the physical space comprised of the immediate surroundings and/or social environment made up of the people involved as well as the environmental perceptions of the individual. The self, comprised of behavior and cognition, acts as a personal agency and constructs understanding or meaning from the environment while the environment exerts an influence on motivation and actions mediated by social processes (Bandura, 1989, 1992, 1993). Bandura (1992) referred to this mechanism of learning as an emergent interactive agency in explaining his social cognitive theory.

Reciprocal interaction contends that while behaviors of individuals are influenced by their observations, the individuals determine the behaviors they will exhibit based on their interpretation of those behaviors. Thus, behavior is not shaped by the environment or environmental influence but by individuals in how they comprehend their observations. Prominent assumptions within this approach to learning are self-regulatory processes, symbolism, and learning vicariously (Bandura, 1977). Later development of the theory also placed prominence on personal agency or an individual's personal beliefs as to his/her own capabilities (Bandura, 1993). Concepts that link the assumptions are modeling and response consequences, which are also central to the process of behavior development and learning (Bandura, 1977). In addition to these concepts is the concept of self-efficacy and the influence of it on cognitive behavior and personal goal setting (Bandura, 1993).

Social learning theory describes modeling as being comprised of four components: attentional processes, retention processes, motor reproduction processes, and motivational processes (Bandura, 1977). Response consequences are further divided into three components: informative function, motivational function, and reinforcing function (Bandura, 1977). Self-efficacy, or the individual's belief in the ability of self, is identified and expanded upon through cognitive processes linked to modeling and response consequences.

Modeling

Attentional processes. Observations alone do not influence behavior. If an individual is not attentive to a modeled behavior, he/she is not attending to it and might not learn from it (Bandura, 1977, 1986; Wood & Bandura, 1989). As individuals learn, they are able to be selective in attending to those factors most important to them and ignoring those deemed of less importance or those related to their purpose of learning or interest (Bandura, 1986). Within the context of nursing education, nursing students would be attentive to the behaviors modeled by their instructors so they could "learn" the behaviors they believed were embodied by nurses. Reciprocally, they might be inattentive to those behaviors they view as not being important to the nursing role.

Retention processes. Modeled behavior must be remembered in order to influence people and relies on imaginal and verbal systems of memory coding (Bandura, 1977, 1986; Wood & Bandura, 1989). Social influences impact the coding schema of modeled behavior; thus, the behavior stored might be altered to fit the learning needs of the individual (Bandura, 1986).

Motor reproduction processes. According to Bandura (1977), symbolic modeled behavior is converted into action and coded symbolically into memory. This has also been referred to as behavioral production processes where symbolic concepts are converted into actions considered appropriate (Wood & Bandura, 1989). In his later work, Bandura (1986) discussed production processes in relation to learning as being converted into actions. Before behavior can be converted to action, the individual must develop the skills that guided the behavior and action so he/she might correct or match his/her behavior to the environment and the outcomes he/she sought (Bandura, 1986).

Motivational processes. Individuals note, store, and reproduce modeled behavior if it is of value to them (Bandura, 1977). This fourth process is essential to performance of behavior as opposed to acquisition of behavior (Wood & Bandura, 1989). Motivational processes determine if behavior should simply be acquired or if it should also be performed (Bandura & Wood, 1989). Behavior that is punished or unrewarded is unlikely to be modeled; reinforcement and punishment or cost and benefit play a central role in modeling (Bandura, 1977, 1986; Wood & Bandura, 1989).

Response Consequences

Informative function. The individual assesses reactions of others and links these to his/her own actions in determining the influence of actions on reactions (Bandura, 1977). Informative function is important in determining appropriateness of actions as well as how and when actions are appropriate (Bandura, 1977). This function influences future actions and behaviors (Bandura, 1977, 1986).

Motivational function. Behavior is motivated by anticipation of reaction. Past behavior that was rewarded serves in motivating future behavior (Bandura, 1977, 1986).

Mentors can motivate students to use positive coping strategies in overcoming challenges. Strategies students learn in nursing school remain with them as they move from student nurses to graduate nurses and overcome challenges within their practice settings.

Reinforcing function. Reinforcement, whether positive or negative, serves in the individual regulation of past behavior that has been learned but it rarely informs a new behavior that has not been observed or applied in the past (Bandura, 1977).

Self-Efficacy

Cognitive processes are manifested through behavior that has a purpose and is influenced by forethought and goals (Bandura, 1993). Individuals conduct a self-appraisal of their abilities and capabilities in assessing their self-efficacy (Bandura, 1993). The stronger their belief in themselves or their self-efficacy, the bigger the goal they set for themselves (Bandura, 1993).

Theoretical Assumptions

Social learning theory proposes behavioral, environmental, and personal factors are in continuous interaction with one another and exert reciprocal influences on each other. Each factor is dependent on one another and none of the factors is independent of the others. In interpreting this, it is assumed behavior is not shaped by behavioral influence alone but is shaped by an interaction among behavioral, environmental, and personal factors just as environmental and personal factors are influenced by the ongoing interaction among all of these factors.

Social learning theory postulates learning and behavior are derived as a result of vicarious, symbolic, and self-regulatory processes. These processes are further

influenced by modeling and response consequences. Based on this understanding, the following assumptions emerged: (a) the better attended and retained a modeled behavior through symbolic attribution, the more likely it will be reproduced; (b) there is more motivation to reproduce a behavior if the outcome of the modeled behavior is of value to the individual; (c) the more admired and valued the model, the more attendance, retention, and symbolic reproduction are likely to occur; and (d) level of cognition and self-efficacy influences perception of behavioral and environmental stimuli.

Bandura's (1977) social learning theory could be applied to research studying human behavior and behavior as informed by interactions between individuals as well as in studying the influence of environment on learning and behaviors. The broad base of the theory allows for accessibility and application in a variety of settings and situations within nursing and other disciplines. The theory is based on the study of human behavior within the social context; thus, it is suitable for qualitative research studying the same. In viewing this theory from a constructivist lens, it could be used in learning about human experiences and behaviors and might be useful in applying it to research related to nursing student experiences of learning, mentoring, and role modeling. Additionally, within the context of the present study, SLT was applied to student and faculty member perceptions of mentoring and the role of faculty members as mentors and students as mentees. Mentoring such as this could support students in developing coping skills, thus decreasing rates of nursing student attrition. Nursing students might view their instructors as experienced nurses whom they want to emulate and nursing instructors might view themselves as gatekeepers of the nursing profession who want to ensure students are prepared for the workforce. Using these views and applying them to

mentoring, nursing instructors would seem ideal candidates to role model behaviors for students and support or mentor them for the role of nurses in practice. Nursing students might also want to learn the nursing role from their instructors; thus, the cognitive processes and response consequences linked to learning might be enhanced as students want to attain self-efficacy in their role as nurses. Modeling is critical to learned behavior and to nursing students in the novice stage of nursing.

Wood and Bandura (1989) discussed the use of modeling in developing intellectual, social, and behavioral competence. They identified three elements essential to effective modeling in learning: (a) appropriateness of skills, (b) guidance and opportunities to practice skills with roleplaying and feedback, and (c) success in using skills. This type of modeling provides reinforcement for learning and an increase in perceived sense of self-efficacy (Wood & Bandura, 1989).

In applying the theory to learning and mentoring in nursing, it could be stated within the context of social status, social environment, and reinforcement. For example, student nurses are in school to learn to become competent, caring, and knowledgeable. Thus, they use their observations and interactions with their instructors and nurses in learning the role of a nurse. The concept of reinforcement could also be applied to education as students place positive reinforcement on being able to model behavior being modeled for them. According to Bandura (1997), modeling does more than provide a standard for behaviors. In fact, individuals actively seek models deemed as experts possessing the skills and competencies they wish to acquire, thus using social status and social environment as reinforcement (Bandura, 1989). Additionally, the concept of self-efficacy could be linked to modeling as individuals with high levels of self-efficacy seek

out models who will help them achieve their goals and provide reinforcement for education and mentoring (Bandura, 1993). In the context of the present study, the aim of the researcher was to explore student perceptions of mentoring and those they viewed as mentors and models. The researcher further explored if students viewed their instructors as experts who acted as models for them and if faculty members viewed themselves as mentors and models for students; thus, a congruency in perceptions was explored.

Bandura's (1977, 1989) theory assumed individuals learned by observing the behaviors of others and using those behaviors as a guide for their own behaviors in the future but only if it was a behavior desired by the individual as might be the case for students learning from a teacher. Additionally, Bandura (1989, 1993, 1997) stated individuals might look upon those deemed as being competent models to teach and impart knowledge and skills to manage the demands of the environment and in developing self-efficacy. Students might look upon their instructors as models and mentors from whom they learn to behave and practice as nurses. Modeling takes place within the context of mentoring relationships between faculty members and students, whereby faculty members mentor students as they progress through their program of study.

In a mentoring relationship, the mentor role-models for the mentee and demonstrates qualities of expertise and leadership skills in a given field while the mentee utilizes these observations to learn and function in a new role (Bandura, 1977, 1997). Mentoring is useful to the mentor as well as to the mentee as the mentor utilizes his/her experience as a mentor to reflect on what he/she knows, improves or builds on his/her skill and knowledge level, and provides leadership (Anonson et al., 2008; Condon et al.,

2013; Putnam, Lasiter, & Colon, 2010). In this way, the mentor and mentee are both motivated in the mentoring relationship (Bandura, 1977). Mentoring could provide faculty mentors with the opportunity to influence future nurses and assist them in developing coping and conflict resolution skills much needed in the profession of nursing, considering the nursing profession has been struggling with staff shortages, job dissatisfaction, violence, and threats (Chan et al., 2009; Reeve et al., 2013). Faculty mentors could also promote leadership skills, professionalism, development of positive coping skills, and exemplify the importance of self-care in the face of stress by sharing narratives and storytelling of personal nursing experiences. Considering the current nursing shortage and the high rates of nurse burnout and injury, development of these positive skills could be an asset to the nursing profession. However, the question remains whether faculty members could serve as mentors and if faculty members consider themselves to be mentors to their students (Chan et al., 2009). These questions were explored in the current study.

Mentoring relationships based on SLT are not only of value to the students but could also be valuable to faculty mentors. The mentors could use the mentoring experience to reflect on personal knowledge and ways of knowing, use this process of inquiry to improve upon and add to their own knowledge level, and create opportunities for leadership (Crippen & Wallin, 2008; Putnam et al., 2010; Reeves, 2010). Nurse educators could embody the social learning theory/social cognitive theory in role-modeling behaviors of lifelong learning and a dedication to the process of inquiry. This process of learning could also be framed within the context of positive reinforcement that influences motivational processes for students and for nursing educators.

Nursing educators are in a unique position whereby they can use mentoring processes to model behaviors of leadership by being positive, honest, knowledgeable, and professional mentors who encourage inquiry and knowledge development through supportive learning environments and by employing learner-centered teaching strategies. They are in a position to model behaviors of transformational leaders who can motivate and inspire leadership, inquiry, and knowledge development. Modeling positive leadership in social educational environments provides opportunities for students to not only learn these behaviors but also strive to develop and model these behaviors themselves (Condon et al., 2013; Pastoriza & Arino, 2013; Wood & Bandura, 1989).

CHAPTER II

REVIEW OF LITERATURE

A literature search of mentoring was conducted from a variety of disciplines and was limited to the last decade. As mentoring is a new concept to nursing, there was limited nursing literature related to it. The University of Northern Colorado Search Summon database and the Cumulative Index to Nursing and Allied Health (CINAHL) database were used in searching for keywords that included but were not limited to mentoring, mentor, formal mentoring, informal mentoring, and peer mentoring. These terms were searched from a variety of disciplines using the discipline selection process of Search Summon. Numerous articles were found within each discipline; thus, selection of articles was random but limited to those found within the last decade from 2005-2015, those that used the English language, and those with the term *mentoring* found in the title of the article.

Mythical Origins of Mentoring

Mentor (2002, 2010) originates from a Greek mythological story, Homer's *Odyssey*, and is the story of Mentor, Odysseus and Telemachus (Kahle-Piasecki, 2011). Mentor was a loyal friend and advisor to Odysseus and when Odysseus had to leave for war, Mentor assumed the role of protecting, advising, caring for, and teaching Odysseus' son Telemachus. The story originates from the mid-18th century and can be found in French and Latin (Kahle-Piasecki, 2011).

Conceptual Definition

Mentor (2002, 2010) is defined as a wise advisor or as the act of advising, teaching, or coaching. Mentor (2013) can also be defined as a verb and noun. As a verb, it is the act of helping or advising someone at work who has less experience. As a noun, it is defined as a person teaching, helping, or advising another person with less experience especially in relation to their job. Reference is made to mentoring as a noun (Mentor, 2013). According to the *Oxford Canadian Dictionary of Current English* mentor (2005) is defined as a verb or the act of being a mentor. Mentoring is also described as a noun and defined as being an advisor or a guide. The *Oxford Dictionary of English* described mentor (2010) in a very similar manner as a noun or verb. As a verb, the dictionary added that to mentor was to advise or train someone, likely a younger colleague. As a noun, mentor (2010) was described as someone who is a trusted advisor or someone with experience in a company or educational institution that trains or counsels either new employees or students.

Descriptions/Definitions of Mentoring

The term mentoring was found within literature from a variety of disciplines. Much of the literature described mentoring as a mutual, collaborative, and supportive relationship or process between a person with experience--the mentor and a person with less experience--the mentee (Chao, 2009; Dunham-Taylor, Lynn, Moore, McDaniel, & Walker, 2008; Mariano et al., 2009; Mills, Francis, & Bonner, 2006; Scott, 2005; Sooyoung, 2007). Sooyoung (2007) defined mentoring as “a developmental relationship between a more experienced or skilled mentor and a less experienced or less skilled

protégé whereby both mentor and protégé benefit from the relationship” (p. 182).

Hobson, Ashby, Malderez, and Tomlinson (2009) defined mentoring as the

one-to-one support of a novice or less experienced practitioner (mentee) by a more experienced practitioner (mentor), designed primarily to assist the development of the mentee’s expertise and to facilitate their induction into the culture of the profession and into the specific local context. (p. 207)

This definition was similar to Reeves’s (2010) definition that defined mentoring as a process where the mentor and protégé worked together to develop the knowledge and skills of the protégé in a specific area. Oduyungbo and Thabane (2012) offered a definition of mentoring that encompassed broader needs of society and development of humans:

Mentoring is a process that can be useful for encouraging human development, whereby individuals invest time and resources to advance the personal and professional growth and abilities of other individuals for the advancement of organizational or societal goals. (p. 265)

As a relationship, mentoring relationships are described as “intense interpersonal relationships entered into by parties in order to provide at least one of the parties with career growth” (Hartmann, Rutherford, Hamwi, & Friend, 2013, p. 2295). Conversely, Furness and Pascal (2013) used phenomenological, qualitative data obtained from their research in concluding that though mentoring should ideally be a positive relationship between the mentor--a more experienced person and a mentee--a person with less experience, this might not always be the case. Their findings demonstrated mentoring might also be negative in some situations, e.g., when the mentor and mentee have personality conflicts, if there is bias to advice, or if the mentee does not use the feedback or advice from the mentor, thus straining the relationship between the mentor and mentee (Furness & Pascal, 2013).

Mentoring was also described within the context of a formal mentoring program with the goal of developing nurturing relationships between someone who is older or an adult who is dependable and stable and someone who is younger or a child who needs consistent support or an intervention (Bruster & Foreman, 2012). Many studies described mentoring as a program or framework for supporting and nurturing the mentee and providing leadership opportunities for the mentor (Bruster & Foreman, 2012; Budny, Paul, & Newborg, 2010; Burr, Stichler, & Poeltler, 2011; Chao, 2009; Davis, 2013; Dirk et al., 2013; Dunham-Taylor et al., 2008; Jones, 2013; Kahle-Piasecki, 2011; Miller & Leadingham, 2010; Odueyungbo & Thabane, 2012; Reeves, 2010; Rodis, Backo, Schmidt, & Pruchnicki, 2014; Thomas & Buck, 2010). In these programs, the mentor and mentee were deliberately set up in the program to work together (Budny et al., 2010; Jones, 2013; Kahle-Piasecki, 2011; Sooyoung, 2007; Thomas & Buck, 2010). Mentoring programs were also presented as a means of grooming new employees while at the same time valuing the experience of existing employees (Burr et al., 2011). Mentoring programs could have training sessions or have a description of activities, such as meetings or written reports, to be carried out by either the mentee, the mentor, or both (Budny et al., 2010; Burr et al., 2011; Chao, 2009; Davis, 2013; Miller & Leadingham, 2010; Rodis et al., 2014; Scott, 2005; Thomas & Buck, 2010). Mentoring could also have a pre-specified time commitment for the process or duration of the relationship (Bruster & Foreman, 2012; Burr et al., 2011). In addition to being described as a program, mentoring was also described as a strategy utilized in creating positive, supportive, and collaborative work environments or friendly environments in general (Budny et al., 2010; Hubbard, Halcomb, Foley, & Roberts, 2010).

Much of the literature described mentoring by categorizing it into psychosocial mentoring and career mentoring (Freedman, 2009; Furness & Pascal, 2013; Stead, 2005;). Psychosocial mentoring is described as the act of providing support, motivating, and encouraging, while career mentoring is described as the ongoing act of coaching, guiding or sharing knowledge (Freedman, 2009; Furness & Pascal, 2013; Stead, 2005).

Mentoring was also discussed as a formal or informal process that might involve peers (Chao, 2009; Crippen & Wallin, 2008; Dennison, 2010; Dunham-Taylor et al., 2008; Furimsky, Arts, & Lampson, 2013; Jones, 2013; Kahle-Piasecki, 2011; Miller & Leadingham, 2010; Odueyungbo & Thabane, 2012; Scott, 2005; Welsh, Bhave, & Kim, 2012). Formal mentoring is usually in place to train and prepare mentees and has specific career-oriented goals (Sooyoung, 2007). It might be a planned process of development that supports and facilitates learning between two individuals (Dunham-Taylor et al., 2008; Jones, 2013). Informal mentoring might be a spontaneous or unconscious relationship between a mentor and mentee where the goals and purpose of the relationship are not explicitly stated (Odueyungbo & Thabane, 2012). Although the informal mentoring relationship might not be formalized or articulated, it might have greater intensity than a formal mentoring relationship as the relationship is based on mutual engagement without any pressure or articulation of overall goals and outcomes (Chao, 2009). Informal mentoring relationships might develop spontaneously and are beneficial and positive in nature (Kahle-Piasecki, 2011).

Peer mentoring describes mentoring as a process or relationship where the mentor and mentee might be at the same level or in equal standing to one another in an organization or in the context of the situation (Furimsky et al., 2013). Mentoring might

also be external to an organization where the mentor is not employed by the same organization as the mentee or internal to an organization where the mentor is employed in the same organization (Hartmann et al., 2013). Mentoring might also be a temporary or accidental relationship resulting from a critical incident in which the inexperienced mentee requires support or advice from the more experienced mentor (Mills et al., 2006).

A few of the authors also referred to the Greek origins of mentoring in describing mentoring as an action of the mentor or as a process of mentoring that involves trusting, advising, teaching, coaching, and sharing of knowledge (Dunham-Taylor et al., 2008; Freedman, 2009; Kahle-Piasecki, 2011). The mythical roots of mentor are important in describing and defining mentoring as a verb as well as in the process that involves a mentor in a supportive and advisory role and a mentee in the role of the novice wanting to learn.

Roles/Responsibilities of Mentoring

From the literature review, a number of roles of mentoring were identified. For the purpose of this literature search, the roles of mentoring referred to the various activities associated with the mentoring process. The roles of mentoring include *teaching, counseling, coaching, role modeling*, and being a *friend*. Mentoring utilizes the coaching role by achieving a mutually identified goal and motivating the mentee (Hubbard et al., 2010; Sooyoung, 2007). Teaching is sharing of knowledge and providing feedback (Budny et al., 2010; Chao, 2009; Dennison, 2010; Hubbard et al., 2010). Counseling includes listening to and guiding the mentee in a non-judgmental manner (Chao, 2009; Dunham-Taylor et al., 2008; Scott, 2005). Role modeling is demonstrating those behaviors the mentee might find valuable to his/her development

(Chao, 2009; Welsh et al., 2012). The mentor role-models positive behaviors for the mentee (Chao, 2009; Schwille, 2008). Lastly, mentoring uses friendship in encouraging, supporting, and guiding (Chao, 2009; Scott, 2005; Welsh et al., 2012). Mentoring could use these roles of mentoring individually or in combination in carrying out the activities related to mentoring.

Psychosocial Support

Psychosocial support can be described as the emotional involvement in the mentoring developmental relationship (Chao, 2009). Psychosocial support includes the activities of mentoring that influence the personal side of mentoring and involve supporting, motivating, nurturing, encouraging, being approachable, listening, and providing feedback (Chao, 2009; Freedman, 2009; Stead, 2005; Welsh et al., 2012). These attributes contribute to the mentee's personal and professional identity of self, confidence level, assertiveness, and motivation (Welsh et al., 2012).

Career Support

Career support includes the attributes of networking, collaboration, advising, and the sharing of knowledge that contribute to the development of the mentee's career goals and career success (Furness & Pascal, 2013; Jones, 2013; Stead, 2005). The mentee also gains an increased sense of self-potential, an increased awareness of the organization and culture, and easier role transition (Furness & Pascal, 2013; Jones, 2013; Schwille, 2008). In providing career support for the mentee, the mentor also finds a sense of validation of his/her experiences and contributions in the past and to the future (Dirk et al., 2013; Mills et al., 2006; Oduyungbo & Thabane, 2012).

Relationship/Process

Relationship or process includes the attributes of mutual respect, time, commitment, and the type of mentoring as formal, informal, or peer. The mentor and mentee both need to be active participants in the mentoring process/relationship to engage with one another in an open, honest, and collaborative manner (Davis, 2013; Dirk et al., 2013). Mentor and mentee need to know one another to understand the needs of each other and work together in meeting personal and professional development needs (Bruster & Foreman, 2012; Hobson et al., 2009; Schwille, 2008). The mentoring relationship requires time to develop and is a long lasting and ongoing commitment (Furness & Pascal, 2013)

Outcomes of Mentoring

Outcomes of mentoring identified in the literature included leadership development, job satisfaction, and enhanced work role effectiveness (Dirk et al., 2013; Sooyoung, 2007; Stead, 2005). Additional outcomes identified included development of a professional identity and ease of transition to work roles (Dunham-Taylor et al., 2008; Miller & Leadingham, 2010; Stead, 2005). Mentoring also has positive benefits for organizations and employers in relation to recruitment and retention of both new and experienced employees (Freedman, 2009; Hobson et al., 2009; Mills et al., 2006; Stead, 2005). The literature also suggested the development of a positive work environment and development of a culture of learning as outcomes of mentoring (Burr et al., 2011; Mariano et al., 2009; Mills et al., 2006). Mentoring has also resulted in personal and professional growth as well as further development of leadership qualities for both mentor and mentee (Crippen & Wallin, 2008; Reeves, 2010). It was also linked to

increased confidence and enhanced competence with skills in the mentee (Burr et al., 2011; Thomas & Buck, 2010).

Mentoring in Nursing

Nursing literature described the terms “mentor” or “mentorship” as being relatively new terms to the field of nursing, which have only gained popularity within the discipline since the 1980s in response to the issues of job dissatisfaction as well as retention and recruitment in nursing (Ali & Panther, 2008; CNA, 2004). As such, the definition of this term in nursing has not been fully explored or defined (Hynes-Gay & Swirsky, 2001). The National League for Nursing (NLN; 2006) described mentoring as a popular concept and one that had been used extensively in other disciplines including business and education as a means of socializing individuals into new roles. The CNA (2004) described mentoring as being a voluntary, long-term relationship between an individual with experience in a specific area who functioned as a mentor in guiding and supporting a mentee--an individual with less experience who requires guidance and support to meet his/her full potential. The mentor works collaboratively with the mentee in providing constructive feedback, advises and counsels in a formal or informal manner, and focuses on the broader aspects of growth that are both personal and professional in nature (CNA, 2004). The NLN also provided a more traditional definition of mentoring but expanded on it to include models of mentoring such as peer and co-mentoring. Peer mentoring was discussed within the context of new faculty members coming together to support and share their expertise with one another in developing their skills (NLN, 2006). Co-mentoring is based on mutual engagement, ongoing dialogue, teaching and learning, and caring for the purpose of creating a sense of community, developing scholarship, and

promoting teaching practices (NLN, 2006). While the NLN presented mentoring within the context of new faculty members and as a means of recruiting and retaining new faculty in teaching positions, the CNA (2004) presented it within the context of new or novice nurses, as a means of recruiting and retaining nurses in their positions, and as a strategy in sustaining and building the workforce. With the success of mentoring with new nurses and faculty, mentoring is also gaining popularity in student retention in nursing programs and was the focus of this study.

Mentoring in Nursing Education

Mentoring nursing students has slowly become a strategy in supporting nursing students so they successfully transition from students to nurses and are also able to function in their new roles as nurses (Huybrecht, Loeckx, Quaeyhaegens, De Tobel, & Mistiaen, 2011). Huybrecht et al. (2011) conducted a study using questionnaires and semi-structured interviews to explore mentor perceptions of mentoring related to qualities of mentoring, factors influencing the quality of mentoring, and barriers to mentoring. Their study was conducted within the context of nursing education and in supporting students. The mentors were nurses employed within hospitals working with students in the role of assessors (Huybrecht et al., 2011). The response rate was 62% and was deemed to be high by the researchers. The respondents identified mentoring as being a positive experience with reciprocal learning by the mentor as being the greatest benefit to them. Huybrecht et al. further identified the following as important components of mentoring: trust, guidance, support, enthusiasm, patience, positive attitude, and feedback to the mentee. They identified time constraints, lack of support from educational institutions, and unrealistic or differing views of student expectations as barriers

(Huybrecht et al., 2011). It was interesting to note that while the mentors from this study were also in the assessor role, they did not identify this dual responsibility as a constraint. However, in another study, it was identified as a struggle to balance the two roles (Bray & Nettleton, 2007).

Bray and Nettleton (2007) conducted a study to explore the struggles of having a dual role as mentor and evaluator in nursing. In their study, they found mentors identified guidance, support, teacher, facilitator, model, and supporter as being the most important roles while mentees identified teacher, supporter, advisor, guide, trainer, supervisor, and assessor as being the most important. It was interesting that while there was overlap in the roles identified by the mentors and mentees, evaluator was one the mentees selected as being important but the mentors identified it as the one they struggled with most. Bray and Nettleton identified struggles with the expectations of balancing being mentor with evaluating students.

Pulsfort, Boit, and Owens (2002) studied the attitudes of mentors in healthcare settings and the struggles influencing mentoring activities. They defined mentors as nurses within the healthcare setting who worked with students during their clinical experience and provided them with constructive support, provided learning opportunities, and provided a learning environment in which the mentor not only acted as a mentor but also provided assessment and feedback to students for learning and development purposes. The nurses identified staff shortages, lack of information, and inconvenient times as being barriers to mentoring and identified the need for more time to spend on mentoring activities, management support, and partnership with the educational institutions as being means to enhance mentoring (Pulsfort et al., 2002).

Riley and Fearing (2009) implemented a mentoring program between graduate students enrolled in a nurse educator program with undergraduate nursing students identified as having academic difficulties. Findings from the mentoring program evaluation indicated those students who were previously at risk of failure were successful and attributed their success to the extra support from the mentors (Riley & Fearing, 2009). Additionally, they reported the mentors assisted in the development of critical thinking skills, study skills, and organizational and time management skills (Riley & Fearing, 2009). On the other hand, the mentors reported frustrations and at times a lack of communication or disappointment with the level of participation from the mentee. Overall, they reported feeling a sense of achievement at having made a positive difference in the achievement level of students who were struggling (Riley & Fearing, 2009).

Harris and O'Rourke (2014) studied a similar mentoring program implemented for students identified as being at risk of attrition, typically minority and nontraditional students. In their study, three levels of interventions were implemented once the students were identified: implementation of faculty to student mentoring in a student success program, review of curricular practices, and development of faculty related to needs of the students (Harris & O'Rourke, 2014). Although their findings were not conclusive due to the small nature of the study, they did find these strategies were favorable for student outcomes but needed continued evaluation. Students reported the mentoring support received in the student success program was beneficial in developing new and varied learning skills (Harris & O'Rourke, 2014).

These findings were consistent with Ali and Panther's (2008) assertions that mentoring created a positive learning environment conducive to learning. Students excel in this type of environment as it promotes respect of students as adult learners, encourages them to share ideas, and ask questions. In their mixed methods study, Reeve et al. (2013) explored student stress levels and maladaptive behaviors and found that although student nurses were more likely to seek support from peer mentors, they viewed their educators as role models. Reeve and colleagues recommended educators should work with students in developing positive coping strategies as this might ease the transition of students to nurses, thus enabling them to handle the rigors of the profession.

In an international study conducted in the United Kingdom, the United States, and Jordan, Al-Hamden et al. (2014) studied student nurse perceptions of a good mentor. The students in this study were identified as having had a minimum of two experiences with mentoring although the writers did not identify where the mentoring took place or who acted as the mentor. The findings from their study identified key qualities of a mentor: supportive, relaxed, knowledgeable, willingness to teach, and use of appropriate teaching strategies bridge the gap between theory and practice (Al-Hamden et al., 2014). Wilson, Andrews, and Leners (2006) presented mentoring as a strategy in recruiting and retaining ethnically diverse nursing students from a variety of backgrounds. They stated faculty mentoring could meet the needs of nursing students by providing them with support and guidance in entering the nursing profession as the nursing workforce in the United States currently does not reflect the racial and ethnic diversity of the U.S. population (Wilson et al., 2006).

Mentoring within nursing has key relevance in a number of areas. It can be a strategy implemented to retain staff, increase job satisfaction, and provide leadership opportunities (Mills et al., 2006). It could also provide an opportunity for knowledge sharing within the discipline, thus ensuring ongoing knowledge development and sustainability of knowledge within nursing (Thomka, 2007). The literature reviewed supported the beneficial aspects of mentoring within the nursing discipline and within nursing academia. While there was a plethora of nursing literature related to mentoring and mentoring relationships within the nursing discipline, there was a paucity of literature related to mentoring between faculty and students, related to faculty and student perceptions of mentoring, as well as perceptions of mentoring that occurred between faculty and students. The researcher was left with the following questions or gaps in the literature:

- How do students and faculty members define mentoring?
- What do faculty member identify as effective mentoring behaviors to support and guide students?
- How do faculty describe their role as a mentor?
- How do students perceive faculty in a role as mentor?
- Is there a congruency between faculty and student perceptions of mentoring?

CHAPTER III

METHODOLOGY

The purpose of this study was to explore faculty and student perceptions of mentoring from their unique lived phenomenological experiences. As the phenomenological approach could commonly be based on either interpretative or descriptive underpinnings, these underpinnings were reviewed regarding the intent of the study and discussed. This chapter presents the study design, the research methodology, protection of human subject participation, data collection, and methods used to ensure trustworthiness.

Descriptive Versus Interpretative Phenomenology

The phenomenological method is one of several commonly used qualitative methods that emerged from the 19th century discord with the positivist paradigm and gained recognition in the 20th century philosophical underpinnings of Edmund Husserl and Martin Heidegger (Matua & Van Der Wal, 2015; Reiners, 2012). Husserl, a mathematician and philosopher, explored and expanded phenomenological thought and was attributed with being the founder of descriptive phenomenology (Reiners, 2012; Wojnor & Swanson, 2007). Husserl's student, Heidegger, was aligned with expanding interpretive phenomenology (Reiners, 2012; Wojnor & Swanson, 2007).

Husserl's descriptive phenomenology was guided by the belief that all assumptions in research are suspended and "pure" conscious thought guides and provides

meaning to the experiences of individuals (Reiners, 2012; Wojnar & Swanson, 2007). It guides researchers in exploring and describing a phenomenon with rich detail derived from the perceptions of individuals (Matua & Van Der Wal, 2015). Descriptive phenomenology is described as being a method used to explore and/or describe a phenomenon based on individual interpretation and understanding of the phenomenon of interest by identifying that which is unchanged in the meaning of the phenomenon (Bednall, 2006; Streubert & Carpenter, 2011). The researcher must bracket and put aside all previous knowledge of the phenomenon so as to present the phenomenon in a “pure form” from the perceptions of the participants and gain a lived understanding of the phenomenon rather than a conceptualized meaning (Matua & Van Der Wal, 2015).

Husserl introduced the concept of “intentionality” as directing conscious thought and creating awareness of an experience or event through individual processes such as perception, thought, emotion, and memory (Reiners, 2012). Descriptive phenomenology requires the researcher to reflect and set aside preconceived beliefs and assumptions through a process known as bracketing (Matua & Van Der Wal, 2015; Reiners, 2012). It focuses on questions related to experiences, to what is known, and aims to explore and describe a phenomenon by maintaining its purity and truth as described by individuals (Matua & Van Der Wal, 2015; Reiners, 2012). Additionally, this approach is based on the belief that direct interactions between the researcher and the individual describing the phenomenon provide the ability to explore the phenomenon and in creating rich descriptions from the experience of the individual (Wojnar & Swanson, 2007).

Heidegger, a student of Husserl’s, developed interpretative phenomenology by expanding on the philosophy of interpretation and of what is known (Reiners, 2012).

Heidegger looked beyond the descriptions provided by individuals and extended the phenomenological tradition to include meaningful interpretations from descriptions (Reiners, 2012). Interpretive phenomenology does not require bracketing by the researcher as prior understanding of an experience or phenomenon is required to interpret findings (Reiners, 2012). Heidegger postulated that understanding of the phenomenon under study was derived from the interpretations of the individual's experiences and by delving deeper into the phenomenon or the experience (Matua & Van Der Wal, 2015; Reiners, 2012). The focus of the researcher is to derive meaning from the experiences of individuals to enable a clearer understanding of the phenomenon under study (Matua & Van Der Wal, 2015). Heidegger suggested understanding is embedded in context shaped by individual experiences that cannot be separated from the individual and allow the individual to interpret meaning (Wojnar & Swanson, 2007). He introduced the concept of "dasein," which describes the way in which humans are in the world and is shaped by the various contexts experienced by individuals, thus providing the lens with which individuals attribute meaning to experiences (Wojnar & Swanson, 2007). Although interpretative phenomenology does not require bracketing, it does require the researcher reflect on past experiences and perceptions that might influence interpretations of the phenomenon (Wojnar & Swanson, 2007). These reflections are not set aside or suspended as in bracketing but are embraced as part of the interpretive process (Wojnar & Swanson, 2007)

Design and Methodology

The design and methodology of a research study guides the research process and should be carefully chosen to fit with the research question and the overall purpose of the

research study. Interpretive phenomenology guides research questions that ask for the meaning of a phenomenon under study and descriptive phenomenology guides research that seeks to describe a phenomenon under study, thus requiring bracketing (Reiners, 2012). After careful consideration of descriptive and interpretive phenomenological methodologies, a qualitative research design utilizing a descriptive phenomenological methodology was selected for this study. This methodology is known to be a process of rigorous dialogue between a researcher and a person in exploring a phenomenon of interest, leading to discovery, learning, the construction of meaning, and descriptions related to individual perceptions of the phenomenon (LoBiondo-Wood, Haber, Cameron, & Singh, 2012). The focus of the phenomenological method is to uncover a shared meaning of individuals related to a concept or phenomenon of interest (Creswell, 2013). The phenomenon of interest for this study was mentoring as it was presented through the perceptions of students and nursing faculty members and sought to describe mentoring from their perspectives. Thus, descriptive phenomenology was used to guide the research process.

Researcher Bracketing

In taking a qualitative approach using phenomenological methodology to explore mentoring, the researcher is the primary instrument in data collection and data analysis. Thus, it is crucial the researcher demonstrate trustworthiness in the research process using bracketing (Chan, Fung, & Chien, 2013). Bracketing was a notion developed by Edmund Husserl, who was considered to be a founder of phenomenology (LeVasseur, 2003). According to Husserl, using bracketing, previous knowledge, and assumptions about a phenomenon should be suspended so new knowledge can be developed

(Ashworth, 1999; LeVasseur, 2003; Tufford & Newman, 2010). Husserl viewed phenomenology as a means of viewing a phenomenon with a new lens that sheds preconceived ideas and assumptions about the phenomenon and creates new knowledge (Tufford & Newman, 2010). This notion of bracketing and viewing a phenomenon anew was discarded by Heidegger, a student of Husserl, who presented the notion that to bracket or cast aside one's own preconceptions was not desirable in the interpretative process of phenomenology that sought and valued meaning from being in the world (Tufford & Newman, 2010). This led to descriptive or Husserl's phenomenological approach and interpretative or Heidegger's phenomenological approach. For the purposes of this research, Husserl's descriptive phenomenological approach was selected and thus bracketing was an essential component of this method of research.

Bracketing in research requires the researcher to be aware of one's own values, beliefs, perceptions, and experiences of the phenomenon so these can be put aside so as not to influence the participant's understanding of the phenomenon under study or the general understanding of the phenomenon as it emerges (Chan et al., 2013). This process of bracketing or the phase of inquiry that leads to bracketing is referred to as *epoche* (Bednall, 2006). It is imperative for the researcher to bracket personal thoughts, perceptions, assumptions, and biases prior to conducting this type of research so personal influence and bias are not translated into the descriptions of the phenomenon and the researcher can be "open" to the phenomenon as it emerges (LoBiondo-Wood et al., 2012; Tufford & Newman, 2010). Essential to bracketing is the deliberate intent and action of the researcher to cast aside his/her own beliefs, views, and experiences related to the phenomenon (Chan et al., 2013; Tufford & Newman, 2010). Bracketing adds credence to

the validity, trustworthiness, and rigor of the research as the researcher has no position or opinions about the phenomenon under study and allows it to unfold from the views of the research participants (Ashworth, 1999; Chan et al., 2013; Tufford & Newman, 2010).

Chan et al. (2013) suggested the researcher develop strategies to achieve bracketing so these might be clearly articulated in the research. Strategies for bracketing include having the concept of bracketing and its meaning in mind throughout the research process (even prior to the literature review process) and using reflexivity--the thinking activity that allows for bracketing (Chan et al., 2013). Reflexivity can be achieved by an honest and meaningful reflection of one's thoughts and assumptions and possibly using some means of collecting or storing these reflections, e.g., a reflexive diary or journal (Chan et al, 2013). A journal might assist the researcher in re-examining or reviewing thoughts and assumptions when issues arise (Chan et al., 2013).

Reflection for the purposes of bracketing provided this researcher the opportunity to delve into previous experiences of mentoring in identifying assumptions. These ranged from experiences as a mentee during educational pursuits and nursing education, during transition from student nurse to graduate nurse, and from nurse to educator. In addition, this researcher also has experience as a formal mentor for student nurses in a Bachelor of Psychiatric Nursing program. In considering this researcher's personal stance related to mentoring, it was an assumption that mentoring could be a positive experience for both the mentor and mentee and could lead to personal growth. It was also an assumption that mentoring between students and faculty members was an ideal strategy in supporting students and in validating the experience of faculty members. Mentoring could provide support for those who are learning and transitioning; thus, it

would seem ideal for mentoring relationships to be introduced in academic settings between faculty members and students. In follow-up to this assumption was this researcher's assumption that unintentional mentoring or engagement in mentoring not explicitly acknowledged existed between faculty and students within academic settings in nursing education. Lastly, it was an assumption that mentoring seemed to be associated with positive relationships that were beneficial to both the mentor and mentee. These assumptions were put aside in the hopes of being "open" to the phenomenon as it emerged based on the perceptions of faculty members and students. Additionally, a research advisor guided the research process and reviewed all interview transcripts to validate the themes and conclusions drawn from the data.

Participants

The participants for the study were selected using purposive sampling and consisted of both male and female participants over the age of 18. Purposive sampling provided the researcher with access to specific participants whose opinions and perceptions were sought for the purposes of this research project and who could provide the researcher with rich information about the central focus of the study (Burns & Grove, 2009). Participants in the study included Bachelor of Science in Nursing (BSN) program faculty members and BSN and Bachelor of Science post-baccalaureate degree (BSN-PB) undergraduate nursing students from a university in an urban center. Student participants included in the study were recruited from a program other than the one the researcher taught, thus eliminating a conflict of interest.

Student participants included in the study presented with varying levels of nursing education, gender, ethnicity, and age; they were selected from the population of BSN and

BSN-PB students who contacted the researcher with an interest in participating. The researcher also included faculty member participants with varying levels of experience, gender, ethnicity and age who were selected from the population of nursing faculty members within the BSN program.

Following Institutional Review Board (IRB) approval from the University of Northern Colorado (see Appendix A) and Research Ethics Board (REB) approval from the research university (see Appendix B), all undergraduate nursing students enrolled in classes at the time of data collection and all teaching faculty members within the BSN faculty were contacted via their university email addresses; addresses were obtained from the Faculty of Health database (see letter of support in Appendix C). Prospective faculty and student participants were contacted via email explaining the purpose of the study and requesting voluntary participation (see Appendix D). As experience with the phenomenon was an eligibility criterion for participation, this was explicitly stated in the email to ensure only those faculty and students who believed they had experiences with mentoring would contact the researcher to participate in the research study. The email also informed the students and faculty members that each participant would be provided with a \$10 Starbucks gift card at the end of the interview as a token of appreciation for their participation. Willing participants were asked to respond to the email within five business days of receiving the email. Faculty response to the initial email was tremendous; the student response was less so--only one student responded. A reminder email was sent out one week after the initial email containing the same information as the first email with the addition of the researcher visiting the BSN classes and informing students of the research project and the need for participants to share their experiences.

The second email and classroom visits generated interest that was evident by the influx of emails indicating interest in participating. Of the potential participants who responded, participants were selected to participate in the order in which they responded. Each participant was contacted via email to set up a time and place to review and sign the consent form and conduct the interview. Participants were also notified they would be contacted a second time via email for the purpose of member checking the themes and conclusions that emerged from the data analysis as well as to seek clarification of any questions that emerged after the interview. All participants provided their consent and were reminded participation was voluntary.

Setting

The setting for this study was at a Canadian university located in an urban center. Institutional Review Board approval from the University of Northern Colorado (see Appendix A) and REB approval from the Canadian university (see Appendix B) were obtained prior to data collection or contact with prospective participants. Once ethics approval from both institutions was granted regarding protection of human subjects to conduct this research, potential participants were contacted via email to invite participation in the study. All interviews were conducted in a private environment of the participants' choosing. Eighteen interviews were conducted in a private office at the university and two interviews were conducted in a private room at the university library. Privacy in conducting interviews was essential in maintaining participant confidentiality and comfort. Interviews were conducted until data saturation was reached--the point where no new ideas or information were forthcoming.

Interview

Each of the participants chose a private venue for the interview that was convenient for them and would also offer privacy and quiet for audio recording. Interviews for faculty members were generally conducted within 30 to 90 minutes and interviews with students were generally conducted within 20 to 60 minutes. The interview guide (see Appendix E) with eight demographic questions and nine questions related to mentoring experiences was used to structure each interview with follow-up questions based on the responses from the participants.

Rich and detailed data were important to the researcher. To ensure this criterion was met, all interviews were conducted by the researcher to determine data saturation. Data saturation was determined to be sound, quality data relating to the phenomenon of interest—mentoring--when no new findings emerged during the interviews. Interviews were conducted beyond the point at which saturation was believed to have been met. Interviews were conducted beyond data saturation to ensure a point of information redundancy had been reached and no new data emerged from the interviews.

Data saturation for faculty data was believed to have been reached with the completion of the sixth interview but as two remaining interviews had already been scheduled, they were completed to enhance the data collected and ensure the assumption related to data saturation was correct. The same principle was followed for student data. Data saturation for this group was believed to have been reached with the completion of the eighth interview but four additional interviews were scheduled and completed to add depth to the data collected.

Data Collection

All interviews were conducted in person with each of the participants at a private venue of the participants; choosing. At the request of the participants, seven faculty and 11 student interviews were conducted in a private office at the university; one faculty and one student interview were conducted in a private room at the University library.

Consent was obtained from each participant being interviewed following a discussion explaining the purpose of the study; any questions/concerns were addressed (see Appendix F). Each of the participants signed the informed consent and agreed to audio recording of the interviews. A copy of the consent was provided to each of the participants for their reference. Following consent, each of the participants was asked to select a pseudonym that would be used to refer to the participant during the interview and in any written work or publications as well in storing and presenting the data.

A semi-structured interview guide (see Appendix E) was used to guide each of the interviews with the participants. The participants were informed the interview would take from 30-60 minutes. On average, the interviews took 30 minutes. No interviews exceeded 60 minutes. An encrypted recording device was used for recording responses in a confidential manner with no identifying features of the participant. Each interview commenced with a collection of demographic data and led into a more general discussion related to past and current experiences with mentoring and moved toward more specific discussions related to mentoring in nursing education. Each of the interviews concluded with the researcher asking if there was anything else the participant would like to share with the researcher related to mentoring to allow the participants an opportunity to freely

offer any additional information deemed as being important to the participant or to the understanding of mentoring.

In addition to the audio-recorded interview and in sorting and compiling data, handwritten notes were compiled by the researcher within 24 hours of the interview and used in identifying the date of the interview, each participant's pseudonym, and designation as student or faculty. These notes were stored in a locked filing cabinet and any email correspondence or notes related to the participants were also stored in a locked filing cabinet or in a folder on a password-protected computer.

Data Analysis

Data analysis commenced with the transcribing of the data from the interviews and managing data by organizing it as faculty participant data or student participant data. Additionally, to immerse with the data, the researcher assumed the work of transcribing the audio-recorded interviews. Each of the interviews was transcribed verbatim and stored on a password-protected computer with the pseudonym identifier selected by the participants at the beginning of the interview in a folder designated as either faculty or student. The audio-recordings were reviewed repeatedly during the transcription phase and once transcription was complete to ensure the accuracy of transcription. This repeated reviewing of the recorded interviews and transcribed data provided the researcher with a general understanding and familiarity of the interview content and provided a starting point for next phase of data analysis. Once the researcher was satisfied with the accuracy of the transcriptions, the transcripts were uploaded to NVivo™ version 10 for Mac software analysis to begin identifying recurring themes. Once again, the data were uploaded to two separate files (one for faculty and the other for

students) to allow for independent data coding, which would then be compared and contrasted to distinguish congruencies.

The uploaded transcriptions from the interviews were read and re-read by the researcher to identify recurring and emerging themes, identify statements of significance, determine any relationships between statements and themes, compile a description of mentoring as it emerged from the transcript data, and synthesize themes that emerged (LoBiondo-Wood et al., 2012). Once the researcher had read and re-read the data line by line numerous times and had gained a sense of understanding of the data, a categorization scheme was developed in NVIVO with the use of nodes. The nodes were used in classifying data into categories and allowing the researcher to code data by sorting and converting data to smaller and more manageable items that could be easily reviewed. During the coding process, the data were read and re-read repeatedly to ensure accuracy in coding the data and identifying statements of significance in relation to the nodes. Each interview was coded and sorted using the coding nodes with the development of new coding nodes when new ideas or categories were identified. After each interview was coded, the researcher reviewed previous interviews to re-code to the new nodes; thus, each interview was compared to the previous interview. Once the coding of interviews was complete, the nodes were carefully reviewed to identify links between nodes and develop meaning for the nodes. The links and meanings allowed the researcher to develop construct descriptions of mentoring from the perceptions of the participants and led to conclusions related to mentoring in nursing academia.

During the data analysis process, the researcher collaborated with a research advisor at the doctoral level and a peer advisor studying at the doctoral level; both had

experience in qualitative research processes and data analysis. The advisors provided peer de-briefing in reviewing the transcripts to minimize researcher bias and validate analysis of data and the emergence of themes.

Once the data had been analyzed, member checking was done with an email survey sharing the data findings with the participants and asking participants their degree of consensus with the final themes and conclusions. This process of member checking was done to ensure the descriptions reflected the perceptions of the participants' experiences, thus ensuring trustworthiness of the data (Streubert & Carpenter, 2011).

Trustworthiness

Trustworthiness is the rigor found within research; in qualitative research, it is determined by a critical analysis of the research process and ethical considerations made by the researcher (LoBiondo-Wood et al., 2012; Marshall & Rossman, 2015; Shenton, 2004). Critical analysis is guided by the concepts such as credibility, auditability, confirmability, dependability, transferability, and fittingness (LoBiondo-Wood et al., 2012; Marshall & Rossman, 2015; Shenton, 2004). Credibility of a qualitative study is closely related to the internal validity of a research study and strives to validate if the study accurately studies what it was meant to study (Shenton, 2004). Auditability, confirmability, and dependability are focused on ensuring the findings and conclusions are based on the ideas or information provided by the participants rather than those of the researcher (Marshall & Rossman, 2015; Shenton, 2004). Many provisions for audibility, confirmability, and dependability overlap with credibility but they also include an audit trail with or without the use of diagrams and/or inherent themes present within the research questions (Shenton, 2004). Fittingness and transferability are considered when

taking the findings from one study and applying them to another situation as well as in evaluating meaningfulness of findings (LoBiondo-Wood et al., 2012; Shenton, 2004).

Trustworthiness was essential to this study and the researcher strove to ensure rigor in the research process by adhering to all components of trustworthiness. An experienced research advisor at the doctoral level with extensive experience in qualitative researcher methods guided the research study and a doctoral student with experience in qualitative methodology acted as a peer de-briefer during the data analysis phase of the study.

Credibility was established through the use of established and consistent research methods and strategies to ensure honesty in participants. This was accomplished with the use of an interview guide and introductory interview questions that promoted a comfortable conversational style during the interviews. Additional attention to credibility was facilitated by frequent debriefing with a research advisor, peer scrutiny of the research process, member checking, and a clear description of the phenomenon under study as suggested by literature on credibility (Marshall & Rossman, 2015; Shenton, 2004).

Auditability provides a scrutiny of the research process and allows a reader or another researcher to follow the research process, thought processes, and conclusions of the research (LoBiondo-Wood et al., 2012; Marshall & Rossman, 2015). Auditability is closely related to confirmability or the ability of readers and researchers to objectively come to the same conclusions as the study research and dependability, the likelihood of the same results if the study were repeated within the same context using the same methods and the same participants (Marshall & Rossman, 2015; Shenton, 2004).

Auditability was facilitated with a rich description of the research methodology, participant demographics, interview summaries, processes for analysis of data, and the development of themes and conclusions.

Prior to data collection, IRB and REB approvals were in place to protect the participants. In keeping with research ethics, participation in the research was on a voluntary basis and informed consent was obtained from all participants prior to data collection. Interviews with all participants followed the same general process with the use of an interview protocol and semi-structured, open-ended interview questions posed in the same order to each of the participants to provide focus for the interview and ensure the researcher followed the same process for each interview (Jacob & Furgerson, 2012). A semi-structured interview guide was used to ensure the participants were comfortable with the interview, to put the participants at ease with answering questions with the audio recording, and to ensure the procedural levels of the interview were followed (Jacob & Furgerson, 2012). The interview guide included questions that offered participants an opportunity to talk about themselves and provided information about their age, role (student or instructor), ethnicity, and general understanding of mentoring before leading the participants into questions that required more reflection and thought (Jacob & Furgerson, 2012).

Despite these steps, for some of the research participants, audio recording of the interviews might have been intimidating; thus, they might not have been as likely to contribute to rich discussions. It was the responsibility of the interviewer to actively explore and ensure each participant was encouraged to speak and had an opportunity to speak. The interview protocol sheet provided a process or script for the researcher in

structuring the interview and to facilitate the focus of the interview (Jacob & Furgerson, 2012).

Data were collected until data saturation, or the point at which no new data were forthcoming, was reached with the faculty and student interviews. All data from the interviews were transcribed by the researcher for analysis. The responses of the participants were not altered in any way. Researcher bias in analysis of the data was minimized with the collaboration of an experienced research advisor and one peer debriefer guiding the research process, findings, and conclusions. Research and peer advisor collaboration in the research process decreased risks such as identifying a pattern or theme too early in the coding and analysis process, leaving the process open to mistakes such as prematurely closing analysis and in developing categories, inaccurate placement of data in categories, and overlooked patterns (Waltz, Strickland, & Lenz, 2005). Working with an experienced advisor and peer debriefer was done with intent to reduce researcher bias. The advisor and peer debriefer collaborated with the researcher to review the data analysis process and validate the coding process used in the development of the themes and conclusions (Waltz et al., 2005).

In addition to bias that could have occurred during the data analysis phase was bias posed by the researcher's work within the formal mentoring program in the Bachelor of Psychiatric Nursing (BPN) and the influence of personal perceptions, assumptions, and beliefs. These factors carried additional risks for researcher bias. These factors were mitigated using bracketing and ongoing reflexivity using a research journal to record assumptions, beliefs, and previous knowledge. Additionally, the researcher engaged in

ongoing discussions with the research advisor and peer de-briefer throughout the research process.

To reduce the risk of incorrect conclusions, the researcher made use of member checking to minimize bias in analysis. Once the researcher had coded the data and identified patterns and themes, conclusions were drawn from the data. These patterns, themes, and conclusions were used in developing an online survey (see Appendix G) that was sent to each of the participants seeking their feedback related the findings. This form of member checking supported accurate interpretation of data and findings and provided validity of the findings.

Member Checking

To validate the accuracy of data interpretation, member checking was conducted with the participants. A 50-statement survey was developed and linked to the themes and barriers that emerged from the interviews. The survey was based on a 5-point Likert Scale (see Appendix G) that asked participants to provide their opinion on the statements: 1--*Strongly agree*, 2--*Agree*, 3--*Neutral*, 4--*Disagree*, and 5--*Strongly disagree*. The survey was sent confidentially to all participants. A total of 14 participants (70%) responded to the survey--eight student participants (66.7%) and six faculty participants (75%).

The results of the survey were consistent with the themes of general congruence between interpretations and participant perceptions (see Appendix G). Participants agreed that having a relationship and connection was integral to mentoring and mentees generally sought mentors who had been through the experience the mentee was going through. For the mentoring relationship function, it was imperative the mentor was

available for and open to the questions of the mentee and open-minded in addressing them. The mentor provided support and constructive feedback but the overall functions of mentoring could vary based on the context of the need. The relationship and willingness to engage in mentoring led to sharing of knowledge, learning from the experience and expertise of others, knowledge development, personal and professional growth, satisfaction, positive learning environments, learning vicariously from others, and learning from role models. Barriers to mentoring included time constraints, large groups, evaluation, and assignment of mentors that could hinder the development of a functional relationship.

Summary

This purpose of this research study was to explore faculty and student perceptions of mentoring using a descriptive phenomenological research design. The research study was conducted in compliance with research ethics to protect participants and their confidentiality. Various strategies were used in ensuring trustworthiness of the study and findings.

Data for this study were collected through audio-recorded, semi-structured interviews using an interview guide with eight faculty participants and 12 student participants. The interviews were transcribed, sorted, and analyzed. In addition to the interview transcripts, the researcher used handwritten notes to record details related to the interview and main context of the mentoring experience and identified statements the participants stressed or those that left an impression on the researcher.

Findings of this research study could add to a greater understanding of mentoring from the perspectives of both students and faculty in nursing academia. The potential

exists for the findings to influence student learning experiences in creating positive environments that support students in their learning and guide them in developing positive coping skills, resulting in student success and decreased rates in attrition.

CHAPTER IV

ANALYSIS

Interview data for this study were collected from eight faculty participants and 12 student participants, all of whom had experience with informal and/or formal mentoring. The participants were asked to reflect on their experiences in responding to the interview questions. Based on their experiences and perceptions of mentoring, each participant was asked to articulate a definition of mentoring and discuss the impact of mentoring within the context of formal nursing education. They were also asked if mentoring was important for nursing students and to offer recommendations for mentoring nursing students. The audio-recorded interviews were transcribed into written data. Data analysis was conducted by reading and re-reading interview transcripts and coding the data. This process of analysis revealed four themes identified within the context of an overarching theme as mentoring mitigating stress. An overview of the findings and participant demographics is followed by a discussion of the four themes based on the data and in relation to current literature. Included in the discussion are prominent ideas that emerged but were not prominent enough to be themes. Lastly, findings from the member checking are discussed.

Results and Findings

The purpose of the research study was to explore the following research question:

Q1 What is the experience and meaning of mentoring for nursing faculty and undergraduate nursing students?

This qualitative study used a phenomenological approach in exploring this question with eight BSN nursing faculty members and 12 undergraduate nursing students from BSN and BSN-PB nursing programs. Data related to mentoring were collected using semi-structured interviews with each of the participants. Demographic data were also collected in the study and despite demographic related differences among the participants related to age, level of education, and ethnicity, many common ideas and thoughts emerged from the data analysis. A summary of each faculty interview is found in Appendix H and a summary of each student interview is found in Appendix I.

In-depth data analysis using coding and NVIVO™ software allowed the researcher to identify four main themes related to mentoring: (a) relationships and connections; (b) willingness and commitment to work together; (c) teaching and learning; and (d) personal characteristics.

Participant Demographics

Each participant was asked eight demographic-related questions at the beginning of the interview. Faculty demographic data are presented in Table 1 and student demographic data are presented in Table 2. A brief discussion of the demographic data for the two groups is presented below.

Table 1

Faculty Demographic Data

Name	Genger	Age	Ethnicity	Highest Level of Education	Type of Employment	Years of Teaching
Anna	Female	35-45	South Asian	Master's Degree	Contract	>10 years
Canary Cat	Female	55-65	Caucasian	Ph.D. Degree	Full-time	>20 years
Karen	Female	35-45	South Asian	Master's Degree	Full-time	<10 years
Lisa	Female	45-65	Caucasian	Master's Degree	Full-time	>10 years
Raina	Female	25-35	South Asian	Master's Degree	Full-time	<5 years
Samantha	Female	65+	Chinese	Master's Degree	Full-time	>20 years
Shelly	Female	55-65	Caucasian	Master's Degree	Full-time	>10 years
Susan	Female	35-45	South Asian	Master's Degree	Full-time	<10 years

Table 2

Student Demographic Data

Name	Age	Gender	Ethnicity	Highest Level of Education	Current Semester
B	25-35	Female	Chinese	Certificate	6
Deep	25-35	Female	South Asian	Certificate	4
Elise	23-35	Female	Caucasian	Undergraduate Degree	3
Jane	35-45	Female	Mixed Ethnicity	High School	6
Jim	25-35	Male	South Asian	Undergraduate Degree	3
Linda	18-25	Female	Filipino	High School	4
Mary	18-25	Female	Caucasian	University Courses	2
Sam	18-25	Female	Mixed Ethnicity	University Courses	6
Stacie	18-25	Female	Filipino	University Courses	6
Student	18-25	Male	Caucasian	Undergraduate Degree	3
Tin	18-25	Female	Filipino	High School	6
Tina	25-35	Female	South Asian	University Courses	6

Faculty participant demographics. Thirteen faculty members expressed their interest in participating in the study. Of these potential participants, interviews were conducted with eight faculty members. All the participants were female. Ages for the faculty participants ranged from 25-65+: one participant was in the 25-35 years of age category, three participants were in the 35-45 years of age category, one participant was in the 45-55 years of age category, two participants were in the 55-65 years of age category, and one participant was in the 65+ years of age category. Participants were from various ethnicities--three participants identified as Caucasian, one as Chinese, and

four as South Asian. The participants presented with varying levels of teaching experience ranging from one participant with less than five years of experience, two with less than 10 years of experience, three with greater than 10 years of experience, and two with greater than 20 years of experience. Education levels also varied with seven participants holding master's degrees and one with a Doctor of Philosophy degree.

Student participant demographics. Seventeen students expressed an interest in participating in the study. Of these potential participants, interviews were conducted with 12 students. The participants included 10 females and two males. Ages for the student participants ranged from 18-45: six students were in the 18-25 years of age category, five students were in the 25-35 age category, and one student was in the 35-45 age category. Participants identified themselves as being from various ethnicities: three Caucasian students, one Chinese student, three Filipino students, three South Asian students, and two students from mixed ethnicities. The participants presented from varying semesters in the BSN and BSN-PB program--one student from semester 2, three students from semester 3, two students from semester 4, and six students from semester 6. In total, nine students were from the BSN program and three were from the BSN-PB program. Education levels also varied for the 12 participants--from high school diploma or equivalent to previous undergraduate degree completion. Three participants reported they had entered the nursing program with a high school diploma or equivalent, two participants reported previous certificate program completion, four participants reported taking post-secondary courses, and three participants reported previous completion of an undergraduate degree in a field of study other than nursing.

Presentation of Themes

Faculty (f) and student (s) participants shared their experiences with mentoring through discussion and narratives that delved into each of their unique experiences. All 12 student participants reflected on their experience with informal mentoring; three had additional experience with formal mentoring but this was limited. Of the faculty participants, six had experience with formal and informal mentoring and two had experience with informal mentoring only. The lived experiences ranged from employment in the service industry to mentors who had supported individuals as students and encouraged them to succeed at their goals and included parents, family members, and friends. Discussions with all participants were based on their experiences of mentoring; analysis revealed the overarching theme--mentoring as a mitigating stress, providing the context for the discussions.

Mentoring was discussed within the context of stress and times of change or growth from one stage to another. Transitioning from high school to post-secondary education was a stage of development participants spoke about at length. They discussed the challenges of navigating the system during the application and transition phase. Student (s) discussed the importance of having mentors during this transition to mitigate the stress students encounter:

I wish that I had had a mentor in my previous class, or not in my previous class, my previous program, just because there's so many questions coming out of high school, the educators at high schools right they graduate at what 30, 20, some of them are young teachers they don't know what's happening, my parents had no idea right, my parents didn't even go to university right, yeah so I would really recommend educational mentors. I've tried to mentor some kids and answer some of their questions, saying, yeah I've gone down this route, here's some things that I know, that were troubling me when I went to university and these are some things you need to watch out for, but never in an official position.

Stacie (s) stated,

Especially me going out of high school to university and I thought, you know, I don't need anything and then oh my gosh, that's when I would reach out to my friends like hey did you take this level English and did you take bio here and what did you and did you take anatomy and physiology and what do I need to pass and like what's the best way, and so you have to reach out.

Mary (s) shared her experience of applying to post-secondary school without the guidance of a mentor and described her uncertainty in knowing the process:

For the mentee, would be, I guess, a sense of stability, a sense of support, maybe if they don't have anything else going on on the outside, maybe if their new they don't have friends or family, to have somebody they can turn to, or for example maybe if their coming from a family of low socioeconomic or from low education levels, to be able to talk to somebody who has experience. For example, I had to reach out to my friends because none of my family members had ever applied to college and I was so overwhelmed with the application process because it was complicated, I would go to do, I would sit down, and it was complicated, so I remember having to have a friend sit down with who had already applied, so having them say, I've already done this, let me help you. So for them to be completely supportive.

All student and faculty participants discussed in detail the stress faced by students in nursing education. Students recounted their experiences of stress and faculty reflected not only their own stress as nursing students but also the stress of being new nurses.

Additionally, they recognized the stress their own students currently faced. Mary (s) stated:

I think just being aware of like their own values and beliefs and although its sometimes it's like why does that matter, but being aware of what exactly it is that I believe and value helps you realize your biases when you're dealing with the general public and that's a huge issue that I think as nurses we face, but as new or student nurses we're not fully aware of that yet and I think that interferes and that's a challenge and that's what causes that added stress, and like we're not only trying to get through school but it's also like okay, my belief is challenged or these values that I hold strongly are challenged now and you're trying to work through that to, so it more like a mental stress on top of everything else

Mary (s) continued to discuss the challenge of caring for individuals during times of sickness: “Seeing people you don’t even know and having that affect you can be a personal struggle, questioning your existence and asking why are these people hurting that can be a personal struggle.”

Raina (f) talked about the conflict to values and beliefs that could arise from having a personal self and the professional self, which must be kept separate but will often overlap:

I think nursing like in general is such a, it’s just the field that it is is just so vast and it requires so much of your personal self as well as your professional self and how you draw that line so in school, in any early school anyways and in that preceptorship and mentorship model I think you kind of learn that’s where you’re learning what your expectations and your scope of practice are.

According to research on student experiences, challenges to personal beliefs and values were common sources of stress for nursing students and were in addition to the stress of the academic rigors and professional responsibilities of nursing education (Chan et al., 2009; Gibbons, 2010). Nursing students face stress similar to that faced by nurses in practice but often without the supports that might be in place for nurses to cope.

Sam (s) discussed the incongruence between beliefs related to nursing and the reality of nursing. She included in this discussion challenges related to theory to practice gaps encountered by nursing students:

I think going into nursing a lot of students in general we think something, but there’s a whole different reality and I think for many, I know for myself I was fortunate to first have some life experience at UBC for example, so I wasn’t totally shocked coming into this, but I know for other students, who like came straight from high school and for them it’s like this huge shock and I definitely could see that and I’ve talked with them and I’ve asked if you had a mentor do you think that would have helped you as you enter this phase and that’s definitely like something that could’ve helped them.

Clinical practice experiences can be isolating sometimes for students without peer and instructor support to ask and answer questions (Chan et al., 2009; Hatlevik, 2012). This isolation could be compounded by the lack of opportunity for peer and instructor debriefing and closure at the end of clinical practice experiences (Chan et al., 2009; Hatlevik, 2012). The lack of interaction and support could create stressful situations for students, leading to erosion of self-esteem, confidence, and health (Bowden, 2008; Chan et al., 2009; Edwards et al., 2010). Sharing experiences through social interactions and learning through observations of others could be a source of vicarious learning and role-modeling for students, helping them to develop self-efficacy with student and nursing roles. For students, it was imperative to have positive mentoring during these times of learning and development. Elise (s) stated,

I think it can like definitely help out cause like when we become new graduate nurses they say that like older nurses eat their young or whatever and I think that like mentoring from the other new nurses that are like five years experienced or whatever can be like very valuable to buffer between the negative interactions that we've may have with peers so I think that nurse mentoring after once you're a nurse can like make or break your career in a way, so, whether it's like competitive filtering out, which could be like the eat your young statement or the like cooperative like bringing you up to their level, kind of like compassionate teaching and sharing of skills.

Linda (s) stated, "If you don't [have a mentor] then you're probably just lost."

Tin (s) stated,

I think especially as a nursing student is important to have a good mentor cause there are days where you just need someone's opinions, somebody who's not necessarily grading you or something, and to get that feedback from a mentor I think it's very supportive and yeah, I think all nursing students should have mentor.

Mary (s) discussed the positive outcomes of having a mentor:

I think it helps them process in a more positive and constructive way, I think just from my experience in watching other classmates without having that mentor just trying to go through those struggles, just starting out in nursing you can be very

negative on yourself, just you're not being, not fair to yourself, and like instead of helping yourself progress you're actually just going backwards and it's not your fault it's just you kind of need somebody to say hey you had a really tough day at clinical today and you're going to have to have that just to finally understand this is what you're going to do with your patients or you don't you know like how this looks in the community because it sucks and people are so disadvantaged and you just bought a whole new car, and that's okay though because you need that new car to get to places, so that you can help those people in the community or just getting through those kind of conflicting thoughts.

Student (s) stated it is especially important for nursing students to have mentors as they transition from student to nurse:

That there are a lot of real world problems and situations and they're not specific to nursing at all, they're in every field, real world problems associated with the degrees we complete and the jobs that we take on, but in school you know they don't teach you that, so it's just nice to get another person's perspective of looking at something

Faculty participants were not oblivious to the stress students faced and drew on their own experiences to be empathetic and responsive to it. Anna (f) stated,

You know I think they come into a program, they're lost. There's so much happening, there's so much expected of them you know and we are getting more with technology and stuff so we're going away from the personal touch with less face to face, you don't get that opportunity to just talk to somebody, even if its faculty or just peers or whatever, so I think it's nice to have something established so they have somebody to contact to figure out hey what's going on, yeah.

Susan (f) discussed stress originating in the clinical environment:

I think just looking at the experience of the clinical setting I wish there was a nursing mentor to help them through the process of coming to clinical so that they feel more ready when they come to clinical. Some students can really benefit from having the mentor, some students have a lot of anxiety in coming to clinical so that could help them in being calm. I think the mentor can help them with the role so they can be prepared and be ready when they come so it's easier for them when they get there.

Canary Cat (f) talked about students and new nurses having to learn about the processes within health care to get ahead and build a niche for themselves:

Our health care system is changing so drastically and we've got a lot of newer grads working and older grads not around that you hear all the time that there isn't enough of regular people around to train the new people. It's really not about training the new necessarily. I have two thoughts on this, it's not necessarily training the new people, it more about the new people forging ahead, you know carving out their own, but then you've got systems in place that they do need to learn about so the mentorship programs, like there was some funding for the new grad program is an excellent idea.

The discussions with the students and faculty highlight the stress that students encounter and the supports that they find to be of benefit to them, including mentoring as mitigating the stress. It provides context for vicarious learning within a relationship that is willingly developed and responsive to the needs of those involved. This overarching theme of mentoring mitigating stress guides the presentation and discussion of the four themes.

Theme One: Relationships and Connections

A theme commonly threaded throughout faculty and student interviews was that a relationship or a connection was required in mentoring. The relationship or connection provided individuals with an opportunity to know each other, understand each other, and communicate effectively with one another. Furthermore, the connection the mentor and mentee had influenced the perception of the mentor and mentee toward mentoring. In discussing the mentoring relationship or connection, participants described it as collaborative, professional, supportive, comfort zone, willingness, approachable, caring, relatable, similar or mutually compatible personality, mutual respect, collegial, trust, understanding, feeling connected, being a friend or peer, confidante, and like family.

A recurring pattern in discussions was the importance of having a “connection” and being able to engage with each other. Student (s) discussed the importance of having a similar personality:

I like mentors that have the same sort of personality as myself, if we have conflicting personalities, like two type A personalities don't usually mesh well together, because one doesn't take criticism well, so they have to have a synergistic personality like myself as well.

Mary (s) talked about the importance of knowing each other:

I like it when they can show a little of themselves, you know, break down the formal barrier, talk a little bit about their personal selves because if they don't then it feels like it feels too formalized, too impersonal and if you're trying to give up and you know and trying to give up the role and you are trying to really express themselves to somebody, to have them express themselves back, it's kind of like a two way exchange, it tends to be a little more prosperous than a one way, you know.

Stacie (s) talked about understanding each other and having open lines of communication: “Communication and understanding, I think the mentor has to really know who their mentee is and what their goal is and what they expect of their mentor, so communication and like a good relationship between the two.”

Similar thoughts were shared by Samantha (f) who discussed the importance of a having a relationship but with boundaries that defined and guided it:

You have to have a bit of a relationship, for example the nurse that I'm mentoring now, I think we've gotten to know each other well now, but it's within the boundaries of the professional relationship, I don't think we've gone beyond that at this moment and probably because of what we do, she does so many night shifts and on and on and I don't know if we'd have any time, I don't know if we'd ever get to another level, probably not, and that's the way it is, that's just fine, but our closeness is basically related to work at this point and maybe it might go beyond if we carried on there is that potential, the work with the students that can't happen, you know there still have to be the boundaries, but yet it still can be a closer type of a relationship that the student knows a little bit about you but not much, they might know that I like to bake, that's all they need to know and I know they like to ski and have won a couple of ski competitions, that's important.

Susan (f) talked about the influence of similar personalities on the overall mentoring experience:

Yeah, the personality and someone with a similar work ethic because when you're mentoring your teaching what you believe in and what you think is right, so that the mentee I think you want to choose someone that has a good work ethic and has knowledge and experience that you need. Having someone there is always nice, but having someone that you can get along with is nicer, it'll add to the experience.

Susan further added shared experiences could be a basis for a relationship and provided an example of her experience as a new faculty member adjusting to her new role with two other new faculty members. The shared experience provided a basis for mentoring:

Mentorship can happen, I'm thinking back to my own when I started teaching, there were three of us that started at the same time we were mentoring each other and we had equal, same level of experience, but we would help each other and share what we were going through, you know we would write course pack and show it to each other and get feedback, so experience always helps but it's not necessary. I think the biggest thing is your philosophy of how you view mentoring. It's your vision of what you want. I think more important to me is someone that can share their experiences with me because your qualities are different and they do things differently, you can still learn, whereas when you have a lot of experience sometimes you get set in your ways and you see just one way of doing things and you're not learning or teaching anything new. So you have to be open to different ways and experiences to be a good mentor.

Sam (s) linked knowing each other to being able to share experiences with one another and working together in learning:

It's when someone's able to kind of take them under their wing, I don't know what other way to say it, but, and just kind of give their insight and their experiences and then helping you reflect on your own and figuring out what it is that your trying to do or what your seeking.

The relationship individuals have with each other provides the overall structure to working together in a mutually engaging and comfortable manner. Individuals have to be open to mentoring and guiding others during times of stress or upheaval. Mentees seek mentors who are mutually compatible with them, are willing to engage in a relationship

that provides them with the support they seek, and have the same investment from them as a peer or family member might give.

An additional aspect of the mentoring relationship is the investment of self. Shelly (f) described a sense of dedication resulting from developing a relationship with another person and stated, “You develop these relationships and you have a strong commitment towards them.” Alternatively, Samantha (f) discussed dysfunctional mentoring relationships resulting from not being invested and possibly being required to participate in the relationship due to job or program expectations:

If there’s friction or there is something that is not clicking or they’re okay, you don’t want to spend a lot of time with them or you may not want to go out of your way for them then it’s hard because if someone came along, say my boss came along and said well you know I have this new person coming along and I want you to mentor this person, well who is this person, do I want to do this, will I get along with this person you know it’s got to work it’s got to be beyond a working relationship, you know I don’t expect, I don’t mean that you’ve got to be buddies and friends.

She added, “You have to be likeable in some way by meeting your criteria for liking someone whatever you know that is and they have to feel that way about you too I think. So it’s a two-way street I think.”

The discussions on mentoring relationships alluded to specific groups of individuals commonly identified as mentors for students: those who were perceived to be able to offer something and those who often offered support and guidance to the mentee during times of stress, e.g. friends, parents, aunts/uncles, siblings, students from the same or another cohort, and instructors. All participants noted the quality of the mentoring relationship was extremely important to the mentoring process. Quality was subjective to each participant and was determined by what the mentoring represented to them.

Participants described quality using words such as honest, equal, supportive, strict, blunt,

and collaborative. Based on the discussions, it appeared the type of relationship and the quality were unique to individuals and dependent upon their needs; each person connected or related to others in different ways.

The importance of a relationship or connection was supported by findings from previous research studies on mentoring. Hudson (2013) conducted a qualitative research study exploring attributes of positive mentoring and found attributes such as mutual respect, open communication, and general approachability to be essential to positive mentoring. Personal attributes such as approach, willingness, and enthusiasm of the mentor were considered critical to the mentoring relationship (Hudson, 2013). The participants also identified feeling a sense of friendship with one another when the mentoring was perceived to be progressing well. These findings were consistent with findings from another qualitative study (Eller, Lev, & Feurer, 2014) exploring components of effective mentoring relationships where eight themes were identified, amongst which the most prominent were open communication between the mentor and mentee and accessibility of the mentor.

A meta-analysis of antecedents, correlates, and consequences of mentoring also found the influence of relationship quality on mentoring to be strong (Eby et al., 2013). In conducting the meta-analysis, Eby et al. (2013) found the greater the perceived sense of support in a mentoring relationship, the greater the quality of the relationship or the perceived connection. The researchers also found the quality of a relationship was based on interactions and the frequency of the interactions between the mentor and mentee. Building the relationship was based on investing time and displaying a commitment to each other (Eby et al., 2013).

Building and developing a relationship with the mentor was also found to be a prominent theme in research exploring the transition of new nurses to the workplace setting (Ferguson, 2011). The new nurses described having a connection with their mentors, which in turn influenced the development of a trusting and supportive mentoring relationship (Ferguson, 2011).

Relationships such as those discussed by the participants in this study and in the research studies discussed thus far could be described as encompassing the functions of a friendship. In literature related to mentoring, the term *friendship* was found to describe attributes of mentoring such as encouraging, supporting, and guiding (Chao, 2009; Scott, 2005; Welsh et al, 2012). The current study also found these attributes were used by the participants in describing the mentoring relationship. Mary (s) described her relationship with her mentor as “delicate, supportive, it was complimentary, but it also encouraged my goal.” Anna (f) described it in similar terms:

It’s a collaborative relationship, professional, its supportive, it’s there to you know whatever stage someone’s at with their career or whatever’s happening or whether they’re in talking about the students, it’s to help build and grow then and help guide them to where they want to get to or where they want to be you know and the mentor I think needs to be knowledgeable and resourceful I think at the same time.

Findings from literature also suggested the mentor and mentee need to know one another, understand the needs of each other, and work together in meeting personal and professional development needs (Bruster & Foreman, 2012; Hobson et al., 2009; Schwille, 2008). Additionally, informal mentoring relationships could have a greater intensity than formal mentoring relationships as they are based on mutual engagement without any pressure or articulation of overall goals and outcomes (Chao, 2009). Data from the present study supported this. Interpersonal connection and genuineness between

individuals were pivotal to the quality of the relationship. Susan (f) discussed her thoughts in relation to this:

Informal mentoring is in some ways easier because you have that comfort whereas with formal, you have to build the comfort and until you do you have that line there that you don't want to cross. It's not like you have to be buddy-buddy with your mentor either, but at the same time you should be able to talk, and be able to say what you feel and not feel like you have to say what the mentor wants to hear.

The findings from the present study were consistent with and supported by previous literature on mentoring. A relationship or a connection is essential to the development of the mentoring process. Relationships can be based on similarities between the mentor and mentee such as the context of the situation, similar personalities, needs, and mutual goals. The strength or intensity of the mentoring relationship is influenced by genuineness, communication, and investment of self by the mentor and mentee. Significant findings from this theme were the need to develop a connection with one another that was not forced as might be the case with assignment of mentors and mentees. Forcing mentoring relationships might become a burden rather than a meaningful and connecting association between individuals. Additionally, awareness of the need or reason for mentoring is key to mentoring within the formal and informal context within any setting. This key piece of information was not discussed in the literature reviewed for this study. Mentoring does not occur spontaneously and without reason. From the discussions with the participants, it appeared relationships and connections were sought during times of stress, change, or growth and were generally supportive relationships that guided and encouraged in a manner that was acceptable to the individuals involved. The relationship provided the structure for mentoring to occur.

Theme Two: Willingness and Commitment to Work Together

All faculty and student participants discussed the commitment and willingness required from the individuals to engage in the mentoring relationship. Commitment from each party ensured the relationship would thrive in a functional and beneficial manner. This required genuineness, dedication, and time to mutually engage. The participants described commitment and willingness with traits such as trust, honesty, obligation, willingness, welcoming, presence, time, and open lines of communication between the mentor and mentee.

Canary Cat (f) described making a mentoring relationship functional: “Both have to be committed and willing to participate in whatever the activity is and also both have to do work.” She attributed mutual effort and dedication to commitment and referred to it as work or something that must be maintained. Shelly (f) stated, “It’s that you have to invest yourself in this relationship. You develop these relationships and you have a strong commitment towards them, so I found myself often navigating with them through a system.” Willingness and commitment are linked to the type of relationship individuals share. The stronger the relationship, the more committed the individuals are and the better the outcomes. Mentoring needs a function to develop and grow into a functioning relationship, typically change, growth, development, or stress. The context of the relationship and commitment provides the structure for engagement in working together toward common goals.

In addition to being committed to working together, participants discussed mentoring as being critical during times of need. Participants all stated when the need for mentoring arose, it was required immediately and could not to be put off to a later date or

time. This immediacy required a commitment and willingness to engage on the part of the mentor and mentee. Samantha (f) stated, “It’s important to be available, like anytime within reason but to be available because when people want that information they need it now, not two weeks from now, they need it in order to be useful so I think that availability is important.” The needs of the mentee might be time sensitive and might require the mentor in the moment; thus, the mentor might need to allow the mentee to contact him/her as the need arose. Shelly (f) shared her experience with immediacy in attending to the needs of a nurse whom she was formally mentoring in the workplace:

I had a student that phoned me in tears, just hysterical one night, I was at home when she called me and I thought wow, this is serious. So what it was, was that she had a patient that had gone into cardiac arrest and when the RT came on he accused her of killing the patient.

In the situation described by Shelly, the need of the mentee was overwhelming and required immediate action from the mentor. Shelly stated she attended to the immediate need by providing supportive action over the phone and follow-up of the needs in the immediate future. She attributed the support provided to the mentee as being a reason the nurse stayed in the nursing profession and stated, “Well she said she was going to quit nursing. We would have lost a nurse.” The situation described by Shelly exemplified immediate need and action of a successful mentoring relationship.

Attending to needs of mentees and having an open relationship with no boundaries on time or place for mentoring requires an open commitment that might infringe upon individuals. Shelly (f) talked about using her “flex-time” to visit her assigned mentee nurses during their various scheduled shifts during the day or evening and stressed the importance of being there for the mentee:

Presence is really important, and when I had students, well new grads, put throughout the hospital I did a lot of running. I had six different wards that they were on so I made sure that I did rounds two or three times a day just to pop in and you know make contact and answer a couple of questions and move on and then we would have formalized sessions as well, so that presence was really, really important.

In discussing the commitment of her mentor from early in her nursing career, Shelly described her mentor as being instrumental in her transitioning from new nurse to a more confident nurse leader: “My questions were always accepted. She always made time for me, it was never a problem. She had great patience with me and great tolerance for some of my really asinine questions.” Shelly talked at length about her positive experience as a mentee and attributed it to her personal growth as a mentor who is supportive, genuine, and responsive to the needs of the mentees with whom she works. She stated she learned commitment and willingness to help others from observing and experiencing the same from her mentor. This statement was crucial to mentoring and exemplified what mentoring is--a willingness and commitment to work with others and meet their needs, learning from experiencing and observing it, as well as role-modeling it.

The student participants also discussed willingness and commitment as influencing mentoring relationships. B (s) stated mentors are “people willing to help out and support somebody and help them learn and share knowledge.” Stacie (s) talked about her mentor’s willingness and stated, “She’s really welcoming, very like willing to answer questions, and willing to converse and makes me feel good about my learning.” For Tin (s), mentoring was “more kind of like a security just be able to go to someone and talk about what happen, kind of debrief if you had to,” alluding to an experience(s) that would require discussion or reflection after it occurred. Sam (s) talked about the mentor as a constant presence available and responsive when needed but silent when not:

It's when someone's able to kind of take them under their wing, I don't know what other way to say it, but, and just kind of give their insight and their experiences and then helping you reflect on your own and figuring out what it is that your trying to do or what your seeking.

Sam's statement was especially significant in exemplifying mentoring and applicable within the context of mentoring mitigating stress. Mentees turn to mentors in times of need or uncertainty and look for them to be responsive to their needs by providing them with the guidance and support they seek. Guidance and support can come in the form of sharing experience and expertise or willingly engaging with individuals to provide them with open and honest feedback they use in developing themselves. As the mentee develops the skills needed to successfully manage the situation, the need for mentoring might diminish but the commitment to the relationship remains and could be called upon again in the future.

Student (s) discussed mentoring from the perspective of a mentee seeking answers; thus, the mentee needs to be willing to seek help and the mentor has to be willing to provide it:

Coming with an open mind, you have to be willing to accept help, yeah that's very important that you're willing to go to someone and say that I don't have the answer do you have the answer for me. And you also have to be willing to put in some effort to it right. So if they say that you know I don't know or the answers here, you should be willing to go look up and put in the time, the energy, the commitment level.

In addition to asking for help and willingness to help others, Sam (s) stated, "For a mentor it's really someone who's just understanding, who's listening and who can kind of encompass that whole bigger picture that the mentee might be missing." She described mentoring as "a willingness to listen and to like from both parties, both sides, and a willingness to explore kind of those newer options." Mary (s) discussed the

importance of open communication and stated, “Some individuals have this, I call it a face, but it’s just approachability, being able to talk to somebody and feel like they’re listening to you and not looking down on you.” Jim (s) shared a similar sentiment:

Friendly, having a presence that’s always welcoming, caring, compassionate, doesn’t, like, no question is stupid to a mentor, you can go up to them, talk to them and you can just voice whatever you feel and they will help out you no matter what.

The current findings on willingness and commitment were supported by findings from previous literature. In a qualitative study exploring the mentoring experiences of female faculty, Gibson (2005) found in distinguishing individuals as being sources of support from those identified as mentors, a major theme was a mentor was someone who genuinely cared about the mentee and acted in the best interest of the mentee. This theme was supported by attributes such as open and honest communication and availability of the mentor during times of need (Gibson, 2005). These attributes were discussed by all student and faculty participants in the present study. The discussions for this theme also included attributes such as genuineness, understanding, and mutual respect. Tina (s) stated, “Communication and understanding, I think the mentor has to really know who their mentee is and what their goal is and what they expect of their mentor, so communication and like a good relationship between the two.”

Recurring attributes from the previous theme were also found in this theme and included open communication and availability. It appeared attributes related to the themes were intertwined and influenced the progression of mentoring, linking the themes. This was evidenced in the discussions highlighting willingness and commitment as being influenced by the intensity of the mentoring relationship and the intensity of the relationship was influenced by the willingness and commitment to it. Based on the

discussions and data analysis, these were separate and prominent themes but they influenced each other and were in constant interplay.

Shelly (f) exemplified the link between the two themes as she discussed the commitment that went into a mentoring relationship and shared her own experience of mentoring new nurses by stating, “It’s that you have to invest yourself in this relationship. You develop these relationships and you have a strong commitment towards them, so I found myself often navigating with them through a system.” Shelly’s statements emphasized the time and effort dedicated to building the relationship, which in turn influenced commitment toward mentoring.

Time and active engagement that go into the mentoring process are critical to the outcomes of mentoring. In studying the influence of these attributes on mentee satisfaction, researchers found frequent meetings and feedback from the mentor were important to the mentee and increased satisfaction with mentoring (Lyons & Oppler, 2004). Gibson (2005) also found mentors were distinguished from individuals of support for their willingness to be available when the mentee needed and to be committed to supporting the mentee in his/her development. The mentor’s availability and willingness to mentor are critical to the mentoring relationship and the mentoring process as is the time needed to develop a lasting relationship and an ongoing commitment (Furness & Pascal, 2013; Hudson, 2013).

Willingness and commitment are critical to the mentoring relationship. Based on the discussions from the participants in this study and previous literature related to mentoring, willingness and commitment were exemplified by a genuine presence, responsiveness to the needs of the mentee as they arose, commitment based on time and

availability, and open lines of communication. Additionally, willingness and commitment to mentoring were influenced by the development and intensity of the mentoring relationship and, in turn, influenced the intensity and development of the mentoring relationship. This new finding was critical to successful mentoring as was the new finding that mentoring might be present but had times of responsiveness and times of silence to allow the mentee to develop. Commitment and willingness to a mentoring relationship did not necessarily mean being in constant communication with one another but rather being available as needed, knowing when to take a step back, and when to provide reinforcement. Modeling behaviors of self-efficacy led to development of it. Positive experiences of mentoring exemplified by strong mentoring relationships and based on genuine willingness and commitment influenced development of mentoring skills. These skills were developed through personal experiences, observations, and role modeling.

Theme Three: Teaching and Learning

Based on the discussions with the participants, mentoring encompassed teaching and learning components for the mentor and mentee. This theme was prominently threaded through discussions with all student and faculty participants related to skills, experience, expertise, and the prominence of role modeling in learning as well as learning vicariously through the experiences of others. The participants acknowledged benefits such as growth in comfort and knowledge, leadership development, transition from mentee to mentor, succession planning, creating positive learning and work environments, and a generally satisfying experience. For the nursing discipline,

mentoring could be found within any setting where growth, development, or transition were occurring--generally, all times of uncertainty and stress.

In talking about her experience as a mentee during her transition from nurse to educator, Karen (f) described mentoring as the sharing of knowledge and learning from the experience of others:

That was really, really helpful. I think it facilitated my learning and there was a lot of shared knowledge that I learned from others expertise and you know the way some of the methods that they've used and I also adapted and learned from those as well and I think that really helped me in both areas.

She expanded on her discussion by stating the experience she sought from her mentor(s) was based on years of being in the field and having encountered more scenarios than her, leading to increased knowledge of resources and growth. She equated the experience and expertise of the mentor with a "wealth of knowledge" she could use and learn from in a vicarious manner.

Lisa (f) stated, "I think of the mentor as being an expert level in that area" and stated the mentor must "have some sort of expertise that they can be part of or bring to the table" and share with the mentee. She added, "A mentor would feel more comfortable with being a mentor if they had something specific to share instead of just kind of holding their hand along the way, although there is something to being a co-learner along the way." Lisa went on to add that all individuals have experience and expertise but what the mentee seeks is specific to his/her current situation. Thus, they turn to a mentor who can assist them to develop the expertise they seek. Her statements emphasized the influence of context on mentoring in role development or transition and implied mentoring was based on need. When an individual has need, as is the case during times of stress, change or transition, then individuals might seek out mentors to

help them attain their goals or reach their potential. When there is no need, then there is no mentoring. Additionally, a mentor must bring experience or expertise from which the mentee can learn; without something to share, mentoring cannot occur. Learning from each other, growth, and development were prominent in this discussion.

Mentoring provides a process for sharing expertise and experience, leading to growth and role transition for the mentee in whatever setting they may be in at the moment. In talking about role transition of students, Susan (f) stated,

They know where they need to be and they know this is what they need to do to get there and so you are part of that process, it's not just teaching them the nursing knowledge but it's also teaching them to become the nurse's role, learning how to work with people, learning how to effectively function as part of the team I think that's important and so mentoring that through education makes that happen.

Susan's comments on "teaching them to become the nurse's role" were critical to understanding the influence of SLT on mentoring. Teaching individuals to "become" is related to observational and social influences on learning. Linked to this are also role modeling, vicarious learning, and reinforcement.

Samantha (f) talked about the influence of mentoring on transition and role development for the mentee; in addition to this, she offered a unique view of the influence it had on succession planning for the mentor--a form of transition or growth for the mentor. She discussed her experience of working with a mentee whom she was grooming to succeed her in her role:

I made a point of sending her above and beyond whereas any other new faculty I haven't, I would not spend that much time because I knew she was going to grow with us and that's my dream and plan in that sense cause I'm not going to be around that much longer and so for those specialty areas I would like for someone to take over and for those specialty areas you can't have someone take over tomorrow and start the next day, there's just no way, and be on your own, you know so I'm still here for her.

For Samantha, mentoring was about investing herself in preparing a new faculty member to take over where she would one day leave off. Mentoring and grooming her successor provided Samantha with a sense of accomplishment for her work being carried on--work that was important to her. She talked about the commitment and time she had put into the mentoring relationship to develop this new mentee and the time it would take for the mentee to develop and transition into the new role. This would also be a time of transition for Samantha as she moved out of her role onto a new role or new stage in life.

Discussion related to role development and transition was not limited to faculty participants; student participants also discussed this in detail. Student (s) stated,

Because they're growing, they're growing in their field right, that's the whole reason we are going to a mentor right, is that we want to grow, with our knowledge, skills, applications, questions related to the field right, in nursing how do I get to become a specialized nurse, or how do I, how do I start applying for these union stuff, right, you know, when I get into a job what are some things I need to know about, hospital administration where they try and work you outside of the contract, right, that's big stuff that they don't teach in school but that's real life right.

For B (s), mentoring was linked to learning and developing nursing skills. She stated, "We gain knowledge and all the tips and extra tools in our toolbox." B viewed her mentee role as being a learner and the mentor as being teacher. B's views resonated with Deep's (s) who spoke about learning from mentors but added the responsibility of reflecting learning to the mentor:

I do think that always what the mentor says, it's not always right so it's really important for the mentee to reflect on it as well. Like if their saying something related to their profession and it's not specific to your profession or your belief or your situation so you have to reflect and try to understand if it works for you.

Deep's discussion was thought provoking in that it demonstrated the role of SLT and the concept of self-efficacy. Mentees assume a responsibility for consciously choosing to

learn that which they deem as important to them. This was reinforced by their observations of what they believed they needed to know and learn. As B and Deep stated, students seek out learning experiences and add them to their “toolbox” but it is for them to decide if, and when, to use these tools.

Raina (f) talked about the teaching and learning that could result from being in a mentoring relationship for both the mentor and mentee. She attributed expertise to the mentor but within it, she acknowledged the need for lifelong learning and searching for answers when new questions arose. Within this context, she stated mentors would likely be resourceful in searching for the answers and learning through that experience:

Both have that openness and willingness to learn and teach each other, and having that patience with each other cause even if I’m considered the expert I may not know have all the answers and so having that patience for me to go and find those answers and teach them how to find the answers as well.

Shelly (f) equated experience with “credibility” and added, “I’ve got wrinkles, I’ve got my credibility”; thus, she had the ability to share that with her mentees so they could learn vicariously through her experience and credibility. Susan (f) discussed experience and knowledge as being essential qualities of the mentor: “I think you want to choose someone that has a good work ethic and has knowledge and experience that you need” so the mentee can learn from it. Anna (f) stated although someone might be considered an expert in their field, they might seek a mentor during a time of transition or change: “Even if you’re more expert you may still want somebody to mentor you if you going through transition or changing or wanting to teach something different, or help keep up with the changes that are occurring so fast.”

Samantha (f) reflected upon her experience as a mentee and stated learning from the expertise of her mentor was something that stood out for her and still does to this day. Of her mentor, she stated, “She had a lot of experience, she had created programs and our programs and she kind of it’s the experience.” Samantha presented a persona of the mentor as being an experienced and knowledgeable; she viewed her mentor as having so much experience, expertise, and knowledge that she could not think of anything the mentor could gain from the mentoring relationship. She went on to add of her own mentee, “Maybe that new person I’m mentoring might feel the same way because I’ve been teaching for so long but then I feel there’s still so much I can learn from her.” This was an insightful statement because in her role as a mentee, she had placed the mentor at higher level and looked up to the mentor as one would with a role model. She viewed her relationship with the mentor as being a one-way relationship from which she alone was benefitting. Years later as a mentor, she now viewed mentoring from the mentor perspective and still found benefit and learning in it for herself.

Participants spoke at length about mentors as being role models in leadership roles they looked up to and could learn from. Elise (s) stated,

It’s usually like within a group setting, like the person with the most leadership and like good marks and strong performer I kind of look towards them to see what their strategies are and how they’re learning and what things they’re focused on and I kind of can align myself to try and adapt their skills.

Jim (s) stated, “My belief is that if I hang out with people who I strive to be like then I will be like them.” Mary (s) voiced a similar sentiment:

I don’t know, to me it’s always kind of like a monkey see, monkey do kind of a thing. It’s like this successful individual and I want to be like that. I’m observant of how they act, of how they carry themselves. Maybe I’ll talk to them about what kind of education they did, or you know what interests them and maybe try and perk up a conversation.

Learning from mentors who serve as role models was also a theme found within the faculty interviews. Canary Cat (f) stated, “Mentoring is partly role modeling.” Karen (f) stated when she transitioned from nursing to teaching, she would spend time observing faculty members with more experience than her who were “such a role model for me.” She added she “would also spend some time and observe that person’s class as well so I was learning by observing as well and developed more skills too in that way.” These were all examples of learning vicariously through observations or the experiences of others. Samantha (f) put role modeling and learning from role modeling within the context of “learning how to be” and provided the following example related to vicarious learning:

I still remember to this day almost every face at her table and this was a long, long time ago, going to public health sitting at her table of public health managers, thank God I didn’t have to speak but she did, but how she went and presented the new program and why we did things and why we were asking them for help and going to a meeting of all managers of public health for a while. Well we didn’t have health authorities then, but for the whole area that’s comparable to the Health Authorities. Now, I think I was too naïve to be intimidated but I could feel I could be very intimidated if I had to be responsible for what she did. I was just tagging along with her and that’s the learning that I call how to be.

The discussions from faculty and students about learning how to “be” or “monkey see, monkey do” embodied role modeling while discussions related to learning from the experience and expertise of others were examples of vicarious learning from the perspective of the mentee. As demonstrated by the examples and discussions, mentoring could be a beneficial teaching and learning experience for the mentor and mentee. Mentors could learn and grow in ways they might not have thought of before mentoring. Elise (s) stated,

By mentoring the mentor is like solidifying their knowledge and they may get triggered to learn something or look at their area of expertise in a new way or a

new approach or by being challenged with their approach. Their approach can strengthen and they can like cover all the pitfalls that they may have previously ignored because like that mentee may have caused or triggered the mentor to think critically or develop like higher knowledge.

Student (s) stated, “It’s a two-way relationship right, even if the mentor is teaching you they can still learn stuff for themselves in areas that they have never thought of before.”

Faculty participants also concurred with the notion of co-learning between the mentor and mentee including the reflective process triggered by feedback and expertise that comes from practice. Raina (f) stated, “Like as a mentor, the more you do it the more you hone your skills and decide you know this doesn’t really work for me, even if it’s how can I alter it so it’s mutually beneficial.” Shelly (f) stated it influenced her practice as an educator:

It guides me to modify my practice. So I’ll often get feedback, you know you’re hard, you’re tough, but you’re good. Those kind of comments and I’m thinking well maybe I should soften the toughness a little bit, but it’s hard because of the acuity that we’re working in right now, I do have to be kind of strict in some areas, and they just get used to me, but yes, I do take their feedback and they do shape me.

Student and faculty participants also talked about personal growth related to mentoring leading to transition from mentee to mentor. An outcome of positive mentoring was increased confidence, personal growth, and development of experience.

Karen (f) stated,

I think it’s a huge benefit for me and it really helped me and I think it can really help the students as well. It’s really helped me, the support and watching others and learning from them, you know it’s sharpened my skills and I can totally see how I can give back to others, the new ones that are coming in and I think this mentoring is strongly impacting us in all roles and everywhere.

Shelly (f) shared her experience as a mentee and growth that stemmed from it and shaped her as a mentor. She attributed this growth to the nurse who mentored her and

stated, “Yeah, and all from the nurse that had mentored me and so that was a big stem of growth for me, it was very core.” This sentiment was shared by Susan (f) who stated, “So mentoring plays a crucial role in transition, so I’ve been mentored and I have mentored as well.” Going between roles from mentor to mentee and vice versa could be context-specific and add to the teaching and learning component of mentoring. Linda (s) stated,

I think it’s for everyone cause like you can’t, kind of like you can’t know everything that’s why it’s like good to study with a group, cause like you don’t know everything. Some of the people in your group might know something that you don’t, so if you get together and have someone mentor and then you could be a mentor to throughout the study group then you could learn from each other.

Linda (s) provided an alternate view of mentoring between students--where individuals could shift between the roles of mentoring depending on the context. She provided a view of mentoring where learning occurred from teaching others and teaching was done with the intent of furthering learning:

I wasn’t really involved in teaching but I was like part of like sometimes leading it too and then for clinical experience, for sometimes, you get to lead sometimes and like when you figure out the steps and stuff like that, like the steps on like how to properly do patient care and that kind of stuff and it’s kind of leading to mentoring and study groups and sometimes like my friends and I, my classmates, we would always try to be like the leader of a group, so for example your topic is this one, so like yeah you get to teach your classmates.

Elise (s) talked about the progression from mentee to mentor as being linked to the sharing of experiences: “Kind of like somebody that’s gone that path before and they know like the tips and trick and techniques and like what works and then kind of offering to that student or whatever, so they can kind of see it through their eyes.”

Sam (s) talked about the growth and development that could occur as a part of mentoring:

They will when they kind of surpass like the mentor's life experiences and exhausted their resources, the mentor resources, then they move on and that's when the mentee can maybe become a mentor for someone else or they might seek out someone different as they enter that new stage of life.

Karen (f) provided a perspective of having a better understanding of what the mentee might be going through emotionally from her own experiences as a mentee and being able to offer the unique support and help they required:

I think that made me realize as the years progress and I see new students come into the school and I became that person, that resource person for them, and I loved helping you know those individuals that needed the help, so that I was able to help others as well.

In addition to leadership development, mentoring was described as a satisfying experience for those involved in it--one that created positive learning environments. All faculty and student participants discussed mentoring as being positive and engaging. Participants used words such as valuable, awesome, enjoyable, helping, fulfilling, enriching, and positive. Stacie (s) summarized the mentee perspective by stating, "They make you feel special and good," while Shelly (f) summed it from a mentor perspective:

Well, I've been just walking through a hospital and just having someone running up to me and saying how are you, I haven't seen you for a while, and I really miss you, you know just that kind of thing and meeting those people, seeing them being successful years later. I still run into people that I've mentored. You know I've had people come up to me and say you made a difference in my life. That's huge.

The findings from this research study suggested mentoring encompasses aspects of teaching and learning that influence development, growth, leadership, and role transition. Teaching and learning are based on the sharing of experiences and expertise as well as role modeling resulting in vicarious learning. These findings were supported by previous research on the topic of mentoring relationships and functions of mentoring. Various disciplines described mentoring as a structured process whereby leadership is

learned, achieved, and demonstrated (Crippen & Wallen, 2008; Dunham-Taylor et al., 2008; Freedman, 2009; Hobson et al., 2009; Miller & Leadingham, 2010; Reeves, 2010). In a quantitative research study focusing on the needs and attributes of mentees, Rheineck and Roland (2008) found mentees looked to their mentors as knowledgeable role models who influenced their learning and transition personally and/or professionally, which were dependent on the current needs of the mentee. These were sentiments the participants shared during the discussions. Shelly (f) shared her personal growth into the role of mentor:

So I was the point person whenever there was a new orientee cause I made it a point to make it safe for them, so I took the lead from my mentor and followed in her ways. So it was making it safe for them, making questions okay, setting boundaries for them, giving them limits, and giving them little chunks at a time so that they work on those.

Shelly (f) learned from her mentor and applied her learning to her transition to a leader and mentee. Mentoring resulted in professional and personal growth for her.

Research related to the transition of new nurses to the workplace found new nurses had an awareness of their learning needs and looked to more experienced nurses to learn how to function in their new setting and fit in with the culture of the unit (Ferguson, 2011). Their learning was attributed to developing trusting relationships with their mentors, being supported, sharing of knowledge between the mentor and mentee, and having strong role models in the nurses as being pivotal to the transition (Ferguson, 2011). Faculty and students spoke at length about learning “how to be” in the role of the nurse and learning from those whom they identified as role models. Growth, development, transition, and vicariously learning through observations and interactions were prominently discussed by all participants.

Findings from the third theme--teaching and learning that is mutually beneficial to the mentor and mentee--were consistent with literature related to mentoring, which included teaching and role modeling as functions of mentoring (Hubbard et al, 2010; Sooyoung, 2007). Mentoring was based on the purpose of achieving mutually identified goals and motivating the mentee by sharing knowledge and providing feedback (Budny et al., 2010; Chao, 2009; Dennison, 2010; Hubbard et al., 2010; Sooyoung, 2007). Social interactions and the knowledge gained from these interactions through means of sharing knowledge and providing or giving feedback were prominent themes within the mentoring literature across the disciplines (Burr et al., 2011; Dirk et al., 2013; Furimsky et al., 2013; Jones, 2013; Mariano et al., 2009; Mills et al., 2006; Stead, 2005; Thomas & Buck, 2010).

The outcomes and benefits of mentoring included role transition, growth, leadership development, and overall satisfaction. Mentoring also positively correlated with leadership, increased job satisfaction, and positive environments (Chao, 2009; Dennison, 2010; Dunham-Taylor et al., 2008; Hubbard et al., 2010; Scott, 2005). Mentoring helps to create an atmosphere of supported learning for the mentee with shared responsibility for guiding the mentee and furthering the professional development of both the mentor and mentee (Hubbard et al., 2010). The mentor and mentee work together to develop a non-competitive relationship in meeting the career goals of the mentee. Mentoring also provides a source of satisfaction and validation for the experience of the mentor in working with the mentee to prepare them for the workforce (Chao, 2009).

New findings that emerged from the current theme were linked to the roles of the mentor and mentee. Participants discussed the roles as being interchangeable with each learning from one another based on context. Although need, such as stress or a time of transition, drove the mentoring process, once engaged within it, the mentor and mentee could offer each other opportunities for teaching and learning. Teaching and learning that occurred might not be overtly noticeable but it was present. Additionally, participants in discussing their experiences as mentees discussed looking up to their role models and valuing them for their knowledge and expertise without acknowledging their own value to the mentor. This knowledge of value to the mentor might not be understood until a mentee transitioned to the mentor role. Further research is required to explore this perception.

Theme Four: Personal Characteristics

The fourth theme that emerged from the data analysis was mentoring relationships are dependent on personal characteristics. Personal characteristics of the mentor and mentee could influence the functions of mentoring and the mentoring relationship. Functions specific to mentoring included providing critique and feedback, helping and supporting, guiding and advising, and role modeling. Additionally, context influenced who could act as mentor and ranged from family members, peers/friends, students from the same or higher cohorts, counsellors, instructors, and nurses.

The various functions of mentoring were targeted at the mentee and were meant to create a positive learning experience and promote learning or navigate situations where growth and development were required, e.g., times of uncertainty or transition. An essential component of mentoring was to provide feedback and offer critique in a positive

or supportive manner or a manner acceptable to the mentee. Acceptable manner could vary for individuals and be contextual. Some student participants wanted feedback to be provided in a gentle and supportive manner; others like Sam (s) stated, “It’s about being very blunt and being like you messed up and that was wrong, like you need to fix that.”

Deep (s) sought a more positive manner:

I do probably believe that if you are in a relationship like in a mentoring relationship the mentor really has to know how to do up the confidence or the boost the confidence of the mentee, it shouldn’t be in a negative way, so sometimes you have to teach the mentee in an informal way and not in a formal way, like you did this wrong, or you didn’t do this. So they should say, how can you do this different or how did that work.

Mary (s) stated, “Something that was always big for me is when I have a strength or a weakness, more a weakness, then somebody that will point that out but in a delicate way, in a nicer way, in an encouraging way.” Linda (s) shared her experience with an instructor she viewed as a mentor who challenged her to learn and develop her skills and knowledge:

So like she would teach us like the reality of nursing and stuff. I thought she was pretty good. And like she would always drill me with questions and I thought that was pretty good cause I think I need to work on my critical thinking and so I like my instructors to challenge me, like I don’t like someone that just goes along with it, I want somebody [who] actually challenges me.

Integral to delivery of feedback was the reception to feedback and the openness to receive it. If a mentee was not open and receptive to feedback or it was provided in a negative manner, it might not result in mentoring. Mary (s) stated,

Critical feedback can be one of those things people just don’t take it well, and I can say from personal feedback, I’ve had feedback and critical feedback and not taken it properly. I haven’t taken it in a structural manner or in a positive manner and it’s really just depends on delivery and also your relationship with the person that’s delivering it.

Interestingly, in the discussions related to feedback and critique, the participants often referred to having an open and trusting relationship or connection with the mentor. This again exemplified the link between the themes that emerged and the pivotal role of relationships. Sam (s) stated,

You would have to gain that trust. I know that the peers that I talk with they know me well enough to know that if I don't like something then I'll be quite blunt with them, but at the same time, I'm not being mean, I'm just saying this is not right and how are you going to fix this and then going from there.

Peers were prominently identified as mentors by 11 student participants. They identified peers as students from their cohort as well as students in higher cohorts. Jane (s) stated students would turn to "each other, like who else but each other" when there was need for support or understanding--a connection based on shared or previous experience. Tina (s) stated, "Peers within your cohort are really good as well cause they're going through pretty much the same thing as you are, or they have the same questions, so it's good." Jim (s) stated peers could be mentors based on previous life experiences rather than current experiences. He stated, "Other students, other, because a lot of us, especially in our program, we have people who already have a very high profile career from before, so they have a lot background story to link." Mary (s) stated she would also turn to peer mentors--not those who were in the same semester as her but rather those in higher semesters based on their experiences. She stated, "Students in higher semesters, they can share like when I made a mistake or this is what you can do." Sam (s) stated,

Informally I think it's already occurring just in our own cohort for instance like I know certain classmates they need maybe extra support and I will help them out and at the same time I know that other classmates are there for me, so it's like we are mentoring each other very informally.

All faculty participants also identified peers and colleagues as mentors during times of transition to new work environments and during their transition from nurse to educator. Faculty participants also acknowledged the contextual influence on students as they turned to peers for mentor support. Susan (f) stated, “I think so, even in a more formal type of mentorship I can see students going to their peers for support. It depends on the personality to personality, it depends on the need and it depends on what the struggle is at the time.” She shared her experience as a nursing student and the mentoring that occurred between students:

I think well starting with when I came from India, so having the friends supporting me in the school, in the new surroundings, and then going into the program, into the BSN we had a lot of friends back and forth, but we were mentors for each other, back and forth, so academically we were good, English was still a challenge so they would help me and I would help them with whatever they needed help with.

Student participants stated other students, especially those who had already been through the experiences they were currently going through or those with healthcare-related experience, could be mentors for them. Tin (s) stated she knew many students in her cohort had previously completed the healthcare aide program “so they know quite a bit already so it’s good to have that just that integrated experience. Yeah they can definitely be mentors.” Elise (s) stated, “That’s the, my only grasp for reality to something that’s very unknown.” Sam (s) stated mentoring was present in her cohort: “Like I know certain classmates they need maybe extra support and I will help them out and at the same time I know other classmates are there for me so it’s like we are mentoring each other very informally.”

Stacie (s) shared her experience of working with a peer mentor who was a graduate from the program she was in--a close friend of hers. This was a valuable

resource for her, one she felt was important for students to have, but she stated she did not agree with peers from the same cohort being mentors because they did not have the level of maturity needed to be a mentor. She stated,

If there was someone of a certain maturity, but there isn't that much of a big, I would have to say no, maybe in certain other aspects, like coping, some of them are older and are like you can do this or that, but that's not really mentoring, that's just more like student to student.

Jane (s) stated that while students in the same cohort could offer each other support and a place to discuss experiences others might not understand, she preferred to learn from those whom she felt were equipped with the knowledge to teach, e.g., her instructors. Mary (s) stated she would not want to have a mentor from the same cohort and stated it would be “very high school to be stuck with the same group of students all the way through.” She stated peer mentoring was important but from “peers that are a level up” so they can share what they have been through.

Interestingly, all students spoke about peer mentoring within the context of nursing education by sharing experiences and growth as they developed their nursing skills. The context of nursing education, often a time of growth, transition, and stress, provided the need for mentoring. They sought out non-threatening individuals who had previously been through the experiences to provide them with insights and guidance regarding what they did not know. They learned vicariously through the experiences of their mentors and developed a sense of knowledge they could use.

Faculty participants discussed peer mentors for student nurses as being helpful and a positive source of support. Susan (f) discussed peer mentoring in relation to her experience as a student nurse. She stated she could see “students going to their peers for support” but they might do so cautiously as they “may not want to disclose personal

issues to a peer either because they may not feel comfortable or safe.” Lisa (f) stated she had helped students develop a peer mentoring program by linking students from lower cohorts with those from higher cohorts.

Samantha (f) stated she had encountered students sharing their experiences of informal peer mentoring during her class. This was unexpected for her but she stated she was amazed and pleased:

I teach an evaluation class where they were talking about these are 3rd year preceptorship as opposed final preceptorship and the first preceptorship students were saying how they were mentoring, they were actually using the word mentoring, and they were mentoring other students who were actually semester 3 or 4 and they were saying they were helping them.

The discussions related to peers as mentors highlighted the pivotal role friendship and social interactions had in mentoring. Students sought support from peers in their cohorts based on their social interactions with one another and on their shared experiences. They also looked to peers in higher cohorts as having experience and having made it through the experiences they might be going through as one would look to a role model.

Samantha (f) brought an interesting perspective, stating the uniqueness of mentoring:

It’s so individual, it’s so individual some students no and some students yes and what makes some do and not others not do I think it’s how they perceive themselves probably and their past experiences with instructors and maybe how comfortable they are with the learning environment, is it their thing or not, and even when, it’s not they will establish that so there are so many variables, very individual.

Canary Cat (f) also talked about the uniqueness of mentoring to individuals and stated that depending on the individual and the needs of the individual, “you might have multiple [mentors] depending on what you need.” She further added, “You may need to

go to one mentor for something, but you may need to go to other mentors for other things.”

Raina (f) stated,

Everyone’s going to come with their own expertise and their own knowledge cause. Obviously, a person who’s still in school won’t be able to mentor that same as somebody who has been working in the field for 10 odd years. So it’s not that their input is any less valuable, it’s just that it’ll be different.

In addition to peers as mentors, there was also discussion related to instructors as mentors for students. All participants stated they viewed nursing instructors as mentors. Student participants stated they viewed instructors as ideal mentors based on their experience and expertise in nursing. For B (s), Sam (s), and Jim (s), all instructors were mentors in some manner. For B specifically, this was because “everyone has a different way of doing something and you just again, you keep learning from them and everyone has different experiences and a different background and I’m just like a sponge and just absorbing everything.” Deep (s) stated, “It can occur in the classroom as well” but was more likely to happen in the clinical environment because the instructor and students were working in smaller groups and closer together. Linda (s) stated clinical instructors “were much closer” to their students, making it more conducive to mentoring. These discussions with the students highlighted a prominent current context for students--succeeding in their nursing education and transitioning from student to graduate nurse. Students sought the experience and expertise of the instructors through their interactions with them and viewed them as role models they could look up to.

All faculty participants viewed themselves as mentors to nursing students within some capacity; for some, mentoring was a function of teaching. Canary Cat (f) called it “inherent in teaching” and added, “As a teacher you are mentoring, so you have to be

aware of that.” Shelly (f) stated, “For me it’s inherent, it is me.” Raina (f) stated the general conversations with students within the teaching context were mentoring and “it’s that part of being an instructor.” Anna (f) stated,

More informally you know students will ask for sort of guidance and support in terms of their career and where they kind of want to move forward. I guess that would be kind of like mentoring when they ask for your opinion about you this is what I was thinking of doing and this is how I was thinking of doing it and what’s your opinion on this. It’s not formal, but guess in an informal way you’re kind of mentoring them through

Student participants also discussed the influence of context on acceptance or rejection of mentoring. Deep (s) stated,

It also really depends on the situation and how you perceive the mentor. It really depends the instructor, the situation, and your perception because you perceive them as your mentor or how do you perceive yourself as the mentee, and how you will take their guidance or feedback and apply it.

B (s) talked about the benefit of learning from a variety of people and her role as a mentee to stand back and reflect on the learning: “Everyone has a different way of doing something and you just again, you keep learning from them and everyone has different experiences and a different background and I’m just like a sponge and just absorbing everything.” For B, mentoring was linked to her role as a nursing student and was about learning the various ways to be a nurse. The context of the mentoring was influenced by her need to develop as a nursing student and transition from student to nurse.

Jane (s) talked about context influencing the need for a mentor and stated, “It’s so hard cause there are so many different contexts that a mentor can be in so it’s all over the place” and added, “It depends on what is needed of them as a mentor, that makes a big difference.”

Stacie (s) stated,

I think mentoring is, it has more of a, what do you call it, I feel it's more personal, cause I know some people, 'oh I'm your business mentor', but you know mentor is like going through all areas of life, and for me that's like a lot of commitment from the mentor, to mentor me cause it's like, cause that's why I've chosen a different area, like your my mentor for this clinical or your my mentor for this area, so I kind of compartmentalize my mentors.

Tina (s) stated her mentors served different functions dependent upon her needs:

I think each of them would have different functions. I think when I go to like a faculty mentor its more questions related to like how can I get to the next step, this is my long-term goal and how do I get there, with my peer mentors it's more like hey I have something to talk about and let's discuss this, so it's more so therapeutic

Discussions with the student and faculty participants highlighted the influence context had on mentoring--who could serve as the mentor and who the mentee deemed as being a mentor. The personalities of the mentor and mentee also influenced mentoring--a situation for which one person might seek a mentor and another might not. For example, in discussing the mentor's role in providing feedback and critique, some participants expected it to be offered in a supportive and delicate manner whereas others expected it to be blunt and straightforward. Context underlying mentoring was critical to who could serve as a mentor and the functions of mentoring. Individuals might seek different mentors for various aspects of their life. Some mentors might serve a psychosocial development role in listening and offering support while others might serve a professional role in offering feedback and critique. Deep (s) spoke about her father as her mentor: "He's the one who always boosts my confidence and reminds me of the good things when I need it when I have a hard time, so I think it's really my dad." Tina (s) stated, "Good friends or families in the field, or not even in the field, just someone that you can talk to openly." These mentors offered support and uplift during times of

turbulence. They knew the mentee in ways others might not because of their close relationship. Mentors within a professional capacity might also offer support and guidance but within the context of the professional boundary. Stacie (s) stated,

Clinical instructors, I would, I think would be mentors, especially cause they're there, they've done all of it, they're like the faculty here, but the faculty in clinical they're there and they're doing the things we would be doing and the nurses would be doing so they would definitely.

Stacie's comments demonstrated the learning aspect of mentoring that comes with academic or professional mentoring. She viewed the instructor as a mentor based on the experience and expertise the instructor had and could share with her, demonstrating learning occurring through interactions and learning vicariously through the experiences of another.

Literature from a variety of disciplines discussed the functions and context of mentoring by applying categories to mentoring, e.g., psychosocial support and career mentoring (Freedman, 2009; Furness & Pascal, 2013; Stead, 2005). Psychosocial mentoring was described as the act of providing support, motivating, and encouraging while career mentoring was described as the ongoing act of coaching, guiding, or sharing knowledge (Eller et al., 2014; Freedman, 2009; Furness & Pascal, 2013; Stead, 2005). These functions of mentoring were influenced by the context of mentoring. Context of mentoring could also be related to the type of mentoring, whether formal or informal, career related or psychosocial, and specific to the situation (Eller et al., 2014; Wanberg, Kammeyer-Mueller, & Marchese, 2006).

Informal and formal mentoring relationships could differ in the manner in which the relationship developed, the purpose of the relationship, as well as in the structure of the relationship (Wanberg et al., 2006). Formal relationships have guidelines, rules, and

structure that define the functions of mentoring while informal mentoring stems from mutual comfort and need (Wanberg et al., 2006). Mentoring the participants spoke about and prominent in the themes from this study was based on informal mentoring.

The focus of mentoring varies by the type of mentoring and the developmental stage of those involved in the mentoring (Eby, Allen, Evans, Ng, & DuBois, 2008). In conducting a quantitative study reviewing mentoring in youth, academic, and workplace settings, researchers found differences in outcomes between the types of mentoring and attributed these differences to the context or the situations under which the mentoring was occurring (Eby et al., 2008). Eby et al. (2008) suggested outcomes for youth might not be as strong as those for the other groups; youth typically mentored were identified as having risk factors related to behavior, while individuals in academic settings might have higher outcomes based on their context of succession to higher education, and workplace mentoring fell between the two. Context--where individuals are in their lives and what they seek--influences mentoring and outcomes of mentoring. Individuals wanting to engage in mentoring had far better success in mentoring than those who did not see value in mentoring. This is critical in developing mentoring programs, especially those that use assignment of mentors. If individuals are forced to engage in mentoring or false mentoring, then it will likely not be successful and creates a burden for those involved.

Additionally, it is important to recognize the need for mentoring and the requirements for it. Mentoring for students might vary depending upon where they are in their education. For example, the needs of a first-year nursing student coming into the program with little understanding of clinical expectations might be very different than a fourth-year student focused on transitioning to professional practice. This was

exemplified in a quantitative study (Rheineck & Roland, 2008) exploring the needs and attributes of mentees where they found mentees looked to their mentors as knowledgeable role models who influenced their learning and development. The relationship followed a developmental process where the needs of the mentee might change as they developed, thus influencing mentoring functions. Rheineck and Roland (2008) found while students in the first year of graduate studies were looking for guidance and support in transitioning to school, third-year students were looking for encouragement in their professional transition from school to the workplace. These findings were also consistent with research exploring the transition of new nurses to the workplace (Ferguson, 2011). According to Ferguson (2011), mentors encompassed various functions of mentoring, dependent upon the needs of the mentee, ranging from teaching new nurses' skills and practice norms of the unit to helping them build relationships with other nurses on the unit. The findings from this study also suggested the career development and psychosocial support functions depended upon the relationship between the mentor and mentee and needs of the mentee. Developing a relationship with one another paved the way for teaching and learning opportunities, which in turn were influenced by context. Relationships could be developed when there was a need as might be the case for nursing students who were struggling or nursing students who sought out other nursing students from whom to seek guidance and advice. The needs of a struggling student might be different from the needs of a nursing student who looks up to peers in a higher level but both might be addressed by mentoring. Knowledge related to context is pivotal in providing guidance for the functions of mentoring in its delivery. Discussions with the participants highlighted the need nursing

students have for mentoring but the type of mentoring varied by their level of achievement, where they were in their education, their individual goals, and their needs.

Barriers to Mentoring

As the discussions on mentoring unfolded and presented mentoring as a positive strategy in mitigating stress, they also highlighted barriers. Barriers to mentoring were discussed by some participants but were not discussed in significant enough detail to identify a theme. However, they were thought to be significant enough to include in discussions related to the assignment of mentors, the many types of formal mentoring, and the influence of how mentoring was delivered and received.

Assignment of Mentors

In reviewing the data collected for the first theme identifying the need for a relationship or connection for mentoring to occur, dialogue from participants was related to the barriers with formal mentoring as a lack of a relationship or connection. Participants who talked about formal mentoring identified this a source of struggle in the mentoring process. Five student participants discussed assignment of mentors and a lack of connection or a “personality clash” as being barriers to mentoring. According to Student (s), assignment of mentors posed some concerns, e.g., the person doing the assigning might not know one or both parties, and, additionally, the mentor and/or mentee “might be told they have to do it” and not have a choice in the matter. This might lead to a lack of commitment to the mentoring process as opposed to someone who chose to be engaged in it. Sam (s) stated the assignment might not work if the values of the mentor and mentee did not match and also mentioned not having a choice in the matter as being a barrier. Mary (s) also felt assignment was not the best strategy due to

personalities not working well together and suggested if mentoring was to be assigned, there should be an “opportunity for the mentor or mentee to politely pull away and find another mentor or mentee.” Jim (s) discussed having an assigned peer mentor and stated that although the peer mentor had contacted him and helped him, “he was an assigned peer mentor, so yeah, hardly any contact, maybe two emails, but it has helped.” Jim alluded to the relational piece of mentoring as being missing but not necessarily a barrier. Jane (s) was vehement that assignment of mentoring was a barrier to mentoring itself, especially when individuals needed help and had to be told to wait to meet with their assigned mentors:

I think it was silly because I felt like, especially in my work environment, if someone comes to me with a problem and they're not my mentee, I'm not gonna sit there and be like well protocol is that you're supposed to go to your mentor, I know she's not here today so hang onto that thought. I didn't like that at all. I think if you're put in a position where you are able to mentor people, it should be open.

Six faculty participants also discussed assignment of mentors and mentees as being a barrier due to personality clashes, differing expectations or styles of mentoring, and negative learning environments when the mentor and mentee did not get along. Anna, who at the time of the interview was involved in formally mentoring a new faculty member, stated, “I'm pretty sure if personalities clash or if people don't have a clear understanding of what mentorship is and they go in with their own views of what, like I don't think we should go in and dictate.” Samantha also talked about the personalities clashing but also added the difficulty of accepting an assigned mentor when it was an expectation the workplace:

If there's friction or there is something that is not clicking oh they're okay, you don't want to spend a lot of time with them or you may not want to go out of your way for them then it's hard because if someone came along, say my boss came

along and said well you know I have this new person coming along and I want you to mentor this person, well who is this person, do I want to do this, will, will I get along with this person you know it's got to work it's got to be beyond a working relationship, you know I don't expect, I don't mean that you've got to be buddies and friends.

Susan also talked about personality clashes and the impact of this creating "a hostile and negative environment leading to a lot of stress." Shelly stated these types of environments could lead to individuals "challenging" each other or creating anger and animosity.

Two of the faculty participants discussed their role in establishing formal mentoring programs. Lisa stated she had been instrumental in developing a faculty and peer mentoring program for nursing students. She was a strong proponent for mentoring and stated that all students should have mentors. She also stated not all individuals could be mentors and mentoring meant different things to different people. Once individuals are assigned, "it probably is more informal, because it really is up to the student, and the cohort and the faculty mentor or the nurse mentor how that rolls out." Shelly stated she had developed a mentoring program for new nurses in the workplace and had been the assigned mentor for new nurses. She talked about the supportive role of the mentor and the presence the mentor had to have for the mentees. In addition to this, she also talked about "having a very difficult time" with some new nurses who did not want to be engaged in the mentoring program. With those nurses, she stated she had to give them her cautionary note that "if you don't have this openness to learning you're going to get stuck." She also added,

They always understood I was the step before the manager, so if they got into problems it was the manager having a nice conversation with them. So they kind of knew that I did have a bit of an authority in there, so, yeah, I said you can have

it my way or you can have it the manager's way, you choose but we're all saying the same message.

This was interesting, because although Shelly presented as an open, encouraging, and supportive mentor, from her statement it also seemed she expected her mentees to engage whether they wanted to or not. The impact of this was unknown. She stated the mentees did have an option to ask for a new mentor but because she was the only mentor at the time, "there was no choice."

Assignment of mentors, as is commonly done with formal mentoring relationships, was identified as being a possible barrier to the mentoring process. The primary reason identified for this was a lack of a relationship or connection between the mentor and mentee and a possibility for a personality clash. Findings from this research study suggested the mentoring process is a personal process and one that engages individuals at the emotional level; thus, care needs to be taken in assignment of mentors to ensure the mentoring process is positive.

Influence of How Mentoring Was Delivered and Received

In discussing mentoring, some of the student and faculty participants also discussed delivery of mentoring as having an influence on the mentoring relationship as well as on willingness and commitment to mentoring. Five of the faculty participants discussed delivery of mentoring although it was not discussed in detail. All five of the faculty participants described face-to-face meetings as being critical to successful mentoring relationship, learning, and growth. Anna, from her experience as a mentor meeting with her mentee, stated,

I feel like, just from her comments, like she says to me I just love it when you come, I just find I learn so much more when you come. So I find we could talk

over the phone but from her feedback I just feel it's better when we meet, for her at least.

Canary Cat also talked about the importance of meeting with her assigned mentor to be able to connect, ensure the mentee's needs were being met, and also in "getting to know the person as a person, rather than as a task". She stated,

We met, weekly, whether we felt she needed it or not, we met and that was really valuable and it also helped me learn having dealt with other styles of mentorship previous to that, how that is important to go out and meet with the person whether they need it or not as opposed to waiting because people tend to want to not bother so I learned a lot with that.

Raina also talked about the importance of meeting with each other but also talked about misunderstandings that could occur when communication was comprised of alternate formats such as email or phone messaging:

I think it depends on like how close they are or how willing they both are to engage in that relationship, so I think it could work via email but they'd have to have phone conversations too I think. Like I don't think, personally I don't see that working all the time because text and written, anything written can be misconstrued that tone isn't always clear, sarcasm isn't always clear, somebody may be in total despair and may not be able to convey that cause they may not be effective writers right, so a text message saying I need to talk to you could mean I NEED TO TALK TO YOU or it can mean can you call me at some point right so I think, I think email and text are okay some of the time as a quick check in but phone conversations at the minimum are also important.

Shelly's discussions also echoed this sentiment. She stated as a mentor, "that presence was really, really important" and she made an effort to meet with her mentors in person. She added, "This online stuff doesn't cut the mustard. You don't feel supported when you're online. We did have some email conversations over the weekend, you know when I wasn't working. I would get some emails, yeah, and it's not the same."

Susan also stated that email could be used in addition to meeting in-person but meeting face-to-face was more personal:

Sometimes you can get the feedback through email, you know checking in through email, but I find for me personally, I like that one to one, face to person and in-person is important. I find I learn more that way and it's more personal that way for me.

Faculty participant responses were all along the same idea--stressing the importance of face-to-face delivery of mentoring. Alternatively, while seven student participants also discussed delivery of mentoring, five stated face-to-face was preferred over other modes of delivery while two felt alternate modes of delivery made for ease of mentoring. Deep (s) stated she preferred face-to-face because she learned best that way and also with "anything online, I like forget my questions." Elise (s) stated for her the connection with a mentor was missing when the mentoring took place via email. On the other hand, Jim (s) stated making time to meet could be a challenge, especially with work and family commitments. He stated email, text messaging, and phone calls were an acceptable alternative to meeting in person. Tin (s) also stated while she preferred meeting in-person, if this could not happen, she felt text messaging and email could be an alternative. Stacie (s) also mentioned the constraints on scheduling a meeting and stated with her peer mentor she would "send her a quick text and we get done and we go back to our regular lives." She stated her peer mentor was a close friend of hers so she acknowledged she had the relationship with her peer so she was able to easily text message or call when the need arose. Student (s) stated any communication other than in person presented a barrier to communication and mentoring: "Face to face is really important because if your gonna talk to someone over the phone you can't see their body language or anything like that and that's a huge line of communication." In her interview, Tina (s) also talked about misunderstandings that could arise from email and stated she preferred face-to-face meetings.

The overall conclusion from the discussions with students and participants was face-to-face mentoring created an atmosphere more conducive to open communication and relationship building that influenced mentoring. Email, text messaging, and phone calls could be considered an alternative to meeting in person only when meetings could not be scheduled but an effort should be made to schedule meetings. Alternative formats of communication could be an adjunct to personal meetings but the mentor and mentee should be careful of their communication via these modes to prevent misunderstandings.

Barriers to Instructors as Mentors

All faculty participants identified themselves as mentors for students but student participants were hesitant about having instructors as mentors. Student participants identified blurring of instructor-student boundaries, evaluation, and instructor workloads as barriers. Faculty participants identified workload and time as barriers.

Student participants stated they preferred nursing instructors who were not directly teaching them to act as mentors to maintain boundaries between mentor-mentee relationship and instructor-student relationships. Tina (s) stated she appreciated the “stories and their own backgrounds” each instructor brought to the students but “if that’s the instructor that’s teaching you that semester,” then the boundaries between mentor and instructor could blur and she preferred to keep the boundaries separated. Stacie (s) talked about wanting to maintain boundaries between instructor and students although she stated she would be open to having an instructor as a mentor “if the instructor welcomes it.”

Elise (s) stated she did not view instructors as ideal mentors, relating it to the formality of the instructor-student relationship: “I kind of paint the picture of mentor

mentee as like friend or family almost, so it's not formal, but like whereas teacher student its more formal and there's boundaries and a hegemony, like slightly."

Student (s) also was hesitant with having an instructor as a mentor, stating, "You would have to create two relationship, one as teacher and one as your mentor." He stated it was easier for him to connect with the clinical instructor as a mentor and his was a "great mentor" but the issue with the clinical instructor as a mentor was

she had eight students and some need more mentoring than others, some can be independent and they can go on and you know she only has so much time, and so it's nice if you have the mentor can give you the time that you need or else she's not really mentoring.

Faculty participants identified the merits of mentoring for students as support, encouragement, and leadership building but all were not able to identify the barriers to instructors as mentors, e.g., evaluation and blurring of boundaries identified by students. The incongruences between faculty and student perceptions of instructors as mentoring were a key element that emerged. The differences were not significant but were related to the role of the instructor in mentoring. While all faculty participants stated that their role as an instructor encompassed mentoring of students to some capacity, whether in the clinical environment or in a more informal setting, the students did not always view mentoring as being a part of the instructor role.

Student participants generally stated they preferred the boundary between instructor and mentor be clearly delineated with no crossover because they did not see this as their relationship with their instructor. Some viewed their relationship as strictly being an instructor-student relationship with the instructor; whereas for others, instructors as mentors invoked a sense of vulnerability and discomfort in engaging with instructors. For Stacie (s), the vulnerability in having an instructor as a mentor stemmed more from

her own perception of what the mentoring might look like to her cohort members or peers: “I like boundary, cause if I overstep then I don’t want them to think that I’m just trying to get close to the instructor so cause that’s happen before and people are thinking like you’re just buddying up.”

For Mary (s), vulnerability stemmed from the boundaries of the instructor-student relationship being blurred and the power hierarchy that might exist in such cases, especially when evaluation was also involved:

If we’re talking about I have an instructor who has the power to pass or fail me and then we get into a mentoring relationship and there’s no personal and work relationship boundary, if there’s no clear definition between I’m your teacher here and I’m your friend mentor here, then there becomes a blurred line and if they instruct something of me that I don’t completely agree with and I don’t have that capacity to realize that they shouldn’t push and if they start pushing then you may feel pressured to do something and the power hierarchy is totally lost, the mentoring is totally lost and now your forced to do something because you have the looming power dynamic over top of you and has control over whether you pass or fail.

Evaluation was not seen as a barrier to most faculty participants but three participants were adamant evaluation was a barrier to mentoring. Anna (f) stated, “I don’t think the evaluator, the instructor that’s evaluating them can be their mentor.”

Karen (f) felt evaluation could be a source of discomfort for the students:

One thing that I can see is that students may not feel as comfortable talking to the faculty if they’re you know sort of more formal, they know their assessing them and they know you know they’re judging their learning, not judging, they’re evaluating right.

Karen (f) also talked about the vulnerability of students in perhaps not being able to present their genuine self, genuine concerns when they were being evaluated, and perhaps being able to do so when they did not have to fear evaluative outcomes:

They will definitely present their real self and their real challenges. Just imagine if they have that help how well they will do because now they have their

instructors to answer their questions, but with the mentor they don't have to be worried about judgment and can ask the real questions that they have without feeling scared so it will build their confidence and their self-esteem about clinical stuff.

Despite the concerns related to evaluation, the role of the instructor, and boundaries between instructors and students, the student participants generally agreed instructors could be mentors but in specific settings, e.g., in clinical or when the student was having a specific nursing-related issue and needed guidance or support and also when an instructor was not assigned to evaluate the student. The student participants also generally reported they felt they did not want to burden their instructors with mentoring responsibilities on top of their heavy teaching workloads. This was a common concern among many of the students. Student (s) stated that while an instructor could be a mentor, there were many barriers:

Based on the limited contact we have right, there's lots of barriers, like time, distance, right, office hours, right, you know, they have a commitment to teach and then to add another commitment to us in terms of time, that's not something they like to do, no, I don't want to say they don't like to do.

Elise (s) stated while she did not want to burden her instructors with her questions, which might be over and above the teaching role, she did make use of the times when she saw her instructors to try to ask her questions:

I guess, your aware of like a specific role that they already have to you as a student, so maybe you're like concerned about burdening them with extra responsibilities of being your mentor, but like with, like if I have questions like what was your experience with this, then like I ask, so like I use them in the moment in face to face like reflection, not so much where I'm home and then I have question or whatever, I kind of wait for face to face and timing is right, that sort of thing.

Workload and feeling burdened was something four of the faculty members also discussed. Anna (f), who was mentoring a new faculty member at the time of the

interview, stated she was concerned about getting “burned out” once she returned to her full-time teaching load after her professional development time was up:

When I go back and I’m teaching my full load and what if the faculty member still needs mentoring, so then I’m going to be working full time plus doing all this extra work so people will get burned out you with everything else that they’re doing so there has to be some sort of, I believe some sort of structure that’s embedded within the organization that allows time to do mentorship.

Lisa (f) also talked about the time it took to continue a mentoring relationship and meet the commitments of mentoring while teaching:

I mean I think another drawback might be the energy that it takes to keep up those relationships, and unless you’ve got a time release that you can lean into that, it’s hard find time to do all these things if you’re working overload already and your attending these meetings and those kind of things and so how administratively do we make sure there’s that space created, and respect and seeing this as part of best practice and I mean those are the kind of things that I see as drawbacks, cause it is, it’s exhausting.

Samantha’s (f) concerns were also very similar to Lisa’s. She wondered at meeting the needs of large groups of students and stated, “I’ve done that with a couple of students, you can’t do that with a lot because you can’t extend yourself, you can’t give too much because that would wipe you out.”

Although Susan (f), the fourth participant, did not speak specifically about the teaching workload, she talked about the commitment of mentoring and the need for a break to rejuvenate and refresh before assuming the responsibilities of mentoring again.

She stated mentoring involved

the time commitment and you need a break too you know it takes a lot out of you, you know when you’re mentoring someone you feel obligated to guide them, to teach them, to facilitate them and in order to do that you need to stay on top of your game to so I think eventually it might get too much so you need that break as well. I think that would be healthy for the mentor as well because then they will want to mentor again and they will be able to do it without getting tired or burned out.

Based on the discussions from the faculty and student participants, instructors could be mentors for students but considerations needed to be made regarding a few issues that might arise. For student participants, a primary concern related to instructors as mentors was the vulnerability that might stem from the instructor being in an evaluator role, creating an imbalance of power in the mentoring relationship. Student participants also identified the workloads of instructors as a barrier to mentoring with students not wanting to burden their instructors. Faculty participants also identified heavy teaching workloads as a barrier to knowing students, knowing their needs, and mentoring them. Faculty and students mutually identified group size or class size as being a barrier to mentoring. Participants noted mentoring was more likely to occur one-on-one or in small groups rather than in large groups as it promoted social interactions and a sense of knowing one another.

Summary of Findings

Twelve student and eight faculty participants were interviewed in this qualitative research study exploring faculty and student perceptions of mentoring with the intent of exploring the following research question:

- Q1 What is the experience and meaning of mentoring for nursing faculty and undergraduate nursing students?

The aim of the study was to explore faculty and student definitions of mentoring based on their informal and/or formal experiences. They were also asked to discuss mentoring in relation to nursing education, any stress students encountered, and the influence of mentoring on nursing students. The participants were also asked if nursing students should have mentors and identify potential mentors for them.

Data from the interview discussions were rich and valuable in providing insights into mentoring in nursing education and the development of the themes. An overarching theme guiding the development of the themes was mentoring mitigates stress and provides the context for mentoring to occur. Four themes were identified: (a) relationships and connections, (b) willingness and commitment to work together, (c) teaching and learning, and (d) personal characteristics. Each theme was discussed within the context of the participants' experiences and supported by participant statements from the interviews.

All faculty and student participants in the study offered their unique perceptions and experiences, thus adding to knowledge related to mentoring. They had personal experiences either as mentors, mentees, or at times both. The rich dialogue and discussion with each of the participants uncovered four themes from the data. The overarching message from each of the participants was mentoring was a positive and engaging relationship between two or more individuals. Individuals were committed and willing to work together to enhance learning through the various roles mentoring encompassed and various individuals encompassed these roles. The mentoring relationship supported teaching, learning, sharing of knowledge, learning from the experience and expertise of others, role modeling, growth and development of individuals as leaders, and ease of role transition as mitigating stress in the process.

Mentoring as it was discussed by the participants and the themes that emerged from the discussions followed Bandura's (1977) social learning theory (SLT). The SLT provided an explanation for how learning and patterns of behavior occurred and were influenced by environmental, social, and human interactions. It postulated learning and

behavior are shaped through observations of modeling and observations of others as well as the response consequences influenced by interactions among the environment, behavior, and cognition. In linking the theory to the themes that emerged, SLT was threaded throughout each of the themes. Mentoring as it emerged was based on a relationship or connection in which the mentor and mentee were engaged with one another and willingly committed to their mentoring relationship. The outcome of this relationship was the learning, growth, and behavior that emerged from their social interactions, shared knowledge, and vicarious learning through experiences and expertise that provided the basis for the mentoring. The context or situation influenced who the mentor was and the functions of the mentors, akin to the environmental factors from the SLT. The four themes were based on principles of reciprocal interaction that contended while behavior of individuals was influenced by their observations, the individuals determined the behaviors they exhibited based on their interpretation of the behavior. Thus, behavior was not shaped by the environment or environmental influence but by individuals in how they comprehended their observations (Bandura, 1977). Development and learning were influenced by modeling, response consequences, and self-efficacy (Bandura, 1977, 1993).

The findings from the study demonstrated general congruence between faculty and student perceptions of mentoring and the SLT as supported by a desire and need for nursing students to have mentors with whom they could develop relationships and connections. Mentoring influenced learning, growth, leadership development, and positive environments. These environments encouraged working together and valued the sharing of knowledge and expertise. Sharing of knowledge, role modeling, and

vicariously learning from watching others and their experiences also influenced role transition and general satisfaction in teaching and learning from others, thereby promoting collegiality.

The student participants in this study talked about the need for mentors they could learn from and turn to in times of challenge. They also talked about the stress they faced in nursing school stemming from an unrealistic expectation of the profession as well as values and beliefs that might be challenged as they progressed through their nursing education. Faculty participants shared similar experiences throughout their academic and career trajectories and discussed mentoring within the context of stress during times of transition and change. Value was placed on the need for a safe place without evaluation and unfair judgement to share personal experiences and stress that could be understood through the lens of shared experiences. Mentoring from a variety of sources including peer mentors and instructors as mentors offered this to students as did mentoring from colleagues and peers to instructors. The student participants shared their experiences of mentoring and discussed the desire to learn from their mentors, learn from observing their mentors, and learn from the experience and expertise of their mentors. Themes that emerged encompassed role modeling, vicarious learning, response consequences, and self-efficacy as driving forces in learning, growth, and development in mentoring relationships.

CHAPTER V

CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

The purpose of this research study was to explore faculty and student perceptions of mentoring. The study was conducted at a university in an urban center in Canada using a descriptive phenomenological approach. The study was guided by Bandura's (1977) social learning theory (SLT), which provided an explanation for how learning and patterns of behavior occurred and was influenced by environmental, social, and human interactions. Data for the study were gathered through interviews with faculty and student participants and analyzed for common themes. Each of the participants discussed the stress faced by nursing students within the context of nursing education and provided in-depth discussions related to mentoring and experiences with mentoring. Data analysis revealed four themes guided by an overarching theme of mitigating stress: (a) relationship and connections, (b) willingness and commitment to work together, (c) teaching and learning, and (d) personal characteristics. Insights and knowledge garnered from the interviews conducted with the participants were used in operationalizing the themes of mentoring, in making recommendations for mentoring in nursing education, as well as future research regarding alleviating stress faced by students and nurses.

Operationalizing the Themes

Discussions with the participants, the themes that emerged, and the theoretical perspective guiding the study were used in operationalizing the following themes of mentoring.

- Mentoring is a mutually beneficial teaching and learning relationship or connection between a mentor and mentee.
- It is based on willingness and commitment from the mentor and mentee to engage in the functions of mentoring that are influenced by personal characteristics of the individuals.
- Dependent upon personal characteristics, anyone can act as a mentor to guide, support, promote growth and development, and ease of role transition for the mentee.
- Within the context of this definition, the mentor is an individual encompassing skills or knowledge the mentee aspires to develop in partnership with the mentor; the mentor engages with the mentee in modeling behaviors and skills and in providing reinforcement for learning.
- Mentoring also promotes growth and learning for the mentor and provides an opportunity to develop leadership.

This articulation of mentoring was consistent with definitions of mentoring from a review of literature review conducted by the researcher. Literature from a variety of disciplines described mentoring as a mutual, collaborative, and supportive relationship between a person with experience and a person with less experience (Chao, 2009; Dunham-Taylor et al., 2008; Mariano et al., 2009; Mills et al., 2006; Scott, 2005;

Sooyoung, 2007). The relationship was described as mutually beneficial, developmental, supportive, collaborative, and requiring an investment of time, commitment, and willingness (Hobson et al., 2009; Odueyungbo & Thabane, 2012; Reeves, 2010; Sooyoung, 2007).

The articulation of mentoring is applicable to nursing education. Nursing education is known to be a challenging program of study for students. Students face a multitude of stresses related to the integration of knowledge and skills in the clinical area as well as the academic rigors of nursing education. The current state of the nursing profession is also in jeopardy with the nursing shortage, increasing acuity of illness requiring specialized care, and increased levels of stress challenging nurses on an ongoing basis. Additionally, incivility and hostility faced by nurses and students remains a critical issue. Strategies are needed to support the profession and mitigate factors leading to stress for nurses beginning at the education level. Mentoring, as it has emerged from the present study, could mitigate stress and enhance the educational experience of students. Mentoring students in nursing programs and developing skills related to mentoring and supporting one another might be an ideal strategy to provide nurses with tools to ease the stress they might encounter. During the interviews conducted for this research study, student participants shared their lived experiences with stress in nursing education as well as mentoring as a potential strategy. From the results of the study, mentoring appeared to be a viable strategy. There appeared to be congruence in faculty and student perceptions with regard to the main themes that emerged from the interviews.

Significance of the Study

This study was significant to nursing education and the profession at large as academia contends with student stress and attrition and the profession of nursing contends with the nursing shortage. The shortage facing all domains of nursing leads to stress in work environments related to a lack of support and resources. In this turbulent time, nurses and nursing students need support, guidance, and positive reinforcement to advance the profession forward and retain nurses in the field. Nursing students are especially vulnerable to stresses facing nurses as they encounter stressful academic and practice scenarios but without the supports available to nurses. Mentoring might be an ideal strategy in supporting nursing students and nurses in practice in mitigating stress.

This study highlighted student and faculty perceptions of mentoring based on their lived experiences and offered insights into mentoring, the mentoring needs of students, and faculty perceptions of their role in mentoring. Both groups of participants stated students faced a multitude of challenges and stresses in nursing programs stemming from the rigors of academia, clinical practice challenges, and challenges to personal values and beliefs. Students stated during these times of stress, mentors were valued resources and supports. However, they feared seeking out instructors as mentors so as not to burden their already heavy workload and from a sense of vulnerability related to evaluation. Alternatively, instructors viewed themselves as ideal mentors and viewed mentoring as being inherent in the instructor role. These shared perceptions of mentoring would be integral in developing effective mentoring programs to support students.

In considering the current climate of nursing environments where issues related to incivility, hostility and stress continue to mar the profession, successful mentoring might

mitigate these factors. It could lead to the development of nurturing relationships that promote positive environments where role-modeling and vicarious learning might enhance development and role transition. Supportive mentoring relationships could mitigate stress faced during times of change, transition, and uncertainty. They could provide opportunities for teaching and learning, create positive environments, and might lead to increased levels of satisfaction. Additionally, mentoring creates opportunities for leadership development and leads to personal growth related to reflective practice and opportunities for seeking and providing feedback.

Participants consistently discussed mentoring within the context of stressful situations with need for support and guidance. A significant finding was discussion related to transition from mentee to mentor. Participants valued the mentoring they received during turbulent times in their lives and appreciated mentors who worked with them. They stated they learned from the mentors, looked up to them as role models, and grew from mentees to mentors who gave back what they had received. This was significant with regard to creating positive environments that valued individuals and supported them. The literature review conducted prior to this study offered no similar studies or findings in nursing education; thus, this study added to the limited knowledge of mentoring in nursing academia and provided a starting point for more research.

This study provided evidence and support for developing guidelines for mentoring as an effective strategy in supporting students. The results of the study could guide in the development of a mentoring program. Data from this study provided evidence for supporting students and faculty members in mentoring roles as well as in establishing guidelines for mentoring. The findings suggested type and quality of relationships were

important to mentoring. Assignment of mentors and mentees was a barrier discussed by the participants and had the potential of creating a burden rather than a meaningful or connecting association between individuals. Assignment of mentors and mentees remains a strategy in formal mentoring programs but consideration of personalities and needs is required. Strategies to provide participants with opportunities to know each other prior to assignment could be a solution as could guidelines established in case participants could not connect or meet the needs and expectations of one another. Prior to establishing formal mentoring programs, it might be prudent to establish guidelines for mentors and mentee that can be shared with individuals in small workshops--guidelines related to expectations, needs, and functions of mentoring. Mentors and mentees should be aware that mentoring is a dynamic process--one where at times individuals might come together and times where they might drift apart. The dynamic process allows for teaching and learning opportunities, role modeling, and development of a sense of self-efficacy.

Limitations

Limitations to a study are those characteristics that could have influenced the outcomes or interpretations of the study and are inherently present in all studies. Several limitations to this study were identified. One limitation of this study was the challenge in simultaneously exploring faculty and student perceptions of mentoring. A large amount of data was collected from two participant groups. Organizational methods had to be applied to collect, sort, store, analyze, and compare data. This researcher's perception of this was of conducting two separate research studies and bringing them together in a cohesive manner. Focusing on one group at a time and reviewing the findings that

emerged to inform the next research study might have been a more organized method of exploring mentoring.

Cultural and ethnic diversity of the participants might also have been a limitation. The region of the province where the study was completed has a diverse multicultural population but the rest of Canada might not have this same diversity. The perspectives offered by the participants might have been influenced by their cultural and ethnic diversity. Additionally, as all participants for the study were recruited from one nursing school and in one region, transferability of the findings might be limited.

The diversity between the two groups might also have been a limitation. The student participants were generally from a younger age group with less education and experience than the faculty participants. The demographic diversity and experiential diversity between them might have influenced their perceptions of mentoring. This, though, provided the argument for the influence of context on mentoring. Individuals at different stages might need mentoring in different ways. For example, as a student transitions to being a graduate nurse, he/she might seek a mentor; whereas, once the new nurse has been in practice for several years, that same nurse might be a mentor to others.

In addition to cultural and demographic limitations, participants might have introduced their own biases during their responses in the interview process. They might have been hesitant in revealing their full thoughts or might possibly have screened some of their responses to the questions due to embarrassment or feeling uncomfortable with the researcher.

Lastly, the researcher conducted the qualitative interviewing, which might have limited her ability to encourage sharing from the participants. An experienced

interviewer might have yielded more in-depth responses. The same limitation applied to the analysis and interpretation process. As a novice, the researcher might have been limited in the analysis and interpretation of findings whereas an experienced researcher might have developed more meaningful themes.

Recommendations for Mentoring in Nursing Education

All faculty and students discussed the occurrence of informal mentoring in nursing within some capacity, whether it was from peers or from nursing instructors. The discussions suggested mentoring is inherently found within nursing but is not always acknowledged. All participants discussed mentoring as positive and integral to mitigating stress, providing opportunities for learning, growth, and development, and in building supporting relationships that guide and encourage. It is recommended that mentoring be incorporated into nursing curriculum as a prominent concept found within all domains of nursing.

Faculty and student participants also suggested a need for formal mentoring in supporting students and possibly being of benefit to nursing students. It is recommended that a committee of student and faculty representatives work together in developing guidelines for formalized mentoring programs and in reviewing mentoring programs. Collaboration of these two groups would allow for the opportunity to incorporate both viewpoints into the guidelines.

A barrier to formalized mentoring identified in the discussions was assignment of mentors due to a possibility of a personality clash or misalignment of personalities. While formal mentoring traditionally uses assignment, it is recommended this be done with established guidelines to ensure mentor and mentee are supported in assignment of

and engagement in mentoring. It is recommended a database of individuals with an interest in engaging in mentoring be developed and shared in an online format.

Workshops should be provided to prepare prospective mentors in supporting and guiding mentees, in developing meaningful relationships and connections, and highlighting the teaching and learning components of mentoring.

It is recommended that a component of the preparatory workshops provide participants with an opportunity to develop their own individual guidelines for terminating mentoring relationships when either the mentor or mentee does not see value in the relationship or a meaningful relationship is lacking. Developing these guidelines in advance of initiating a mentoring relationship would provide an opportunity for the mentor to be open to the idea of non-functional mentoring relationships and prepare in advance for this instance. By engaging in this activity, mentors demonstrate an open leadership style that is modeled for mentees when mentoring relationships are developed and convey to the mentee a maturity in being aware that not all mentoring relationships are functional.

Additionally, it is recommended that during these workshops, mentors develop an individual philosophy of mentoring, discuss strategies for supporting students in a positive manner, discuss the teaching and learning components of mentoring, and discuss meaningful versus non-meaningful mentoring. At the completion of the workshop, it is recommended that faculty share their curriculum vitae and mentoring philosophy in an online format to allow students the opportunity to learn more about prospective mentors.

As with the mentors, it is recommended students also be provided with preparatory workshops on mentoring. During the workshops, students should develop

their own philosophy of mentoring, expectations of mentoring, a discussion of the roles and responsibilities of the mentor and mentee, and a discussion of functional versus non-functional relationships. As with the faculty, it is recommended that students also develop guidelines for terminating non-functioning mentoring relationships.

In promoting the culture of knowing each other, it is recommended that at the start of the nursing program, students and faculty be provided with a venue to meet each other--a "meet and greet." All participants discussed having an immediate connection in identifying mentors and mentees. This would provide them with the opportunity to briefly engage and learn more about each other and determine if a connection could be developed. In addition to the "meet and greet," it is recommended students be asked to identify a minimum of two prospective mentors and initiate one-to-one meetings with them to discuss the possibility of developing a mentoring relationship.

As the workshops and other activities might take time, it is recommended mentoring relationships not be rushed; rather, mentors and mentees should be provided with a minimum of four weeks to engage and learn about one another. It is recommended students make a recommendation for a mentor to the mentoring committee and these recommendations be considered in assigning mentors.

Once pairing of mentors and mentees is finalized, it is recommended the students and faculty meet to develop specific guidelines for their relationship. These guidelines should include a discussion of roles and expectations, outline means of communication, include a discussion of functional versus dysfunctional relationships, and discuss steps in terminating a dysfunctional relationship.

As all participants in this study identified ongoing communication as being integral to mentoring relationships, it is recommended students and faculty be encouraged to communicate or meet with one another a minimum of once a week either in-person, via email, or telephone. This engagement would allow the relationship to develop and grow. Once a relationship is developed, it might require less engagement but would be at the discretion of the faculty and student.

Lastly, while instructors were identified as potential mentors, evaluation by instructors was deemed to be a barrier to mentoring as it invoked a sense of vulnerability for students. To ensure sensitivity to evaluation as a barrier, it is recommended formal mentoring programs develop clear guidelines ensuring evaluation of the mentee was excluded from mentoring. Engagement in mentoring should not be an evaluative outcome. Additionally, a guideline for mentoring should include confidentiality between the mentor and mentee so as not to bias any evaluative components.

A mentoring program that has a pairing with a peer mentor and facilitated by a faculty member is recommended with the concept of mentoring embedded within the curriculum to support mentoring as a lifelong teaching and learning strategy.

Findings from the research study supported the idea that peers could serve as mentors for nursing students. While some students identified peers from within their cohort as supportive mentors, the majority identified peers from cohorts that had more experience. They stated experienced peers could not only offer support but could also share their experiences and engage in a teaching and learning mentoring relationship with each other. Mentoring between students from varying cohorts would offer students from more experienced cohorts an opportunity for leadership development. Junior students

would be assigned senior students as peer mentors for the first two years of their education. After this, they would transition to mentors for new students. The mentoring would be overseen by a faculty mentor who would work with the peer mentor in ensuring the needs of the peer mentee and mentor were being met. This form of mentoring ensures there is engagement between students and faculty in the mentoring process where the students are in a leadership role that is supported. Students would work with the same faculty mentor from the beginning of the nursing program until the time they graduated. As reflected in the data from this study, the mentoring relationship is dynamic. It is expected the relationship between mentor and mentee would grow and change as students progress through the nursing program. In the first two years, the faculty mentor would oversee and guide senior peer mentors in supporting junior students as they transitioned to a new academic program. Additionally, the faculty mentor would support senior students as they become more familiar with the nursing program and begin the transition to graduate nurse. In this type of a formal mentoring program, there is engagement between students from different levels with the constant support and guidance of the faculty mentor. It allows students to develop their leadership skills and learn from each other while being supported by the faculty mentor.

In further applying the findings of the study to the peer mentoring program, it is recommended mentoring occur one-to-one and in small groups; faculty and student participants consistently stated this was more beneficial than large group mentoring. With the proposed model of mentoring, it is recommended instructors be assigned eight mentor dyads for a total of 16 students. In this model of mentoring, senior students would assume much of the responsibility for mentoring new students and the instructor

could focus mainly on the eight experienced mentoring students, facilitating a more effective model of mentoring. Essentially with this model of mentoring, the instructor would be mentoring the peer mentors and overseeing the peer mentoring model with the more experienced students acting as peer mentors to the new students. This model of mentoring would allow for one-to-one mentoring in the early stages of nursing education, followed by small group mentoring with the faculty mentor in the senior year of nursing.

Time commitment required to mentor students needs to be accounted for in faculty workloads. Workload of the instructors was discussed by both student and faculty participants in this study as a potential barrier to mentoring. Faculty participants stated they could offer mentoring to only a few students and student participants stated they did not want to burden the instructors with more responsibility. To alleviate this barrier, mentoring should be considered in faculty workload. Faculty would be provided with time and support to mentor students as part of their teaching service. This recommendation is consistent with the findings of the study as all faculty participants stated they viewed themselves as mentors but identified teaching workload and time as barriers to effective mentoring.

Pairing of mentor and mentee can be challenging. Assignment of students and faculty mentor should be done carefully. It is recommended all potential faculty mentors share their curriculum vitae with students so students get a sense of their potential mentors. This could assist students in determining who they would want to work with for learning purposes. In addition to this and prior to assignment of mentors, peers, and faculty, faculties of nursing are encouraged to host “get to know your mentors” workshops where potential student and faculty mentors present themselves to the new

nursing students and talk about their views on mentoring. This could be followed by an informal session where students approach potential mentors to speak with them and informally ask questions. This recommendation is based on the findings from this study as the participants discussed having an early connection with informal mentors and in knowing who to approach for support or guidance and for learning. Strategies such as informal meetings would allow students and faculty to meet each other and determine if they might be able to work together or have the type of “connection” the participants of this study mentioned. The students could then make recommendations for potential mentees and mentors.

Developing leadership skills in mentees can be a goal of mentoring. It is also recommended that nursing curriculum support student engagement in the mentoring model between students by adapting an inter-collaboration of nursing cohorts. This could be done by conducting collaborative classes, simulation labs, workshops, or collaborative opportunities for service learning. Engagement between students from different cohorts encourages the development of relationships and eliminates barriers to learning from each other. This would also promote the concept of mentoring within nursing education, a concept students could develop and model, carrying it with them into nursing practice.

This model of mentoring took into consideration the discussions with the faculty and student participants and provided both groups with an active role in determining the overall working and dynamics of the relationship. Collaboration and open communication are underlying concepts to developing meaningful relationships that support development, transition, and leadership. The mentoring model is designed to provide students with the support they might need during a time of uncertainty as they

enter and progress in nursing programs. Experienced peer mentors could provide unique insights from their lived experiences of nursing education and support junior students as they encounter similar experiences facilitated by the faculty mentor. The proposed program would be fluid and allow for growth and development of the students from mentees to mentors with support and guidance from the faculty mentor, thus changing with the needs of the students. The foundations of the proposed program are communication, social interactions, vicarious learning through shared experiences, and role modeling. The proposed model of mentoring is meant to provide students with the opportunity to develop leadership within a supportive environment that encourages collaboration and collegiality between students and faculty. Developing nurturing and supportive relationships mitigate stress, provide an opportunity to share teaching and learning experiences, and promote positive and engaging learning environments.

Recommendations for Further Research

Mentoring in nursing education is a topic that needs further evidence related to its usefulness and application. Although new literature is emerging, the findings typically are in relation to mentoring programs between peers or colleagues in nursing workplaces. Mentoring programs connecting faculty with students are few. More qualitative research is needed on mentoring experiences of student nurses and new nurses by exploring the impact of mentoring on their progression through nursing education as well as on their transition to new or novice nurse and from novice nurse to expert nurse. Quantitative research is recommended to measure the effectiveness of mentoring relationships and collect outcome data on levels of satisfaction and support. Quantitative research could also measure levels of self-efficacy with regard to mentoring. During a time when the

nursing shortage is before us, all needs to be done to support our students and nurses to move the profession forward and guide it during a turbulent time. Qualitative and quantitative research endeavors guided by SLT could provide us with the opportunity to develop strategies that could support nurses and measure outcomes to enhance those strategies. A guiding assumption of SLT is learning and development encompass a social function based on role modeling, vicarious learning, and development of self-efficacy. This assumption was supported in this study. Using this assumption to support nurses and guide research could assist the nursing discipline during a time when nurses work in challenging, often unsupportive environments and are exposed to incivility and hostility. Mentoring could mitigate stress and provide opportunities for growth of the discipline in a direction that is nurturing, supporting, guiding, and consistent with the caring nature of nursing.

The current research study explored faculty and student perceptions of mentoring and identified areas of congruence and incongruence. Limited research is currently available on mentoring in academic settings between peers and between faculty and students. Further research related to faculty and student perceptions of mentoring is recommended and in more than one educational facility. A further recommendation is to implement and research outcomes of previous mentoring programs that came from this current research as all participants stated nursing students needed mentors. Studying the outcomes of the program and gathering quantitative and qualitative data from participants on the structure, functioning, as well as the outcomes of the program could guide research in the direction of finding a mentoring program that is supportive to and meets the needs of students, faculty members, and nursing programs. A step further would be to study the

influence of such a mentoring program on the outcomes of new nurses in the workplace--nurses who would have been participants in the proposed mentoring program during their nursing program progression. This research could also be expanded to develop and enhance mentoring programs that support nurses in their workplaces.

In addition to research related to mentoring and transition, more research is needed on meeting the psychosocial health and wellbeing needs of student nurses and mentors. Nursing students have reported high levels of stress, psychological distress, lack of coping, and burnout before entering the profession (Bowden, 2008; Dreary et al., 2003; Gibbons, 2010; Williams, 2010). Over the decades, it also seemed instead of reporting decreasing stress levels, nursing students are consistently reporting higher levels of stress related to the rigors of academic life exacerbated by the clinical practice experiences, financial burden of school, and stress in their personal lives (Bowden, 2008; Evans & Kelly, 2004). Student participants in this study reported feeling stress when their values and beliefs were challenged during the progression of the program; they felt isolated and challenged in their ability to share their experiences with individuals in their support system. Research exploring implementation of mentoring programs to support students and provide them with a place to have discussions related to their stress with individuals who could share an understanding of their experiences might provide evidence regarding the efficacy of mentoring in nursing.

Lastly, personal and professional growth from mentor to mentee was discussed in detail by the participants. Further exploration of mentoring and the transition from mentee to mentor requires attention. The influence of vicarious learning and role modeling on this transition needs to be studied as does an exploration of feelings of self-

efficacy during the transition. Participants in this study highlighted the critical role of mentoring in mitigating stress for students and nurses. It has thus far played a silent role in supporting individuals during times of transition and uncertainty but it is now time to bring mentoring to the forefront. This can only be accomplished with continued research, application, and discussion of mentoring.

Summary

The profession of nursing is often a rigorous and stressful field of practice but it is also one that can be extremely satisfying and fulfilling. Nurses are known for their caring practices and in helping individuals when they are most in need but they are also often known for neglecting their own needs. Practices of self-care are learned behaviors; if learned early on in nursing education, they might be reinforced and become lifelong behaviors passed on to others. Mentoring is inherently found in nursing within all domains including nursing education. It exemplifies so many of the qualities associated with nursing including caring, supporting, guiding, being present, and being open. Student and faculty participants shared their experiences of mentoring in nursing and in nursing education. They presented mentoring as a guiding force, offering support during times of need or stress. They shared their thoughts on the benefits of mentoring and made recommendations for formalized mentoring that could meet their needs as students and faculty members with peers and faculty as mentors. Knowing the stress nursing students face and its impact on their progression through nursing programs and on their transition to nursing practice, it is no longer enough to acknowledge accounts of informal mentoring. Nursing educators and students need to work together to develop mentoring

programs that meet their learning needs and create positive learning environments based on mentoring one another.

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APPENDIX A
INSTITUTIONAL REVIEW BOARD APPROVAL



Institutional Review Board

DATE: May 18, 2016

TO: University of Northern Colorado (UNCO) IRB

FROM: Harjit Dhesi, MSN

PROJECT TITLE: [872823-2] An Exploration of Faculty and Student Perceptions of Mentoring Amendment/Modification

SUBMISSION TYPE: Expedited Review

ACTION: APPROVED

APPROVAL DATE: May 16, 2016

EXPIRATION DATE: May 4, 2017

REVIEW TYPE: Expedited Review

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB has APPROVED your submission. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of May 4, 2017.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Sherry May at 970-351-1910 or Sherry.May@unco.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB's records.

APPENDIX B
RESEARCH ETHICS BOARD CERTIFICATE
OF APPROVAL



RESEARCH ETHICS BOARD Certificate of Approval

Researcher Name Harjit Dhese

Department Nursing

Number

2016-019

Institution where Research will be carried out: Kwantlen Polytechnic University

Co-Investigators:

Lory Clukey and Sundeep Varaich

Sponsoring Agencies (if any):

Project Title:

PhD in Nursing Education Dissertation: An Exploration of Faculty and Student Perceptions of Mentoring

Approval Date: May 12, 2016

Documents Included in the Approval: None

End Date:

December 18, 2016

Certification:

The protocol describing the above-named project has been reviewed by the Kwantlen Polytechnic University Research Ethics Board and found to be acceptable on ethical grounds for research involving human subjects.

A handwritten signature in black ink, appearing to read 'A. Reichl', written over a faint circular stamp.

Dr. Arleigh Reichl
Chair, Research Ethics Board

This Certificate of Approval is valid for the above term provided there is no change in the research protocol.

It is renewable, subject to annual review and approval.

A completion report must be filed at the completion of the project.

APPENDIX C

**LETTER OF SUPPORT FROM KWANTLEN
POLYTECHNIC UNIVERSITY FACULTY
OF HEALTH**



Chair, IRB Committee University of Northern Colorado

March 7, 2016

MAILING ADDRESS 12666 – 72nd Avenue Surrey, BC Canada V3W 2M8

TELEPHONE 604-599-2100 WEBSITE www.kpu.ca

Faculty of Health

Re: Letter of Support for Harjit Dhesei's PhD research study to explore BSN faculty and student perceptions of mentoring.

This letter is written in support of Harjit Dhesei to conduct her dissertation research within the Faculty of Health at Kwantlen Polytechnic University (KPU). Harjit has been a valued faculty member here since April, 2005 and we are honored to have her working with us to complete her research.

Harjit will be conducting her research with students and faculty in a different program so we see no conflict of interest related to either groups of participants.

Harjit has shared much of her learning with us and has been able to apply new concepts and skills to her practice as a Faculty member in our Bachelor of Psychiatric Nursing program. She has recently been successful in taking on a leadership role as the Coordinator for this program.

We are very pleased to support her research. Sincerely,

Jean Nicolson Church, PhD Associate Dean, Faculty of Health Kwantlen Polytechnic University

Jean Nicolson Church

APPENDIX D
EMAIL RECRUITMENT OF PARTICIPANTS

This email is to request your voluntary participation in a phenomenological interview guided study with the primary focus to learn about student and faculty member perceptions of mentoring. As a participant in this study, you will be asked to complete an interview related to your perceptions. You will be asked to provide contact information so the researcher can contact you to clarify responses as well as to email a survey to you once the data has been analyzed. The purpose of the survey will be to seek your feedback on themes that emerged from the analysis of the interview data.

The interview will be approximately 30 minutes in length and will not exceed 60 minutes. An encrypted recording device will be used for recording your responses, as well as written notes identifying only the date of the interview and participant number. You will be asked to provide information regarding your role, level of education, experience, and demographic information as well as your experience with mentoring, either formal or informal.

The information collected in this study will be used in writing a dissertation for the University of Northern Colorado; however, names and identifying information will not be recorded. The signed consent form will remain confidential. The interview transcripts will be stored in electronic format in a password-protected computer and any notes or hard copies of transcripts and documents will be stored in a separate locked filing cabinet.

Your participation will be greatly appreciated. After your participation, as a token of my appreciation for your time, you will be presented with a \$10 Tim Horton's gift card. Please respond to this email within 5 business days if you are interested in participating in this study or if you have any further questions.

Sincerely,

Harjit Dhesei

APPENDIX E
INTERVIEW GUIDE

Each interview will be conducted in a quiet office or other confidential and secure location. Each meeting will begin with:

- An introduction to the researcher
- A description of the purpose of the research and the interview
- A reminder that participation is completely voluntary and can be withdrawn at any time
- A reminder that they may ask questions or voice concerns at any time during or after the interview and that they are not required to answer any questions they do not wish to answer
- An explanation of the need for contact information should the researcher have need of clarification and for the purpose of member-checking once the data have been analyzed and themes have been identified
- All interviews will be audio recorded using an encrypted device and the researcher may take notes during the interview
- Once all questions have been answered and the research has been reviewed in detail, the participants will be asked to sign the consent form.
 - The consent form will be stored confidentially by the researcher in a safe, secure location
 - The consent form may be shared with the dissertation committee upon request
- Once the consent form is signed, the researcher will ask the participant to provide a pseudonym that may be used to identify the participant in the interview, on notes, transcriptions and in the written data analysis for the final research report

- Once consent and contact information is obtained the audio recorder will be turned on and the interview will be guided by the following questions.

Interview Questions

1. To start with I would like to know a bit more about you. Can you please tell me your current position and program at KPU (student or instructor)?
2. How long have you been in your position at KPU (Instructor) / What year are you currently in in your program of study (Student)?
3. What did you do before you came to KPU?
4. What is your highest level of education?
5. What age category would you fit into:
 - a. 18-25
 - b. 25-35
 - c. 35-45
 - d. 45-55
 - e. 55-65
 - f. 65+
6. What ethnicity do you belong to?
7. Were you born in Canada or did you or your family immigrate to Canada?
8. How long have you been at KPU within your current capacity?
9. What is your experience with mentoring, either formally or informally?
10. How would you define mentoring?
 - a. What are your thoughts on mentors being assigned to work with a mentee or mentees?

- b. How do you see assigned mentor/mentees roles influencing the mentoring process?
11. What would you identify as the roles/expectations of a mentor?
 - a. How do you see the roles of mentoring intercepting or impacting mentoring?
 12. What would you identify as the roles/expectations of a mentee?
 13. Identify characteristics of successful and positive mentoring relationships?
 14. Identify perceived benefits and challenges of mentoring to the mentor and to the mentee
 15. In your opinion who can serve as a mentor, either formally or informally, for nursing students and explain why.
 - a. What are your thoughts on the teaching role automatically morphing into the mentoring role?
 16. How do you think mentoring may be of benefit to nursing students?
 17. What factors do you feel influence development of mentoring relationships?

Thank you for your participation in this interview. The data collected from this interview will be transcribed and the transcripts will be made emailed to you should you want to add/delete or change any information.

APPENDIX F
CONSENT FORM



Project: An Exploration of Faculty and Student Perceptions of Mentoring
Researcher: Harjit Dhesi, MSN, RN
Email: dhes7557@bears.unco.edu
Research Advisor: Dr. Lory Clukey

Purpose and Description: The primary purpose of this study is to explore faculty and student perceptions of mentoring. As a participant in this study, you will be asked to participate in an interview to explore your perceptions using semi-structured questions.

The interview will last approximately 30 minutes in length and will not exceed 60 minutes. An encrypted recording device will be used for recording your responses. The recordings and any written notes the researcher may take during the interview process will be identified with a pseudonym of your choice. This pseudonym will also be used in the written research report. You will be provided with a \$10 Starbucks gift card at the end of the interview in appreciation of your participation.

The interview data will be transcribed and stored by the researcher using a password protected computer. The researcher, a Doctorate educated research advisor(s) with research experience, and a peer-debriefer, also studying at the doctorate level and with research experience will review your responses. You may be contacted after the interview via the contact information provided by you to provide clarification of responses and answer additional questions. You will also be contacted once the data from the interviews has been analyzed and themes have emerged. A survey will be sent to you via the email address provided by you to provide feedback on the themes that have been identified by the researcher.

During the interview, you will be asked to provide information regarding your role, experience, and demographic information. The information collected in this study will be used in completing a written dissertation for the University of Northern Colorado and may be published; however, names and identifying information will not be used. The signed consent will remain confidential and will be stored for 3 years by the UNCO research advisor. The interview transcripts will be stored in an electronic format in a password-protected computer and any notes or hard copies of transcripts and documents will be stored in a separate locked filing cabinet.

The risks associated with this study are minimal. You may feel uncomfortable sharing some of the information requested, but will only be required to share it at your discretion. The benefit of this study is that it will allow you to discuss your opinions and perceptions related to mentoring in nursing education, an important issue for nursing education. The interview may also provide you with an opportunity to self-reflect on your experiences

and gain new insights. Please note this study may also lead to further research, so you will be assisting in promoting knowledge and development in the field of nursing education and mentoring. Regardless of whether or not there are foreseeable risks, you have not waived your right to legal recourse in the event of research related harm. Additionally, you will be informed of any new information as it arises that may impact your continued willingness to participate.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. If you do not want to join the study or if you withdraw from the study, you will still receive the same quality of instruction benefits and opportunities that other employees and students receive. Your decision also will not jeopardize for students your grades or studies and for faculty members your employment or income at Kwantlen Polytechnic University. Any data that have been collected will remain stored for a period of 3 years, but will not be included in the data analysis or written work. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact Sherry May, IRB Administrator, in the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910. You can also contact the Kwantlen Polytechnic University Office of Research and Scholarship at 604-599-2373; research@kpu.ca.

Participant's Signature

Date

Participant's email address
(optional)

Participant's contact number

Researcher's Signature

Date

APPENDIX G
FACULTY PARTICIPANT INTERVIEW SUMMARIES

Faculty Participant 1--ANNA. Anna came to the interview eager and willing to participate. The interview took place in a private room in the nursing office at KPU. Anna identified herself as belonging to the 35-45 years of age category and was a female of South Asian descent. She stated she had been employed as a nursing instructor in undergraduate nursing programs at various post-secondary institutions for approximately 11 years. She discussed mentoring primarily within the context of her experience mentoring a new faculty member to the nursing program at her primary place of work. When asked to provide an overview of the mentoring, she stated,

So basically the faculty member has just been teaching for a few years, so she has very low seniority, but I guess there's some gaps in sort of her teaching and I guess she wanted to grow in sort of more, so she actually because we're starting a mentorship program I got assigned to her. So basically I support her learning, I go into practice with her, I'm there for her, and you know, yeah.

Anna went on to discuss her role in guiding the new faculty member and the importance of experience and communication in guiding and supporting the new faculty.

Yeah, so if you try to think of right now, because we are sort of still working on our mentorship guidelines and we don't have those clear guidelines so we're assessing sort of what she needs. You know as I go along, there's a lot of asking her, so they sort of need to tell me, I guess the mentee needs to know what they need and then telling me that, so based on that I have to sort of assess based on her plan, based on what she's anticipating what she needs to do, where her gaps might be and so that's where I bring in sort of suggestions. So I don't really dictate or tell her what to do. I sort give her scenarios or have you tried this, that type of thing. If I pick up on interesting dynamics and that I think comes with experience, that experience of teaching, so if I pick up on any interesting dynamics in the group then I can say oh hey I've tried this before, have you thought about this. So she, you know I'm able to guide her through stuff like that, you things that she hasn't thought of before.

In discussing barriers to mentoring, Anna stated personality clashes and evaluation would be detrimental to mentoring:

It will not work. I mean evaluation has to be completely separate and if you're going to have a mentor-mentee relationship it really has to help, regardless of

where they're at and what your own personal views are they have to be able to support. So I say to mentee all the time, I'm not here to change who you are, how you want to teach, I'm helping you to use your strengths to be the instructor you want to be for as long as we're meeting the objectives for the course, you know the objectives for the students.

Yeah, I think if personalities clash. So this is my first one that more formal but I'm pretty sure if personalities clash or if people don't have a clear understanding of what mentorship is and they go in with their own views of what, like I don't think we should go in and dictate, but that can be my personal view.

Anna's discussions related to mentoring and the outcomes of mentoring were positive and included learning, growth, and leadership development. In discussing mentoring in relation to students, she stated,

My own opinion, I think it's really nice to have that for the students cause they have somebody to go to in terms of just figuring out what steps to take or you know, or even if they're angry or frustrated about something to have somebody kind of break it down and logically go you know this is where we're at and this is what should be happening right and so I think it's good cause I think it builds leadership with the other students as well, the ones that are part of the organization as well and it gets them actively involved and it portrays that sort of caring, building leadership, mentoring.

Anna was also asked to define mentoring based on her own experience with mentoring.

She defined it as follows:

So all the things that I've said, and putting it into a definition. So, it's a collaborative relationship, professional, its supportive, it's there to you know whatever stage someone's at with their career or whatever's happening or whether they're in talking about the students, it's to help build and grow them and help guide them to where they want to get to or where they want to be you know and the mentor I think needs to knowledgeable and resourceful I think at the same time.

Faculty Participant 2--CANARY CAT. Faculty member Canary Cat came to the interview venue in a private room in the nursing office at KPU eager and willing to discuss mentoring. Canary Cat identified as belonging to the 55-65 years of age category and was a Caucasian female. She stated she had been working as a nursing instructor for

approximately 23 years and had worked at various post-secondary institutions during this period. She discussed mentoring within the context of informal and formal mentoring experiences she had. She stated she had formally mentored an individual developing leadership skills; informally, she had been exposed to mentoring within the context of the workplace and orientation to a new role. She defined mentoring as being akin to coaching and explained it as follows:

I akin it more to coaching. I think coaching is somewhat better style than, cause sometimes mentoring has power over connotation to it and it's not the intent, and coaching is more at an equal level so to me that's kind of how I would see it, is, is, coaching in the sense of yes you want, cause sometimes people look at mentoring as I'm teaching you your job, or I'm teaching you how to be a student, or I'm going to teach you how to do this. To me that's not mentoring. Mentoring is partly role modeling, it's also meeting the person where they're at and helping them and to me that's more mentoring or coaching.

She also stated open and honest communication was essential to successful mentoring and the mentor and mentee must develop a relationship and be able to work together toward common goals:

So I think, both have in some senses equal roles cause they both have to be committed and willing to participate in whatever the activity is and also both have to do work and both sides have to be open and honest if things are not working out or what's like the open communication piece is so important. And the mentee one of the things is that they shouldn't feel, cause you don't want them not coming to you cause they think they're bugging you, but in fact, to know it's more of an open door for whenever you need to come, yes it's good for the person to just jump out and try on their own, but they shouldn't ever feel that they have to.

In discussing mentoring within the context of teaching, Canary Cat stated, "Informal mentoring sometimes, it occurs without people realizing its occurring right, that's what makes it informal. And a good example is its inherent in teaching. As a teacher you are mentoring, so you have to be aware of that." She provided the example of her own practice with students by stating, "I have my students and they have my cell

number and they call me, and that's mentoring. They have someone to call for whatever it is. So that might be the little middle bits of, that they have someone they know that they can connect to." In summing up her thoughts on mentoring students, she stated, "It doesn't mean they can't do stuff on their own cause I don't believe that's what a mentor is. It's not the person that does everything for you, but they're there if you need help, so but, do all students feel they need a mentor, probably not."

Faculty Participant 3--KAREN. Karen, a female South Asian faculty member belonging to the 35-45 years of age category came to the interview in the nursing office willing to participate in the interview and share her experiences with formal and informal mentoring. In discussing mentoring, Karen drew upon her experience as a new nurse working in a new area, being formally mentored by a more senior nurse, and her experience with informal mentoring as a new faculty member. She also discussed being mentored during a time of transition when she moved from India to Canada, entered high school, and faced the stress of a new country and language: "I can totally see the teachers as being mentors and my friends as well." From her own experience as mentee, she discussed the transition of navigating from mentee to mentor for individuals:

I think that made me realize as the years progress and I see new students come into the school and I became that person, that resource person for them, and I loved helping you know those individuals that needed the help, so that I was able to help others as well.

Karen went on to discuss her experiences with mentoring when transitioning to a new role as nurse, followed later by her transition to a new faculty member within the context of formal and informal mentoring:

I had another peer mentor as well as when I did public health nursing, just getting into public health it's a three-month probationary period. So it's a lot of self-

directed work, self-learning as well as you have a peer that they would buddy you up with so you're doing a lot of mentorship with them as well.

I would say it was more informal with the teaching but more formal with the public health cause there were pathways that we had to complete and you know your mentor person would have to sign some of the stuff so some of those pathways that were assigned were signed by me as well as the mentor person and then also supervisor, so that involved a lot of structure. There were set goals that I had to complete in that time frame as well, you know like specific sort of outcomes that needed to come out of like once I complete the probationary period.

I would say with teaching it was set up more informally because I was doing it but I was observing others as well and they were my to-go person like if I had questions or I needed someone so that was more informal I can say but definitely the other was more structured that way it was set up.

Karen also discussed the benefits of mentoring and being able to learn from the experiences and expertise of others:

That was really, really helpful. I think it facilitated my learning and there was a lot of shared knowledge that I learned from others expertise and you know the way some of the methods that they've used and I also adapted and learned from those as well and I think that really helped me in both areas.

In discussing the benefit and the importance of mentoring for nursing students, Karen stated it would help nursing students in knowledge and skill acquisition:

For our nursing students they have set goals and specific tasks to meet those goals or tasks we can say and so definitely its gonna help to sharpen that focus to sharpen those skills with mentoring and they again, going back to constructive feedback that they receive and interpersonal communication and they will definitely benefit from that end as well and seeing more expert knowledge and you know learning and increasing their knowledge base, as well as definitely they'll sharpen their focus as well because their learning specific skills.

Faculty Participant 4--LISA. Lisa, was a female Caucasian faculty member belonged to the 45-55 years of age category. She was very eager to share her experiences with formal and informal mentoring. She had previously worked on developing a formal mentoring program between faculty and students as well as worked with students in developing a peer mentoring program. Her experience with informal mentoring was

based on experiences with mentoring as a graduate student. She seemed very passionate about mentoring and stated, “Where I’ve particularly noticed challenges happening is where there isn’t a mentor relationship.” She summed up the importance of mentoring in nursing:

I think that if we look at, at, nursing as both as an art and a science, right that we’ve got this science as competencies, as the stuff you have to know, you know the stuff that you have to know, the patho, the pharm, the skills that you have to know, as well as the art of nursing where its more the qualitative stuff, so it’s the relationships, it’s the how people put things together, it’s about how one, to use a curriculum term, how one ladders through, progressions, through levels of understanding and complexity in nursing that if you don’t have that mentor to dance with, I think it’s a huge gap in one’s experience and that sure you can do it on your own, I suppose, but I think that, I would almost border to say that its unethical to have, in the complex world of nursing, or I guess, you could argue, any helping profession, where there is this dance between theory and practice and quantitative and qualitative and this incredible, unfolding of consciousness or development through program, that if you don’t have the mentoring relationship that I think it’s this huge paucity.

She went on to clarify that although it is possible to succeed and learn without mentoring in place, it is much more challenging to do so. Throughout the interview, she referred to mentoring as “a dance” where there are times the mentor and mentee are coming together and times when they move apart, all within the context of a relationship that supports learning. She also stated evaluation was a barrier to mentoring and did not fit in with the structure of support mentoring provided. She stated in this supportive relationship, “trying to put an evaluative structure on it would kill it.”

Faculty Participant 5--RAINA. Raina was the youngest and most novice faculty member to participate in the research study. She belonged to the 25-35 years of age category and was a South Asian female. She had been working as a nursing instructor for approximately one year. She discussed mentoring within the context of her experience with preceptorship, both as a preceptee and a preceptor, as well as her

experience of working with nursing students. She discussed mentoring as being akin to preceptorship with preceptee as mentee and preceptor as mentor. In discussing mentoring and preceptoring, she described mentoring as a component of role transition:

So it would be me taking on a kind of a leadership role and working with, or yeah working in collaboration with a student or a learner whether it's a new grad or not and working towards getting them comfortable in a specific workplace. A willingness to teach, and a willingness to learn yourself cause even if you're in a teaching position you're learning as well. I think you have to be, you have to have patience, you have to have knowledge, and you have to, yeah you have to have that caring and empathetic perspective as well cause for me to come in and be like yeah I can teach you, but for me to not have that willingness and that empathy, that would be a barrier.

Raina discussed the importance of having a positive learning environment where the focus is specifically on learning and positive patient outcomes as being integral to positive mentoring. She stated evaluation was a component of such learning environments and would not have a negative impact on mentoring. She described evaluation as an open, honest, and collaborative component of constructive feedback that is essential to mentoring. She described this as

it doesn't necessarily mean that it's just me talking at them, it's kind of collaborative where, where you have a conversation and you kind of you know pick that students brain and be like what led you to this decision, okay I get it but if you had maybe thought of it this way then we could consider this and it could lead you down a path for communication. So it's about the evaluation piece is about understanding what happened and then providing that constructive feedback right so like for example in our clinical placements we do our, we have daily conversations with everybody but then we have a midterm point where we really delve into it and consider that's that midway point evaluation and decide like where I want to see change or where the student wants to see change cause maybe they've noticed it themselves from our conversations right and then again those daily conversations continue until the end.

For Raina, the discussion related to mentoring was within the context of her role as a clinical instructor in the clinical environment and her interactions with students in the clinical environment. Considering this when discussing barriers to mentoring, she also

presented barriers within the context of a clinical setting and the size of the clinical group:

I think that the way it's done now with us as a faculty member, we in a way are mentors because the way we evaluate our students and the way we guide them in their decision making is a direct reflection on how we do it right cause we're going to teach them how we personally do it so in a sense that's mentoring them, however I find like with having eight students it's too hard to have that effective, like it's harder to do it with eight students versus like one or two.

Faculty Participant 6--SAMANTHA. Samantha was the most experienced of the nursing instructors, having taught in nursing education for approximately 28 or 29 years. She belonged to the 65+ age category and was a Chinese female. We met in the nursing office to conduct the interview. She stated she was quite interested in mentoring but had not done any previous reading on it prior to the interview. Samantha discussed mentoring within the context of her own experience of being mentored and of mentoring a new a faculty member, both informally. She also talked about her experiences in working with students and the popularity of the term mentoring with the students and within the discipline of nursing in general, stating it is a newer term and "I don't think the word existed back then, we used the word preceptorship then, I don't think it was considered mentorship or mentoring."

When discussing mentoring, Samantha frequently equated mentoring to "learning how to be." This was especially prominent when she discussed her own experience as a mentee during a time of role transition within the workplace. She further added,

You know with nursing you probably hear students saying you're learning the leadership role or you're learning the culture of the nursing, well with coordinating its learning how to be, not so much coordinating but learning how to be to represent your program out there.

She also stated learning how to “be” was learning from a mentor role modeling what “being” looked like and this to her was akin to mentoring; role modeling was needed for learning to occur.

Samantha talked about the importance of having a positive relationship in place for mentoring to occur. This relationship could evolve into a closer relationship at a later date but she stated there had to be a “connection.” For Samantha, the “connection” she talked about was based on the work ethic of the new faculty member she was informally mentoring. She stated this also had to do with planning for the future when she would no longer be a part of the workplace. Samantha also stated she had “scouted that person out closely” and wanted to mentor that person based on what she felt that person had to offer.

Discussions on the relationship or connection needed for mentoring led into a discussion on the assignment of mentors and mentees. She stated she was not so sure if having someone assigned to her in a formal faculty mentoring program would be functional as the “connection” might be missing. She stated she did not believe mentoring could occur without a “connection.” She discussed this within the context of her own experience as a mentee and the connection she had with her mentor:

To help us, in hindsight she was very helpful whereas if somebody didn't help me there were a lot of people that helped me along the way you know, but if she had poor standards and say that meeting bombed then she didn't mentor so do you learn from negative you know, some of our students in preceptorship have bad preceptors and we change them after the instructor has gone there they were not good preceptors and they were not good mentors, they weren't in a mentorship role and relationship, that positive part is I think an important part of mentoring, I think it has to be.

She also added assignment of mentoring would become a function of work rather than something she felt she was doing in planning for her succession:

I sort of I tried to mentor whereas if the boss came to say you're mentoring her, that's different it's a job expectation then, mentoring this person was not in my job description but I wanted too for I think selfish reasons, it's all that work that I've done to build up my place on that unit, when I'm gone I don't want it to be gone because we need someone to carry on with it and I knew very much that there's nobody here to do that.

Interestingly, Samantha also talked about her experiences with peer mentoring when she went through nursing school and was assigned a "Big Sister," a student from a higher semester than her own who was assigned to mentor her:

You know what in the old days when I was in nursing in the diploma days, the day I walked into the nursing program there was, she was second year student I think, who was she was called my big sister, she was my big sister and that big sister became very important to us, she was only a year ahead of us so that she could help us cause she had just gone through it a year ago so she was always available and there to help us cause she had just experienced it whereas if it was a well there was a fourth year, so a third year student then she's on her way out the door and you know she's going to be gone soon, and won't be there for the next year so yes that would be how we would do things and it was beneficial, I sort of heard of that potentially happening here, but it never took off. I think we'd have to assign if that was happening here.

In discussing mentoring and student nurses, she stressed the need for open communication with students for mentoring to occur. She also stated mentoring students could be challenging because "you can't do that with students except when they tell you something or except when, I think, to me to truly help a mentee is you need to be that person that asks those questions." Samantha also discussed the challenge of having to develop a "connection" with a large group of students and perhaps a student needs to face a challenge before being open to mentoring:

I mean you can't connect with every student, it would be impossible, even out of a group of eight you can't have that, but whereas some students you have that connection with and you kind of feel you can come to mentor cause it's a higher level and is it because they're a better student, you know I might say no to that because some of the students that don't so well, not you're A student I feel that maybe I have that connection with them so I feel I can be, I've gone the extra mile because they were more open to me, I don't like the word criticism, to be giving

them constructive criticism, and they know they're having problems but I'm giving them the extra constructive criticism and it helped them.

Faculty Participant 7--SHELLY. Shelly came to the interview very enthusiastic to share her experiences with mentoring within in formal and informal contexts. She was a Caucasian female from the 55-65 age category with approximately 13 years of experience as a nursing instructor. In discussing mentoring, Shelly drew on her experiences with developing a mentoring program for new nurses within a health authority, her experiences acting as an informal mentor to nursing students, and her own experiences being mentored as a new nurse. Shelly spoke passionately about mentoring and her experiences with mentoring beginning with her experience of being mentored as a novice nurse entering into the nursing profession at a time when employment was scarce. Of her experience as a new nurse, she stated,

Nurses were very cranky, when I came in so coming in as a new grad I had absolutely no credibility and no way to gain credibility so you migrate towards good mentors and that's your only hope of survival is that they will take you under their wing and it was a dog eat dog world when I first started nursing, it was quite horrendous.

She went on to talk about an experienced nurse mentor who took her "under her wing" and acted as her "protector." Shelly's early experiences with mentoring put in motion her own desire to mentor others and "make it safe for them," taking the lead from her own mentor. She stated her early experience with mentoring shaped her career and who she is as a nurse and educator.

Shelly discussed mentoring as a "relationship" that requires a commitment from those involved in it: "It's that you have to invest yourself in this relationship. You develop these relationships and you have a strong commitment towards them, so I found myself often navigating with them through a system."

In elaborating on mentoring relationships Shelly went on to discuss the importance of the mentor in having a presence and meeting with mentee to ensure their needs are being met.

Shelly also talked about the mentoring program she developed for new nurses. She discussed the assignment of herself as a mentor to new nurses and having the expectation the nurses would come to her. But it was also important to have a good match between the mentor and mentee to ensure they could function together and if there was not a good match, to have a process in place to be assigned to a new mentor without encountering any hardships.

During the interview, it was apparent Shelly had a very positive understanding of mentoring based on her experiences. She attributed her mentor from early on in her career as pushing her to be a leader and mentor; now as a mentor, she was gratified for her contributions by meeting and seeing nurses she had mentored in action. Shelly also talked about mentoring as being part of who she was and thus inherent in her teaching and nursing practices. She stated, "I see it as a compliment to my teaching, bringing my experience, bringing in my past, showing my vulnerability is huge."

Faculty Participant 8--SUSAN. Susan's interview was conducted in a private room in the library at KPU. She was a South Asian female belonging to the 35-45 years of age category with approximately nine years of teaching experience in nursing education. Susan discussed mentoring within the context of her own experiences being mentored during a time of transition when she moved to Canada from India, much like Karen, another faculty participant. She also stated she had felt she was informally

mentored as a student in the BSN program and during her entry into nursing education and the nursing workforce:

I think well starting with when I came from India, so having the friends supporting me in the school, in the new surroundings, and then going into the program, into the BSN we had a lot of friends back and forth, but we were mentors for each other, back and forth, so academically we were good, English was still a challenge so they would help me and I would help them with whatever they needed help with, and then going to BC Children's Hospital to work, it's a teaching hospital so I was mentored when I got hired and I mentored students and you know new staff, and a lot of other students too, like medical students because they are going into a new role. So I was mentored, and then I mentored also, and now I've mentored new faculty as well. So mentoring plays a crucial role in transition, so I've been mentored and I have mentored as well.

Having experienced mentoring both formally and informally, Susan stated while they were both similar in providing guidance for the mentee, she did feel personality played an integral role in mentoring and that perhaps in some ways informal mentoring might be better suited in ensuring personalities match so a mentoring relationship could be formed:

Similar in the sense that you're doing, you know guiding them, but in the formal mentoring I think you're doing a lot more work just because having someone there and knowing someone is there to help you, it's great, because you know what person you can go to and ask questions, but still sometimes it's difficult to connect and have someone when you need them and also you know personalities clash, but having informal where you connect yourself and you find your mentor, that's a lot less stressful I think.

In discussing mentoring within the context of nursing education, Susan viewed herself as a mentor to students, especially in the clinical environment. She stated mentoring was an ongoing process, always in motion and intertwined with clinical teaching:

I think as instructors taking students into clinical you see students working together and mentoring. You know which students are struggling so you see strong mentorship going on in there as well between the students where someone could be great academically but they struggle in clinical so the students work

together to support each other and help each other. So they can use their strengths to nurture and mentor each other and as the nursing instructor I am also a mentor for them to guide them through the process. I always tell them I may not know all the answers but I will find a way and help them to find a way so that I can guide them, support them and facilitate their learning and mine, so it's not a one-way road, it's always happening.

As with some of the other faculty participants, Susan also felt smaller groups of student would be more conducive to mentoring in comparison to large groups. She also stated mentoring should be free of judgements and thus should be separate from evaluation. She stated although instructors could keep mentoring and evaluation separate, for students it might be intimidating and might lead to feelings of vulnerability.

APPENDIX H
STUDENT PARTICIPANT INTERVIEW SUMMARIES

Student Participant 1--B. B, a semester 6 BSN student of Chinese descent, was from the 25-35 years of age category. She volunteered to meet in the nursing office for the interview. B discussed mentoring from her experiences with informal mentoring during her time completing her education. She talked about nurses she currently worked with “just showing me all sorts of stuff because they know I’ll be going into nursing so they always show me extra stuff, like take a look at this, take a look at that.” She also talked about a clinical instructor she identified as her mentor because “she was just totally like really into showing us and teaching us and just mentoring us.” For her, being mentored was with the intent to “gain knowledge and all the tips and extra tools in our toolbox.” She stated mentoring was very important for her as a student:

Yeah, cause we’re taught one thing in class, you know, but to really bring it in and apply it, it’s really difficult and because you know there is no textbook patient, everyone’s different, so you gotta learn from the other persons experiences and just listen to them and you just put it in your pocket and use it when you can.

She also viewed every mentor as being able to offer her something new and unique that she could then use when needed:

They, they, cause everyone has a different way of doing something and you just again, you keep learning from them and everyone has different experiences and a different background and I’m just like a sponge and just absorbing everything, yeah.

She provided an example of how this worked for her:

Even like from semester 1, I was having, I think it was semester 1 or semester 2, I was having major issues with the calculations and I think I asked about 5 different instructors and each of them I’d asked several times, but each time I asked them they came up with a different way of explaining it until I understood it.

B was insightful in discussing the need for open communication for successful mentoring and the need for her, the mentee, to want to be mentored. She also talked

about the approach of the mentor as being instrumental to mentoring and intimidation as well as evaluation being barriers to mentoring due to her feeling “scared if this would somehow impact my mark or something.”

Student Participant 2--DEEP. Deep was a semester 4 BSN student of South Asian descent from the 25-35 years of age category. Deep discussed mentoring within the context of her informal experiences of mentoring. Interestingly, Deep identified her father as being her mentor and stated, “He’s the one who always boosts my confidence and reminds me of the good things when I need it when I have a hard time, so I think it’s really my dad.” She talked about the need for communication and the need to know each other for mentoring to work: “Because I’m his daughter, he knows me really well, so he knows how to talk to me and communicate with me and tell me things so I can learn.”

She also talked about how she viewed mentoring:

I think it’s a process, it’s like mentor kind of teaches you in formal or informal ways, like if you know them then it becomes kind of informal, but if you don’t know them then its formal because they don’t know you, and they teach you. And for the mentee it’s like kind of reflecting on that guidance and taking into consideration, in kind of reflecting on it. I do think that always what the mentor says, it’s not always right so it’s really important for the mentee to reflect on it as well. Like if they’re saying something related to their profession and it’s not specific to your profession or your belief or your situation so you have to reflect and try to understand if it works for you.

She stated mentoring should have a positive tone and instructors acting as mentors might need to teach in informal ways to enhance learning and boost confidence for the mentee:

I do probably believe that if you are in a relationship like in a mentoring relationship the mentor really has to know how to do up the confidence or boost the confidence of the mentee, it shouldn’t be in a negative way, so sometimes you have to teach the mentee in an informal way and not in a formal way, like you did this wrong, or you didn’t do this. So they should say, how can you do this different or how did that work.

Deep went on to discuss the importance of having mentors for nursing students:

For me I think it's a really intense career and it's like every day you're going through a bunch of different things in regards to your clinical, in regards to your personal life, in regards to you expenses, because it's really expensive, and in terms of stress regarding the school and studies and everything, some of us are married and some of us have children so I do believe mentoring is very good especially if the mentor can boost your confidence especially in a really positive way, and influence in a positive way, it can take off the stress from your mind so your better able concentrate.

Deep stated she identified one nursing instructor in particular as a mentor because she felt the instructor had empowered her to believe in herself. She also stated while instructors could act as mentors, instructors who did not have sufficient experience might not be able to mentor as successfully as those with experience within nursing. She also identified peers as being able to act as mentors but more within the context of peer tutoring.

In reflecting on barriers to mentoring, Deep talked about the need for a "connection" between mentor and mentee and approach as having an influence on the relationship. If a connection was missing or the approach of the mentor to mentoring was not one that worked for the mentee, this would be a barrier. She also stated while evaluation could potentially be a barrier to mentoring, she believed the mentor "will be fair and they know more like how to mentor you and still mark you so I think that's okay." In talking about instructors as potential mentors for nursing students, Deep stated mentoring was more likely to occur in the clinical setting, although it could occur in the classroom setting. Of the clinical settings, she stated,

It's more likely to occur because you're with students and instructor can really look at you and how you're doing and what you're thinking, your assessments and how your applying your knowledge and what you actually know rather than what your memorizing. For example, if you're in the classroom it's really hard for the instructor to tell if the student is really getting it, with so many students, but when you're in clinical, the clinical instructor is responsible for everything and knows more like what's going on and what you know and what you need to learn.

Student Participant 3--ELISE. Elise was a semester 3 female Caucasian student in the BSN-PB program from the 25-35 years of age category. Elise came to a private nursing office to participate in the interview. She was very eager to share her experiences with mentoring:

I think mentoring is a valuable resource to have and like we should nurture that in ourselves and also be willing to see the gift of being a mentor to a mentee like the benefits like that the mentor can learn and that one should not hesitate to be a mentee, even though some may be perceived to be that way cause they not want to admit that they need to learn or be vulnerable, like they won't sacrifice their pride, so like I think it depends on the person and the context, but I think it's a valuable interaction.

She stated most of her experience was with peer-to-peer mentoring and had started when she acted as a peer mentor for high school students after she graduated from high school. Since that time, she has identified herself as being a mentee within nursing education and seeking mentors with “the most leadership and like good marks and strong performer I kind of look towards them to see what their strategies are and how their learning and what things their focused on and I kind of can align myself to try and adapt their skills or whatever.” She added, “They'd be like role models that I'd want to be with.”

In discussing what mentoring means to her, Elise stated,

Kind of like somebody that's gone that path before and they know like the tips and trick and techniques and like what works and then kind of offering to that student or whatever, so they can kind of see it through their eyes, cause I, I think of myself as a mentee as I did my undergrad, when I was taking my calculus course and I signed up for a tutor or whatever and that kind of bridged the gap between academic knowledge and known student knowledge and that helped me to kind of develop a way of thinking that helped me to succeed at that course.

Elise also identified clear communication, an approach that works for the mentee, as being essential to successful mentoring as well as a relationship that allows the mentee

and mentor to approach each other. Barriers to mentoring identified by Elise were intimidation and an unapproachable attitude. Elise also identified potential mentors as being peers from higher cohorts. She stated she had been informally approaching students in cohorts ahead of her for advice:

I've been kind of informally asking, like they're semester 4 students or like semester 6 students, the cohort ahead of us by one year, and so I've been asking cause they've gone where we'll be going so I've kind of like asked like what were your challenges in clinical, and like what did you wish that you'd prepared more of, so that I can kind of anticipate where I'm going to have pitfalls and try and make adjustments before they happen to be as prepared as I can be.

Elise went on to talk about a nurse mentor who was a personal friend of hers as well as an assigned peer mentor with whom she had no relationship:

I, even before, I kind of decided to go to nursing so I have that connection already, we hang out, and I, we have a rapport between us, whereas the assigned peer mentor, even though, they're, he's more familiar with my program I've been readily reaching out to my nurse mentor instead of my peer mentor cause I guess, I haven't met him personally besides like a welcome email.

She stated she was able to approach her nurse mentor because of her "bond" with the mentor and stated her "mentor needs are being met" but she was not so sure about other students. She stated she felt it was important for nurses to have mentors:

I think it can like definitely help out cause like when we become new graduate nurses they say that like older nurses eat their young or whatever and I think that like mentoring from the other new nurses that are like five years experienced or whatever can be like very valuable to buffer between the negative interactions that we may have with peers so I think that nurse mentoring after once you're a nurse can like make or break your career in a way, so, whether it's like competitive filtering out, which could be like the eat your young statement or the like cooperative like bringing you up to their level, kind of like compassionate teaching and sharing of skills.

Elise also identified faculty members as being individuals who could serve as mentors for students if needed but felt while she could approach her instructors with

questions, the marking and grading functions of faculty members could be a barrier and could push the boundaries of the teacher to student relationship:

I do, like when I have questions or concerns then I ask them, like I don't hesitate to ask them, but I guess there's that like rule like you know that they're like marking and some faculty have different approaches than others and some are more like your friend and your teacher and some are like your teacher, so it kind of depends on the faculty, but I think there is potential but it's hard to kind of, cause I think mentor you kind of assume more of a peer role whereas teacher to student it's more like of a hierarchy in a way, can be, and so it's kind of hard to blur that line and you don't want to encroach on their space in a way.

She also was not keen on a formalized mentoring program as to her this was akin to "signing up for a contract or something" and could either be perceived positively or negatively by the individuals involved.

Student Participant 4--JANE. Jane was a semester 6 student of mixed ethnicities from the BSN program and belonged to the 35-45 years of age category. Jane came to the nursing office for her interview. She talked about mentoring from her informal experiences and stated she felt quite emotional talking about mentoring and the "people in my life that I appreciate very much, I'm probably gonna get emotional." She talked about her struggles in completing her high school prerequisites for entry to the nursing program and those who mentored her along the way, sometimes when she did not expect to be mentored. She talked about her boss at work, whom she did not get along with, who had acted as an unexpected mentor:

When I was upgrading, he didn't have to do this, I was having trouble with my math, just like the word problems and I was like I don't know what they're asking for, cause I took it online. I was just telling him about it and he was like oh bring your homework here to work and I was like no that's weird, but he was like just bring it and he, he like totally helped me.

Despite supporting her and her appreciating his support, Jane was uncertain of his motive for doing so and stated, "I was like you're trying to make me go mental, why are you

helping me” because “we couldn’t stand each other.” This was interesting as up until the interview with Jane, the other participants had talked about needing a positive “connection” or “relationship” with the mentors but for Jane, the mentoring came from what she described as a negative relationship. She went on to state he “taught me so much” but perhaps he pushed her outside of her comfort zone because “at the end he did care if the other person was succeeding.” She later went on to talk about the need for “a general caring for like humans and they want a mentee because they want to see someone succeed.”

In talking about successful mentoring, Jane stated it was important to have a trusting and respecting relationship; when people need a mentor, those who can be mentors should step up to the challenge. Her thoughts on assigned mentors and mentees was it was “ridiculous” to limit mentoring. She stated,

I felt like, especially in my work environment, if someone comes to me with a problem and they’re not my mentee, I’m not gonna sit there and be like well protocol is that you’re supposed to go to your mentor, I know she’s not here today so hang onto that thought. I didn’t like that at all. I think if you’re put in a position where you are able to mentor people, it should be open.

Jane also talked about barriers to mentoring as being differing approaches between the mentor and mentee and a lack of understanding between the two. In general, she stated mentoring was naturally occurring in all facets of life and was needed for learning. When asked if mentors were important to nursing students, Jane stated,

Oh yeah, that’d be great. And again, it could be general like there’s like a couple of instructors that just, oh I love them to death. I learn the best from them because I wasn’t, they were more of a mentor and a cheerleader than someone to fear and omigosh, what’s gonna happen next. It makes a big difference.

When asked about assignment of faculty mentors or peer mentors, Jane stated, “I don’t like them. Just because again, you can’t force people to fit,” once again alluding to

the need for a relationship or connection with each other for mentoring to be successful.

She further went on to state a program such as assigned mentorship could add extra stress for students such as herself:

Then you're putting like even, well, that maybe just because of who I am, it can get really hard when you have all this stress of all these other things going on like passing or reading all this that you have to read, and now your forced into this other relationship that maybe it's not something that you want, I can see it as another stressor to add to this program that might be unnecessary, but that's my opinion.

In adding to our discussion about mentoring, Jane discussed informal peer mentoring and the support students could offer each other and had offered to her, especially when her friends and family might not understand the stress and experiences she had as a nursing student. She stated,

Well as an outlet, that's the thing to is that if people haven't been in a program, they might not understand what you're going through. They warn you in the beginning, you might lose some friends, you might experience some strain on your relationships. And it's not just a program, it's a nursing program, so you dealing with the health and wellbeing of other people. It's heavy if you allow yourself to think about it, so some of the people may not understand, some people may not want to understand. Like my boyfriend he can't deal with it, he doesn't want to, he can't even go to the hospital, like if a family member is there, it's like he's gonna have a nervous breakdown, he passes out, he can't deal with it, so I can't talk to him about that kind of stuff, so I'm very thankful that I have people that I can talk to and turn to.

She also added although she would turn to peers for support and to share her experiences, she would prefer to go to her instructors for guidance.

Student Participant 5--JIM. Jim was a semester 3 male South Asian student in the BSN-PB program who belonged to the 25-35 years of age category. Jim came to the nursing office for the interview. Jim stated he had had many informal mentors in his life who provided him with the experience to share thoughts on the topic: "I've had a lot of mentors along the way actually. I've had teachers who were my mentors, I've had other

students who were my mentors as well. It's always been great, it's always helped me along the way." When asked if the mentors were assigned or unassigned, he stated they were all unassigned and the only mentoring he recalled was from "grade school, where you have the buddy system, so that's the only kind of mentor I had where your holding hands in school, in primary school."

Jim was another student who mentioned his parent, specifically for him his mother, as being his mentor throughout his life and possibly having the roles reversed as they both grew older:

I see my mom as a mentor as well. She's my mom, but I'm biased maybe, all throughout my life she worked hard, she raised her kids as well, she taught us in school, when she couldn't teach us anymore, she put us for tuition and stuff like that so she took care of us in that way and now the roles are reversed and we are a working family and as she gets older, I hope one day I can take care of her.

In responding to who could serve as mentors for students, Jim responded, "Teachers, that's a big one," as well as peers, nurses in the field, and/or people who could be in a position to "teach you a lot." He elaborated by stating mentors are people who are "caring, compassionate, a friend, confidante, you know like family almost." When asked if it takes time to build that family-like relationship, he stated time was not necessary and you could have a connection right away and identify someone as a mentor. In responding to whether there could be any barriers to having a teacher as a mentor, Jim stated, "Well, if they are your, like if they are gonna teach you or mark you there could be a conflict of interest."

When asked about the challenges of mentoring, Jim stated the time commitment could be a barrier, especially for nurses working long hours. He further stated, "At the same time, there is always email, there's always texts, there's always phone calls." In

talking about assignment of mentors, Jim talked about an assigned peer mentor with whom he has had minimal contact, but regardless, when Jim emailed him questions, the peer mentor responded, although not right away. When asked if that was still mentoring, he stated, “In a sense, because he didn’t have to. He could have just not emailed, but he had a job to do and he got busy too, but he emailed back.” Jim concluded the interview talking about mentors being pivotal at difficult points in life and how his mentors had helped him overcome difficulties in his own life.

Student Participant 6--LINDA. Linda was a semester 4 Filipino student in the BSN program from the 18-25 years of age category. Linda came to the nursing office for the interview and discussed mentoring within the context of her informal experiences in her dance classes as well as in nursing during her clinical practice. She discussed mentoring in talking about teaching, learning, and leading:

We get to teach dance and stuff like, that. I wasn’t really involved in teaching but I was like part of like sometimes leading it too and then for clinical experience, for sometimes, you get to lead sometime and like when you figure out the steps and stuff like that, like the steps on like how to properly do patient care and that kind of stuff and it’s kind of leading to mentoring and study groups and sometimes like my friends and I, my classmates, we would always try to be like the leader of a group, so for example your topic is this one, so like yeah you get to teach your classmates.

She stated teaching and learning were as essential to mentoring as was being relatable to others. She also stated mentors had to be knowledgeable so they could share their knowledge and use it to teach their mentees:

It’s kind of like being the teacher and the learner at the same time, cause you can’t really teach when you don’t, like when you’re not a learner, so like you always have to know what you’re talking about, know your topics, and then make sure you’re ready for the questions that students are gonna ask to you and then just being relatable, cause I think when you’re a relatable mentor its easier for the learners to learn from you.

She went on to talk about an instructor, whom she referred to as a mentor, whom she lost faith in when the instructor did not have the answers she was seeking: “and like that kind of like somehow it kind of like discredited her like, kind a like her reputation, no not reputation, but kind of like our trust that like she, or he knows the answers.” She stated the individual was uncertain when giving answers, thus breaking the mentoring connection. She added, “Mentoring is about knowing a little, a little bit more.”

Linda also stated for her the personality of a mentor and his/her approach was important in who she identified as a mentor. The personality had to connect with her and the mentor had to be approachable. An individual she had looked up to as a mentor was her coach from dance who “was more disciplined” and would push her to do more. She also identified her science instructor from university who was her mentor because “he knew a lot of the answers and if he didn’t know some of the answers then he would try to look it up with me and then we would search it up together, so that was pretty good.”

Within nursing, she identified a clinical instructor who stood out for her as a mentor because of her experience and her ability to teach:

I thought she was really good cause she worked in an ICU unit and I thought she was very competent cause she had a lot of experiences and then she taught me how to do like some of the basic nursing care that you didn’t think of and lab didn’t teach us, or like it just wasn’t taught. So like she would teach us like the reality of nursing and stuff. I thought she was pretty good. And like she would always drill me with questions and I thought that was pretty good cause I think I need to work on my critical thinking and so I like my instructors to challenge me, like I don’t like someone that just goes along with it, I want somebody actually challenges me.

She stated although for her specifically the clinical instructor was the one who stood out most for her as a mentor, all instructors in any setting could act as mentors. In responding to whether it was important for nursing students to have mentors, Linda

stated, “Yes, yes, cause if you don’t then you’re probably just lost.” Linda also identified peers within her cohort as being her mentors and again within the context of teaching and learning:

I think it’s for everyone cause like you can’t, kind of like you can’t know everything that’s why it’s like good to study with a group, cause like you don’t know everything. Some of the people in your group might know something that you don’t, so if you get together and have someone mentor and then you could be a mentor too throughout the study group then you could learn from each other.

Student Participant 7--MARY. Mary was a semester 2 female Caucasian student from the BSN program and belonged to the 18-25 years of age category. Mary discussed mentoring from her informal experiences of being mentored by an instructor while completing courses toward an undergraduate psychology degree and a clinical instructor in the nursing program. She described one of her mentors as “just so real and approachable” and the other as “a challenging personality but there was some level of, she understood me.” With both of her mentors, she stated she felt a connection that encouraged her. She was insightful in stating the “challenging personality” of her clinical instructor and her approach might not work well with other students:

I feel like she understands me too on a level. I see her sometimes combatting with other students, maybe not so much their personalities clicking but I don’t know. I find that her way of enforcing may be more like a tough love thing, I find that I respond well to that whereas some people don’t.

Mary talked about the importance of making a connection with people to pursue a mentoring relationship. She also stated she placed emphasis on the overall approach of the mentor and conducted an informal assessment of the mentor as possible a role model for herself:

The thing is that you probably really have to connect with them and their style, so you know, they don’t, it’s really hard to explain. I don’t really choose who my mentors are, it’s just when I see them and they give me that feeling when I have

them in my presence for a certain number of time, I look to them and I see oh okay their a successful individual and they work hard and this is how they carry themselves and so I admire that and it usually facilitates into a kind of mentoring, but only on my, like a one-way glass, only on my side.

During the interview, Mary elaborated on the approach of the instructor as being elemental to mentoring. The approach has to be one that works for the mentee and might vary between individuals. She stated that for her, she gauged what she referred to as the “face” of a potential mentor as being their approach—their ability to talk and listen without judging. She also stated she has had mentors “who intimidated the crap out of me” but that worked for her; however, she recognized that might not work for others and they might feel intimidated--mentoring having a contextual facet as well.

Mary identified assignment of mentors and evaluation as barriers to mentoring. She stated having an instructor who was grading the student as a mentor “becomes too much of a power dynamic.” She went on to state that having the ability to “pass or fail” a student gives the instructor control, thus resulting in a power imbalance. Mary continued to discuss the vulnerability students might feel in having an instructor as mentor where the instructor had the ability to “pass or fail” the student. She provided an example to demonstrate this vulnerability:

I have a mentor and I’m doing great and I come to the mentor with some serious personal issues, some serious self-doubts, some serious insecurities, and now this instructor starts to question whether or not I can produce in a clinical setting, if I’m safe, and then I get failed because I expressed to the instructor that I was having these insecurities, I was having these self-doubts, I was having these I don’t know if I wanna be a nurse kind of feelings to have that relate to my clinical even though I’ve done fine or average to have that overlap that could be a little bit detrimental.

Mary elaborated on her mentoring relationship with her clinical instructor by stating the relationship had a “good balance” and boundaries. She stated mentoring

requires boundaries that might become blurred if an instructor was an assigned mentor for a student and was also his/her instructor:

Originally it was about a personal issue so it was easy for them to take one hat off and take the other hat on and I never experienced a situation where I was pressured by the mentor to do something in order to receive the grade that I wanted to receive and when I did receive the other information that was more nursing career related, it was positive, so I could understand though, if said instructor was encouraging me to do something and then following up with me during class, during class breaks, you know, starting to blur the line, I'd probably feel uncomfortable and I'd probably pull back from the mentoring relationship, you know.

Student Participant 8--SAM. Sam was a semester 6 female student of mixed ethnicities from the BSN program and belonged to the 18-25 years of age category. Sam stated after completing high school, she had completed various university level courses. In discussing mentoring, she stated, "You have some sort of a mentor or you become a mentor in some way" in all walks of life. She talked about informal mentoring within the context of her life, work, and educational experiences. She stated she viewed mentoring as

when someone's able to kind of take them under their wing, I don't know what other way to say it, but, and just kind of give their insight and their experiences and then helping you reflect on your own and figuring out what it is that your trying to do or what your seeking.

She went on to state she viewed the mentor as "someone who's just understanding, who's listening and who can kind of encompass that whole bigger picture that the mentee might be missing." Of the mentee, she stated he/she someone "who needs that extra, extra support or just guidance in that time of life" and added it is "up to the mentee if they want it and if they're willing to seek it then it's definitely beneficial."

When asked if mentoring could be benefit to nursing students, Sam responded in the affirmative:

I think going into nursing a lot of students in general we think something, but there's a whole different reality and I think for many, I know for myself I was fortunate to first have some life experience at UBC for example, so I wasn't totally shocked coming into this, but I know for other students, who like came straight from high school and for them it's like this huge shock and I definitely could see that and I've talked with them and I've asked if you had a mentor do you think that would have helped you as you enter this phase and that's definitely like something that could've helped them.

In elaborating on the stress encountered by nursing students, Sam stated,

I think just being aware of like their own values and beliefs and although its sometimes it's like why does that matter, but being aware of what exactly it is that I believe and value helps you realize your biases when you're dealing with the general public and that's a huge issue that I think as nurses we face, but as new or student nurses we're not fully aware of that yet and I think that interferes and that's a challenge and that's what causes that added stress, and like we're not only trying to get through school but it's also like okay, my belief is challenged or these values that I hold strongly are challenged now and you're trying to work through that to, so it more like a mental stress on top of everything else.

She added informal mentoring occurring between peers from within the same cohort is a source of support during times of stress: “for instance, like I know certain classmates they need maybe extra support and I will help them out and at the same time I know that other classmates are there for me, so it's like we are mentoring each other very informally.”

She also stated,

I think it would be a great benefit and I've talked about it before, getting like the older semesters mentoring the younger semesters cause like there's a lot of benefits to that and I think even for the older, as your progressing in nursing, just being able to mentor someone it helps you realize, oh, this is what I'm doing, good or bad, and changing your practice for the better as a nurse, that's how I see it.

Sam went on to state mentoring could help nursing students process their academic experiences “in a more positive and constructive way.” She stated she had experienced “without having that mentor just trying to go through those struggles” and they “can be very negative” on themselves in processing their struggles. She added having “somebody

to say hey you had a really tough day at clinical today and you're going to have to have that just to finally understand this is what you're going to do with your patients" was important to learning and processing the experiences.

Sam also stated for mentoring to be successful, the mentor and mentee must have a "willingness to listen" and "explore," requiring clear and honest communication. She stated poor communication could lead to misunderstandings; she provided a personal example of someone mentoring her who "had the right intentions" but she "took it offensively" because she did not fully understand what the mentor was trying to convey to her.

In addition to clear and honest communication, Sam stated "forced" mentoring, if the mentee did not seek it out, had the potential for failure related to the potential for personalities to "clash." She added "formal" mentoring where the mentor and mentee are "buddied" together has the potential for personalities to "clash," causing the mentoring to become "destructive and it's counterproductive, to like teaching and stuff." Mentoring in her view also required having "to gain trust."

Sam talked about her various mentors; she named her brothers as mentors as she was able to learn through their experiences, her peers, and stated she also felt "friends that are nurses or like people in the profession already, and family members" could be mentors: "I do know some people with family members and friends that do that and I think that is of benefit to them, to have somebody that's already a nurse." She also talked about instructors as mentors and stated it was

not really practical to be like, okay this is your instructor now and your all gonna be mentees. You have like 30 in that situation and it's not, like typically mentoring is more individual and more one on one and like I said before sometimes you can't just shove two people together if they're not gonna function

well so I think that's a case where that could happen, but nonetheless, I do see that in general, like instructors are, like yeah.

Sam also talked about there being boundaries to the instructor role and being careful not to cross the boundaries in mentoring a student; she cited evaluation as being a source of that challenge:

I think it's challenging in a sense that while you, while they are being your instructor in that semester, you have to be careful because you don't want to cross that boundary and create that bias between different students and I think that's where you need a word of caution and that's where I think it's okay in a very informal setting to have an instructor as a mentor with their students and that's why I would support more in a formal setting to have a peer to peer type of mentorship thing. If it was to take place or if that's what someone seeks out just cause, then you don't get that conflict later down the road.

Sam also clarified that although she would approach a clinical instructor for assistance with a clinical or practical related question or concern, she would not feel the same level of comfort in approaching the instructor related to a personal issue.

Student Participant 9--STACIE. Stacie was a semester 6 female Filipino student in the BSN program and belonging to the 18-25 years of age category. Stacie completed "a year or two of full time" university level courses after high school and prior to entering the nursing program. She stated she had experience with informal mentoring within the context of her work in that "they really do, like people look after you, they look after you, they care." She stated the majority of her mentors at work were "more like the management"--those individuals who "are higher up and they're encouraging you, like you should bump up a level, like bump up. They make you feel special and good." She also talked about a friend, a nurse, who she looked up to as mentor. Of her friend, she stated "I'd say that she's my mentor, she knows what I've been going through and she can help me and she listens to me."

Qualities she viewed as been essential to successful mentoring included listening, encouraging, patience, helpful, empathetic, and having a positive approach that is “encouraging, not condescending, not impatient.” She also stated the mentee should have goals. In addition, Stacie stated the mentee should have the humility to ask for help if needed. She stated that for her, going from high school to university was a challenge but she had the humility to ask her friends for advice on course choices and the day-to-day struggles of being a student: “You have to reach out.”

When identifying potential mentors, she stated that for her, they were usually individuals she knew and were her friends. Qualities she specifically looked for in a mentor included “patience, understanding, they have to be funny, yeah, you know what I mean, someone who can really push you and understand you and so most of the time it’s friend for me.”

With regard to nursing education, Stacie stated she felt it was important to have a mentor who had been through the same experiences she was going through and could understand that aspect of her life: “I don’t think I’ve told her that, but tell her that you’re like the only person who really understands me and this aspect of my life.” When asked if a nursing instructor could be a mentor, she responded it would be a challenge with large groups of students in a classroom but perhaps easier done with smaller groups. She also stated, “yeah, for sure” and added,

Clinical instructors, I would, I think would be mentors, especially cause they’re there, they’ve done all of it, they’re like the faculty here, but the faculty in clinical they’re there and they’re doing the things we would be doing and the nurses would be doing so they would definitely.

She also added with instructor to student mentoring, she would want a boundary between the instructor and the student and she was uncertain if mentoring would allow for that:

I didn't want to be like the teacher's pet all the time and like I didn't want to be the favorite and like have everyone looking at me like that, and especially like faculty I want to maintain that like that professional boundary. I like boundary, cause if I overstep then I don't want them to think that I'm just trying to get close to the instructor so cause that's happen before and people are thinking like you're just buddying up.

With regard to having a clinical instructor as a mentor, Stacie added while she would definitely view her clinical instructor as her mentor, she would be hesitant to approach his/her because "like I don't want to bug them too much." She stated with mentoring requiring "a lot of commitment from the mentor," it might be asking too much of the instructor. She also clarified that approaching the instructor would be dependent upon the approach of the clinical instructor, i.e., if the clinical instructor was "welcoming, very like willing to answer questions, and willing to converse and makes me feel good about my learning," then she might approach the instructor. In further clarifying, she stated she was not likely to go out of her way to contact instructors; "like I don't do that, just personally, I don't want to be too overbearing." If she needed someone to talk to, then it would more likely be her mentor friend who she would contact because she had a relationship with her and "it's more personal."

Student Participant 10--STUDENT. Student was a semester 3 male Caucasian student in the BSN-PB program and belonged to the 18-25 years of age category. Student stated he had a previous degree and career before entering into the nursing program. He discussed mentoring from his experience of a formal faculty and peer mentor and an informal nurse mentor who was also his aunt. He also stated he had

encountered mentoring from being in sports teams from coaches, other athletes, and professional athletes who would be invited to come and work with athletes on the sports team.

In responding to the interview questions, he relied heavily on his experience with formal and informal mentoring and often compared the two. In talking about formal mentoring, he discussed it in terms of “an obligation.” He identified “a line of communication with people because you feel more comfortable with them” as the starting point for informal mentoring. In articulating a definition for mentoring, he stated, “I would define mentoring as almost a teaching position in which someone uses the skills and knowledge that they’ve acquired to help someone entering that field or area, a honing of skills or level of knowledge.” He also stated that in addition to someone in the same field, he looks for individuals who are committed, tactfully honest “so they’re not hurting your feelings,” and “have the same sort of personality” as him. In responding to what he expects of the mentor, he stated,

Their role would be to teach me, whether it’s hands on skills or if it’s knowledge, answer any questions that I have, and if they don’t have the answer I hope they know where, they can either tell me where to get the answer from, I also like I had mentioned honesty before, I like it when they acknowledge when they don’t know the answer instead of feeding me a bunch of BS right.

He stated he was not keen on assigned mentoring and stated it might be a barrier to mentoring for many individuals. He stated that with assignment of mentors and mentees, the individual “that’s doing the assigning doesn’t typically know one of the individuals on either end well enough” to match personalities; whereas when individuals choose their own mentors, “you’re typically choosing like I said somebody you know, and so if you know them, you kind of have that, you’ve already accepted them.”

In discussing the mentee's role in mentoring, Student stated it was important for the mentee to be open-minded, have the humility to recognize learning needs, and seek out individuals who could assist him/her in learning. He also talked about mentoring as being a "two-way relationship" and mutually beneficial for the mentor and mentee. Student stated, "It may get really boring for the mentor if they're just kind of sitting they're answering those questions." He stated, "Even if the mentor is teaching you they can still learn stuff for themselves in areas that they have never thought of before" and for the mentee, he stated, "They're growing in their field right, that's the whole reason we are going to a mentor."

Student also talked about the importance of having a mentor, especially for students, and discussed having mentored others as they entered into school because they typically had questions and needed guidance but might not have resource persons to answer their questions. He stated having mentored himself, he felt "it's nice to give back right, reduce other peoples' stress right, and so they're like thank you that saved me so much money right."

In talking about his own mentors, Student stated that to him the most important mentor in his life currently, specific to him as a nursing student, was his nurse mentor who is also his aunt. Although he also had an assigned peer mentor and faculty mentor, of them he stated, "The other student you know she's quite busy and the faculty mentor she there, just there you know." He stated he had "branched out to my student mentor and she's been very helpful" but had not as yet contacted the faculty mentor. He stated he had approached his peer mentor for some program related questions but any

nursing related questions go back to my aunt, just because she has more experience right. The student you know she's quite young. I might have some

nursing related questions associated with doing rotations and what to expect and that stuff and that oh you know how did you practice these skills and stuff like that, but the real higher level nursing questions I'm asking my nurse mentor, my aunt.

In responding to why he had not approached the faculty mentor, he stated, "Because I see her as a teacher" and "I don't get to see her that often, whereas my aunt, she just lives down the road" and added, "We have a great relationship, lots of communication." When asked if his statement related to the faculty mentor as a "teacher" is a barrier, he stated, "Yeah, just because she is an authoritative figure which in my eyes impedes the relationship we would have as a mentor." He also referred back to his previous discussion of mentoring being of benefit to the mentor and stated he did not feel the faculty mentor benefited from mentoring students because "I don't feel like the teacher really learns something from this." Student added, "Their position is to teach right and your role as the student is to learn." He stated that for a faculty member to mentor a student, "You would have to create two relationships, one as teacher and one as your mentor and I have not done that yet." He also added he saw multiple barriers to this such as "time, distance, right, office hours right" and added commitment to mentoring in addition to the commitment to teaching might be more than faculty members might want to do.

Interestingly, when asked who Student viewed as potential mentors, he stated nurses he had worked with during his clinical experience as well as his clinical instructor but added that with a group of eight clinical students, the clinical instructor's time was limited: "She only has so much time, and so it's nice if you have the mentor can give you the time that you need or else she's not really mentoring."

Student Participant 11--TIN. Tin was a semester 6 female Filipino student in the BSN program and belonged to the 18-25 years of age category. She stated she entered university immediately after completing high school and completed a year of university courses prior to entering into the nursing course. In initially opening the discussion related to mentoring, she stated she had not had any specific experiences with mentoring, which she equated with “showing someone the ropes and all the tips and tricks” so they can “get to where they want to be.” In reflecting on her articulation of mentoring and how she viewed it, she stated she had experienced mentoring from her clinical instructors with them as the mentors and her as the mentee. She stated she viewed them as mentors because “they help provide like a safe atmosphere for you to learn, they also answer your questions when you need it, provide guidance, they also don’t try to limit you, so I guess that kind of helps to.”

Tin stated having mentors “helps you learn faster, you just feel more safe if there’s someone there.” She also added while all instructors can be mentors, it is more of a challenge in the classroom setting with larger groups of students because “you only get so, you know such amount of time with the instructor, so the ones that you get to talk with more, I feel like there’s more of a connection there, so they become like your mentor.”

Tin stated it was important for nursing students to have mentors that they could approach and talk to: “kind of like a security, just to be able to go to someone and talk about what happen, kind of debrief if you had to.” She stated instructors could offer this support “because instructors have gone through, I don’t know, have gone through 20+ years in nursing they would know a lot more and then they could share their experiences

too.” She also stated peers within her cohort could be mentors for her “cause I know a lot of them have also taken the care aide so they know quite a bit already.” Tin discussed mentoring from the perspective of her learning and development as a nurse.

The qualities Tin looked for in mentors included having patience and understanding of her learning needs as a nursing student. She also stated she preferred having mentors who were “flexible” with the amount of responsibility they gave to students. She also preferred when they gave more responsibility rather than hold her back in terms of what she had already learned.

Tin added that while she viewed her clinical instructor and the nurses on the unit as mentors, she still felt there was a “top down kind of approach” where “they’ll kind of talk to you kind of down, kind of talk to you like you’re not as capable as you, you know, you know that you are so that can be tough.” She referred to barriers to mentoring as a “role power struggle.” Other barriers she identified were a lack of clear communication, time constraints, and evaluation or “grading.”

Student Participant 12--TINA. Tina was a semester 6 female South Asian student in the BSN program and belonged to the 25-35 years of age category. Tina stated she was working on a BSN and psychology degree concurrently. She discussed mentoring from her experiences with informal mentoring in the nursing program. She defined mentoring: “I think mentoring would be an individual that you go to for support, for guidance and somebody that you can just talk to in a safe environment without feeling judged.” She stated she viewed all nursing faculty whom she meets as mentors with narratives to share with students.

In discussing what she looked for in a mentor, Tina stated she looked to those individuals who would listen to her and answer her questions as well as someone who would offer her open and honest feedback. She stated the feedback was important to her so she knew how she could improve and grow. She also stated a mentor should have skills and knowledge and be resourceful in answering questions and seeking answers. Alternatively, she viewed her role as a mentee to seek information and seek diverse ways of being so she could decide what worked well for her. She stated she would do this by seeking out mentors and asking questions: “the more you ask the more you know.”

Tina described the essential characteristics of successful mentoring: communication, understanding, and “a good relationship between the two.” She stated while it was important to have a good relationship, the relationship was something “that kind of comes along with mentoring” and could develop as the mentoring progressed.

Barriers to mentoring Tina described included the mentor having a lack of knowledge, a lack of availability or time, and a lack of resourcefulness. Additionally, while Tina stated she felt nursing students needed mentors and viewed nursing faculty as mentors, she stated evaluation and grading could be barriers to mentoring and could add an element of bias to feedback:

I think especially as a nursing student it is important to have a good mentor cause there are days where you just need someone’s opinions, somebody who’s not necessarily grading you or something, and to get that feedback from a mentor I think it’s very supportive and yeah, I think all nursing students should have a mentor.

In identifying potential mentors for nursing students, Tina stated, “An instructor from a previous semester that’s not currently my instructor.” She rationalized this stating she preferred to have clear boundaries between instructor and mentor so the roles did not

become intertwined. Other individuals Tina identified as mentors included her “preceptor, who’s not like faculty but she was great even good friends or families in the field, or not even in the field, just someone that you can talk to openly.” When asked if peers within her cohort or in a different cohort could serve as mentors, she stated, “Peers within your cohort are really good, cause they’re going through pretty much the same thing as you are, or they have the same questions, so it’s good.” Tina also stated she viewed the various mentors as serving different functions:

I think when I go to like a faculty mentor its more questions related to like how can I get to the next step, this is my long-term goal and how do I get there, with my peer mentors it’s more like hey I have something to talk about and lets discuss this, so it’s more so therapeutic, I guess.

She viewed family and personal friends as having more of a “motivational” mentoring role and linked it with “support” she felt was important for nursing students to have.

APPENDIX I
SURVEY DATA: SUMMARY

Survey Summary: Member Checking

Faculty (F) = 6 respondents

Student (S) = 8 respondents

T = Total Responses

Theme 1: Mentoring is Based on a Relationship or Connection Between the Mentor and Mentee					
Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Mentoring requires a relationship/connection between the mentor and mentee	F = 5 S = 6 T = 11	F = 1 S = 0 T = 1	F = 0 S = 1 T = 1	F = 0 S = 1 T = 1	F = 0 S = 0 T = 0
2. Mentors and mentees have similar personalities	F = 0 S = 2 T = 2	F = 2 S = 1 T = 3	F = 3 S = 2 T = 5	F = 1 S = 2 T = 3	F = 0 S = 1 T = 1
3. Mentees look for a mentor that has been through the experience(s) the mentee is going through	F = 3 S = 4 T = 7	F = 3 S = 4 T = 7	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
4. Mentees look for a mentor that is going through the same experience as the mentee	F = 1 S = 1 T = 2	F = 3 S = 2 T = 5	F = 2 S = 2 T = 4	F = 0 S = 2 T = 2	F = 0 S = 1 T = 2
5. Mentees are more likely to seek out informal mentors with whom they feel a sense of connection or relationship as opposed to an assigned mentor with whom they may not have a sense of connection or relationship	F = 2 S = 5 T = 7	F = 3 S = 2 T = 5	F = 1 S = 0 T = 1	F = 0 S = 0 T = 0	F = 0 S = 1 T = 0
6. It can take time and effort from the mentor and mentee to build a mentoring relationship	F = 3 S = 5 T = 8	F = 2 S = 3 T = 5	F = 1 S = 0 T = 1	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0

Theme 2: Mentoring Requires a Willingness or Commitment from the Mentor and Mentee					
Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7. Mentors are available when the mentee needs them	F = 4 S = 3 T = 7	F = 2 S = 2 T = 4	F = 0 S = 3 T = 3	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
8. Mentoring can be more effective when the mentor and mentee meet in-person versus email, via phone and/or text message	F = 1 S = 5 T = 6	F = 5 S = 1 T = 6	F = 0 S = 1 T = 1	F = 0 S = 0 T = 1	F = 0 S = 1 T = 1
9. Mentors make time to meet with the mentee	F = 5 S = 3 T = 8	F = 1 S = 4 T = 5	F = 0 S = 1 T = 1	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
10. Mentors make an effort to have a presence for the mentees characterized by checking in with the mentee	F = 5 S = 3 T = 8	F = 1 S = 3 T = 2	F = 0 S = 2 T = 2	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
11. The mentor is available for and open to the questions of the mentee and is open-minded in addressing them	F = 6 S = 6 T = 12	F = 0 S = 1 T = 1	F = 0 S = 1 T = 1	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
12. Commitment and willingness in mentoring are characterized by open, honest, and respectful communication between the mentor and mentee	F = 6 S = 7 T = 13	F = 0 S = 1 T = 1	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0

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Theme 3: Mentoring Encompasses a Teaching and Learning Component that is Mutually Beneficial to the Mentor and Mentee					
Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
13. Mentoring requires sharing of knowledge between the mentor and mentee	F = 5 S = 5 T = 10	F = 1 S = 3 T = 4	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
14. Mentoring encompasses learning from the experience and expertise of others	F = 4 S = 6 T = 10	F = 2 S = 1 T = 3	F = 0 S = 1 T = 1	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
15. Mutual learning is essential to mentoring (i.e. both mentor and mentee gain something from the mentoring relationship)	F = 4 S = 4 T = 8	F = 1 S = 3 T = 4	F = 1 S = 0 T = 1	F = 0 S = 0 T = 0	F = 0 S = 1 T = 1
16. Mentoring plays a role in knowledge development for both the mentor and mentee	F = 4 S = 4 T = 8	F = 2 S = 3 T = 5	F = 0 S = 1 T = 1	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
17. Mentoring has an influence on role transition for the mentee	F = 5 S = 3 T = 8	F = 1 S = 3 T = 4	F = 0 S = 2 T = 2	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
18. Mentoring leads to satisfaction for both the mentor and mentee	F = 3 S = 4 T = 7	F = 3 S = 4 T = 7	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
19. Mentoring creates positive learning environments	F = 6 S = 5 T = 11	F = 0 S = 3 T = 3	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0

20. Mentees look to mentors as role models	F = 6 S = 5 T = 11	F = 0 S = 2 T = 2	F = 0 S = 1 T = 1	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
21. Mentors and mentees learn vicariously from each other (i.e. from watching each other and sharing their knowledge and expertise)	F = 4 S = 3 T = 7	F = 2 S = 5 T = 7	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
22. Mentees learn how to function or "be" from watching and learning from their mentors	F = 4 S = 2 T = 6	F = 2 S = 4 T = 6	F = 0 S = 1 T = 1	F = 0 S = 1 T = 1	F = 0 S = 0 T = 1
23. Mentoring leads to leadership development in the mentee	F = 4 S = 4 T = 8	F = 2 S = 2 T = 4	F = 0 S = 2 T = 2	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
24. Mentoring leads to growth of individuals where individuals move from mentees to mentors	F = 5 S = 3 T = 8	F = 1 S = 4 T = 5	F = 0 S = 1 T = 1	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
25. Mentors find satisfaction in developing individuals who will succeed them • <i>only 13 respondents; 1 skipped</i>	F = 3 S = 2 T = 5	F = 2 S = 5 T = 7	F = 1 S = 0 T = 1	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
26. Mentoring leads to professional growth and development for the mentor and mentee	F = 5 S = 5 T = 10	F = 1 S = 3 T = 4	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0

Theme 4: Mentoring Encompasses Various Functions as well as Various Individuals as Mentors and is Influenced by Context					
Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
27. Mentors play a role in advising the mentee	F = 3 S = 4 T = 7	F = 2 S = 2 T = 4	F = 1 S = 1 T = 2	F = 0 S = 1 T = 1	F = 0 S = 0 T = 0
28. Mentors provide a source of support for the mentee	F = 4 S = 4 T = 8	F = 2 S = 4 T = 6	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
29. Mentors provide constructive feedback to the mentee	F = 4 S = 5 T = 9	F = 2 S = 2 T = 4	F = 0 S = 1 T = 1	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
30. The experience/situation influences who the mentee seeks as a mentor	F = 5 S = 5 T = 10	F = 1 S = 2 T = 3	F = 0 S = 1 T = 1	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
31. In informal mentoring, who a mentee turns to as a mentor is dependent upon the needs of the mentee	F = 2 S = 3 T = 5	F = 3 S = 3 T = 6	F = 1 S = 1 T = 2	F = 0 S = 1 T = 1	F = 0 S = 0 T = 0
32. Different mentors will offer differing types or functions of mentoring based on their own experiences	F = 3 S = 5 T = 8	F = 3 S = 3 T = 6	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
33. Nursing students need mentors as they progress through their nursing education	F = 4 S = 6 T = 10	F = 2 S = 1 T = 3	F = 0 S = 1 T = 1	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0

34. Nursing students seek individuals they view as experts to be their mentors	F = 2 S = 5 T = 7	F = 3 S = 3 T = 6	F = 1 S = 0 T = 1	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
35. Nursing students seek to learn from the expertise and experience(s) of their mentors	F = 3 S = 6 T = 9	F = 3 S = 1 T = 4	F = 0 S = 1 T = 1	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
36. Anyone can serve as a mentor to nursing students dependent on the needs of the students	F = 1 S = 3 T = 4	F = 1 S = 1 T = 2	F = 1 S = 0 T = 1	F = 3 S = 3 T = 6	F = 0 S = 1 T = 1
37. Parents can serve as mentors for nursing students	F = 2 S = 1 T = 3	F = 0 S = 3 T = 3	F = 2 S = 3 T = 5	F = 2 S = 1 T = 3	F = 0 S = 0 T = 0
38. Siblings can serve as mentors for nursing students	F = 1 S = 1 T = 2	F = 1 S = 3 T = 4	F = 2 S = 3 T = 5	F = 2 S = 1 T = 3	F = 0 S = 0 T = 0
39. Peers/Friends can serve as mentors for nursing students	F = 1 S = 2 T = 3	F = 3 S = 3 T = 6	F = 2 S = 2 T = 4	F = 0 S = 1 T = 1	F = 0 S = 0 T = 0
40. Students from the same cohort can serve as mentors for nursing students	F = 2 S = 3 T = 5	F = 1 S = 2 T = 3	F = 1 S = 1 T = 2	F = 2 S = 1 T = 3	F = 0 S = 1 T = 1
41. Students from a higher cohort can serve as mentors for nursing students	F = 3 S = 5 T = 8	F = 3 S = 2 T = 5	F = 0 S = 0 T = 0	F = 0 S = 1 T = 1	F = 0 S = 0 T = 0
42. Nurses can serve as mentors for nursing students	F = 5 S = 7 T = 12	F = 1 S = 1 T = 2	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0

43. Theory instructors can serve as mentors for nursing students	F = 2 S = 4 T = 6	F = 4 S = 3 T = 7	F = 0 S = 1 T = 1	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
44. Lab instructors can serve as mentors for nursing students	F = 2 S = 4 T = 6	F = 4 S = 4 T = 8	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
45. Clinical instructors can serve as mentors for nursing students	F = 5 S = 6 T = 11	F = 1 S = 2 T = 3	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0

Barriers to Mentoring: The data analysis also revealed barriers to mentoring. Please rate your agreement or disagreement with the following barriers:					
Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
46. Lack of time can be a barrier to mentoring	F = 4 S = 6 T = 10	F = 2 S = 2 T = 4	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
47. Mentoring is more effective when it is done one-to-one or in small groups. Large groups can be a barrier	F = 4 S = 7 T = 11	F = 2 S = 1 T = 3	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0
48. Evaluation of the mentee by the mentor can be a barrier to mentoring	F = 4 S = 3 T = 7	F = 1 S = 3 T = 4	F = 1 S = 0 T = 1	F = 0 S = 1 T = 1	F = 0 S = 1 T = 1
49. Evaluation poses a power hierarchy between the mentor and mentee that can be a barrier to mentoring	F = 4 S = 5 T = 9	F = 1 S = 0 T = 1	F = 0 S = 3 T = 3	F = 1 S = 0 T = 1	F = 0 S = 0 T = 0
50. Formal mentoring with assignment of mentors and mentees can be a barrier to mentoring	F = 0 S = 3 T = 3	F = 4 S = 2 T = 6	F = 2 S = 1 T = 3	F = 0 S = 0 T = 0	F = 0 S = 0 T = 0