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Academic Paper

Mentoring and Career Satisfaction Among Emerging Nurse Scholars

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Abstract

The purpose of the study was to examine the relationship between mentoring and career satisfaction among emerging nurse scholars currently pursuing, or who have acquired a doctorate in nursing within the last 10 years. This study used a descriptive correlational research design to determine the relationship among career development mentoring, psychosocial role mentoring, mentoring satisfaction, and career satisfaction among emerging nurse scholars. The findings were that mentors who provide career development and psychosocial role functions in the mentoring relationship, can assist their mentee to develop professionally, have a satisfying relationship with their mentor, and have an increase in career satisfaction.

Keywords

Mentoring, mentoring satisfaction, mentoring in nursing, nurse mentors, career mentoring,

Article history

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Introduction

The Institute of Medicine (IOM) has recommended that nurses take on a greater role in America's increasingly complex health care system (IOM, 2010). In 2008, the Robert Wood Johnson Foundation (RWJF) and the IOM launched a two-year initiative to assess and transform the nursing profession. As a result of this initiative, recommendations for an action-oriented blueprint for the future of nursing was made and the "Future of Nursing: Leading Change, Advancing Health" report was established. This report put forth eight recommendations with one specifically for the number of doctoral prepared nurses to double by 2020 (IOM, 2010). Consequently, schools of nursing are charged with doubling the number of doctoral prepared nurses by 2020 to add to the cadre of nurse faculty and researchers, with an attention to increasing diversity.

The increase in the demand of nurses in education and practice, along with retention of these nurses, are important issues facing the future nursing workforce (IOM, 2010). There is a demand for health care leaders to mentor the next generation of leaders and assist them in acquiring and mastering the skills of science, and research, and innovation to create transformational change in America's health care (RWJF, 2016).

As emerging scholars take on new leadership roles, they often experience increased pressure, leaving them feeling overwhelmed and unprepared (Chung & Kowalski, 2012; Mariani, 2012; Weng, R. H., Huang, C., Tsai, W., Chang, L., Lin, S., and Lee, M., 2010). This increased pressure may be the source for many nurses to seek other careers or leave the profession (Mariani, 2012; McCarthy, Tyrrell, & Lehane, 2007). Consequently, this results in decreased career satisfaction, which is linked to decreased retention (Baker, 2010; Disch, Edwardson, & Adwan, 2004; Kaufman, 2007), and increased stress and burnout (Chung & Kowalski, 2012). These concerns cause for an exploration of strategies, such as mentoring, to retain nurses in the nursing workforce. Mentoring has been identified as a fundamental strategy to help retain and diversify the nursing workforce, and cultivate nursing leadership (IOM, 2010; Nick, J.M., Del Prato, D., Mitchell, C., Ortiz, J., Ottley, C., Young, P., Cannon, S.B., Lasater, K., Reising, D. and Siktberg, L., 2012). Mentoring occurs over the course of one's career and takes on many forms e.g., sponsoring, guiding, coaching, advising, challenging, recommending, protecting, and facilitating (McBride, 2011). According to Grossman (2012), mentees or protégés who have been involved in or are involved in a mentoring relationship, develop both personally and professionally. Additionally, mentoring has the potential to develop a professionally stronger and more competent work force, with fostering of scholarship and research, and clinical expertise (Mills, Francis & Bonner, 2005). A strong and valued mentoring relationship contributes to the growth of emerging nurse scholars and supports their need to feel satisfied and have a successful career as a professional nurse (Mariani, 2012). Nurses that have had successful mentoring relationships have shown to have greater job satisfaction, advance further in administrative and academic positions, and often develop an unwavering passion for their career (Stewart & Kruger, 1996).

Mentoring is not only important to career satisfaction, retaining and recruiting nurses, but, it is important to leadership development (Mariani, 2012; RWJF, 2016). Mentoring and leadership development are critical to creating nurse leaders who can put innovative ideas into practice and inspire future nurses (RWJF, 2016). Multiple studies (Allen, Eby & Lentz, 2006; Colvin & Ashman, 2010; Ghosh, 2013; Hansford, Ehrich & Tennent, 2004; Hill, Del Favero, & Ropers-Huilman, 2005; Madison, 1994; Mariani, 2012; McCloughen, O'Brien & Jackson, 2009; Nick et al., 2012) have been conducted on exploring mentoring, its benefits, and the importance of this relationship for nurses. However, there is a paucity of research that has explored the relationship between mentoring and career satisfaction specifically among emerging nursing scholars.

The purpose of the study was to examine the relationship between mentoring and career satisfaction among emerging nurse scholars currently pursuing, or who have acquired a doctorate in nursing within the last 10 years across the United States. More specifically, mentoring, as it relates to career development role mentoring and psychosocial role mentoring, and its impact on career satisfaction, were explored.

The research variables included career development role mentoring, psychosocial role mentoring, mentoring satisfaction, and career satisfaction. The independent variables were career development role mentoring and psychosocial role mentoring. The dependent variables for this study were career satisfaction and mentor satisfaction. The selected demographic characteristics that were explored were age, gender, race/ethnicity, work setting, type of doctoral degree, and type of doctoral programme.

This study can contribute to the profession of nursing by addressing the mentoring relationship from the perspective of doctoral nurses in practice, education and research. It can provide research based evidence on the effect of the mentoring relationship on career satisfaction for doctoral

prepared registered nurses. This study contributes to coaching and mentoring because nurse mentors can provide leadership and guidance that can assist in retaining and recruiting nurse mentees to advance science and research, educate, and prepare them for their roles as nurse leaders.

Theoretical Framework

The theoretical framework that was used to guide this study is Linda Yoder's model for examining mentoring in nursing. In 1990, Yoder completed a concept analysis of mentoring to clarify the definition of mentoring by presenting the attributes, antecedents and consequences of the term. Yoder examined mentoring as it relates to an interpersonal relationship. Yoder (1990) identified that the mentoring relationship consists of two dimensions: (a) Instrumental or career functions and (b) Psychosocial functions. The career functions enhance career growth and development. The psychosocial functions "promote clarity of identity, role effectiveness and a sense of competence" (Yoder, 1990, p 11). According to Yoder (1990), both the mentor and mentee may benefit from the functions in the relationship.

Figure 1: Yoder's Model for examining mentoring in nursing. Reprinted from Mentoring: A Concept Analysis, by Linda Yoder, 1990, *Nursing Administration Quarterly*, 15(1), 9-19.

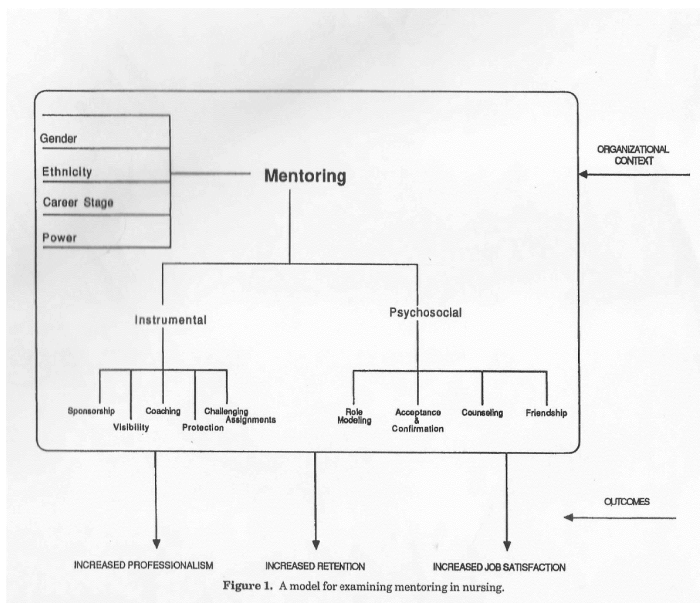


Figure 1. A model for examining mentoring in nursing.

For this study, a path model that was adapted from Yoder's model for examining mentoring in nursing was used. The demographic characteristics of gender, race/ethnicity, work settings, type of doctoral degree and type of doctoral programme are components of the mentoring relationship. The mentoring relationship encompasses two functions, career development and psychosocial. Career development role mentoring includes functions where the mentor provides sponsorship, visibility, coaching, protection, and challenging assignments to help the mentee develop professionally. Psychosocial role mentoring that is provided by the mentor consists of role modeling, acceptance and confirmation, counselling and friendship which help the mentee develop personally and professionally. The adapted path model is illustrated in Figure 2.

Figure 2: Path model adapted from Yoder’s Model for examining mentoring in nursing.
 Yoder, L. (1990). Mentoring: A concept analysis. Nursing Administration Quarterly, 15(1), 9-19.

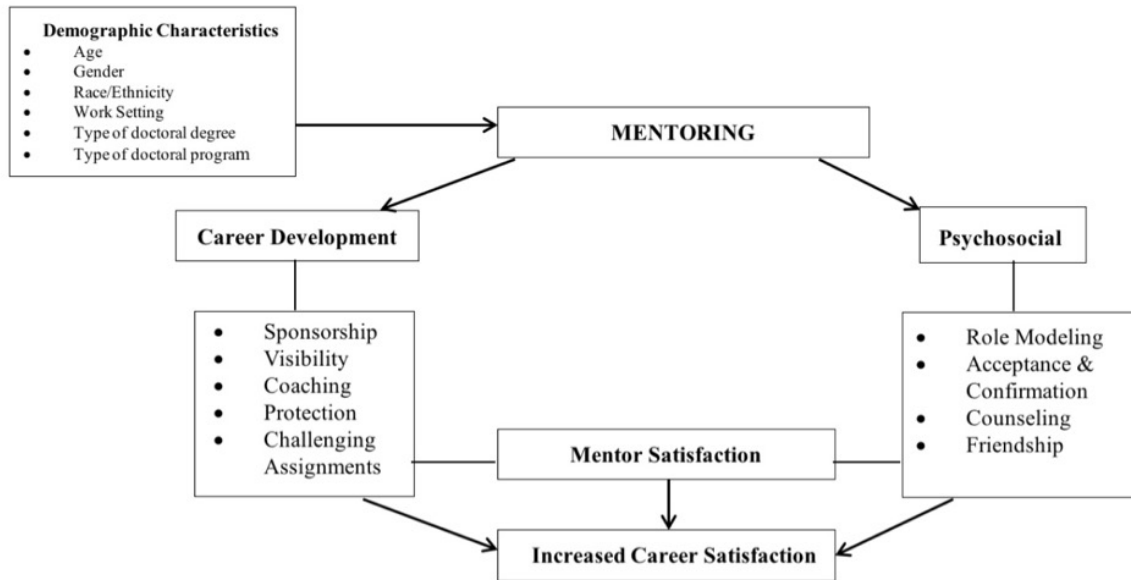
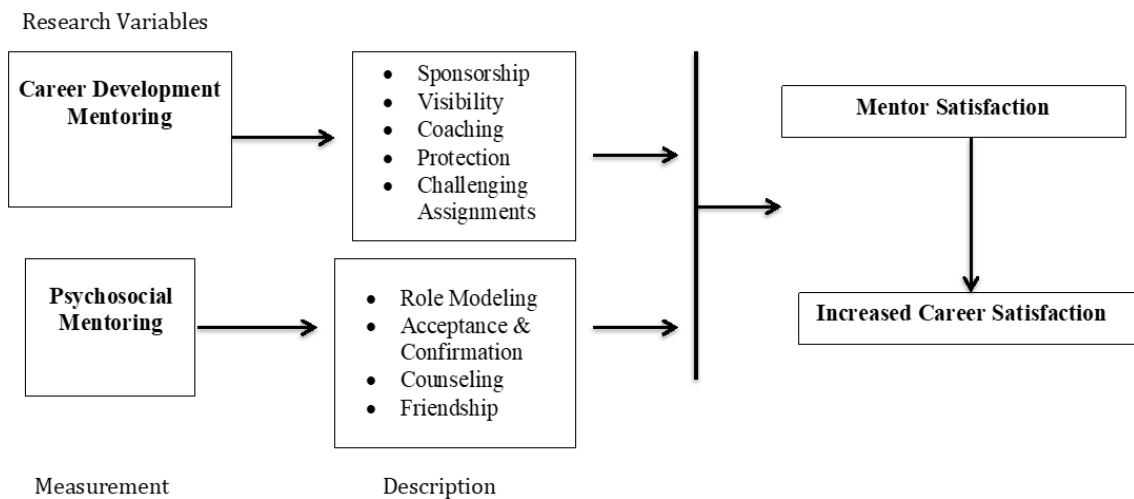


Figure 3: Descriptive Correlational Design for the relationship among career development role mentoring, psychosocial role mentoring, mentor satisfaction, and career satisfaction for emerging nurse scholars.



Methodology

Research Design

A descriptive, correlational, research design was utilised to answer the research questions in this study. Moreover, it was used to describe, explain, and determine the correlation among career role mentoring, psychosocial role mentoring, mentoring satisfaction, and career satisfaction for

emerging nurse scholars. Utilising a descriptive, correlational, research design allowed the investigator to gain an understanding of the interrelationship between the study variables, as well as, consolidate valuable information from which tentative generalisations may be made to emerging nurse scholars. Figure 3 displays the research design with the incorporation of the variables.

Research Questions

The following research questions were used to guide this study:

- Research Question 1 (RQ1): What are the selected demographic characteristics (age, gender, race/ethnicity, work setting, type of doctoral degree, and type of doctoral programme) among a population of emerging nurse scholars?
- Research Question 2 (RQ2): Is there a significant relationship between the selected demographic characteristics (age, gender, race/ethnicity, work setting, type of doctoral degree, and type of doctoral programme), career development role mentoring, psychosocial role mentoring, mentor satisfaction, and career satisfaction among a population of emerging nurse scholars?
- Research Question 3 (RQ3): Is there a significant relationship between career development role mentoring and career satisfaction among a population of emerging nurse scholars?
- Research Question 4 (RQ4): Is there a significant relationship between career development role mentoring and mentor satisfaction among a population of emerging nurse scholars?
- Research Question 5 (RQ5): Is there a significant relationship between psychosocial role mentoring and career satisfaction among a population of emerging nurse scholars?
- Research Question 6 (RQ6): Is there a significant relationship between psychosocial role mentoring and mentor satisfaction among a population of emerging nurse scholars?
- Research Question 7 (RQ7): Is there a significant relationship between mentor satisfaction and career satisfaction among a population of emerging nurse scholars?

Protection of Human Subjects

The research study was reviewed for ethical clearance and approved by the Southern University and A&M College Institutional Review Board (IRB) prior to data collection. Informed consent was obtained from participants electronically through an online survey instrument.

Sample

A purposive sample was used to recruit emerging nurse scholars. The sample included Registered Nurses who have a PhD in nursing, DNS or DNP; or who were currently enrolled in a doctoral programme in nursing. The group sample was also asked to identify other participants who met inclusion criteria utilising the snowball method to obtain additional potential participants in the study. To determine the required sample size, various formulas will be explored. Newton and Rudestam (1999) suggests the following formula in determining sample size: $N > 50 + 8$ times the number of independent variables. Calculated by this method, 82 participants were required.

Inclusion Criteria

In order to participate in this study, the following inclusion criteria was met: Registered nurses who (a) are enrolled in graduate school and currently pursuing a Doctor of Philosophy (PhD) in nursing, Doctor of Nursing Science (DNS), or Doctor of Nursing Practice (DNP); (b) if not currently enrolled in a doctoral programme, are nurses who have received a PhD in nursing, DNS, or DNP within the last 10 years; and (c) currently have or had an informal or formal mentoring relationship during

doctoral studies or within 10 years of doctoral programme completion. Participants were also required to speak and read English.

Setting

Data was collected through an online survey instrument. The primary setting in which the research and analysis was conducted is in southeastern Louisiana. Participants, however, represent nursing scholars and doctoral nurses across the United States. Potential participants could access the surveys through their personal computer or mobile devices.

Instruments

In this study, there were four research instruments used to measure career development role mentoring, psychosocial role mentoring, mentor satisfaction and career satisfaction: (a) Demographic questionnaire which was developed by the researcher (b) Mentor Role Instrument (MRI) (c) Satisfaction with Mentor Scale and (d) the Mariani Nursing Career Satisfaction Scale (MNCSS)

Demographic Questionnaire

The demographic questionnaire, developed by the primary investigator, elicited demographic data such as age, gender, race/ethnicity, and work setting. Questions on the demographic questionnaire addressed the type of doctoral degree, the type of doctoral degree programme, if the participant was involved in a mentoring relationship, and if so, how many mentors have they had in their professional career.

Mentor Role Instrument (MRI)

The Mentor Role Instrument (MRI) is a 33-item instrument that measures mentoring functions. The mentee rates their mentors regarding two types of functions: career development role functions and psychosocial role functions. The first 15 questions measure career development role functions; sponsorship, coaching, protection, challenging assignments and exposure. The remaining 18 questions measure psychosocial role functions; friendship, social, parent, role modeling, counselling and acceptance. The scale is measured on a 7 point Likert scale with responses ranging from 1 (strongly disagree) to 7 (strongly agree). The MRI was developed by confirmatory factor analysis, and independently measures each of Kram's (1985) nine mentor roles. The instrument also assesses two additional psychosocial-related roles: parent and social interactions (Ragins & Cotton, 1999). The MRI has proven reliability and preliminary evidence. The coefficient alpha for the mentor roles ranged from 0.63 to 0.91 (Ragins & Cotton, 1999). Analyses showed strong within-factor inter-item correlations (Pearson coefficients of 0.57-0.93); strong internal consistency (Cronbach alphas of 0.82-0.97); confirmatory factorial validity, as demonstrated by confirmatory factor analysis of the 2 mentoring dimensions, 11 mentoring roles, and 33 Ragins and McFarlin Mentor Role Instrument (RMMRI) items; and concurrent validity, as demonstrated by strong correlations (Pearson coefficients of 0.56-0.71) between mentoring dimensions, satisfaction, and effectiveness (Dilmore, et al., 2010).

Satisfaction with Mentor Scale

Ragins and Cotton (1999) also developed four questions to measure mentoring satisfaction that was used in this study to measure the mentoring satisfaction of emerging nurse scholars. The Satisfaction with Mentor Scale was measured using a 7 point Likert scale with responses ranging from 1 (strongly disagree) to 7 (strongly agree) to address satisfaction and effectiveness of the

mentors. The reported coefficient alpha for the Satisfaction with the Mentor Scale is 0.83 (Ragins & Cotton, 1999).

Mariani Nursing Career Satisfaction Scale (MNCSS)

Mariani Nursing Career Satisfaction Scale (MNCSS) is a semantic differential scale with 16 bipolar adjective pairs on which the participants rated their feelings about their nursing career (Mariani, 2012). The Mariani Nursing Career Satisfaction Scale's (MNCSS) purpose is to identify how a nurse may feel regarding their overall nursing career. For the MNCSS, each adjective pair was scored on a seven-point scale. The overall content validity index of the MNCSS was 0.84 for the 16 bipolar adjectives (Naruabum 2912; Mariani & Allen, 2014). Cronbach's alpha internal consistency reliability of the instrument has been reported as in the ranges of 0.93 to 0.96 (Mariani, 2012; Mariani & Allen, 2014).

Data Collection Procedure

Prior to collecting data, ethical clearance and approval from the Southern University and A&M College's Institutional Review Board (IRB) was obtained.

- Step one: The primary investigator identified colleges and universities across the United States that offer PhDs in nursing, DNP and DNS programmes and found 134 colleges on the American Association of Colleges of Nursing website and identified a point of contact.
- Step two: An invitation email was sent to the Deans and/or Graduate Programme Directors to solicit participation from their current students and alumni that met the inclusion criteria for this study.
- Step three: Solicitation for participation in this study was also posted on LinkedIn and sent to individuals in organisations of nursing practice in southeastern Louisiana. Potential participants were asked to identify other participants who met the inclusion criteria. Therefore, the snowball method was used to obtain additional potential participants in the study.
- Step four: An email was sent directly to individuals identified by the primary investigator who met inclusion criteria.
- Step five: Once potential participants were identified, they were administered web based consent and surveys through an online survey instrument, ensuring confidentiality and anonymity. The informed consent was completed online via a survey. The participant completed the survey through a link sent to them via email through the online survey instrument.
- Step six: A total of 52 surveys (63%) were collected. A second email was sent to potential participants as a reminder to participate in the study.
- Step seven: When initial emails were sent out, the primary investigator received consents and surveys through an online survey instrument. All attempts were made to ensure the validity of the study by allowing participants to complete one copy of the demographic questionnaire and survey instruments. The raw data was stored in a password protected computer database that was accessible only to the primary investigator and major professor. The primary investigator reviewed the data, printed a hard copy and assigned a three-digit numerical code to each survey received. The surveys were placed in a brown envelope labeled, "Completed surveys," and placed in lock box. The study was conducted over a 6-week period.

Data Analysis

The demographic questionnaire, MNCSS, MRI and Satisfaction with Mentor Scale was completed electronically using an online survey instrument and analysed using the Statistical Package for the Social Science (SPSS), version 23. Descriptive statistics (mean, mode, frequency and standard deviation) were used to analyse the demographic data in research question one. Additionally,

descriptive statistics were computed to report the outcomes of each test item and total mean scores, for the MNCSS, MRI and Satisfaction with Mentor Scales. To address research question two, Kendall's tau and Exploratory Factor Analysis were used to determine the interrelationships among selected demographic characteristics (age, gender, race/ethnicity, work setting, type of doctoral degree, and type of doctoral programme), career development role mentoring, psychosocial role mentoring, mentor satisfaction, and career satisfaction among emerging nurse scholars. Kendall's tau was used to determine if there is a statistical significant correlation between variables that are measured at the ordinal level. An exploratory factor analysis was used to identify the factor structures of the measures and examine their internal reliability. Exploratory Factor Analysis allows identification of linear factors which explain the theoretical maximum amount of common variance in a correlational matrix (Bryant & Yarnold, 2004), which will determine the underlying factor model that best fits the data.

The type of analysis was driven by the methodology and the type of data analysis was determined by the data collection. Pearson's Product moment correlation and Linear regression were used among the independent variables career development role mentoring and psychosocial role mentoring, and dependent variables of career satisfaction and mentor satisfaction for research questions three through seven. Pearson's *r* was used to explore the strength of the relationship between two continuous variables. The linear association is measured on interval or ratio scales and inferences are made about the population correlation coefficient. The Pearson's *r* also yields information on the direction of the association between variables in addition to the strength of the linear association. A positive correlation infers that as one variable increases the other variable increases. A negative correlation infers that as one variable increases the other variable decreases (Wetcher-Hendricks, 2011). Linear regression is when a single independent variable is used to predict a single dependent variable (Wetcher-Hendricks, 2011).

Results and Discussion

Findings Related to Research Questions

The following is a discussion of each research question investigated, statistical procedures used to conduct the analysis, and descriptive and inferential findings. A total of $N = 82$ participants completed the survey. All surveys were reviewed for completeness. Ten of the 82 participants' surveys were excluded from data analysis because of missing data. A total of $N = 72$ surveys were completed and utilised for data analysis.

Research question 1

Descriptive statistics for this study consisted of frequency distribution, percentages, means and standard deviations to summarize the demographic data of the $N = 72$ participants. The age of the population ranged from 21 to over 60 years old. The vast majority of the sample were from 36 to 50 years old ($n=31$, 43.1 %).

The gender of the registered nurse participants of the study were female ($n=63$, 87.5 %), and male ($n=9$, 12.5%). The racial make-up of the sample was white ($n = 49$, 68.1%), African American ($n=15$, 20.8%), Hispanic ($n=5$, 6.9%), Asian/Pacific Islander ($n=2$, 2.8%), and other ($n=1$, 1.4%). The participant who chose the other category identified as white Hispanic. Most of the participants were nurse educators ($n=33$, 45.8%). The participants were staff nurses ($n=15$, 20.8%), advanced practice nurse ($n=8$, 11.1%), nursing administrator ($n=4$, 5.6%), and other ($n=12$, 16.7%). The other work settings consisted of Certified Diabetes Educator, Public Health, Quality and Compliance, Infection Preventionist, Health Policy and programmes (nonprofit), Nurse Entrepreneur, Consultant, Research, Quality Management Specialist, and RN Study Coordinator for Clinical Research.

The 72 participants practiced in four Regions across the United States; Southeastern, Midwestern, Northeastern and Southern. Southeastern participants included; Florida (n=11), Georgia (n=3), North Carolina (n=1), Virginia (n=5), Maryland (n=5). Midwestern participants included; Missouri (n=7), Minnesota (n=8), North Dakota (n=2), and Ohio (n=1). Northeastern participants included; New Jersey (n=2), Pennsylvania (n=8), and New York (n=4). Southern participants included; Arkansas (n=6), Louisiana (n=8) and Texas (n=1).

Research question 2

For research question two, the Registered nurse participants shared information about their demographic characteristics. They provided information on a survey which contained questions from the MRI, MNCSS, and the Satisfaction with Mentor Scale. Kendall tau was used to determine if a correlation existed among the research variables. There was no significance noted among demographic characteristics (gender, race/ethnicity, work setting, type of doctoral degree, and type of doctoral programme), career development role mentoring, psychosocial role mentoring, mentor satisfaction, and career satisfaction.

These findings were supported by Mariani (2012), who found that participating in a mentoring relationship did not have a statistical influence on career satisfaction and intent to stay in the profession. Conversely, Allen, Eby, and Lentz (2006) looked at a formal mentoring programmes, and determined that there was a significant relationship between mentorship quality, career role mentoring, psychosocial role mentoring, role modeling and proximity.

However, there was a significant relationship noted between age and career satisfaction ($r = 0.170$, $p < 0.05$). The age of the participants in this study were between 36-50 years old. This finding was supported by Weijden et al. (2014) who reported that younger professors who receive mentorship on average have a more positive view on their work environment and manage their research more actively. Similarly, Nick et al. (2012) found that protégés or novice educators that are formally mentored by a more experienced academician become more productive, have higher career satisfaction, assume their role in academia more quickly, and have a smoother transition from practice to academia. Age could possibly relate to career satisfaction because younger nurses are beginning their professional career and development, whereas older, more experienced nurses are preparing to retire and have reached the terminal phase of their career. According to Erikson individuals between the ages of 35 to 55 are in the Generativity vs. Self-absorption or Stagnation phase, it is at this phase that career and work, and family are the most important things (Davey, 2014). At this middle adulthood stage, major life shifts occur, careers can change, and individuals struggle to find purpose (Davey, 2014). Significant relationships occur within the family, communities, workplace and church (Davey, 2014)

Through additional analysis it was found that there was a significant relationship between current degree and mentor satisfaction ($r = -0.279$, $p < 0.01$), and current degree and career satisfaction ($r = 0.191$, $p < 0.05$). The majority of the participants in this study held their PhD in nursing (91.7%), and were nurse educators (33%). Current degree had a positive correlation with career satisfaction but a negative relationship with mentor satisfaction. These findings could be related to the idea that as emerging nurse scholars obtain their terminal degree they may feel that they have achieved their overall career goals and no longer want a relationship for professional development. For the scholar they may be looking for a more deeper relationship or even friendship with their mentor.

Similarly, the average participants in Chung and Kowalski's (2012) study were doctoral prepared and were full time faculty. These participants identified that job satisfaction was influenced by a mentoring relationship. It was concluded that mentored faculty had higher associations with job satisfaction and lower associations with job stress, which identifies that mentoring is a beneficial strategy for assisting nursing faculty. Additionally, Hill et al. (2005) also supported this finding. In this study, the population consisted of deans, associate deans, faculty, and a chief nurse executive. It was found that 81% of the nurse leaders credit the positive changes that resulted in their

professional lives to the mentoring relationship (Hill et al., 2005). The benefits experienced by the participants were both personal and professional and included: being part of a trusting relationship, being given resources to assist in their development and increasing self-confidence (Hill et al., 2005).

An exploratory factor analysis was completed and identified two factors; “Measures of Mentoring and “Components of Nursing Education.” A Pearson’s correlation was computed on Factor 1, “Measures of Mentoring.” There was no significant relationship noted between career development role mentoring, psychosocial role mentoring and mentor satisfaction. But, there was a significant relationship identified between career development role mentoring and psychosocial role mentoring ($r = .537, p = .039$). Career development role mentoring and psychosocial role mentoring are both functions of mentoring. This finding was supported by Dilmore et al. (2010), who also completed a factor analysis and found that the career dimension and psychosocial dimension were strongly correlated. They thought that “the overlap in career and psychosocial roles fulfilled by mentors reflects the fact that the psychosocial aspects of the mentoring relationship create the type of supportive and nurturing environment that facilitates career development” Dilmore et al., 2010, p. 107).

In Factor 2, “Components of Nursing Education,” a significant relationship was identified between type of programme and doctoral degree ($r = .776, p = .000$). Type of programme and doctoral degree have a significant relationship because both items relate to education. The types of programmes in which the participants enrolled, were traditional ($n = 27, 45\%$), online ($n = 24, 40\%$) and hybrid ($n = 9, 15\%$) programmes.

Research question 3

For research question three, participants were asked to share their feelings regarding career development role mentoring and career satisfaction. Pearson’s Product Moment Correlation and Linear Regression were used to determine the relationship between the variables. The findings related to research question 3 were that there was no significant relationship between career development role mentoring and career satisfaction ($r = -.159, p = 0.182$). This finding can be related to the emerging nurse scholars who are receiving more of the career development role mentoring functions, may determine that they are not satisfied with their current role or career, and may want to seek additional opportunities or leadership roles.

The results of this research question were mixed when compared to prior research studies reported in the literature. The findings were supported by Chung and Kowalski (2012) who found several factors that influence job satisfaction such as the presence of a mentoring relationship, salary, tenure status, psychological empowerment and job stress. Whereas, Weng (2010) found that career development has a positive effect on nurse’s job satisfaction and organisational commitment.

Research question 4

For research question four, participants were asked to share their feelings regarding career development role mentoring and mentor satisfaction. Pearson’s Product Moment Correlation and Linear Regression were used to determine the relationship between the variables. Findings related to research question four were that there was a moderate correlation between career role mentoring and mentor satisfaction ($r = .522, p < .000$). Roemer (2012) supported this finding as mentors were mostly commonly described by their mentees as supportive, encouraging, coaching and teaching. The participants in Roemer’s study reported that their relationships contained career advancement activities. Similarly, the Banister et al. (2014), study found that career nurse mentors supported minority nursing students to facilitate their transition into practice from their junior year of nursing school until the end of their first year of employment, which was beneficial to the mentees, who felt that mentoring was the strongest component. Additionally, Riley and Fearing (2009)

supported the finding that mentoring relationships can be developed to assist with academic achievement and clinical performance of nursing students. The findings in this study suggest that emerging nurse scholars who receive more career development role functions such as coaching, challenging assignments, sponsorship, and exposure and visibility within their organisation from their mentor, are more satisfied with their mentor and their mentoring relationship. Mentors providing opportunities for the emerging scholars professional growth, by providing networking opportunities, leadership and opportunities for the individual to shine, thus allowing the emerging nurse scholar to feel satisfied with their mentoring relationship.

Research question 5

For research question five, participants were asked to share their feelings regarding psychosocial role mentoring and career satisfaction. Pearson's Product Moment Correlation and Linear Regression were used to determine the relationship between the variables. Findings revealed a significant relationship between psychosocial role mentoring and career satisfaction ($r = -.275, p = .019$). Individuals may often seek mentors to help them develop more professionally, which may be done more formally. Mentors and mentees may sometimes form a relationship through a formal mentoring programme where they establish guidelines and goals of the mentoring relationship. However mentors and mentees who establish an informal relationship are establishing a relationship that is more personal, rather than professional. Psychosocial role mentoring functions are more personal, whereas career development role mentoring functions are more professional.

Consistent with the literature, Weng et al. (2010) found that career development and role modeling had positive effects on new nurses' job satisfaction and organisational commitment, but the psychosocial functions were incapable of providing an explanation for work outcomes. Whereas, Jones (2012), indicated that there were: successful extrinsic outcomes (impact within their job) and intrinsic outcomes (increased confidence and happiness) for both mentors and mentees.

Research question 6

For research question, six participants were asked to share their feelings regarding psychosocial role mentoring and mentoring satisfaction. Pearson's Product Moment Correlation and Linear Regression was used to determine the relationship between the variables. There was a significant, moderate correlation between psychosocial role mentoring and mentoring satisfaction ($r = .652, p < .001$). This finding could be explained because often a mentor is seen as a role model, someone the mentee aspires to become. As the mentor provides more counselling and friendship, and acceptance and confirmation, the mentee may feel that they are providing more of the goals that will make their mentor proud thus allowing them to feel more satisfaction from the mentoring relationship and their mentor.

This was supported by Colvin and Ashman's (2010) study, which determined that through their mentorship leadership programme, more experienced students (mentors) helped less experienced students (mentees) by providing support and knowledge, which helped to improve academic performance of the mentees, and allowed for personal growth of mentees. Ragins and McFarlin (1999), also supported the findings between mentoring and psychosocial functions, as they identified that the length of the mentoring relationship was positively related to psychosocial functions. In general, the positive relationship between psychosocial role mentoring and mentor satisfaction parallels with the literature.

Research question 7

For research question seven, participants were asked to share their feelings regarding mentor satisfaction and career satisfaction. Pearson's Product Moment Correlation was used to determine the relationship between the variables. There was a weak correlation between mentor satisfaction and career satisfaction ($r = -.278, p = .018$).

Findings for Research Question 7 (RQ7) revealed a significant relationship between mentor satisfaction and career satisfaction. Similarly, Decastro et al. (2014) identified that a number of aspects were associated with overall career satisfaction including the nature of the mentoring relationship (e.g. collegiality), positive mentor behaviours, and the extent of mentoring in various mentoring roles. Moreover, Prevosto's (1998) study examined the impact of mentorship on professional socialisation, job satisfaction and intent to stay, and found that mentored nurses reported more satisfaction and a higher intent to stay in their current role than non-mentored nurses. Even though mentoring satisfaction and career satisfaction were significant, there was a negative correlation in this study. This could possibly be related to the increased workload for Registered nurses, and the current demand for more graduate nurses to advance practice, teaching and research, which could add to increased pressure for nurses. The mentoring relationship takes time to establish and maintain a trusting relationship. According to Chung and Kowalski (2012), a major challenge in the mentoring relationship among the nurse faculty, was having time to establish the mentoring relationship. Also, further analysis of mentor satisfaction and career satisfaction, as with a face to face discussion with the participants would have allowed more insight into the negative correlation of the variables. Mentor satisfaction is determined by what the individual goals are for the mentee and mentor. The mentoring relationship could have nothing to do with career development. It could be a relationship that could be established informally for the purposes of socialisation and overall guidance with all aspects of the individual's life.

Findings Related to Theoretical Framework

Even though it was noted that both mentor and mentee may benefit from career and psychosocial functions. There was no significance noted between career development role mentoring and career satisfaction. There was a significant relationship between; (1) career development role mentoring and mentoring satisfaction, (2) psychosocial role mentoring and career satisfaction, (3) psychosocial role mentoring and mentor satisfaction, and (4) mentor satisfaction and career satisfaction.

As it relates to the findings of the study, providing career development role mentoring functions in the mentoring relationship can allow the mentee to develop a satisfying relationship with their mentor. Also, psychosocial role mentoring can help the mentee develop a satisfying relationship with their mentor, as well have an overall increase in career satisfaction.

Limitations of the Study

Despite expanding the substantive body of research knowledge, there are a few limitations to this research study.

1. The sample size was small and should be generalised cautiously to the entire population of emerging nurse scholars.
2. The use of a correlational research design for this study limits the ability to make causal inferences among variables.
3. While surveys provided the participants' opinions about their overall career and mentoring experience, interviews would have allowed more insight from the participants about mentoring and career satisfaction.
4. The use of surveys with self-reported data was a limitation of this study. Study participants were asked to respond to questions regarding demographics, overall nursing career satisfaction, their mentor role in providing career and psychosocial functions in the mentoring relationship, and satisfaction with their mentor. Self-reported responses by the participants tend to recall bias and a possible unintentional distortion of the facts (Burns & Grove, 2011). Self-reporting data was also limited by the fact that the responses of the emerging nurse scholars that participated in this study cannot be verified independently.

Conclusions

Based upon the findings of this study, the following conclusions were drawn:

1. A significant relationship does not exist among all the demographic characteristics (gender, race/ethnicity, work setting, type of doctoral degree, and type of doctoral programme), career development role mentoring, psychosocial role mentoring, mentor satisfaction and career satisfaction. However, a significant relationship did exist between age and career satisfaction, current degree and career satisfaction, and current degree and mentor satisfaction.
2. A significant relationship did not exist between career development role mentoring and career satisfaction.
3. A significant relationship did exist between career development role mentoring and mentor satisfaction.
4. A significant relationship did exist between psychosocial role mentoring and career satisfaction.
5. A significant relationship did exist between psychosocial role mentoring and mentor satisfaction.
6. A significant relationship did exist between mentor satisfaction and career satisfaction.

Implications for Mentoring in Nursing Education

Findings from the study have relevant implications for nursing education. *The Future of Nursing: Leading Change, Advancing Health* recommends for the number of doctoral prepared nurses to double by 2020, in order to prepare nurse scholars to work in academic and practice settings (IOM, 2010). Mentoring the emerging nurse scholar can be an important tool in preparing nurse scholars in the academic and practice settings. Doctoral curriculums should include a mentoring programme that consists of mentoring toolkits and resources that can assist the scholar while pursuing their terminal degree; dissertation research seminars and opportunities. These curriculums should not only be included in the nursing curriculum but in all graduate programmes that are a part of the university, across disciplines. The mentoring toolkit should contain information for both the mentors and mentees. It should contain resources on understanding mentoring, how to choose a mentor, how to maintain the mentoring relationship, understanding the role of the mentor and mentee, and the goals of the mentoring relationship. This toolkit can be a guide for establishing the mentoring relationship, but the relationship expectations and outcomes will depend on the individuals involved.

Nurses cannot achieve without the help of others. Nurses need the help of our leaders to grow personally and professionally, and to develop our special talents and gifts. There must be commitment from both mentor and mentee, communication, respect, passion for the nursing profession and a vision for transforming the future. More studies are needed on establishing best practices for mentoring nurses, and establishing mentoring programmes that would assist nurses to have mentoring relationships that are encouraging and empowering.

Implications for Mentoring in Nursing Practice

Findings from this study have relevant implications for nursing practice. As doctoral students and emerging nursing scholars acclimate into their leadership roles it is important that they receive opportunities to grow personally and professionally. It is important that mentors prepare emerging nurse scholars for leadership roles that will be vacated by current nurse leaders who are retiring or changing positions. The delivery of nursing care is shaped by the training and mentoring provided by experienced nurses. The socialisation of these emerging nurse scholars into practice can be affected by the support, coaching and role modeling of the nurses that are a part of their professional development. A culture in nursing practice that promotes mentoring through collaborative decision making with autonomous practice allows nurses to feel valued. The nurse

must have continued support of administration, physicians and nurses. Nurses must embrace mentoring for themselves as well as mentor others.

Implications for Mentoring in Health Policy

Findings from this study have significant implications for public policy. Emerging nurse scholars need continued support through federal funding that will assist all scholars to have an opportunity for loan repayment and scholarship funds which will aid them with their financial constraints or burdens, thus allowing them to obtain their doctoral degree to increase the number of leaders in education and practice. Emerging nurse scholars should establish relationships with leaders who can mentor them to be successful in these roles on boards of nursing, which will ensure that nurses are available to fill leadership positions in health policy and planning while working with policymakers in making decision on health care.

Recommendations for Future Research

The following recommendations are suggested for future studies:

1. Future research should assess the mentors' view of the emerging nurse scholars and compare them with the mentees' (emerging nurse scholars) view to determine if there is any correlation.
2. Further analysis could explore mentor satisfaction and career satisfaction in different regions across the United States.
3. A follow-up study should occur and include additional demographic characteristics (such as salary, proximity of mentor, sex of mentor, and length of mentoring relationship) to determine what type of effect they have on mentor satisfaction and overall career satisfaction.
4. Future studies should explore and track longitudinal outcomes of emerging nurse scholars over time to determine what factors affect career satisfaction, and at what stage of their career.
5. Future research should investigate the effects of mentoring across inter-collaborative health disciplines, and determine if there are any differences in mentoring and career satisfaction across disciplines (i.e. medicine, dentistry, nursing, business, and management).

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