

APPLICATION OF THE MODELING ROLE-MODELING THEORY  
TO MENTORING IN NURSING

by

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Patricia Darlene Lamb

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## ABSTRACT

Mentoring has existed in some form since the days of Greek mythology. Today the debate is whether mentoring is really valuable at all, if the absence of a single definition interferes with its usefulness, and whether those in nursing perceive it useful within their profession.

**Purpose:** The purpose was to explore the applicability of the MRM Theory to the relationship of nursing educators as mentors and students as mentees.

This descriptive exploratory study aims were to 1) determine if the theory's concepts were considered realistic to nursing faculty and nursing students, in relation to the mentor and mentee roles in nursing education and 2) discover if there are concepts nursing faculty and nursing students consider important components of the roles of nursing faculty as mentors and nursing students as mentees not identified by the Modeling Role-Modeling, MRM, Theory.

**Method:** A total of 16 participants (nine faculty, seven students) were interviewed using open-ended questions. The questions centered around their experiences as mentors and mentees, perceived benefits of, conflicts within those relationships, and their opinions about whether the concepts of the adapted MRM Theory model are representative, realistic, and important components of the mentoring relationships between nursing faculty and students. The MRM Theory served as the conceptual framework. Content analysis was used to identify prominent themes or issues and terms.

**Results:** The variety of terms used to discuss mentoring and mentors were consistent with the terms and variety described in the review of literature. A variety of themes applicable to the positive and negative aspects of mentoring were identified based on the interview data. The participants reported that the concepts were realistic, important, and useful. The conflicts reported were issues that should be taken into consideration and avoided in a mentoring relationship or program. The faculty and students had similar responses. The conflicts lent to recommendations for minor changes in the wording of the descriptions of the nurturance, unconditional acceptance, and modeling concepts. The adapted MRM Theory model was well received and responses were supportive of its use as a framework for the development of mentoring relationships or programs for nursing schools.

## CHAPTER 1

## INTRODUCTION

The mentoring role has well documented roots originating in Greek mythology. “Mentor” was a wise and trusted friend and guardian who tutored, reared, and nurtured Telemachus, the son of Odysseus, during the absence of Odysseus in the Trojan wars (Andrews & Wallis, 1999; Barlow, 1991; Grossman & Valiga, 2000). Since that time, mentoring has persisted although the roles and functions attributed to it are varied.

Among the various professions, the term mentor differs in meaning. In nursing, mentoring is often described as an interpersonal relationship characterized by terms including “emotional,” “caring,” and “chemistry” (Hagerty, 1986; Hand & Thompson, 2003). The descriptions vary within the nursing profession as well. Some authors described the role as a long term nurturing commitment with a mixture of good parent and good friend, as well as “supporter,” “collaborator,” and “advisor” (Grossman & Valiga, 2000; May, Meleis, & Winstead-Fry, 1982; Pullen, Murray, & McGee, 2001; Sword, Byrne, Drummond-Young, Harmer, & Rush, 2002). Other authors described the relationship as one of mutual respect with the goal of learning, advancement, and mastery and the mentor as a “coach,” “teacher,” “evaluator,” and “preceptor” (Andrews & Wallis, 1999; Hagerty, 1986; Restifo & Yoder, 2004).

In contrast to the way mentoring is described in nursing literature; a mentoring relationship in the business profession is described as a very structured and bureaucratic relationship with the intention of increasing promotions, salaries, and bonuses. The terms

associated with a mentor in the business field include “expert,” “tutor,” “master,” “protégé,” and “disciplinarian” (Hunt & Michael, 1983).

According to some literature, having a mentor has numerous benefits including decreasing the anxiety levels of students or new nurses, learning new information, increasing success and achievements, providing networking, learning from the mentor’s mistakes, and increasing student retention (Grossman & Valiga, 2000; Restifo & Yoder, 2004; Shelton, 2003; Woodrow, 1994).

The benefits of being a mentor are more personal and less obvious but none the less important. The mentor may experience gratification and pride in seeing the mentee’s success as well as mutual learning (Andrews & Wallis, 1999; Grossman & Valiga, 2000; Koskinen & Tossavainen, 2003).

There are authors who provide warnings and dispute the “hype” associated with the word mentor (Hagerty, 1986; Hand & Thompson, 2003; Grossman & Valiga, 2000). Other criticisms they have included: lack of agreement on a definition, fallible research methodology, and inadequate training for the mentors.

Andrews and Wallis (1999) think that in order to have a successful mentoring program or engage in a rewarding mentoring relationship, it is vital that there is a mutual understanding of what the term mentor means. A lack of clarity noted in the literature, regarding mentoring, creates great risk for role confusion and the potential for role conflict and misunderstandings. In their view, everyone needs to have a similar understanding of roles and expectations.

An equally emphasized issue in the literature was the importance for faculty and nursing students to have the opportunity to experience a successful mentoring

relationship. Busen and Engebretson (1999) think that mentoring “is necessary for the infusion of new knowledge and skills...” (p. 10) and the opportunity to mentor and be mentored begins with the student and faculty relationship. The quality of the student-faculty relationship is the fundamental and most important element of the mentoring experience (Gray & Smith, 2000). A significant influence on the experience is the presence of clear concise role and function expectations on the part of mentors and mentees. If there was a consistent theory to apply to the mentoring experience, it is possible that there would be greater clarity and consistency in the role and function expectations. The researcher’s interests are related to exploring whether people who are currently involved in these roles agree or disagree with the views and opinions of those in the literature. Also to discover if the participants mention or report that they believe that faculty who are mentoring nursing students could have positive effects on retention and success within the nursing program.

### Purpose

The purpose of this study was to explore the applicability of the Modeling and Role-Modeling Theory (MRM Theory), to the relationship of nursing educators as mentors and students as mentees. To achieve this purpose, nursing educators and nursing students in a baccalaureate nursing program were interviewed. The content explored during the interviews included: a mentors’ roles and functions, the dynamics of the mentor and mentee relationship related to the faculty as mentor and the student as mentee, and concepts including facilitation, nurturance, and unconditional acceptance related to the roles of mentor and mentee in this unique situation. The aims of this study

were to 1) determine if the theory's concepts were considered realistic to nursing faculty and nursing students, in relation to the mentor and mentee roles in nursing education and 2) discover if there are concepts nursing faculty and nursing students consider important components of the roles of nursing faculty as mentors and nursing students as mentees not identified by the MRM Theory. Content analysis was used to identify data from the interviews that are consistent or inconsistent with the concepts in the MRM Theory. The qualitative data were also summarized for descriptive purposes.

### Conceptual Framework

Modeling and Role-Modeling (MRM) Theory provided the conceptual framework for this study (Schultz, 2004). MRM Theory has served as a foundation for research, education, and clinical practice in nursing and is a theory derived from practice and therefore supports theory based nursing practice. This theory traditionally has been used to refer to the nurse-patient relationship. Schultz (2004) pointed out, however, that humans are alike and that this theory essentially describes human relationships. The theory, for the purpose of this study, was adapted to explain the human relationship of mentoring among faculty and students.

The concepts of the MRM Theory can be divided between those related to the mentor and those related to the mentee. For the purpose of this study, the terms mentor and teacher are synonymous; and the terms mentee and student are synonymous as well. The concepts referring to the mentor are facilitation, nurturance, and unconditional acceptance. These concepts are related to the holistic, interpersonal, and interactive relationships in which the mentor is involved.

Facilitation is a role of the mentor in which the mentor moves the mentee towards the desired outcomes (Schultz, 2004). For example, a teacher may facilitate the student in getting experience by making contacts or networking on behalf of the student.

Nurturance requires that the mentor have the ability to understand and support the mentee's values (Schultz, 2004). Through nurturance the mentor moves the mentee towards desired outcomes. After the teacher gains a clear understanding of the student's values and desires, the teacher can then nurture or "feed" the student's needs and care for those needs, much as a parent nurtures children.

Ideally, unconditional acceptance is an acceptance with empathetic communication, no strings attached, and nonjudgmental respect of the other person (Schultz, 2004). This kind of acceptance is in contrast to the traditional role of teachers, which involves critical judgments, grading, and evaluating a student's behaviors or performance.

Modeling and role-modeling involve both the mentor and mentee. Modeling is a central concept in which each individual develops an image and understanding of the other's world within the other's framework and perspectives, while suspending one's own opinions and values (Schultz, 2004). This is much like taking the "Step into the other's shoes and walk a mile." perspective. The benefits of each individual seeing the world through the other's eyes are that it enables them to build the relationship based on mutual respect and from a more neutral starting point.

Role-modeling is the process of the mentor assisting the mentee in attainment and maintenance of their skills and knowledge, and career promotions through meaningful interventions and leading by example (Schultz, 2004). The idea is to learn from the

mentor's mistakes and avoid repeating them. The teacher can share "pearls" of wisdom with the student. Neither of these concepts, modeling or role-modeling, can be achieved without fully and accurately understanding the other person's views and perceptions.

The concepts related to the mentee are person and environment. The concept of "the person" is perceived as having several subsystems that interact and the mentor should not focus on just one of those subsystems but on all of them in order to view the individual in a holistic manner (Schultz, 2004). The subsystems included biological, psychological, social, cognitive, and spiritual subsystems. These are the internal stressors or strengths of the individual. For example, if a student has a disability this is an internal stressor and it makes up part of the person or subsystem. The teacher needs to be aware of the disability, understand how it affects the person, and take action to adequately facilitate the student's success.

The concept of environment relates to the external stressors, resources, and interactions including cultural aspects (Schultz, 2004). These also need to be recognized and considered in planning and facilitating the student's success.

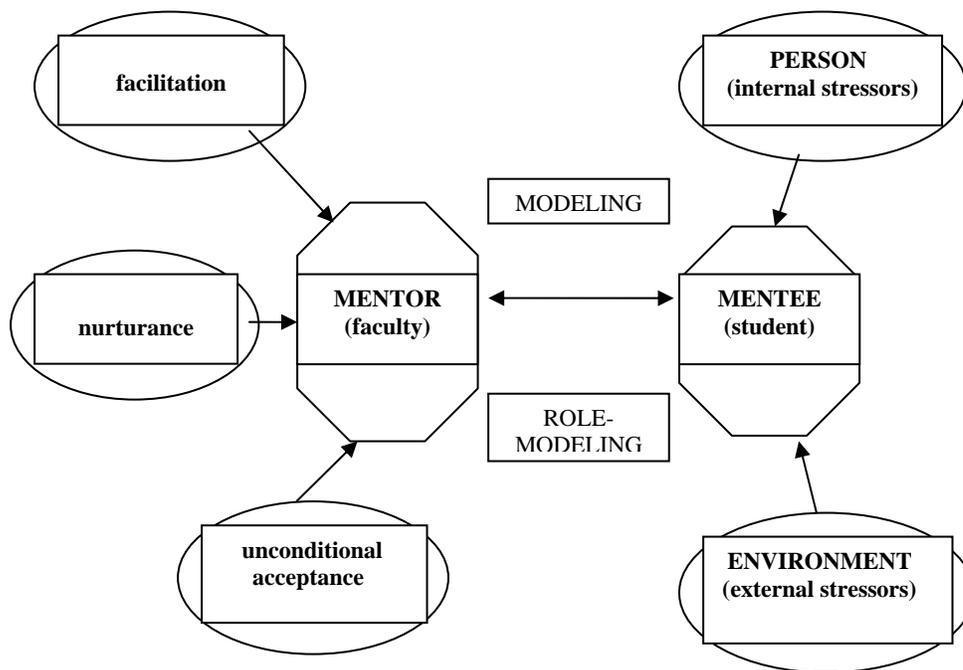
Observing and respecting the individual's environmental differences, such as cultural or ethnic aspects, can strengthen the relationship between the mentor and mentee.

The MRM Theory maintains that all aspects of the individual are emphasized to maintain a holistic perspective. The theory also provides a description of the many aspects, concepts, roles, and functions that make up human relationships. This theory and its concepts, as adapted for this study, were explored to find consistency or inconsistency when compared to the data derived from this study.

### Assumptions

Based on evidence in the literature, an assumption made by the author was that there would be both consistency and inconsistency between the data and the theory. This assumption was due to the concern that some of the concepts related to the theory were not realistic in an academic setting, especially those of unconditional acceptance and absolute absence of judgment. It was also assumed that instituting and maintaining those relationships could be burdensome and possibly not even feasible, given time constraints and the reality of what a teacher-student relationship demands. Another assumption was that some aspects of mentoring naturally exist in the teacher-student relationship. These assumptions do not diminish the potential application of this theory to the faculty-student mentoring relationships within nursing programs.

Figure 1. Adaptation of MRM Theory Model.



## CHAPTER 2

## REVIEW OF LITERATURE

Introduction

A summary of the literature relating to defining or describing the roles and functions of mentors is reviewed in this chapter. In addition, literature on the pros and cons of mentoring in nursing is summarized. Literature about mentoring related to nursing education is reviewed. Finally, an expanded coverage of the MRM theory and how it has been used in nursing practice is provided.

Defining and Describing the Roles and Functions of Mentors.

The original “Mentor” was depicted as an image of a wiser, older guardian who assumes responsibility for and guides the younger and more inexperienced person in society (Andrews & Wallis, 1999; Grossman & Valiga, 2000). Today, the relationship between the mentor and mentee may bring to mind many different descriptions, especially regarding roles and functions within this relationship. The mentoring relationship has been described along a wide continuum, from very emotional to very structured and emotionally unattached.

Aston and Molassiotis (2003) described mentorship as a professional relationship that develops over time and involves a nurturing element. Mentoring has also been described as an organization, a power framework, and a role phenomenon important for promoting achievement, as well as an interpersonal relationship (Hagerty, 1986).

Restifo and Yoder (2004) assert that although mentoring is not new to nursing, the mentoring role is often confused with what they term “coaching,” “role modeling,” and “precepting.” They described the roles of preceptor, role model, and coach and differentiated those roles from that of the mentor.

Restifo and Yoder (2004) describe the preceptor as someone who is a formally assigned teacher/guide who participates in structured or organizational programs. A role model has attributes, such as skills, that are admired and emulated from afar with little interaction or contact. A coach is in the middle ground between preceptors and mentors. They are usually immediate supervisors of an employee. They assist the employee to learn skills and the political or interpersonal aspects of the organization.

Restifo and Yoder (2004) indicate that those roles lack the more personal aspects they attribute to mentoring such as commitment, intensity, sponsorship, and reciprocal nature. In describing a mentoring relationship, these authors include the following characteristics: mutuality, exclusivity between the two parties, spontaneous, and built on chemistry. These authors believe this relationship to be exclusive to only the “best performers” and are usually at the executive levels, with coaching occurring at the lower levels.

Several authors have expressed concern that there are endless variations of descriptions regarding the mentor’s roles and functions, which can lead to role confusion and poor performance (Grossman & Valiga, 2000; Hagerty, 1986; Woodrow, 1994). They also criticize the fact that the term mentor has become popular or “hip” and that it has been overused or misused, possibly to the point of becoming meaningless. There is no consensus of an acceptable description of the roles and functions of the mentor or the

phenomenon of mentoring. Hagerty (1986) asserts that this ambiguity leaves researchers, educators, and even mentors to determine their own descriptions, thus causing inconsistencies.

Hunt and Michael (1983) conducted a literature review regarding the mentoring relationship. They note that age, gender, culture, power, self confidence, and position are the prevalent differentials between mentor and protégé. Another group of authors focused on the issue of gender and reported that for men, having a mentor was important for appropriate male development and was described as being a father-son parental type relationship (Levinson, Darrow, Klein, Levinson, & McKee, 1978).

The literature contains numerous models of mentoring and ways to structure or categorize the relationships and roles (Hagerty, 1986). For instance, Hunt and Michael (1983) discussed the four stages of the mentoring relationship. These stages were the initiation stage, the protégé stage, the breakup stage, and the lasting friendship stage. The initiation stage is the six months to one year period during which the selection process takes place and the relationship begins to become important to both parties. The protégé stage is the period of two to five years in which the protégé grows, is given more opportunities, begins decision making independently, and the relationship reaches its peak. The breakup stage is the separation that takes place six months to two years after a significant change within the relationship, for example taking a new job. The lasting friendship stage is the final phase in which the parties reconnect, the protégé has reached peer or higher status, and the relationship becomes more of a peer-like friendship. A relationship is considered complete or full term if all four stages are reached (Hunt & Michael, 1983).

Myers (1990) discussed that the Dalton/Thompson career development model, which includes stages of mentoring. The stages include dependence, independence, supervising others, and finally managing along with supervising others. They also stated that although the initial stages were formed with nurses in mind, the stages can be related to the experiences of the students and faculty.

The first stage in the Dalton/Thompson career development model involves a new nurse that is significantly dependent on the mentor and undertakes a subordinate role. The second stage involves a nurse that develops a more equal role to the mentor and becomes more of a colleague requiring less direct supervision. According to this model, many nurses never move beyond this stage during their entire career. Some nurses do move into the third stage in which they become mentors themselves by displaying personal and professional qualities of a mentor. The fourth stage is when the nurse becomes responsible for the actions of others and functions in the role of a supervisor or manager. This includes responsibility for not only client case load but also for personnel.

The MRM Theory was chosen for this study due to the attention given to the individual and also the interpersonal relationship. The MRM Theory is further discussed on pages 15 and 16. The models of Hunt and Michael (1983) and Dalton/Thompson focus on the stages of the relationship but tells us little about the interaction between the mentor and mentee.

### Mentoring in Nursing- the Pros and Cons

Many authors applaud the benefits that a mentoring relationship can provide to both persons involved (Andrews & Wallis, 1999; Gray & Smith, 2000; Shelton, 2003).

Restifo and Yoder (2004) reported that everyone involved benefits from mentoring and the benefits include advice on success and promotions, learning new information and how to deal with stress, how to teach, networking, increased empowerment and self esteem, and increased employability.

Some authors agree that mentoring can be a tremendously beneficial process that should be encouraged and should have the ability to change to reflect the participants' needs (Hand & Thompson, 2003; Waters, Clarke, Ingall, & Dean-Jones, 2003).

Mentoring has implications for recruitment and retention of nurses, student morale, quality of patient care, patient and family satisfaction, job satisfaction, as well as the mentor's own professional and personal growth. Additionally, the perception of adequate support and a positive experience are heavily reliant on the mentor and the quality of the mentoring relationship (Aston & Molassiotis, 2003; Atwood, 1979; Koskinen & Tossavainen, 2003).

In an exploratory descriptive study, Angelini (1995) interviewed 45 nurses, 37 female staff nurses and eight female nurse managers, in four acute care hospitals, both teaching and non-teaching. The staff nurses reported that mentoring was a large part of their career development. In general, the participants felt that mentoring contributed to more positive interactions within the organizational climate, assisted in developing career building relationships, and facilitated career transitions. The interview data from nurse managers revealed the same themes as that of the staff nurses and therefore reinforced the perceived importance of mentoring among various levels of nursing (Angelini, 1995).

An evaluation of a pilot mentoring program was conducted involving nurse managers (Waters et al., 2003). Of the 37 participants, 20 were identified as mentees and

17 as mentors. They attended a workshop, completed questionnaires before and after the workshop, and participated in a post workshop telephone interview. The questionnaires and interviews focused particularly on issues of personal choice, timing, expectations of the program, and making better use of the existing technology to support and maintain networks. The investigators were able to establish some strategies to develop mentor programs and the participants reported that the mentor and mentee experience had provided excellent networking opportunities, expanded their enthusiasm and self esteem, and that overall the program was a positive experience.

The literature review revealed that some authors and investigators are skeptical about mentoring and disagree with the idea that mentoring is always a positive experience. Grossman and Valiga (2000) discussed misunderstandings about mentoring and thus barriers to establishing a productive relationship. These misunderstandings included the best way to succeed is having a mentor, mentoring is always beneficial, the mentor should be older than the mentee, a mentee may only have one mentor at a time, men are better mentors than women, the mentee must wait to be asked by a mentor to initiate a relationship, men mentoring women leads to sexual encounters, and mentors always know best.

May, et al.(1982) discussed dilemmas in mentoring relationships such as independence versus protectiveness, collegiality versus exploitation, mentorship versus educator role, and individuation versus protégé status. For instance, the authors criticize mentoring relationships because these relationships can lead to dependence on the mentor related to a mentor becoming overly protective and unwilling to allow the mentee room for independence. Often the cause of problems related to these dilemmas is the lack of

clear role description and education about the roles within the relationship (May, et al. 1982; Woodrow, 1994).

Some authors think it's misleading to imply that mentoring or having a mentor is absolutely necessary for success and job satisfaction (Hagerty, 1986; Hand & Thompson, 2003). These authors also question why there is so much emphasis on the necessity of mentoring in order to succeed. Specifically, Hagerty (1986) argued that emphasis on mentoring is not supported by research data that is methodologically sound. In addition, Hand and Thompson (2003) doubted the appropriateness of relating success with mentoring as if it was a prerequisite to success, and they questioned whether every student needs or even wants these relationships.

### Mentoring in Nursing Education

In a literature review on mentorship, Andrew and Wallis (1999) included studies of mentoring programs in nursing education that explored the beneficial effects of those programs (Andrew & Wallis, 1999). In one such study, a multidisciplinary mentoring program was implemented involving high risk students (King, Vidourek, Davis, & McClellan, 2002). The program consisted of four elements including relationship building, self-esteem enhancement, goal setting, and academic assistance. Activities related to each of these elements were assigned to the mentor and the student by a coordinator. For example, questions were given to both to be answered in a journal and then shared with each other. An assignment was to discuss who their hero was and why. The program resulted in improved attitudes, healthier behaviors, as well as fewer discipline problems, negative behaviors, and drop outs (King et al., 2002).

Shelton (2003) conducted a study to explore the relationship between students' perceptions of faculty/mentor support and student retention. These researchers found that mentored students perceived greater faculty support, showed improved academic performances or grade point averages, and were less likely to withdraw.

Several studies discussed mentoring in terms of the students' perspective, generally in regards to the characteristics of the mentor and the benefits that were obtained from the relationships. One such study conducted by Gray and Smith (2000) was a longitudinal qualitative study that involved ten students in a nursing program. Over three years of education, students were interviewed on five occasions and were also asked to keep diaries of their thoughts and experiences. The study findings indicated that, after just four clinical placements, the students gained a realistic view of what a mentor does and what is required of a mentor versus the idealistic views they had initially. Mentors in this study were the nursing faculty.

The students reported that the good mentors were enthusiastic, friendly, approachable, and patient (Gray & Smith, 2000). Poor mentors were those who broke promises, lacked knowledge, had poor teaching skills, had no structure in their teaching, and was either overly protective or threw them into situations for which they felt unprepared. Students felt a good mentor was beneficial in guiding and providing comfort in times of great anxiety, such as first time clinical placements.

A pilot study was conducted in which special groups, called Care Groups, were incorporated into a nursing curriculum to lessen anxiety, promote acquisition of skills, and in general increase students' success in the nursing program (Pullen et al., 2001). A model was developed from the results of this study called the Care Group Model. The

mentors were the nursing faculty and the mentees were the nursing students. The investigators concluded that the Care Groups provided a caring, nurturing, and supportive environment. It also provided consistency among faculty assessments, grading, teaching, and expectations. This was primarily due to the framework serving as a guide and the education provided in conjunction with implementing the program. The results also included student reports of decreased anxiety levels and increased satisfaction related to the overall program (Pullen et al., 2001).

### Application of the MRM Theory in Nursing

In order for a theory to be useful in guiding practice, education, or research, evidence is needed that the theory is valid. Also of importance is the knowledge of the theory's limitations and strengths before applying the theory to practice, curriculum, and research. The MRM Theory is considered a middle-range theory. Middle-range theories are theories that are both broad enough to be useful in complex situations and appropriate for empirical testing, as well as being more narrow in scope than grand theories thus offering a bridge between grand theories and nursing practice. Concepts typically addressed by middle-range theory are adaptation, self-care, health, individuation, loss, grief, adaptive potential, basic need status, self-care resources, and object attachment. These concepts are incorporated into the MRM Theory (Hertz, 1997).

The MRM Theory incorporates several well accepted theories into a single theory with a nursing perspective. Hertz (1997) reports that some of the concepts and theories incorporated are Erickson's psychosocial theory of development, Selye's theory of stress

and adaptation, and Maslow's theory of human needs. Unfortunately, Hertz does not elaborate on what specific aspects of those theories were specifically incorporated into the MRM Theory. With the development of this theory came the need to test its concepts for applicability to nursing. The MRM Theory has been the foundation for many research studies, master's theses, and doctoral dissertations. These studies have tested the MRM concepts and the relationships between those concepts. A brief mention of some of those researchers and studies that have tested the MRM are as follows.

Helen Erickson, the creator of the MRM Theory, tested the efficacy of the theory in an intervention study with the intention to mobilize self-care resources with hypertensive patients (Schultz, 2004). Testing of validity of the model was conducted by Barnfather, Erickson, and Swain (1989). Five additional investigators, Acton, Hopkins, Irvin, Jensen, and Miller, tested the theory to explicate or affirm the concepts of the MRM Theory. The testing done was to implement the theory into multiple practice settings such as medical surgical nursing, community nursing, and intensive care nursing. The results of all of this testing demonstrated that the outcomes were consistent with the theory's predicted outcomes and increased confidence in the trustworthiness of the MRM Theory (Schultz, 2004).

The debate about mentoring continues today and current literature illustrates the variety of interpretations of the role and functions of mentors. Acton, et al. (1997) asserted that there is an ongoing need for continued research, knowledge gathering, and theory development and testing. These authors also discussed the need to set aside arguments about methodology and move toward the continuation of efforts to discover

the truths that build the foundation of nursing practice and advance the discipline of nursing.

## CHAPTER 3

## METHODOLOGY

Introduction

This chapter describes the population and sample design, data collection procedures, human subjects' assurances, instrumentation, and data analysis procedures. Justification for selection of the procedures is provided as well as a discussion of the limitations of the methods.

Population and Sample

The population consisted of the nursing faculty and junior and senior nursing students of the Montana State University College of Nursing in Missoula, Montana. This population was chosen for convenience and because this particular program was of interest to the researcher. The nursing students were seeking Bachelor of Science in Nursing degrees. The samples size goals were 10 of each and the actual sample sizes were 9 experienced nursing faculty members with none less than 3 years teaching experience and 7 nursing students. The relatively small sample sizes were chosen due to small population size, time and resource limitations.

Design

This was a descriptive exploratory study. Burns and Grove (2001) stated that descriptive studies are designed to gain more information about characteristics related to

a particular field of study. These types of studies provide a picture of the way things occur naturally. Frequently, in the field of nursing, an exploration of terms or phenomenon needs to occur before further causality or hypothesis can be examined. This process of exploration was utilized in this study.

### Procedures for Data Collection

Letters of invitation with introduction explaining this study were placed in each of the nursing faculty members and student's mailboxes (Appendices A and B). Those who were interested contacted the researcher by returning the letter in the researcher's mailbox file, by phone, or by email with information to contact them. The goal was to recruit 10 nursing faculty and 10 students. The settings for the interviews were of the participant's choosing. The faculty interviews included 4 done in their private offices, 2 done in the Graduate Room office, and 3 done over the phone. The student interviews included 2 done in the Graduate Room office and 5 done over the phone. The settings were chosen related to convenience, privacy, and the provision of a quiet environment.

Data were collected from April 4, 2005 through April 15, 2005. Interviews were scheduled and conducted as people volunteered. After the interviews were conducted the volunteers were sent thank you letters.

### Human Subjects Protection

An application was submitted to the Montana State University-Bozeman Human Subjects Review Committee and approval was received on 3-11-2005. Prior to starting the interviews, the participants were asked to read the letter/consent form again and then

sign it (Appendices A and B). The letter emphasized that the participant could withdraw from the study at any time and there would be no pressure to resume or continue the study. The length of each interview was expected to last approximately 30 minutes, and the actual average length of interviews was 45 minutes with a range of 25 to 70 minutes.

Participants were informed that confidentiality would be maintained. No identifiable data were recorded on the audiotapes and numbers were used to identify the participants on the tapes and notes. The interviews were transcribed without identifiable data included, and the tapes were destroyed after completion of the study. The consent letters will be stored in a locked file at MSU-Bozeman College of Nursing Missoula Campus for 2 years and after that point will be destroyed.

The potential benefit to the participants from this study was the opportunity to contribute to the research knowledge base of nursing. There was no identifiable risk related to this study.

### Instrument

An interview guide was developed by the author to elicit information addressing the study's purpose. The questions included open ended and short answer questions about mentorship and the concepts included in the MRM Theory. Prompts were also included to yield the desired information. Demographic data were obtained first. A copy of the interview guide is in Appendix C.

### Data Analysis

Content analysis began after the first interview was completed. Prominent themes, issues, and terms were noted. Each subsequent interview built on the previous interviews completed. Notes were also taken during and after the interviews regarding issues that seemed important to remember at the time of the interview. These field notes assisted with improving interview technique and identifying missing information to focus on in subsequent interviews in order to meet the study's purpose.

After transcribing the interviews, themes, ideas, and reoccurring concepts were written in the margins. The transcribed interviews were read several times to ensure all relevant data were accounted for and placed in the appropriate category. Every attempt was made by the researcher to form a representative view, which included both the atypical and the typical responses, without focusing on one type more than the other. The primary concepts identified in the data were compared to the concepts of the MRM Theory, looking for consistency and inconsistency between them.

Guba and Lincoln established criteria for testing the rigor of a qualitative study (Sandelowski, 1986). Credibility, which is when the participant interprets that the categories, subcategories, and findings of the study were correct and true, was not assessed due to time and resource limitations. Auditability refers to the ability of seasoned or experienced researchers to understand, follow, and concur with the analysis and conclusions of the study. Confirmability refers to working hard for neutrality in the findings. Both auditability and confirmability were accomplished through the scrutiny of the members of the thesis committee.

## CHAPTER 4

### RESULTS

#### Introduction

The purpose of this study was to explore the applicability of the MRM Theory to the relationship of nursing educators as mentors and nursing students as mentees. The analysis was conducted by examining responses to each individual question separately to identify the consistencies and inconsistencies between the participants' views and the concepts of the MRM Theory. Therefore, the results are presented and discussed for each question individually.

#### Demographic Data

All the participants (N=16) for this study were Caucasian and were either faculty or students at the Montana State University-Bozeman Missoula Campus. All faculty (N=9) were females. The mean age of faculty participants was 48 years, with a range of 35 to 56 years. The faculty had various credentials including MSN, DNS, FNP, APRN, PhD, and MBA. Their backgrounds included counseling, business, education, and nursing experience in ICU, medical surgical, pediatrics, mental health, women's health, and maternal health. The years of nursing practice of the faculty participants ranged from 15 years to 35 years, with a mean of 26 years.

Seven students participated in the study, six females and one male. The mean age of the student participants was 28 years, with a range of 21 to 38 years. Their

backgrounds included english, business, and several other science related degrees (N=4). Five of the students were first semester juniors and two were first semester seniors. None of the student participants had any nursing experience or nursing education other than their current placement in the nursing program of MSU-Bozeman on the Missoula campus.

### Summary of Results

Question one; tell me about your experiences as a mentor? When? Results +/- ?  
The experiences shared overall were those of past employment, volunteer positions, and teaching roles among the faculty. The majority discussed positive aspects being the “self fulfillment,” the joy of “seeing someone else succeed,” and that the role of mentor “requires you to keep on your game” and “keep your skills sharp.”

The negative aspects reported by participants were those of “time consumption” and having a “bad mentee” as described as one who “does not participate equally in the relationship” and the mentor “does all the work.” The participants discussed the importance of “mutual respect” and knowing “when the relationship isn’t working and cut your losses.”

Question two; tell me about your experiences as a mentee? When? Results +/- ?  
The experiences the participants shared were being a new instructor or new nurse (among the faculty) and being a new student or employee (among the students). The positive aspects were the “sense of belonging,” the relationship provides a “safe place” to go when feeling “anxious” or “overwhelmed.”

Many of the participants remembered their mentors fondly, although the negative aspects reported by participants were of mentors who “did not know what they were doing” or who “didn’t seem to care.” Those participants who did not have a mentor or knew others who did not have a mentor felt that they “missed out” and reported wondering “how things may have been different” with a relationship like the one between a mentor and mentee.

Question three; can you tell me what you enjoyed about the experience?

The participants reported obtaining a “feeling of fulfillment” and a sense of “giving to the next generation,” and having the opportunity to “learn things you might not learn otherwise.” The relationship “provided stability” during a time of “newness and change.” The participants also reported that it allowed the opportunity to share or learn about the “positive and negative” experiences “inherent” to being a new nurse or instructor.

Question four; what would have made it a better experience, if possible?

There were only a few responses to this question due to the majority feeling “satisfied” or “positive” about their experiences. The suggestions that were made were the opportunity to have “more time” to spend with each other, to have “some kind of training” for new mentors, and having mentors/mentees who “actively” or “aggressively” participated equally within the relationship.

Question five; how has your career/life been affected by experiences with/as a mentor/mentee? The faculty often mentioned how the transition into being a new professor was “significantly aided” and made “much smoother” with the “guidance of a seasoned professor or mentor.” The students reported that talking with or knowing “someone who is a nurse” helped convince them that nursing was for them. Several

students mentioned that without a mentor they “would not have stayed in the program” because of “the stress,” the “boring” classes in “the beginning of the program,” and the “level of difficulty” of the program. The “support and encouragement” they received from their mentors kept them going.

Question six; what are your thoughts about the positive and negative aspects of each role? The positive aspects reported were “fulfillment,” “increased confidence,” “continued learning,” a “sense of security,” “decreased levels of fear or anxiety,” “networking,” “sense of belonging,” “giving back,” and giving something “to the next generation.” The negative aspects were “too time consuming,” “personalities often conflict,” some people do not “participate actively,” feeling “inadequate” with the role, and the “heavy burden of responsibility” in being a mentor.

Question seven; do you think that it is beneficial for nursing faculty to serve as mentors for students? Why/why not? Do you think this is realistic? Why/why not? Every participant responded yes to the first part of the question supported by responses like “we need to share what we know,” “being new is difficult for everyone and we all need support, encouragement, and guidance through that period,” and “the new student or new nurse would be less likely to become discouraged and leave or quit if they had someone to show them the way and help them feel like they belong.”

The responses to the second part of the question were “it may be difficult to find the time in reality to devote the necessary time to the relationship,” “I’m not sure if there are enough faculty to go around realistically and still do a good job,” “it is realistic if both members want it to work and want to be involved,” “it may not be realistic for everyone if they don’t perceive the need or don’t want to participate,” and “if the personalities

don't mesh then there is a problem and it isn't realistic to expect the relationship to work well."

The Modeling and Role-Modeling theory is the basis of this study in relation to the mentor and mentee roles as assumed by the faculty member and the nursing student. I would like to hear your thoughts related to the concepts detailed in this theory.

Question eight; the first concept is the role of facilitator in which the mentor assists the mentee with networking and gaining experiences. What are your thoughts about this concept? Is it possible in relation to mentor and mentee roles in nursing education? Conflicts? Benefits? Your own experiences?

All participants thought that the role is "important," "necessary," and "possible." "Sometimes it's the only way to get your foot in the door." The conflicts reported were the concern of the mentor "being taken advantage of" or "manipulated" by the mentee in order to gain access to the mentor's "establish network of contacts," and the "problem of mentors having their own agenda that is incompatible with the mentee's goals." Another concern is the difficulty assisting a mentee that the mentor thinks does not meet their expectations and is "substandard."

Question nine; the next concept is of nurturance in which the mentor has the ability to understand and support the mentee's values and desires. The intention is to establish a relationship much like one in which a parent nurtures children. What are your thoughts about this concept? Is it possible in relation to mentor and mentee roles in nursing education? Conflicts? Benefits? Your own experiences?

The responses about this concept were mixed. The supportive responses were "nurturing is necessary, it's what we do as a nurse," nurturing "provides a safe place to

go,” “it’s necessary,” “possible,” and “realistic.” The concerns were that the description of “parent nurtures children” is condescending and “some people don’t need or want to be nurtured.” “It is not realistic or possible if they don’t get along” or “personalities conflict with each other.” An experience shared was related to fond memories of a mentor who provided nurturing and got her “through the hard times.”

Question ten; another concept is that unconditional acceptance is achieved within the relationship. That is acceptance with empathetic communication, no strings attached, and nonjudgmental respect. What are your thoughts about this concept? Is it possible in relation to mentor and mentee roles in nursing education? Conflicts? Benefits? Your own experiences?

The responses were fairly balanced between support and doubt related to unconditional acceptance. Two faculty participants with mental health and counseling backgrounds felt that there is no problem unconditionally accepting the other person. All participants felt that the absolute lack of being judgmental is “difficult when you’re a human, it is human nature to make judgments about others around us, right or wrong.”

Others felt that with maturity and experience “it is more likely that the mentor can accomplish this” and “it’s more difficult for the mentee” due to the lack of maturity or experience. An experience shared was that of dealing with someone whose lifestyle was in “extreme contrast” of their own, such as behaviors “unacceptable” in their own world. The mentor had to separate herself and “consciously realize it wasn’t about” her own “values or morals,” “it wasn’t about me.”

Question eleven; there are two central concepts of this theory. The first is Modeling in which each person understands the other’s perspective without involving

their own values and opinions. The idea is to “step into the other’s shoes and walk a mile” or seeing the world through their eyes. What are your thoughts about this concept? Is this possible in reality in relation to mentor and mentee roles in nursing education? Conflicts? Benefits? Your own experiences?

Again, many faculty participants felt that this could more easily be accomplished by the mentor than the mentee, due to experience and maturity. Students also responded similarly in that students have a more difficult time “understanding where the professor is coming from because most have never been there and done that.” All participants agreed that the idea is “good” and “important” but many were skeptical if it is “realistic.”

Many thought that “human nature” would interfere with the purest form of being that objective and unbiased. The idea of “step into the other’s shoes...” was widely accepted but some felt it is a role that would have to be openly addressed and discussed. “It would be difficult to walk that mile if you don’t share or communicate with each other where it is we are coming from.” The concept “would be more accepted if it was a goal to shoot for and not stated like it’s a requirement in its purest form in order for success.”

Question twelve; the other central concept is Role-Modeling in which the mentor leads through example and intervention, sharing their “pearls” of wisdom, and the mentee learns from the mentor’s mistakes and life-experiences. What are your thoughts about this concept? Is this possible in reality in relation to mentor and mentee roles in nursing education? Conflicts? Benefits? Your own experiences?

This concept received overwhelming acceptance and approval. Responses included “important,” “realistic,” “essential,” and “the best part about teaching.” The participants felt that the ability to share positive and negative experiences was “more

important than a lot of what is learned in the books,” “means more” to the mentee, and “it’s what is remembered most and longer than anything else we learn in school.”

The only conflict noted by a faculty participant is the concern that in sharing a “mistake” or negative experience, the mentee/student will “perceive making a mistake as no big deal” and that “making mistakes will not be seen as serious.”

Question thirteen; finally, the concepts related to the mentee are person and environment. According to the theory the effects of these concepts are important for both the mentor and mentee to be aware of in order to maintain a holistic relationship. Person involves internal stressors (i.e. disabilities, self esteem, illness, etc.) and environment involves external stressors (i.e. culture, relationships, faith, etc.). What are your thoughts about this concept? Is this possible in reality in relation to mentor and mentee roles in nursing education? Conflicts? Benefits? Your own experiences?

Some of the responses were “it is not something we do but more about what naturally occurs among human beings, so it absolutely is realistic,” “the ability to have self awareness that we talk about in nursing school is what this concept is discussing,” “without this understanding and awareness, the relationship is very superficial and probably not that valuable to anyone.” The one conflict that was mentioned was that of “feeling unwilling or uncomfortable with sharing personal information” and the problem of “maintaining professional boundaries.” An experience shared was “If a certain faculty had used this process of awareness about the students’ behaviors or performance, a good student would not have been dismissed because the problem is often not about intelligence but about stressors and a little understanding and help goes a long way. It’s a senseless loss to the nursing profession.”

Question fourteen, in addition to the concepts included in this theory, do you think there are other important components of the roles of nursing faculty as mentors and nursing students as mentees? None of the participants offered new concepts or components not mentioned in this theory.

### Summary of Themes

#### Terms Related to Mentoring.

The following terms were elicited through the first two questions asking them to discuss their experiences being a mentor and mentee. The various terms used by the faculty participants included “instructor,” “preceptor,” “guide,” “supervisor,” and “advisor,” all with two respondents each. Other terms mentioned were “role model,” “teacher,” “partnership,” “counselor,” “advocate,” and “facilitator” with one respondent each.

The terms used by student participants included “professor” and “tutor” with two respondents each. The other terms mentioned were “supervisor,” “teacher,” “assistant,” “role model,” “instructor,” and “trainer” with one respondent each. The terms used in common between faculty and students were “supervisor,” “teacher,” “role model,” and “instructor.”

#### Themes Related to Mentoring.

There are positive aspects to participating in mentoring relationships, according to the participants in this study. Some of them include that mentoring relationships provide “private feedback” that is “reality based,” “provides nurturing,” “provides room to

explore,” “security,” “provides someone to talk to,” “lasting relationships,” “guidance in any new situation,” “learning opportunities through positive and negative experiences,” “encouragement,” and “support.”

Mentoring relationships result in benefits for the mentor and mentee. The benefits of participating in a mentoring relationship for the mentor include “the opportunity to influence change,” “guide” and “direct” the “next generation,” “pass on knowledge,” “personal fulfillment,” “celebrates the mentees abilities,” and forces them to keep their “skills sharp and current.”

The mentee also sees benefits, perhaps more than the mentor. The benefits mentioned included “increases confidence,” “increases success,” “increases and refines interpersonal skills,” “develops mutual respect,” results in “positive outcomes,” and “increases job satisfaction.”

It is necessary to implement requirements and restrictions in order to have a successful mentoring relationship. The participants felt strongly that the following requirements and restrictions are absolutely necessary to provide “structure” and “boundaries” and thus create a “healthy relationship.” The suggestions included “open communication,” “requires caring and nurturing attitudes,” “mentoring is difficult to define,” “it’s an abstract phenomenon,” participants should “seek out on own,” “it can not be assigned,” “should happen naturally,” and “it takes time to develop.” There also needs to be “explicit roles and criteria.” Some participants felt the relationship should be “informal” but others felt it should be “professional and formal.” Student participants specifically felt it is important that the faculty/mentor needs to “remember what it’s like being a student.”

Mentoring can be demanding, difficult, and less than a positive experience. The difficulties were related to “conflicts in personalities.” Participants felt that the two people need to “connect,” “fit,” or “click” and if they don’t “it is miserable.” Also mentioned was the difficulty, if not impossibility, in managing dual roles. Some faculty expressed doubt that anyone can really “take off one hat totally and play another role keeping the two totally separate.” The most frequently mentioned drawback was the necessary “time” and “energy expenditure,” as well as the burden of “responsibility.” Other negative aspects mentioned were the person who is “not assertive,” “won’t participate,” has their “own agenda,” or mentors who are “crabby,” “grumpy,” “impatient,” “hostile,” “mean,” “intimidating,” and “aggressive.” Lastly the mention of “power” differences and the use of “power” can create a distancing between the mentor and mentee.

#### Themes Related to the Concept of Facilitation.

Facilitation is an important role and is beneficial to the mentee. The participants felt that this concept “actively occurs” and is “important,” “possible,” “realistic,” and a “good idea.” They also mentioned that a mentor can be a “good resource and knowledgeable” as well as serve the mentee by offering “recommendations and references,” “pave the way,” for the mentee, offer “positive and negative feedback.” Students mentioned that “honest” feedback is “really important,” and “helpful.” The facilitation from the mentor “decreases anxiety,” “directs interests,” and “provides direction.”

Beware of conflicts and manipulation. The faculty participants were concerned about the possibility of “conflicts of interest,” offering facilitation such as recommendations would be “difficult” if the mentee is a poor student. Another concern mentioned was that the mentee may attempt to “take advantage” of the mentor’s “position,” “influence,” or “contacts.” The participants also offered solutions including allow the “choice to refuse” or “remove self” from relationship, and be sure the “mentee is ready” for this type of assistance, and the mentor and mentee need to “keep it very professional.”

#### Themes Related to the Concept of Nurturance.

Nurturance offers various types of support to the mentee. The faculty reported nurturance is “important,” provides a “better environment,” and encourages “self reflection.” Nurturance “gives direction” yet also “helps them explore,” thus it also “promotes independence rather than dependence.”

Nurturance is beneficial to the mentee. Students mentioned that a nurturing atmosphere offers a “safety net” or “safe place” and a “knowledgeable” “person to talk to.” The students deemed this “absolutely beneficial,” “important,” “realistic,” and an environment in which they “learn better.”

There are important aspects to incorporate to assure successful nurturing. The participants felt strongly about “keeping the relationship professional” yet maintain a “comfortable atmosphere.” Suggestions to accomplish this included: it should be “per choice,” include both “weaknesses and strengths,” and the “positives and negatives” with

“no judgment.” Most importantly, at the onset of the relationship, the mentor and mentee need to establish “roles,” “lines,” “rules,” “expectations,” and “criteria.”

Nurturing behaviors can be perceived in a negative sense. A majority of the faculty and student participants mentioned that nurturing “can be perceived as condescending,” especially when using the terms “parent” and “child” to describe the relationship. Faculty were also concerned it could be misinterpreted as “favoritism” or a level of “affection” beyond the “professional boundaries.”

#### Themes Related to the Concept of Unconditional Acceptance.

Unconditional acceptance creates an understanding and open atmosphere. According to several faculty participants, there is “no room for being judgmental” in this type of relationship. Unconditional acceptance builds “respect” and provides a “holistic approach” and the “opportunity to prove self” with “individualized” and “honest feedback.” In general this atmosphere is a “better learning environment.”

It is difficult and possibly impossible to avoid bias. Unconditional is a term the majority of participants found “unrealistic.” Participants reported that it would be “extremely difficult,” in “reality,” to “leave role of teacher.” It is “human nature to have some bias.”

There are many conflicts and problems that could hinder unconditional acceptance. This type of relationship and interaction could be “misinterpreted” especially as “favoritism.” There would likely be “conflicts” with “dual roles” and “personalities.” Faculty reported this concept seemed to “imply that it’s not acceptable to be honest and share negative feedback when a student is not doing well” or is “struggling.”

In order for unconditional acceptance to succeed, prearranged guidelines and considerations need to be discussed and established. It is “very important” to establish “professional barriers,” “boundaries,” “lines,” and “criteria.” It is also important to always maintain “professional attitudes.” The mentor and mentee also should be aware that this type of relationship is “time consuming.”

#### Themes Related to the Concept of Modeling.

Modeling is a useful tool and beneficial for both the mentor and mentee. This concept was thought to be an “important” “quality of a good mentor.” Modeling provides the foundation and atmosphere for “good,” “open” “communication.” Some participants stated that modeling is the “most intrinsic piece” of this theory and that it is “necessary for success.” Several student participants felt that modeling makes a “good mentor,” it “levels the field,” and “makes faculty human.”

Modeling requires skills that are beyond human nature. Modeling is a “great goal” but “not realistic in purest form” and is not “humanly possible.” Too often there is “use of own agenda.” Participants were skeptical that modeling can be accomplished by both the mentor and mentee. It can “not work both ways” and the “mentee is less able to do” this. Another problem is that it is “difficult to separate from teacher role.”

#### Themes Related to the Concept of Role-Modeling.

Role-modeling provides a strong and stable foundation for learning and teaching. Role-modeling is a popular and “very effective tool” that allows students to “remember” information and helps that information “stick better.” All faculty participants reported using role-modeling while teaching. It is the “best part” and a “favorite part of teaching,”

and participants stated they “use it all the time.” Role-modeling “makes it real,” “humanizes,” “reveals imperfection,” and seems very “grounding.” It allows mentors to “share positive and negative” experiences and demonstrates a “way of knowing.” Students felt role-modeling is essential because faculty should “lead by example.”

Sharing mistakes or negative experiences may cause students to interpret making mistakes as insignificant. One faculty participant mentioned the concern that the mentee may “perceive making mistakes are not a big deal or unimportant.” Another faculty mentioned that the mentee may be “too self absorbed to benefit” from this concept.

#### Themes Related to the Concepts of Person and Environment.

This concept is common to all humans and is an active part of our being. Participants reported that this concept is a “real phenomenon” and a “driving force for actions and reactions.” Awareness of this concept provides a “better understanding of the situation,” “less misconceptions,” and “misunderstandings.” This knowledge of “our own surroundings” is an element of “self awareness” and a “way of knowing self.”

Awareness of person and environment is beneficial to the mentee. It allows “movement to new roles” and is “essential” for growth. It is a “part of accommodating” and a part of “needs assessments.” Students reported that if faculty utilized this awareness when dealing with or evaluating students we would see “decreased attrition” in the nursing program. It allows for “individualized help” and “strategic planning,” which is “important,” “increases retention,” and is “essential for good communication.”

Many conflicts affect the utilization of person and environment awareness. It is “difficult” to have this type of understanding if they “do not like each other,”

“uncomfortable” with each other, or “do not want to share.” It also “takes time to get to that point” and some people are just simply “uncomfortable with sharing personal information.” Another problem is that this awareness has to be established and utilized “before reacting” to a situation. Often times things get too heated and this “knowledge of person and environment is an afterthought.” Some students stated that this concept “doesn’t actually happen much in reality.”

## CHAPTER 5

### DISCUSSION

This study was conducted to explore the applicability of the MRM Theory to the relationship of nursing faculty as mentors and nursing students as mentees. Specifically, the aims were to 1) determine if the theory's concepts were considered realistic to nursing faculty and nursing students, in relation to the mentor and mentee roles in nursing education and 2) discover if there are concepts nursing faculty and nursing students consider important components of the roles of nursing faculty as mentors and nursing students as mentees not identified by the MRM Theory. The analysis was completed with the intention of addressing the aims as well as noting consistencies and inconsistencies between the real life experiences and the concepts of the model.

#### Evaluation of Results

##### Terms Related to Mentoring.

It was noted in the introduction and the review of literature that there are many views and definitions of the term mentor and the act of mentoring. Several authors described the various terms and roles used to define mentor (Grossman & Valiga, 2000; Pullen, et al. 2001). The variety of terms the participants in this study used to describe their experiences as mentors and mentees supported what the literature largely holds true. Several of the participants even asked for a definition of the terms mentor and mentee,

which was not provided during the interviews and left to their own discretion. The terms they used in responding to interview questions were rather varied.

#### Themes Related to Mentoring.

The themes identified in the study were also consistent with statements about decreased anxiety levels, learning from the mentor's mistakes, and increasing student retention (Grossman & Valiga, 2000; Restifo & Yoder, 2004; Shelton, 2003; Woodrow, 1994). Some of the participants supported the statement by some authors that the benefits are not only that of the mentee to enjoy but also experienced by the mentors in the form of gratification, pride, and the fact that they inherently have to keep up their skills to remain effective as a mentor (Andrews & Wallis, 1999; Koskinen & Tossavainen, 2003).

#### Benefits Related to Mentoring in the Nursing Profession and Education.

The issue of whether or not mentoring benefits nursing as a profession by decreasing attrition and increasing job and career satisfaction was also addressed by the participants. The overwhelming majority of participants found mentoring beneficial by decreasing the loss of good students and new nurses which supported the evidence in the literature (Andrews & Wallis, 1999; Busen & Engebretson, 1999; Gray & Smith, 2000). Of interest was that the faculty and students really had very similar views and experiences as to the benefits and detriments of mentoring relationships.

#### Conflicts Related to Mentoring.

There are criticisms in the literature that "mentoring" is hype and the lack of definition causes problems for the success of mentoring relationships (Hagerty, 1986;

Hand & Thompson, 2003; Grossman & Valiga, 2000). The participants mentioned negative aspects related to mentoring, such as conflicts with overuse of power, conflicts of interest, and personality differences. For the most part, these were issues that one should be aware of and attempt to avoid, if possible. Awareness of these potential problems would be useful if one were interested in establishing a mentor relationship or program or training mentors. However, these negative aspects are avoidable and are not an inevitable occurrence within mentoring relationships.

#### Results Related to the Concept of Facilitation.

The results about the concept of facilitator were fairly consistent between faculty and student participants. This concept was well accepted by the participants and thought to be a necessary part of the model and role of mentor. Again the only negative aspects were those to be aware of and avoid, such as conflicts of interest, danger of being manipulated, and working with a substandard student.

#### Results Related to the Concept of Nurturance.

Participants had positive remarks about the concept of nurturance but indicated that this may be hard to carry out in reality. A concern with this concept was how the nurturance relationship was described according to the MRM Theory. The theory describes nurturance much “like a parent nurtures a child.” The majority of both faculty and students had concern with those terms and felt it sounded condescending. When the relationship was reworded as “a safe place to go” or “being taken under the mentor’s wing” the concept was much more accepted.

### Results Related to the Concept of Unconditional Acceptance.

The results about the concept of unconditional acceptance revealed many positive aspects but this concept elicited the most negative responses among the concepts of the MRM Theory. The reality of human nature and its limitations were the concerns in making this concept truly useful. Bias, personality conflicts, and the difficulty of acting in dual roles, such as evaluator and mentor, were the major concerns. Based on the results of this study, it seems that “objective acceptance” would be a better term for this concept. It was also noted by the participants that it would not be reasonable or realistic to expect a human to achieve unconditional acceptance, in its strictest form, that is without any judgment.

### Results Related to the Concept of Modeling.

The concept of modeling was equally supported as well as not supported. The idea that there should be no opinions and values involved in mentoring and modeling are unrealistic expectations. The participants again noted that it is part of human nature to have values, opinions, and bias. The overall consensus was that this objectivity would be a great goal but to expect it to occur in the purest form that the theory describes is unrealistic. The most significant positive aspect of this concept, cited by participants, was that it would be a great atmosphere for open communication.

### Results Related to the Concept of Role-Modeling.

The concept of role-modeling was very well accepted by participants and there were very few negative responses, such as the concern that students might misunderstand the importance of avoiding making mistakes and develop the idea that making a mistake

is “no big deal.” Role-modeling is a technique that all of the faculty reported using and all of the students mentioned was very effective and enjoyable. In fact, many students reported that they remember material presented as a real world experience better than if material is presented without real world examples.

#### Results Related to the Concepts of Person and Environment.

The concepts of person and environment were described previously as the internal stressors and external stressors that influence the behaviors and performance of the mentee. These concepts were viewed as a phenomenon that naturally occurs. Participants were supportive of the need for an awareness of the presence of those stressors. It was interesting to note that the faculty spoke about these concepts as if they are obvious and well known. However, several students felt that the faculty do not consider these concepts or that it “doesn’t happen much in reality.” They mentioned that “retention” within the program is affected because the knowledge is not utilized “before reacting to a situation” and before fully considering the internal and external stressors that may be affecting their performances.

#### Additional Opinions Obtained.

There were additional interesting opinions expressed by the student participants. These data were often obtained after formal questions were completed or at the point when participants were asked if there were any additional concepts that they felt were important that were not included in the MRM model. One concern was that the students felt that there is a gap between what is taught and what happens in the real world. Their

point was that mentors could bridge that gap and help students understand how to cross that bridge.

Another interesting dialogue was related to the students' opinions about the difference in teaching efficacy of master prepared instructors (MSN) and graduate teaching assistants (GTA) and the instructors with doctorate degrees (PhD) or those with "terminal degrees." The students who discussed this (N=4) felt that the MSN and GTA instructors were "more flexible," "less narrow focus," "less judgmental," "more realistic," "more understanding," "more respected," "more clinically competent," and "more helpful." In the students' opinions, the PhD instructors were the opposite of this as well as more likely to have "their own agenda" and have more "vested" interests in education and research. The faculty participants were not asked for their opinion on this topic as it was not a specific focus of this study. This may, however, be something to consider when assigning or recommending mentors for students and which type of faculty would be best or most effective to choose for the job.

None of the participants felt any concepts were missing or should be included in the MRM model. However, some participants suggested that rewording the descriptions of the concepts of nurturance, unconditional acceptance, and modeling would lend to a greater acceptance of those concepts. The changes would likely include avoiding the parent child comparison of the nurturance concept, reword unconditional to objective acceptance, and change the description of modeling to reflect that the goal is to attempt to find an objective understanding of the other person's views. Participants also responded favorably to using the MRM Theory as a framework to develop mentoring programs.

### Limitations

A limitation of this study was potential selection bias. Credibility, which is when the participant interprets that the categories, subcategories, and findings of the study were correct and true, was not assessed due to time and resource limitations. The sample size was small since participants volunteered for involvement in the study. Most, five out of seven, of the student participants were first semester juniors and likely have different perspectives than students farther along in the program. There was only one male in the sample which may be a potential limitation. The ability to generalize this study's results may be limited due to the inherent differences between schools, programs, and geographical or cultural populations.

### Implications for Practice

The consistent benefits of mentoring noted in this study and those reported in the literature supports the need to implement mentoring programs in nursing programs. The much publicized nursing shortage and the rate of experienced nurses retiring are enough reasons to promote mentoring programs. If the guidance of a mentor will encourage students to stay in the nursing program or encourage a new nurse to stay in the nursing profession then these programs are very important to implement.

The well known phrase that “nurses eat their young” is not one that should remain part of the nursing legacy. Training new nurses how to mentor and care for their colleagues will be beneficial for the generations of new nurses to follow. The struggle for notoriety and acceptance as a legitimate scientific profession has been a long fought

battle. If nurses want to win that battle they need to stand as one and unite, something mentoring and being mentored could do.

#### Implications for Further Research

More studies should be conducted with larger sample sizes, more male participants, more variety of levels of education among the students, and within different nursing programs. Pilot studies or trials of mentoring programs within nursing programs using the adapted MRM Theory and the results of this study as the foundation would be beneficial for further research.

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APPENDICES

APPENDIX A

FACULTY INVITATION LETTER TO PARTICIPATE/CONSENT FORM

**INVITATION TO PARTICIPATE/CONSENT FORM**

From: Patricia Lamb, BSN, RN Graduate Student  
Montana State University-Bozeman, College of Nursing, Missoula Campus  
32 Campus Drive, Missoula, MT 59812 (406) 273-6920

Dear Missoula Campus Nursing Faculty Member,

I am writing to ask you to participate in a research study of mentoring relationships among faculty and nursing students in nursing programs. This study is designed to help me understand how well H.C. Erickson's, E.M. Tomlin's, and M.A. Swain's Modeling and Role-Modeling Theory applies to the relationship between nursing educators as mentors and students as mentees. I am a graduate student at Montana State University-Bozeman College of Nursing and this study is part of the requirements for my master degree. I am asking you to participate and share your knowledge about and experiences with mentoring.

Participation in the study involves a one-time interview that lasts approximately 30 minutes. The interview begins with questions about demographic information, degree level, education history, and career history. The interview questions ask you what you know about mentoring, your mentor and/or mentee experiences, and your perceptions of the mentoring relationship. Even if your experiences with mentoring seem limited to you, they may be very important to this study.

Your participation is entirely voluntary. Your responses will remain strictly confidential and the results will be reported only in group form. You are free to stop the interview at any time, and to not answer any questions you don't want to answer. The interviews will be audio-tape recorded so that I can remember what you say. No names will be mentioned or attached to these tapes; instead a participation number will be used to label the tapes and transcripts. Tapes and transcripts will be stored in a locking file cabinet and will be destroyed when the study is completed. Consent forms will be stored in a locked file cabinet for 2 years and then will be destroyed.

The interviews will take place at a location that is convenient to you and maintains confidentiality. There are no identifiable risks of participating in this study. The potential benefit of participating is a sense of contributing your valuable insight and expertise to nursing research.

If you are willing to participate, please sign on the signature line below and place it in my mailbox in the Missoula campus student mail file (Graduate Student section) **within one week**. If you have any questions about this study contact me at (406) 273-6920 (pdl@mymail.msu.montana.edu) or my advisor, Jean Shreffler-Grant, PhD, RN at (406) 243-2540 (jeansh@montana.edu). If you have questions about human subjects issues, please call Mark Quinn, PhD, Chair of the Human Subjects Committee, MSU-Bozeman at (406) 994-5721. Thank you so very much for your help with this study.

Sincerely, Patricia Lamb, BSN, RN

**CONSENT FORM:** I have read this consent form, have had enough time to ask questions and decide, and agree to participate in the study. I have received a copy of this form.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**NAME/CONTACT INFORMATION:** \_\_\_\_\_

APPENDIX B

STUDENT INVITATION LETTER TO PARTICIPATE/CONSENT FORM

**INVITATION TO PARTICIPATE/CONSENT FORM**

From: Patricia Lamb, BSN, RN Graduate Student  
Montana State University-Bozeman, College of Nursing, Missoula Campus  
32 Campus Drive, Missoula, MT 59812 (406) 273-6920

Dear Missoula Campus Nursing Student,

I am writing to ask you to participate in a research study of mentoring relationships among faculty and nursing students in nursing programs. This study is designed to help me understand how well H.C. Erickson's, E.M. Tomlin's, and M.A. Swain's Modeling and Role-Modeling Theory applies to the relationship between nursing educators as mentors and students as mentees. I am a graduate student at Montana State University-Bozeman College of Nursing and this study is part of the requirements for my master degree. I am asking you to participate and share your knowledge about and experiences with mentoring.

Participation in the study involves a one-time interview that lasts approximately 30 minutes. The interview begins with questions about demographic information, education history, and career history. The interview questions ask you what you know about mentoring, your mentor and/or mentee experiences, and your perceptions of the mentoring relationship. Even if your history or experiences with mentoring seem limited to you, they may be very important to this study.

Your participation is entirely voluntary. Your responses will remain strictly confidential and the results will be reported only in group form. You are free to stop the interview at any time, and to not answer any questions you don't want to answer. The interviews will be audio-tape recorded so that I can remember what you say. No names will be mentioned or attached to these tapes; instead a participation number will be used to label the tapes and transcripts. Tapes and transcripts will be stored in a locking file cabinet and will be destroyed when the study is completed. Consent forms will be stored in a locked file cabinet for 2 years and then will be destroyed.

The interviews will take place at a location that is convenient to you and maintains confidentiality. There are no identifiable risks of participating in this study. The potential benefit of participating is a sense of contributing your valuable insight and expertise to nursing research.

If you are willing to participate, please sign on the signature line below and place it in my mailbox in the Missoula campus student mail file (Graduate Student section) **within one week**. If you have any questions about this study contact me at (406) 273-6920 (pdl@mymail.msu.montana.edu) or my advisor, Jean Shreffler-Grant, PhD, RN at (406) 243-2540 (jeansh@montana.edu). If you have questions about human subjects issues, please call Mark Quinn, PhD, Chair of the Human Subjects Committee, MSU-Bozeman at (406) 994-5721. Thank you so very much for your help with this study.

Sincerely, Patricia Lamb, BSN, RN

**CONSENT FORM:** I have read this consent form, have had enough time to ask questions and decide, and agree to participate in the study. I have received a copy of this form.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**NAME/CONTACT INFORMATION:** \_\_\_\_\_

APPENDIX C  
INTERVIEW GUIDE

**INTERVIEW QUESTIONS****Patricia Lamb, BSN, RN****Demographic Information:**

Age:

Gender:

Educational Degree(s):

Professional Title(s):

Years as a Nurse:

- 1) Tell me about your experiences as a mentor? When? Results +/- ?
- 2) Tell me about your experiences as a mentee? When? Results +/- ?
- 3) Can you tell me what you enjoyed about the experience?
- 4) What would have made it a better experience, if possible?
- 5) How has your career/life been affected by experiences with/as a mentor/mentee?
- 6) What are your thoughts about the positive and negative aspects of each role?
- 7) Do you think that it is beneficial for nursing faculty to serve as mentors for students? Why/why not? Do you think this is realistic? Why/why not?

The Modeling and Role-Modeling theory is the basis of this study in relation to the mentor and mentee roles as assumed by the faculty member and the nursing student. I would like to hear your thoughts related to the concepts detailed in this theory.

- 8) The first concept is the role of facilitator in which the mentor assists the mentee with networking and gaining experiences. What are your thoughts about this concept? Is it possible in relation to mentor and mentee roles in nursing education? Conflicts? Benefits? Your own experiences?
- 9) The next concept is of nurturance in which the mentor has the ability to understand and support the mentee's values and desires. The intention is to establish a relationship much like one in which a parent nurtures children. What are your thoughts about this concept? Is it possible in relation to mentor and mentee roles in nursing education? Conflicts? Benefits? Your own experiences?

- 10) Another concept is that unconditional acceptance is achieved within the relationship. That is acceptance with empathetic communication, no strings attached, and nonjudgmental respect. What are your thoughts about this concept? Is it possible in relation to mentor and mentee roles in nursing education? Conflicts? Benefits? Your own experiences?
- 11) There are two central concepts of this theory. The first is Modeling in which each person understands the other's perspective without involving their own values and opinions. The idea is to "step into the other's shoes and walk a mile" or seeing the world through their eyes. What are your thoughts about this concept? Is this possible in reality in relation to mentor and mentee roles in nursing education? Conflicts? Benefits? Your own experiences?
- 12) The other central concept is Role-Modeling in which the mentor leads through example and intervention, sharing their "pearls" of wisdom, and the mentee learns from the mentor's mistakes and life-experiences. What are your thoughts about this concept? Is this possible in reality in relation to mentor and mentee roles in nursing education? Conflicts? Benefits? Your own experiences?
- 13) Finally, the concepts related to the mentee are person and environment. According to the theory the effects of these concepts are important for both the mentor and mentee to be aware of in order to maintain a holistic relationship. Person involves internal stressors (i.e. disabilities, self esteem, illness, etc.) and environment involves external stressors (i.e. culture, relationships, faith, etc.). What are your thoughts about this concept? Is this possible in reality in relation to mentor and mentee roles in nursing education? Conflicts? Benefits? Your own experiences?
- 14) In addition to the concepts included in this theory, do you think there are other important components of the roles of nursing faculty as mentors and nursing students as mentees?
- 15) Do you have anything you would like to add? Questions?

Thank you for your time.