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# The role of mentoring in the development of African American nurse leaders

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THE ROLE OF MENTORING IN THE DEVELOPMENT OF AFRICAN AMERICAN  
NURSE LEADERS

A Dissertation

Submitted to the Graduate Faculty of the  
Louisiana State University and  
Agricultural and Mechanical College  
in partial fulfillment of the  
requirements for the degree of  
Doctor of Philosophy

in

The Department of Educational Leadership, Research and Counseling

By

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## **ABSTRACT**

The primary purpose of this study was to explore the role of mentoring in the development of African American nurses who have achieved leadership positions in baccalaureate and graduate nursing programs. This study also explored the similar and dissimilar mentoring experiences in same-race versus cross-race mentoring relationships. The theoretical framework for this study is Levinson's adult developmental theory. A sequential mixed design was utilized. Forty-seven African American nurse leaders participated in Phase I, of which 10 were interviewed in Phase II. The findings showed that mentoring plays a role in the personal and professional development of African American nurse leaders in baccalaureate and graduate nursing programs. Moreover, the relevance of race varies in both same-race and cross-race mentoring relationships.

## CHAPTER 1: INTRODUCTION

The profession of nursing consists of more than 2.7 million registered nurses (RN) nationwide (U.S. Department of Health and Human Services). According to the 2000 National Survey of Registered Nurses, 86% of the profession is White, with 13% representing the remaining racial/ethnic backgrounds (U.S. Department of Health and Human Services).

Beverly Malone (1998), then president of the American Nurses Association (ANA), and the second African American to serve in that position since the organization's inception in 1916, stated that the organization has not shown much growth in the past 10 years "in representation of nurses of color which include . . . African Americans" (<http://www.nursingworld.org/tan/98janfeb/presiden.htm>). According to the National Advisory Council of Nurse Education and Practice (NACNEP), minority representation in the workforce is important because "minority populations . . . have higher rates of certain diseases, lower rates of successful treatment, and in some cases, shorter life expectancies than the majority population." (<http://bhpr.hrsa.gov/nursing/nacnep/divrepex.htm>). In the 1996 Executive Summary of the national agenda for nursing workforce racial/ethnic diversity, NACNEP advocated "increasing the racial/ethnic diversity of the RN workforce as one of the measures necessary to ensure the availability of a workforce appropriate to meet the nursing needs of the population" (<http://bhpr.hrsa.gov/nursing/nacnep/divrepex.htm>). Moreover, NACNEP reported that the minority population generally lives in areas where there is a significant shortage of health care providers. Specifically, the Council stated: "Despite their relatively small numbers among the nursing workforce, minority nurses are

significant contributors to the provision of health care services in this country and leaders in the development of models of care that address the unique needs of racial/ethnic minority population” (<http://bhpr.hrsa.gov/nursing/nacnep/divrepex.htm>).

Recognition of the importance of minority nurses in the workforce is only the beginning in addressing their under-representation in the profession. Although African American nurses represent the largest percentage (4.9%) of all minority nurses (U.S. Department of Health and Human Services, 2000), they still lag behind in leadership positions (Schmieding, 2000). According to Schmieding, “[A] major problem that has serious implications for equality in health care and cultural[ly] competent nursing care is the under-representation of minority nurses in leadership positions” (p. 120). As Schmieding asserts:

Nurses in top-level leadership positions in government, health care organizations, advanced practice, nursing schools, and professional organizations formulate national policies, establish governmental and private research priorities, develop nursing education agendas, and formulate strategic plans for health care delivery. Most of these nurses are in positions to address diversity issues in health care and in research, as well as the shortage of minority nurses . . . and the shortage of minority nurse leaders (p. 120).

Hattie Bessent, an American Nurses Foundation Distinguished Scholar, who is African American, also acknowledges the need for minority nurses in leadership positions. As a highly respected scholar in the nursing profession, she is recognized for her work in mentoring and increasing the number of minority nurses assuming leadership positions (Bessent, 2002). Accordingly, Bessent asserts that even with the growing number of minorities in the population, nursing is not reflective of that increase because of the few minority nurses in the profession.

## Statement of the Problem

To correct the under-representation of minority RNs, it is imperative that the profession recruit African Americans and other minorities. Likewise, the profession must continue generating strategies that will attract and develop these nurses to assume leadership roles. In the ANA's *Nursing's Agenda for the Future*, diversity and leadership were identified as two domains to address the nursing shortage. Mentoring was one of the strategies noted as a means to increase both diversity and leadership preparation.

Additionally, mentoring has been shown to be an effective strategy for career advancement in areas such as business, education and nursing (Dreher & Cox, 1996; Roche, 1979; White, 1988; Zey, 1984). In the discipline of education, mentoring is frequently used as a mechanism for recruitment of faculty and students (Davidson & Foster-Johnson, 2001; Lee, 1999; Miller, Jackson & Pope, 2001; Outlaw, 1995; Steele, 1991).

The literature is replete with the benefits of mentoring (Andrews & Wallis, 1999; Fagenson, 1992; Fawcett, 2002; Murray, 2002) and its role in the development of leaders in the profession of nursing (Allen, 1998; Boyle & James, 1990; Dunham-Taylor, 2000; Schaffer, Tallarica & Walsh, 2000; Vance, 1995). While the latter authors acknowledged the significance of mentoring relationships, it was impossible to determine if African American nurses were included in the studies. Demographic data provided from empirical nursing studies included age and gender, but omitted the race/ethnicity of the participants. Similarly, Schmieding (2000) reported having difficulty locating statistical data on minority nurses, which resulted in her phoning or writing agencies to obtain specific racial/ethnic information for her article entitled *Minority nurses in leadership*

*positions: A call for action.* Thus, considering the demographic composition of the profession of nursing, consisting of only 4.9% African American nurses (2000 National Survey of Registered Nurses), it is reasonable to assume that African American nurses were not proportionately represented. Therefore, the problem that plagues the nursing profession is that the literature is not representative or inclusive of all its voices. This research focuses on African American nurse leaders' perspective of mentoring, thus adding another dimension to the mentoring phenomenon.

### **Framing the Study**

Several theories have contributed to my understanding of mentoring within the context of adult development, namely, Albert Bandura's Social Learning Theory, Daniel Levinson's *Seasons of a Man's Life* and *Seasons of a Woman's Life*, and Erik Erikson's developmental theory. The subsequent paragraphs are brief descriptions of the theories, followed by my interpretation of each theory's role in my understanding of mentoring.

Albert Bandura's Social Learning Theory is based on the idea that people learn from observing and modeling the behaviors of others. Bandura (1977) asserts that "most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action" (p. 22). Vance and Olson (1998) suggest, "[M]odeling is an inherent part of the mentor process throughout various stages of self and professional development" (p. 8).

Erik Erikson, recognized for his work in human development across the life span, identifies several stages that humans go through. The stage in which mentoring generally occurs is Generativity versus Stagnation. Generativity is the positive resolution

of this stage, whereas stagnation is the negative aspect (Kozier, Erb, & Olivieri, 1991). Behaviors associated with generativity include guiding others, sharing with others, and recognizing the needs of self and others (Kozier, Erb, & Olivieri, 1991). “Inherent in generativity is the acceptance of responsibility for passing on wisdom to the next generation” (Vance & Olson, 1998, p. 7).

Daniel Levinson’s initial study of the adult development of men, and the subsequent study of females, reported that mentoring is a part of the “Dream” stage (Levinson, Darrow, Klein, Levinson, McKee, 1979; Levinson, 1996). The Dream is a reflection of the type of life the young man and woman hopes and aspires for as an adult. According to Levinson (1996), mentoring in its truest form “supports the evolution of the Dream” (p. 239) and the role of the mentor is to “support and facilitate the *realization* of the Dream” (p. 98).

As a result of all the aforementioned frameworks, my conceptualization of mentoring is as follows: Mentoring is a relationship between an experienced and inexperienced individual in which the mentor utilizes his/her expertise and influence to assist the mentee in achieving a goal/Dream. The reward for the mentor is a sense of giving back in preparation for future leadership succession—a legacy of sorts. For the mentee, the benefit is to have a benefactor and teacher to guide him/her through situations in which the mentee lacks experience, thus avoiding certain pitfalls. As a result of my understanding of mentoring, Levinson’s *Seasons* will serve as the theoretical framework for this study because it specifically addresses the role of mentoring in adult development.

## **Purpose**

The purpose of this study is to explore the role of mentoring in the development of African American nurses who have achieved leadership positions in baccalaureate and graduate nursing programs. From this study I hope to gain insight into the mentoring experiences of African American nurse leaders in higher education nursing programs. Additional data that will result from this study include the following: (a) who functions as mentors for African American nurse leaders, (b) the percentage of mentored nurse leaders who mentor other novice nurses, and (c) the relevance of race in mentoring relationships.

## **Research Questions**

The following questions will guide the study:

- RQ1: How do African American nurse leaders in higher education characterize their mentoring relationships?
- RQ2: How do African American nurse leaders in higher education perceive the effects of mentoring relationships on their professional lives?
- RQ3: What are the differences and similarities between the characterizations of African American nurse leaders with same race mentors and those with different race mentors?

## **Significance of this Study**

Numerous studies have validated the positive effects that mentoring relationships have for both the mentor and mentee; however, only one empirical study was found in the literature that reported African American nurses as the recipients of mentoring relationships. The study was conducted by Beverly Malone (1981), an African American nurse leader, for her dissertation. Malone studied mentoring as it related to career

satisfaction in the lives of African American female administrators in university and corporate settings. Approximately one third of the sample consisted of nurses. Vance and Olson (1998) included African American nurses such as Malone in their compilation of mentoring stories and essays in *The Mentor Connection in Nursing*. Yet, even in *The Mentor Connection in Nursing*, there is no identifying information that informs the reader that the writer of the essay is African American. Unless the reader is familiar with the individual's name, or the writer of the essay alludes to the effect race has on her career, the reader will assume that all of the mentoring experiences were those of White nurses. Since demographic information such as the racial/ethnic background of the mentor and mentee was only found in one study conducted by nurses, it was imperative that this study be implemented, if only to show that African American nurse leaders have mentoring experiences to share also. The findings from this study could possibly encourage more mentoring relationships between senior nurse leaders and novice nurses, regardless of the race of the mentor and mentee. As stated by Josefowitz (1980) in *Paths to Power*, "[V]ery few people ever make it alone. We all need someone to lead the way, to show us the ropes, to tell us the norms, to encourage, support, and make it a little easier for us" (p. 93).

This study has the potential to be significant on several levels. First, not since Malone's (1981) research on Black female administrators has any research applied Levinson's adult developmental theory relevant to mentoring of African American nurses.

Second, this study can contribute to the profession of nursing by addressing the role of mentoring for the minority nurse. In a broader sense, it can impact the initiatives

that are being developed to increase minority representation in the profession. Moreover, it will provide research-based evidence on the effect of mentoring in the development of African American nurses who are in leadership positions in higher education.

Finally, this research has the potential to influence nursing literature by addressing cross-race mentoring relationships. Although efforts to increase the number of African American nurses in the profession are being made, it will take a significant amount of time to accomplish this feat, and even longer to get leadership representation. Therefore, it is of necessity that White nurse leaders in the profession reach out to those African American nurses whom they perceive to be exhibiting leadership characteristics. At present, nursing as a whole has not explicitly addressed race in relation to mentoring relationships. It is my hope that the findings from this study will serve two purposes: (a) inform, and (b) increase the occurrences of cross-race mentoring relationships, while also improving same-race mentoring relationships.

As nursing continues to improve diversity in the profession by increasing minority representation, this research could contribute to not only attracting African American nurses to the profession, but possibly providing a strategy to increase the number of African American nurses who secure leadership positions. Thus, there are potential benefits for both African American nurses and the profession of nursing at large.

### **Definitions of Key Constructs**

For the purpose of this study, the following terms are defined:

**Mentoring** – “a complex, interactive process, occurring between individuals of differing levels of experience and expertise which incorporates interpersonal or

psychosocial development, career and/or educational development, and socialization functions into the relationship” (Carmin, 1988, p. 10).

**Mentor-** “ a person who oversees the career and development of another person, usually a junior, through teaching, counseling, providing psychological support, protecting, and at times promoting or sponsoring” (Zey, 1984, p. 7).

**Significant mentor** - the mentor who is deemed as being the most instrumental in the professional development of the mentee/protégé.

**Mentee/protégé** – a novice, inexperienced or junior person, who is taught, advised, guided or sponsored by a mentor.

**Leader** – the individual who influences and guides direction, opinion, and course of action (Bennis & Namus, 1985 as cited by Marquis and Huston, 1996).

**Leadership position** – upper to middle management positions that include but are not limited to deans, assistant deans, chairpersons, and department heads in baccalaureate and graduate nursing programs.

**Nurse-**“a person who is trained in the scientific basis of nursing and meets certain prescribed standards of education and clinical competence” (Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing & Allied Health, p. 1126).

**African American/Black-** any person residing in America with ancestors from Africa, sometimes called Black American or Afro-American (Webster, 1995).

## **Summary**

This chapter began with a demographic overview of the nursing profession. Next, the under-representation of minorities in the profession and the need to increase diversity was presented. Then, the dearth of African American nurses in the profession was

highlighted, along with the need for increase of African American nurses in leadership positions. Next, mentoring was suggested as a potential remedy to increase African American nurses in leadership positions. And lastly, a general overview of theories relevant to adult development and mentoring was presented. Levinson's *Seasons of a Man's Life* was selected as the theoretical framework to guide this study because of its inclusion of mentoring in adult development.

The next chapter is a review of the literature pertaining to mentoring in general, and nursing specifically. Additional areas being presented include race as it relates to African American nurse leaders in nursing and higher education, and literature that has employed Levinson's adult developmental theory.

## CHAPTER 2: LITERATURE REVIEW

The primary purpose of this study was to explore the role of mentoring in the development of African American nurse leaders. Fundamental to this study was gaining an awareness of existing literature on mentoring. Additionally, it was important to determine how mentoring is manifested in the profession of nursing, especially in the area of career advancement. Lastly, and crucial to this study is the identification of the apparent gap in existing literature relevant to African American nurse leaders and their mentoring experiences.

### **Mentor Defined**

The term mentor dates back to Homer's famous poem *The Odyssey* (Kram, 1985; Prestholdt, 1990; Ramsey, Thompson, & Brathwaithe, 1996; Smith, McAllister, & Crawford, 2001). According to the poem, Mentor was the name of the trusted counselor who cared for Odysseus's son, Telemachus, while Odysseus was away from home. As a result of the caring and supportive environment that Mentor provided for Odysseus' son, the modern-day meaning of mentor has come to signify a "wise and trusted teacher or counselor" (Webster's Dictionary, 1995, p. 742), and one who "advises, guides, encourages, and inspires another person during an extended period of time" (Vance & Olson, 1998, p. 5).

In a study exploring mentoring relationships, Zey (1984) provides a more comprehensive definition of mentor. He defines it as "a person who **oversees** the career and development of another person, usually a junior, through teaching, counseling, providing psychological support, protecting, and at all times promoting or sponsoring"

(p. 7). Specifically, the mentor functions in four roles: (a) teacher, (b) counselor, (c) intervenor, and (d) sponsor (Zey, 1984).

As a teacher the mentor instructs the mentee about the job to be done and gives career guidance. As a counselor the mentor provides psychological support and acts as a confidence builder to the mentee. As an intervenor the mentor provides access to resources and protection for the mentee. As a sponsor the mentor facilitates promotions either directly or indirectly (Fields, 1991, p. 257).

In contrast to the role of the mentor, the protégé is viewed as “one who is under the care, guidance or patronage of an influential or prominent person” (Collier’s Dictionary, 1977, p. 805). Its meaning derives from the French verb *protéger*, to protect (Ramsey, et al., 1996). In recent years, the literature reflects the interchangeable use of protégé and mentee. Both terms denote this individual as the one who lacks experience or expertise in the mentoring relationship.

## **Mentoring**

Although there have been numerous definitions to describe what mentoring entails, for this study only four are cited. Prestholdt (1990) characterize mentoring as “an intentional, insightful, nurturing process that fosters growth and development in a protégé” (p. 20). Carmin (1988) defines mentoring as “ a complex, interactive process, occurring between individuals of differing levels of experience and expertise which incorporates interpersonal or psychosocial development, career and/or educational development, and socialization functions into the relationship” (p. 10). According to Kram (1985), mentoring is “...a relationship between a young adult and an older, more experienced adult that helps the younger individual learn to navigate in the adult world and the world of work” (p.2). In consonance with the previous definitions, Levinson (1996) describes mentoring as “a relationship which the two participants conjointly

initiate, form, sustain, exploit, benefit and suffer from, and, ultimately terminate” (p. 239).

Mentoring relationships develop as a result of a mutual agreement or by formal assignment between the mentor and mentee. Murray (2002) indicates that mentoring has cognitive, behavioral, and affective components that are beneficial for both the mentor and the protégé. The mentee or protégé is typically a novice or neophyte who is usually younger and less experienced than the mentor (Levinson, Darrow, Klein, Levinson, & McKee, 1978). According to Levinson, et al. (1978), the work environment is a common setting for mentoring relationships to develop. These relationships can develop formally or informally. In the formal mentoring relationship both the mentor and mentee are working together because of a requisite job component (Chao, Walz, & Gardner, 1992). Conversely, in the informal mentoring relationship the union occurs naturally between the mentor and mentee. The mentor or mentee will seek the other out because of commonalities, such as being able to relate to each other (Chao, et al, 1992).

Fawcett (2002) posits that a mentor is instrumental in the socialization of the new nurse to the environment of which he or she has become part. She also asserts that good mentors have specific characteristics such as patience, enthusiasm, knowledge, respect, and a sense of humor, whereas the protégé should be “hardworking, willing to learn, and anxious to succeed” (Shaffer, Tallarica, & Walsh, 2000, p. 33). According to Shaffer, et al. in order for a mentoring relationship to work “a nurse leader must want to be a mentor to make the pairing successful and should have an interest in teaching a particular protégé” (p. 33).

Notwithstanding the advantages of mentoring that the protégé receives, the mentor profits as well. Benefits that the mentor gain include recognition among peers as a leader in the development of young professionals (Wright & Wright, 1987), in addition to feelings of gratification, especially when a protégé exhibits behavior that makes the mentor proud. In contrast to the benefits of mentoring are the negative aspects, such as a situation whereby the mentor is overbearing, or the protégé becomes too dependent on the mentor (Wright & Wright, 1987).

Throughout history there have been several famous mentoring-mentee relationships such as, “Socrates and Plato, Merlin and King Arthur, Haydn and Beethoven, Sigmund Freud and Carl Jung...” (Prestholdt, 1990, p.20). In nursing, Florence Nightingale, the founder of modern day nursing, also had what is considered a mentor. His name was Sir Sidney Herbert (Fields, 1991), and he gave Nightingale the opportunity to work as a nurse in the Crimean War.

### **Mentoring and Nursing**

Mentoring was not addressed in nursing literature until the late 1970s (Vance & Olson, 1998). Connie Vance, credited for being one of the first nurses to study mentoring in nursing (Olson & Vance, 1993; Vance & Olson, 1998), conducted a study among nurse leaders and concluded, “mentorship is an important source of influence among nursing leaders” (Vance & Olson, 1998, p. 6).

In exploring the research on mentoring nursing leaders, the overwhelming theme was that mentoring had a positive effect on those who experienced it. The benefits of nurses’ mentoring relationships were: (a) career success and advancement, (b) personal and professional satisfaction, (c) enhanced self-esteem and confidence, (d) preparation

for leadership roles and succession, and (e) strengthening of the profession (Vance & Olson, 1998, p. 9).

Holloran (1993) conducted a study examining the mentoring experiences of nursing service executives from medical center teaching hospitals. The sample came from approximately 7000 hospitals that are members of the American Hospital Association. Utilizing a self-administered survey, 71% of the 274 female executives who participated in the study stated that they had a mentor, and 29% had not. The author concluded that mentoring “is one effective means of preparing for leadership succession” (p. 53). Mentoring was found to be an important factor in the career advancement of the participants. It is through mentoring that executives believed that they learned the essentials to being effective leaders when working in complex situations. Moreover, the author posits that based on the experiences of the nurse executives in this study, administrators should seek out opportunities to identify and develop novice nurses. The specifics of how nurse administrators could identify and develop new nurses was not indicated.

In accordance with Holloran (1993), mentoring was also shown to be integral in the development of nursing leaders (Allen, 1998; Boyle & James, 1990; Dunham-Taylor, 2000). Boyle and James (1990) assert that mentoring is a tool to assist the nursing profession in promoting growth and development of its own. In an effort to determine the state of mentoring in nursing, the researchers distributed a questionnaire to 100 nurses in management positions in a large hospital. The findings indicated that 79 of 100 nurses holding management positions had been mentored sometime during their careers. Furthermore, of those who were mentored, the belief was that the relationship either

caused or led to positive results in their careers. Of significance was the influence that mentoring had on the mentored nurses during the early years of their careers. As suggested by Allen (1998), nursing leaders can help in the continuation of qualified nurse leaders by "... identifying those among them who possess leadership potential and by fostering leadership development opportunities" (p. 20).

In another study of nursing administrators, Madison (1994) described the role that mentoring relationships played in the professional lives of the executives. The sample consisted of 367 top-level nurse administrators who were members of an organization of nursing service administrators in the California area. The method utilized was a descriptive, retrospective, exploratory self-administered survey. The findings were that 56% of the nurse executives had one or more mentoring relationships. Eighty percent of the participants who had mentors found the mentoring relationship to be valuable for their professional lives. Because the responses were based on a Likert scale ranging from 1-7, with 1 and 2 representing very valuable, and 6 and 7 representing not valuable, it is impossible to determine what specific attributes of the mentoring relationship the participants interpreted as valuable. Further inquiry through interviewing would lead to specificity of what encompasses a valuable mentoring relationship. Overall, 97% of those that had a mentor indicated that their personal and professional lives changed as a result of the mentoring relationship. Specifically, the participants noted that they experienced improvement in self-confidence, self-awareness, and self-actualization. Additional changes identified by the participants as positive outcomes included increased self-esteem, job enrichment, and professional skill development.

Murtha (1995) also found mentoring to be associated with career advancement for staff nurses and other nurse managers in leadership positions such as managerial and clinical positions. Murtha studied the mentoring relationships of 66 nurse managers in three hospitals in the New England area. She indicated that mentoring relationships were beneficial to the nurse manager's career development. Moreover, the study showed that the non-mentored nurses believed that having a mentoring relationship would have had a positive effect on their career development.

Similar results were found in a study conducted by Vance (1995), in which she examined the role of mentoring in the development of academic nurse administrators. The mentors were distinguished as nurses and non-nurses. The findings suggested that academic nurse administrators who had mentors reported the relationship as positive and one that fostered independence. The nurse and non-nurse mentors did not differ significantly on the aforementioned characteristics. It was found that the nurse mentors gave more guidance with clinical activities and publishing than the non-nurse mentors. Analogous to Murtha's findings, the nurse administrators who did not have mentors believed that having a mentor would have made a difference in their career development.

Conversely, in a descriptive study of 419 female nurse-administrators of baccalaureate nursing programs, 43 percent (n=129) of subjects reported that they did not have a mentor. Interestingly, while over half of the non-mentored participants (54%) believed that having a mentor would have made a difference in their career, 46 percent (n=59) did not believe that having a mentor would have enhanced their success (White, 1988). Explanations offered by the non-mentored group included, "they did not need a mentor, and that they had significant individuals in their lives who helped them but who

were not described as mentors” (p.181). However, the overall findings suggested that most of the mentored and non-mentored participants believe the concept of mentoring to be significant in career advancement and career development.

Bahr (1985) was also interested in the mentoring experiences of women administrators in baccalaureate nursing education. She interviewed 10 women administrators, using a structured interview protocol. Ninety percent of the participants had a mentor and had served as a mentor. The profile of the mentors was primarily White females who were in their 50s or 60s. The protégés of the participants were described as White females in their 30s who were usually 10 to 20 years younger than the participants of the study. The findings indicated that the administrators perceived mentoring as a contributor to their career development and career advancement. Furthermore, the administrators who were mentored attained doctorate degrees and advanced to administrative positions at a faster rate than those who were not mentored. Considering the small sample size (n=10), with only one person not being mentored, the findings are not an accurate representation of this population. With a larger sample size, the findings would be more generalizable to administrators who fit this population, which means that African American nurses would likely be excluded.

In another study, Rawl (1989) examined the role of mentoring in the career development of nursing education administrators. Multiple regression was used to analyze the data from a researcher-developed questionnaire. The questionnaire consisted of information on career development, career aspirations, mentoring experiences, and demographic data. The results indicated that although mentoring was significant, there were other factors to be considered, such as highest degree earned and number of years as

an academic administrator. The findings suggested that mentoring was an important factor in career development of nursing education administrators.

Dissimilar to the previous findings, Redmond (1991) conducted a qualitative study to describe nursing deans' perspectives on life and career relationships and experiences that were significant to them and that influenced them in the assumption of the dean's position. One of the findings was that early socialization experiences and relationships contributed to the development of leadership behaviors and positive ego development. Although none of the deans specifically referred to being mentored, they described experiences that could be considered mentor-related. Individuals such as teachers and advisors were labeled as "quasi" mentors because they "provide[d] career modeling, support, encouragement, and advice" (p. 235). The author posits that it is imperative for educators to assist in the development of the nursing leaders of tomorrow. While Redmond does not specifically recommend mentoring to achieve this goal, she asserts, "some form of career guidance, advice, and direction from an older and wiser sponsor is necessary" (p. 236).

### **Mentoring and Race**

Several disciplines have researched the benefits of mentoring of African Americans. Most notably are the areas of business and education (Davidson & Foster-Johnson, 2002; Dreher & Cox, 1996; Lee, 1999; Levinson, 1978; Thomas, 1990; Zey, 1984). Similar to nursing, the educational and business arenas are still battling the issue of increasing the number of African American individuals within their professions.

Leaders of the National Black Nurses Association view mentoring as a tool to increase the number of nurses of color in the profession, especially in retaining students

in nursing programs (Ramsey, Thompson, & Brathwaite, 1994). As such, a mentoring program was developed to help improve retention in the New York City area. Students were partnered with mentors from the local Black nurses association. The race of the students was not indicated, but the students came from a nursing program where the majority of students were of color. The program was seen as a mechanism to help increase the number of nurses of color “to meet the healthcare needs of a growing underserved population” (p. 75). According to the authors, nurses who have known some degree of success have begun to seek out nursing students of color and assisting them in reaching their goals.

The question of whether same-race mentoring relationships are better than cross-race relationships is still being debated. Davidson and Foster-Johnson (2001) acknowledged the benefits that mentoring can have for improving the doctoral experience of minority students. They suggest that in academia, “students of color need mentors who are effective and influential in the department, regardless of racial background” (p. 553). Recommendations include recognition of differences such as race/ethnicity between the mentor and protégé for cross-race relationships, and multicultural competence for the faculty.

Given the demographic composition of the profession of nursing, one can assume that most mentoring relationships for African American nurses have been with nurses of the same race. Some would argue that the color of the mentor is not an issue but rather what contributions he/she can offer in the development of the mentee. In concert with Davidson and Foster-Johnson (2001), Lee (1999) offers similar support regarding cross-racing mentoring relationships. In her qualitative research of African American freshmen

students, Lee attempted to ascertain their perception of the importance of race in a mentoring relationship. The findings showed that the students believed that having a mentor of the same race was less important than having a mentor in their major/area of interest. The role of the mentor was viewed as having someone to help them to attain a degree and employment after graduation. The author quickly points out that institutions should not use her findings to discontinue recruiting and retaining African American faculty. Moreover, she asserts that the lack of African American faculty available for students should not serve as an excuse for failing to mentor African American students. Because of similar demographics in nursing, a replication of the study with African American nurses could further explain the phenomenon of cross-race mentoring relationships.

In several studies (Fagenson, 1992; Redmond, 1990; White, 1988), having common interests and mutual attraction were found to be key components in formulating mentoring relationships. Fagenson (1992) conducted a study to determine the profile of persons who are most likely to become protégés in a mentor-protégé relationship. The author suggested that while the protégés typically seek out mentors, the relationship between the mentor and protégé is based on a mutual attraction.

Redmond (1990) refers to this type of mutuality between mentor and mentee as a natural mentoring relationship. A natural mentoring relationship is based on mutual admiration and common interest. Moreover, it generally occurs between people who feel comfortable with each other, which oftentimes does not occur when the mentor is of a different race or ethnicity than the protégé. As an example, the author cites studies by Allen, and Trujillo (as cited in Redmond, 1990) of African American students who had

difficulty in formulating mentoring relationships with European American faculty at predominantly white universities.

Race was also the focus in a study conducted by Thomas (1990). The researcher explored the impact of race on mentoring relationships in an intra-organizational public utility company. His findings indicated that White protégés generally form same-race relationships, whereas Black protégées developed 63% of their mentoring relationships with White mentors. However, Blacks went outside of the department for mentoring relationships more than their White counterparts. Interestingly, same-race mentoring relationships were found to provide more psychosocial support than cross-race relationships for both Black and White participants, but were not found to be significantly different in career support. The researcher posits that “[T]he difficulty in developing the psychosocial aspect of cross-racial relationships most likely contributes to and is caused by the lack of comfort that white and black managers feel with each other” (p. 489).

Ensher and Murphy (1997) conducted a study to determine if race and gender affected mentoring relationships. The sample consisted of 104 ethnically and racially diverse interns. The mentors were volunteers of a media organization. The mentees were randomly paired with mentors of the same race or different race. The pairing resulted in 12 male pairs and 14 female pairs of the same race, and 19 male pairs and 31 female pairs of different races. The quality of the mentoring relationship was based on liking, satisfaction, intended retention, and degree of psychosocial and instrumental satisfaction of the protégée. The findings suggested that the more similarities, actual or perceived, that mentors and protégés shared, the greater satisfaction experienced in the mentoring relationship. “The results indicate[d] that if protégés find themselves to be similar to their

mentors on some dimension other than race, then they may be just as satisfied with mentors of a different race as with members of the same race” (p. 476).

Correspondingly, Dreher and Cox (1996) reported that the race and gender of the mentor were significant factors relative to compensation. Participants were masters in business administration (MBA) graduates that included Whites, Blacks, Hispanics, and women. Their results indicated that graduates who developed mentoring relationships with White men averaged nearly \$17,000 more annually than graduates who had mentors who were not White men. Moreover, Blacks, Hispanics and women were less likely to formulate mentoring relationships with White males. Juxtaposing the White male as the dominant figure with the White female nurse, similar results could be postulated. Such findings shown in Dreher and Cox’s study pose potential obstacles for those nurses who are dissimilar from the dominant members of the profession, especially when seeking out a mentoring relationship.

Yoder (1990) provides an additional concern regarding cross-race mentoring. The author recognizes a negative consequence of cross-race mentoring when the Black protégé has to deny his/her cultural identity to assimilate with the organization. Accordingly, the mentee could be plagued with interpersonal and intrapersonal conflict when faced with this situation, which may lead to the failure of the relationship (Yoder, 1990).

In an experiential account of mentoring as an African American post doctoral nursing fellow, Outlaw (1995) discusses the implications of mentoring when a White nurse researcher mentors a nurse of color. Outlaw states that what is integral to a successful cross-race mentoring relationship is acknowledging the differences between

the two individuals. She purports that “although color blindness is not the answer to establishing an honest, authentic relationship with persons of color, it is equally as important not to perpetuate the idea that no differences exist within groups” (p. 25). The following are examples of strategies recommended for the mentee: (a) never assume that the environment is completely hostile, (b) join a network of your own group, (c) emphasize what you have in common with your mentor, (d) be aware of your own stereotypes of others, and (e) have a vision for yourself. Outlaw also offers strategies for mentors. For the purpose of clarity, the term postdoctoral fellow will be replaced with mentee. Some of the strategies are: (a) approach every mentee as an individual, (b) appreciate and utilize the different perspectives and styles of the minority mentee, (c) confront racist, sexist or other stereotypic or invidious and institutional discriminatory behavior, and (d) understand that it is the mentor who ultimately holds the key for developing the full potential of the minority mentee.

Inherent in Outlaw’s (1995) account of cross-race mentoring is the recognition of differences between mentors and mentees. Her involvement in a cross-race mentoring relationship positions her to discuss it from a mentee’s perspective, thus adding to the legitimacy of her assertion.

While the literature seems divided regarding the type of mentoring relationship that is best for the mentor and mentee, the literature reflects that successful cross-race mentoring relationships can occur. As noted by Davidson and Foster-Johnson (2001), “what is most critical is to understand what happens in successful same-race mentor-protégé relationships and to try to generalize the best of those dynamics to all mentoring relationships” (p. 553).

## **African American Nurse Leaders**

In her historical account of mentoring relationships in nursing, Fields (1991) did not cite any African American nurse leaders in mentoring relationships. Fields' exclusion of African American nurses such as Mary Seacole, who worked as an uninvited volunteer nurse with Florence Nightingale in the Crimean War, and others such as Harriet Tubman, Sojourner Truth, and Mary Mahoney, the first trained Black nurse (Carnegie, 1995), were obvious omissions. Notwithstanding Field's historical representation, African American nurse leaders were included in *The Mentor Connection in Nursing* (Vance & Olson, 1998). The mentoring experiences of notables such as Beverly Malone, Geraldene Felton, Clara Adams-Enders, and Hattie Bessent were presented in their own voices. While all recognized the impact that mentoring had on their professional lives, there is no consensus on one particular profile for a mentor. Malone, former president of ANA, perceives mentoring as "a natural, professional nursing activity of caring empowerment, and nurturance that must be provided nurse to nurse and leader to leader" p.60).

In her doctoral dissertation, Malone studied mentoring as it relates to career satisfaction in the lives of African American female administrators in university and corporate settings. The following is an excerpt of her findings:

Approximately one third of the sample was nurses. Of the total sample of 130 Black women, 80% had been mentored. The majority was older than 40, having earned their high school diplomas before they were 18. They were very well educated, with more than 82% prepared at the master's or doctoral level. Perhaps related to their age, 80% had attended all Black schools during their educational preparation (Vance & Olson, 1998, p. 59).

She further discusses the effect of mentoring as it relates to leadership.

The lack of mentoring reduces the possibility of leading for Black females. This may be one explanation for 80% of the leadership sample having had mentor

relationships. For the most part, those Black females who were not mentored never progressed to leadership roles (Vance & Olson, 1998, p. 59).

Additionally, Malone found that the majority of the participants had mentors of their own race. “[M]ore than 50.9% of the female administrators had black mentors as either their first or second listed person . . . and 22.3% had mentors of whom the first or second mentor was white” (Malone, 1981, p. 76).

Geraldene Felton, a Fellow in the American Academy of Nurses and a former dean, attributes her “survival and career advancement” to the mentoring she experienced. She delineates some of the same characteristics already associated with mentoring, such as role modeling and guidance. Additional contributions of mentoring include “becoming politically savvy” and assistance in teaching her how to “form and maintain collaborative relationships” (Vance & Olson, 1998, p. 32).

In consonance with Malone and Felton’s views on mentoring, Hattie Bessent sees mentoring as a “privilege and a responsibility” (Vance & Olson, 1998, p. 97). She is the author of the American Nurses Association Ethnic/Racial Minority Doctoral Fellowship Program, which assists minority nurses in achieving doctorate degrees. As a mentor, Bessent believes that “mentoring occurs at many levels and should be continuous, goal directed, and under the aegis of a capable person who has the best interest of the protégé as the focal point” (Vance & Olson, 1998, p.94).

Clara Adams-Ender, a retired Brigadier General in the U.S. Army, had two nurse mentors who she deems to have significant influence on her career. She also had non-nursing mentors that were predominantly males. She believes that “factors such as skin color, religion, ethnicity, and gender don’t need to be obstacles if you have a strong sense of self, are persistent, and have mentoring support” (Vance & Olson, 1998, p. 87).

Adams-Ender's mentoring experiences transcended race and gender and exemplify the impact that mentoring can have, if a common goal is shared by both the mentor and mentee.

Despite the contributions of the aforementioned trailblazers, more is needed. In her article *Minority nurses in leadership positions: A call for action*, Schmieding (2000) reported the status of minority nurses in leadership positions at the senior level in the military, nursing schools, health organizations, federal government, professional organizations, and honor societies. She defined minority as black (non-Hispanic), Asian/Pacific Islander, Hispanic, and American Indian/Alaskan Native. The overwhelming finding was that minorities were under-represented throughout the various agencies, except the military. In nursing schools, the area of interest for my study, Schmieding cited the 1997-1998 demographics of minority nurses who were deans and faculty, as reported by The American Association of Colleges of Nursing. She indicated that of the 560 deans, 93.2 % are White and 5% are Black. Schmieding posed the question of who will address the diversity issues with the limited number of minorities in leadership positions. African American nurses in leadership positions serve as the ambassadors for recruiting other African Americans into the profession.

Although evidence exists regarding successful cross-race mentoring relationships, it does not alleviate the necessity of increasing the number of African American nurse leaders in the profession who can serve as mentors. Until the representation of African American nurses in the profession and in leadership positions is more reflective of the national population, the problem of diversity in nursing will continue, and healthcare in underserved populations will be compromised.

## **African American Leaders in Higher Education**

Higher education is the vehicle by which leaders are developed and educated (Wilson, 1988). For African Americans “attainment of academic and professional leadership is almost exclusively a result of graduate education and professional training in colleges and universities” (Wilson, 1988, p.163). Therefore, any reduction of African Americans in undergraduate education potentially impacts future enrollment in graduate or professional schools. Such decline of African American professionals ultimately affects faculty and administrator positions in higher education (Wilson, 1988).

Wilson (1988) posits that for African Americans and other minorities who enter graduate school, mentoring and other supportive relationships were found to be instrumental in their success. The author discussed the role that African American faculty played as mentors to African American students at predominantly White universities (PWU). According to Wilson, there are certain factors that contribute to the success of African American graduate students, which include, “ the presence of black faculty, the availability of teaching and research fellowships, tuition grants, and faculty support and counsel” (p. 171).

In agreement with Wilson, Steele (1991) furthers the argument of African American presence in higher education, especially in predominantly White universities. Steele asserts that the presence of African American faculty positively affects the recruitment, admissions, and graduation rates of African American students. Moreover, the author discusses the role of mentoring in the higher education arena. “Mentoring is not just an effective tool for the recruitment and retention of minorities, it is an essential

tool if we are to realize the full potential of those who have the ability and desire, but lack belief that it is within their grasp” (Steele, 1991, p. 5).

In a study to determine what strategies academic chairs used to recruit and retain faculty, mentoring was found to be one of several key strategies (Miller, Jackson, & Pope, 2001). Mentoring, along with on-campus faculty development and workload flexibility, were noted to be the top three retention methods.

Similarly, in a study conducted by Bridges’ (1996), the importance of mentoring relationships was evident. The purpose of Bridges’ study was to determine the characteristics and perceptions of African American college administrators of National Association of State University and Land-Grant Colleges (NASULGC) member institutions regarding the importance of personal characteristics and career activities leading to career achievement. A sample of 175 administrators participated in the study from a pool of 245. Bridges recommends the use of college administrators, professors, and teachers as mentors for students who aspire to be in leadership positions in higher education. The overall profile for a NASULGC administrator is that most of them are male (76.0%); 99.4% earned a bachelor’s degree, of which 63.2% were from an historically black college and university (HBCU); 91.9% held a master’s degree and 65.5% a doctoral degree. The administrators’ mentoring relationship revealed the following:

1. Had a mentor to rely on for advice, 53.7%.
2. Had a male mentor, 79.8%.
3. Believed that a mentoring relationship was “very important” to his or her career achievement, 51.1%.

4. Had served as a mentor, 86.3%.

Unlike other professions, nursing education is unique in that its origin began in hospitals. Despite the struggle that African American nurses experienced to become educated, several African American nurse leaders were influential in advancing nursing education for African American nurses. Two notables are Rita Miller and Mary Elizabeth Lancaster Carnegie, who prevailed during a time in American history when racial segregation and discrimination was prevalent.

Rita Miller was the Director of Nursing Education Division at Dillard University located in New Orleans, Louisiana (Hine, 1982). Miller gained recognition for being instrumental in leading Dillard to be a “model of the ideal black collegiate nursing school” (Hine, 1982, p. 227). She recruited and aided her faculty in their professional development by assisting them in getting fellowships to attend graduate school. By 1948, all but one of her faculty had earned master’s degrees. Moreover, she also improved the curriculum and raised admissions standards. In 1951, Dillard’s Division of Nursing Education was fully accredited by the Collegiate Board of Review of the National Nursing Accrediting Service.

Using Dillard as a model, Mary Elizabeth Carnegie transformed Florida Agriculture and Mechanical College’s School of Nursing as its Dean (Hine, 1982). Similar to Miller, Carnegie also improved the nursing curriculum, as well as gained budgetary control, obtained financial support, and established affiliations in the community to aid the school. Carnegie served as dean from 1945-1951, and later went on to pursue and obtain her doctor of philosophy degree from New York University in 1972.

Although no one single individual is credited for Miller's and Carnegie's leadership abilities and accomplishments, support pervaded on numerous fronts. For Miller, her support included the institution, White philanthropy, and "her own clarity of vision, determination and organizational skill" (Hine, 1982, p. 229). Carnegie had moral support from Miller and other friends, and financial backing from the General Education Board. Miller and Carnegie, along with various support systems, were able to "create and build reputable collegiate programs which provided increased educational opportunities for thousands of black women" (Hine, 1982, p. 237).

### **Diversity Initiatives**

In an attempt to improve the diversity status in nursing, several professional nursing organizations have begun to reach out to minorities. Williams (2000) recognized professional organizations such as the American Nurses Association, the National Student Nurses Association, and the Association of Operating Room Nurses that have made an effort to recruit African Americans and other minorities into leadership positions. As stated by Armando Riera, former president of the Association of Perioperative Registered Nurses, "minorities are more likely to attend a chapter meeting and get involved if someone who looks like them is in a leadership role" (Williams, 2000, p. 29). Schmieding recommended affirmative action measures and other strategies to top-level administrators in national and governmental agencies.

In 1974 the ANA initiated the Ethnic/Racial Minority Fellowship Program which has graduated more than 200 nurses of color with doctorates. This is one of many efforts that have helped to attract and produce nurses of color with terminal degrees who could eventually assume leadership positions. Fellows of the program "contribute to nursing's

empirical and theoretical knowledge base about the distinctive needs and strengths of minority populations across the life span” (Ethnic Minority Fellowship Program, 2002, p. 2). As stated by Bessent (1989), “[T]he hope is the fellows will take their new knowledge and skills into the professional world of work and become involved in positive change as they meet the challenges of the future in our pluralistic society” (p. 282).

Smith, McAllister, and Crawford (2001) examined the mentoring benefits and issues for public health nurses. One of the issues discussed by the authors was the underrepresentation of minority nurses in public health. According to the authors, “[M]entoring among minority health care professionals is difficult due to the inability by mentees to find and identify with mentors and role models” (p. 104). Smith, et al. (2001) recommended that organizations develop mentoring programs to facilitate mentoring relationships.

The significance of such initiatives illustrates that actions are being taken to increase minorities in the profession. However, there is still much to be accomplished in improving the disparate number of African American nurses and other minorities in the profession of nursing, particularly in leadership positions. Mentoring is one of several approaches to improving this situation.

## **Theoretical Framework**

Daniel Levinson, Charlotte Darrow, Edward Klein, Maria Levinson, and Braxton

McKee (1978) conducted a study examining adult development of men. The sample consisted of 40 men of varied backgrounds (socially, racially, and religiously), ranging in age from 35 to 45.

Employing biographical interviewing methods, the researchers discovered a pattern in adult development associated with age and certain periods or phases in an individual's life. According to the authors, adults transition through several periods of adulthood: Early Adult Transition (17-22), Early Adulthood (22-40), Mid-Life Transition (40-45), Middle Adulthood (45-60), Late Adulthood Transition (60-65), and Late Adulthood (65 and older). The Early Adulthood and the Middle Adulthood periods are subdivided into three categories. Early Adulthood consists of the following divisions: Entering the Adult World, Age 30 Transition, and Settling Down. Middle Adulthood is composed of Entering Middle Adulthood, Age 50 Transition, and Culmination of Middle Adulthood. Although not identified as a period in adult development, The Novice Phase was coined to describe the combination of the Early Adult Transition, Entering the Adult World, and the Age Thirty Transition. It is the Novice Phase that is of interest for this study.

The Novice Phase is the period in which the individual enters into the adult world. The four tasks of the Novice Phase are (a) forming a Dream and giving it a place in the life structure, (b) forming mentor relationships, (c) forming an occupation, and (d) forming love relationships, marriage, and family. Because the purpose of this study is to specifically explore the role of mentoring in the development of African American nurse leaders, only the first two tasks will be applied in this study. The forming of an occupation task is implicitly addressed in the forming of the Dream task.

The Dream is a reflection of the type of life the young man and woman hopes and aspires for as an adult. “In its primordial form the Dream is a vague sense of self-in-adult-world” (Levinson, et al., p.91). The task is to transform the dream from obscurity to lucidity. Whatever the Dream, the young person must find a way to fit it in her/his life; if not, the Dream may go unfulfilled. The authors posit, “[T]hose who build a life structure around the Dream in early adulthood have a better chance for personal fulfillment” (p. 92).

The “realization of the Dream” (p. 98) is facilitated by a mentor. The role can be viewed as one of psychosocial-support.

He [the mentor] fosters the young adult’s development by believing in him, sharing the youthful Dream and giving it his blessing, helping to define the newly emerging self in its newly discovered world, and creating a space in which the young man can work on a reasonably satisfactory life structure that contains the Dream (p. 99).

He [the mentor] may act as a teacher to enhance the young man’s skills and intellectual development. Serving as sponsor, he may use his influence to facilitate the young man’s entry and advancement. He may be a host and guide, welcoming the initiate into a new occupational and social world and acquainting him with its values, customs, resources and cast of characters (p. 98).

The forming of an occupation is “a complex, social-psychological process that extends over the entire novice phase and often beyond” (p. 101). It occurs sometime between 17 and 29 years of age.

In contrast to the characteristics of the mentee, the mentor is generally 8 to 15 years older than the mentee. The average length of time that a mentoring relationship can last is two or three years, although some can extend to eight to 10 years (Levinson, et al., 1978). Surprisingly, Levinson, et al. found that most of the time the intense mentoring relationships ended with “strong conflict and bad feelings on both sides” (p.100). The

authors compared an intense mentoring relationship to a love relationship. However, no discussion of the other mentoring relationships that were not as intense was provided. The question arises as to whether the “realization of the Dream” was achieved for the individuals who were in the less intense relationships.

### **Levinson’s Theory Applied**

Although White (1988) did not use Levinson’s adult developmental theory as her framework, references to it were made in the literature review. In concert with Levinson, White found mentoring to be important for career advancement and career development. White also noted similarities in her findings regarding characteristics of the mentor and mentor-mentee relationship. While both White and Levinson identified the mentor as the senior member in the relationship, only Levinson compared the mentor-mentee relationship to a parent who directs the mentee in maximizing his/her potential. Moreover, Levinson describes the relationship as intense and personal, likened to a love relationship.

Contrasting to Levinson, who indicated in his study of 40 men that mentoring relationships often ended negatively because of the intensity of the relationship, the same was not found true from White’s survey of females. White (1988) discovered that most of the participants reported ending their mentoring relationship positively. Specifically, 98% of those mentored reported a satisfactory relationship, and 85% of the participants indicated the relationship ended amiably. From this study, it can be speculated that the variance in the findings could be attributed to gender differences between the two studies.

Building on his findings of men, Levinson (1996) conducted a study of 45 women, consisting of homemakers, businesswomen, and academics to determine if adult

development differed for women. His findings showed that all humans develop in a predictable pattern.

Focusing on the mentoring aspect of his study, one-third of the career women (businesswomen and academics) had mentoring relationships primarily with men, not women. Mentoring occurred more in the academy, and most of the male mentors provided moral support and assisted in the females getting promotions. The male mentors basically socialized the academics to the environment of the academy. Although the male mentor was helpful, he did not believe that his female protégé would be his equal, or surpass him professionally. Moreover, he did not have a good grasp of her Dream, thereby not being able to see it to fruition. As indicated by Levinson, “[T]he barriers to empathy and identification often prevented the development of a fuller mentoring relationship” (p. 268).

Unfortunately, mentoring relationships formulated with women were not as prevalent in Levinson’s study. Because many of the women participants had very little mentoring experiences from women, they wanted to reach out to younger female aspirants. Surprisingly, while the young women 25-35 looked up to the senior academic women for mentoring, very little mentoring occurred. Generational splitting, an intergenerational conflict, precluded the women from developing mentoring relationships with other women. Both the older and younger generations of women were critical of each other rather than being “constructively engaged” (p. 342). The older generation did not believe the younger women appreciated the struggles that were endured to succeed in a male-dominated world. In contrast, the younger women believed the older women were unhelpful, and could not relate to them. To this end, both groups lost, because neither

benefited from the other. As stated by Levinson (1996), “[M]any in the senior generation lost an opportunity for leadership, for mentorship, and for the satisfactions accruing for both. The junior generation lost the potential benefits of being mentored and of receiving the wisdom of its pioneering elders” (p. 43). In this instance, the profession could be key in the results. Perhaps because nursing is a predominantly female profession, female mentoring relationships are the norm, rather than the exception.

Malone (1981) also applied Levinson’s theory in her research of Black female administrators. Her study is of significance because it was the first of its kind to apply Levinson’s theory in exploring the career and adult development of black female administrators. Malone hypothesized that mentoring would be an important component in the career and adult development for her population. In her findings, most of the mentors who initiated the mentoring relationships were Black males, over 40 years old and senior members of the organization. Malone points out that her results are consistent with Levinson on all attributes except for race. Contrary to Levinson’s assertion that the mentoring relationships would usually end painfully, both Malone and White (1988) found that the mentoring relationships in their studies did not end bitterly between the mentor and mentee. Moreover, the mentoring relationships in Malone’s research were described as less intense and intimate than those reported by Levinson (1978). In reference to the “realization of the Dream” (Levinson, 1978), differences were noted between the mentored and nonmentored participants. Although most of the women “had their dream before the age of eighteen” (p. 94), the mentored women expressed their Dreams with a “dramatic flair,” compared to the nonmentored. The nonmentored women expressed their Dreams “with exactness and self-imposed limitations of its expression”

(p. 94). Conversely, mentored women lacked specificity in identifying their Dreams; they believed that “there would be people (resources) to assist them in accomplishing their mission” (p. 94). So basically, Dreams were attained with and without the assistance of a mentor.

Madison (1994) referenced Levinson’s adult developmental theory in discussing her findings in her descriptive study of mentoring in nursing leadership. Madison focused on the stage at which mentoring occurs in adult development. Her findings of the age group of the mentees, which she described as pre-midlife, correlated with Levinson’s 28-33 age group. Additionally, Madison referred to Levinson’s identification of mentoring relationships being transitional and lasting on the average two to three years, and at the maximum eight to 10 years. In her study, 48% of the participants had mentoring relationships that lasted six months to two years, whereas 24% indicated that their mentoring relationship extended over five years.

In a study by Redmond (1991), exploring the life and career pathways of deans in nursing programs, Levinson was one of four theoretical frameworks employed. The author reported the works of Levinson based on studies that had utilized his theory with women. Redmond indicated that most of the studies supported Levinson’s theory, and posits, “women, like men, move through a series of adult developmental, age-related phases and transitions as they establish, maintain, or change a life structure” (p. 229). In addition, Redmond found Levinson’s theoretical model to be instrumental in studying the lives and career pathways of deans.

Kram (1985), a student of Levinson, credits him for her developed interest in mentoring. She studied mentoring as a developmental relationship in work settings. As a

result, she reported mentoring as having two functions: career and psychosocial. The career function involves “aspects of the relationship that enhance learning the ropes and preparing for advancement in an organization. Psychosocial functions are those aspects of a relationship that enhance a sense of competence, clarity of identity, and effectiveness in a professional role” (p. 22).

Kram also describes the four phases of a mentoring relationship, which are initiation, cultivation, separation, and redefinition. *Initiation* is the period when the relationship begins, and lasts six months to a year. During the *Cultivation* phase, career and psychosocial development occurs for a period of two to five years. The *Separation* phase lasts six months to two years and during this period the relationship undergoes structural and/or emotional changes. It is in the *Redefinition* phase that the relationship ends or changes, but with no set timelines. In sum, all of the phases are limited and extend for a specific amount of time. Relationships that extend beyond the prescribed time period can have negative effects. As Kram stated, “[S]uch mentor relationships must end so that young adults have the opportunity to establish autonomy and peer status in relation to their mentors” (p. 50). She indicated that individuals should identify other developmental relationships throughout their career because mentoring relationships are not always available to everyone and that the mentoring relationship is “limited in value and duration” (p. 64). Peer relationships were offered as an alternative.

### **Summary**

The literature is replete with information on mentoring, particularly the benefits and complexities of it. While other professions explicitly address the role of mentoring relationships for African Americans, nursing has not yet done this in a systematic way.

Inclusion of African American nurses in the mentoring literature, as evident by the works of Vance and Olson (1998), is only the beginning. Sharing the mentoring experiences of African American nurses and other minorities is also important so that nursing can be perceived as a mosaic profession representative of all of its voices, not just the majority.

A common thread regarding the advantages of being part of a mentoring relationship was shown throughout the literature. Although some unfavorable aspects of mentoring were revealed, the positive benefits exceeded the negative. Career advancement, career development, recruitment, and the attainment of leadership positions were some of the benefits identified through mentoring. Whereas most of the literature focuses on the positive aspects of mentoring, negative attributes such as misuse of power and overly possessive behavior of the mentor were also noted.

The literature overwhelmingly supports the importance of mentoring in the development of nurse leaders. However, because the demographics from most of the studies were not indicated, it is impossible to determine who the recipients of the mentoring relationships were. It is merely speculative based on the composition of the nursing profession that the majority of the participants in the studies reported were White. African American leaders such as Malone, Bessent, Felton, and Adams-Ender are the exception. Worthy of study is the examination of the aforementioned African American nurse leaders and their experiences as mentors to future African American nurse leaders.

Further research is needed to explore the experiences that mentoring has played in the development of African American nursing leaders who have succeeded at the upper levels of nursing in baccalaureate and graduate nursing programs. The findings from this study must be reported so that other aspiring African American nurse leaders, as well as

other minority nurses, could benefit from mentoring in their careers. Moreover, research of this nature is important because the profession of nursing should be reflective of the overall general population as it continues to become more diverse. With the special healthcare needs of African Americans and other minorities, the profession of nursing must continue to respond to increasing not only the number of minority nurses in the profession, but those who assume leadership positions as well. Only then will minorities have an opportunity to participate in policy issues and decision-making efforts that affect them.

## CHAPTER 3: METHODOLOGY

The purpose of this study was to explore the role of mentoring in the development of African American nurse leaders who have achieved leadership positions in baccalaureate and graduate nursing programs. This section of the dissertation includes the following: theoretical framework, research design, population and sampling methods, instruments, data collection, and data analysis.

### **Theoretical Framework**

This study was guided by the adult developmental theory of Daniel Levinson and associates. According to Levinson (1978, 1996), men and women transition through a series of age-related phases in their development to adulthood. Mentoring was found to be a major factor in their evolvment, especially in accomplishing the Dream (Levinson, et al., 1978). The Dream is a reflection of the type of life the young person hopes for and aspires to as an adult. As stated by Levinson (1996), mentoring in its truest form “supports the evolution of the Dream” (p. 239) and the role of the mentor is to “support and facilitate the *realization* of the Dream” (p. 98).

Levinson’s theory was selected because it specifically addresses mentoring relationships of women and men during different phases of their lives. Given that the nursing profession is predominantly female, Levinson’s inclusion of females in his study was crucial for the application of his findings to nurses in leadership positions. The participants for this study are African American nurses in leadership positions in academia. Conversely, all of the academics in Levinson’s study (1996) were White, and of the 15 businesswomen included in the study, only one was African American. In his earlier study of men (1978), five of the 40 men who participated were African American.

Significant findings from Levinson's research reported the following: (a) having a mentor is crucial to adult development in their realization of the Dream, (b) the majority of the time the mentoring relationship ends bitterly, and (c) the length of time for mentoring relationships is two or three years on the average and eight or ten years at the most. Using Levinson's theory as a guide the subsequent design was proposed.

### **Research Design**

A sequential mixed method design (Tashakkori & Teddlie, 1998) was utilized in this study. The sequential mixed method design, also referred to as a two-phase design, is one "in which the qualitative and quantitative studies are presented and discussed in two distinct phases" (Creswell, 1994, p. 189). For this study the majority of the data exploring the phenomena of mentoring were obtained through self-reported open-ended questions, and interviews conducted by the investigator. Accordingly, the qualitative (QUAL) design is dominant and the quantitative (quan) design is of lesser dominance. The survey served two purposes: first, it provided quantitative and qualitative data about participants' mentoring experiences, and second, it was used as a means to select individuals who met specific criteria for phase two of the study. Thus, the quan/QUAL sequential mixed method required that the quantitative aspect of the study be conducted first, followed by the qualitative data collection method.

### **Population and Sampling Methods**

The population for this study consists of African American academic nurse leaders who are either currently holding, or previously held, leadership positions as deans, assistant deans, chairpersons or department heads in baccalaureate or graduate nursing programs in the United States. According to Schmieding (2000), of the 560

current deans of the American Association of Colleges of Nursing (AACN), only 5% are African American, which equates to only 28 deans. Considering the small population of African American nurses currently in the decanal role, the investigator made the decision to include additional leadership positions. The inclusion of former deans, and current or past assistant deans, chairpersons and department heads of nursing increased the population approximately 50%.

Prospective participants were located primarily through the following sources: (a) The National Black Nurses Association, Inc. (NBNA)-- a professional nursing organization representing more than 150,000 African American nurses throughout the United States; (b) The AACN which is the national voice for America's baccalaureate- and higher-degree nursing education programs; (c) African American nurses who participated in a Leadership Enhancement and Development (LEAD) Model for Minority Nurses in the New Millennium that was developed from a pilot study on Leadership and Race (Bessent, 2002); and (d) a list compiled by the investigator of deans, chairs, and department heads of historically black colleges and universities (HBCUs) with National League for Nursing (NLN) accredited baccalaureate and or graduate nursing programs. Of the approximate 105 HBCUs, 14 have baccalaureate and or graduate nursing programs.

The accessible population for Phase I consisted of approximately 62 participants from the leader population. The sampling techniques included snowball and purposeful sampling. Snowball sampling is such that each participant recommends at least one other person who would meet the required criteria for this study. Phase I of the study consisted of both snowball and purposeful sampling, while Phase II involved only purposeful

sampling. Purposeful sampling is defined as the “selection of individuals/groups based on specific questions/purposes of the research in lieu of random sampling and on the basis of information available about these individuals/groups” (Tashakkori & Teddlie, 1998, p. 76). Unfortunately, snowball sampling did not yield the expected results. Despite including the statement, “[P]lease contact me if you know of others who qualify for this study” on the introductory and informed letter of consent, the response rate was minuscule. Only three survey participants recommended others who qualified to participate in the study. Perhaps the placement of the statement at the end of the survey would have resulted in more referrals.

Consideration for selection in Phase II was contingent on the return of completed surveys and written consent (i.e. providing telephone number or email address) indicating interest in participating in Phase II of study. Accordingly, 10 nurse leaders were selected based on the following criteria: (a) the mentor’s race (sample was equally divided with African American and White mentors), (b) the participant’s position (sample was representative of various leadership positions), (c) type of school (HBCU versus PWU), (d) geographic locale (representative of different areas of the U.S.), and (e) overall mentoring experiences (positive and negative) as described in responses to open-ended questions.

### **Instruments**

Two instruments were used to address the research questions proposed in this study: a survey and an interview protocol. For phase one, a survey adapted from Jeanne Madison’s (1994) Mentoring Survey was used. “The purpose of the survey is to produce statistics, that is, quantitative or numerical descriptions about some aspects of the study

population” (Fowler, 2002, p. 1). The primary purpose of the survey was to provide quantitative and qualitative information of mentoring experiences of African American nurse leaders. Additionally, the data obtained from the survey assisted in the selection of the participants for Phase II or the interview component of the study. The interview protocol functioned as an avenue to further explain the phenomenon of mentoring.

### **Mentoring Survey**

An adapted version of the Mentoring Survey developed by Jeanne Madison, (1994) was utilized to collect quantitative and qualitative data. Madison used the prototype Mentoring Survey in a descriptive study that explored the value of mentoring for nurse administrators. The original survey is a 14-item self-administered tool, which contains several open-ended questions. According to Madison’s (1994) description of the survey, “Questions 1-6 address descriptive and demographic information” and “questions 7-14 address the perceived effects of the mentoring relationships on the professional lives of the survey population” (p. 19).

Content validity for the Mentoring Survey was established through expert opinion; five nurse managers reviewed the questionnaire, and the instrument was modified based on the feedback from the managers (Madison, 1994). Test-retest reliability of scores from the instrument was obtained based on responses from the same five nurse managers who participated in the assessment of content validity. According to the author, other researchers have used the Mentoring Survey, but there is no reliability and validity information (J. Madison, personal communication, October 30, 2002).

Although the Mentoring Survey was developed with Levinson’s adult developmental theory as its framework, it required modifications to answer the research

questions proposed in this study. Specifically, Madison's (1994) instrument did not include questions pertaining to the race/ethnicity of the participant, or their mentor. While Levinson included African Americans in both of his studies, race was not integral to his findings. Therefore, it was imperative to include questions that would assist in answering research question three which examines the characterizations of African American nurse leaders with same-race mentors and those with different-race mentors.

Since the purpose of this study was to explore the role of mentoring in the development of African American nurse leaders who have achieved leadership positions in baccalaureate and graduate nursing programs, it was crucial to include questions that reflected findings from the literature relevant to the mentoring experience. Such findings included aspirations of the "Dream" (Levinson, et al., 1978), the origin of mentoring relationships (Chao, et al., 1992; Redmond, 1990), the positive benefits of mentoring (Madison, 1994; Murray, 2002; Vance & Olson, 1988; Wright & Wright, 1987) negative aspects of mentoring (Wright & Wright, 1987), as well as the issue of race (Ensher & Murphy, 1997; Thomas, 1990).

### **Mentoring Experience Survey (MES)**

This adapted instrument (MES) differs from the original survey by Madison in that 13 new questions were added to the original survey, and modifications were made to eight of the original questions. The revisions were done to improve consistency in wording, conciseness, clarity, and gathering of information. For example, question eight on the Mentoring Survey originally contained only positive attributes, which limited the options, thus forcing the respondent to select only positive choices. Negative traits involving the mentoring relationship have been identified in the literature such as

overbearing behavior of the mentor or the dependence of the protégé on the mentor (Wright & Wright, 1987). The negative attributes added to question 16 on MES were included because they were either antithetical to the positive attributes, or cited in the literature.

The Likert scale for questions 17 and 18 was changed to reflect the influence of mentoring from no influence (0) to very influential (6). The original question used the word valuable, and had a rating from 1-7 with 1 as very valuable and 7 as not valuable. The term influence was selected because it denotes the effect of the mentoring relationship rather than the worth of the relationship. Table 1 illustrates the revisions that were made to questions 1-5 and 7-9 on Madison's Mentoring Survey. Column 1 consists of the original wording and numbering of the questions as shown on the Mentoring Survey. Column 2 represents the modification of the original questions.

The MES is a 27-item self-administered tool, which contains open-ended and multiple response questions. The new instrument was sent to Dr. Madison for her input in identifying the MES as an adapted version or a modified version of the Mentoring Survey. Madison indicated that the decision was up to the investigator regarding the use of the words 'adaptation' or 'modification' of the survey (J. Madison, personal communication, July 15, 2003). Therefore, based upon the feedback from Madison, the Mentoring Experience Survey is an adapted version of the Mentoring Survey. MES seeks to explore the overall mentoring experiences of the participants while also attempting to examine the impact that race has on mentoring. The adapted survey consists of three parts: (a) background information, (b) the mentoring relationship, and (c) the impact of mentoring (see Appendix A).

Table 1. Original and Revised Questions of Mentoring Survey

Original Number and Question on Mentoring Survey	Revised Question and corresponding number on Mentoring Experience Survey
<p>#1 Have you ever had a mentor? Never ___ Once ___ Twice ___ More than twice ___</p> <p>If you have had more than one mentoring relationship, select the most significant relationship and answer the following questions. If you have never had a mentoring relationship, it is not necessary to complete the questionnaire. Please however return the survey.</p>	<p>#4 Have you ever had a mentor? Yes ___ (If yes, how many?) ___ No ___</p> <p>If you have had more than one mentoring relationship, select the most significant relationship and answer the following questions.</p>
<p>#2 How old were you when you had a mentor?</p>	<p>#9 How old were you when you began your relationship with your significant mentor?</p>
<p>#3 How old was your mentor?</p>	<p>#10 Approximately how old was your mentor at that time?</p>
<p>#4 What sex was your mentor?</p>	<p>#5 What gender was your mentor?</p>
<p>#5 What title did your mentor hold?  Nurse, teacher, physician, administrator and other.</p>	<p>#7 What title did your mentor hold?  Nurse administrator and administrator (non-nurse) were added</p>
<p>#7 How would you describe your relationship with your mentor today?  Very close, intense; civil, tolerable; amiable; strained; very negative</p>	<p>#15 How would you describe your relationship with your mentor today?  Added "has not ended"</p>
<p>#8 Do you attribute any changes in your professional life to the mentoring relationship? Job change, promotion, alienation from peers, relocation, pay reduction, self confidence, demotion, return to school and other.</p>	<p>#16 Do you attribute any changes in your professional life to the mentoring relationship?  Diminished productivity, enhanced productivity, pay reduction, alienation from peers, and demotion were added and self actualization was removed</p>
<p>#9 How would you rate the effect of the mentoring relationship on your professional life? (Circle the appropriate number).  (scale range 1-7) very valuable = 1, somewhat valuable, not valuable = 7.</p>	<p>#17 How would you rate the effect of the mentoring relationship on your professional life? (Circle the appropriate number).  (scale range 0-6) not influential = 0, somewhat influential, very influential = 6</p>

The background information section is composed of questions 1-7 that provide demographic and descriptive information. Examples of questions included are, “What is your racial/ethnic identity?”, “What is the racial/ethnic identity of your mentor?”, “What position do you currently hold,” and “What title did your mentor hold?”

Questions 8-23 pertain to the characteristics of the mentoring relationship as perceived by the participant. The questions consist of multiple choice and multiple response answers. Items 8 and 9 solicit the age of the protégé when he/she had a dream of becoming a nurse leader, and the age the mentoring relationship began, respectively. Question 10 solicits the approximate age of the mentor. Questions 11-16 ask the participant to select from a list of characteristics the statement that best describes how their mentoring relationship was initiated, the attributes that attracted the mentee to the mentor, the length of the mentoring relationship, the status of the mentoring relationship at the time it ended, as well as how the relationship is today, and the changes that occurred in the mentee’s professional life as a result of the mentoring relationship. Items 17 and 18 are Likert scaled, and ask the respondent to rate from 1-6 the effect of their mentoring relationship on their professional life and their decision to become a nurse leader, respectively. Questions 19-23 are open-ended, requiring short answers relating to the benefits and disadvantages experienced as a mentor and protégé.

Four questions (24-27) comprise the section labeled “impact of mentoring”. This section solicits information to determine whether the mentoring relationships experienced by the participants have made a difference in their decision to become mentors. These items require yes/no responses. Specific questions include, “Are you currently serving as a mentor?”, “Have you served as mentor in the past?”, “Have you ever mentored anyone

of a race different from yours?”, and “Would you mentor someone of a race different from yours?”

With such modifications, and not having the sound evidence of reliability and validity of scores, a pilot study was conducted. Gall, Borg, and Gall (1996) define a pilot study as “a small scale, preliminary investigation that is conducted to develop and test the measures or procedures that will be used in a research study” (p. 766). Simply speaking, the pilot study is a trial-run to determine the usability of the instrument before administering it to participants in the study being researched.

### **Mentoring Experience Interview (MEI)**

The qualitative phase of the study required the construction of an interview instrument, which allowed for additional discussion of the mentoring experiences of the participants. The MEI is a semi-structured format that consists of 13 questions that further explore the mentee’s perception of his/her primary mentoring experience (see Appendix B). The purpose of the interview is to provide an opportunity for the participants to expound on the responses they provided in the survey. Likewise, interviews serve to help understand the phenomenon under study. According to Bogdan and Biklen (1998) interviews are “used to gather descriptive data in the subjects’ own words so that the researcher can develop insights on how subjects interpret some piece of the world” (p. 94).

The MEI consisted of questions either developed by the investigator or extrapolated from various sources including Malone (1981), and Zey (1984). Question 1 provides demographic information about the participant’s current or past position, and the length of time she/he was in the position. Question 2 asked, “When did you first have a

dream (idea) of becoming a nurse leader?” How the mentoring relationship began and evolved, and qualities that attracted protégé to mentor, is explored in question 3, which consist of six sub-questions. Question 4, and its four subquestions, examined the personal and professional benefits received from the mentoring relationship. The negative aspect of mentoring is solicited in questions 5 and 5a. The issue of race is addressed in questions 6 through 10. Examples include: “Was race ever a factor in your mentoring relationship?”, “Have you ever been in a cross-race mentoring relationship either as a protégé or a mentor yourself?”, and “Should the race of a potential mentor or mentee be of concern when developing a mentoring relationship?” Question 11 asked the participant if she/he had ever been a mentor, followed by reasons for mentoring or not mentoring. An overall impression of mentoring as it relates to career advancement is provided in questions 12 and 13.

### **Pilot Study**

Upon receiving approval from IRB, a pilot study was conducted the month of July, 2003. Permission to adapt Madison’s Mentoring Survey for the pilot was granted via written communication (see Appendix C).

The pilot study involved a convenience sample of 32 African American nurse leaders in healthcare settings who are presently or have at some point in their career held a leadership position in a healthcare setting as director of nursing, nurse manager, charge nurse, nurse practitioner, clinical nurse specialist, or nurse educator. Participants were selected through snowball sampling. The investigator telephoned registered nurses she knew to gain their assistance in referring other prospective participants. Using the method that Gall, Borg and Gall (1996) described as precontacting, the investigator informed her

contacts of the details of the study before sending out any information to them.

Precontacting “involves the researchers identifying themselves, discussing the purpose of the study, and requesting cooperation” (p. 299). The contact person functioned in a dual role: data collector and participant. The data collectors included six African American female RNs between the ages of 28 and 50 who worked in leadership positions (i.e., 1- director of nursing, 1- nurse practitioner, 2- nurse educators, and 1-nurse administrator) in healthcare settings within a southeastern metropolitan city. The role of the contact person was to distribute consent forms and surveys to other African American nurse leaders who met the criteria. Data collectors identified volunteers based on the criteria for selection of subjects which included the following: African American, registered nurse, and currently or previously held positions as director of nursing, charge nurse, nurse manager, nurse practitioner or nurse educator in a healthcare setting. The surveys contained instructions asking respondents to make comments related to the questions on the survey.

Because participants indicated on the MES their willingness to participate in the interview phase, four individuals were purposely selected based on years of experience, their mentor’s race, and their position (i.e., sample was representative of various leadership positions). The interviews were conducted either in an office at the participant’s work setting or in a vacant classroom at the university. The information obtained from the pilot study served as a means to validate the questions and also give some indication of the reliability of the questions from individual to individual. Next, the instrument was revised based on the comments noted by the participants of the pilot study.

## **Findings from Pilot**

Utilizing the precontact method described by Gall, Borg and Gall (1996), the investigator gained easy access to 32 participants. Packets containing 2 to 10 surveys were delivered to the initial contact person, with a one-week return for pickup. Six out of the seven contacts returned the packets within one week. Of the 35 surveys sent, responses were returned from 91% (n=32) of the responses within 10 days.

Revisions were made to both instruments in accordance with response patterns and overall survey and interview protocol construction. The participants of the survey pilot were asked to review the interview protocol for clarity and completeness. The changes are as follows:

1. Upon analyzing responses to question 15 of the MES regarding the status of the mentoring relationship with their mentor today, the option “has not ended” had a confusing meaning. Pilot participants selected more than one answer, such as the relationship is “very close, intense” and “has not ended”. The selection of two choices made it impossible to analyze. Therefore, the option “has not ended” was removed from question 15.
2. For question 21 of the MES, which asks about differences between mentoring and role modeling, respondents only answered the mentoring portion of the question. Perhaps these participants only focused on the mentoring aspect of the question because of the emphasis of the study. Will keep question as written to ascertain if participants can differentiate their mentoring relationships from role modeling.

3. At the suggestion of a dissertation committee member, the survey was reformatted to facilitate easier reading. The options were changed to a vertical format to make it easier on the reader. The instrument was also copied on blue paper to distinguish it from the cover letter, and make it more appealing. The directions on the survey were enclosed in a box to distinguish it from the items. The survey was also divided into three categories as a means to organize the questions.
4. No comments about the MEI were noted by the participants; therefore no revisions were made to it.

To evaluate the reliability of the MES, a sample of 32 nurse professionals who work in healthcare settings were asked to complete the survey. Responses to questions were consistent with all of the 32 participants. Test-retest reliability of scores from the instrument was obtained based on responses from five nurse experts who had previously responded to the MES. The retest was conducted six weeks after the initial administration of the MES. The responses for the retest paralleled to the original answers, thus confirming the reliability of the instrument. Using the SPSS version 10, a coefficient alpha was computed for the two Likert scaled questions (17 and 18). The coefficient alpha “assess[es] the consistency in scores among equivalent items” (Green & Salkind, 2003, p. 309). The value for the coefficient alpha was .81, indicating satisfactory reliability.

Content validity was established with the assistance of the same 5 nurse experts who had been in mentoring relationships as a mentor and/or mentee. The expert panel consisted of 5 nurse leaders in healthcare settings who were mentored. Positions held by

experts included one director of nursing, one nurse manager, two nurse practitioners, and one charge nurse. The survey was rated by the experts using a 3-point rating scale, with 1=essential, 2=useful but not essential and 3=not necessary. Additionally, the panel was instructed to write comments regarding individual items and the overall instrument. The content validity index (CVI) was computed by totaling the number of questions rated at 1 and dividing that number by the total number of questions, which yielded 19/23 or .83. None of the experts made comments on the instruments. A CVI value of .80 or greater is indicative of good content validity (NLNAC, 1999). The overall content validity for the MES is .95 (22/23 questions rated at 1 or 2).

### **Data Collection**

In accordance with a sequential mixed method design, the two separate phases of the study occurred in tandem. A list of prospective participants for the sample was generated via the NBNA, AACN, the compiled list of NLN accredited nursing programs in HBCUs, and select participants of the LEAD project. Prospective participants were notified via U.S. mail of the details of the study in the form of a cover letter that included concerns ensuring confidentiality and anonymity. Additionally, the cover letter contained a statement informing the participant that their return of the survey was symbolic of their consent to participate in the study. Furthermore, participants were informed of the sequential nature of the study, and that the participant may be contacted at a later date to be interviewed (see Appendix D).

### **Phase I of the Study**

The primary intention for Phase I was to determine if mentoring was as prevalent for African American nurse leaders in baccalaureate and graduate nursing programs as it

has been shown in the literature for other populations. Accordingly, Madison's (1994) Mentoring Survey was adapted to the Mentoring Experience Survey (MES) as a means to gather both quantitative and qualitative data pertaining to their experiences. Essentially, Phase I began the initial unraveling of the mentoring phenomenon as it related to African American nurse leaders in select groups of higher education. Moreover, findings from Phase I were used to select individuals for Phase II, the interviewing stage.

For the study, the accessible population for Phase I was projected to be between 42 to 62 participants. This projected sample size was selected based on the estimation of potential participants who met the criteria of inclusion in this study. A preliminary list of current and past deans or chairpersons of nursing schools had been compiled with the assistance of African American academic nurse leaders who personally knew these individuals or have knowledge of where current or past deans and chairpersons reside. At a minimum, the preliminary list consisted of 36 names. Utilizing the snowball method, and sources such as the NBNA, AACN, and NLN accredited nursing programs at HBCUs, the sample size increased to 60.

The MES was mailed to 60 African American nurse leaders who are either currently holding, or previously held, leadership positions as deans, assistant deans, chairpersons, or department heads in baccalaureate or graduate nursing programs in the United States. Prior to mailing surveys, a numeric code was assigned in the upper right corner of the first page of the instrument, for the purpose of follow-up. A list of the prospective participants and their codes was maintained by the investigator. The administration of the MES occurred from September 19, 2003 to October 24, 2003. Since the average return rate for mail-outs after the second follow-up is 68% (Gall, Borg &

Gorg, 1996), the expectation was that the sample size for Phase I would have been between 30 to 40 participants. A second and third email follow-up was necessary to increase the sample size. Following the second week, reminders were sent via email to individuals who had not responded, resulting in the request that the survey be resent electronically. Subsequent emails with attachments (cover letter and survey) were sent to potential contributors who had not returned their surveys. The first email made reference to the documents mailed 2 weeks prior and the second email was sent on October 29, 2003, reminding prospects that it was not too late to participate in the study (see Appendix E for copies of both emails). Subsequent to the electronic communication, 10 additional surveys were returned via email. Within a 10-week period, the response rate was 78% (n = 47). As surveys were returned, quantitative data were entered into SPSS version10 software. Conversely, the investigator hand recorded the qualitative data, while noting patterns in participants' narrative responses.

### **Phase II of the Study**

In Phase II, more layers of the mentoring phenomenon were removed. The interviewing approach provided an environment whereby the mentoring experiences of African American nurse leaders in baccalaureate and graduate nursing programs could be further exposed. Furthermore, interviewing a select group of the participants from Phase I expanded and corroborated the findings of both phases.

Gall, Borg and Gall (1996), asserts that a minimum of five participants is necessary for a qualitative study. Accordingly, from the quantitative data collected, 10 nurse leaders were selected to be interviewed based on their mentoring relationship experiences. The sample was equally divided between same-race and cross-race

mentoring relationships, with five in each category. Criteria for consideration of inclusion for this phase of the study were contingent on the following: (a) completed returned MES, (b) the mentor's race (sample was equally divided with African American and White mentors), (c) the participant's position (sample will be representative of various leadership positions), (d) type of school (HBCU versus PWU), (e) geographic locale (representative of different areas of the U.S.), and (f) overall mentoring experiences as described in responses to open-ended questions. All participants were asked to indicate their interest in participating in the qualitative component of the study by providing contact information that was located at the bottom of the last page of the MES (see Appendix A). Because consent was inherent in the cover letter, participants did not have to return the cover letter, but instead respond to the survey, thus granting permission to use the data collected from them in the study. For purposes of maintaining anonymity, all surveys were coded. There was no monetary incentive for participants in the study, but upon request each participant may receive information regarding the findings.

Seventy-two percent (n=34) of the participants noted on their surveys an interest in participating in Phase II of the study. Consequently, 10 nurse leaders were selected to take part in the interview phase of the study. The MEI protocol was utilized to collect data from the interviewees (see Appendix B). All of the interviews were scheduled at the convenience of the participant. Nine of the 10 interviews were conducted via telephone and one was done face-to-face. The interviews lasted from 30 to 60 minutes, depending on how engaging the conversation was progressing. The initial two interviews were the shortest because the investigator was not as comfortable in asking follow-up questions as she was during the latter ones. This was not found to be as evident during the pilot study

because the investigator was acquainted with most of the participants, thus experiencing less anxiety. Prior to starting the interview, participants consented to being tape recorded. The verbal consent was in addition to the written consent provided during phase one of the study.

### **Data Analysis**

For Phase One of the study, responses from the MES were processed using SPSS version 10. The data were analyzed using appropriate descriptive statistics and graphics that assisted in classifying and summarizing characteristics of the sample (Hinkle, Wiersma & Jurs 1998).

Demographic and descriptive information was obtained from Questions 1-10 and 24-27 of the MES, and 1, 2, 6 and 12 of the MEI. This information was analyzed using frequency statistics. Frequency distributions help in organizing the data and “present a picture” of the distribution of scores (Gravetter & Wallnau, 2000). The three research questions were analyzed as follows:

RQ1: How do African American nurse leaders in higher education characterize their mentoring relationships? A frequency table was used to illustrate the responses that were identified most often by the participants. Questions 11-15, 19 and 21 of the survey tool address the mentoring relationship (see Appendix A). Specifically, questions 11-15 are multiple choice or multiple response items that encompass the following: (a) how the mentoring relationship was initiated, (b) attributes that attracted mentee to mentor, (c) duration of mentoring relationship, (d) status of the relationship with mentor at the end of mentoring relationship, and (e) status of relationship with mentor today. Questions 19 and 21 are open-ended questions that require short answers describing the mentoring

relationship and were analyzed by identifying frequencies of responses (i.e. positive or negative terms).

From the interview, categories were identified based on responses from open-ended questions. Questions 3 and 11 addressed the mentoring relationship with open- and closed-ended questions (see Appendix B). Question 3 has six sub-questions that provide an overview of how the relationship began, the mentor's and mentee's positions, and the progression of the relationship. Question 11 explored the reasons behind the participant's decision to mentor or not to mentor. Specifically questions 3b asked what the mentor's position was; 3e asked for the qualities in the mentor that attracted the protégé to her/him, and 11 asks, "Have you ever been a mentor? Why or why not?" These data from the interview protocol were analyzed by identifying similarities, commonalities and frequencies of responses (i.e. positive or negative terms).

RQ2: How do African American nurse leaders in higher education perceive the effects of mentoring relationships on their professional lives? Questions 16, 17, 18, 20, 22, and 23 of the MES were utilized to answer research question two. Question 16 is a multiple response item that explores the mentee's perception of the changes that have occurred as a result of the mentoring relationship (e.g., job change, self confidence, etc.). Questions 17 and 18 use a Likert scale, ranging from 0-6, to rate the effect of the mentoring relationship on their professional life and their decision to become a nurse leader, respectively. Questions 20, 22, and 23 are open-ended questions that examine the benefits and disadvantages of mentoring as both mentor and protégé. Analysis was conducted using a frequency distribution of the responses for questions 16, 17, and 18.

Questions 20, 22, and 23 were analyzed by identifying similarities, commonalities, and frequencies of responses.

The interview protocol consisted of three questions that addressed research question two. Questions 4 and 5 consisted of sub-questions that examined the benefits and negative aspects of the mentoring relationship and the role of the mentor in their professional life. Question 13 is an open ended question that sought to find out additional comments about the mentoring relationship. Questions 4, 5, and 13 of the interview protocol were analyzed by identifying similarities, commonalities, and frequencies of responses.

RQ3: What are the differences and similarities between the characterizations of African American nurse leaders with same-race mentors and those with different-race mentors? To answer research question three, demographic question number six of the survey, which asks the subject to indicate the race of his/her mentor, was used to compare participants on their responses on questions 8-13, 17, 18 and 24-27 of the MES. Table 2 lists the questions that were utilized in answering research question three.

The point-biserial correlation was employed to determine if a relationship existed between the race of the mentor and the participants' responses to the aforementioned questions. The point-biserial correlation was used to measure the relationship between two variables whereby one variable is measured on an interval or ratio scale and the other variable is dichotomous (Gravetter & Wallnau, 2000).

The independent t test was used to analyze questions 17 and 18. "The independent t test evaluates the differences between the means of two independent groups" (Green & Salkind, 2003, p. 151). The race of the mentor is the grouping variable, and the test

Table 2. Questions Used to Analyze Research Question 3

8. At what age did you have a dream (idea) of what you would like to become?  
 \_\_\_\_\_ before 18      \_\_\_\_\_ 41-50  
 \_\_\_\_\_ 18-30      \_\_\_\_\_ Over 50  
 \_\_\_\_\_ 31-40      \_\_\_\_\_ Never

9. How old were you when you began your relationship with your significant mentor?  
 \_\_\_\_\_ < 20      \_\_\_\_\_ 31-35      \_\_\_\_\_ 46-50  
 \_\_\_\_\_ 20-25      \_\_\_\_\_ 36-40      \_\_\_\_\_ 51-55  
 \_\_\_\_\_ 26-30      \_\_\_\_\_ 41-45      \_\_\_\_\_ 56-60      \_\_\_\_\_ >60

10. Approximately how old was your mentor at that time?  
 \_\_\_\_\_ < 20      \_\_\_\_\_ 31-35      \_\_\_\_\_ 46-50  
 \_\_\_\_\_ 20-25      \_\_\_\_\_ 36-40      \_\_\_\_\_ 51-55  
 \_\_\_\_\_ 26-30      \_\_\_\_\_ 41-45      \_\_\_\_\_ 56-60      \_\_\_\_\_ >60

13. How long did your mentor relationship last?  
 \_\_\_\_\_ 6 months to 1 year      \_\_\_\_\_ 2 years  
 \_\_\_\_\_ 3 years      \_\_\_\_\_ 4 years      \_\_\_\_\_ 5 years or more

17. How would you rate the effect of the mentoring relationship on your professional life?  
 (Circle the appropriate number)

Not Influential	Somewhat Influential	Very Influential
-----	-----	-----
0	1    2	3    4    5    6

---

18. How would you rate the effect of the mentoring relationship on your decision to become a nurse leader? (Circle the appropriate number)

Not Influential	Somewhat Influential	Very Influential
-----	-----	-----
0	1    2	3    4    5    6

---

24. Are you currently serving as a mentor?  
 \_\_\_\_\_ Yes      \_\_\_\_\_ No

25. Have you served as a mentor in the past?  
 \_\_\_\_\_ Yes      \_\_\_\_\_ No

26. Have you ever mentored anyone of a race different from yours? \_\_\_\_\_ Yes \_\_\_\_\_ No

27. Would you mentor someone of a race different from yours? \_\_\_\_\_ Yes \_\_\_\_\_ No

test variable describes the mentoring relationship on the mentee's professional life and her/his decision to become a nurse leader. The assumptions for the independent t test are: (a) the test variable is normally distributed in each of the two populations (as defined by the grouping variable), (b) the variances of the normally distributed test variable for the populations are equal, and (c) the cases represent a random sample from the population, and the scores on the test variable are independent of each other (Green & Salkind, 2003). Questions 7-11 of the MEI were analyzed qualitatively (i.e., searching for commonalities and differences in responses) (see Appendix B for MEI).

Phase Two, the qualitative aspect of the study, consisted of transcribing interviews, and analyzing and coding them for themes. All interview tapes were fully transcribed and these transcripts formed the basis for the qualitative analyses.

Utilizing the constant comparative method, data were coded and categorized to determine patterns and themes. Glaser (as cited by Bogdan & Biklen, 1985, p. 67) identified the steps of the constant comparative method as follows:

1. Begin collecting data.
2. Look for key issues, recurrent events, or activities in the data that become categories of focus.
3. Collect data that provide many incidents of the categories of focus, with an eye to seeing the diversity of the dimensions under the categories.
4. Write about the categories you are exploring, attempting to describe and account for all the incidents you have in your data while continually searching for new incidents.

5. Work with the data and emerging model to discover basic social processes and relationships.
6. Engage in sampling, coding, and writing as the analysis focuses on the core categories.

Tashakkori and Teddlie (1998) summarize these six steps into two phases: unitizing and categorizing. Unitizing involves, “breaking the text into units of information that will serve as the basis for defining categories” (p. 123), and categorizing involves “bringing together into provisional categories those units that relate to the same content” (p. 123).

To ensure the trustworthiness of the findings from this study, the following methods were executed: peer debriefing, member checking, and triangulation.

Tashakkori and Teddlie (1998) define the methods as follows:

1. Peer debriefing is a “process [that] contributes to the credibility of an inquiry by exposing the researcher to searching questions from the peer aimed at probing biases and clarifying interpretations” (p. 91). When a researcher feels that preconceived ideas or biases may affect analytical and interpretative findings, assistance of colleagues who are not participants of the study can provide some degree of objectivity. Colleagues for consideration were faculty members who were not intimately familiar with my topic. Their role was to ask the investigator questions about the research that exposes unexpected biases of the investigator.
2. Member checking is considered one of the most important aspects of credibility (Tashakkori & Teddlie, 1996), and it “involves asking members of the social scene to check the analytic categories, conclusions, and interpretations of the investigators” (p. 92). For this method, interview participants in the study were

asked to review study findings and conclusions for validation or refutation.

Interviewees serve as member checks because of the additional information they provide, thus being more intimately involved with the research.

3. Triangulation involves “the use of multiple data collection methods, data sources, analysts, or theories as corroborative evidence for the validity of qualitative research findings” (Gall, Borg & Gall, 1996, p.773). Triangulation enabled the researcher to delve into the phenomenon from various angles (i.e., mentoring survey and interview protocol), thereby giving a broader picture of the mentoring experience and an additional means of establishing trustworthiness of results.

For peer debriefing, two colleagues participated in this process. Their backgrounds varied; one was a nursing professor, the other an English instructor, who had extensive knowledge of race and gender issues. The nursing colleague did not note any biases or misinterpretation of the data, whereas the other peer did. Undoubtedly her knowledge of race positioned her to scrutinize the findings more carefully. She suggested that I was minimizing the issue of race in my initial interpretations of the data. She pointed out the initial contradictions I had in Chapter 1 where I indicated a need to increase African American nurses in leadership roles, but reported in my findings that race did not figure significantly in the mentoring relationship (V. Holliday, personal communication, January 4, 2004). To address this oversight, I reexamined the data which subsequently resulted in an interpretation consistent with my findings.

The member checking process consisted of sending each of the nurse leaders transcripts of their interviews, and the findings from the study. Each participant was asked to review the transcription for accuracy of responses and reporting of information.

They were given two weeks to review the transcribed interview and provide comments. Additionally, the participants were informed that no response by the end of the second week was indicative of their agreement with the contents of the transcribed interview. Of the five nurse leaders who responded, four of them agreed that the transcripts were accurate. One participant indicated she noted some changes and would contact me later, but did not.

To further strengthen the member checking aspect of trustworthiness, all of the participants were sent copies of the results and discussion chapters for feedback. The leaders were instructed to be open and honest in their assessments of the findings by providing contrasting interpretations of the findings, if applicable. Once again, they were given two weeks to respond. The responses varied from no response, to providing feedback about the findings. Four participants responded. One of the participant's response was, "[T]his looks good. I think you have done a good job on analysis." Two participants offered specific feedback by providing me with different interpretations of one of the findings, as well as pointing out areas that needed revising. One nurse leader even offered alternative wording of a sentence. One respondent indicated that she did not know that agreeing to interview meant she would be expected to read chapters of my dissertation. She also indicated that did she not have the time to read. For future reference, participants who agree to be interviewed should be informed that reading the findings may be a component of their participation in the study.

### **Summary**

In this chapter a description of the proposed methodology, including data collection and analysis, is included. The proposed methodology allowed the researcher to

illustrate the role that mentoring may or may not have had in the development of African American nurse leaders who currently hold or have previously functioned in the role of deans, chairpersons, or department heads in NLN accredited baccalaureate or graduate nursing programs. The findings from this study will serve to enrich research in nursing by adding a new dimension to the concept of mentoring and its role in assisting African American nurses in becoming leaders in nursing.

## CHAPTER 4: RESULTS

The sequential mixed methodology was employed to explore the role of mentoring in the development of African American nurses who have achieved leadership positions in baccalaureate and graduate nursing programs. The data collection process occurred in two phases: Phase I consisted of data collected from the Mentoring Experience Survey and Phase II involved the use of the Mentoring Experience Interview. Therefore, in accordance with the sequential mixed method, this chapter will be presented as follows: the findings relevant to the analysis of the survey data followed by the analysis of interview data and ending with a summary.

### Phase I

#### Background Information from Survey

As expected, all of the participants for this study are African American registered nurses. Consistent with the overall composition of the nursing profession, 96% (n= 45) of the nurse leaders in baccalaureate and graduate nursing programs are female. Only 4% (n= 2) of the respondents were male.

Approximately 30% of the respondents are currently functioning as deans (see Figure 1). Similarly, 26% of the nurse leaders have assumed other positions that consist of retired deans/associate deans, faculty, a doctoral student, and a chief nurse executive. The majority of the leaders were mentored, with 85% reporting having a mentor. Twenty-three percent (23%) of the leaders who were mentored had two mentors (see Figure 2). The remaining respondents had one to five or more mentors. Two of the participants did not provide the number of mentors but indicated they had “several” mentors. The nurse

leaders who did not have a mentor or left this question blank were not included in the overall percentages reported.

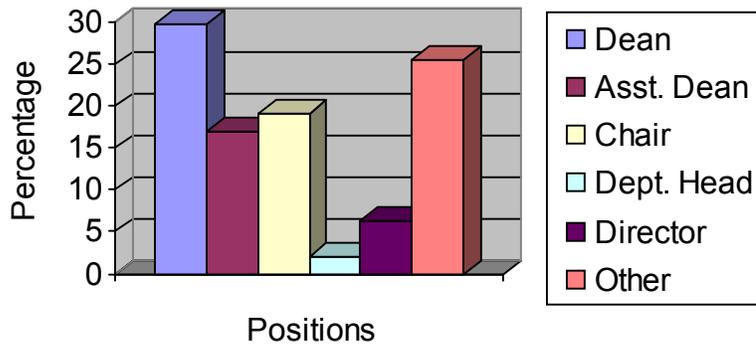


Figure 1. Positions currently held by nurse leaders.

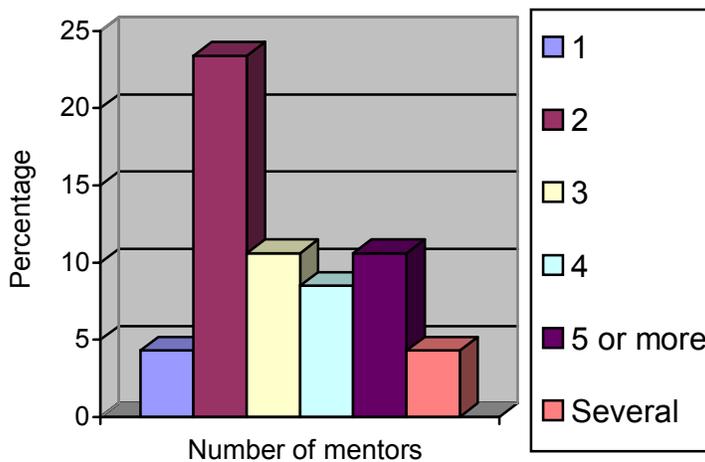


Figure 2. Number of mentors.

Most (90%) of the nurse leaders reported having a female mentor. Sixty-five percent (65%) of African American nurse leaders are mentored by African Americans, while 31% are mentored by Whites. Although participants were instructed to answer questions as they related to their significant mentor, some of them reported being

mentored by more than one individual such as a Black and White person, or Black, White, and Hispanic persons. Because I could not ascertain which of the multiple responses applied to the significant mentor, respondents who provided more than one answer to this question were excluded from the overall percentages reported.

For the participants who reported having a mentor, nurse administrators were identified most frequently at 23% for serving as mentors to nurse leaders (see Figure 3). Despite instructions to refer to their most significant mentor when answering questions, some participants indicated that their mentor had more than one position, such as nurse-dean, teacher-nurse administrator, teacher-nurse-professor, teacher-academic advisor, and nurse-teacher-nurse administrator-military leader. It was difficult to determine if the participants thought that their significant mentor held more than one position, or if their responses were based on the titles of all their nurse mentors. Therefore, multiple responses were not included in the findings.

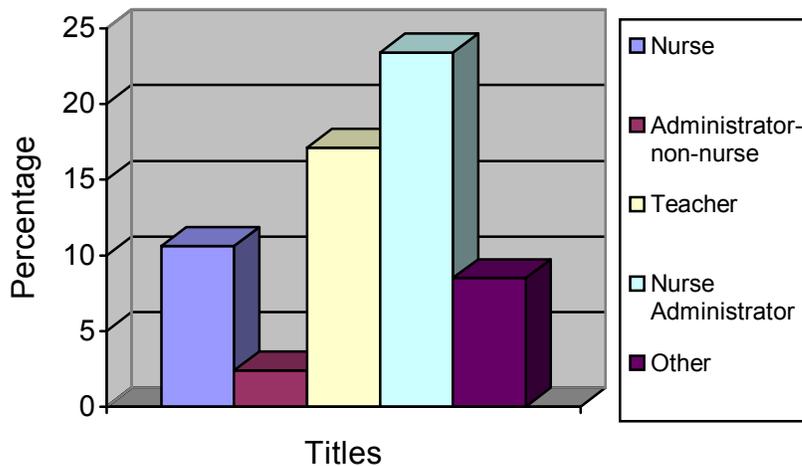


Figure 3. Title of mentor.

## Mentoring Relationship

When asked what age the nurse leaders had a dream of what he/she would like to become, 69% of the nurse leaders had a dream (idea) of what they would like to become before 18 years of age. The remaining participants were either 18 or older, or they never had a dream of what they would like to become (see Figure 4).

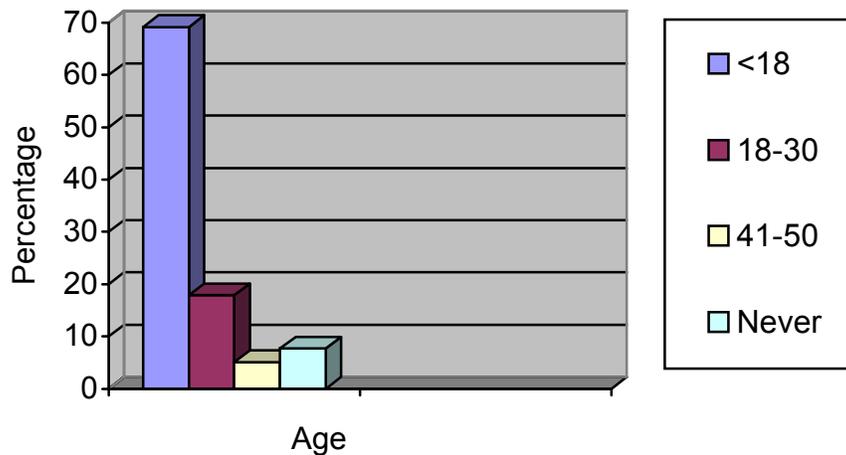


Figure 4. Age had a dream of what she/he would like to become.

Although nurse leaders indicated having a dream of what they would like to become before 18 years of age, 38% of the mentoring relationships began when the leaders were between the ages of 26-35. Conversely, the mentor was generally older than the protégé when the mentoring relationship was initiated. Fifteen percent (15%) of the mentors were between the ages of 46-50.

Fifty-six percent (56%) of the mentoring relationships were initiated naturally through work relationships. Some of the participants described their relationships as occurring through informal social exchanges (16%), while others indicated their relationships as forming through a variety of ways (i.e., informal social exchange and naturally occurring work relationship, or informal social exchange, naturally occurring

work relationship, and formal mentoring). As noted previously, respondents were asked to answer questions based on their significant mentor. Therefore, the latter responses were not usable in analyzing the data and thus not included in the overall percentage. (see Figure 5). Perhaps including the words ‘significant mentor’ throughout the entire survey would have remedied this problem.

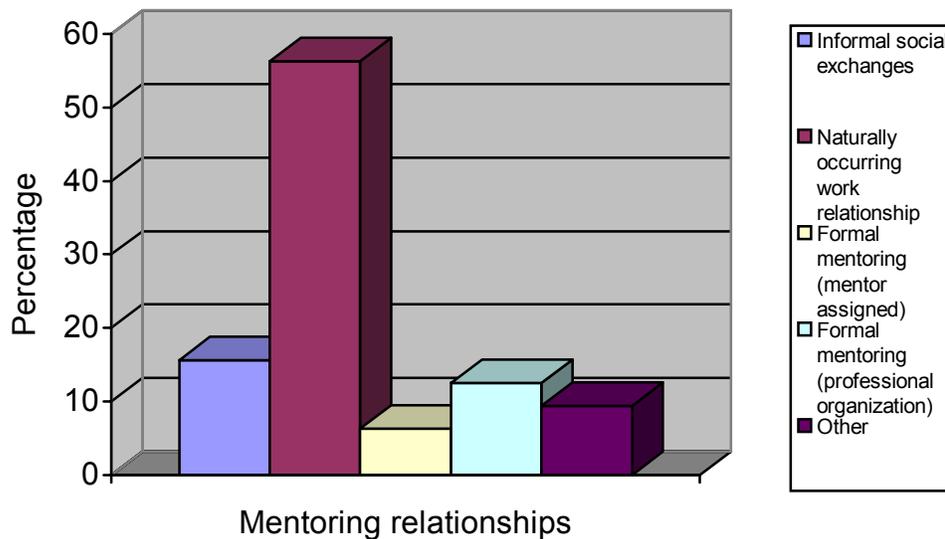


Figure 5. How mentoring relationship was initiated.

There were certain attributes that attracted the nurse leaders to their mentors. Specifically, participants identified attributes that were applicable to their significant mentor. Their responses included: experience (82%), personality (74%), reputation (51%), and common interests (49%) (see Figure 6). A pattern was noted in the selection of some attributes in groupings. The experience and personality of the mentor were listed in concert more frequently (47%) than the combination of experience, personality, and common interests (32%).

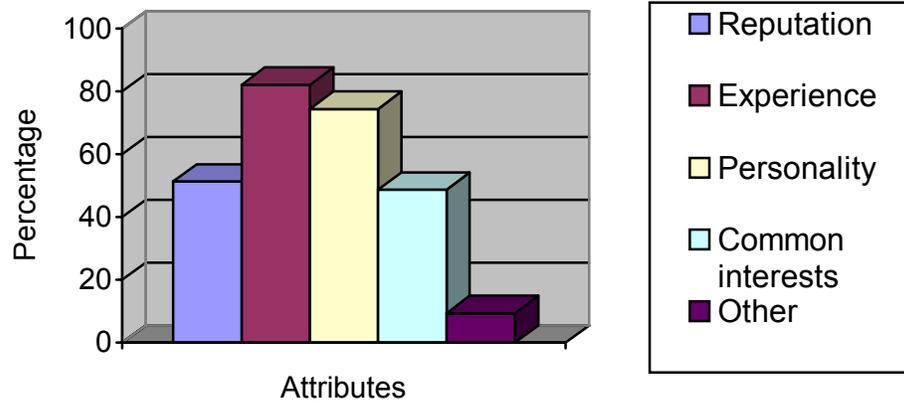


Figure 6. Attributes that attracted mentee to mentor.

In describing the length of their relationships with their mentors, participants reported that 64% of their mentoring relationships lasted five or more years. Similarly, 49% of the mentoring relationships between the nurse leaders and their mentors have not ended. Furthermore, for those whose relationships did end, 28% described it as very close and intense. Interestingly, none of the participants described their relationships as “very negative” or “strained.”

In addition to the closeness experienced during the mentoring relationships, the majority of the respondents indicated that they have either a very close and intense relationship (36%) with their mentor today or an amiable one (38%). Only 4% (n=2) of the participants reported that their mentor was deceased.

Perhaps the closeness described in their mentoring relationships is an indication as to why 81% of the nurse leaders credit the mentoring relationship for the positive changes that resulted in their professional lives. Specifically, participants were given 12 attributes –positive and negative— and instructed to select as many as applied to their mentoring experience. The single attributes that were selected most frequently were self-

confidence (84%), self-awareness (51%), and enhanced productivity (45%). Attributes that were selected in groupings were self-confidence and self-awareness (50%), and job change and promotion (24%). For the category labeled “other” where respondents could write in their answer, the following attributes were noted: political astuteness, publishing, how to handle problems, and exposure to important experts. No negative attributes were chosen or identified by any of the participants.

On a Likert scale ranging from 0-6 with 0 representing not influential and 6 representing very influential, participants were asked to rate the effect of the mentoring relationship on their professional lives. Most of the nurse leaders believe their relationships to be very influential, with 42% rating the effect of their relationship at 6, and 40% at 5. Combined, 82% of these nurse leaders believe their mentoring relationship to be influential in their professional lives (see Figure 7).

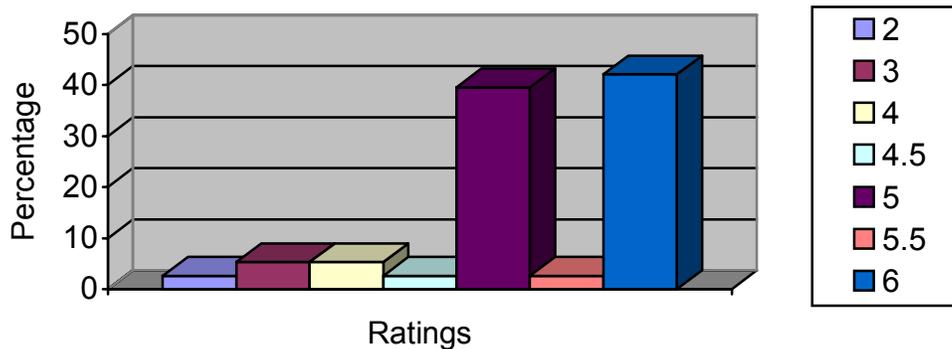


Figure 7. How participants rated the effect of the mentoring relationship on their professional lives.

Conversely only 60% of the nurse leaders credit their mentoring relationship as influential in their decision to become nurse leaders. Thirty-four percent rated the relationship at 6 and 26% at a rating of 5 (see Figure 8).

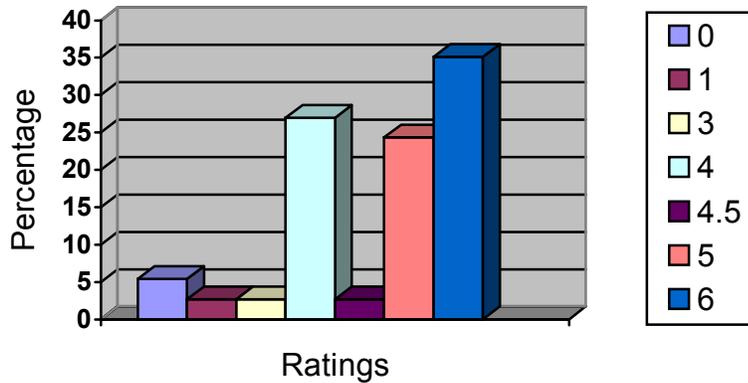


Figure 8. How participants rated the effect of the mentoring relationship on their decision to become nurse leaders.

Given the overall positive responses noted by survey participants, additional exploratory analysis was done. A regression analysis was conducted to determine if there was a pattern of influence on the respondents' professional life, and the effects on their decisions to become nurse leaders. Questions 17 and 18, which asked participants to rate the effects of their mentoring relationships on their professional life and the decision to become nurse leaders respectively, were used as dependent variables. Questions 13-15, 24 and 25 were the independent variables. Items 13-15 examine the mentoring relationship relative to length of time the relationship lasted, the status of the relationship with the mentor when it ended, and the relationship with the mentor today. Questions 24 and 25 asked participants if they are currently serving as mentors or have served as mentors in the past. Because the regression analysis was found to be insignificant and not central to the research questions, no detail data is presented.

Additionally, nurse leaders were asked to select three words that most clearly described their mentoring relationship. The most frequent or common word used to describe the mentoring relationship was supportive. Other descriptives that were listed

frequently were: positive, understanding, open and honest, encouraging, nurturing, and guidance. Less reoccurring words used to describe the mentoring relationship were: motivating, high integrity, friendly, respect, caring, trusting, and informative.

In their own words, participants were asked to identify how the mentoring relationship affected their professional practice of nursing. Their answers varied but the commonalities noted from their responses indicated that they were affected as evidenced by the following outcomes: job or position change, change in thinking (i.e., became more open minded and sought out opportunities), returned to school, modeled their mentors' behavior, developed a vision for excellence, and increased confidence in self.

When asked to describe the characteristics of the mentoring relationship that they experienced and what made it different from other role-modeling relationships they have experienced, most of the respondents only addressed the mentoring component. The difference noted most often was the word "relationship." The characteristic that was common among the participants was support. The mentor provided a supportive environment in which the mentee was given constructive criticism, but in a caring manner. In this relationship, the mentee was nurtured, guided, and given direction in their personal and professional development. As a result of this relationship, the mentee felt nurtured, thus trusting the mentor. The outcome of this relationship is apparent in statements such as, "mentoring promoted self-confidence and self awareness," or "taught [me] not to internalize negativity in the workplace...the difference is my ability to examine the issues or incident, rather than [the] person." Another nurse leader wrote: "I experience understanding and a feeling of mutual respect; a feeling that my mentor was truly interested in my professional growth and development." The best distinction

between mentoring and role modeling can be summed up with this participant's interpretation: "The [mentoring] relationship is personal and mutually satisfying, whereas a role-model need not be in a mutual relationship."

There were numerous benefits experienced by the participants as either mentor or protégé; yet some adjectives were prevalent throughout all of the responses. The most notable benefits experienced as a mentor are the gift of giving back and the satisfaction of seeing the accomplishments and growth of protégés. Comments made about the sense of giving back include: "[it's] rewarding to give to others what others unselfishly gave to me." Another nurse leader stated: "I get to give back; I get to nurture a budding professional just as it was done for me. I watch as the diamond in the rough begins [sic] to glisten."

Exemplars of statements pertaining to the satisfaction that the participants felt as mentors included:

[I get] satisfaction in knowing that I could share ideas;

[It's] rewarding to see protégés achieve goals;

[W]atching others blossom and expand knowledge gives me joy.

For the protégés, the common benefit noted was increase in self-confidence. With a sense of self-confidence participants were able to engage in activities that they would not have ordinarily participated in or explored, such as seeking out leadership positions and returning to school. Other benefits shared were: (a) wanting to emulate the mentor to the extent of being a mentor themselves, (b) being exposed or introduced to other nurse leaders or influentials (i.e., networking), and (c) developing skills such as publishing, negotiating, and decision-making.

An overarching theme found was the support and comfort provided by the mentor as a medium to facilitate the protégé's development. The following quote is an example of what nurse leaders had to say about their experiences as protégés:

I learned to believe in myself. My confidence grew and once realizing I had abilities I was able to recognize where I could go with them. My mentor made me feel more comfortable and competent in my skills and knowledge. I knew I had something to offer and subsequently I could not be as easily intimidated when the challenges came; and they did come.

Alternatively, disadvantages were not as numerous as the benefits. Noteworthy is that many of the participants either left this question blank or indicated that there were no disadvantages experienced in their mentoring relationship as a mentor or protégé. However, the small number of responses to this question suggests that there were fewer disadvantages in the role of protégé than that of mentor.

For mentors, most of the participants indicated time constraints or time consuming as the disadvantage experienced in the mentoring relationship as a mentor. Comments included: "time consuming; not considered in work load," "[I need] time to actually involve the mentee/protégé in my professional activities," "being stretched too thin (especially if I have more than 1 protégé)." Other statements pertain to the behavior of the protégé. Examples consist of:

[The] lack of motivation of the person being mentored and a lack of responsibility for consequences;

I'm not fond of overly dependent protégés;

Occasionally what you attempt to offer is not appreciated.

For protégés, time constraint was also found to be a disadvantage in the mentoring experience, but as it related to the mentor not having the time to give to the protégé.

Another common theme revealed was the conflict manifested between the mentor and mentee. One of the interviewees thought their mentor did not have a clear understanding of what her [the protégés] needs were. Others made comments such as “being at the mercy of the mentor” or “feeling overpowered or pressured to behave differently.”

### **Long-term Effects of Mentoring**

Accordingly, mentoring has made some impact on these nurse leaders; 71% of those who responded to the survey are currently serving as mentors, or have served as mentors in the past (87%). With regard to race, 97% of the participants indicated that they would mentor someone of a different race, while 87% of them reported having mentored someone of a different race.

Point-biserial correlation coefficients were computed among the four questions addressing the impact of mentoring and the race of the mentor. A p value of less than .05 was required for significance. The correlational analyses in Table 3 show there is no statistically significant correlation between the race of the mentor and their responses to questions 24 to 27. However, significance was observed among questions that involved current and past mentoring experiences, specifically between questions 24 and 25, 24 and 26, 25 and 26, 25 and 27, and 26 and 27 with a  $p < .01$ . The findings show that those who were mentored were likely to mentor others.

### **What’s Race Got to Do With It?**

Statistically, the race of the mentor was not found to be a significant factor in forming mentoring relationships. Independent t-tests for questions 17 and 18 were not found to be significant when comparing the responses of same-race mentoring

Table 3. Correlations among questions 24-27 and the race of the mentor

	Race of mentor	Currently serving as mentor (24)	Served as mentor in past (25)	Mentored different race (26)
Race of mentor	--	--	--	--
(24)Currently serving	-.032	--	--	--
(25)Served in past	-.110	.438**	--	--
(26)Mentored different race	-.120	.472**	.626**	--
(27)Would mentor different race	-.120	.258	.422**	.422**

\*\*p < .01, two tails

relationships and cross-race mentoring relationships. For question 17, which asked, “how would you rate the effect of the mentoring relationship on your professional life?”, African American nurse leaders who were mentored by African Americans rated the effect of the mentoring relationship on their professional life higher (M = 5.29, SD = .75) than African American nurse leaders who had White mentors (M = 5.10, SD = 1.28). However, this difference was insignificant,  $t(32) = .546, p > .05$ , two-tailed. Similarly, question 18, which asked the respondent to rate the effect of the mentoring relationship on their decision to become a nurse leader, African American nurse leaders who were mentored by Whites rated the effect of the mentoring relationship on their decision to become an academic nurse leader at a slightly higher rating (M = 4.70, SD = 1.53) than African American nurse leaders who had African American mentors (M = 4.62, SD =

1.66). This difference was also found to be insignificant,  $t(32) = .903$ ,  $p > .05$ , two-tailed (see Table 4).

Overall, the respondents of same-race and cross-race mentoring relationships rated their mentoring experiences as influential in their professional lives, and in their decision to become nurse leaders. However, statistically, there is no significant difference between the ratings of respondents who had African American mentors and those who had White mentors. Perhaps with a larger sample, greater distinction between the two groups could be observed.

Point-biserial correlations from survey data (see Table 5) showed no significant difference by race with respect to: (a) age mentee had a dream of what he/she wanted to become, (b) age of mentee when mentoring relationship began with significant mentor, (c) approximate age of mentor, and (d) length of mentoring relationship. However, a correlation of the data revealed that the ages of the nurse leader and the mentor when the mentoring relationship began were significantly related,  $r = +.63$ ,  $n = 36$ ,  $p < .01$ , two-tailed. This finding supports Levinson's assertion that mentors are generally older than the protégés. Most of the participants for this study were 10 to 20 years younger than their significant mentors.

Table 4. Mean, standard deviation, standard error and t value for questions 17 and 18, and race of mentor

	RACE OF MENTOR	N	Mean	Std. Deviation	Std. Error Mean	<i>T</i>
Effect of mentoring on professional life	Black	24	5.292	.751	.153	.546
	White	10	5.100	1.287	.407	
Effect of mentoring in becoming a nurse leader	Black	24	4.625	1.663	.340	.903
	White	10	4.700	1.494	.473	

Table 5. Correlations among questions 8-10 and 13 and the race of the mentor

	Race of mentor	Age had dream (8)	Age mentoring relationship began (9)	Age of mentor (10)
(8)Age had dream	.050	--		
(9)Age relationship began	.099	-.313	--	
(10)Age of mentor	.148	-.225	.633**	--
(13)Length of mentoring relationship	-.072	.098	-.186	.075

\*\*p < .01, two-tailed.

## Phase II

### Interview Participants

Ten African American nurse leaders who expressed an interest in the interview phase were contacted via email or phone depending on the preference noted on the survey. The nurse leaders who were interviewed represented positions ranging from dean to chair. Three of the participants held more than one position (e.g., associate dean and chairperson, etc.), but only the highest position held is listed in Table 6. The following is a brief description of each of the interview participants. To protect the anonymity of these nurse leaders, their names have been changed to pseudonyms.

Dawania has been a dean for three and a half years at an historically black college/university (HBCU) located in the southeastern region of the United States. She

was between 41-45 years of age when she began her relationship with her significant mentor, an African American woman approximately 56-60 years old. The two met during

Table 6. Phase II Participants

	Dean	Dean Emeritus	Retired Associate Dean	Assistant Dean	Chair	Associate Dean	Totals
Black Mentor	2			1	1	1	5
White Mentor	2	1	1	1			5
Total	4	1	1	2	1	1	10

her doctoral studies at a predominantly white university (PWU) where her mentor was the associate dean. It was her mentor who initiated the mentoring relationship because as Dawania indicated, “she thought I needed the help.”

The second nurse leader started her mentoring relationship when she was 36-40 years of age, whereas her mentor was an African American woman in the 56-60 age category. Pearl was a doctoral student when she met her mentor, the director of a program that funded doctoral students. Although Pearl has been the chair in a nursing program at a northeastern PWU for more than a year, she describes her path to the leadership position she presently holds as circumstantial. “I sort of fell into the position by circumstances...we had a vacancy in the school and a couple of unsuccessful searches ... and then I got recommended by the faculty.” She indicated that her mentor gave her direction by introducing her to “people who could help me in accomplishing those goals.”

Anita is retired, but was the associate dean at a private HBCU located on the east coast for four and a half years. Her relationship with her significant mentor began in graduate school at a PWU, where her mentor served as her teacher and academic advisor. Anita's mentor is a White female who was approximately 11-15 years older than she when the relationship began. Regarding her aspirations, Anita made the following statement: "I never really had a dream of becoming a nurse leader."

The fourth participant is the associate dean for a school of nursing at a southern PWU. Christina and her mentor have an 11-16 year age difference between them, and started their relationship as that of colleagues when Christina needed a consultant. As Christina verbalized it, she adopted this mentor because she was one whom she trusted implicitly and could go to for advice. She indicated that her significant mentor is an African American female.

Charlotte is dean emeritus of a southern HBCU where she functioned in her role for 15 years. Because of her proximity to my locale, she is the only nurse leader whose interview was conducted face-to-face. A pleasant lady, whose wisdom was evident during our meeting, she was personable and "down to earth." In my visit with her at her previous place of employment, it did not take me long to assess that Charlotte was well-liked and respected around the school of nursing. Being in her presence gave me a sense of encouragement because she did not present herself as this powerful, all-knowing woman who has it all together, but rather a woman who is more than willing to share her knowledge with others. Her demeanor was such that it made me feel comfortable in asking her questions. With a background in psychiatric nursing, she had good eye contact and was very attentive as she responded to my questions. Charlotte met her White female

mentor 21 years ago. Her mentor, who was approximately 14 years older than she, was the director of a nursing program at a college in California. The relationship still continues today on a personal level.

The sixth nurse leader is Bertha, an associate dean and director of the school of nursing at an HBCU located in the south. This is her fifth year in this capacity. Bertha's relationship began with her significant mentor when they were assigned to each other through a formal mentoring program. She and her mentor were in the same age group when the relationship began with an estimate of 5 years difference between the two. Additionally they are both African American females.

As the dean of nursing for almost three years at a midwestern PWU, Cynthia indicated that she "never really aspired to be a leader." Now more than 40 years later, she is at the helm of the same nursing school where she was a graduate student. Moreover, this same institution is where she first came in contact with a White female teacher who would become her significant mentor. Cynthia described her mentor as being 11-15 years older than she, who was "...bright...savvy...a real scholar, knew psychiatric nursing really well...and...a good teacher."

Elaine has been the assistant dean of nursing for over five years at a southern PWU. The genesis of her relationship with her White female mentor occurred as an undergraduate student at a northern PWU. Her mentor was the assistant dean for academic affairs during that time, and there was a 10- to 15-year age difference between the mentor and mentee.

The ninth nurse leader is one who has been a mentor to me. She is dean of nursing at an HBCU in a southwestern state. Gretchen has been in this capacity for more

than three years but has been in similar positions across a span of more than 20 years. She is the only interviewee that had an African American male mentor. Moreover, her mentor was not a nurse but the vice president of academic affairs who was approximately six to 10 years older. Their relationship began when she was a novice faculty member at a southern HBCU.

The final participant has been the dean and chair in the department of nursing at a southwestern PWU for 16 months. Tiffany was assigned her White female mentor through a program for new deans sponsored by a professional nursing organization. According to Tiffany, she was a little apprehensive about having a mentor she knew nothing about, but was pleasantly surprised about the similarities between the two of them (e.g., both are deans who work at faith-based universities). Her mentor is in the 56-60 age group and is 10 years older than she.

The majority of the interview participants were able to articulate when they had a dream of becoming a nurse leader, while others made statements such as:

[I] fell in [the] position by circumstances;

[It was a] natural progression;

[Becoming a nurse leader in academia] wasn't deliberate; wasn't planned;

Never really had a dream.

The group was equally divided with half being mentored by African Americans and half by White mentors. Six of the interviewees stated that they were undergraduate/graduate students when they first came in contact with their mentors.

## **How the Mentoring Relationship Began**

Three themes arose when determining which qualities attracted nurse leaders to their mentors: mentors' success, mentors' concern for others, and mentors' personal qualities. The mentors' success is inclusive of professional accomplishments such as their career mobility and influence in the nursing profession. Christina referred to her mentor as "a nurse...well-published, well-researched, well-spoken, well written...has all of the qualities for a leader...internationally known, likes students, someone who possesses all the right things to move forward." Pearl commented that her mentor "had been successful in [her] professional career...able to capture the respect of a number of influentials."

Having concern for others was another commonality that the protégés found as an attractive attribute. Anita made this comment of her significant mentor: "...I was impressed because she demonstrated such an interest in my future...[S]he took an active interest and I thought a very personal interest in my future." Elaine's mentor also demonstrated concern for her protégé by focusing on Elaine's ability, not her race. Elaine made the following remark about her mentor:

She was not African American and that really made a difference, because she never brought up my race into it as much as she kept saying 'you can do it because you're smart' and that was really important because you know I didn't want to hear because I was Black. I wanted to hear it was because I was good.

While the mentors' concern and successes were important, their personal qualities were the most appealing. Half of the interviewees referred to various traits the mentor possessed as an individual. Their statements are as follows:

She was bright and she was savvy...she was a real scholar;

Her communication style. She was an excellent listener...she was a good communicator;

His knowledge...he knew so much and really could move things along...his support;

Friendliness, sincerity;

Someone who was kind, who was thoughtful, who was considerate.

Conversely, when the participants were asked what qualities they believe their mentors saw in them as prospective protégés, most of the respondents stated that their mentors recognized potential. All of the participants thought they possessed some personal attribute (e.g., brightness, smartness, genuineness, determination) which resulted in the formation of mentoring relationships between them and their significant mentors. Charlotte's statement about her mentor is one example of what the others thought. "I think she saw leadership potential that I didn't see...I never envisioned myself as, you know, a leader, so she must have seen it." Similarly, Tiffany believed her White mentor reached out to her because of her race.

She just wanted to help...I think because I'm African American I think she feels a need to make sure I make it. So I do think on her part my race is important because there are not Black deans hardly at those meetings.

Of course, the participants could only speculate why their mentors pursued the mentoring relationship with them, because apparently it was not a topic they discussed. In sum, the mentoring relationship began as a result of each individual --mentor and mentee-- recognizing attributes that were appealing in the other.

## **Where Would I Be Without My Mentor**

Having a mentoring relationship was influential in nurse leaders pursuing leadership positions and career advancement. Mentors were instrumental in increasing participants' confidence by being supportive, thus enabling them to apply for positions they would not ordinarily pursue. The following comments are illustrative of that sentiment:

I think that having a mentor benefited me 120% because she made me believe in myself, made me believe that I could do things and half of this I never could have accomplished;

I would not have been aware of my leadership qualities had it not been for the mentor...I think she was an excellent role model;

She encouraged me and did things to help me along;

Didn't consider myself a leader...It was my mentor [who] really opened those kinds of doors [leadership positions] for me [that] led me to believe I could do it, that it was possible and supported me in the decisions that I made, that provided the opportunity to move into leadership.

Encouragement was a frequent response when discussing how instrumental mentors were in nurse leaders getting promoted or advancing their careers. Mentors functioned in a supportive role either directly or indirectly for the interviewees. Charlotte stated that her mentor's support was indirect because "it's been the effect its [mentoring] had on me as a person rather than actually opening doors or finding me a job or whatever." The indirect effect of mentoring was also verbalized by Elaine in the following comment: "Don't know if [my mentor has] had direct impact but indirectly she still encourages me to try new things...publish." Dawania said her mentor instructed her to "apply for leadership positions", and Cynthia's mentor encouraged her to "try things", such as writing for grants. Examples of direct support included (a) introducing protégés

to influential people who could help their careers, (b) helping protégés to get published, and (c) nominating protégés to key positions in professional organizations.

Benefits that were viewed to be outstanding personally and professionally in a mentoring relationship for these nurse leaders included trust, increased confidence, and a network system. One nurse leader shared the following statement about her mentor:

She pushed me to do additional things...she pulled me along and when I graduated with my master's, she made sure that I was in the right place to be able to get me a job and gave me references.

Bertha notes that her mentor gave her a network of people to select from by the “creation of a network... [She's] able to say to me, here's a person that you need to talk to”.

Anita told her story of being the only minority on faculty in a PWU nursing program because of her mentor's influence. In her own voice she recalls the following:

[She] opened doors that I didn't even know existed for me...instrumental in me going to southern Africa to start the first baccalaureate program at the University.

The majority of the interviewees have been mentors, and they unanimously agree that having a mentor is a contributing factor in career advancement. The following response is one nurse leader's opinion of career advancement as it relates to mentoring:

I think it [mentoring] does make a lot of difference. If a person who is seeking career advancement is willing to listen, observe, [and] use their sensory, they will have more to work with as they grow in their leadership role.

This was the sentiment of the majority of the participants regarding having a mentor. The consensus of most of the nurse leaders was the value of having a mentor who is experienced. Elaine believes that the mentor should have experience or as she stated, “has been around; has done some things.” She sees having a mentor as being imperative to career advancement:

I think a mentor helps your personal growth, it [mentoring] helps you professionally, and I think you do need a mentor because otherwise you're kind of going blindly into traps that sometimes people set up for you and you just don't know that they're there.

Akin to Elaine's remark, Pearl purports that

it's nothing better than to have someone who have [sic] some experiences that could help you avoid some pitfalls and serve as an entrée into some other areas that you might otherwise not have opportunities to experience.

In the end, these nurse leaders believed their mentors were instrumental personally and professionally.

### **Mentors as Protectors**

Most of the nurse leaders interviewed recounted instances where their mentor either ran interference (i.e. provided a protective shield) between them and the organization or at some point during the relationship provided psychological support. Although the methods of protecting the mentee may have differed from mentor to mentor, the primary concern was the well being of the mentee. Psychological support may have occurred in the form of allowing the mentee time to develop her leadership skills, as Charlotte's mentor did when she kept her out of the classroom so that she would not be distracted, or keeping the protégé abreast of the politics in the department, as noted by Elaine of her mentor.

[She] would keep me informed of whatever was going on in the organization...she really helped me ...by giving me a heads up on things ...she was like an angel...she was perfect.

Anita shared a story about her mentor's influence in her becoming a faculty member in a majority institution:

I'm sure she was instrumental in my becoming a faculty member in a majority institution that did not have minority faculty...I'm sure she lobbied very hard for me to become the first chairperson and director of the program in southern Africa

because the organization at the University had someone else in mind...a faculty [member] in another department [science] ...I remember her calling me and saying 'this will never do, we can't allow that to happen', plus the person wasn't even a nurse (laughing) so they had the nerve to put somebody to start a nursing program in another country who was not a nurse and she [mentor] thought I was custom made for it.

Gretchen too recalls how her mentor protected her from conflict in the work setting as a novice nurse leader:

I think that most of the interferences that he provided for me were basically conflict in the work place...he became a liaison between me, the faculty and the president, and always provided that protective shield...consequently [I] was able to continue to overcome one hurdle after another and as I said...I was young, early 30's and here I am in a leadership role over strong nurse educators who had been in that setting for many years.

Mentors were also credited as protectors of protégés while in the role of student.

Most notably were situations that occurred when the protégé was in graduate school.

Cynthia indicated that her mentor ran interference when "I was getting my master's degree... [she] talked to committee members regarding their lack of support." In concert with Cynthia, Dawania related a story about how her mentor came to her aid when she was defending her proposal. Her mentor said, "I'm not going to let them do this to you," and subsequently met with the committee members.

Psychologically the mentor also provided support by building up the mentee's confidence during crucial periods of their lives, personally and professionally. Elaine recounts how supportive her mentor was when experiencing the death of her mother during undergraduate school.

She said 'if [you] need to drop [classes] I'll help you. I'll see that you are able to get back in [school]'...so I think she gave me the sense of support that I wasn't going to fail the program and gave me a personal kind of help because losing a mother is not like nothing else...and I will never forget that...

Similarly, other participants discussed how their mentor gave them pep talks when they needed a boost. Charlotte spoke about when she called on her mentor for psychological support.

There were times when I did use the opportunity to talk with my mentor about personal kinds of things or pep talks. We talked through conflicts that I thought I might be having with the job I was doing.

Two of the nurse leaders indicated that their mentor did not provide psychological help for them. Anita said that her relationship with her mentor was strictly professional. Pep talks were indicative of a personal relationship, which she did not have with her significant mentor.

[My] advisor was a very private person and so we did not have that kind of relationship where one discusses confidences and things like that but it was apparent to me that her interest was there.

Likewise, Christina's mentor did not provide psychological support, but rather gave her encouragement.

Despite the overwhelming positive theme of the protectiveness of mentors, over-protectiveness can have a negative affect on the relationship. While most nurse leaders did not verbalize any negative aspects of their mentoring experience, several of them did give examples of negative experiences with their mentors. Notably were the mentors' insistence of mentees taking jobs or assuming positions against their wishes. Pearl shares a story about her mentor being overbearing. "[She] wanted control over what type of job to take and who to work for, which led to a conflict that subsequently resulted in a six-year separation."

Long distance mentoring relationships were also viewed to be negative, specifically as it related to accessibility to the mentor. Bertha who is involved in a long distance mentoring relationship voiced the following

I think that more could be accomplished if the distance was not there because a lot of times, you know, when things happen and you want to kind of relate to the mentor and discuss it, if you can't get to that person for a couple of days, you lose sight of some of the concern.

Overall, these interviewees thought of their mentors as protectors, despite episodes of overprotection and inaccessibility.

### **The Impact of Race on Mentoring Relationships**

Surprisingly race was a topic of discussion for most of the interview participants; not as it related to their mentor-mentee relationship but rather its impact in a global sense. Elaine gives this account of her conversation with her mentor about the issue of race:

...[Race] never was a topic that came up in our discussions...she wanted to see me be successful and that my success was going to make her happy or was going to benefit other people. And she [stated] when I was going through the [graduate] program her goal was that I would mentor other minority students. She said you need to make sure you do what your mama said. She said 'reach back and pull someone along with you' ...but those were the kinds of words she gave me, not 'you're Black and you need to reach back and pull somebody else along with you and help them out.' I don't think that race is a real issue.

Other comments made about race were:

We often did discuss race but from a point of view of we were both learning how to look at situations from different perspectives;

We haven't talked about race directly, we've talked about race as it applies to some of our work related issues...race has never come up in terms of whether or not we can work together;

Race never reared its ugly head.

Bertha, who had a mentor of the same race, had this to say:

We didn't discuss it [race] in terms of our mentor-mentee relationship, but within our meetings we talked about race, and I think I don't know if I could have been as open or just disclosed as much as I have had it been someone of a different race.

Generally race was not determined to be a key issue in mentoring relationships for those involved in cross-race mentoring; however, differences were identified between same-race and cross-race mentoring relationships. Although half of the participants indicated that their significant mentor was of a different race, all of them have been involved in cross-race mentoring relationships. Opinions varied among participants with regard to the differences between their cross-race and same-race mentoring relationships. Some nurse leaders found no differences, while others believe that differences did exist. For example, Elaine believes there is a difference in a cross-race mentoring relationship as noted in her statement:

I think in cross-race mentoring that there is something just a little bit different because sometimes we come from different sides of the world or different sides of the city and we see things a little bit differently.

Bertha concurs about the difference as evident by the following response:

When involved with someone of a different race I'm always knowledgeable of that difference...that we are of a different race...in our discussions, I always wondered...that because of these differences she may not perceive things the way I do and it's a racial thing and it could be a cultural thing. You know they [Whites] have their ideas about who we are and I don't want to validate any of it. I was very selective in the things we talked about.

Two of the participants were ambiguous as to whether differences exist between same race and cross-race mentoring relationships. For most participants there were similarities between mentors of the same race that seemed to connect the mentor and mentee.

Charlotte's initial response was there is no difference but proceeded to qualify the advantages of being involved with someone of the same-race in a mentoring relationship.

When it comes to life experiences that you both have shared from being of the same race, only you and the person of the same race can communicate that. Giving pep talks about discrimination...I wouldn't have to do that with a person who was White.

While Cynthia does not see that there is a difference, she does point out the camaraderie with someone of the same race:

[I] don't think it differs much at all except when you have someone of the same race you can share a little bit of inside information and inside jokes that you can't with other people and you can also talk to them in a different way. [I] can help them with their problems that they get from the White race. [I can] help them understand where it's coming from.

Elaine also comments on the similarities of same race relationships:

When you come from the same race you understand the barriers that are there, you understand some of the hidden racisms and the hidden biases that exist. Sometimes it makes same-race mentoring relationships good because you can help in helping the person to avoid pitfalls that are there.

Two nurse leaders did not view race to be a concern in any type of mentoring relationship. They viewed mentoring to be the same regardless of the race of the mentor or mentee. Tiffany's response is that she is involved in cross-race mentoring relationships "all the time."

Race is not a factor. It's really the same because I have mentored some little White students who are so underprivileged, who were so in poverty, who had all of the same characteristics of some of my African American students, so I don't think that there has been a lot of difference.

Anita agrees in the insignificance of race as it pertains to mentoring. She is of the opinion that her mentoring relationship was strictly professional, so race was not important. Yet, as she points out, "For me the relationships were all professional in orientation and it was never, for me, [a] personal component. With cross-race mentoring relationships, totally

professional; with same-race, professional and personal.” Despite differences of opinion surrounding the pros and cons of same-race and cross-race mentoring, relationships do occur. Christina’s perspective sums it all up in the following statement:

It’s nice to have someone of your same race but it’s not necessary, unless there are some racial issues that you’re trying to deal with and then you’ve got to have-- if there is somebody from another race-- you’ve got to have somebody open and honest and know themselves and not scared to talk--you know that you really can trust.

When asked the specific effect that being African American has in mentoring someone of a different race, again, the responses varied. Yet, from their previous responses, most of these leaders believed that having someone of their own race as a mentor or protégé has its advantages. However, the prevailing opinion about the effect of being an African American mentor to someone of a different race is that it depends on what each individual brings to the relationship. Some leaders believed emphatically that race was not integral to forming a mentoring relationship, while others thought race was a key factor, and still others were ambiguous in their views.

According to Charlotte, the person’s race is not the focal point, but rather the type of skills she can teach them. She made this comment.

If I’m trying to help someone learn how to be a good faculty member, how to be a good leader or how to write, it’s all about the skill, it’s all about the common interest we’re involved in.

Similarly, Gretchen believed she also has something to offer in a mentoring relationship regardless of race:

I look at the fact that I’m a nurse professional who has acquired and engaged in certain experiences and that I have something to offer society and that I can share those perspectives and I want to continue to be able to interact and engage but I just don’t let race stop me.

Elaine asserts that being an African American can affect the relationship with someone of a different race but it is predicated “on the baggage that each party comes with.” She continues with the following opinion:

I think that the different race mentoring relationship can be successful but both parties have to work at them and they have to be conscious of the fact that we’re different. We have different views, we have different perspectives. We have to be willing to listen to each other and I think that’s probably the biggest thing that when I had a different race mentor, I tried to help them to understand issues the way that I see them. I try to see things the way that they see them and sometimes you’re able to do that and you get along greatly and other times there is a wall that becomes built because they see you as not deserving to be where you are.

Pearl believed that one cannot separate who he or she is from the relationship because of the impact that the person’s race has on them as it pertains to career advancement.

Specifically what might work for a White person in terms of professional development may not for an African American.

Overall, it is difficult to say with certainty that any of these nurse leaders believed that their race, or the race of the mentor or mentee is not of importance when establishing a mentoring relationship. However, the most central concern for these nurse leaders, race notwithstanding, was commonality of values, interests, and goals.

### **To Mentor or Not to Mentor**

So why do these leaders mentor? The primary reasons for becoming mentors include a sense of giving back or participating in the joy of protégés’ successes. Serving as mentors, these women help protégés they have determined as having potential.

Moreover, the mentors’ assistance provides the protégé with some insight of the pitfalls to avoid. Tiffany sees mentoring as a form of gratitude. She says she mentors

‘cause that’s what saved my life...I can’t go back and say thank you because a lot of those people are dead so I give because they blessed me [and] I bless someone else.

Charlotte functions as an encourager for her protégés:

I see a potential, I encourage them, I make whatever roads smoother for them to help them move on and many of them were master's students that I helped in achieving a doctoral degree. They needed help to help them realize that they had the ability to reach their goals.

Additionally these nurse leaders get satisfaction from watching the growth of their mentees. Elaine emphatically declared her reason for mentoring:

To help other people to be successful...to help somebody else not to make the same mistakes that I made...mentoring is good because I see people being successful. I think it just gives me a sense of contributing to the greater good and that people can be successful if they just have someone to give them the push...if it had not been for my mentor I probably would not be where I am today.

In total, the majority of these nurse leaders have been involved in same-race and cross-race mentoring relationships, either as a mentor or protégé because of the rewards of the experience.

### **Closing Thoughts**

At the end of each interview, I asked the nurse leaders if they had any additional comments about their mentoring experiences. I think the responses made by three of the interviewees are reflective of the sentiments of most of the African American nurse leaders in higher education who were mentored. Their responses are consistent with the overall positive comments received from the survey data from all of the participants involved in this study. The comments can be classified as giving back, protection, and success of the nursing profession.

**Dawania:** I feel a debt of gratitude that I could probably never repay. The only way that I know to kind of make a difference in terms of the repayment is for me to try and help somebody else to do the same thing, and it has to be a person of color. I feel like in order to make certain that the investment that she put in terms of the time and continues to put in pays off for another person, not just me,

because we develop one person at a time and really to develop more African American women.

**Gretchen:** I feel like I got a treasure because I was not just put in the lion's den but I was totally protected...which gave me a favorable perspective of higher education and being a leader...consequently I had no reservations about going on to continue my education.

**Tiffany:** I think as nurses we need to be connected, and that's really what the soul of nursing is all about. It's not just individuals all functioning without being related, it's when we unite and speak with one voice, we're stronger. So for me, mentoring is a part of building the profession, not just building me, but it builds the profession.

## **Summary**

This chapter provided the findings from the study exploring the role of mentoring in the development of African American nurse leaders who have achieved leadership positions in baccalaureate and graduate nursing programs. Using the sequential mixed method design, data were gathered in two phases: Phase I, that utilized a survey entitled MES and Phase II which consisted of an interview protocol named MEI, developed by the investigator. Findings were presented using quantitative and qualitative data. The quantitative data consisted of frequency distribution, t-tests, point-biserial correlation and regression analysis. The qualitative component involved giving voice to the nurse leaders who were interviewed.

With a 78% return rate, the sample consisted of 47 participants for Phase I. Ten individuals who met the specified criteria were purposely selected to be interviewed for Phase II of the study. The entire sample of nurse leaders were African American and held leadership positions that included current and former deans, assistant and associate deans, chairs, and department heads.

The profile for African American nurse leaders in academia can be described as the following: a female who is in a decanal position, who had at least two mentors (who were female and black) who had a dream of becoming a nurse leader before she was 18 years old, and who began her mentoring relationship when she was in her early adulthood (26-35 years old). Additionally, this nurse leader was drawn to her mentor's experience and personality and thus established a close intense relationship that lasted five or more years that has either not ended or still remains intense. Moreover, this individual attributes changes (e.g., self confidence, self awareness, job change, etc.) in her professional life to the mentoring relationship and rates it as very influential in becoming a nurse leader. She describes her mentoring relationship as a supportive and comforting one that has more benefits than disadvantages. For her, while recognizing there are advantages to having someone of the same race, it is not the only determining factor when establishing a mentoring relationship, having mutual interests, and goals are important also.

The next chapter provides a discussion of the findings as related to the three research questions, a conclusion, implications and, recommendations for future research. Additionally, Chapter 5 will present the relationship between the findings of this study and Levinson's adult developmental theory which served as the theoretical framework for this research.

## **CHAPTER 5: DISCUSSION, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS**

The purpose of this study was to explore the role of mentoring in the development of African American nurses who have achieved leadership positions in baccalaureate and graduate nursing programs. Levinson's adult developmental theory (1978) provided the theoretical framework for addressing the following research questions:

- RQ1: How do African American nurse leaders in higher education characterize their mentoring relationships?
- RQ2: How do African American nurse leaders in higher education perceive the effects of mentoring relationships on their professional lives?
- RQ3: What are the differences and similarities between the characterizations of African American nurse leaders with same race mentors and those with different race mentors?

### **Discussion of Research Questions**

#### **Research Question 1**

**How do African American nurse leaders in higher education characterize their mentoring relationships?** The African American nurse leaders in higher education involved in this study characterized their mentoring relationships as positive experiences. They consistently described their mentoring relationship as supportive of their development as nurse leaders. Although there were some negative aspects of the mentoring experiences, the benefits exceeded the disadvantages. As a result of their mentoring experiences they have become mentors themselves for various reasons including altruism, or just wanting to give back to others. They distinguish mentoring from role-modeling by the use of the word "relationship", indicating that in mentoring,

the mentor and protégé have a relationship. Their mentoring relationships were nurturing and caring and afforded them the opportunity to grow in their self-confidence and self-awareness, while also enhancing their productivity. Overall, the mentoring relationships experienced by these African American nurse leaders were more similar than dissimilar to the literature.

The findings from this research were analogous to Levinson's in several areas; namely the realization of the Dream, the age difference between the mentor and mentee, the environment where the mentoring relationship matured, and the role that mentoring played in their development. Levinson asserts that one of the purposes of the mentor is to help the protégé in the realization of the Dream. Akin to Levinson, most of the participants had a Dream of what they wanted to become before the age of 18.

Similar to Levinson's findings, most of the mentors were older, experienced individuals, while their mentees were at least 10 years younger. For the interview participants, the age distribution was noted most frequently in mentoring relationships that occurred when the protégé was a student and the mentor was a professor. This suggests that graduate school has excellent potential for fostering mentoring relationships between students and faculty. While Levinson found the workplace to be a common setting for mentoring relationships to develop, graduate school can also be included as a place where mentoring relationships can be established.

In concert with Chao, et al. (1992) and Redmond (1990) regarding the formation of mentoring relationships, most nurse leaders in this study formed their relationships with mentors naturally by having common interests or being able to relate to one another. This finding implies that while organized mentoring relationships are necessary at times,

most mentors and protégés prefer to do their own selecting. Perhaps it is the active involvement of personally choosing a mentor or protégé that further enriches the relationship.

Findings contrasted to Levinson's (1978, 1996) were also found in this study, specifically in the areas of the length of the mentoring relationship, and the condition of the relationship when it ended. Levinson contends that the average length for a mentoring relationship to last is 2-3 years, and 8-10 years at the maximum. Moreover, he posited that if the relationship was intense, it would end negatively with "strong conflict and bad feelings on both sides" (p. 100). My findings did not parallel Levinson's. The majority of the relationships lasted five years for the participants for this study. Furthermore, while some nurse leaders reported having favorable relationships with their mentors when the relationship ended, others indicated that their relationships with their mentors have not ended. This finding is parallel to Malone's (1981) who found that most of the Black female administrators mentoring relationships as not ending, but changing in "intensity and involvement" (p. 90). Many of the nurse leaders in this study spoke fondly of their mentors and continue to consult with them on certain issues.

Additionally, the findings from this research are in opposition to Kram's (1985) (a student of Levinson) who found that relationships that extend beyond the prescribed time frame could have negative effects. This study did not find that to be the case.

In sum, African American nurse leaders in higher education characterize their mentoring experiences as positive to the point of continuing the relationship over the years. Most of them formed their relationships with their mentors through a natural working relationship such as school. These nurse leaders describe themselves as bright

and determined, and are attracted to mentors who have experience, personality and share a common interest. As a result of their mentoring experiences they believe they are more confident, and have more awareness of self. With notable exceptions, in general, the mentoring experiences of African American nurse leaders parallel to the literature.

## **Research Question 2**

**How do African American nurse leaders in higher education perceive the effects of mentoring relationships on their professional lives?** Eighty-one percent (81%) of the nurse leaders credit the positive changes that resulted in their professional lives to the mentoring relationship. This observation was noted specifically in the area of personal growth such as increasing their self-confidence and self-awareness as well as inspiring changes in their professional lives that included returning to school, job changes and promotions. The acquired self-confidence from the mentoring relationship enabled these nurse leaders to explore positions they would not ordinarily pursue.

The benefits that the interviewees experienced personally and professionally included (a) being a part of a trusting relationship, (b) increasing self-confidence, and (c) being given resources to assist in their development. Mentors who were nurturing, trusting, open and protective were viewed as having the qualities of a positive mentoring relationship. Conversely, negative aspects, though not as frequent, were noted also. When the mentor does not have the time to give the protégé, this creates negative feelings about the relationship. Similarly, mentors who are overbearing and controlling can cause chasms to form between the mentor and mentee, which could ultimately terminate the relationship prematurely.

The findings from this study showed that African American nurse leaders in baccalaureate and graduate nursing programs perceive their mentoring relationships as very influential on their professional lives. Moreover, mentoring was found to be influential in their decisions to become nurse leaders. Correspondingly, Madison (1994) reported that more than 80% of her nurse administrators indicated that their mentoring relationships were valuable to their professional lives. Additionally, the nurse administrators from Madison's study also had positive perceptions of their mentoring experiences. Accordingly, more than half of them served as mentors or had been mentors in the past.

Likewise, the positive mentoring experiences for African American nurse leaders influenced them to mentor also. Most of them are currently functioning as mentors or have mentored in the past. Their reasons for mentoring include giving back, watching the success of others, and recognition of potential in others. Overwhelmingly, they believe that having a mentor can make a difference in career advancement.

All in all, African American nurse leaders in higher education perceive the effects of mentoring relationships on their professional lives as a positive one. They have grown personally and professionally and credit their mentoring experiences as being influential in their roles as nurse leaders specifically, and in the profession of nursing in general. Despite some negative experiences, most of them still mentor because of the positive impact that their mentoring experience had on them, as well as what they believe they can contribute to others.

### **Research Question 3**

**What are the differences and similarities between the characterizations of African American nurse leaders with same race mentors and those with different race mentors?** Statistically this study shows no relationship between race and mentoring as it relates to who mentors whom. The nurse leaders in this study did not find race to be a primary consideration if mutual interests or common goals exist. As such, most of them have either mentored persons of different races or would mentor someone of a different race. This finding parallels Lee (1999) who found that having common interests was more important than the race of the mentor for the African American freshmen students who participated in her study. In that same vein, David and Foster-Johnson (2001) posited that students of color need effective mentors, regardless of race, but they also recommend the acknowledgement of differences and multicultural competence.

While the race of either the mentor or mentee was not found to be a deterrent in establishing mentoring relationships, having a mentor of the same-race had certain advantages. With same-race mentoring relationships it appeared to be a kinship that only those of “like kind” could relate to. However, psychological support can also occur in cross-race mentoring relationships, as noted by many of the interviewees. Yet, as one interviewee indicated, one really cannot separate race from who the person is, so it has to be acknowledged especially in a cross-race mentoring relationship.

Although data in this study suggests that having someone of the same-race as a mentor could have a psychological advantage, it is not necessary if both mentor and mentee enter the relationship with common interests, such as the development of the mentee as a nurse leader. Moreover, having a relationship that is trusting, open and

supportive helps to facilitate the desired outcome according to nurse leaders in this study. This finding is supported by several studies that reported having common interests and mutual attractions as integral components when formulating a mentoring relationship (Fagenson 1992; Redmond, 1990, White, 1988). Yet, Redmond (1990) notes that often mentoring relationships do not occur because of differences in race or ethnicity of the protégé.

Although some nurse leaders are of the mindset that a mentor should be “color-blind” when establishing a mentoring relationship, others assert that the issue of race should be addressed because of overt differences between the individuals. As noted by Outlaw (1995), cross-race mentoring relationships can be successful, but differences between the two individuals have to be acknowledged.

In sum, while there were no statistically significant differences between the characterizations of African American nurse leaders with same-race mentors and those with different race mentors, differences were noted qualitatively. Even though having a mentor of the same-race has some advantages, the participants of this study indicated that it is not a key factor when both parties are in a mutually satisfying relationship and have a common agenda. Participants of same-race and cross-race mentoring relationships either have mentored someone of a different race or would mentor someone of a different race. In general, race was not perceived to be a factor in establishing a mentoring relationship as evidenced by the experiences and comments of the interview participants.

### **Additional Findings**

In the process of analyzing this data, serendipitous information was discovered. First, I discovered that African American nurses are primarily functioning as mentors for

other African American nurses. This finding has several implications: (a) Most African American nurse leaders in higher education may be more comfortable with someone of their own race; (b) they have learned from their own experiences that if they (African American nurse leaders) do not mentor their own race, then mentoring may not occur at all, or at least not as frequently; and (c) they recognize the overall benefits of mentoring.

Next, African American nurse leaders in baccalaureate and graduate nursing programs also participate in cross-race mentoring relationships. Eighty-seven percent of them indicated that they have mentored someone of a different race. This discovery suggests that African American nurse leaders are more concerned with the potential benefits that mentoring offers rather than the race of the protégé.

Finally, when exploring the relevance of race in mentoring relationships, there is ambiguity surrounding the topic, at least for the nurse leaders interviewed in this study. The findings from the survey participants suggest race is not a key factor when developing mentoring relationships. Most of the African American nurse leaders in baccalaureate and graduate nursing programs have previously mentored someone of a different race. Moreover, 97% of them reported that they would mentor someone of a different race. This finding is in concert with the literature with regards to wanting to give back or assist others in their professional development.

Conversely, the responses from the nurse leaders who were interviewed were less explicit. Some of the participants believe race is not a problem when developing mentoring relationships, while others say it could be a problem. Basically the issue of race is not one that is openly confronted. In many cases, sharing common interests or goals is of more importance. The literature pertaining to the relevance of race in

establishing mentoring relationships is as divided as the interview participants of this study. Akin to the literature, some of the nurse leaders believe race is not a factor if commonalities exist between the mentor and mentee, while others assert that having someone of their own race has psychosocial advantages. Despite the differences of opinions, same-race and cross-race mentoring relationships do occur and have been shown to be instrumental in both personal and professional development.

### **Conclusions**

The goal of this study was to find out if mentoring occurred as frequently and with the same results for African American nurse leaders, specifically in higher education, as it has been shown in other populations. The findings from this study indicate that mentoring does play a role in the development of African American nurse leaders in baccalaureate and graduate nursing programs. Furthermore, evidence from this study supports the literature surrounding the overall benefits of mentoring. For the participants of this study, benefits -- such as increased self confidence and self awareness -- were evident from the quantitative and qualitative data. Moreover, mentoring was also found to be influential in the professional development of these nurse leaders.

On the surface it would appear that the issue of race is not a key element in the establishment of a mentoring relationship, as evidence by the large percentage of nurse leaders who have engaged in cross-race mentoring relationships. However, when exploring deeper into the phenomenon of race, there seems to be some degree of comfort associated with having the same race in common. In their discussions of race, participants vacillated in their views. What was evident was despite taking a strong position on the unimportance of race in a mentoring relationship, some of the nurse leaders still admitted

to what seemed to be advantages (e.g., camaraderie and sharing common experiences) when engaging in same-race mentoring relationships. Although race was not a determining factor in establishing a mentoring relationship for most of these nurse leaders, the majority of participants from this study were mentored by African American nurses. This implies that while commonalities such as race are an important factor when establishing mentoring relationships, race does not preclude most African American nurse leaders from becoming involved in the relationship. It is in situations where race is not seen as a barrier that successful cross-race mentoring relationships can occur. However, it is also important to note that acknowledging differences such as race are just as important, especially in cross-race mentoring relationships.

If nursing is genuinely sincere about attracting more minorities, it must embrace and implement the idea of cross-race mentoring relationships. While initiatives such as ANA's Ethnic Minority Fellowship Program are notable, more could be done. For the population of nurse leaders in general, it is imperative for them to reach back and bring someone else along, regardless of race. Such efforts will not only help in the leadership succession of nursing, but also position African Americans and other minority nurses to participate in policy issues and decisions concerning minority health and diversity. Moreover, African American nurses will have a voice in issues that are important to African Americans as well as other minorities.

### **Implications for Nursing and Higher Education, Policy, and Theory**

This research sought out to determine if mentoring had a role in the development of African American nurse leaders in baccalaureate and graduate nursing programs. An investigation of this nature was important because of the void of empirical data reporting

the mentoring experiences of African American nurses in general, and African American nurse leaders specifically. The findings from this study indicate that mentoring has been instrumental in the adult development of these nurse leaders, both personally and professionally.

From this study there are several implications for nursing, higher education, and policy. The first implication for nursing and higher education is the acknowledgement that one person can make a difference. While organized mentoring programs are effective, the mentoring that occurs naturally through working interactions is just as effective or more effective, as evidenced by the nurse leaders who were mentored by persons to whom they gravitated naturally. The majority of the mentoring relationships began when the protégé was a student either in undergraduate or graduate school.

Accordingly, the mentees indicated that having a mentor enabled them to avoid some of the pitfalls they may have encountered. This finding suggests that the higher education environment is an excellent arena in which to initiate mentoring relationships.

Unfortunately, there are obstacles that have to be removed to increase the frequency of mentoring at the higher education level. First, a culture must be developed that is supportive of mentoring among faculty, administrators and students especially as it relates to cross-race mentoring relationships. If people are not comfortable interacting with each other, then it becomes more difficult to engage in a mentoring relationship. Next, there has to be recognition of the potential benefits that mentoring can offer for both the mentor and protégé in terms of professional growth. Finally, participants' lack of motivation has to be overcome. It is imperative for experienced nurse leaders and

educators to become more proactive in assisting prospective protégés, thus increasing the rate of mentoring.

The second implication for nursing and higher education is to understand that the race of the mentor or protégé is an important factor for some individuals when developing a mentoring relationship. However, when establishing a mentoring relationship, race should not be the only factor, other characteristics such as having common interests and goals are of equal importance. Both nursing and higher education should continue to develop and promote initiatives that encourage same-race and cross-race mentoring. For nursing, this is of paramount concern because of the need to increase African American nurses in every arena of the profession, especially in leadership positions. Similarly, higher education is also faced with increasing African Americans and other minority representation in the academy.

In regard to policy implications the following recommendations are to be considered: (a) inclusion of individualized mentoring as a part of the service component of tenure and promotion. Specifically for higher education, faculty will be evaluated on the number of individualized mentoring relationships (same-race and cross-race) they have been involved in. Additionally, faculty will also be required to provide evidence based on outcome criteria that measures the effect of the mentoring experiences (e.g., the protégé pursued an advanced degree or acquired a faculty position); (b) the encouragement of more faculty/leader/student interaction where faculty and students can become acquainted with one another; (c) formulating policies and procedures that facilitate individualized leadership development of African Americans and other minorities through professional organizations such as ANA.

Finally, in regard to Levinson's adult developmental theory there are several implications of its applicability. All in all, Levinson's theory was appropriate for this study because of its specific inclusion of mentoring in one of the phases in adult development. Additionally, his study of the mentoring experiences of men and women made his theory more applicable to the population under study. However, when utilizing this theory there needs to be an awareness that the findings may differ from Levinson's, especially if studying participants from a female dominated profession. Perhaps the findings varied from Levinson's because Levinson's participants were in more male dominated professions.

### **Recommendations for Future Research**

Despite the variations of some of the findings from Levinson's, this investigator would still recommend Levinson's adult developmental theory for future research. The concept of mentoring and other key constructs such as length of mentoring relationship, the status of mentoring relationship when it ended, the age that the recognition of a 'Dream' occurred, the age difference between mentor and mentee were easily delineated in the Mentoring Experience Survey.

Because this study is the first of its kind to address specifically the role of mentoring for African American nurse leaders in baccalaureate and graduate nursing programs, using a sequential mixed method design, replication is strongly encouraged. It is recommended that more participants be included in the interview phase to gain a broader perspective of African American nurse leaders in higher education. Additional replications of this research employing African American and other race nurse leaders in

different areas of the nursing profession, such as healthcare settings, could also provide valuable data.

In regard to the methodological consideration, the MES needs to be utilized again to strengthen its reliability. The modifications added to Madison's (1994) original instrument aided in addressing each of the research questions. Moreover, the instrument enabled the investigator to gain an overall perspective of the mentoring experiences for African American nurse leaders in the higher education population. If additional changes could be made to the survey instrument, there would be more interval/ratio type questions to provide more advanced statistical data.

Finally, it was apparent during this research that the issue of race is still a topic that requires more research in the nursing profession and in higher education. While most of the participants have mentored individuals of different races, most were mentored by African Americans. Further research is needed in this area to determine the frequency at which mentoring is occurring with White mentors and other race protégés. The findings from this study showed that cross-race mentoring relationships do occur between White mentors and African American mentees with some degree of success. Although it is important to acknowledge common interests, it may be of benefit to identify and discuss participant differences when developing mentoring programs.

Additionally, future research should consist of demographics that include the race of the participant. One should not have to speculate how many minorities were included in the research. The inclusion of African Americans and other underrepresented races would, to some degree, demonstrate the value they add to the profession and the importance of understanding their experiences.

As the profession continues to seek out future nurses, it is important that all types of nurses, not just the majority, be represented in the literature. The all-inclusive mentoring experiences of nurses should be important especially if mentoring can help in reducing the nursing shortage, while also increasing representation of minorities in leadership positions both in higher education and nursing. If nursing is going to strengthen the profession, every one of its members must have a voice; otherwise, the majority will continue being the dominant voice heard, which ultimately silences the remaining voices.

Undeniably, the literature empirically supports the benefits of mentoring. This study adds to the mentoring literature by providing evidence that African American nurse leaders in higher education also benefit from mentoring, in both same-race and cross-race mentoring relationships. Armed with this knowledge it is imperative that more mentoring occurs, regardless of the race. Furthermore, this research can assist the nursing profession as well as higher education institutions in the development of mentoring relationships to facilitate the succession of leaders at both the rudimentary level and the decision-making table.

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## APPENDIX A

### MENTORING EXPERIENCE SURVEY

**Instructions:** Please answer the following questions regarding the mentor who was **most** influential in your career development as a nurse leader. If you **have not** had a mentoring relationship, please answer only questions 1 through 4 and return the survey in the self-addressed stamped envelope.

*Mentor: "A person who oversees the career and development of another person, usually a junior, through teaching, counseling, providing psychological support, protecting and at times promoting or sponsoring" (Zey, 1984, p.7)*

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#### Phase I:

##### I. Background Information:

1. What is your gender?  
 Male  
 Female
  
2. What is your racial/ethnic identity?  
 Black/African American  
 White/Anglo-Euro American  
 American Indian  
 Asian American  
 Hispanic  
 Other \_\_\_\_\_  
(Please Specify)
  
3. What position do you currently hold?  
 Dean  
 Asst. Dean  
 Chair  
 Department Head  
 Director  
 Other \_\_\_\_\_  
(Please Specify)
  
4. Have you ever had a mentor?  
 Yes (If yes, how many?) \_\_\_\_\_  
 No

(If you have had more than one mentoring relationship, select the most significant relationship and answer the following questions.)

5. What gender was your mentor?  
 Male  
 Female
6. What is the racial/ethnic identity of your mentor?  
 Black/African American  
 White/Anglo-Euro American  
 American Indian  
 Asian American  
 Hispanic  
 Other \_\_\_\_\_  
(Please Specify)  
 Not sure
7. What title did your mentor hold?  
 Nurse  
 Administrator (non-nurse)  
 Teacher  
 Nurse Administrator  
 Physician  
 Other \_\_\_\_\_  
(Please Specify)

**II. Mentoring relationship:**

8. At what age did you have a dream (idea) of what you would like to become?  
 before 18                       41-50  
 18-30                               Over 50  
 31-40                               Never
9. How old were you when you began your relationship with your significant mentor?  
 < 20                       31-35                       46-50                       >60  
 20-25                       36-40                       51-55  
 26-30                       41-45                       56-60
10. Approximately how old was your mentor at that time?  
 < 20                       31-35                       46-50                       >60  
 20-25                       36-40                       51-55  
 26-30                       41-45                       56-60
11. Which of the following best describes how your mentoring relationship was initiated?  
 Informal social exchanges  
 Naturally occurring work relationships  
 A formal mentoring program through my place of employment (i.e. you were assigned a mentor)  
 A formal mentoring program through my professional organization  
 Other

12. What attributes attracted you to your mentor? (check all that apply)
- Reputation
  - Experience
  - Personality
  - Common interests
  - Other \_\_\_\_\_
- (Please Specify)
- None of the above (mentor was assigned)
13. How long did your mentor relationship last?
- 6 months to 1 year
  - 2 years
  - 3 years
  - 4 years
  - 5 years or more
14. How would you describe your relationship with your mentor when the mentoring relationship ended?
- Very close, intense
  - Amiable
  - Strained
  - Civil, tolerable
  - Very Negative
  - Has not ended
15. How would you describe your relationship with your mentor today?
- Very close, intense
  - Amiable
  - Strained
  - Civil, tolerable
  - Very Negative
16. Do you attribute any changes in your professional life to the mentoring relationship?
- Yes
  - No
- If yes, was it (check as many as may be appropriate)
- Job change
  - Promotion
  - Alienation from peers
  - Relocation
  - Pay reduction
  - Diminished productivity
  - Self confidence
  - Self awareness
  - Demotion
  - Return to school
  - Enhanced productivity
  - Other \_\_\_\_\_
- (Please Specify)

17. How would you rate the effect of the mentoring relationship on your professional life?  
(Circle the appropriate number)

Not Influential				Somewhat Influential				Very Influential
-----								
0	1	2	3	4	5	6		

18. How would you rate the effect of the mentoring relationship on your decision to become a nurse leader? (Circle the appropriate number)

Not Influential				Somewhat Influential				Very Influential
-----								
0	1	2	3	4	5	6		

19. Many descriptive words are commonly associated with mentoring relationships. Select 3 words that most clearly describe your mentoring relationship.

\_\_\_\_\_

20. In what ways did the mentoring relationship affect your professional practice of nursing?

21. Describe the characteristics of the mentoring relationship that you experienced and what made it different from other role modeling relationships that you have experienced.

22. What are the benefits you have experienced in a mentoring relationship as:

a. Mentor

b. Protégé

23. What are the disadvantages you have experienced in a mentoring relationship as:

a. Mentor

b. Protégé

### III. The Impact of Mentoring:

24. Are you currently serving as a mentor?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

25. Have you served as a mentor in the past?

Yes  
 No

26. Have you ever mentored anyone of a race different from yours?

Yes  
 No

27. Would you mentor someone of a race different from yours?

Yes  
 No

**Phase II:**

May I contact you to discuss your possible participation in a follow-up interview?

Yes  
 No

If you selected **YES**, please provide the following information:

It is better to communicate with me via email. My email address is:

\_\_\_\_\_

It is better to communicate with me via regular U.S. mail and telephone.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

***Please return the survey in the self-addressed stamped envelope via regular U.S. mail***

***to:***

***Jackie Hill***

***4346 Rose Garden Circle***

***Zachary, LA 70791***

***Thank you for your participation!***

Adapted from Mentoring Survey by Madison, J. (1994). The value of mentoring in nursing leadership: A descriptive study. *Nursing Forum*, 29, 16-23.

## **APPENDIX B**

### **MENTORING EXPERIENCE INTERVIEW**

1. What is your current position? How long have you been in this position? How long were you in the position of dean, asst. dean, etc.?
  
2. When did you first have a dream (idea) of becoming a nurse leader

Please answer the following questions based on the mentoring relationship with your significant mentor.

3. When did you first come in contact with this person? How long ago was this?
  - a. What was your position at that time?
  
  - b. What was your mentor's position at that time?
  
  - c. How exactly did you meet your mentor, and who actually took the first step in establishing this relationship?
  
  - d. And then how did the relationship proceed?

- e. What qualities in the mentor attracted you to her/him?
  - f. What qualities do you think your mentor first saw in you that encouraged her/him to pursue this relationship?
4. What would you say has been the outstanding benefit that you have received from being in a mentoring relationship? (personal, professional, etc.)
- a. Do you think that being in a mentoring relationship influenced you in pursuing a leadership position?
  - b. How instrumental has your mentor been in directly affecting your chances for either promotion or career advancement?
  - c. Sometimes a mentor can be very helpful to a budding protégé by providing a “protective shield” when organizational pressure becomes too overbearing. Do you remember any instances when your mentor felt it necessary to run interference between you and the organization?

- d. Mentors have been known to provide psychological help to their protégés. Do you remember any times when you relied on your mentor for personal strength or support in the form of confidence building, pep talks, etc?
5. What would you say has been the most negative aspect of your mentoring experience as mentor/protégé?
- a. Mentors have also been known to be overbearing and demanding. Do you remember any times when you felt your mentor was overbearing, too demanding or misuse his/her power?
6. What is the race of your mentor?
7. Was race ever a factor in your mentoring relationship? Did you and the mentor or mentee discuss the issue of race and the effect it would have on your relationship?



APPENDIX C

LETTER OF PERMISSION

Request Form

I request permission to adapt the Mentoring Survey to the Mentoring Experience Survey for use in research in a study entitled: The Role of Mentoring in the Development of African American Nurse Leaders.

  
Signature

July 1, 2003

Date

Permission is hereby granted to adapt the Mentoring Survey to the Mentoring Experience Survey for use in the research described above.

  
Dr. Jeanne Madison

15 July 2003

Date

## APPENDIX D

### INTRODUCTORY AND INFORMED CONSENT LETTER

Date

Dear <Name>:

My name is Jackie Hill, and I am a doctoral candidate in higher education at Louisiana State University. I am writing to you to request your participation in my dissertation entitled *The Role of Mentoring in the Development of African American Nurse Leaders*.

The purpose of this study is to explore the role of mentoring in the development of African American nurses who have achieved leadership positions in baccalaureate and graduate nursing programs. The criteria for inclusion in this study are: a) African American, b) registered nurse, and c) current or past dean, assistant dean, chairperson, director, or department head of a baccalaureate or graduate nursing program that is accredited by the National League for Nursing.

Statistics support the necessity of African American nurses and other minorities in the profession to address issues relevant to the underserved. This study is of significance to nursing because of the continual concern of increasing diversity and representation of minorities in the profession, particularly in leadership positions.

Please take approximately 15-20 minutes to complete the enclosed Mentoring Experience Survey, and return it to me via regular U.S. mail in the enclosed self-addressed stamped envelope immediately. Completion and return of the survey is your indication of consent to voluntarily participate in this research. As a follow-up to the survey, 10 participants will be asked to participate in an interview. Interviews will range typically from 45 minutes to 1 hour. Your participation is entirely voluntary and you may withdraw consent and terminate participation at any time without consequence.

There is no known risk. Results of the study may be published, but no names or identifying information will be included in the publication. The identity of all participants will remain confidential unless disclosure is required by law. All data will be numerically coded in order to protect anonymity.

I will be happy to provide you with more information regarding this research; therefore, do not hesitate to contact me at (225) 654-6471 or via email at [jhill16@lsu.edu](mailto:jhill16@lsu.edu) if you have any questions. Also, Dr. Becky Ropers-Huilman is my major professor, and she can be contacted at (225) 578-2892 or at [broper1@lsu.edu](mailto:broper1@lsu.edu). If you have questions about subjects' rights or other concerns, you can contact Robert C. Mathews, Institutional Review Board, at (225) 578-8692.

Please contact me if you know of others who qualify for this study. Thank you for your time and I look forward to hearing from you.

Sincerely,

Jacqueline J. Hill, RN, MSN, CRRN

**APPENDIX E**  
**EMAIL NOTICES**

**First email**

Dr. <Name>

My name is Jackie Hill, a doctoral candidate at Louisiana State University. A couple of weeks ago I mailed you the Mentoring Experience Survey to collect data on the mentoring experiences of African American nurse leaders in BSN and graduate nursing programs.

If you have not had a chance to fill it out, I would greatly appreciate you taking out approximately 15-20 minutes to complete it and return it in the self-addressed stamped envelope. If you have inadvertently misplaced it, I would be happy to send you another one via email.

With the paucity of literature pertaining to African American nurse leaders' mentoring experiences, any data you could provide to add to this body of knowledge would be tremendously appreciated. Thank you and I look forward to hearing from you.

Jackie Hill, RN, MSN, CRRN

**Second email**

Dr. <Name>

I know you think it's probably too late to participate in my study exploring the role of mentoring in the development of African American nurse leaders, but it's not.

Your contributions are important to the overall findings of this study. Even if you have not had a mentor, still complete the survey. I sent you an email on 10/20 with the survey attached. If you can not locate it or you need me to mail you another copy, I would be happy to do so.

With there being such a limited number of African American nurse leaders, every voice does count. Thanks for your consideration of this matter and I look forward to hearing from you.

Jackie Hill

## VITA

Jacqueline Jones Hill, better known as “Jackie”, is a 1988 graduate of Southern University in Baton Rouge. She holds both her bachelor of science and master of science degrees in nursing. Jackie entered in the doctoral educational leadership, research and counseling program (higher education concentration) at Louisiana State University in 1999 on a part-time basis. In August, 2000, with the assistance of the Huel Perkins Fellowship, and Title III funding, she became a fulltime student. Since January, 1994 she has been employed as an assistant professor at Southern University’s School of Nursing. Her areas of teaching include nursing leadership, issues in nursing, medical-surgical nursing and rehabilitation nursing.

Jackie Hill completed her doctoral studies at Louisiana State University in the Spring 2004 and will receive the degree of Doctor of Philosophy during the Spring 2004 commencement. Her dissertation topic was: The Role of Mentoring in the Development of African American Nurse Leaders.

Jackie is married and is the mother of two children.