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Analyzing the Leadership Skills of Nurses through Mentoring Relationships

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ANALYZING THE LEADERSHIP SKILLS OF
NURSES THROUGH MENTORING
RELATIONSHIPS

Barbara J. Siwula

65 Pages

This study sought to identify the leadership skills instilled in nurses through mentoring relationships. A survey questionnaire was designed to measure nurses' leadership skills in regard to their participation in mentoring relationships. Mentoring relationships have the ability to create healthier working environments for nurses by encouraging better communication, teaching necessary leadership skills, and creating unity among nurses. In the same respect, mentoring relationships can also instill negative habits, creating a cycle of ineffective leadership. Therefore, it is vital mentoring relationships be analyzed to ensure that nurses are being taught effective leadership skills leading to healthy workplace environments.

KEYWORDS: Communication, Leadership, Mentoring relationships, Nursing

ANALYZING THE LEADERSHIP SKILLS OF
NURSES THROUGH MENTORING
RELATIONSHIPS

BARBARA J. SIWULA

A Thesis Submitted in Partial
Fulfillment of the Requirements
for the Degree of

MASTER OF SCIENCE

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ANALYZING THE LEADERSHIP SKILLS OF
NURSES THROUGH MENTORING
RELATIONSHIPS

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CHAPTER I

REVIEW OF RELATED LITERATURE

The current chapter will discuss relevant literature regarding mentoring relationships and their influence on the leadership skills of nurses. The chapter will include a statement of the problem, a literature review, and the study's hypothesis and research questions.

Statement of the Problem

In today's rapidly changing healthcare environment, it is essential the nursing profession cultivate programs that will advance the leadership skills of nurses, thus creating leaders who will engage and inspire success (Scully, 2015). Effective nurse leadership is essential due to the high levels of job dissatisfaction, stress, exhaustion and antagonistic working conditions that are currently causing nurses to vacate their jobs, and in some cases, the healthcare field entirely (Aiken et al., 2002; American Nurses Association, 2006; Brown, 2010). In addition to these problems, the current nursing climate consists of great chaos, such as constant and unexpected changes nurse leaders must be prepared to handle (Grossman & Valiga, 2012).

Research has acknowledged one reason for these problems may be the ineffective leadership styles of nurse managers (Davis & Bowen, 2005; Dziczkowski,

2013). Nurse managers are engaging in the *hypercritical leadership style*, or the active pursuit to find subordinates making errors on the job (Davis & Bowen, 2005). This style of leadership leads to high stress, which can directly influence nurses' patient error rate (Davis & Bowen, 2005; Manzoni & Barsoux, 1998). This leadership style is contributing to creating unhealthy working conditions for both nurses and patients, leading to one in five hospital nurses reporting plans to leave their current jobs (Aiken et al., 2002). In order to improve the retention rate of nurses, it is critical researchers discover new strategies to address the ineffective leadership styles of nurses.

The purpose of this mixed methods study is to analyze the leadership skills of nurses through mentoring relationships. A survey questionnaire was administered to answer one hypothesis and five research questions. This study will help researchers identify the leadership styles promoted in mentoring relationships and determine if the implementation of more effective leadership styles is necessary. This is one solution to preventing the alarming number of nurses leaving the profession due to stressful working conditions caused by nurse managers.

Introduction

According to Frost et al. (2013), a large percentage of nurses report they love being a nurse, but they hate their job. Nurses' job dissatisfaction, burnout, and hostile working conditions are leading to nurses resigning and, in extreme cases, leaving the healthcare field entirely (Aiken et al., 2002; American Nurses Association, 2006; Brown, 2010). One cause to these problems is the ineffective leadership styles of nurse managers (Davis & Bowen, 2005; Dziczkowski, 2013). Nurse leadership has been an important topic in the literature (Sheridan & Vredenburg, 1978), yet effective ways to teach nurse

leadership has yet to be developed. Nurse leadership skills are vital, considering such skills have the ability to fuel the future of the profession (Antrobus & Kitson, 1999). Nurses require leadership skills to unite, motivate, and inspire colleagues toward a common goal (Antrobus & Kitson, 1999; Callaghan, 2007). Previous research has focused on the characteristics of successful nurse leaders, yet very little research exists on how to identify future leaders, and develop their leadership skills (Connors et al., 2007). Leaders are made, not born (Grossman & Valiga, 2012). Therefore, it is important to develop leadership skills early in a nurse's career (Connors et al., 2007). This study will analyze the leadership styles promoted in mentoring relationships and determine if mentoring relationships are an effective method of developing leadership skills.

History of Mentoring

Mentoring dates back to Greek mythology, where it originated in the story, *The Odyssey*. Odysseus befriends a man named Mentor, who offers his son, Telemachus, guidance during the father's long journey at sea (Homer, 2013). A mentor is therefore a wisdom guide. Mentors throughout literature are wanderers who have traveled, experienced hardships, and navigated down torturous paths of distress, where along their journey they gained experience, wisdom, and clarity (Parker & Caldwell, 1991).

In English, the term *mentor* means an experienced expert who shares their knowledge with a less experienced colleague (Bawany, 2014). In the United States, the term *mentor* became popular at the end of the twentieth century as a way to promote workplace equality, and help minorities gain professional success. In today's professional world, mentoring is the process where a mentor, or an experienced individual, helps a mentee, an inexperienced individual, gain knowledge and understanding of a particular

field. Mentors allow inexperienced professionals to learn quickly through confidence building, exposure to new networks and activities, and career advice. Many of today's most successful leaders have, or had, mentors to help them learn and grow (Allen, 2002; Bawany, 2014; Cardillo, 2010; Kaczmarek, 2014). These mentors take on various roles, such as a coach, supporter, counselor, educator, and friend to help the mentee in a variety of ways and help ensure professional success (Dzickowski, 2013).

Current Nurse Leadership Style

Before reviewing mentoring relationships within nursing, it is first important to understand current leadership styles nurses are performing. Current nurse managers often use the *hypercritical leadership style* (Davis & Bowen, 2005). This style of communication occurs when nurse managers are too assertive in critiques, or disciplines, with their subordinates (Manzoni & Barsoux, 1998). This means leaders are actively searching for nurses to make mistakes. The hypercritical style of leadership starts to exhaust their subordinates, resulting in mistakes that would not otherwise occur (Davis & Bowen, 2005). Manzoni and Barsoux (1998) call this dynamic the set-up-to-fail syndrome. This leadership style leads to higher patient error rates, or the amount of mistakes made to patients by nurses (Davis & Bowen, 2005; Dzickowski, 2013). Davis and Bowen (2005) stress the importance of the supervisor-subordinate relationship since error rates in nursing have the potential to result in death. Therefore, hypercritical leadership results in more problems for nurses and patients. This style of leadership needs to be replaced with more effective leadership styles.

Optimal Nurse Leadership Style

In order to understand the optimal leadership style for nurses, *leadership* must first be defined. Determining the proper leadership style for any organization is difficult because leadership is “a frustrating diffusion of concepts and ideas of what leadership is really all about” (Schein, 2004, p. 1). Researchers have been examining leadership for well over 100 years and a universally accepted definition, or theory of leadership, does not exist (Alleyne & Jumaa, 2007; Antrobus & Kitson, 1999; Atsalos & Greenwood, 2001; Callaghan, 2007; Caplin-Davies, 2003; Grossman & Valiga, 2012; Lee & Cummings, 2008; Mannix, Wilkes, & Daly, 2013; Nielsen et al., 2008). Kaczmarek (2014) states:

One of the best definitions I have found for leadership is the ability to create organizations and adapt them to changing conditions. Leaders do this by creating a vision — a definition of what the future should look like, aligning people with that vision, and inspiring them to make the vision a reality despite obstacles. A leader must have a vision and be able to communicate it — to get others passionate about it. (p. 647)

A new style of leadership is vital for nurse managers to learn in order to be examples for their subordinates, and promote a safe and healthy workplace environment (Murray, 2009). It is no longer acceptable to allow nurse managers to continue practicing ineffective and harmful leadership styles (Delmatoff & Lazarus, 2014). Currently, “many organizations are investing in leadership development training for nurses with the hope that leadership expertise at the point of service will give their organization the value-added, competitive edge needed to thrive in the complete managed care environment”

(Krejci & Malin, 1997, p. 236). The Robert Wood Johnson Foundation is currently working to advance health leadership and define leadership as “the capability to create direction, alignment and commitment across boundaries, fields, or sectors to achieve a higher vision or goal” (Ernst & Yip, 2009).

According to Price and Howard (2012), individuals who desire leadership roles must acquire the necessary competencies of a leader. Such competencies include initiative, achievement orientation, analytical thinking, collaboration, communication, strategic thinking, financial skills, and organizational awareness. Healthcare leaders, especially nursing managers, must work on improving their leadership styles in order to improve their subordinates’ performance, and therefore, reach organizational goals (Zampieron et al., 2013). According to Cardillo (2010), “leaders are developed through education and training, mentoring, and supported experience. The old ‘sink or swim’ methodology for leadership development is passé not to mention ineffective” (p. 12). Kaczmarek (2014) states, “Leadership is about behaviors, and behaviors are learned. But virtually anyone can modify their current behaviors with work and persistence” (p. 647). Mentoring programs can teach nurses effective leadership behaviors, ensuring less patient errors (Bally, 2007).

The suggested leadership style for nurses, that would produce optimal results in the workplace, is transformational leadership (Kleinman, 2004). Transformational leadership is the process of identifying change, creating a vision for the future, and motivating subordinates to embrace the change (Bass, 1995; Kleinman, 2004; Ramey, 2002). Transformational leadership has been preferred in the healthcare field since the 1990s because the environment requires a leader who can inspire and achieve change

(Kleinman, 2004; Medley & Larochelle, 1995). Additionally, the qualities of transformational leadership support the framework necessary for creating a culture of mentoring within the healthcare field (Kleinman, 2004).

Nurse managers and nurses must learn how to become transformational leaders and stop acting as hypercritical leaders. Hypercritical leadership has led to one in three nurses reporting plans to leave their current job, and 60% of new graduates quitting their first job within the first six months (Bartholome, 2006). “Shortages in the nursing labor market, coupled with the imminent retirement of the current cohort of experienced aging nursing workforce, has created a significant pressure on health care organizations to examine their approach for managing talent” (Manning et al., 2015, p. 58). Nurse managers need to focus on improving their communication skills to ensure a safe environment for all nurses. Communication skills will allow nurses to focus on helping others, rather than protecting themselves from workplace bullying (Reynolds, Kelly, & Singh-Carlson, 2014). One way of ensuring nurses have a safe work environment is teaching new nurses to communicate with the transformational leadership style. Additionally, experienced nurses need to take continuing education courses to refresh and relearn effective communication skills.

Nurse Communication Skills

Nursing education has failed to provide nurses with effective communication skills, resulting in nurse managers communicating in aggressive (e.g., hypercritical), rather than assertive (e.g., transformational), communication styles (Dellasega, 2011). Nurse managers and nurses must both improve their general communication skills, understand the need to communicate effectively, and create programs to support these

actions (Dumont & Tagnesi, 2011). Ekström and Idvall (2015) state, “the leadership prerequisites for newly registered nurses need to improve, emphasizing different ways to create a supportive atmosphere that promotes professional development and job satisfaction” (p. 75).

Communication is a vital component to a nurses’ skill set and is essential when communicating with colleagues and patients. Communication is vital because a lack of communication is the leading cause of errors in health care environments (Haynes & Strickler, 2014). The American Association of Critical Care Nurses’ *Standards for Establishing and Sustaining Healthy Work Environments* (2005) stresses, “Nurses must be as proficient in communication skills as they are in clinical skills” (p. 2).

Nurses need communication skills to create a culture of dignity and respect. Such skills include approachable and affirming behaviors when communicating with patients and/or healthcare professionals. Mentors can help create a culture of “authentic leadership, genuine caring and respect for employees, and open communication” to create an environment where all nurses, old and new, feel comfortable asking for help (Frederick, 2014, p. 588).

Preparedness

Due to the nursing shortage, new nurses are being hired into demanding roles without enough preparation (Frost, Nickolai, Desir & Fairchild, 2013). Mentoring relationships have been shown to be successful at providing new nurses with ongoing support, guidance, and assistance to ensure nurses feel more prepared for leadership roles (Mills & Mullins, 2008, p. 312). Mentoring programs are shown to increase confidence

by making nurses feel protected, lower their stress levels and provide the knowledge needed to succeed (Frost, Nickolai, Desir & Fairchild, 2013).

Affirmation

Affirmation refers to the emotional support nurses must possess to be effective leaders. Currently, the healthcare field is a stressful occupation due to the rapidly changing and complex workplace environment. A study by Littlejohn (2012) suggests increasing nurses' emotional support can reduce workplace stress by creating an emotionally supportive workplace environment. Emotional support leads to positive attitudes, adaptableness, and better workplace relationships, which will lead to less conflict and patient error rates (Littlejohn, 2012).

Approachableness

One necessary skill nurse leaders must possess is approachableness, or the ability to manage conflict in the workplace. Currently, the nurse culture is suffering from a lack of respect in the workplace, resulting in bullying behaviors among nurses (Meissner, 1986). Robbins (2015) states, "nurses are verbally abused more frequently by each other than by patients, patients' families, and physicians, all of whom commonly abuse nurses." A principle of the *American Nurses Association* (2006, p. 2) states "all nursing personnel have the right to work in healthy work environments free of abusive behavior such as bullying, hostility, lateral abuse and violence." Approachable communication behaviors create an environment where nurses feel comfortable asking for help or assistance (Pope, 2010). Therefore, it is imperative nurses learn to become approachable. One possible way of ensuring nurses learn this skill is through mentoring relationships.

Argumentativeness

Nurse leaders must be able to handle stress and anxiety in a respectable manner. Consequently, they must be effective at managing their argumentativeness. Argumentativeness refers to the antagonistic and intimidating communicative behaviors nurses use while interacting with others (Laschinger & Finegan, 2005, Stokowski, 2011). Nurses must be educated on what are acceptable behaviors in the workplace and what are not, and be held accountable to those expectations (Eller, Lev & Feurer, 2014). Nurse managers have the responsibility of creating and maintaining effective communication strategies within the workplace (Laschinger & Finegan, 2005, Stokowski, 2011). One way to ensure nurses are managing their argumentativeness in the workplace is through mentoring relationships.

Importance of Communication and Leadership Skills

Creating strong communication and leadership skills is vital in order to create healthy working conditions for nurses (Frost et al., 2013). Mills and Mullins (2008) state:

One approach that has shown promising preliminary success in enhancing nursing job satisfaction and increasing long-term retention is the use of trained nurse mentors who are paired with newly hired or new nurse graduates to provide ongoing support, guidance, and assistance. (p. 312)

Mentoring programs increase confidence, encourage motivation, improve professionalism and leadership skills; all skills needed to produce positive changes in nursing (Frost et al., 2013).

Mentoring will give nurses the support needed to manage stress, knowledge, and an opportunity to learn leadership skills that will help them become future healthcare

leaders (Blood et al., 2015). According to Cardillo (2010), leadership skills must be nurtured in a safe and supportive environment, such as a mentoring relationship.

For the purpose of the current study, leadership was defined as authoritarian, charismatic, servant, transactional, and transformative. The authoritarian leadership style was defined as, “The leader dictates policies and procedures, decides what goals are to be achieved, and directs and controls all activities without any meaningful participation by the subordinates” (Wang, 2011). The charismatic leadership style was defined as, “Leader gathers followers through their personality and charm, rather than any form of external power or authority” (Perkins & Arvinen-Muondo, 2013). The servant leadership style was defined as the leader tries to remove all obstacles from their subordinates. The leader works to serve their followers (Howard & Irving, 2012). The transactional leadership style was defined as, known as managerial leadership, this leader focuses on the role of supervision, organization, and group performance. The leader promotes compliance of her/his followers through both rewards and punishments (Bass, 2008). The transformative leadership style was defined as, “The leader is charged with identifying the needed change, creating a vision to guide the change through inspiration, and executing the change in tandem with committed members of the group” (Transformational, 2016). The previously stated leadership styles were chosen for this study because they are the five most common forms of leadership discussed in leadership literature.

Mentoring of Nurses

Mentoring relationships are the medium in which communication and leadership skills can be taught to new nurses. Nurse mentoring is the deliberate, long-

term relationship between an experienced nurse and a less experienced nurse to create a stronger set of skills (Jakubik, 2007, 2008; Jakubik et al., 2011). Nurses are at the forefront of healthcare; they directly influence patient safety, satisfaction, and quality of care, making it a necessity that they are competent communicators and leaders. Additionally, nurses make up the largest segment of the healthcare field, yet remain grossly underrepresented on leadership boards (Khoury et al., 2011).

The nursing profession is the largest segment of the nation's healthcare workforce, yet nurses remain grossly underrepresented in major leadership positions within the healthcare system and within those organizations empowered to develop and implement health policy. In order to ensure that nurses are ready to assume these leadership roles, leadership development and mentoring programs need to be made available for nurses at all levels.

(Montavlo & Veenema, 2015, p. 66)

Currently, mentoring programs for nurses are rare, and the healthcare industry is failing to provide nurses with information and support (Montavlo & Veenema, 2015). Evidence of the effectiveness of mentoring programs for the leadership skills of advance practice nursing does exist (Hayes, 1998; Reay et al., 2003). However, further study is required. Effective mentoring programs will be beneficial to all who participate, by increasing overall recruitment, retention, morale, communication skills, leadership skills, and organizational success (Race & Skees, 2010). Frost et al (2013) found 85% of participants felt their job could benefit from “better mentorship” (p. 2). Boyles and James (1990) found that mentoring shapes environments by promoting growth and confidence, all elements needed in increasing the leadership of nurses.

Current Nurse Mentoring Practices

Throughout the years, leadership and mentoring have been closely linked in nurse research (Vance, 1982). Historically, mentoring programs in nursing focus on moving beginner nurses to advanced roles in clinical practice, helping advanced nurses further their medical skills, or mentoring students to become research experts (Corner, 2012, 2014). While these programs have been successful, they have failed to instill a mentoring *culture* within the nursing profession (Montavlo & Veenema, 2015).

Mentoring programs are vital in nursing to develop leaders and introduce new organizational members to the organization's culture (Corner, 2012, 2014). Nurses desire to create work relationships and to receive mentoring beyond initial organizational orientation (Maddalena, Kearney, & Adams, 2012). The only way a mentoring program will have true success is if the organization's culture embraces the programs (McInnes, 2009). Organizations must desire the advancement of their nurses, and help support and encourage them as they reach for leadership roles to advance the healthcare field.

Vance (1982), originally started studying nurse mentoring to promote leadership skills in the 1980s and the topic has continued to be of interest currently. Most mentoring research has focused on the role of the mentor and has been descriptive in nature (e.g., Chow & Suen, 2001; Darling, 1984; Fagan & Fagan, 1983; Harvey, 2012; Hayden, 2006; Neary, 2000; Walsh & Clements, 1995). Additionally, interest has revolved around novice and beginner nurses, yet mentoring after the first year of professional practice has not been well researched (Beecroft et al., 2001; Benner, 2001; Clarke-Gallagher & Coleman, 2004; Hom, 2003; Pinkerton, 2003; Rush et al., 2012). Numerous studies have determined that mentoring promotes knowledge and skill

development (e.g., Allen, 2002, Chen & Lou, 2013, Chenoweth et al., 2013, Fawcett, 2002, Greene & Puetzer, 2002, Hom, 2003, Latham et al., 2011, Oermann & Garvin, 2002; Pinkerton, 2003) in addition to leadership development (e.g., Galuska, 2012, Jakubik et al., 2011, Vance, 1982). The purpose of the current study is to analyze the leadership skills of nurses through mentoring relationships.

Hypothesis and Research Questions

The independent variable, participation in a mentoring relationship, will be controlled through the following hypothesis and research questions. As such, this variable, an essential element, was not the focus of the current study. The leadership skills of nurses, identified as the dependent variables of preparedness, argumentativeness, affirmation, approachableness, and communication skills, were the foci. This study allowed participants to recall previous experiences with mentoring relationships and reflect upon their leadership skills.

Previous literature provides an ideal leadership style individuals in the healthcare field should exhibit. Further, research identifies leadership styles that can cause major problematic issues within the healthcare setting. Thus, this study attempted to determine which leadership styles were being promoted in mentoring relationships.

Consequently, the following research question is posed:

RQ₁: What leadership style do mentoring relationships most promote in individuals?

A nurse's preparedness for leadership roles may likely be predicted by a nurse's participation in a mentoring relationship. According to Kaczmarek (2014),

mentoring relationships have the ability to train nurses for leadership roles, thus, instilling preparedness. Consequently, one hypothesis and three research questions are posited:

H₁: Perceived preparedness for leadership roles is related to participation in a mentoring relationship.

RQ₂: Are individuals who participate in a mentoring relationship more affirming in the workplace than individuals who have not participated in a mentoring relationship?

RQ₃: Are individuals who participate in mentoring relationships more approachable in the workplace than individuals who have not participated in mentoring relationships?

RQ₄: Are individuals who participated in mentoring relationships less argumentative than individuals who have not participated in mentoring relationships?

Previous literature has failed to provide generalizable data regarding the communication skills mentoring relationships instill in individuals. This study attempted to discover the top communication skills nurses learned through such relationships. Thus, the following research question is posed:

RQ₅: What communication skills do mentoring relationships promote in individuals?

Summary

The purpose of this study is to analyze the leadership skills of nurses through mentoring relationships. Mentoring relationships have the ability to teach nurses leadership behaviors, and hopefully, inspire nurses to partake in decision-making

bodies/boards in the future. It is desired that such leadership skills will create a safer working environment and, therefore, lead to less turnover rates, higher satisfaction, and less patient error rates (Bally, 2007). To ensure mentoring relationships are promoting effective leadership skills, this study focused on nurses' perceptions of their leadership skills instilled through mentoring relationships.

CHAPTER II

METHODOLOGY

The previous chapter summarized the relevant research regarding mentoring relationships and their influence on the leadership skills of nurses. The current chapter will discuss the participants, procedures, and data analysis used for the study.

Participants

To analyze the leadership skills of nurses through mentoring relationships, nurses were surveyed. The participant pool consisted of four, mid-sized healthcare organizations in Illinois. The desired number of participants was 450; unfortunately, that number was not met. Although there were around 880 clicks on the survey link, only 399 of those clicks started the survey. Twenty responses were deleted due to incomplete data. Incomplete data included any response that stopped completing the survey after answering basic demographic questions.

Three hundred and seventy-nine participants completed the survey. The age of participants ranged from 18 to 74 years old ($M = 40.2$, $SD = 12.13$). There were 347 females (91.6%), 22 males (5.8%), and 10 who did not disclose their biological sex (2.6%). Participants disclosed their race/ethnicity, 345 (91%) identified as Caucasian, 17 (4.5%) did not answer the question, 13 (3.4%) participants who identified as other, four

(1.1%) identified as African American, two (0.5%) identified as Asian, two (0.5%) identified as Hispanic, one (0.3%) identified as Native American, no one (0.0%) identified as Middle Eastern. The current sample is not representative of the current workforce. The participant mean age is about 10 years younger than the mean age of the current workforce. Additionally, the participants are not as racially diverse as the currently workforce.

Participants were asked to reveal information regarding their professional background. In regard to current degree held, 364 participants responded: 186 participants held a Bachelor's of Science in Nursing (49.1%), 116 participants were registered nurses (30.6%), 49 participants reported other (12.9%), 7 participants were certified nurses (1.8%), 4 participants were nursing students (1.1%), and 2 participants were licensed practical nurses (0.5%). When selected "other," nurses wrote in their current degree held. The majority of written responses were a Masters in Nursing. Nurses also provided information on the field they currently work in, 362 participants responded to the question: 226 currently work in a hospital (59.6%), 64 selected clinic (16.9%), 32 selected other (8.4%), 14 selected emergency room (3.7%), 14 selected surgery (3.7%), 5 selected school/college (1.3%), 4 selected family practice (1.1%), and 3 selected Community Wellness (0.8%). The number of years a nurse has experience in their field ranged from 6 months to 45 years ($M = 13.62$, $SD = 11.52$). The sample is not representative of the current workforce. Since this is a younger sample, they do not have an accurate representation of experience.

Participants were also asked about current leadership experience. Two hundred and thirty participants did not hold supervisory positions (60.7%), 113 participants

currently held a supervisory position (29.8%), and 36 did not answer the question (9.5%). When asked if participants were interested in serving on a decision-making body/board, 93 participants chose slightly interested (27.1%), 91 chose not interested at all (26.5%), 71 chose interested (20.7%), 50 chose moderately interested (14.6%), and 38 chose extremely interested (11.1%).

Procedures

Organizations were contacted prior to obtaining institutional review board (IRB) approval. Five organizations were sent an organizational recruitment electronic letter (see Appendix C), and four organizations gave their approval to participate in the study. By agreeing to participate in the study, organizations agreed to send a participant recruitment electronic letter (see Appendix B) to organizational members/nurses on the researcher's behalf. The recruitment letter contained information regarding the study, potential risks to participants, and a link to the online survey. Informed consent was obtained from participants electronically. Before taking part in the survey, participants were asked to read the informed consent form, and indicate their agreement by continuing with the survey.

The survey proceeded to ask questions focused on the participant and the relationship with their mentor. This section included two measures: the tolerance for disagreement scale and the role communication index. An additional question asked participants to identify the degree to which mentoring relationships have affected their approachableness.

Measurement

A survey questionnaire was developed and comprised of existing measures and items developed for the purposes of the current study. The survey questionnaire was developed with the use of existing measures for two variables (affirmation and argumentativeness), and researcher-generated items for the variable affirmation, demographic items, and a series of open-ended questions. The survey questionnaire contained 56 items requiring participants' responses.

Preparedness

The variable "preparedness" measured the degree to which a nurse feels prepared to serve on a decision-making body/board, and was measured through a Likert-type scale ranging from one to five (1 = *Not Prepared At All*, 2 = *Slightly Prepared*, 3 = *Prepared*, 4 = *Moderately Prepared*, 5 = *Extremely Prepared*).

Leadership Style

The variable "leadership" sought to identify the style of leadership promoted most in mentoring relationships. Leadership was defined to participants as authoritarian, charismatic, servant, transactional, and transformative. To determine the leadership style promoted most by mentoring relationships, participants were asked to "rank the style of leadership your mentoring relationship emphasized, in order, from one to five" (1 = *Most Emphasized*, 5 = *Least Emphasized*).

Affirmation

The role communication index measured nurses' affirmation when interacting with others at the workplace. Participants were asked to reflect upon the degree to which they personally relate to items in regard to their communication with their mentor. The

scale was originally designed to identify attitudes and preferences toward roles an individual performs when they interact with others (Neer & Hudson, 1983). The adapted role communication index included twelve items to measure nurses' affirmation. Items included "In a social setting, I often find myself performing the role of counselor, or someone who gives helpful advice to others or helps others solve their personal problems," "In a small group, I often find myself performing the role of information-seeker, or someone who leads or directs the conversation with others," and "I am flexible in substituting one role for another with whomever I am communicating." Agreement was rated on a Likert-type scale ranging from one to seven (1 = strongly disagree, 4 = neutral, 7 = strongly agree). The role communication index produced a respectable reliability of Cronbach's alpha ($\alpha = .72$).

Approachableness

Approachableness measured nurses' ability to manage conflict in the workplace. To determine the approachableness of nurses' in the workplace, participants responded to the degree in which they agree with the question, "How well do you manage conflict in the workplace?" A 7-point Likert-type scale ranging from one to seven measured approachableness (1 = *Extremely Ineffectively*, 4 = *Neutral*, 7 = *Extremely Effectively*).

Argumentativeness

The tolerance for disagreement scale measured nurses' argumentativeness. The scale was originally created to measure the degree to which "an individual can tolerate other people disagreeing with what the individual believes is true" (Richmond & McCroskey, 2001; Teven, Richmond & McCroskey, 1998). Participants were asked to

reflect upon the degree to which they agree with items on the subject of people's feelings and orientations and how the items apply to themselves and their relationship with their mentor. The adapted tolerance for disagreement scale included 15 items to measure a nurses' argumentativeness. Items included "It is more likely to be involved in a discussion where there is a lot of disagreement," "I enjoy talking to people with points of view different than mine," and "I don't like to be in situations where people are in disagreement." Participants responded to a 7-point Likert-type scale ranging from one to seven (1 = strongly disagree, 4 = neutral, 7 = strongly agree). These items produced very good reliability of Cronbach's alpha ($\alpha = .84$).

Communication Skills

To determine the communication skills promoted most by mentoring relationships, participants responded to the open-ended question, "Please write at least three communication skills you believe were developed through your participation in a mentoring relationship (e.g., interpersonal communication, listening, non-verbals, decision-making, etc.)."

Data Analysis

Research Question One was analyzed through descriptive statistics. Research Questions Two, Three, and Four were analyzed by conducting a multivariate analysis of variance (MANOVA) test. The independent variable was participation in a mentoring relationship. The independent variable consisted of two levels (participation in a mentoring relationship and did not participate in a mentoring relationship). The three dependent variables were: affirmation (role communication index), approachableness,

and argumentativeness (tolerance for disagreement scale). Research Question Five, as well as hypothesis one, were examined through descriptive statistics.

CHAPTER III

RESULTS

The previous chapter provided detail on the methodology used in the current study. This chapter will describe the results of such tests. The current study sought to answer five research questions and one hypothesis to answer how mentoring relationships affected the leadership skills of nurses (preparedness, leadership style, affirmation, approachableness, argumentativeness, and communication skills). It is important to know if such a relationship exists, because it will then emphasize the importance of creating mentoring relationships, and ensure they are strong and effective. Significance levels for the probability of alpha error were set at a maximum .05.

Preparedness

In order to interpret Hypothesis One, preparedness for leadership roles was related to the participation in a mentoring relationship through descriptive statistics. Descriptive statistics analyze participants' responses to the question, "Do you feel prepared to serve on a decision-making body/board?" Participants' feelings of preparedness were compared between participants who have participated in a mentoring relationship, and participants who have not participated in a mentoring relationship. Participants who have participated in a mentoring relationship reported feeling slightly

more prepared to serve on a decision-making body/board ($M = 3.27$, $SD = 1.14$) than nurses who have not participated on a decision-making body/board ($M = 2.85$, $SD = 1.15$). Thus, hypothesis one is supported.

Leadership Style

Research Question One asked participants to rank the style of leadership their mentoring relationship emphasized most, in order, from 1 (most emphasized) to 5 (least emphasized). Descriptive statistics were used to identify the leadership style most emphasized in mentoring relationships. According to the data, participants ranked transformative leadership as most often promoted in mentoring relationships ($M = 2.22$, $SD = .8$), followed by transactional leadership ($M = 2.72$, $SD = 1.1$), charismatic leadership ($M = 2.89$, $SD = 1.2$), servant leadership ($M = 3.1$, $SD = 1.2$), and authoritarian leadership ($M = 4.03$, $SD = 1.6$).

MANOVA

For an analysis of affirmation, approachableness, and argumentativeness concerning participation in a mentoring program (RQ₂, RQ₃, RQ₄), a MANOVA was administered. Prior to administering the MANOVA, the tolerance for disagreement scale and the role communication index were computed to create mean scale scores. The scales were computed to develop an interval ratio dependent variable. The MANOVA was administered to account for the multiple continuous dependent variables and, therefore, avoid compounding alpha (Type 1) errors that a series of multiple ANOVAs would produce. The MANOVA revealed statistical significance, $F(3, 283) = 5.073$, $p = .002$; Wilk's $\Lambda = .949$, partial $\eta^2 = .051$.

Affirmation

A post-hoc, protected, follow-up, ANOVA test shows nurses' participation in a mentoring relationship significantly increased nurses' affirmation, $F(1, 293) = 9.507$, $p = .002$, $\eta^2 = .032$. A post-hoc, protected, follow-up, Independent samples t-test shows nurses' participation in a mentoring relationship ($M = 5.2$, $SD = .70$, $n = 199$), or lack of participation ($M = 4.9$, $SD = .62$, $n = 94$), significantly increases nurses' affirmation, $t(291) = 3.083$, $p = .002$, $\eta^2 < .005$. Therefore, statistical significance supports nurses' participation in a mentoring relationship increases a nurses' affirmation. However, η^2 indicates a non-meaningful amount of variance for affirmation.

Approachableness

A post-hoc, protected, follow-up, ANOVA tests shows nurses' participation in a mentoring relationship significantly increased nurses' approachableness, $F(1, 310) = 5.553$, $p = .019$, $\eta^2 = .018$. A post-hoc, protected, follow-up, Independent samples t-test shows nurses' participation in a mentoring relationship ($M = 5.6$, $SD = 1.1$), or lack of participation ($M = 5.2$, $SD = 1.2$), significantly increases nurses' approachableness, $t(308) = 2.356$, $p = .019$, $\eta^2 < .005$. Therefore, statistical significance supports nurses' participation in a mentoring relationship increases nurses' approachableness. However, η^2 again indicates a non-meaningful amount of variance for affirmation.

Argumentativeness

A post-hoc, protected, follow-up, ANOVA tests shows nurses' participation in a mentoring relationship did not significantly decreased nurses' argumentativeness, $F(1, 303) = 3.345$, $p = .068$, $\eta^2 = .011$. Therefore, there is no statistical significance to support nurses' participation in a mentoring relationship affects their argumentativeness.

Communication skills

Research Question Five asked what communication skills mentoring relationships promote in individuals. Participants were asked to write at least three communication skills they believe were developed through their participation in a mentoring relationship. To answer this question, thematic coding was administered. The researcher read all the comments on the survey multiple times to develop themes within all responses. As themes emerged, categories were created to better describe and analyze the comments. Going back through the data, sub-categories were then determined to generate a generalizable understanding of the comments. Two coders were trained on what the four sub-categories represented and what type responses the sub-categories represented. Coders then went through all responses to recode and ensure reliability. Through coding, four categories became clear regarding the communication skills believed to be developed through the participation in a mentoring relationship. Categories included decision-making, listening, critical thinking, and interpersonal communication.

The theme decision-making included responses that explicitly stated “decision-making” as well as responses that had anything to do with making a decision, choice, or taking the lead in a situation. Example responses include “helped with decision making as a new nurse” and “I have also learned how to play the role of charge nurse and not to be afraid of the choices I make.”

The theme listening included responses that stated “listening” as well as responses that included nonverbal communicative behaviors. Example responses included “listening is #1. I have always been a good listener but being a mentor has

taught me to listen the nonverbal communication,”“listening with re-cap (to prove that you listened and care),” and “listening to exactly what is being told or asked of you.”

The theme critical thinking included responses that stated “critical thinking” as well as responses that focused on thinking independently and working to develop a deeper understanding of issues. Example responses included “empathetic reasoning skills” and “definitely exposure to thinking differently than I might have without my mentor.”

The theme interpersonal communication included responses that stated “interpersonal communication” and responses that focused on relationship building. Example responses included “communication techniques when dealing with doctors or others in the hospital,” “realizing patient needs in non-verbal situations,” and “confidence in communicating with interdisciplinary partners & physicians.”

Summary

As seen through the descriptive statistics, participants who have participated in a mentoring relationship feel more prepared to serve on a decision-making body/board than participants who have not participated in a mentoring relationship. Thus, hypothesis one was supported. Descriptive statistics were again used to answer Research Question One. Participants identified transformative leadership as the leadership style most promoted in their mentoring relationship.

In sum, the MANOVA identified individuals who have participated in a mentoring relationship are more affirming, approachable, and less argumentative than individuals who have not participated in a mentoring relationship. The MANOVA revealed significant data, and therefore, Research Question Two and Research Question

Three were able to be addressed. Although statistically significant, the actual variance accounted for is not meaningful. Therefore, further research must investigate the unaccounted for variance. Research Question Four was not able to be definitely answered.

Finally, descriptive statistics were used to analyze Research Question Five. Using coding, four communication skills developed through the participation in mentoring relationships were revealed. Those communication skills were decision-making, listening, critical thinking, and interpersonal communication.

CHAPTER IV

DISCUSSION

This chapter will discuss the results of the current study. Following the review of the hypothesis and research questions, limitations of the study and future research directions will be presented.

Summary of Findings

The present study sought to analyze the leadership skills of nurses through mentoring relationships. There has been past research on leadership skills in relation to mentoring relationships, yet communication scholars have neglected to analyze what communication and leadership skills mentoring relationships promote in participants. Nurses from four organizations in the Midwest completed a survey questionnaire. Results provided empirical evidence on how mentoring relationships influence the leadership and communication skills of participants. More specifically, results benefit nurse leaders and aid in understanding how mentoring relationships (or the lack of) are providing participants with beneficial skills to carry into the workplace. Data identifies that individuals who have participated in a mentoring relationship were more likely to hold supervisory positions than individuals who have not participated in a mentoring relationship. On a global level, the findings show evidence to support nurses are

benefiting from their participation in mentoring relationships. Therefore, more training and development programs need to be created and implemented. Such programs will allow for consistent and accurate information regarding effective leadership skills to be applied in mentoring relationships. To ensure optimal results, trainers must observe individual organizations, address relevant issues, and determine appropriate interventions.

Hypothesis 1

Mentoring relationships play an important role in making participants feel prepared to serve on decision-making bodies/boards. Data revealed participants who were involved in a mentoring relationship did feel more prepared than those who did not participate in mentoring relationships. However, descriptive statistics were not as significant as expected. According to Mills and Mullins (2008), mentoring relationships have been shown to be successful at instilling confidence, thus ensuring nurses feel prepared for leadership roles. The lack of preparedness may lie with organizations, who may not be asking nurses to participate in leadership roles, and in nurses, who may have failed to step-up and take charge. This may be a result of nurses having little desire to participate on decision-making bodies/boards. As seen in the current studies demographics, not many nurses are interested in serving on decision-making bodies/boards. According to Montavlo and Veenema (2015), the nursing profession represents the largest percentage of the healthcare workers in the healthcare workforce, yet nurses are not represented in leadership positions. It is estimated that only 2 percent of hospital board members are nurses (Wood, 2013). The current studies demographics reveal only 29.8% of participants currently serve as supervisors. Further, 16.2% of

participants who have participated in a mentoring relationship currently held supervisory positions. Only 11% of participants who have not participated in a mentoring relationship currently held supervisory positions. Future mentoring relationships need to emphasize the importance of possessing leadership skills, and participating on decision-making bodies/boards.

Research Question 1

Kleinman (2004) suggests the ideal style of leadership for nurses is transformational leadership. The data reveals that mentoring relationships are indeed supporting transformative leadership within their relationships. It is imperative mentoring relationships are showing their nurses to work as optimal leaders to create a safe and healthy workplace environment. However, the results show transactional leadership and charismatic leadership being promoted nearly as much as transformational leadership. According to Bawany (2014), the goal of mentoring relationships is for a mentor to pass on beneficial knowledge to a mentee. The current nursing workforce is nearing retirement, the nursing labor market is experiencing shortages, and high levels of dissatisfaction among nurses are being reported. Thus, mentoring relationships must be utilized now to ensure new nurses are practicing effective leadership styles (Bartholome, 2008; Manning et al., 2015). Training and development programs need to be created to ensure nurses are learning the best leadership skills available. This would allow nurses to create a safer workplace environment by eliminating ineffective leadership styles, such as hypercritical leadership (Davis & Bowen, 2005). Additionally, scholars could create different types of mentoring relationship guidelines to determine which styles of mentorship instill the most beneficial leadership styles in participants.

Research Questions 2 - 4

Research Questions 2-4 sought to determine if individuals who participated in mentoring relationships were more affirming, more approachable, and less argumentative than individuals who did not participate in a mentoring relationship. Such leadership skills between managers and subordinates are important in leadership because of the potential patient errors poor communication can create (Davis & Bowen, 2005; Haynes & Strickler, 2014). Results revealed that mentoring relationships did develop nurses' affirmation and approachableness, and did not necessarily develop nurses' argumentativeness. Therefore, mentoring relationships have the ability to reduce stress in the workplace by increasing nurse's affirmation. This will lead to a positive workplace climate with better workplace relationships (Littlejohn, 2012). Further, mentoring relationships will teach nurses to become more approachable to better handle conflict. This will lead to more respect among nurses and less bullying behaviors (Meissner, 1986). While mentoring relationships do not significantly influence argumentativeness, a larger sample size may create significance. This will allow mentors to teach mentees acceptable workplace behaviors that will instill responsibility to mentees (Eller, Lev & Feirer, 2014; Laschinger & Finegan, 2005; Stokowshi, 2011).

Although results were statistically significant, further research must investigate the remaining variance not accounted for in this study. This will allow for a greater understanding of nurse leadership. This study provided future researchers with guidance for future studies.

Research Question 5

Open-ended data collection revealed mentoring relationships promote communication skills in nurses. Nurses stated the communication skills most often promoted in mentoring relationships included decision-making, listening, critical thinking, and interpersonal communication. Nurse managers and nurses must both improve their general communication skills, understand the need to communicate effectively, and create programs to support these actions (Dumont & Tagnesi, 2011). While current mentoring programs are supporting effective communication strategies, further research needs to determine how communication strategies are promoted in individuals. For instance, are skills being taught in a patient-oriented focus or a more global, organizational wide focus? Since the focus of this study is nurse leadership, it is essential to determine if mentoring relationships are instilling communication skills nurses need to become future nurse leaders.

Limitations

This study, like all studies, included several limitations. The first of such includes the sample size. Though the participant pool was not very specific (nurses over the age of 18), participation was limited to four, medium sized, Midwestern organizations. This limitation could cause several issues, one of which being cultural differences. The leadership skills gained through mentoring relationships could vary greatly depending on location. The study should be reproduced in various other locations to determine if there are differences regionally, or internationally. Additionally, several participants clicked the link to the survey questionnaire and then did not begin the survey questionnaire at all, or stopped before completion. This could be due to many reasons

including smart phones or devices that did not compute with Select Survey (the electronic survey platform used), nurses starting the survey but having to stop to complete other work, or nurses stopping the survey because of their lack of mentoring experience.

Additionally, the use of existing measures and the modifications made to them by the researcher was a limitation. The role communication index originally contained 42 items and was cut to 12 items that focused on affirmation attitudes. Items were cut to maintain a short (15 min) survey to ensure participants would not quit in the middle of completion. Two additional items were deleted from the measure to achieve an acceptable Cronbach's alpha level.

Another limitation was the development of the survey questionnaire. The survey was created with individuals who have participated in a mentoring relationship in mind. The survey should have provided different directions for scales for those who have participated in a mentoring relationship and for those who have not. This is most likely why individuals who have not participated in a mentoring relationship stopped completing the survey.

One major limitation was the failure to define management from leadership in the survey questionnaire. Participants may be interested in management positions, but have no interest in leadership positions. Management is the process of delegating or controlling things or people. Leadership is motivating others to reach their fullest potential. Participants may have assumed participation on a decision-making body/board was referring to leadership positions, which suggest more work than management positions. Thus, participants were not interested.

The leadership styles chosen for analysis by the current study will not be universally agreed upon. Thus, it is a limitation that the Laissez-faire leadership style was not represented in this study. Future research should look into this leadership style in relation to mentoring relationships. Additionally, this study identified conflict management as approachableness.

Unfortunately, the participants for the current study were not representative of the current nursing population. The mean age of participants was almost 10 years younger than the mean age of the current workforce. Additionally, the participants were not racially diverse, unlike the current workforce. These limitations were likely due to the Midwestern location of participating organizations. It is also important to mention the current degree held by participants is not an accurate depiction of participants. The researcher mistakenly created several options that overlap, which ultimately created a false representation of demographic information.

Additional Avenues of Research

Future research in this area should create a stronger definition of mentoring relationships. There is not a clear definition on what mentoring is and what mentoring is not. Current literature does not provide a specific definition, nor does it address the different types of mentoring relationship. Limited progress toward a mentoring theory is due to gaps in the research. In many areas of research, it is difficult to sort mentoring research from training, coaching, or even friendship. A clear definition needs to be created to end the research gaps and lead to more complete research (Bozeman & Feeney, 2007). Future researchers may also be interested in delineating approachableness from

conflict. The current study wanted to determine both verbal and nonverbal conflict management behaviors and therefore called the variable approachableness.

The current study asked participants to identify their perceived degree of gender, yet this information was not used in this study. Future research should take into account a participant's degree of gender and determine if this variable has an effect on mentoring relationships. Additionally, researchers should determine if biological sex, age, or current degree held between a mentor and a mentee has any influence on effectiveness of mentoring relationships.

One area of mentoring that research has not focused on is the type of mentoring relationship developed (e.g., formal, informal, reverse) and how it affects leadership and communication skills. Future research should determine what type of mentoring relationship creates the best leaders and which relationship creates the best communicators. This study was simply interested in whether a participant has been involved in a mentoring relationship. More specific research can help nurses focus better on their desired career goals and determine the mentoring relationship which will ensure their success.

A method researchers have analyzed, but have never used in nursing, is reverse mentoring, which is when a younger individual mentors an older individual. Reverse mentoring is very beneficial in a multigenerational workforce by closing the age gap, and bringing numerous benefits to the organization, the mentor, and the mentee. Unlike traditional mentoring, reverse mentoring has more benefits for both the mentee and the mentor. Such mentoring would allow millennials to teach the baby boomers skills such as being tech savvy, collaborative, networking, brainstorming, and the ability to multitask.

Reverse mentoring helps break down stereotypes, reduces conflicts, and leads to better teamwork (Kulesza & Smith, 2013). Future research should look into how hospital nurses can use reverse mentoring to change the negative habits of experienced nurses and create a more cohesive group of nurses, thereby creating a healthier workplace.

The majority of mentoring research focuses on mentees and their views on mentoring programs. Current research has failed to focus on mentors and their feelings regarding the mentoring relationship, and the outcomes of the relationship. Future research should focus on mentors' reactions to mentoring relationships to get a better understanding of what makes an effective mentor. Nursing research should determine if mentoring relationships are encouraging a cycle of horizontal violence. Researchers must determine if mentoring relationships are encouraging a type of hazing where new nurses are bullied.

Additionally, current research fails to provide details about mentoring activities, and duration and timing of mentoring which does not help others when trying to prepare successful programs (Gagliardi et al., 2014). Time needs to be addressed in research: how long does it take to gain necessary skills and how does one know when the relationship has run its course (Grima et al., 2014)? Several researchers address emotional intelligence as a problem in the healthcare field, but they fail to address the reasons nurses behave in non-emotionally intelligent manners (Mansson & Myers, 2012). Understanding hostile work environments of nurses and the affect such environments have on patient care and outcomes are critical, so problems can be corrected (Reynolds, Kelly & Singh-Carlson, 2014).

Conclusion

The findings of the present study contribute to the need for more research to be conducted on mentoring relationships in nursing. Results indicate that mentoring relationships are promoting and instilling leadership skills in nurses. Thus, mentoring relationships need to ensure they are instilling the optimal skills needed for nurses. By instilling stronger leadership skills and stressing the importance for nurses to participate in leadership roles, preparedness for participation in decision-making bodies/boards will increase.

The present study represents steps in developing a line of research focused on increasing the leadership skills of nurses. Montavlo and Veenema (2015) stated:

The nursing profession is the largest segment of the nation's healthcare workforce, yet nurses remain grossly underrepresented in major leadership positions within the healthcare system and within those organizations empowered to develop and implement health policy. In order to ensure that nurses are ready to assume these leadership roles, leadership development and mentoring programs need to be made available for nurses at all levels (p. 34).

The goal of this study was to analyze the leadership skills of nurses through mentoring relationships in order to determine if mentoring relationships were beneficial. The data suggests that mentoring relationships are beneficial, and with the correct training and development, mentoring relationships have the potential to change the nursing profession from “they’re *just* a nurse” to “I want a nurses’ opinion.” With hope, this study will allow future mentoring relationships to focus on the skills necessary for effective leaders to cultivate and grow in the healthcare system.

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APPENDIX A

SURVEY INSTRUMENT

Please indicate your Biological sex: Female Male

Please indicate the degree to which you identify with gender:

Extremely Feminine 1	Moderately Feminine 2	Slightly Feminine 3	Androgynous 4	Slightly Masculine 5	Moderately Masculine 6	Extremely Masculine 7
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Please indicate your race/ethnicity: African American Asian Caucasian Hispanic Native American Middle Eastern Other

Please provide your age as of your last birthday: _____

Please indicate the degree you currently hold: Bachelors of Science in Nursing
 Licensed Practical Nurse Nursing student Registered Nurse Other

Please indicate which of the following healthcare fields you currently work in: Clinic
 Emergency Room Family Practice Hospital Community Wellness
School/College Surgery Other _____

Please state the number of years you have experience as a nurse: _____

Please state the title of the position you currently hold: _____

Is this a supervisory position: Yes No

Years in your current position: _____

Do you currently serve on any decision-making bodies/boards within the healthcare field? Yes No

If yes, what are your title and responsibilities?

Are you interested in serving on a decision-making body/board within the healthcare field?

Not Interested At All	Slightly Interested	Interested	Moderately Interested	Extremely Interested
1	2	3	4	5

If interested, what kind of decision-making body/board?

Do you feel prepared to serve on a decision-making body/board?

Not Prepared At All	Slightly Prepared	Prepared	Moderately Prepared	Extremely Prepared
1	2	3	4	5

If not prepared, what skills do you need to improve on in order to feel prepared?

Have you ever had a mentor? Yes No

If yes, was the mentor formally assigned via a mentoring program? Yes No

If yes, how many months did you participate in the program? _____

If not a formally assigned mentor, how did the mentoring relationship start?

How long did the mentoring relationship last? _____

Please indicate the degree to which you feel your mentoring relationship was beneficial.

Extremely Unrewarding	Moderately Unrewarding	Slightly Unrewarding	Neutral	Slightly Rewarding	Moderately Rewarding	Extremely Rewarding
1	2	3	4	5	6	7

Please write at least three communication skills you believe were developed through your participation in a mentoring program (e.g. interpersonal communication, listening, non-verbals, decision-making, etc.).

Please provide your personal experience with a mentoring relationship in the space provided.

How well do you manage conflict in the workplace?

Extremely Ineffectively	Moderately Ineffectively	Slightly Ineffectively	Neutral	Slightly Effectively	Moderately Effectively	Extremely Effectively
1	2	3	4	5	6	7

Directions: This questionnaire involves people's feelings and orientations. Hence, there are no "right" or "wrong" answers. We just want you to indicate your reaction to each item. All responses are to reflect the degree to which you believe the item applies to you and your relationship with your mentor. Please use the following system to indicate the degree to which *you agree* that the item describes you:

Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
1	2	3	4	5	6	7

1. It is more fun to be involved in a discussion where there is a lot of disagreement. _____

2. I enjoy talking to people with points of view different than mine. _____

3. I don't like to be in situations where people are in disagreement. _____

4. I prefer being in groups where everyone's beliefs are the same as mine. _____

5. Disagreements are generally helpful. _____

6. I prefer to change the topic of discussion when disagreement occurs. _____
7. I tend to create disagreements in conversations because it serves a useful purpose.

8. I enjoy arguing with other people about things on which we disagree. _____
9. I would prefer to work independently rather than to work with other people and have disagreements. _____
10. I would prefer joining a group where no disagreements occur. _____
11. I don't like to disagree with other people. _____
12. Given a choice, I would leave a conversation rather than continue a disagreement.

13. I avoid talking with people who I think will disagree with me. _____
14. I enjoy disagreeing with others. _____
15. Disagreement stimulates a conversation and causes me to communicate more. _____

Directions: Please read the following statements and describe how they *relate to you* personally in your communication with your mentor. There are no "right" or "wrong" answers to any of these statements. Please use the following scale in rating how each of the statements on this survey *apply to you*:

Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
1	2	3	4	5	6	7

1. In a social setting, I often find myself performing the role of counselor, or someone who gives helpful advice to others or helps others solve their personal problems. _____
2. In a social setting, I often find myself in the role of persuader, or someone who likes to convince others to accept a particular point of view. _____
3. In a social setting, I often find myself performing the role of interaction manager, or someone who leads or directs the conversation with others. _____
4. In a small group, I often find myself performing the role of information-seeker, or someone who seeks clarification of ideas and suggestions made by group members. _____
5. In a social setting, I often find myself in the role of reinforcer, or someone who praises others and communicates warmth and trust toward others. _____
6. In a social setting, I often perform the role of supporter, or someone who helps others feel at ease or comfortable when communicating. _____
7. In a small group, I often find myself in the role of empathizer, or someone who is sensitive and tries to understand the needs of others in the group. _____

8. In a social setting, I often find myself in the role of confidant, or someone who others trust with their secrets or problems. _____
9. I am flexible in substituting one role for another with whomever I am communicating. _____
10. I usually communicate the same way with others regardless of the situation. _____
11. The sex of the person I am communicating with is as important as any other single factor (e.g. social background, ethnic background, etc.) in determining how I communicate with others. _____
12. I generally communicate the same way with males and females. _____

The following are descriptions of the five leadership styles. Please read the descriptions and answer the following questions.

Charismatic leadership style: Leader gathers followers through their personality and charm, rather than any form of external power or authority. Example: Adolf Hitler

Transformative leadership style: The leader is charged with identifying the needed change, creating a vision to guide the change through inspiration, and executing the change in tandem with committed members of the group. Example: President Franklin Roosevelt

Transactional leadership style: Also known as managerial leadership, this leader focuses on the role of supervision, organization, and group performance. The leader promotes compliance of her/his followers through both rewards and punishments. Example: Athletic team coaches

Authoritarian leadership style: The leader dictates policies and procedures, decides what goals are to be achieved, and directs and controls all activities without any meaningful participation by the subordinates. Example: Bill Gates

Servant leadership style: The leader tries to remove all obstacles from their subordinates. The leaders works to serve their followers. Example: The current Pope

Please rank the style of leadership *your mentoring relationship* emphasized, in order, from **1 – most emphasized**, to **5 – least emphasized**.

_____ Authoritarian leadership

_____ Charismatic leadership

_____ Servant leadership

_____ Transactional leadership

____ Transformative leadership

Please rank what leadership style *you personally* use most, in order, from **1 – most emphasized**, to **5 – least emphasized**.

____ Authoritarian leadership

____ Charismatic leadership

____ Servant leadership

____ Transactional leadership

____ Transformative leadership

Please rank what leadership style *you feel most comfortable* with, in order, from **1 – most emphasized**, to **5 – least emphasized**.

____ Authoritarian leadership

____ Charismatic leadership

____ Servant leadership

____ Transactional leadership

____ Transformative leadership

Please rank what leadership style *you relate to most*, in order, from **1 – most emphasized**, to **5 – least emphasized**.

____ Authoritarian leadership

____ Charismatic leadership

____ Servant leadership

____ Transactional leadership

____ Transformative leadership

APPENDIX B

PARTICIPATION RECRUITMENT ELECTRONIC LETTER

Re: Research Study Participation

To whom it may concern:

Barbara Siwula, a graduate student, and Dr. Daniel Cochece Davis, a faculty member, both from Illinois State University's School of Communication, are conducting a research study regarding how nurse leadership skills are influenced by mentoring relationships. The purpose of this study is to identify the leadership and communication skills nurses receive from involvement in mentoring relationships. The researchers are asking for your help by taking part in the study and answering a brief (about 15 min) online survey about your experiences in, and perceptions of, mentoring relationships. No more than minimal risks are associated with participation in this research survey. Participants are asked to reflect on their leadership and mentoring experiences. This personal reflection may cause distress to participants, but the risk is minimal and not expected. By participating in this study, you will aid in the understanding of nurses' preferred leadership style. This information will assist in creating better mentoring relationships in the future, as well as developing a greater understanding of how nurses prefer to be led. This survey has approval by the Institutional Review board (insert protocol number).

By participating in this research, all will remain anonymous and individual answers will not be seen by anyone other than the researchers. All participation is voluntary, therefore, should you choose not to participate, no penalty or negative consequence will be assessed. Additionally, you may discontinue participation at any time without penalty or negative consequences. To participate, you must be a nursing student, certified nurse, registered nurse, or nurse faculty member and at least 18 years of age. If interested in participating, please follow the link below.

[Link to survey]

If you have any questions about the study or your ability to participate, please contact Barbara Siwula. She can be reached via email at (xxx) xxx-xxxx and/or xxxxxxx@xxxxx.xxx. If you have any questions about your rights as a research participant and/or research related injury or adverse effects, contact the Research Ethics & Compliance Office at (xxx) xxx-xxxx and/or xxx@xxxxx.xxx. Thank you

~~ Barbara Siwula

APPENDIX C

ORGANIZATIONAL RECRUITMENT ELECTRONIC LETTER

Re: Research Study Participation

To [NAME]:

My name is Barbara Siwula and I am a graduate student at Illinois State University's School of Communication (SoC). I am currently working on a research study for my thesis with assistance from Dr. Daniel Cochece Davis, a faculty member from the SoC. The purpose of my thesis is to analyze the leadership skills of nurses through mentoring relationships.

In order to complete my thesis, I am searching for participants to complete a brief (15 min) online survey about your experiences in, and perceptions of, mentoring relationship. If interested in participating, I would like to send an invitation to your nursing students/faculty, certified nurses and registered nurses to complete the survey. I will send an organizational member the email to forward to their organization's nurses. The email list will only be used by an organizational member, not the researcher.

No more than minimal risks are associated with participation in this research survey. Participants are asked to reflect on their leadership and mentoring experiences. This personal reflection may cause distress to participants, but the risk is minimal and not expected. By participating in this study, you will aid in the understanding of nurses' preferred leadership style. This information will assist in creating better mentoring relationships in the future, as well as developing a greater understanding of how nurses prefer to be led.

By participating in this research, all will remain anonymous and individual answers will not be seen by anyone other than the researchers. All participation is voluntary, therefore, should you choose not to participate, no penalty or negative consequence will be assessed. Additionally, you may discontinue participation at any time without penalty or negative consequences. To participate, you must be a nursing student, certified nurse, registered nurse, or nurse faculty member and at least 18 years of age. This survey has approval by the Institutional Review board (insert protocol number).

If interested in participating, please follow the survey link below.

[INSERT LINK]

If you have any questions about the study or your ability to participate, please contact Barbara Siwula. She can be reached via email at (xxx) xxx-xxxx and/or xxxxxxxx@xxxxx.xxx. If you have any questions about your rights as a research participant and/or research related injury or adverse effects, contact the Research Ethics & Compliance Office at (xxx) xxx-xxxx and/or xxx@xxxxx.xxx. Thank you.

~~ Barbara Siwula