STRATEGY RESEARCH PROJECT

THE EFFECT OF "MENTORED" RELATIONSHIPS ON SATISFACTION AND INTENT TO STAY OF COMPANY GRADE U.S. ARMY RESERVE (USAR) NURSES

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USAWC CLASS OF 1998

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ABSTRACT

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TITLE: The Effect of "Mentored" Relationships on Satisfaction and Intent to Stay of Company Grade U.S. Army Reserve (USAR) Nurses

FORMAT: Strategy Research Project

DATE: 11 May 1998 PAGES: 87 CLASSIFICATION: NA

The purpose of this study was to examine the impact of mentoring on company grade U.S. Army Reserve (USAR) nurses and the strategic implications. The effect of mentorship on professional socialization, job satisfaction and intent to stay were examined using the adapted framework of Hunt and Michael, Dreher's Mentoring Scale, Hoppock's Job Satisfaction Scale, and Price's Intent to Stay Scale. The study population was 300 USAR nurses from Troop Program Units (TPU), Individual Mobilization Augmentee (IMA) assignments and Individual Ready Reserve (IRR). The overall response rate was 57%, with 72 of the 171 respondents reporting at least one mentored experience. Mentored nurses reported more satisfaction and a higher intent to stay than non-mentored nurses, with no significant difference between organizational assignments. The non-mentored IRR group reported significantly less satisfaction and intent to stay than IMA or TPU nurses. Recommendations are made for continued research and encouragement of mentoring as an item of command interest.

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SECTION I

The primary purpose of this study was to examine the impact of mentoring on the satisfaction and intent to stay of company grade U.S. Army Reserve (USAR) nurses and the strategic implications of the impact. This project also examines whether or not nurses in Troop Program Units (TPUs) are more likely to stay in the United States Army Reserve (USAR), after their initial service obligation, than nurses in Individual Mobilization Augmentee (IMA) positions or Individual Ready Reserve (IRR) positions.

This section reviews background information, the research question, hypotheses, definition of terms, basic assumptions, and significance of the study.

BACKGROUND

The United States Army Reserve (USAR) represents 20% of the Army, 47% of the combat service support and almost 60% of the Army Medical Department (AMEDD) assets. The Army can not deploy without the use of reserve forces. Deployment of AMEDD personnel occurs on a continuous basis in support of military operations and nation building activities. When forces are deployed, they either take medical reservists with them or have reserve medical personnel backfill stateside and/or overseas hospital positions.

All of the wartrace plans, developed and refined by the Army, are for a partial to full mobilization scenario. Army Reserve hospitals have been identified to deploy as units in sup-

port of a Major Theater War (MTW) or Small Scale Contingency operations (SSC). Other Army Reserve hospitals have been identified to enhance the capabilities of fixed hospital facilities throughout the Continental United States (CONUS). Individual Mobilization Augmentee (IMA) nurses have been assigned against positions of nurses who are scheduled to deploy with an active component field hospital. If, or when, there is a deployment large enough to warrant mobilizing IMA backfill, the IMA nurses would be expected to report quickly, and immediately assume the duties of whomever they are replacing. Herein lies a large potential problem. What if we (the Army) had the needed company grade nurses were not available? What if we had a mobilization and those that came didn't know what to do? What if we had a mobilization and those that came were not functional for weeks or months? Company grade officers are the most likely, at risk, population and nurses are the largest of that group.

The nurse corps is the largest officer branch in the USAR at 13,376 officers (as of December 1997). Figure 1 illustrates the size of the Nurse Corps, compared to the other AMEDD branches.

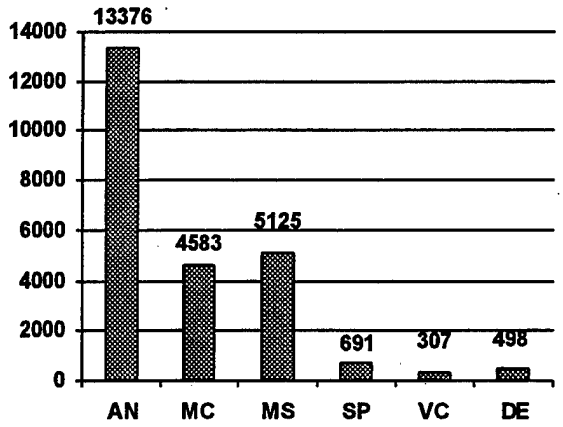

Figure 1. AMEDD Branches
SOURCE: AR-PERSCOM, December 1997

To summarize the significance of these figures, 10,000 of the 13,376 reserve nurses are company grade!! That is a large pool to worry about. Figure 2 dramatizes the numbers.

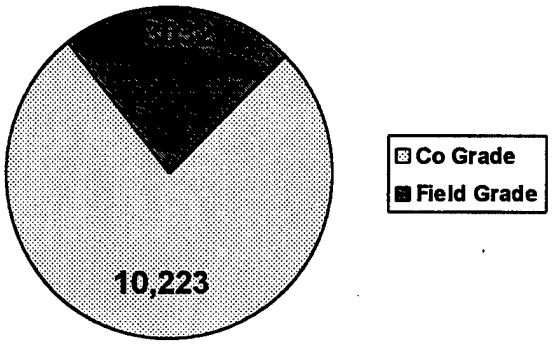

Figure 2. Distribution of all Reserve Nurses
SOURCE: AR-PERSCOM, December 1997

Most of the 770 nursing Individual Mobilization Augmentee (IMA) positions are filled by company grade officers.

Company grade officers are also a major portion of the 5938 nurses in Troop Program Unit (TPU) hospitals, and the 6544 nurses in the Individualized Ready Reserve (IRR). Figure 3 shows the

rank distribution of the 584 IMA, 3761 TPU and 5874 IRR company grade nurses.

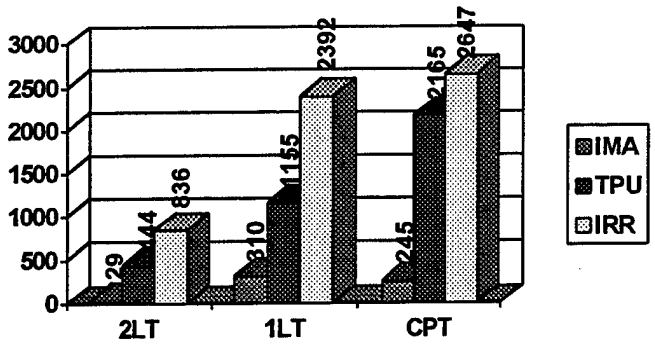

Figure 3. Company Grade USAR Nurses
Source: AR-PERSCOM, December 1997

According to a US Army Recruiting Command estimate, accomplished approximately four years ago, it costs $50,000 to recruit one nurse[1]. Multiply that by this year's (October to September) recruiting mission of 500 nurses[2] and it adds up to big money. Unfortunately, that $25,000,000 only accounts for getting them in. One also has to consider the costs of training and retaining to get a real dollar figure. Taking this information into account, it is imperative that company grade officers are not lost unnecessarily - because of benign neglect on the part of more experienced officers. Even a small percentage lost equates to unnecessary expenditures in time and money.

What makes a nurse want to stay past the initial statutory obligation of eight years? Some authors say it is the process of socialization during which new values and behaviors appropriate to the position and the group membership are inculcated into the

aspirant[3]. Others have described professional socialization as "the complex process by which a person acquires the knowledge, skills and sense of occupational identity that are characteristic of a member of that profession".[4]

Socialization can not occur overnight and it certainly does not occur spontaneously. There are deliberate and often, overlapping phases involving skill and routine mastery, social integration, frustration at things that are not perfect, and conflict resolution characterized by evaluation and choice.[5]

In the military, this equates to a direct commissioned Second Lieutenant joining the USAR and facing a new reality that must be acknowledged and overcome in order to complete the role transformation from civilian to military nursing. How is this accomplished?

The standard military way to orient and acclimate new officers is to send them to the Officer Basic Course (OBC). For USAR nurses, that is a two-week experience that happens sometime within the first three years. Every effort is made to send the new officer to OBC at the earliest opportunity, but personal or professional commitments sometimes preclude attendance during the first year. Some nurses, especially those attending graduate school, delay attendance for several years.

Nurses assigned to units (TPUs) have peers and superiors who act as role models, sponsors, preceptors, coaches and mentors

throughout the year. They attend drills one weekend per month and gradually become socialized to the organization.

Nurses assigned to IMA positions only train for two weeks a year and, if they do not attend OBC the first year, they do not train at all. If the IMA nurse does attend OBC the first year, that is his/her two weeks of required training. There is usually no contact with the military until the following year when he/she reports for two weeks at the assigned hospital. The nurse, now with a year or more time in service, has had 12 contact days with the military and zero days with the medical treatment facility he/she is assigned to for mobilization.

IRR nurses are authorized 12 days for Officer Basic Course - period!!! As a rule, they do not perform any additional training. If funds are available, they have the lowest priority for funding. These nurses are available for mobilization but nothing is done to enhance their duty effectiveness or even to ensure retention of what is taught at OBC.

Other formal military education, accomplished by company grade officers, includes Officer Advanced Course (OAC) for First Lieutenants and Combined Arms Staff School (CAS3) for Captains. It is important to note that Army Regulations dictates only OBC as a regulatory requirement for nurses. This is an important factor because funding constraints often preclude Army Nurses' (AN) attendance at OAC and CAS3, unless it is in lieu of annual training. It is also important to note that these junior officers need

to be told about these schools and advised to attend so they can be competitive for promotions.

Informal education includes non-required courses, such as the Head Nurse Leadership Development Course (HNLDC), medical conferences and mentor relationships. HNLDC is a two-week mid manager development course specifically for nurses. Although it is not required, the information presented and contacts made are valuable and help make the AN more competitive for promotion. It is designed for Captains or senior First Lieutenants and it is attended in lieu of annual training.

The second type of informal education identified was attendance at medical conferences. These are military or civilian programs covering some aspect of clinical competency. Medical conferences are usually five days or less and each nurse is authorized to attend one per year, funding permitting. Here again, Army Reserve nurses need to be advised to attend these training opportunities. Where does this information come from?

Mentors appear to fit the bill. Mentor relationships are those developed along the way which help the novice military nurse get acclimated, and eventually assimilated or socialized into the military. Unless the nurse gets socialized, there will be difficulty getting a commitment to the organization and there may be a retention issue. Socialized Army Reserve nurses would have adopted the values of the organization and understand the rules and regulations. It is extremely difficult for IMA and IRR

nurses to accomplish socialization because they spend very little time with Army Nurses and in Army hospitals or units.

Lack of socialization is of strategic importance for several reasons. First, nurses who have little or no knowledge about the Army have less value to the organization than those who are familiar with the rules and regulations, and are known entities by the hospital staff they would be working with. It is expected that, upon mobilization, nurses would report in and start work immediately. If they do not know what to do, how to do it, or their way around the hospital, an extended orientation program would probably be necessary. Until the nurse can function independently, the organization has to consider him or her as less valued. Secondly, this lack of knowledge is apt to lead to frustration, dissatisfaction and lower performance appraisals, which can have a negative impact on promotion selection rates and retention rates.

RESEARCH QUESTION

It is assumed that socialization brings the nurse into the military fold, and mentoring relationships help nurses with this socialization. Nurses who are socialized have accepted the values of the organization. Does this make them more satisfied and does it make them want to stay in the USAR after their initial eight year obligation?

HYPOTHESES

Null hypothesis: Army Reserve nurses who are mentored and Army Reserve nurses who are not mentored have the same satisfaction rates and intent to stay levels.

Alternate hypotheses:

1. Army Reserve nurses who have experienced mentoring relationships will be more satisfied with the Army Reserve than nurses not mentored.

2. Army Reserve nurses who have experienced mentoring relationships will have a higher intent to stay in the Army Reserve than nurses not mentored.

3. Army Reserve nurses in Troop Program Units (TPUs) are more likely to stay in the USAR, after their initial eight year obligation, than nurses in IMA or IRR assignments.

DEFINITION OF TERMS

It is important to understand what is meant when reference is made to acronyms that are unique to the Army Reserve, and in particular the Army Medical Department (AMEDD). Some of the more common acronyms and terms used in this project are explained at Appendix A.

BASIC ASSUMPTIONS

1. Nurses join the USAR voluntarily and, even though they may be experienced nurses, they are "new" nurses to the military.
2. Socialization brings the nurse into the military fold.
3. Socialization is a process that takes time and effort.
4. Mentoring facilitates the socialization process.
5. Intent to stay is a predictor of turnover.

SIGNIFICANCE OF THE STUDY

The results of this research has strategic implications for the way company grade nurses are managed in the Army Reserve. A thorough search of the literature did not reveal any previous studies of this type specifically focusing on Army Reserve nurses. The information gained from this research provides insight into the perceptions and intentions of nurses in TPU, IMA and IRR assignments.

SECTION II

INTRODUCTION

This section focuses on a review of the literature and the theoretical framework for this study.

REVIEW OF THE LITERATURE

Mentoring and Socialization

Several studies have shown that mentoring eases both acclimation and assimilation necessary for socialization.[6] The term mentoring has been used and defined very loosely in the literature as orientating, coaching, precepting, peer or co-mentoring, sponsorship and true mentoring.[7] Yoder defines these as career development relationships and demonstrates the benefits in her study of Army staff nurses.[8] Haynor calls these learning relationships.[9]

Mentors have also been described as a teacher, counselor, advisor, a dream facilitator, guide, patron, advocate, benefactor and advisor.[10] Some authors have even gone so far as to package the terms under more unusual names such as: Step-Ahead (older peer in age or experience), Co-Mentor (peer), and Spouse Mentor[11]. Defining mentoring varies as well.

Many authors refer back to the origination of the term mentor and compare it to a parent-child relationship of an older,

wiser person who assists and guides a promising, younger individual so that he/she can benefit from the elder's experience and connections.[12] That does not always work in nursing today, and especially not in the Army Reserve.

Many nurses enter the profession later in life, and often as a second or third career. Nurses can be granted a direct commission and appointment as an officer in the Army Reserve any time prior to their 42nd birthday. Given these pieces of information, it is not hard to imagine 40 to 45 year old Second Lieutenants who are mature in age and personal experience but a novice in the nursing profession and military nursing. Other sources of direct commission nurses are those more mature nurses with civilian experience but no knowledge of military nursing.

Both groups need assistance in the socialization process, yet both groups will probably encounter more experienced military nurses who are younger or who have less civilian nursing experience. This should not be a problem. In this day and age, it should be acknowledged that "mentors may be more experienced in a specific area without being older or perceiving themselves as wiser".[13]

Mentoring is a useful method to help new military nurses learn about the organization and eventually, to get socialized - or assimilated into it. Kinsey suggested a definition of mentoring for nurses as a "process by which an older, wiser, and seasoned nurse guides and nurtures a younger, less experienced nurse

in the health care system".[14] Jackson provided a generic definition of mentoring as a "process of sharing experience with those who have less, rather than forcing those less knowledgeable to go it alone".[15]

The U.S. Army has also come up with their definition of mentoring as "a style of leadership closely resembling coaching. It is characterized by open communication, role modeling values, effective use of counseling and sharing of the leader's frame of reference with his junior officers".[16] The Army went on to define the term mentor as "a leader involved in developing an individual by being for that individual a role model, teacher, coach, advisor and guide".[17]

It is no wonder people get confused about what is, and is not a mentor. No matter what they are called, it is how the relationship is perceived by the nurse that is most important. If the nurse believes that the person coaching, precepting, sponsoring, etc. is mentoring, then that is a mentoring experience for him or her. For the purpose of this study, Jackson's and Kinsey's definitions will be combined to read:

> **Mentoring is a process of sharing experience with and providing advice to those who have less experience, rather than forcing those less knowledgeable to go it alone.**

It is said that mentored employees have greater job satisfaction, greater productivity, increased professionalism, reduced turnover rates, greater organizational power, and superior mana-

gerial skills than their non-mentored counterparts.[18] The process through which this occurs is socialization.

Socialization is a by-product of mentoring. Kramer suggested that socialization is circular in nature with many opportunities for exit and re-entry.[19] This information alone makes it even more important that the leaders actively encourage the process. Facilitating socialization is a responsibility of all leaders. The chief nurse should provide an atmosphere conducive to socialization because, as a leader, he/she sets the tone and climate for the nurses in an organization.[20]

Kramer postulated that the last phase of socialization is choice - the choice to become a full member of the organization.[21] Snizek[22] and Yoder refer to this as professionalism and defined it as "the degree of commitment by individuals to values and behaviors characteristic of a specific group of professionals".[23]

Since the definitions of socialization, provided by several researchers, and professionalism appear to be similar, this study uses them interchangeably.[24]

Job Satisfaction and Intent to Stay

Job satisfaction is the degree to which individuals appear to like their job. Intent to stay is the desire to remain with the organization.

Job satisfaction has been studied extensively and is often linked with intent to stay with the organization.[25] These outcomes are often linked to a causal model of turnover developed by Price and used as is, or modified slightly by other researchers in multiple studies.[26]

Blegen's meta-analysis of 48 studies indicated that job satisfaction of nurses is negatively related to stress and positively related to commitment. The meta-analysis further showed that communication and other interpersonal aspects had a significant positive relationship with job satisfaction.[27] Blegen's findings seem to mesh with Yoder's[28] postulation that career development relationships (mentoring type relationships) are related to job satisfaction and intent to stay.

Turnover creates turmoil even when it is planned. Unplanned or preventable turnover costs money and significant inconvenience for the organization. In studies of what keeps nurses on their jobs, researchers have found personally rewarding items on the top of the lists, such as: educational opportunities; job responsibilities; recognition of work; help from peers and supervisors; career advancement; participation in research; visible and accessible leaders who were well qualified; and, good two-way communication.[29]

These descriptions identify the stated, though not always apparent, tenets of the USAR and Army Nurse Corps. These are what

we strive toward. This study sheds insight into how close we come to meeting some of these tenets.

Conclusion

The reviewed literature substantiated the positive aspects of mentoring and its role in the socialization process. It suggested that effective mentoring would lead to increased satisfaction and make the nurse more inclined to stay (as in magnet hospitals). Yoder found that both "job satisfaction and intent to stay were significantly associated with having experienced a career development relationship" (mentoring).[30]

THEORETICAL FRAMEWORK

Many variables impact nurses' satisfaction and intent to stay. Several researchers have used the Hunt and Michael framework in their studies[31] because it suggests multiple outcomes from the mentor relationship for the mentor, protégé and the organization.

Chao and associates' adaptation emphasized three outcomes of mentorship: organizational socialization, job satisfaction, and salary. They defined organizational socialization as how employees "assimilate information necessary to perform their jobs and become functioning members of the organization".[32] Yoder adapted the Hunt & Michael framework, originally developed in 1983, to

examine the types of career development relationships and their impact on professionalism, job satisfaction and intent to stay.

This study combined the two adaptations. From Chao, et al., this research incorporated the overall concept of organizational socialization and the facilitation of the socialization process by the mentor. From Yoder, the conceptual model concepts of interest incorporated in this research were the context of the career development relationships, characteristics of the career developer, characteristics of the protégé, and outcomes of the relationship for the protégé and the organization. The adapted model is depicted in Figure 4.

Context

The model looks at the context of the mentor relationship. In this study, the work setting was within the army organization in which the nurse is or has been assigned. The organizational characteristics were a military organization since the participants were asked specifically about a mentor relationship in the military. Characteristics of the relationship describe the extent to which the mentor helped the nurse in various ways.

Mentor and Protégé Characteristics

This study looked at the age differences, gender, and the organizational position of the mentor and the protégé.

Mentor Relationships

The impact a mentor has had on the company grade nurse was examined by using the Dreher Mentoring Scale.

Socialization

This is considered a by product of mentoring and a facilitation towards desired outcomes.

Outcomes

Outcomes of the relationship affect the mentor, protégé and the organization. This study focused on the job satisfaction of the protégé and intent to stay in the organization.

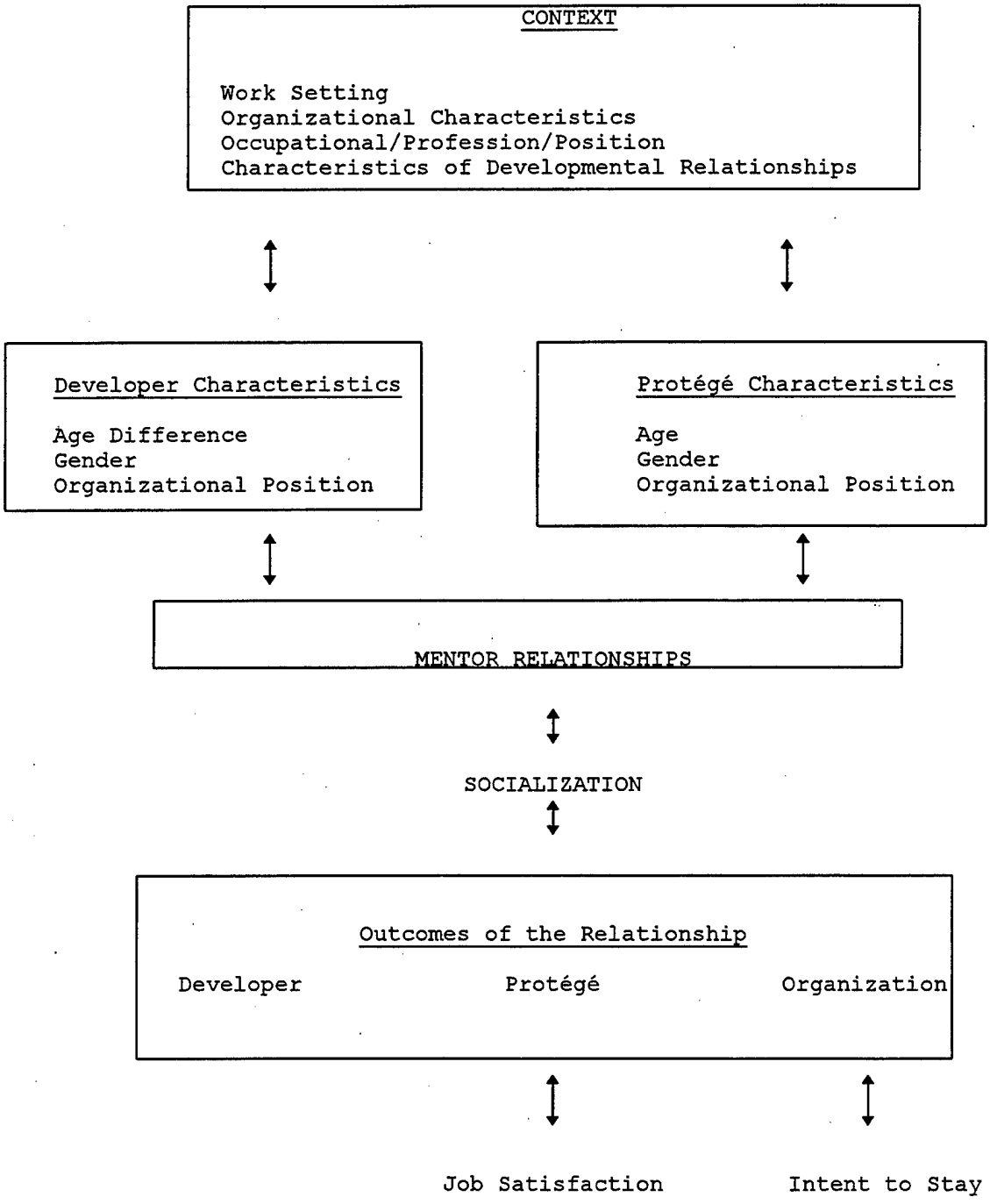

Figure 4. Adaptation of the Hunt & Michael Framework for Studying Mentoring

SECTION III

INTRODUCTION

This section reviews the methodology. It includes information about the subjects, setting, instruments, procedure used for data collection, and procedure for data analysis.

METHODOLOGY

A questionnaire was mailed to a stratified randomly selected sample of company grade nurses in the three components of the USAR - TPU, IMA and IRR.

Subjects

The sample population was drawn from TPU, IMA and IRR company grade officers who are still obligated to the military. There are 1271 obligated company grade nurses assigned to TPU positions; 340 obligated company grade nurses assigned to IMA positions; and, 2539 obligated nurses assigned to the IRR.[33] This adds up to a total of 4150 nurses. Retention is of particular concern among the 2879 nurses in IMA and IRR assignments because these nurses have less contact with the military on a regular basis. Information about specific attrition from each of the component areas was not available but exact numbers is not the issue. The issue is unnecessary losses due to lack of nurturing and assistance.

The research study sample size was computed using Fink and Kosecoff's[34] formula[a] for a 90 per cent confidence level, with an acceptable error level of up to plus or minus ten per cent. The formula yielded a sample size of 68. Surveys were mailed to 100 nurses in each category.

Instrument

The assessment methodology was a survey incorporating three instruments. The first is an Intent to Stay Scale, developed by Dr. James Price. The second part is a mentoring survey, developed by Dr. George Dreyer and used to assess the influence mentoring relationships have had on the individual. The final tool is the Hoppock's job satisfaction survey. Part one of the survey questionnaire requests demographic information that was utilized in the overall analysis.

Price's Intent to Stay

Price and others have used this scale, in various mediums, many times previously.[35] The first five questions require a likert-like response: A = strongly agree; B = agree; C = disagree; and, D = strongly disagree. Reverse scoring is required for the negative item, question number 14. Scores were allocated as strongly agree = 1; agree = 2; disagree = 3; and strongly agree = 4. The total score could range from 5 to 20 with the lower score showing a greater intent to stay. Yoder reported using Cronbach's

[a] N = (z/e)2 (p)(1-p) where N = sample size; z = the standard score corresponding to a given confidence level; "e" = the proportion of sampling error; and, p = estimated proportion or incidence of cases.

alpha and an internal consistency of .94.[36] Yoder further reported that the items were highly and positively correlated. The last two questions specifically ask for the current plans to stay in the service for eight and 20 years respectively. The question about eight years is included because that is the obligation all soldiers incur when joining the military. After the initial eight years, most nurses are free to resign their commissions. The question about 20 years is included because that is the amount of time required to qualify for a military pension. The last two questions are not used in the scoring of this tool, but rather for comparison information. Permission to use this tool was granted by Dr. Price.

Dreher's Mentoring Scale

Question number 20 identifies those who believe they have been in a mentored relationship. Those who answer yes will continue with question 21 through 45. Questions number 21,22, 44 and 45 are included to provide information to validate the adapted mentoring model. Dreher and Ash developed the 21 items included in the mentoring scale, designated as questions 23 through 43 in the questionnaire.[37] These researchers constructed a total mentoring score by calculating the mean of the items for each respondent. They reported an internal consistency (coefficient alpha) as .95. The response format ranges are A= not at all; B= to a small extent; C= to some extent; D= to a large extent; E= to a

very large extent. Scores are allocated as not at all = 5; to a small extent = 4; to some extent = 3; to a large extent = 2; and to a very large extent = 1. Total scores could range from 21 to 105 with the lower score identifying a greater mentoring score. Permission to use this tool was provided by Dr. Dreher and the American Psychological Corporation.

Hoppock's Job Satisfaction Scale

This scale was originally developed in 1935 and is now in public domain. The four questions of this measure are related to various aspects of satisfaction with a person's job. The satisfaction score is obtained by summing the responses to the four questions, yielding a result of between four and 28. Two of the questions are reversed so this must be corrected prior to scoring. A validation of this measure concluded that this tool performs well and it is a good compromise between lengthy instruments and unvalidated questions often found in surveys.[38] Parasuraman used this instrument in her study of nursing satisfaction.[39] Yoder used this tool in another study looking at job satisfaction of Army staff nurses.[40]

PROCEDURE FOR DATA COLLECTION

Approval to use this survey was granted by the Office of the Chief of the Army Reserve (OCAR) and the US Army War College (USAWC) which is the researcher's current organization of assign-

ment. Funding for duplication and mailing supplies was obtained from the USAWC. A stratified random sample of 100 company grade nurses was selected from all the nurses in each of the target components - TPU, IMA and IRR. Over 300 questionnaire packets were mailed out, since additional names were selected for several early return unknown addresses.

A cover letter (Appendix B), the survey questionnaire (Appendix C), a scannable form and a stamped return envelope was sent via first class US mail to each potential participant. A two-week return was requested. A postcard (Appendix D) was sent to everyone after one week as a thank you to those who responded and as a gentle reminder to those who did not. A follow up letter (Appendix E) was mailed out after three weeks to those who did not respond.

Suggestions presented by both Dillman[41] and Parten[42] were followed to help ensure a high return rate. The authors stress the importance of appearance in the preparation of a survey to be mailed. Following this guidance, special consideration was given to the preparation of individualized letters to each participant, using USAWC letterhead.

The scantron forms and return envelopes were stamped with individual identification numbers so that follow up mailings would only be sent to those who did not respond initially. Respondents were advised that the number is only present to track questionnaires and for coding. Dillman reports that less than 1/2

of 1% object to the number and remove it.[43] As a point of fact, no respondents objected to the identification numbers. The return envelopes were self addressed and stamped.

The survey questionnaires were mailed out on a Monday so they would be received prior to Friday. Follows up reminders were mailed out on a Tuesday.

As suggested by Parten a final follow up for non-responders was made telephonically to those whose telephone numbers were available.[44]

PROCEDURE FOR DATA ANALYSIS

The scantron form, used as the questionnaire answer sheet, was read by optical scanner and entered into a database. The data was analyzed using the Statistical Package for Social Sciences (SSPS), version 7.5, information analysis system. Information read by the scanner was cross-checked to verify accuracy and completeness. Pearson Product Moment Correlation coefficients were used to determine the relationship between job satisfaction and intent to stay. Mentored verses non-mentored groups were identified by the answer to question number 20 on the survey questionnaire. Analysis of Variance (ANOVA) was used to compare the outcome scores of job satisfaction and intent to stay scales for the mentored versus the non-mentored groups overall and in each of the stratified categories of TPU, IMA and IRR. The level of significance was established at .05.

SECTION IV

RESULTS AND FINDINGS

A total of 308 questionnaires were sent out. Three nurses responded that they were no longer in the Army, two had resigned and one has been in the Air Force for a year. One nurse who received a questionnaire called because she never executed the oath of office, after reconsidering her appointment into the USAR. Eight questionnaires were undeliverable because of bad addresses. Seven were re-mailed after address corrections were accomplished. Two nurses were interviewed, one (IRR) briefly by phone and the other (IMA) nurse met with this researcher for an in-depth interview which was conducted over several hours. A brief summary of the personal interview is presented in Appendix F. One hundred seventy one questionnaires were returned, one respondent did not complete the intent to stay scale and twenty did not complete the satisfaction scale. Of particular interest is that 84 nurses took the time to write additional comments. Some of these comments are quoted throughout this report.

All returned scantron forms were reviewed prior to electronic scanning. Data electronically retrieved were reviewed for accuracy. The Statistical Package for the Social Sciences (SPSS) Version 7.5 was used to calculate data.

Information obtained from the 49 questions was used to determine: 1) which of the respondents had experienced a mentor relationship, 2) demographic characteristics of the respondent, the

mentor and the mentor relationship, 3) the perceived impact of the mentor relationship, 4) satisfaction with the USAR, and 5) intent to stay in the USAR.

The response rate was 57%. Of the 171 company grade USAR nurse respondents, 72 (42.1%) reported having experienced a mentor relationship. The demographic characteristics of nurses who reported a mentor experience compared to nurses who reported no mentor experiences are illustrated in a table at Appendix G.

Before examining satisfaction and intent to stay separately, a correlation analysis was accomplished using the Pearson Correlation Technique. Findings indicated a highly significant correlation of .0001 ($r = .62$). Since other factors can also influence results, the both variables were measured.

Do mentored nurses report more job satisfaction?

The mean score of Hoppock's Job Satisfaction Scale results ranged from four to twenty eight. Mean scores of those experiencing a mentored relationship were lower, suggesting a greater satisfaction level, than those who reported no mentors. Results of the ANOVA showed a significant difference (.001) between the groups (Table 1). When the mentored group was evaluated, findings showed that the IMA group had lower mean scores satisfaction (Table 2). Responses to specific questions in the Hoppock Job Satisfaction Scale are presented in Appendix H.

Table 1
ANOVA Summaries for Satisfaction Comparing Mentored to Non-Mentored

Variable	Mentored Group*	Non-Mentored Group**		
Scale	Mean	Mean	p	F
Job Satisfaction	11.68	14.28	.001	10.666

* Satisfaction n=57
** Satisfaction n=94

Table 2
Descriptive Statistics of Mentored Nurses' Satisfaction, By Assigned Organization

Scale	Organization	N	Mean	SD	Lower Range	Upper Range
Satisfaction	TPU	28	11.82	3.96	10.28	13.36
	IMA	20	10.85	4.32	8.83	12.87
	IRR	9	13.11	2.98	10.82	15.40

Are mentored nurses more likely to stay?

Scores on the intent to stay scale ranged the full spectrum of possibilities - from five to twenty. Mean scores of those reporting a mentor experience were lower, suggesting a greater intent to stay, than those who had not experienced a mentor relationship. ANOVA demonstrated significance (.038) between the intent of the two groups (Table 3).

When the mentored group was specifically examined, IMA nurses reported a slightly less intent to stay than did TPU nurses. Table 4 illustrates the mean scores by organizational component. Specific responses to Price's Intent to Stay Scale questions are presented in Appendix I.

Table 3
ANOVA Summaries for Intent to Stay Comparing Mentored to Non-Mentored

Variable	Mentored Group*	Non-Mentored Group**		
Scale	Mean	Mean	p	F
Intent to Stay	11.15	12.69	.038	4.382

* Intent n=71
**Intent n=98

Table 4
Descriptive Statistics of Mentored Nurses' Intent to Stay, By Assigned Organization

Scale	Organization	N	Mean	SD	Lower Range	Upper Range
Intent to Stay	TPU	34	10.71	4.62	9.09	12.32
	IMA	23	10.78	4.19	8.97	12.59
	IRR	14	12.86	3.42	10.88	14.83

Are TPU nurses more likely to stay past their initial eight-year obligation?

When the nurses were specifically asked about their plans to stay longer than eight years, 50% of the mentored and 33.4% of the non-mentored nurses chose "definitely or probably". At the other end of the spectrum, 29.2% of the mentored nurses stated they would "definitely or probably not" choose to stay past the eight year obligation, while 43.5% of non-mentored nurses stated this preference. ANOVA was accomplished on both mentored and non-mentored groups by organizational assignment. Findings were insignificant.

Although not a specific research question, nurses were asked about their 20 year intentions to stay. Responses indicated simi-

lar responses by both groups. Written comments indicate that at least part of the negative response is due to mandatory retirement. Specifics concerning eight and twenty year intentions are presented in Appendix I.

To determine which, if any, organizational assignment was more likely to have an impact on satisfaction and intent to stay, an ANOVA test of all respondents was accomplished. Both variables showed significance between groups (Table 5) when all respondents were looked at.

Post Hoc Tukey HSD tests were done separately for mentored and non-mentored respondents, looking at the dependent variables of intent to stay and satisfaction. When examining the intent to stay variable, the mentored group did not show any significance in comparing results by organization. The non-mentored group had significance between TPU and IRR (.026). Results of the satisfaction comparisons showed significance between TPU and IRR (.005), as well as between IMA and IRR (.002). Details of the Post Hoc Tests are presented in Appendix J.

Table 5
Summary of ANOVA Between Organizational Groups, Satisfaction and Intent to Stay

	TPU Group	TPU Mean	IMA Group	IMA Mean	IRR Group	IRR Mean	DF	F	p
Satisfaction	55	12.38	57	12.22	39	16.15	2	10.12	.0001*
Intent to Stay	63	10.69	61	12.24	46	13.63	2	5.4	.0053*

To further validate the research hypothesis that TPU nurses are more likely to stay and to see if mentoring impacted this decision, Dreher's Mentoring Scale was completed by all nurses who reported a mentoring experience. The 72 self reported mentored nurses were dispersed between TPU (35-48.6%), IMA (23-31.9%) and IRR (14-19.4%). The Mentor Scale ranged from twenty-three to ninety eight, with a lower number indicating a perceived higher impact from the mentoring experience. ANOVA comparing mentoring scale by organization yielded insignificant variances. The specific responses to the mentoring scale questions and results of the ANOVA are presented in Appendix K.

SUMMARY

This section described the findings concerning mentoring and the outcome variables of satisfaction and intent to stay. Significant correlation was shown between the two variables.

Mentored nurses did demonstrate a greater satisfaction and intent to stay than nurses who were not mentored. Findings did not indicate significance between organizational assignment and the outcome variables in the mentored group. When looking at the non-mentored nurses, findings indicate that IRR nurses are less satisfied and are more likely to leave than those in TPU or IMA assignment groups.

SECTION V

INTRODUCTION

This section addresses the conclusions of the data analysis and literature review integrating the interpretive information and providing evidence-based conclusions for each of the outcome variables. Limitations and their impact on conclusions are identified. The final two areas to be addressed are recommendations and implications.

OUTCOME VARIABLES

Data analysis showed a significant correlation between satisfaction and intent to stay. This finding agrees with the literature. Both the literature and data also supported a significant difference for both of the outcome variables in mentored nurses when compared to non-mentored. Further analysis demonstrated that the significance was greatest between IRR nurses and the more involved TPU and IMA nurses.

The adapted Hunt and Michael framework (Figure 4) did prove useful as a guide in the examination of mentoring, it's role in the socialization process and it's impact on satisfaction and intent to stay. Results did suggest that mentoring facilitated socialization and had a positive impact on both job satisfaction and intent to stay.

It was anticipated that nurses in TPUs would be more likely to stay past the initial eight-year obligation. The mentored group did not show any differences when comparing organizational assignments but the non-mentored group did. Extrapolation of the findings indicate that non-mentored IRR nurses are significantly less likely to stay in the USAR than those in TPUs. The same findings also suggest that non-mentored nurses in IMA assignments are more likely to stay in than non-mentored IRR nurses, but this was not substantiated statistically.

Several factors may contribute to this finding. First is the nature of the assignment, which has a direct impact on the contact each nurse has with the military. Nurses in TPUs are around others on a regular basis and the acclimatization or socialization process is insidious. As an example, one TPU nurse respondent, who claims she was not mentored, stated that she "learned of the procedures for OAC and OERs (Officer Evaluation Reports) by listening to other reservists".[45] IMA nurses may have limited exposure but if their two weeks a year is positive, they will look forward to continuing. One IMA nurse credits her head nurse for being so supportive and stated that "if he had not been so helpful, my assignment could have gone quite badly". This same nurse "feels adrift career-wise most of the time" and feels she "must be quire aggressive to get the training I want so I can feel more confident".[46] IRR nurses have no contact with the military unless they initiate it in some way. The second factor to be

considered is the exposure to military education. TPU nurses are most likely to receive formal and/or informal education varying from unit based Officer Professional Development (OPD) to Continuing Health Education (CHE) and formal schools, which includes OAC and CAS3. Both IMA and IRR nurses are eligible for CHE and formal schools, but only if they know about them. Nurses assigned to IRR are least likely to know much about anything because, as one nurse responding to the survey put it, "I am sometimes not sure what to ask".[47]

Strategic implications, addressed in Section II, include the inability to be an immediate full-fledged team member and the frustrations associated with that. Written comments by survey respondents give some insight into the thoughts of the nurses. One nurse said, "AT (annual training) is anxiety provoking - arriving at a strange base without anyone assigned to meet, greet and mentor you. Even after OBC, I feel ill-at-ease with the customs of the Army and I am always worried I will make a fool of myself".[48] Another nurse voiced concern over being reassigned three times in three years and the confusion that causes, as well as dissatisfaction when she said, "I think people would be more apt to stay if able to go to one place and become familiar with that place".[49]

Satisfaction

As a group, mentored nurses reported more satisfaction than non-mentored nurses did and therefore, the first hypothesis was substantiated. As a sub-group, IRR nurses are the least satisfied. This is not an unexpected finding but it does validate perceptions. It was anticipated that TPU nurses would be significantly more satisfied than nurses in IMA or IRR would. This was not substantiated because the satisfaction scale means of TPU and IMA nurses were not that different. The overall satisfaction of nurses in IRR assignments is significantly less than TPU and IMA nurses.

Intent to Stay

Findings here were similar to the satisfaction variable. The second hypothesis was substantiated by finding that mentored nurses as a group had a higher intent to stay than non-mentored nurses. Analysis of the sub-groups showed, again, that IRR nurses have less intent to stay than do the more involved TPU and IMA nurses.

TPU nurses were expected to report a significantly higher intent to stay score than either IMA or IRR nurses. Although the TPU nurses did demonstrate a higher intent to stay than IRR nurses, significance over IMA nurses was not established. The findings indicate that the third hypothesis was not substanti-

ated. This could be due to the sample size but the similarities in sample sizes do not suggest numbers as a significant reason.

LIMITATIONS

The study questionnaire was sent out to 100 nurse in each of three organizational assignments. The desired return rate in each category was 68 and this was not achieved. Time constraints and mailing costs precluded a larger subject pool during this study.

Consideration must be given to the number returned and the motivation of those returning the questionnaires. It should be recognized, however, that this research does provide an insight into the perceptions and intentions of nurses.

It also needs to be noted that many of the respondents, currently assigned to IMA, and more importantly to IRR, used to be in TPUs. Written comments indicate a myriad of reasons why they transferred out of the TPU but a general theme is dissatisfaction with the way they were treated in the unit. Other reasons included excessively long travel distances, personal and professional conflicts.

If this study were to be repeated, questionnaires would be mailed to a percentage of nurses in each category to reach more of the nurses in IRR.

RECOMMENDATIONS

As suggested in Section I, the results of this research does have strategic implications for the way company grade nurses are managed in the USAR.

The research findings suggest that mentored nurses, as a group, are more satisfied and have a higher intent to stay in the USAR. In light of the research findings, mentorship facilitation should be considered as a means to provide information and assist company grade nurses. There are many ways to encourage mentorship but it is clear from the literature that a positive climate needs to be fostered from the top down.

Options

All nurses, especially newly commissioned nurses, need help! There is a vast pool of experienced nurses available within the USAR. This pool needs to be tapped and utilized to mentor younger (in experience) nurses. Several options are suggested here.

a. Option 1: OCAR and USARC would recommend and encourage mentorship within the USAR. Commanders and Chief Nurses would be reminded of the benefits. It would become a matter of command interest, such as the often ignored but very important sponsorship program geared mainly for enlisted personnel. Mentorship responsibilities are a large part of the new OER system and, therefore, it would just need to be "encouraged".

b. Option 2: The most senior IMA nurse assigned to each facility would take responsibility for providing a career development relationship (read that precepting, coaching, sponsoring or mentoring) for all nurses assigned to that facility. This could be accomplished by pairing up senior/junior nurses in larger facilities or possibly by assuming that responsibility in smaller ones. The senior nurse in each dyad would get any necessary information or clarifications from the senior IMA at that facility or from another designated source. The more experienced nurse would maintain contact with the junior nurse throughout the year and provide advise and assistance. It would be the senior nurse's responsibility to make sure the junior officer gets informed of necessary or advantageous education and opportunities, as well as ensuring appropriate preparation for the next promotion consideration. These field grade nurses could, and probably should, be compensated for their additional efforts by granting them retirement points at the rate of one point for each 2-4 hours of reported assistance.

c. Option 3: Volunteers could be solicited from all senior (field grade) IMA and IRR nurses who are willing to assist junior officers. They could be provided with one or more officers who they would assist as suggested in option 1. These nurses could, and probably should, be compensated for their additional efforts by granting them retirement points at the rate of one point for each 2-4 hours of reported assistance.

d. Option 4: Volunteers could be solicited from TPUs since they have the most contact with what is current in the USAR. They could be put in contact with a hospital that has company grade IMA nurses and be matched up with someone who could benefit from their expertise. The volunteer TPU nurses could also be matched up with company grade IRR nurses to assist them in career development and advice. This would have the benefit of providing the IMA/IRR officer insights as to what is going on in the TPUs, as well as information that would benefit their careers.

Option Recommendation

Each one of the options would work. They would each be beneficial to the company grade officer, the field grade officer, and the Army Reserve. The ideal mentor (coach, sponsor, preceptor) for IMA nurses would probably come from option 2 - especially if that nurse had extensive TPU experience, while the IRR nurses would probably benefit most from option 3. It would be very important to provide this "mentor" with the tools necessary to adequately and appropriately accomplish this mission. Tools would include current information about the USAR, AMEDD issues, ROPMA, and of significant importance, what is expected of the junior IMA nurse in his/her role at the hospital on mobilization. The senior nurses must have points of contact they can call on to provide assistance when they don't know the answers. Since these senior nurses would be spending a great deal of time providing assis-

tance, it is further recommended that they be authorized retirement points for every 2-4 hours of assistance.

This can be a win-win solution to help a population of forgotten and often neglected junior officers. Not everyone gets in a TPU anymore. Most nurses, who are in IMA assignments, are there because they could not get in a reserve unit near their home. We owe our junior officers the education we all received, from the more senior officers, when we were new.

IMPLICATIONS

This was the first study of mentoring and its impact on satisfaction and intent to stay, looking specifically at USAR nurses. Company grade officers were targeted because they are less experienced and are more likely to need assistance and guidance for successful careers. The information gained from this research provides insight into the perceptions and intentions of nurses in TPU, IMA and IRR assignments. The information also suggests relationships that could have an impact on career advancement, development and ultimately, continuation.

The good news is that the findings validated mentoring as a useful tool. There was no significant difference in the satisfaction and intent to stay scores for members of TPU, IMA and IRR who had been mentored. This suggests that a mentoring program would be beneficial for nurses in all organizational assignments.

USAR

There will always be those who do not belong or who have personal reasons for leaving. There is not, and probably should not, be much done for this group. The rest of the population should be everyone's responsibility. The USAR is smaller today than it was a few years ago and we can anticipate more force structure changes, which might necessitate movement between organizational assignments. Continued professional development and growth is in the USAR's best interest so that the officers are prepared for any contingency.

Nursing

All direct appointment nurses enter the service with a minimum baseline of nursing knowledge. Some have more experience than others do and some have more education but most have little or no knowledge of the military. Nurses join the USAR for many reasons. Some join the military for excitement and some join for education. The major reason cited by respondents was to serve the country.

No one should expect a nurse to become an instant officer and Nurse Corps expert but not much is done to rectify the situation. It was no surprise that one respondent wrote, "the transition from civilian to soldier was a major culture shock".[50] The Nurse Corps would benefit from an active involvement in development of our junior officers. Actively and openly mentoring would

set a prime example to others. Most junior officers have a significant knowledge deficit and they are aware of it. A nurse wrote that "more training than the current two-week officer basic is needed...I am nervous about doing two-weeks this year...and additional training on what to expect would be helpful".[51]

Company Grade Nurses

No one wrote to say they did not want a mentor but many said they wished they had one. One nurse who left a TPU and is now in the IRR wrote, "mentoring would have been wonderful. I spent my first two years stumbling onto information and requirements."[52] Another nurse who left a TPU and is now in the IRR wrote, "If I had had a mentor...I would have stayed (in TPU) instead of going into the IRR. Please provide mentors for new nurses!"[53]

Research

The literature review of published research, and discussions with others, indicated that this was the first time USAR nurses had been studied in this manner. Yoder's study of Army Staff Nurses in 1991 also found that satisfaction and intent to stay are significantly related to having experienced a mentor type relationship. Yoder recommended further studies to examine this relationship but no others were reported in the literature.[54] It would be beneficial to have both of these studies expanded and built upon to further investigate the relationships.

SUMMARY

The findings indicate that mentoring should be seriously considered as a tool in the development of company grade officers. The most important finding of this study is that within the mentored group, it does not matter what organizational assignment the nurse is in. This suggests that mentoring helps the IRR nurses overcome some of the negative impacts of being in the group with least military contact. Mentored nurses in TPU, IMA and IRR reported greater satisfaction and intent to stay.

Everyone has a responsibility to develop junior officers. They can not be expected to learn everything they need to know unless more experienced officers take the time and make the effort to help them in the socialization process through mentoring. A positive experience can make all the difference. One nurse said, "I love the hospital where I am currently assigned and my mentor was a great role model."[55]

Junior officers who are not mentored are at a disadvantage because they are often not aware of the resources available to them and the expectations of a military officer. This lack of knowledge can be very undesirable, annoying and even detrimental to one's career. An IMA nurse expressed some frustrations when stating "no one seems to care if we understand how paperwork gets completed or how to work through the system."[56] Another nurse said "I was a newly commissioned officer when I arrived at my unit and there were a great many questions about the unit and the

system that I needed answered. This (a mentor) would have helped me greatly with career advancement."[57]

Another respondent summed this up very clearly by writing

> What would be most beneficial to USAR nurses with my experience (or lack of) in the military - would be mentors....someone who would be more easily available to us, to help answer questions and challenge us professionally. A mentor would truly enhance one's level of satisfaction in the USAR - especially one assigned to the IMA where you are truly an 'individual' - somewhat 'alone' in your assignment, travel, etc.[58]

No one is naive enough to believe that mentoring is a solution to all problems. Mentoring only facilitates the socialization and assimilation of company grade officers into the military. Findings of this study showed more satisfaction and a higher intent to stay expressed by mentored nurses. Can we afford not to help?

WORD COUNT:

Main Document: 8562

Bibliography and Appendices: 7175

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APPENDIX A

DEFINITION OF TERMS

Combined Arms Staff School (CAS3) is the third level of schooling and Captains attend it. For reservists, this is a 3-part program beginning with a correspondence course phase. Phase 2a and 2b are consecutive and designed to be accomplished within one year. Phase 2a is completed over nine weekends and 2b is done over 13 days within a few months after 2a. Attendance at phase 2a is accomplished in lieu of regular monthly drills for TPU soldiers. Both IMA and IRR nurses must attend on their own time and at their own expense. The 13-day phase is done in lieu of annual training for both TPU and IMA nurses. IRR nurses occasionally get funded but they also have the option of attending at their own expense. Attendance at CAS3 is not mandatory for USAR nurses but it does make the nurses more competitive for promotions and it facilitates the continued socialization process into the military.

Individual Mobilization Augmentees (IMAs) are individuals assigned against an active duty organization's Mobilization Table of Distribution and Allowances (MOBTDA). They are authorized twelve to fourteen days training annually at their assigned facility so that they become familiar with the organization and the organization personnel become familiar with them.[1]

Individual Ready Reservists (IRR) members are assigned to the Army Reserve Personnel Command (ARPERSCOM). They are part of

the Ready Reserve, which encompasses TPU, IMA and IRR. They are not part of the selected reserve and, therefore, do not qualify for benefits associated with the selected reserve.[2]

Intent to Stay. The desire to remain with the organization.

Job Satisfaction. The degree to which individuals appear to like their job.

Mentor Relationship. Also referred to as precepting, coaching, sponsoring or peer strategizing. It is a process of sharing experience with and providing advice to those who have less experience, rather than forcing those less knowledgeable to go it alone.[3]

Officer Basic Course (OBC) is a 12-day orientation course attended by all USAR nurses sometime within the first three years after commissioning. As a rule, most nurses attend in their first year in lieu of their two weeks of annual training. Active component nurses attend a 10-week OBC course. Most other officer branches in the army have a 10 to 16 week OBC course for both active and reserve soldiers.

Officer Advanced Course (OAC) is the second level schooling and is attended by First Lieutenants. It consists of a correspondence course phase and two, two-week periods over two consecutive years. It is attended in lieu of training with the nurse's assigned unit or hospital. Attendance at OAC is not mandated for USAR nurses but it does make the nurses more

competitive for promotions and facilitates the socialization process into the army.

Ranks and promotions are different in the USAR. Although most officers are appointed as Second Lieutenants (2LT), many are appointed and commissioned directly as First Lieutenants (1LT). 2LTs previously waited three years for promotion but under the Reserve Officer Personnel Management Act (ROPMA), they can be promoted in eighteen months. 1LTs previously waited four years for promotion. Under current law, they can be promoted between three and five years, depending on the needs of the service. This year, all 1LTs have to wait five years for promotion to Captain. Captains (CPTs) generally serve five years in grade prior to promotion to Major. Mandatory promotion considerations are the rule for reservists. Below the zone considerations are an available tool for force management but it has not been used. Early promotions are sometimes accomplished through special unit vacancy boards but even that is becoming more rare.

Ready Reserve. Troop Program Units, Individual Mobilization Augmentees and Individual Ready Reservists comprise the Ready Reserve. Other reserve components are Standby and Retired.

Selected Reserve. That part of the U.S. Army Reserve composed of Troop Program Unit (TPU) and Individual Mobilization Augmentee (IMA) members.

Socialization. The complex process by which a person acquires the knowledge, skills and sense of occupational identity

that are characteristic of a member of that profession.[4] Used interchangeably with the term "professionalism" in the literature. Also call "organizational awareness" in the military.

Troop Program Units (TPUs) are organizations of varying sizes and configurations with assigned reservists who meet a minimum of two days per month and perform annual training of at least twelve days each year.[5]

Variables. The independent variables were company grade officers with mentors and company grade officers without mentors. The dependent variables were satisfaction and intent to stay.

[1] IMA: Ideally, these soldiers are already acclimated, or even assimilated, so they can enhance the effectiveness of the organization immediately. Most Army Medical Department (AMEDD) reserve personnel are assigned to positions at Medical Treatment Facilities (MTFs). The chain of command for IMA soldiers is through their assigned organization. IMA members are also in the selected reserve and get all the benefits previously mentioned for TPU members. Assignment to an IMA position qualifies for STRAP payback.

[2] IRR: Assignment to the IRR does not qualify for STRAP payback. The chain of command for IRR soldiers is directly to ARPERSCOM. IRR personnel do not routinely perform annual training. They have the lowest priority for funding.

[3] Linda R. Johnson, Marlene Z. Cohen, and Margaret M. Hull, "Mentoring: Woman to Woman or Man to Man," The Journal of the American Medical Association 83 (1994):403.

[4] Watson, 39.

[5] TPU: These units and the personnel assigned, have a peacetime chain of command which ultimately ends at the US Army Reserve Command (USARC). TPU members are considered part of the Selected Reserves. Members of TPUs are eligible for the GI Bill, Servicemen's Group Life Insurance (SGLI), Tuition Assistance and Health Profession Loan Repayment (HPLR). Membership in a TPU qualifies as payback for health professionals who have received monthly stipends through the STRAP program.

APPENDIXES B, C, D, AND E

This page represents Appendixes B, C, D, and E on pages 59 through 74. The appendixes are as follows:

B Questionnaire Cover Letter

C Questionnaire

D Post Card

E Follow Up Letter

This information is available from the author upon request.

APPENDIX F

Personal Interview

A scheduled interview appointment was set up with an IMA nurse who lives in the geographical area. The interview was conducted over a two-hour period and revealed many concerns written in by other nurses who responded to the questionnaire.

- OBC was a very positive experience but more information about the reserves needs to be disseminated.
- One of the reasons for joining the USAR was receipt of an educational stipend (STRAP) but this officer was told several times that money was not available.
- IMA assignments have changed every year, which has necessitated a new orientation period annually.
- Only one MEDDAC (Active Duty Hospital) sent out a welcome packet with information and that proved to be inaccurate.
- Every MEDDAC treated this IMA nurse differently in assigning duties and evaluation of training. During one tour she was handed an OER support form on the next to last day and had difficulty convincing the staff that she had never even seen the form before.

APPENDIX F
Personal Interview
(Continued)

- Although all annual training tours were positive, this nurse never knew in advance what she would be doing or who she would be working for.
- This nurse knew nothing about retirement points, what entails a "good" year, how to accrue and document points, continuing health education opportunities, the importance of APFT, promotion packet preparation, and Officer Advance Course to name a few things.
- A mentor relationship would be very desirable as a point of contact and resource.
- She has contacted ARPERSCOM but does not know what to ask about.

This officer's comments are typical of the nurses that spoke with this researcher in a past assignment at ARPERSCOM (ARPERCEN at that time).

APPENDIX G

Demographic Characteristics of Mentored and Non Mentored Groups

Variable	Mentor Relationship (n = 72)	No Mentor Relationship (n = 99)
Organization		
TPU	35	29
IMA	23	38
IRR	14	32
Years of Service		
Less than 1	1	3
1	3	4
2-3	12	22
4-5	22	26
5	30	30
8-9	3	11
10-11	0	2
12 or more	1	1
Assigned Position		
Staff Nurse	68	92
Head Nurse	4	7
OBC Completion		
In first year	46	56
In second year	19	18
In third year	4	11
After third year	1	2
Not completed	2	12
OAC Completed		
As a 1LT	23	19
As a CPT	3	1
Enrolled in Phase 1	9	11
Awaiting Phase 2	3	7
Awaiting Phase 3	0	0
Not started	33	59
CAS3		
Completed	0	1
Enrolled in Phase 1	6	10
Enrolled in Phase 2a	1	0
Awaiting Phase 2b	1	2
Not started	64	91

APPENDIX G

Demographic Characteristics of Mentored and Non Mentored Groups

(Continued)

Variable	Mentor Relationship (n = 72)	No Mentor Relationship (n = 99)
Rank		
2LT	10	14
1LT	31	56
CPT	31	29
Promotion status		
Not considered	54	72
Considered, results pend	17	17
Selected, awaiting orders	0	1
Passed over	1	9
Prior service experience		
Direct commission	66	92
Enlisted, reserve duty	2	2
AN, active duty	3	2
Other off, active duty	1	1
Motive for joining USAR		
Serve country	25	28
Get education pd for	21	28
Get specialty training	4	3
Extra money	5	10
Travel	0	1
Challenge and excitement	18	27
Gender		
Female	66	84
Male	6	15
Age		
Less than 30	3	13
30-35	8	17
36-40	10	21
41-45	19	26
46 or older	32	22

APPENDIX H

Hoppock's Job Satisfaction Scale

Which one of the following tells how well you like your Army Reserve assignment? (reverse scoring)		
Response	Mentored Respondents n = 57	Non-Mentored Respondents n = 94
I hate it	0 0%	3 3.0%
I dislike it	1 1.4%	7 7.1%
I don't like it	4 5.6%	6 6.1%
I am indifferent to it	2 2.8%	5 5.1%
I like it	14 19.4%	36 36.4%
I am enthusiastic about it	22 30.6%	24 24.2%
I love it	14 19.4%	13 13.1%

Which one of the following shows how much of the time you fell satisfied with your Army Reserve assignment?		
Response	Mentored Respondents n = 57	Non-Mentored Respondents n = 94
All of the time	5 6.9%	10 10.1%
Most of the time	22 30.6%	27 27.3%
A good deal of the time	12 16.7%	12 12.1%
About half the time	14 19.4%	13 13.1%
Occasionally	3 4.2%	17 17.2%
Seldom	1 1.4%	8 8.1%
Never	0	7 7.1%

APPENDIX H

Hoppock's Job Satisfaction Scale

(Continued)

Which one of the following best tells how you feel about changing your Army Reserve assignment? (reverse scoring)		
Response	Mentored Respondents n = 57	Non-Mentored Respondents n = 94
I would resign from the USAR at once if I could	7 9.7%	23 23.2%
I would take almost any other job in which I could earn as much as I am earning now	0	2 2.0%
I would like to change both my assignment and my specialty	0	5 5.1%
I would like to exchange my present assignment for another one	4 5.6%	16 16.2
I am not eager to change my assignment but I would do so if I could get a better Army Reserve assignment	26 36.1	27 27.3
I cannot think of any assignment for which I would exchange	15 20.8%	12 12.1%
I would not exchange my Army Reserve assignment for any other	5 6.9%	9 9.1%

APPENDIX H

Hoppock's Job Satisfaction Scale

(Continued)

Which one of the following shows how you think compared to other people?		
Response	Mentored Respondents n = 57	Non-Mentored Respondents n = 94
No one likes his/her Army Reserve assignment more than I like mine	2 2.8%	4 4.0%
I like my Army Reserve assignment much better than most people like their assignment	7 9.7%	11 11.1%
I like my Army Reserve assignment better than most people like theirs	19 26.4%	11 11.1%
I like my Army Reserve assignment about as well as most people like their assignments	26 36.1%	55 55.6%
I dislike my Army Reserve assignment more than most people dislike their assignments	3 4.2%	9 9.1%
I dislike my Army Reserve assignment much more than most people dislike their assignments	0	3 3.0%
No one dislikes his/her assignment more than I dislike mine	0	1 1.0

APPENDIX I

Intent to Stay Scale

Statement	Mentored n=72*				No Mentors n=99			
	SA	A	D	SD	SA	A	D	SD
Under no circumstances will I voluntarily leave the USAR	7 9.7%	22 30.6%	28 38.9%	14 19.4%	17 17.2%	16 16.2%	38 38.4%	28 28.3%
I plan to leave the USAR as soon as possible (reverse scoring)	6 8.3%	13 18.1%	23 31.9%	29 40.3%	21 21.2%	21 21.2%	30 30.3%	27 27.3%
I would be reluctant to leave the USAR	17 23.6%	29 40.3%	18 25%	7 9.7%	26 26.3%	25 25.3%	24 24.2%	24 24.2%
I plan to stay in the USAR as long as possible	19 26.4%	25 34.7%	16 22.2%	11 15.3%	25 25.3%	25 25.3%	26 26.3%	23 23.2%
I am quite content to stay in the Army Reserve	19 26.4%	31 43.1%	14 19.4%	7 9.7%	24 24.2%	27 27.3%	28 28.3%	20 20.2%

SA = strongly agree
A = agree
D = disagree
SD = strongly disagree
* n = 71 for Intent to Stay

Appendix I
Intent to Stay
(Continued)

Eight Year intentions:	Mentored n=72	No mentors n=99
Definitely will stay in more than 8 years	16 (22.2%)	16 (16.2%)
Probably will stay in more than 8 years	20 (27.8%)	17 (17.2%)
Undecided at this time	14 (19.4%)	20 (20.2%)
Probably will not stay in more than 8 years	9 (12.5%)	17 (17.2%)
Definitely will not stay in more than 8 years	12 (16.7%	26 (26.3%)
Does not apply, have already been in more than 8 years	1 (1.4%)	3 (3.0%)

Twenty Year intentions:	Mentored n=71*	No Mentors n=98**
Definitely will stay in 20 years or more	7 (9.7%)	12 (12.1%)
Probably will stay in 20 years or more	14 (19.4%)	13 (13.1%)
Undecided at this time	16 (22.2%)	22 (22.2%)
Probably will not stay in 20 years or more	15 (20.8%)	15 (15.2%)
Definitely will not stay in 20 years or more	19 (26.4%)	36 (36.4%)

*one mentored respondent failed to answer this question
**one non-mentored respondent failed to answer this question

ANOVA of Mentored and Non-Mentored Intentions to Stay More Than Eight Years

8 Year Intentions	Sum of Squares	df	Mean Sq	F	Sig
Mentored	9.721	2	4.861	2.53	.094
Non-Mentored	2.031	2	1.015	.446	.641

APPENDIX J

Post Hoc Tukey HSD
Multiple Comparisons Between Dependent Variables and Organizational Assignments

All Respondents

Dependent Variable	Org	Organization	Mean Difference	Std Error	Sig.
Intent to Stay	TPU	IMA	-1.55	.832	.151
		IRR	-2.93*	.899	.003
	IMA	TPU	1.55	.832	.151
		IRR	-1.38	.905	.277
	IRR	TPU	2.93	.899	.003
		IMA	1.38	.905	.277
Satisfaction	TPU	IMA	.15	.871	.983
		IRR	-3.77*	.964	.0001
	IMA	TPU	-.15	.871	.983
		IRR	-3.93*	.957	.0001
	IRR	TPU	3.77*	.964	.0001
		IMA	3.93*	.957	.0001

* Mean difference is significant at the .05 level.

Non-Mentored Respondents

Dependent Variable	Org	Organization	Mean Difference	Std Error	Sig.
Intent to Stay	TPU	IMA	-2.44	1.194	1.07
		IRR	-3.28*	1.242	.026
	IMA	TPU	2.44	1.194	.107
		IRR	-.84	1.162	.752
	IRR	TPU	3.28*	1.242	.026
		IMA	.84	1.162	.752
Satisfaction	TPU	IMA	-1.00E-02	1.218	1.000
		IRR	-4.10*	1.276	.005
	IMA	TPU	1.00E-02	1.218	1.000
		IRR	-4.09*	1.182	.002
	IRR	TPU	4.10*	1.276	.005
		IMA	4.09*	1.182	.002

* Mean difference is significant at the .05 level.

APPENDIX K

Mentoring Scale and Related Questions

Have you had a mentored relationship?	N	%
Yes	72	42.1%
No	99	57.8%

How many mentors have you had?	N	%
One	19	26.4%
Two	25	34.7%
Three	13	18.1%
Four	7	9.7%
Five	1	1.4%
>Five	7	9.7%

Gender of mentor	N	%
Male	18	25%
Female	54	75%

What was the age of your mentor	N	%
>3 years younger	12	16.7%
Around the same age	25	34.7%
Slightly older (3-10 yrs)	31	43.1%

Gender Protege/Mentor	TPU	IMA	IRR
Female/Female	20	18	10
Female/Male	11	5	2
Male/Female	4	0	2

To what extent has a mentor... (Dreher's Mentoring Scale)	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
Given or recommended you for challenging assignments that present new opportunities to learn new skills	3 4.2%	7 9.7%	20 27.8%	27 37.5%	15 20.8%
Given or recommended you for assignments that required personal contact with leaders in different parts of the organization	8 11.1%	5 6.9%	32 44.4%	18 25.0	9 12.5%
Given or recommended you for assignments that increased your contact with higher level leaders	9 12.5%	14 19.4%	23 31.9%	16 22.2%	10 13.9%

APPENDIX K

Mentoring Scale and Related Questions

(Continued)

To what extent has a mentor... (Dreher's Mentoring Scale continued)	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
Given or recommended you for assignments that helped you to meet new colleagues	8 11.1%	10 13.9%	19 26.4%	25 34.7%	10 13.9%
Helped you finish assignments/tasks to meet deadlines	11 15.3%	14 19.4%	20 27.8%	17 23.6%	10 13.9%
Protected you from working with other leaders or in work areas before you knew about their likes/dislikes, opinions on controversial topics, and the nature of the political environment	18 25.0%	14 19.4%	17 23.6%	19 26.4%	4 5.6%
Gone out of his/her way to promote your career interests	12 16.7%	14 19.4%	17 23.6%	18 25.0%	11 15.3%
Kept you informed about what is going on at higher levels in the organization or how external conditions are influencing the organization	7 9.7%	16 22.2%	19 26.4%	23 31.9%	7 9.7%
Conveyed feelings of respect for you as an individual	2 2.8%	1 1.4%	17 23.6%	28 38.9%	24 33.3%
Conveyed empathy for the concerns and feelings you have discussed with him/her	4 5.6%	5 6.9%	19 26.4%	29 40.3%	14 19.4%
Encouraged you to talk openly about anxiety and fears that detract from your work	7 9.7%	12 16.7%	26 36.1%	17 23.6%	10 13.9%
Shared personal experiences as an alternative perspective to your problem	6 8.3%	16 22.2%	19 26.4%	21 29.2%	10 13.9%

APPENDIX K
Mentoring Scale and Related Questions
(Continued)

To what extent has a mentor... (Dreher's Mentoring Scale continued)	Not at all	To a small extent	To some extent	To a large extent	To a very large extent
Discussed your questions or concerns regarding feelings of competence, commitment to advancement, commitment to the organization, relationships with peers and supervisors, or work/family conflicts	1 1.4%	17 23.6%	24 33.3%	23 31.9%	7 9.7%
Shared history of his/her career with you	2 2.8%	6 8.3%	26 36.1%	25 34.7%	13 18.1%
Encouraged you to prepare for advancement	4 5.6%	8 11.1%	15 20.8%	32 44.4%	13 18.1%
Encouraged you to try new ways of behaving on the job	21 29.2%	12 16.7%	19 26.4%	14 19.4%	5 6.9%
Served as a role model	1 1.4%	3 4.2%	21 29.2%	25 34.7%	22 30.6%
Displayed attitudes and values similar to your own	1 1.4%	4 5.6%	27 37.5%	24 33.3%	16 22.2%
Had an impact on your Army Reserve professional development	3 4.2%	10 13.9%	24 33.3%	23 31.9%	12 16.7%
Had an impact on your decision to stay or leave	20 27.8%	12 16.7%	15 20.8%	15 20.8%	10 13.9%
Had a positive impact on your decision to "mentor" someone	12 16.7%	15 20.8%	20 27.8%	14 19.4%	11 15.3%

ANOVA Summary Comparing Mentor Scale and Organizational Assignment

Mentor Scale	Sum of Sq.	df	Mean Sq.	F	Sig.
	1166.088	2	583.044	2.045	.137