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Getting to know a stranger—rural nurses' experiences of mentoring: A grounded theory

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Abstract

Background: Mentoring is often proposed as a solution to the problem of successfully recruiting and retaining nursing staff. The aim of this constructivist grounded theory study was to explore Australian rural nurses' experiences of mentoring.
Design: The research design used was reflexive in nature resulting in a substantive, constructivist grounded theory study.
Participants: A national advertising campaign and snowball sampling were used to recruit nine participants from across Australia. Participants were rural nurses who had experience in mentoring others.
Methods: Standard grounded theory methods of theoretical sampling, concurrent data collection and analysis using open, axial and theoretical coding and a story line technique to develop the core category and category saturation were used. To cultivate the reflexivity required of a constructivist study, we also incorporated reflective memoing, situational analysis mapping techniques and frame analysis. Data was generated through eleven interviews, email dialogue and shared situational mapping.
Results: Cultivating and growing new or novice rural nurses using supportive relationships such as mentoring was found to be an existing, integral part of experienced rural nurses' practice, motivated by living and working in the same communities. Getting to know a stranger is the first part of the process of cultivating and growing another. New or novice rural nurses gain the attention of experienced rural nurses through showing potential or experiencing a critical incidence.
Conclusions: The problem of retaining nurses is a global issue. Experienced nurses engaged in clinical practice have the potential to cultivate and grow new or novice nurses—many already do so. Recognising this role and providing opportunities for development will help grow a positive, supportive work environment that nurtures the experienced nurses of tomorrow.
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Keywords: Grounded theory; Mentor/mentoring; Nursing shortage; Research methodology; Rural health nursing; Australia

What is already known about the topic?

- Retaining nursing staff is an issue for health services in rural Australia
- Mentoring is recognised as being a useful strategy in the retention of nursing staff

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What this paper adds

- Experienced rural nurses see mentoring as one of a series of supportive relationships that they establish with new or novice rural nurses depending on time, levels of engagement and trust.
- Accidental mentoring is identified as a common short-term relationship that is established as a result of a new or novice rural nurse experiencing a critical incident.
- Education and training for nurse mentors is essential because of the importance of a name in recognising and legitimising supportive relationships.

1. Introduction

Mentoring is a concept often apparent in contemporary nursing literature in reference to supporting and developing nurses, with the possible sequelae of improving staff retention (Block and Korow, 2005, Stewart, 2006). When addressing the problem of recruitment and retention, mentoring is often presented as a 'one size fits all' solution (Elgar, 2001, McCloughen and O'Brien, 2003). Using an evolutionary concept analysis, Stewart and Krueger (1996) propose a theoretical definition of nurse mentoring which was used in this study.

> Mentoring in nursing is a teaching—learning process acquired through personal experience within a one-to-one, reciprocal, career development relationship between two individuals diverse in age, personality, life cycle, professional status, and/or credentials. The nurse dyad relies on the relationship in large measure for a period of several years for professional outcomes, such as research and scholarship; an expanded knowledge and practice base; affirmative action; and/or career progression. Mentoring nurses tend to repeat the process with other nurses for the socialization of (*clinicians*), scholars and scientists into the professional community and for the proliferation of a body of nursing knowledge (1996, p. 315).

While the literature about the motivation, process and outcomes of nurse mentoring abounds, there is very little written about what actually happens when a more experienced nurse establishes a mentoring relationship with a new or novice nurse. This paper discusses the findings from a constructivist grounded theory study about Australian rural nurses' experiences of mentoring, in particular a process conceptualised as *getting to know a stranger*.

Mentoring is the most common term that rural nurses used to describe their experiences of cultivating and growing new and novice nurses. Cultivating and growing as a measure of support is driven by the cultural, political and clinical demands of the social world within which they exist. Living and working in the same community means that rural nurses live their work. The ability to manage the phenomena of live my work from a variety of perspectives of self is a complex process that comes with experience, and it is this knowledge that they seek to pass on.

2. Background

Nurses often use mentoring as a form of professional support in the workplace. Early nursing research in the 1970s demonstrated that mentoring was important in the career progression of aspirational leaders (Vance, 1982). Since that time many studies have been undertaken that demonstrate the importance of mentoring in supporting nurses in all spheres of practice including more 'diverse clinical and academic practice areas such as research, minority student retention, creative thinking, writing and scholarly productivity' (Mills et al., 2005, p.4).

Mentoring and preceptoring are terms commonly used to describe supportive relationships in nursing workplaces. They differ from one another in their context, focus and purpose. Preceptoring is conducted in the workplace, focuses on orientation and skill mastery to achieve the purpose of work readiness (Usher et al., 1999). Mentoring is conducted both within and external to the workplace, focuses on all aspects of the mentee's life with the purpose of personal and professional development (Mills et al., 2005, 2006c).

Literature on how to set up and monitor mentoring relationships abounds, both from individual and program perspectives (Grindel, 2003). As well, there is a wealth of evidence that predicts the expected outcomes for both mentors and mentees (Andrews and Chilton, 2000). However, these studies do not inform us about the processes used by rural nurse mentors to sustain such relationships, or the conditions under which such relationships develop. As well, there are very few studies about the lived experiences of mentors or mentees (Atkins and Williams, 1995, Glass and Walter, 2000). A gap in the literature about rural nurses and mentoring was also identified with only two studies apparent in the literature that specifically address this area (Hansen, 1995, Waters et al., 2003) all of which formed the basis of this study.

A key satisfying factor for registered nurses in their work, which is reflective of mentoring, is the experience of working closely with clinically competent peers (Lucas et al., 2005, Price, 2002). Primarily studies on job satisfaction focus on acute care settings in large metropolitan hospitals (Brady-Schwartz, 2005; Ingersoll et al, 2002). Satisfaction with the work place is also important for rural nurses where decisions to stay or

leave their jobs are influenced by workplace support and communication, potential for career progression, management and peer recognition, and, lastly, support from more experienced nurses (Hegney et al., 2002a, b). Hegney et al. argue that better mentoring arrangements and peer networking would improve the retention of rural nurses.

3. The study

3.1. Design/methodology

Grounded theory is a research methodology appropriate for fields of study about which little is known (Glaser and Strauss, 1967). It aims to be exploratory and descriptive resulting in a substantive theory about an area of concern for participants. Our constructivist grounded theory research design used the common methods of theoretical sampling, concurrent data generation and analysis, constant comparative open, axial and theoretical coding, category saturation and constructing a story line (Strauss and Corbin, 1990, 1998). In addition to this, we used reflective memoing (Mills et al., 2006a, b) in order incorporate reflexivity into the research method. Situational analysis mapping techniques (Clarke, 2005) were used to illustrate the wider context of the participants' social world and frame analysis (Benford and Snow, 2000, Goffman, 1974) to identify the key players in this world.

3.2. Sample/participants

Participants in this study were recruited through either a nationwide advertising campaign, or snowball sampling (Roberts and Taylor, 2002). Nine Australian rural nurses chose to participate, representing five of eight states and territories. Their years of rural nursing experience ranged from 3 to 33, with the average being 19 years. Eligibility criteria for participants were that they self-defined as 'rural' nurses and that they had experienced a mentoring relationship. Such criteria are consistent with a constructivist approach to grounded theory.

3.3. Data generation

Eleven semi-structured interviews were used to generate data with the participants. The majority of these were conducted face-to-face, although three telephone interviews were used to communicate with participants who lived in locations that were very remote from the researchers. The interviewing researcher already knew seven of the nine participants, and this pre-existing knowledge of the participants' interests and experiences was used to determine the sequence of interviews and

guide the questions asked. The researcher used an adaptable aide-memoir to begin all of the interviews (McCann and Clark, 2003). Both of these techniques were influenced by the tenets of theoretical sampling, theoretical sensitivity and concurrent data generation and analysis (Charmaz, 2000).

In addition, an evolving version of one of the situational maps generated during data analysis was shared with one participant during her second interview. Ongoing engagement with another participant was fostered through email dialogue. Strategies that enabled the researcher to communicate her developing analysis and sustain the co-construction of meaning. Lastly, the literature about the problem of workforce for Australian rural nurses was also analysed as a secondary source of data (Mills et al., 2006a, b).

3.4. Criteria for evaluation

In qualitative research, the 'goodness' of the study is measured by alternative means to traditional positivists standards (Emden and Sandelowski, 1998, Hall and Callery, 2001). We agree with Charmaz that Glaser's criteria for evaluating a grounded theory (Glaser, 1978) proffers a useful framework (Charmaz, 2006). Theorising must show a *fit* between categories constructed and the data generated in the study. Findings need to *work* to contextualise, interpret and predict the data. Overall the study should demonstrate *relevance*, in that the grounded theory must connect to the actions co-constructed by participants and researchers. Finally, the grounded theory constructed by the researcher needs to be *modifiable*. Findings therefore are always open to further reinterpretation that reflects the multiple truths and realities of rural nurses' lives.

3.5. Ethical considerations

The research study was approved by the Monash University, Standing Committee on Ethics in Research Involving Humans (2004/630). It conforms to the provisions of the Declaration of Helsinki in 1995 (as revised in Edinburgh 2000). Written informed consent was obtained from all of the participants who were free to withdraw from the study at any time. Pseudonyms have been used when reporting this study.

3.6. Data analysis

Data generated from the first two interviews were initially analysed line-by-line. The technique of theoretical comparisons was used to increase the researcher's sensitivity to the possibilities for codes, categories and their dimensions (Strauss and Corbin, 1998). Data were constantly compared with other data, codes and categories as the grounded theory began to be

conceptualised. Textual Analysis Markup Software (TAMS®) by Matthew Weinstein was used with Mac OSX. Inspiration 7.5 Software® by Inspiration Software Inc. enabled the sorting and mapping of data. Filemaker Pro® was used in combination with TAMS to further sort and print data fragments.

Category saturation was reached after nine interviews, when no new codes or categories could be constructed from the data. Two more interviews were conducted, the codes from which fitted under the existing schema. Theoretical codes for this study were drawn from symbolic interactionism (Strauss, 1993).

4. Findings

4.1. Getting to know a stranger

Overall findings from this study modelled a grounded theory of *cultivating and growing* rural nurses, the properties of which are: preceptoring, accidental mentoring, mentoring, and deep friendship. Dimensions of time, trust and engagement influence these properties. There are three conditions under which cultivating and growing rural nurses occurs which are: planned and face-to-face, planned and distant, and accidental and face-to-face.

Cultivating and growing rural nurses has three aspects. The first of these, *live my work* describes the motivation for experienced rural nurses to create and sustain supportive relationships with new or novice rural nurses. Living and working in the same community is managed by rural nurses using multiple perspectives of self and through lenses of culture, politics and clinical practice. The strategies that experienced rural nurses develop to deal with the phenomena of *live my work* are what they pass on to new or novice nurses using a two-part process—*getting to know a stranger* and *walking with another*. This paper will examine in detail the process of *getting to know a stranger*.

Wyn's story encapsulates this theory of experienced rural nurses *cultivating and growing* new or novice rural nurses. Wyn talks about her own understandings of mentoring reflecting both her experiences with supportive relationships and the teachings of a Mentor Development Workshop that she attended.

> Well, in the olden days, you know, you would bond with somebody, it would be somebody that you have to be able to trust and you have to have faith in these people, so mentoring really. If you mentor in the exact sense, you have to trust someone enough to tell them everything, your inner most feelings and fears and it's very difficult to do that unless you have a really strong bond. So I think there are various stages of mentoring. I think there are some that may happen

even accidentally, because you may share an experience or an incident where you become close and you are able to help each other through a critical episode. And it seems from the course that I did that there's sort of a formal type of mentoring which I think is different again, because it doesn't come, you don't meet somebody and select that person because you've had a bond or you've had an episode, you actually pick somebody from their credentials and their past experience that you think could help you to do something and then I suppose there is the informal one that you just get on so well together that you can share things (Wyn: TM 5124).

Rural nurses who plan to mentor new or novice nurses use the process of *getting to know a stranger* to locate themselves in a new context with that person and get to know them from a different perspective. (J) 'So when you say there was [a] sort of politeness? … (Bella) I suppose so—just getting to know a stranger' (Bella: TM 4089). There are three subcategories of *getting to know a stranger*: looking after each other, the importance of a name, and building a foundation, that will now be explained and illustrated.

4.2. Looking after each other

In the early stages of *getting to know a stranger*, rural nurses are motivated by a need to look after each other which makes them more perceptive about issues that are affecting new or novice rural nurses. Often this impetus comes from their own histories as student nurses when 'you mentored the person, the next below you. It was almost like a, well it was a hierarchy I suppose, but you know it devolved down…and we looked after each other' (Mary: TM 26084).

Looking after each other can be prompted by one of two scenarios; either a rural nurse recognises potential in a new or novice rural nurse or—through listening for trouble, they recognise an incident that has had a high emotional impact on these nurses and they react automatically to support them.

Experienced rural nurses on occasion will recognise potential in new or novice rural nurses, which then motivates them to start *getting to know a stranger*. 'Sometimes it's that [a] mentee's really taken some initiative and wants to learn something more and they're, you know, enthusiastic. (J) So is it identifying potential in others? (Bella) Yeah, yeah' (Bella: TM14322).

A relationship that arises from recognising potential is mutually agreed between the experienced rural nurse and the new or novice rural nurse because 'it is about, being … two shapes matching' (Lesley: TM 52504) and usually develops under the condition of planned and face-to-face meetings. If each party agrees, either tacitly

or explicitly, that each has something to offer in a supportive relationship then the process of *getting to know a stranger* really begins.

Implicit in the experienced rural nurse identifying that the new or novice rural nurse has potential means that they identify in the other similar values and interests to themselves. 'She's… a really sensible girl who… has pretty high morals and values and she's good fun' (Margaret: TM 322). Such identification establishes a higher level of engagement and trust between the two and speeds up the process of *getting to know a stranger* while influencing which property name is adopted, usually mentoring.

Getting to know a stranger as a result of listening for trouble occurs in conditions of accidental, face-to-face mentoring and results from a critical incident for the new or novice rural nurse. Elizabeth tells a story that illustrates this type of relationship with great clarity.

> We have student midwives at our place as well and … we've got this young girl who's in her second year, [a] student midwife… [that experienced] a scenario that went from bad to worse. So she knew…[a patient] because their husbands play footy together. … When the baby's born it has got multiple abnormalities, like multiple, multiple, which is obviously why it's coming out at 29 weeks because it's not going to go all that time…. Then the pediatrician … recommended that …the baby be baptised. So we had a baptism and a confirmation up in the nursery as well and that really tidied it all up. Like it was all pretty sad, everyone was crying. Parents, you know, nursing staff that sort of thing…. Well after that… this student midwife [who] I wouldn't really [have] had a rapport with her because she is a different personality to me:…We had an experience together and I didn't want her… to not continue…so for about a couple of days after, when I saw her on shift I just did "are you alright" and we had a chat about things and… she felt the same as I that… what rounded it off was actually having the baptism… and the confirmation in the ward, she felt that completed a cycle…. That's happened now and we had a rapport and I helped her along and we had some discussion… but… I probably won't have anymore of those discussions with her [it was] accidental mentoring and it happens… when specific situations happen. Because she is… a totally different personality to me and we might not have any other experiences again that we could share as such, but there was that one (Elizabeth: TM 48304).

Looking after each other in this context results from a new or novice rural nurse struggling with *living their work*. Experienced rural nurses' recognition of this struggle from their own experience provides a founda-tion for an accidental mentoring relationship that does not necessarily include shared values and interests. Consequently the levels of engagement and trust between the experienced rural nurse and new or novice rural nurse can be either slower to build or never progress enough for the relationship to be called mentoring. For others, *getting to know a stranger* as a result of accidental, face-to-face mentoring is an entrée into a strong mentoring relationship, if they share a common belief system.

This is also the case for preceptoring relationships that develop over time into mentoring. However, the dimension of time is an important parameter in these relationships.

'If you only have the student for a couple of weeks or a couple of months…you don't actually have that time to build the trust bond up that much. It probably is easier to be a mentor to those who need to associate with [you] for longer' (Wyn: TM 11769).

If the preceptoring relationship is very time limited, then developing levels of engagement and trust that are high enough for each party to take the next step into a mentoring relationship is more difficult, although again possible. 'If you have a terrific relationship with your preceptor you may feel comfortable using them for that next step where you need to pass on your feelings, use them as a sounding board to see how you're going' (Wyn: TM 9957).

4.3. The importance of a name

Getting to know a stranger can mean a reorientation of the self within a relationship that may well have existed prior. Either that or the rural nurse is literally *getting to know a stranger*. Central to this part of the process is the importance of a name for the relationship that is just beginning; 'it gives it more definition; you just have a better understanding of what the relationship is' (Bella: TM 27300). This naming of the relationship provides it with both organizational legitimacy and a set of expectations that are garnered from both parties' past experience. In a named relationship, each will have some notion of what to expect in their interactions with each other. These notions will have been shaped by the interactions that they have had with others in talking about and learning supportive relationships such as preceptoring and mentoring.

Seven of the nine participants in this study had attended a mentor development workshop that provided them with a definition of mentoring that they carried into their relationships (Mills et al., 2006c). (J) 'What did the workshop enable you to do? (Bella) Well I think, I think it gave us direction, guidelines and empowered us… not to be a mentor because I think all of us really were mentors in the informal sense' (Bella: TM:46791). Rural nurses who have not interacted with others about

the concept of mentoring have a limited opportunity to construct for themselves a definition of mentoring.

For some rural nurses, though, not naming the phenomenon of *cultivating and growing* rural nurses as mentoring, allows them to create and sustain subversive supportive relationships in an environment that may not condone them otherwise.

(Alice) I was hoping that they would encourage me to start a mentoring program but so far that hasn't happened. (J) Do you think there's a reason why that hasn't happened? (Alice) A lack of understanding of the role I think and also a Director of Nursing that feels that if students and graduates have a problem they should go to her and she doesn't quite perhaps understand that that's not always appropriate (Alice: TM 17448).

Rural health facilities with managers who see themselves as the sole repository of nursing expertise do not create supportive, learning environments where all members of the health team are valued for the guidance and role modelling that they can provide. This type of oppressive hierarchy prevents overt or named mentoring relationships being established.

4.4. Building a foundation

Experienced rural nurses in the early stages of *getting to know a stranger* concern himself or herself with building a foundation for the relationship. Bella describes this using the metaphor of creating a pot.

It is layer upon layer… coil by coil. It's very important… that the foundation, or the base of your pot is … strong… and [that] they are slightly thicker than the top… It's like that with a relationship isn't it… because if you build those strong walls and strong relationships… [with] guidelines and had that strength in the beginning, it [can] sometimes take a bit more of a form of its own [later on] but it can accommodate that because you've got that initial strong structure' (Bella: TM 49107).

Experience enables rural nurses to set boundaries that will allow them to create a safe environment for themselves to mentor in. This is termed creating a healthy distance for mentors.

I think you do need to keep some sort of a professional boundary where they have to know that they can come to you… but it's not the sort of thing they can ring you in the middle of the night…. I think you need to draw the line before that happens or you would be emotionally burned out (Wyn: TM 17726).

Setting boundaries for *cultivating and growing* rural nurses is reflected in three main areas: communication styles, clarifying expectations and acknowledging power differences. Experienced rural nurses choose communication styles that they themselves are most comfortable with. The most common of these are face-to-face and using email, 'I'm not so 100% sure that I would cope with having a mentee that wasn't… here because I'm not getting that face-to-face thing' (Margaret: TM 31156). In this, personal preferences as well as their level of comfort in allowing new or novice rural nurses into their personal and working lives guides experienced rural nurses. 'Because it was email… it made a healthy distance for both' (Bella: TM12657).

When *getting to know a stranger*, experienced rural nurses are proactive in stating their expectations of the relationship. '(J) Who do you think establishes the boundaries? (Bella) I think both have to, but I felt that mine was mentor driven because if it didn't work for the mentor it couldn't work at all' (Bella: TM 4702). They address the amount of time that they are able to commit, the roles that they are comfortable assuming, for example: coach, role model, clinical teacher, critical friend, advisor or networker—and the possibility of needing to separate their role as mentor from their role as a work colleague if this is the case.

(Alice) She's a colleague… and she asked me to take on the role so she was obviously comfortable with me and I find that… if we are quiet I do invite her on a drug round so I teach her as well, as much as I can. She is a division 2 so she does have her own role and her own work but if the opportunity arises I do invite her to put catheters in to do things that she as a division 2 nurse [enrolled nurse] she wouldn't do…. If we're busy we can't and she understands that' (Alice: TM 19481).

Acknowledging existing power differences between experienced rural nurses and new or novice rural nurses are woven into establishing the expectations of *cultivating and growing*. Often experienced rural nurse mentors will be in a position of power in relation to their mentee in their working lives.

The power imbalance is almost intrinsic to an extent i.e. there is an immediate difference in experience and understanding of nursing—it's precisely why the mentor and mentee are drawn together. As the relationship progresses, and the mentee learns and becomes more experienced, this imbalance disappears, and the partnership need not exist in its original form any longer (Lesley: email dialogue 20th March 2005).

As the levels of engagement and trust in the relationship increase, the balance of power changes to become more equitable. Experienced rural nurse mentors use the power imbalances that exist in the process of

getting to know a stranger to build a foundation for the relationship that results in mentoring not being a burden for them. It is this incremental change in the dimensions of trust and engagement that occurs over time that can move a mentoring relationship into one of deep friendship.

> I knew her prior to her starting work here but I got to know her a lot better of course once we were working together and you know we just got on very well together and our relationship became a very deep friendship as well as a good professional relationship (Mary: TM 11505).

5. Discussion

Findings from this study demonstrate that mentoring is a complex process that only begins once experienced rural nurses have got to know a stranger. Refuting the argument presented in the literature that mentoring is an easy solution to the problem of workforce.

Establishing that mentoring is only one of a range of supportive relationships that experienced rural nurses engage in with new or novice nurses adds to the body of knowledge about nurse mentoring generally. When supporting new or novice nurses each one of these supportive relationships: preceptoring, accidental mentoring and mentoring all need to be considered as possible alternatives.

When *getting to know a stranger*, experienced rural nurses and new or novice rural nurses need to identify similar values and interests in the other for their relationships to be sustainable and develop into mentoring. Even though the literature acknowledges that mutual attraction and common values are important for mentoring (Morton-Cooper and Palmer, 2000), it has not previously been explicitly found by previous research into nurse mentoring that identifying such values and interests in the other are a prerequisite for a successful mentoring relationship.

Consequently, the traditional, notional separation of mentoring into formal and informal (Vance and Olson, 1998) is largely irrelevant to the lived experience of bonding between mentor and mentee that results in mentoring itself. Mentoring as a support strategy for the retention of new or novice nurses then is much more complicated to implement than has hither to been identified (Andrews and Wallis, 1999, Firtko et al., 2005, Grindel, 2004).

Looking after each other is apparent in the literature as a motivation for nurse mentoring, in particular through the identification of potential in new or novice nurses (Vance and Olson, 1998). However, the concept of nurses listening for trouble and identifying a critical incident as a motivating force for accidental mentoring is new.

Accidental mentoring—short term, intensive support for new or novice rural nurses who experienced a critical incident—is potentially very important in retaining staff in the early stages of their rural nursing careers. Recognising this part of experienced rural nursing practice and providing additional support and training for those who accidentally mentor others would be a useful workforce support strategy for the future.

5.1. The importance of education and training for mentors

The need for mentors to receive adequate preparation prior to participating in mentoring is a recurrent theme in recent nurse mentoring literature (Barker, 2006, Blankenbaker, 2005, Block and Korow, 2005). In this study, how rural nurses construct boundaries for their mentoring relationships in order to provide a safe environment as a result of having attended a mentor development workshop, adds another dimension to this argument.

Naming their relationship enables experienced and new or novice rural nurses, to then frame their relationship using common understandings, and, by doing so, aligns individual perceptions of experiences (Goffman, 1974). Symbolic interactionists argue that humans act on the basis of the meanings that things have for them and that these meanings are also constantly reinterpreted under the influence of the interactions that actors have with each other (Blumer, 1969). This framing and reframing of meaning through the designation and interpretation of contemporary issues is constantly 'sustaining, undercutting, redirecting, and transforming the ways in which… [human beings] fit… together their lines of action' (Blumer, 1969, p.53).

The problem of workforce is a contemporary issue (Jackson and Daly, 2004) that has been framed in multiple ways by the collective groups (community, advocates, academics and government) that make up the social world of Australian rural nurses(Mills et al., 2006b). Mentoring is a solution that has been argued for and acted upon by the advocacy collective through the provision of the Association for Australian Rural Nurses' (AARN) Mentor Development and Support Workshops for experienced rural nurses—funded by the Australian Government Department of Health and Ageing (Mills et al., 2005, 2006c).

Participating in a workshop meant interacting with rural nurse leaders who described what they thought mentoring was, showed how mentoring might be implemented, discussed issues that might arise and demonstrated how mentoring relationships could be evaluated. Adult learning principles were employed that drew upon participants' previous experience and knowledge in a wide range of small group activities, including

case studies for participants to problem solve in an attempt to bridge the theory-practice gap. This proactive two-way interaction between facilitators and participants framed and reframed everyone's conceptual meaning of mentoring, providing an important name for an action that rural nurses were already engaged in, but often had not recognised as such. The cascade effect of both advocates and governments' collective action framing of mentoring through funding and providing education and training resulted in the fitting together of participants' lines of action as rural nurse mentors.

The power of a recognisable, mainstream name such as mentoring to describe cultivating and nurturing new and novice rural nurses is great. Sharing an understanding of the name 'mentoring' in relation to rural nurses has connected governments, academics, advocates, communities and clinicians and motivated them to act through the provision of education and training. Not identifying the phenomena of *cultivating and growing* rural nurses as mentoring means that rural nurses don't have a language to name, articulate and learn about what it is that they do. This limits their ability to mentor effectively because silence and invisibility equate with a lack of resources such as mentoring for themselves, education and training and most importantly time.

5.2. Study limitations

This study was designed to be exploratory, descriptive and generate a grounded theory of Australian rural nurses' experiences of mentoring. A possible limitation of the study originated from the initial design when we advertised for rural nurses to talk about their experiences of mentoring. Participants who volunteered had all attended development workshops facilitated by one of the researchers that had led them to define some of the supportive relationships they developed in practice as mentoring relationships. We attracted one participant who had not had any formal mentoring training through snowball recruitment; however, the participant group were on the whole well informed about the possibilities of mentoring, which influenced both how they constructed their eligibility to participate and our co constructions about their experiences.

6. Conclusion

Cultivating and growing rural nurses encompasses a variety of supportive relationships that range from preceptoring, to accidental mentoring, mentoring and deep friendship. These relationships exist under conditions of planned face-to-face, planned distant, and accidental face-to-face, which are dimensionalised by time, levels of engagement and trust. There are two

processes used in *cultivating and growing* rural nurses, *getting to know a stranger* and *walking with another*.

Experienced rural nurses wanting to look after each other facilitates *getting to know a stranger*. These nurses draw upon their knowledge to support new and novice rural nurses to understand the consequences of living their work in small rural communities. The impetus for *getting to know a stranger* is provided by new or novice nurses either demonstrating potential or experiencing a critical incident.

Naming relationships when *getting to know a stranger* is important because experienced rural nurses are then able to use common understandings of the role in order to negotiate suitable boundaries and conditions for themselves. Living out a named relationship also gives them power to negotiate with their organisations to articulate *cultivating and growing* new and novice workers with their clinical practice. Conversely, not naming a relationship enables experienced rural nurses to cultivate and grow new and novice rural nurses in a covert way making arrangements that exclude management.

Developing supportive environments for new and novice nurses generally is of worldwide significance as we are faced with a global nursing workforce crisis. Understanding that mentoring is already a part of nurses' practice alerts us to an untapped resource that could be developed. Participants in this study, who had attended the workshop, were empowered by this interaction to name and celebrate supportive relationships that they had previously developed as mentoring. Realising the potential of local action to make global change is an important step forward in meeting contemporary challenges in nursing.

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