

Mentoring : A Guide To Career Advancement

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Any discipline, to have continued growth, needs support from its leaders and nursing is not an exception. Today, nursing profession is in need of nurse leaders who are dynamic, professional and capable of leading their team members. Here arises the role of mentor and importance of mentoring to promote socialisation and career development in nursing. This article will discuss the importance of mentoring.

Mentor is the highest level of personal and professional relationship. Mentoring is an intense, positive, discreet, exclusive, one-on-one relationship between an experienced professional and a less experienced professional or a novice. The mentor relationship is described as similar to the parent-child relationship in that it is usually charged with emotion, and is a serious and mutual, non-sexual loving relationship. Mentoring has been identified as one of the positive interventions to promote socialisation for professional and career advancement.

Attributes of Mentoring

Yoder (1990) describes the concept of mentoring as having three critical attributes: (i) a structural role, (ii) an organisational role, and (iii) a career development relationship. Stewart & Krueger (1996) expanded on Yoder's findings to include six critical attributes based on an extensive review of the current literature: (i) a

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teaching-learning process; (ii) a reciprocity or mutuality; (iii) a career development relationship; (iv) a knowledge or competence difference between novice and expert; (v) a time duration of several years; and (vi) a resonating phenomenon resulting in those who have been mentored, mentoring others.

Mentoring in Nursing

Nurses must actively seek out and perpetuate mentoring relationships. There are overwhelming number of positive consequences for nurses who find the model that fits their current professional practice and health care organisations. Nurses must accept responsibility for individual and collective action to create and maintain an environment that is rewarding and supports positive socialisation strategies for themselves and their professional colleagues.

Mentoring will help inspire a more cohesive, flexible and empowered nursing force, whether in a academia, the hospital unit or health care facility.

Characteristics of an effective mentor

- ♦ Positive attitude
- ♦ Caring attitude towards others
- ♦ Experienced practitioner
- ♦ Good communicator
- ♦ Dedicated to learning
- ♦ Worthy of trust and admiration

Roles of the Mentor

Model: Someone to admire or emulate.

Envisioner: One who can see and communicate a meaning of professional nursing and its potential.

Energiser: One whose dynamism stimulates you to take action.

Investor: Someone who spares his or her time and energy for your personal and professional growth.

Supporter: One who offers you emotional support and helps to build self confidence.

Standard prodder: Someone who refuses to accept lower standards of excellence.

Teacher-coach: One who teaches you interpersonal, technical, or political skills essential for advancement.

Feedback giver: Someone who gives honest positive and negative feedback for growth.

Eye-opener: One who broadens your perspective and gives you new ways of viewing situations.

Door opener: Someone who, by virtue of his or her position, can provide you with new opportunities or experiences.

Idea bouncer: One who will listen and discuss your ideas

Problem solver: Someone who can help you examine problems and identify possible solutions.

Career counsellor: One who helps you to make short- and long-term career plans.

Challenger: Someone who encourages you to investigate issues more critically or in greater detail.

Functions of Good Mentor

- ♦ Demonstrating role expertise and promoting role socialisation
- ♦ Providing a vision by role modelling, offering a map

- ♦ Enabling the protégé to determine how and why decisions are made and how these decisions influence positive outcomes
- ♦ Providing support and structure which involves listening, befriending, expressing positive expectations, and making the experience special
- ♦ Challenging the protégé by constructing hypotheses and engaging in spirited discussions
- ♦ Setting high standards and demanding performance
- ♦ Empowering the protégé to reach autonomy that comes from competency, self-confidence, and responsibility
- ♦ Opening doors, facilitating important contacts

Stages of the Mentoring Relationship

Hurst et al (2002) cited four phases in mentoring relationships. The first phase, **initiation**, occurs when the relationship is established. The second phase, **cultivation** is characterised by coaching, protection, and sponsorship as well as counselling, acceptance, leading to a sense of competence. During this phase, the relationship develops to share and evaluate progress. The third phase is **separation** and the fourth is **redefinition**.

Separation and redefinition are often difficult because the mentor and mentee may share different perceptions about whether it is time to separate and what their new relationship should be. Mentees should outgrow the need for such intense coaching if the mentor has done a good job of cultivation. Unfortunately, some mentoring relationships get “stuck” and fail to progress the development of the

novice. Personal and workplace circumstances and distractions can cause mentors to reach a comfort zone that prevents positive and ongoing development of the novice.

Increasing opportunities for Mentoring: Emphasis is placed on the responsibility of leading nurses to bring along, indeed seek out, newer nurses to develop within an area of expertise. Newer nurses are urged to seek out a mentor or mentors to assist them, especially at critical points in their career progress, such as in the beginning or during a change of career direction or promotion. It is not just the novice in a mentoring relationship who benefits. The mentor also reaps many advantages. The recognition as a “chosen one” is evident for many co-workers to see. The gratitude challenge and revitalisation of acting in a mentoring role are renewing and pleasurable. Participating in and watching a novice provide confidence, assertiveness, and professional skills, which is a high-level reward for a mentor.

In order to recruit and retain qualified nurse educators, the National League for Nursing advocates the use of mentoring as a primary strategy to establish healthy work environments and facilitate the ongoing career development of nurse faculty.

Recommendations of National League for Nursing

For Nurse Faculty

- ♦ Contribute to the development of a mentoring programme at your institution by identifying the needs of new faculty members and the resources required to meet those needs.

- ♦ Actively participate in mentoring relationships.
- ♦ Make the teaching done by experienced faculty members more visible to new faculty.
- ♦ Be open and friendly to new faculty and identify opportunities to be a “One Minute Mentor” through brief, supportive interactions.
- ♦ Become sensitive to existing and potential academic community practices that exclude new faculty members.
- ♦ Spend time together as a nurse faculty community, talking and listening to one another, including the new faculty.
- ♦ Attend professional development workshops and seminars on mentoring.
- ♦ Collaborate with the dean/director / chairperson to establish a mentoring programme.
- ♦ Include content on mentoring in undergraduate and graduate curricula including how to identify and select caring colleagues with whom to work closely, and how to collaborate with colleagues.

For Deans/Directors/Chairpersons

- ♦ Initiate and provide support for mentoring initiatives at your institution.
- ♦ Engage new, mid-career, and seasoned faculty in developing mentoring initiatives at your institution.
- ♦ Incorporate innovative strategies for mentoring new faculty members, such as the use of retired nurse educators.
- ♦ Value the mentor role and reward faculty who actively serve in a mentoring role.
- ♦ Support the development of faculty mentors.

- ♦ Model mentoring.

For the National League for Nursing

- ♦ Support research on mentoring in the academic environment.
- ♦ Offer workshops and seminars on mentoring.
- ♦ Develop a "Tool Kit" on mentoring.
- ♦ Create a supportive environment for socialisation and resocialisation

The workplace environment is key to nurse satisfaction, retention, and patient care. Employers and nurse leaders have significant responsibility for creating a workplace that genuinely values supportive behaviours, such as mentoring. Nurses take advantage of the opportunity to mentor throughout their professional

careers. Encouraging and celebrating a variety of positive mentoring relationships.

Conclusion

The art of mentoring needs to be taught to nurses who will cultivate professional relationships with others that stimulate the desire for clinical excellence. Because mentoring is a resonating phenomenon, the protégé will eventually separate from the mentor and move on to mentor others. Thus, the mentoring process will continue to flourish and enrich the profession with superior blossoms. Mentoring nurses in search of professional excellence is necessary for the infusion of new knowledge and skills that serve as the scientific basis for advanced nursing. The mentoring process could

be analogous to a bouquet of flowers. Select the best plants, nurture and cultivate them, and share them with others. Above all enjoy the garden.

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