Mentoring in Nursing and Healthcare

A practical approach

Edited by Kate Kilgallon
and Janet Thompson

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Mentoring in Nursing and Healthcare
A Practical Approach

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- Powerpoint presentations
- Other resources

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A Practical Approach

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Preface

This book is primarily written for mentors (the term 'mentor' encompasses the roles of supervision and coaching) who work in a healthcare setting in England, Northern Ireland, Scotland or Wales. The term 'healthcare professional' is used throughout the book, and refers to staff who are registered with the Nursing and Midwifery Council (NMC) or Health Professional Council (HPC). The chapters provide a range of theoretical and practical activities and resources that articulate and are enhanced by accompanying web pages.

How to use the book

Each chapter focuses on a different aspect of mentorship. Learning outcomes are provided at the start of each chapter to enable the reader to choose the most appropriate areas to study. Before launching into the chapters, it is suggested that the readers access a set of pre-test questions, available from the companion website at www.wiley.com/go/mentoring. Feedback from the questions will enable the reader to establish where their strengths and weaknesses in knowledge lie. The same questions are repeated at the end of each chapter where full explanations are provided. The accompanying web pages (called Web resources) provide stimulating and thought-provoking activities, points for reflection, scenarios and PowerPoint presentations to further enhance the reader's understanding. The web activities are identified in the book with the following icon:

All third party web links referred to in the text are also available from the companion website.

This book is a practical resource that promotes active participation and enhances a deeper level of understanding of mentorship. It is a book that the reader can dip in and out of as well as being a source of reference.

Kate Kilgallon
Janet Thompson

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1

Mentorship

Kate Kilgallon

Introduction

This chapter introduces *Mentoring in Nursing and Healthcare: A practical approach* and looks at what we mean by the term 'mentorship'. The history of mentorship is discussed and terms used within healthcare to describe an experienced practitioner supporting a novice student are examined. A comparison of mentoring and coaching will facilitate healthcare practitioners' critical analysis of their own role within practice. Case studies are used to illustrate the characteristics that an effective mentor should demonstrate. The activities provided will give you an opportunity to reflect on your own mentoring skills.

Web Resource 1.1: Pre-Test Questions

Before starting this chapter, it is recommended that you visit the accompanying website and complete the pre-test questions. This will help you to identify any gaps in your knowledge and reinforce the elements that you already know.

Mentoring in Nursing and Healthcare: A Practical Approach, First Edition.
Edited by Kate Kilgallon, Janet Thompson.

Learning outcomes

On completion of this chapter, the reader will be able to:

- Demonstrate an understanding of the concept of mentoring
- Recognise the differences in terminology used within healthcare
- Appraise the characteristics required by an effective mentor
- Appreciate the difficulties in distinguishing between the terms 'mentoring' and 'coaching'

Mentoring and mentorship

A mentor has commonly been regarded as someone who encourages and offers direction and advice to a protégé or novice. Over the centuries, artists and musicians have had mentors. The concept has also been used in the business world, especially in the USA. According to Palmer (1987, cited in Ellis 1996), a classic mentoring relationship develops and grows between two individuals over a long period of time. Such relationships have lasted for 2–15 years and have provided professional and emotional support for both individuals. Classic mentoring provides an informal link between two people who are willing to work with each other and provide wise advice with no financial gain on either side. Mentorship within healthcare and social care is not classic mentoring. One obvious difference is that students are allocated to practice areas for a relatively short period of time so that the mentoring relationship does not develop and grow over a long period of time. Another point is that students have a different mentor for each practice area and a student does not have the opportunity to choose his or her own mentor. Students are allocated mentors, usually by the practice area manager, who has to consider issues such as workloads, staff holidays and sickness. Morton-Cooper and Palmer (2000) do consider mentoring within healthcare and social care to be true mentoring because it contains elements of mentor function with the onus on helper functions, from which a relationship often develops.

Activity 1.1

Thinking back over your health or social care career, recall significant people who have influenced your career and learning. What did they do that inspired you? What did you get out of the relationship?

When I think of significant people in my own career, I think of a manager who was my professional 'sounding board'. I was a newly appointed night sister and I would use her to talk through solutions to problems that I had. She would listen to me and then ask me why I had made that particular decision. What else could I have done? I would go to her when I had made a decision that I was concerned about. Again, she would listen to me and then she would make me reflect on my actions. If she thought that I had made the wrong decision, she would talk me through what I had learnt from the situation and what I would, or could, do differently the next time. She did have expectations of me and she would tell me truthfully when I had let her down. I had an enormous amount of respect for her as a healthcare professional and an individual.

Mentorship is intended to be a one-to-one relationship where the mentor invests time, knowledge and efforts to help the mentee reach his or her potential as a person and as a professional in terms of behaviours, knowledge and skills.

Mentoring is an old formula of human development with its origins in the Stone Age, when the artists who painted on cave walls or the medicine men who used medicinal herbs to heal sickness instructed the youth in their clan in order to pass on their knowledge.

Mentorship, as we know it, owes its name to Greek mythology. The original 'Mentor' was a friend and adviser of Telemachus, Odysseus' son in Homer's poem,

The Odyssey. In this poem Odysseus went off to war and left his son under the care and direction of Mentor. Mentor's role encompassed elements of guardianship, tutoring and support. This original idea of the word mentoring is based on experiential learning with support and challenge. The Indo-European root *men* means to 'think' whereas in Ancient Greece the word *mentor* means adviser. So a mentor is an adviser of thought (Garvey et al 2009).

During the Middle Ages the concept of mentor developed. Fénélon (1651–1715), who was the tutor to Louis XIV's heir, viewed mentoring as providing support and helping to remove the fear of failure by building confidence. Fénélon considered life events to be learning opportunities. He stated that pr-arranged or chance happenings, if explored with the support and guidance of a pre-mentor, provided opportunities for the learner to acquire a good understanding of the ways of the world (Garvey et al 2009). Fénélon's attributes of a mentor included being assertive and calm in the face of adversity, demonstrating charismatic leadership abilities, and being inspirational and trustworthy (Garvey et al 2009).

In 1759, Caracciolli wrote about the importance of the mentor expressing wisdom so there was a need for the mentor to have self-knowledge in order to enhance the knowledge of the mentee. The mentor should be able to build rapport and establish trust, be inspirational and empathetic. Caracciolli mentions the benefits of reflection for enriching the mind and the need to understand the cultural climate of the mentee (Garvey et al 2009). He proposed a staged mentoring process model with developing awareness as the main outcome of mentoring. He stated:

> Observation leading to . . .
> Toleration leading to . . .
> Reprimands leading to . . .
> Correction leading to . . .
> Friendship leading to . . .
> Awareness.
>
> (Garvey et al 2009, p 15)

Garvey et al (2009) state how two versions of mentoring can be depicted in this model. One version is the stern mentor who reprimands and corrects and the second is the friendly mentor who tolerates and offers friendship. They argue that this model is just as relevant today within mentoring and coaching. Observation can be interpreted as an aspect of performance coaching, and toleration can be linked to listening and acceptance, reprimand with challenge and correction with skills coaching.

In 1762 Rousseau developed the idea even further and founded experiential learning which is still promoted today. He saw mentoring as a vehicle for learning, growth and social development of the student, which in turn leads to confidence. He saw dialogue between the mentor and the mentee as an important element of learning and considered the most effective learning to take place on a one-to-one basis.

Contemporary definitions of mentorship encompass a number of concepts including coaching, sponsorship and counselling. Clutterbuck and Megginson (2005) give a variety of definitions including the following:

- Mentors are influential people who help individuals achieve major life goals.
- Mentoring is a process in which one person (the mentor) is responsible for overseeing the career and development of another (the protégé or mentee).
- Mentoring is a protected relationship in which learning and experimentation can occur, skills can develop and results can be measured.

Why do students need a mentor?

Is it important that students have a mentor during their clinical placements? Do mentors actually support the student? Think about Scenario 1.1.

Scenario 1.1

This was Lizzie's second clinical placement – a respiratory medical ward which, it seemed to Lizzie, was always manic. Lizzie felt totally out of her depth although the rest of the staff, including the other student who was a third year, seemed to know what they were doing. This intimidated Lizzie; she felt scared to ask for help in case she was thought to be stupid and slow – after all this was her second placement so she should know what she was doing by now – she was 6 months into her course.

But, then again, she wasn't sure whom to ask for help because she seemed to work with different members of staff on every shift.

Lizzie had started to dread coming on to the ward for her shifts and panicked when she was asked to do anything by the staff or even by a patient. She couldn't think clearly and she couldn't remember how to do even the simplest of tasks.

On one shift after receiving the handover from the night staff, Lizzie was allocated to work with the 'red team' for the morning. The team leader who was a staff nurse, asked Lizzie to go and shave Mr A straightaway. Lizzie felt the familiar wave of panic inside and struggled to control it. 'I can do this' Lizzie told herself as she shaved Mr A's face, chest and pubic regions.

Activity 1.2

This scenario is based on an actual incident.

- **Why do you think this incident occurred?**
- **Think of it from the team leader's point of view.**
- **Think of it from the student's point of view.**
- **What kind of help do you think Lizzie needed?**
- **How do you think this incident could have been prevented?**

There are several reasons why a student needs a mentor.

The obvious reasons are for guidance and support. But the mentor can also structure the working environment for the student so that the student becomes familiar with the ways of working of those in the clinical area. The mentor is also a role model. This prevents students such as Lizzie being left to their own devices and trying to decide what they should be doing and how it should be done. Mentors can also provide an appropriate knowledge base for the student; they can answer students' questions, and give encouragement and support, thus building up a student's confidence. Also important is the mentor giving constructive and honest feedback and debriefing the student after a good or bad experience (Neary 2000; Gopee 2008). In Lizzie's case, her mentor needs to ensure that Lizzie feels confident and safe in the clinical area and does not feel 'out of her depth'. Lizzie needs to know whom she can go to gain practical experience and support.

The benefits of mentoring for the student

Several benefits have been identified for the student who has a mentor:

- Improved performance and productivity
- Enhanced career opportunities and career advancement
- Improved knowledge and skills development
- Greater confidence, wellbeing, commitment and motivation.

Morton-Cooper and Palmer (2000) support the above arguing that students need a mentor for the following reasons:

- As a defence against feelings of disorientation, disillusionment and burn-out
- As a sounding board to clarify values
- For skill rehearsing and for role modelling in practice
- To help the student develop an ability to deal with emotions in a beneficial way
- To demonstrate best practice
- To develop relationships within practice with other team members.

Benefits for the practitioner acting as the mentor have also been recognised.

The benefits of mentoring for the mentor

These include the following (Alred et al 2006):

- Improved performance
- Greater job satisfaction, loyalty, commitment and self-awareness
- New knowledge and skills acquired; the mentor learns from the student as well as the student learning from the mentor
- Leadership development
- Improved relationships with colleagues, students and patients/clients as communication across boundaries between disciplines and teams is improved as the mentor identifies learning opportunities for the student in practice.

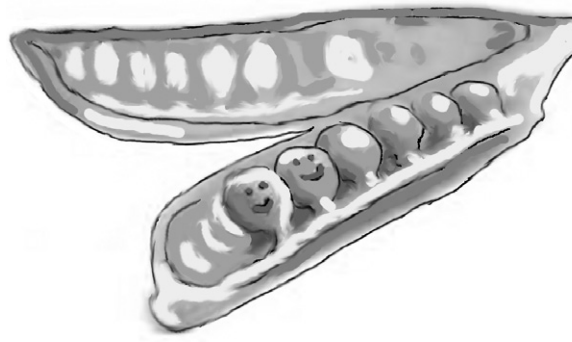
Morton (2003) mentions *mutuality* (p 7) which is the idea that both parties gain from the experience.

Characteristics of a mentor

Darling (1984) identified three requirements for a significant mentoring relationship. She stated that these were absolute requirements:

Attraction, affect, action

The student must be **attracted** to the potential mentor by their admiration for them and desire to emulate that person in some way – 'I want to walk like you, talk like you'. In return, the mentor must recognise qualities in the student that are a potential for further development.



I WANT TO BE LIKE YOU

Although it would be ideal to be able to choose a potential mentor whom the student admires and respects (Morle [1990] argues that mentors are selected by mentees for their professional ability and personal characteristics), within health and social care this is rarely achievable because students are allocated blindly to mentors in clinical areas. Before the students' placements, mentors and students have not previously met each other. If students could choose a mentor it may be the case that there would be an imbalance of mentor allocation (students soon learn which mentors are better than others!).

The mentor must have positive feelings, **affect**, towards the student as an individual, and be able to give respect, encouragement and support.

This can be difficult to achieve in healthcare because students are allocated to clinical areas for short periods of time. This means that a rapport has to be developed rapidly and assumptions have to be made by the mentor and the student that may or may not be correct, and conflict may ensue.

The third requirement, **action**, requires the mentor to invest time and energy on behalf of the student – teaching, guiding and counselling.

These attributes are additional to the mentor's main role and are sometimes undertaken in the mentor's own time. Therefore, some mentors are able to facilitate students' needs more effectively than others.

This is similar to Palmer's (1987) work (cited in Ellis 1996) which breaks down the mentor role into three subsections:

1. The first subsection describes a personal element wherein the mentor encourages confidence, creativity, risk taking and the fulfilment of potential within the student.
2. The second functional element deals with practical issues of teaching, instruction, support and advice giving.
3. The third element supports the development of an enabling relationship between the mentor and the student, which encompasses interpersonal skill development, networking and sponsorship.

Activity 1.3

What were the important factors that characterised the relationship that you had with the people who influenced your career and learning?
Consider: Attraction, Affect and Action

Gopee (2008) mentions characteristics such as being patient, open-minded and approachable. The mentor should have a good knowledge base and be up to date in their knowledge and practical skills. Other factors include the ability to communicate verbally and the ability to listen. A mentor should encourage their students and demonstrate concern, compassion and empathy.

What should a mentor do?

Activity 1.4

Thinking about your own experience as a student or mentee, what did you want from your mentor at that time?

A common theme with students is the need for the mentor to possess personal and professional qualities such as approachability, good interpersonal skills and self-confidence. The mentor also needs to respect the student and to show interest in them while demonstrating their skills as a competent and enthusiastic practitioner. Morton-Cooper and Palmer (2000) state that mentors should enable students to

discover and use their own talents while encouraging and nurturing the contribution that the student can make to their profession. The mentor should help the student to become successful. Neary (2000) considers that mentors should be prepared to give both time and energy to their role, be up to date in their knowledge and skills as well as being competent in the basic skills of coaching, counselling, facilitating, giving feedback and networking.

Benner (1984) stated that the role of the experienced practitioner in the clinical environment was to facilitate the transition from novice to competent practitioner.

Burnard and Chapman (1990) see a mentor as an experienced practitioner whose role is to guide and look after the student. In general a mentor is usually someone who is experienced and more senior than the student. It used to be the case that they were also older than the student, although this now often tends not to be the case (see Chapter 2). It has been found that students' stress levels are significantly decreased if the mentor and the practice environment are friendly (Spouse 2001). Mentors should therefore be friendly, enthusiastic and demonstrate a genuine interest in the student (Quinn and Hughes 2007).

Characteristics of a good mentor (Quinn and Hughes 2007)

- Approachable
- Knowledgeable and motivated to teach
- Supporting
- Good listener and trustworthy
- Patient and friendly
- Experienced and enthusiastic
- Demonstrates interest in the student
- Committed to the mentoring process

Characteristics of a poor mentor (Quinn and Hughes 2007)

- Intimidating to students
- Unapproachable
- Poor communicator
- Promise breaker
- Lacking in knowledge and expertise
- Unwilling to spend time with students

Darling (1984) undertook a study that looked at the characteristics that student nurses wanted in a mentor. This study resulted in a number of roles being identified; these roles are equally valid for students of all healthcare professions (Box 1.1).

Box 1.1 Characteristics that student nurses wanted in a mentor (Darling 1984)

- **Role model**: an individual whom the student can look up to, respect and admire, an observable image for students to imitate
- **Energiser**: an individual who is enthusiastic and dynamic and fires the student's interest
- **Envisioner**: an individual who gives a picture of what could be done, is enthusiastic about opportunities and possibilities, and sparks interest
- **Investor**: an individual who makes time for the student, imparting their own knowledge and skills and spots potential, and who is able to let go of the student and delegate responsibility
- **Supporter**: an individual who listens, is warm, caring and encouraging, and is available in times of need
- **Standard prodder**: an individual who is very clear about the level of achievement that is required and who pushes and prods the student *to achieve higher standards*
- **Teacher/Coach**: an individual who guides on setting priorities and problem-solving, helps in the development of new skills, and inspires personal and professional development
- **Feedback/Feedforward giver**: an individual who can give both positive and constructive feedback and help the student to explore issues when things go wrong, so that, in the same situation, the next time the student can make a more effective decision (feedforward)
- **Eye opener**: an individual who motivates interest in new developments and research, facilitates reasoning and understanding and directs the student into seeing the bigger picture
- **Door opener**: an individual who provides opportunities for trying out new ideas, and suggests and identifies resources for learning
- **Idea bouncer**: a sounding board – an individual who encourages the student to generate and verbalise new ideas, listens to them and helps the student reflect on them
- **Problem solver/Solution focused**: an individual who helps the student to think systematically about problems using the student's strengths and weaknesses to enable further development to take place
- **Career counsellor**: an individual who offers guidance in career planning
- **Challenger**: an individual who questions and challenges the student's opinions and beliefs, enabling the student to critically think about decisions taken

Activity 1.5

Thinking about this list, how would you assess your skills as a mentor against it?

Mentors have their own educational experiences, knowledge base, level of competence and past experiences of caring and practice. These variations, which are unique to the individual, will influence the way that individual mentors practise their roles and how they view the clinical work environment. Phillips et al (2000) found that many mentors were enthusiastic about having students in the clinical areas and wanted to share their knowledge and skills with them. These attitudes will obviously have a positive affect on the student in the clinical area. Some mentors, however, were distracted by the busyness of the workplace and students were viewed as an additional burden. Mentors sometimes feel that they have no time to teach the student. Stuart (2007) argues that the mentor's beliefs about how learning takes place will influence the climate of the clinical environment. Students can acquire knowledge, skills and attitudes independently of any formal teaching. One way that students learn in the clinical environment is by observing their mentor as they work alongside each other. No formal teaching is done here. Students learn from observing the actions and understanding the reasoning processes of their mentor who acts as the student's role model (Stuart 2007).

Web Resource 1.2: Characteristics of an Ineffective Mentor

Visit the accompanying web page for further information about the characteristics of an ineffective mentor.

Activity 1.6

- **What is a role model?**
- **Can you think why students need a role model?**

Students are allocated to practice placements so that they can observe the behaviours and interactions between qualified practitioners and the patients/clients to whom they are delivering aspects of care. The mentor is key in helping students learn acceptable healthcare behaviours that the student can further develop. Although the idea of role modelling is to expose the student to observing practitioners, experience in the practice placement helps the student not only to acquire clinical/practice skills,