EDUCATION NEWS

Henry C. Talley V, CRNA, PhD, MSN

Mentoring: The Courage to Cultivate New Leaders

The concept of mentoring is a very old one. The need for mentoring to cultivate leadership and practice skills from theoretical presumptions is crucial. Fostering these skills is facilitated by finding the correct individuals to work with students; a task that is not easy. While the idea of mentoring is not a new one, it remains a relationship of voluntary trust and guidance.

Keywords: Anesthesia practice, mentor, mentoring.

Cultivating leadership skills in practice-intensive specialties is essential and has the potential to create a pool of scholar-clinicians with the confidence to manage the tasks of education and clinical implementation. The need to bridge scholarship and academic excellence with practice and leadership skills also is essential. The importance of providing a supportive environment that enhances and facilitates conceptual and practical learning cannot be ignored because it compels students to "do their best" and work to their full potential. A well-established support system can be developed through mentoring relationships. Mentoring can serve as a bridge to link academic knowledge and anesthesia practice to help foster a new generation of nurse anesthesia leaders. While there is no consistently accepted definition for mentoring, literature suggests that there is a positive relationship between mentoring, retention, competence, confidence, and personal and professional growth.[1-4]

Mentors Versus Role Models

Bridging theory and practice in professional education has generated many debates but few solutions.[5-7] While there is no definitive model for bridging theory and practice in a given industry, supportive workplace relationships often contribute to a variety of contacts and associations that convey the importance of both theory and practice; hence the origin of the role model in practice-based professions. Role models have historically been viewed as mentors for aspiring students in the medical and nursing practice professions. While role models and mentors are often viewed as 2 sides of the same coin, they are not one and the same. Definitions of role models and mentors can be confusing; as they are often used interchangeably.[8-10] Role models tend to possess those qualities that cause others to aspire to "be like them," presenting traits that are often observed and imitated. Traits that are observed and imitated may be seen as desirable attributes; yet, the person being observed or imitated may never know he or she is being imitated. Mentors always know who their mentees are. While there are certainly some similarities between role models and mentors (knowledge and skill sets that are often imitated), there are, likewise, differences that are just as important (intimate knowledge of professional aspirations and the personal ongoing relationship between mentor and mentee).

What is a Mentor?

Mentoring is a method by which novice practitioners are taught to adapt and succeed in new professional roles.[11] The concept of mentoring is a very old one. The premise of a guiding mentorship is one of role acquisition and socialization through interactive learning. The sacred epic, the Bhagavad Gita, from Hindu tradition, tells of the guidance Krishna gives to Arjuna when he is at a crossroads in his life; however, the concept is derived from the *Odyssey* of Greek mythology. The Greek poet Homer, describes Mentor, the wise and faithful friend and advisor of Odysseus, as a friend entrusted to care for his son, Telemachus, during the Trojan War as they embark together to find his father, his heritage, and his inheritance. Mentor served as teacher, coach, counselor, and protector, as he built a relationship based on affection and trust. Mentoring is a creative method of promoting professional development that sets in motion the process of self-actualization and growth.[12]

In today's complex and unpredictable world of healthcare, a carefully managed strategy that maximizes the likelihood of success for students entering an anesthesia program is valuable. While the

expectations of student performance are high, the composition of the student body is more diverse than it has been in the past. The need for mentoring continues to be essential. In the academic, clinical, and administrative provinces of nurse anesthesia education, positive, reinforcing, more skilled, seasoned experts foster (mentor) growth in their novice, unskilled (relating to the practice of anesthesia) students (mentees). In academic and clinical domains, supportive, constructive, and caring individuals must cultivate the development of their younger colleagues.

Faut-Callahan[13] defined the mentoring role and emphasized its importance in nurse anesthesia, suggesting that nurse anesthetists should apply the leadership abilities associated with the profession to empower novice practitioners. Hand and Thompson[14] questioned the perceptions of nurse anesthesia clinical faculty (anesthesiologist and Certified Registered Nurse Anesthetist) and found a distinct difference between those of an educator and that of mentor; and Meno et al[15] presented the student perspective in an attempt to identify those characteristics that differentiate the mentor and educator roles, recommending that greater assistance in finding mentors for students during anesthesia school may be warranted. While mentor and educator have also been used interchangeably in some arenas, educators do not always make good mentors, mentors do not always make good friends, and the distinctions are continually being scrutinized. The bond between the mentor and mentee is a critical element to an effective mentoring relationship. Highly motivated, competitive critical care nurses may lack adequate support systems when facing the rigor of anesthesia school and subsequent practice. If students are to learn effective practice skills, then it is not enough for skilled practitioners to place them in practice environments alone.[16] Simply being with a qualified clinical practitioner does not necessitate learning or mastery of a given clinical situation. While there is a lack of conclusive evidence regarding the benefits of mentoring, the concept is, however, widely accepted as being good.

Why Mentor?

Developmental competencies occur in many forms and during many facets of the nurse anesthetist's career. While these competencies are diverse in many respects, the objective of pairing a less skilled person with a more skilled or experienced one, in an attempt to help develop specific clinical and academic competences, must continue to be fostered.

Mentorship contributes to a sense of intraprofessional support[17] reflecting the caring and sharing culture often found in nurse anesthesia. Mentors are not necessarily the mentee's friend. Mentoring is a *behavior* that frequently contributes to career success and the development of *leaders*, as both mentor and mentee profit from the relationship in terms of increased satisfaction, knowledge, and wisdom.[17] To this end, one important point must be emphasized: the proper development of young mentees must be targeted and nourished through a continual support system if they are to succeed.

Historically, nurse anesthesia practitioners have participated in the process of developing their young colleagues more by managing and monitoring the actions in the clinical arena to facilitate success in the fulfillment of academic assignments. This type of guidance may lead to academic drift and disillusionment, depending on the relationships made between the practitioner and the young colleague. Today, a more systematic, structured relationship may be a better trajectory.

The idea of mentoring remains a relationship of voluntary trust and guidance. Finding the correct individuals to work with students is not as easy a task as some may believe. Individuals considered as mentors must fit with the values and goals of the academic unit and provide the right environment to help "grow and cultivate" the young mentee. During the course of training, mentors are in a unique situation to identify individual learning patterns in students through personal and professional experience; they can encourage and highlight student strengths and avoid student weaknesses, thereby producing contentment and triumph in their young charge instead of frustration and failure.

Mentorship Dysfunction

The tensions often encountered between mentor and mentee are by no means a simple annoyance; it permeates every aspect of developmental competence. The realization that brains work differently is a struggle that students must face throughout their course of study. Likewise, adding the dual role of appraiser of clinical proficiency and adviser to an educator can also bring conflict to some of the more seasoned practitioners. During the mentor-mentee experience, a mentor may be drawn to the role during a sudden defining moment in a student's life. However, as a mentor, strong facilitative relationships are created, producing interactive teaching/learning experiences for students and mentors.

Learning experiences are not always cordial. The notion of a static mentor/mentee relationship can lead to dysfunction as mentor/mentee relationships do not occur in a vacuum. Mentoring is a "fluid" relationship that changes from time to time in the make-up of the mentor/mentee relationship and in the guidelines or ideas to accomplish the goals leading to mentee success. Mentor and mentee take risks and must work to discover possibilities within themselves if growth is to occur.[18] Change is inevitable; there-

fore, when problems arise as a result of irreconcilable differences in personal style, the capacity for the novice practitioner to develop advanced competencies may suffer. The development of advanced competencies does not require the mentor and mentee to see the road to the goal exactly the same nor does it mean that the same road cannot be conquered together. If we imagine this journey as we would when we deliver a complicated anesthetic, we can better understand the need to sometimes "change providers" occasionally. The right mix at the right time brings about the most reciprocal beneficial success over this journey.

Students give up full-time careers as registered nurses to once again become learners when they enter a nurse anesthesia program. As such, they are put in a very critical, life-changing circumstance. If they succeed, great; however, if problems arise that cause them to doubt the decision to pursue this career path, it is the mentor that often gives them the confidence needed to overcome the fear of failure. Overcoming fear is a very powerful motivator and students may have a strong tendency to dwell on uncertainty; therefore, they may be encouraged to look to other mentors for advice. There is nothing wrong with this; in reality, it is probably a healthy course for some. Even the mentor does not have all of the answers all of the time, and sometimes a team approach is necessary.

Role of Inclusiveness

One way to address the problems related to healthcare disparities is to concentrate our efforts on developing a diverse cadre of positive, moral, and professional resources as we cultivate new leaders. Gender and minority issues provide opportunities for faculty development and give the mentoring relationship a chance to strengthen. Through objective examination of dichotomous group membership differences (male-female, minority-majority, genX-baby boomer), the constructs of diversity and inclusiveness can then be conceptualized as a relational variable, potentially helping to model solutions for those participants addressing disturbing issues.

Power differences are apparent in mentor/mentee relationships. As such, the environment in which these relationships occur can create resistance and sometimes lead to conflict, especially between members of different cultural backgrounds. An understanding of how cultural variations affect transition into practice is of particular importance.[19] A possible lack of commitment, time, and scheduling constraints of mentor and mentee have been shown to add or decrease stress and influence the mentoring relationship.[20] The culture of anesthesia is in constant flux; language and belief systems may challenge the mentoring process. Cultures that historically communicate information indirectly will not argue with authority figures. This may lead to misunderstandings regarding knowledge base and practical application abilities in the clinical area. Therefore, programs may be required to solicit clinical practitioners into the formal ranks of faculty due in part to the national shortage of nurse anesthesia academic faculty, which, in turn, affects the ability of education programs to meet the needs of students.

Personal and professional satisfaction, enhanced self-esteem, and confidence strengthen the profession while the mentoring relationship influences the structure, quality, and outcome of career paths.[18] Clinicians make significant impressions on students.[14] Are we wise when we encourage clinical faculty to mentor when it could be detrimental to a student's progress? If so, that would eventually lead to feelings of guilt and frustration for faculty. Perhaps students and clinical instructors could fashion a "model" for mentoring anesthesia students.[15] Research on student mentoring in nursing primarily addresses the nursing student's role transition into areas outside of anesthesia practice.[20-23] An understanding of how cultural variations affect the transition into practice and the process of making that transition from critical care specialist to anesthesia provider/practitioner is at the heart of professional growth through inclusiveness. Anesthesia nursing students must be taught how to be nurse anesthetists; certification verifies the basic academic accomplishment. Cultural expectations and cultural realities are not always the same. Thus, while students attempt acculturation into the practice, mentors can make this assimilation bearable. An awareness of the issues that are important to the student population is essential and can make the process of mentoring enlightening for mentor and mentee.

Evaluate and Reflect

It is crucial to speak to students after graduation; even more importantly, after a few years of practice, about what they felt helped get them through their programs. This gives the mentor direction with the next group seeking guidance. Mentoring effectiveness in anesthesia practice is an outcome measure that has not been thoroughly investigated. Formal reflections on what did work and what didn't work with students would allow opportunities to critically evaluate the performance of mentors to those who value the judgment and opinions of "facilitators" in an attempt to enhance student success. Success or failure begins the day the student comes for advice and guidance. The primary objective is to see that students become skilled, safe practitioners as well as productive members of society. There is a growing need to develop a framework to enhance the work of those who dedicate themselves to the success of this profession and to the success of the students that they serve.

Societal concerns for the inclusion of its citizens in the success of this nation and the world is confronted by several limiting factors: the digital divide, disparate service to underserved populations, and ongoing apprehension around gender and race matters to name a few. It is clear that no matter how bright and confident students or junior faculty may appear, there are times when words from a trusted guide can make all the difference in how the next few minutes and hours are viewed. The proper mentor can provide a transformational experience that can instill in students the excitement that is dominant in the practice of nurse anesthesia, the spirit of academia, and the knowledge that giving back is what makes this profession great.

REFERENCES

1. Bowles C, Candela L. First job experiences of recent RN graduates: improving the work environment. *J Nurs Adm.* 2005; 35(3):130-137.
2. Hurst S, Koplin-Baucum S. Role acquisition, socialization, and retention: unique aspects of a mentoring program. *J Nurses Staff Dev.* 2003;19(4):176-180; quiz 181-182.
3. Ramanan RA, Taylor WC, Davis RB, Phillips RS. Mentoring matters. Mentoring and career preparation in internal medicine residency training. *J Gen Intern Med.* 2006;21(4):340-345.
4. Scott ES. Peer-to-peer mentoring: teaching collegiality. *Nurse Educ.* 2005;30(2):52-56.
5. Leeman J, Baernholdt M, Sandelowski M. Developing a theory-based taxonomy of methods for implementing change in practice. *J Adv Nurs.* 2007;58(2):191-200.
6. Ousey K, Gallagher P. The theory-practice relationship in nursing: a debate. *Nurse Educ Pract.* 2007;7(4):199-205.
7. Pipe TB. Optimizing nursing care by integrating theory-driven evidence-based practice. *J Nurs Care Qual.* 2007;22(3):234-238.
8. Nguyen SQ, Divino CM. Surgical residents as medical student mentors. *Am J Surg.* 2007;193(1):90-93.
9. Sherman RO, Bishop M, Eggenberger T, Karden R. Development of a leadership competency model. *J Nurs Adm.* 2007; 37(2):85-94.
10. Timmins F, Horan P. A critical analysis of the potential contribution of Orem's (2001) self-care deficit nursing theory to contemporary coronary care nursing practice. *Eur J Cardiovasc Nurs.* 2007; 6(1):32-39.
11. Di Vito-Thomas P. Barmentoring: mentoring and critical nursing behaviors among novice nurses in clinical nursing practice. *Medsurg Nurs.* 1998;7(2):110-114.
12. Klein E, Dickenson-Hazard N. The Spirit of Mentoring. *Reflections on Nursing Leadership: Sigma Theta Tau International.* 2000;26(3):18-22.
13. Faut-Callahan M. Mentoring: a call to professional responsibility. *AANA J.* 2001;69(4):248-251.
14. Hand R, Thompson E. Are we really mentoring our students? *AANA J.* 2003;71(2):105-108.
15. Meno KM, Keaveny BM, O'Donnell JM. Mentoring in the operating room: a student perspective. *AANA J.* Oct 2003;71(5):337-341.
16. Pelletier D, Duffield C. Is there enough mentoring in nursing? *Aust J Adv Nurs.* 1994;11(4):6-11.
17. Yates P, Cunningham J, Moyle W, Wollin J. Peer mentorship in clinical education: outcomes of a pilot programme for first year students. *Nurse Educ Today.* 1997;17(6): 508-514.
18. Greene MT, Puetzer M. The value of mentoring: a strategic approach to retention and recruitment. *J Nurs Care Qual.* 2002;17(1):63-70.
19. Schriner CL. The influence of culture on clinical nurses transitioning into the faculty role. *Nurs Educ Perspect.* 2007; 28(3):145-149.
20. Beecroft PC, Santner S, Lacy ML, Kunzman L, Dorey F. New graduate nurses' perceptions of mentoring: six-year programme evaluation. *J Adv Nurs.* 2006;55(6):736-747.
21. Andrews M, Wallis M. Mentorship in nursing: a literature review. *J Adv Nurs.* 1999;29(1):201-207.
22. Hayes EF. Factors that facilitate or hinder mentoring in the nurse practitioner preceptor/student relationship. *Clin Excell Nurse Pract.* 2001;5(2):111-118.
23. Sowan NA, Moffatt SG, Canales MK. Creating a mentoring partnership model: a university-department of health experience. *Fam Community Health.* 2004;27(4): 326-337.

AUTHOR

Henry C. Talley V, CRNA, PhD, MSN, is assistant professor and director of the Nurse Anesthesia Program, Michigan State University College of Nursing, East Lansing, Michigan. He currently serves as an associate editor of the *AANA Journal*. Email: henry.talley@hc.msu.edu.