



Mentoring

Part One: Why we need mentors

BY GENEVIÈVE M. CLAVREUL, RN, PHD

MENTORING IS ONE OF NURSING'S hot topics. It seems as if every hospital, clinic, and nursing school has a mentoring program in place or is in the process of developing one.

During my career I've had the good fortune to have had several excellent mentors whose wisdom helped me chart a path

through nursing and brought me where I am today. Mentors are important. I believe our profession generally agrees that our student nurses, newly graduated nurses, recently hired nurses, and even the nurse returning to work after a long absence, need this tool to succeed in what can often be a complicated and difficult work environment.



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A good mentor could have helped mitigate the situation by assuring this young student nurse that it wasn't her fault, that sometimes patients do not survive.



WHAT IS A MENTOR?

A mentor is an experienced nurse who provides advice and support to the less experienced nurse, while watching over and fostering his or her professional progress. Mentors must be carefully selected. The mentor must be prepared to act as a role model, sounding board, confidante, 'door-opener' and coach to the novice. Because of these demands, there must be a support network that is structured to provide optimal professional growth for the mentor within the program.

If it seems as though the mentor is a super nurse, you would be right. Our mentors should be competent in their area of practice, able to build and establish trust, skillful communicators and effective listeners who can provide useful feedback while maintaining confidentiality. This plethora of skills makes for a very unique individual, but not an impossible nurse to find.

FORMAL AND INFORMAL MENTORING

Mentoring can be classified into two categories, formal and informal. Formal mentoring is a structured program that is developed for a specific unit or department. The informal mentoring relationship develops naturally as help or informa-

tion is sought over a period of time. Many of us have experienced an informal mentoring relationship at some point during our career and may not have recognized it. While attending LPN school (the Kansas equivalent of LVN) and working as an aide at a nursing home, I encountered my first mentoring experience.

My one and only patient was the wife of a prominent physician who had established a world-renowned medical clinic. Although this woman was a patient in my care, in hindsight, she acted as a mentor and coach, guiding me onto the path of professional nursing. I often reflect on the many long conversations we had about my studies and activities, which I now realize were subtle grooming techniques as she encouraged my interest in the profession.

Mentoring is most successful when the process embodies certain characteristics:

- **Trust/Respect.** Both mentor and novice must be open and honest when sharing their experiences and in providing feedback. They must remember a critique isn't meant to be personal and shouldn't be taken that way.



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FROM THE FLOOR

- **Commitment.** Be prepared to spend the agreed-upon amount of time on the mentoring relationship, while remembering to remain accessible and flexible. Do not shortchange one another on the time necessary for the relationship to flourish and be successful.
- **Confidentiality.** Agree not to disclose information discussed within the mentoring relationship with others. The one caveat to this would be if the confidential information could be dangerous to either a patient, the person mentored, or the hospital, in which case the mentor would seek assistance from the person in charge of the program, risk management, human resources, or the chief nursing officer.
- **Goals and Objectives.** These may come from the novice regarding perceived needs. The mentor's role is to ensure that the goals and objectives are realistic and achievable, and should plan benchmarks to ensure that they are being met. Evaluations are important.

Although she was a patient, she acted as a mentor and coach, guiding me onto the path of professional nursing

- **Resources and Network.** The mentor should be prepared to make introductions and open the door for the one being mentored. Part of the process is sharing one's resources and network.

I often wonder if my oldest daughter might not have continued studying nursing if she'd had a mentor early on. In her case, she was a student nurse on her first clinical day when she had an experience that turned her off nursing. Her patient was quite elderly and ill, and, unbeknownst to her, not expected to live much longer. She went home at the end of her shift with the expectation of caring for this same patient the following day. Unfortunately, when she returned to the room the next morning, she found an empty bed.

When she inquired what had happened to the patient, she was informed that the woman had died. Afraid that she had done something to hasten the death, she returned to the classroom shell-shocked, and it wasn't much longer before she left nursing school.

A mentor could have helped mitigate the situation by assuring this young student nurse that what had transpired was none of her doing, and that patients, especially fragile ones, often do not survive. Better yet, a mentor would have had an understanding of my daughter's personality and might have suggested a different patient assignment to help ensure a more positive and successful outcome. **WN**

NOTE: Part Two of this article will run in our next issue, WN53.



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