

Mentorship as a strategy to develop aspiring nurse leaders is frequently discussed in nursing clinical and administrative settings. The vibe of mentorship is positive, as support is always welcome to new or emerging leaders. The definition, process, characteristics and benefits of mentorship however are somewhat mysterious and obscure. A literature review was undertaken to ascertain the current scholarship regarding mentorship for nursing leaders. This column will first describe facts found in the literature about mentorship, and then highlight recent research in the area.

Hodgson and Scanlan (2013) tell us that Mentor in Greek Mythology was the name of the figure that counselled Odysseus's son in Homer's *Odyssey*. Mentor has been adopted in English as a term meaning someone who imparts wisdom to and shares knowledge with a less experienced colleague. We see straight away that mentorship involves an ongoing relationship.

*Mentorship involves an ongoing, trusting, personal relationship between nurses with differing experience.*

Nursing authors describe attributes of a nursing leadership mentoring relationship as a relationship between two people of differing experience, a relationship based on mutual respect and common goals, and one in which knowledge is shared (Hodgson & Scanlan, 2013). McClougen, O'Brien and Jackson (2009) point out that typically the mentee is in transition. Clarification between the personal nature of mentoring versus coaching is noted by Thompson, Wolfe and Sabatine (2011) who point to the mentor's use of personal stories in order to provide advice, opinions or solutions.

## Reflecting upon mentorship

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Nurses are known to be social (Garman, Leach & Spector, 2006). It is therefore not a surprise that there would be a positive quality surrounding the idea of a mentoring relationship. A relationship is desirable, however one could ask about the qualities that best serve a mentoring environment. The features of mentoring relationships were explored through interviews with thirteen executive nurse leaders in Australia. Phenomenological analysis of these interviews revealed that the mentorship relationship developed out of an “esteemed connection” (McClougen, O’Brien & Jackson, 2009, p. 326). Features of the relationship included positive regard, honesty and integrity generated respectful boundaries within which sensitive issues could be expressed (McClougen et al., 2009). The authors differentiated this relationship as separate from friendship, although they did note that friendship, though not required, might happen, and that healthy boundaries of the relationship could allow both to occur separately. Although not explicitly stated, the relationship described by the authors is one of trust.

Traditionally in nursing, the mentorship relationship has been described as a dyad – the mentor and mentee. Jakubik, Eliades, Gavrilloff and Weese (2011) used Zey’s (1991) Mutual Benefits Model, a model which uses a triad perspective – the mentor, the mentee and the organization, to explore mentoring relationships among pediatric staff nurse protégés in the United States. Zey’s model describes four levels of mentoring benefits: knowledge, personal growth, protection and career advancement. Jakubic et al (2011) point out that the teaching and supporting roles of mentorship are integral in nursing, however the career development component so prevalent in business is invisible in the nursing literature. The researchers explored the relationships among mentoring quality, mentoring quantity, mentoring type, length of employment, and mentoring benefits. A significant finding was that a high quality mentorship relationship may have a role in a nurse’s longevity in a single organization.

## Reflecting upon mentorship

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One strategy to develop mentorship opportunities might be to forge out spaces and times which will foster 'esteemed connections' in our community of nursing leaders, whether new, emerging or experienced, a goal of the NLN!

### REFERENCES

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