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A Resource Guide for Implementing Nursing Mentorship in Public Health Units in Ontario

PUBLIC HEALTH NURSING
ANDSOOHA
MANAGEMENT

PHRED
Public Health Research, Education & Development Program

REDSP
Programme de recherche, d'éducation et de développement en santé publique

Acknowledgements

ANDSOOHA: Association of Public Health Nursing Management provides public health nursing leadership. Currently there are 112 active members from across the province. ANDSOOHA's mission is to promote excellence in public health nursing administration and practice and provide a united voice for public health nursing managers in Ontario.

Public Health Education, Research and Development (PHRED) is a provincial program unique to Ontario which integrates education, applied research, and evaluation with innovative public health practice. It is based on the teaching health unit model and is well recognized provincially and nationally.

The Nursing Strategy is a comprehensive, multi-faceted, cross-sectoral strategy which includes initiatives that will help make Ontario an employer of choice for nurses. The Nursing Strategy is supported by the Nursing Secretariat, a branch of the Ontario Ministry of Health and Long-Term Care. This project was made possible with funding from the Ontario Nursing Strategy. The project team and co-leads would particularly like to thank Sue Matthews, Provincial Chief Nursing Officer, and Roseanne Jabbour, Senior Policy Analyst, Nursing Secretariat, for their support during the project.

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Author's Note

I would like to thank the exceptional team of Public Health Nurses and managers with whom I had the privilege of working. Their enthusiasm for and dedication to the project never wavered from inception to completion. They will be a continuing support to nursing mentorship initiatives in Ontario in the months and years to come.

Mary-Anne Andrusyszyn, Associate Professor, School of Nursing, University of Western Ontario shared her expertise at a critical moment in the development of the Resource Guide. Mary-Anne suggested that we needed to explore formal versus informal mentorship when we were still grappling with the difference between preceptorship and mentorship.

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Executive Summary

Nursing Shortage

Effective retention strategies have the potential to keep nurses working and delay retirements. In fact, these strategies have been identified as key factors in solving nursing shortages. (Registered Nurses Association of Ontario, 2000; Canadian Nurses Association, 1998). A shortage in the number of nurses available to work is predicted for the year 2011[1]. The turnover cost for each Public Health Nurse (PHN) can be calculated[2] at 1.2 to 1.3 times a PHN salary. Staff retention initiatives aimed at reducing turnover are important *cost saving* strategies. Nursing mentorship initiatives prevent turnover of Registered Nurses newly hired to public health and those considering early retirement. Nursing turnover consumes resources that could be directed at core business activities. Prevention of nursing turnover is an important *cost saving s*trategy.

Mentoring is defined as a voluntary, mutually beneficial, and long-term relationship where an experienced and knowledgeable leader (mentor) supports the maturation of a less experienced nurse (mentee). This Resource Guide recommends the adoption of formal mentoring initiatives characterized by intentional learning. Formal mentoring can be described as having:

- **a clear rationale, reflective of organizational goals and objectives;**
- **measurable goals and outcomes; and**
- **mechanisms for assessment and selection of mentors and mentees.**

Typically, a formal mentoring initiative is structured, funded, and supports open recruitment and training (Gibson & Heartfield, 2005). A theoretical model proposed by N.T. Mertz, a professor of educational psychology in the U.S. was chosen to guide the development of this Resource Guide. This model builds on the concepts of *intent* and *involvement* of the mentoring relationship and aligns well with a formal mentoring initiative. Intent relates to the reason the relationship was undertaken, and involvement is concerned with what is required of each party to ensure learning goals and outcomes are met.

[1] Canadian Nurses Association, 2002; O'Brien-Pallas, Alksnis and Sping, 2003
[2] Bland Jones, 2005

Public health units in Ontario are faced with the challenge of keeping experienced, proficient Public Health Nurses, and with supporting the transition of newly hired Registered Nurses into public health. A broad review of the mentorship literature revealed that mentorship initiatives are an important means of retaining Registered Nurses in public health. The benefits provided by mentorship, according to the literature, include the following.

For mentors

- **Increased career satisfaction for mid- to late-career nurses**
- **Increased professional development of mentors**
- **Continued commitment to learning**

For mentees

- **Opportunities to expand professionally**
- **Increased confidence in their professional role**
- **Receiving counselling, encouragement, positive reinforcement, leading to increased self-efficacy & feelings of empowerment**

For organizations

- **Enhanced recruitment**
- **Increased retention of staff,**
- **Decreased staff turnover with subsequent replacement costs**
- **Retention of corporate knowledge**
- **Development of nurse leaders able to contribute to health care reform**
- **Increased pool of individuals who contribute to the mission and vision of the organization**

Initiative Funding

The Ministry of Health and Long-Term Care through the Nursing Secretariat implemented initiatives aimed at making Ontario an employer of choice for nurses. In February 2005, ANDSOOHA: Public Health Nursing Management and the Public Health Research, Education and Development (PHRED) Program were successful recipients of funding provided by Ontario's Nursing Strategy. The funding supported the development of this Nursing Mentorship Resource Guide. Mentorship initiatives facilitate the transition of Registered Nurses newly hired to public health and encourage mid-to-late career Public Health Nurses to remain in the workforce longer.

Nursing Mentorship Resource Guide

The information contained in the Resource Guide is based on "best evidence" in the literature and on the experience and counsel of over 20 Public Health Nurses and Public Health Nurse Managers representing 13 public health units. These individuals participated in the development of this guide (see the previous section – Acknowledgements). It is a resource for public health nurses by public health nurses. This Nursing Mentorship Resource Guide provides a tool for public health managers, senior nurse leaders, mentors, mentees, and mentorship champions to plan and implement a nursing mentorship initiative.

The Resource Guide is organized into seven sections. Each section has appendices that include implementation tools and a reference list. The Introduction contains a glossary and logic model describing components, targets, and desired outcomes of a initiative. Section 1, *Organizational Considerations*, contains information to assist organizations implementing a mentorship initiative, e.g., success factors and barriers to success. The importance of senior administration/management valuing a mentorship initiative is a key success factor. One of the main barriers to successful implementation includes ambivalence by senior managers about the initiative. Section 2, *Becoming a Mentor*, outlines phases of mentoring, the theoretical model, and the mentoring role. The voluntary nature of becoming a mentor is discussed as a success factor. Self-reflective tools are included to assist in the decision to become a mentor. Section 3 focuses on *Becoming a Mentee*. Resources to assist in developing a learning plan are featured in this section, as well as guidance if the mentorship relationship is not successful. The final section, Section 4, *Becoming a Mentorship Champion*, discusses the importance of a funded position to take on the responsibilities involved, e.g., performance measurement and mentoring training. Other methods for assuming these responsibilities are suggested when a funded position is not possible. Differences in values may occur between mentor and mentee leading to conflict. Section 4 includes advice on handling conflict.

This Resource Guide speaks to issues of competency throughout but does not specifically address the draft *Public Health Workforce Core Competencies.*[3] Mentors will be expected to assist mentees with their identified learning needs related to

[3] Emerson, B.P. (2005). *The Development of a Draft Set of Public Health Workforce Competencies: Summary Report*. Federal/Provincial/Territorial Joint Task Form Group on Public Health Human Resource.

these competencies when the competencies are ready for implementation.

Although this Resource Guide focuses on the learning needs of Public Health Nurses, the information can be adapted by other public health professionals wishing to implement a mentorship initiative.

The Resource Guide is based on "best evidence" primarily from the nursing literature and presents a reasoned argument for implementing a mentorship initiative. Similar to the practice of nursing, mentorship relies on reason but also relies on affective elements. The spirit of volunteerism is a foundation on which the idea of mentorship is based. That being said, it is also a professional responsibility of Public Health Nurses in Ontario to act as role models and to mentor less experienced nurses. The following quotation captures the soul or spirit essence of mentoring.

The Spirit of Mentoring

When the mentee speaks with a voice of doubt, the mentor engages the voice of knowledge.

When the mentee speaks with the voice of fear, the mentor engages the voice of courage.

A mentoring relationship fans the flames of passions and dreams.

The authors wish to thank and congratulate the Ministry of Health and Long-Term Care as well as the Nursing Secretariat for promoting the recruitment and retention of Public Health Nurses.

INTRODUCTION

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The Nursing Mentorship Initiative

The Nursing Strategy *is a comprehensive multi-year strategy designated to address the core reasons for instability in the nursing workforce. It is part of a broader Health Human Resource Strategy to improve patient outcomes by increasing recruitment and retention of health care professionals.*

In February 2005, ANDSOOHA: Association of Public Health Nursing Management, and the Public Health Research, Education and Development (PHRED) Program were successful in receiving funding provided by Ontario's Nursing Strategy.

The funding supported the development of a Nursing Mentorship Initiative to facilitate the transition for Registered Nurses newly hired to public health and to support mid- to late-career nurses to remain in the public health workforce longer.

The project focused on developing an evidence-based mentorship resource for use in Ontario's 36 public health units.

ANDSOOHA/PHRED Nursing Strategy Initiative

ANDSOOHA and PHRED share a common interest in building a strong public health nursing workforce by supporting professional development.

ANDSOOHA is interested in the mentorship process and its effects on recruitment of Registered Nurses newly hired to public health and retention of mid- to late-career Public Health Nurses who may be considering retirement or a change of profession.

PHRED is interested in mentorship as a method of providing a supportive environment for recent baccalaureate graduates hired into public health units. Mentorship is thought to assist in their transition to the complexities and nuances of public health nursing that they may not have been exposed to through their undergraduate curriculum.

The Nursing Mentorship Resource Guide

Purpose

The purpose of this Nursing Mentorship Resource Guide[1] is to:

- provide a guide for public health unit managers, mentors, mentees and mentorship champions assisting them in planning and implementing a nursing mentorship initiative;
- provide a resource for practising Public Health Nurses (PHNs) who wish to serve as mentors; and
- increase the number of PHNs, both mentors and mentees, participating in mentorship initiatives in public health units in Ontario.

(See *Introduction: Appendix A, Logic Model* for short, intermediate and long-term outcomes of this initiative.)

Organization

The Resource Guide is organized into seven sections. Each section has its own appendices that include implementation tools and a reference list. It is the authors' intent that each section of the guide would be, for the most part, self-contained. For example, a mentor could find the information required to assume the role of mentor after reading the Introduction and Section 2 and the mentee after reading the Introduction and Section 3. Anyone assuming the champion responsibilities, outlined in Section 4, is advised to read the complete document to have an overall view of the various perspectives of mentorship.

Case studies are included in the mentor and mentee sections to make the theory more relevant and to illustrate the text. As much as possible, the case studies were based on common public health nursing situations.

Format

The *Publication Manual of the American Psychological Association* (5th Edition) was used as a guide for formatting the Resource Guide.

[1] This mentorship resource is focused on the learning needs of Public Health Nurses; however, the information can be adapted for use by other public health professionals.

Using the Nursing Mentorship Resource Guide

The Nursing Mentorship Resource Guide has been developed to assist several target groups to meet their specific requirements. The information has been placed into sections according to areas of interest and responsibility.

Public Health Unit Senior Administrators/Managers

Senior administrators/managers use aspects of the Resource Guide to determine the fit of a mentorship initiative within their health unit and to guide the planning and implementation of mentorship initiatives.

See Section 1: Organizational Considerations.

Mentors

Mentors use the Resource Guide to increase their mentoring knowledge and skills and to assist with the self-reflection essential to the mentorship experience.

See Section 2: Becoming a Mentor.

Mentees

Mentee use the Resource Guide to increase their knowledge about mentoring and to assist in self-reflection essential to the mentorship experience.

See Section 3: Becoming a Mentee.

Mentorship Champions

Champions use the Resource Guide to increase their knowledge and skills as a mentorship champion and to advocate for the implementation of a mentorship initiative in their health unit. Using the Resource Guide, they can increase their knowledge of required activities for implementing a mentorship initiative and adapt it to their health unit's profile.

See Section 4: Becoming a Mentorship Champion.

Developing the Nursing Mentorship Guide

Over 90 articles were reviewed from the extensive body of mentorship literature to inform the development of the Nursing Mentorship Resource Guide. A scan of the literature, focusing on articles published from 2000 onwards, was conducted using two health-related databases PubMed and CINAHL. A public health librarian conducted a search of these databases, using the following search terms:

- mentors [MeSH],mentorship [CINAHL subject heading], mentor* program*,mentor* project*,mentor* strategy*, mentor* intervent*, mentor* curriculum
- effective*,efficacy,evidence*,evaluat*,impact*.outcome*,systematic*, research
- nurse, nurses, nursing.

The "grey" literature was also searched and examples of mentorship initiatives were reviewed. An annotated bibliography was developed to assist the project staff to track key points from each resource.

Key informant interviews were conducted with six health units implementing mentorship initiatives. One of the questions asked was "What resources were or are useful to you?" and these resources were obtained for review.

The Nursing Mentorship Advisory Committee (see Acknowledgements) provided expert advice and consultation throughout the development process. The Nursing Mentorship Working Group (see Acknowledgements) assisted in developing the content. Finally, senior nurse leaders, not involved in the development process, conducted a final review of the Resource Guide providing an administrative perspective.

Over 25 Public Health Nurses and Public Health Nurse Managers representing 13 public health units participated in the development of the content of this Nursing Mentorship Resource Guide – a resource for public health nurses by public health nurses.

Mentoring

Definition

Defining mentoring is difficult as definitions employ a variety of descriptors, foci, and levels of inclusiveness (Cameron-Jones & O'Hara, 1996; Carroll, 2004; Kerfoot & Cox, 2005; Mertz, 2004). In their recent publication *Achieving Excellence in Professional Practice: A Guide to Preceptorship and Mentoring (2004)*, the Canadian Nurses Association defines mentoring:

> *Mentoring is a voluntary, mutually beneficial, and long-term relationship where an experienced and knowledgeable leader (mentor) supports the maturation of a less experienced nurse with leadership potential (mentee).*

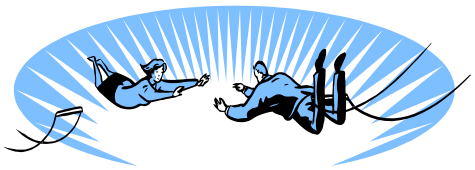
Inherent in this definition are the concepts of "voluntary", "long-term", "relationship", and "leadership". The concepts that describe the mentor/mentee relationship align with the business model of mentoring which is primarily focused on career advancement and is voluntary.

Other definitions of mentoring, include additional attributes of the mentoring relationship:

- empowerment;
- mutual sharing;
- learning; and
- growth and respect.

For example,

> *Mentoring is a developmental, empowering and nurturing relationship that extends over time (Vance & Olson, 1998 as cited in Vance, 2002). It involves mutual sharing, learning and growth occurring in an atmosphere of respect and affirmation.*
>
> (Bower, 2000, as cited in Klein & Dickenson-Hazard, 2000; Pinkerton, 2003; Rosser, Rice, Campbell, & Jack, 2004)



Types of Mentoring

The literature describes two types of mentoring — informal and formal. Each type has inherently different goals and objectives. Mentorship is used interchangeably with the term preceptorship. Preceptorship is included in this section to clarify the similarities and differences.

Informal Mentoring

Informal mentoring occurs when two individuals meet, usually on their own time, to focus on the professional development or career advancement of the more inexperienced individual (McKenna, 2003; Vance, 2002). The relationship can be initiated by either the mentor or mentee and the structure of the relationship is flexible (Gibson & Heartfield, 2005; Ehrich, Hansford, & Tennent, 2002).

A disadvantage of informal mentorship is the issue of limited access to mentorship relationships. This is a reality for some employees because of their race, ethnicity and/or gender. They are not selected as mentees, limiting their access to career advancement (Ehrich, Hansford, & Tennent, 2004; Gibson & Heartfield, 2005; Pfleeger & Mertz, 1995).

Formal Mentoring

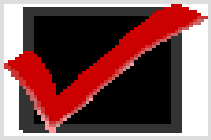
Formal mentoring programs differ in nature, focus, and outcomes depending on the organization in which it takes place. A formal mentoring program is usually one that is sanctioned by the organization and is designed to support organizational goals. Some parameters are placed around the mentor/mentee relationship such as:

- duration and frequency of the relationship;
- criteria for mentor selection;
- learning plan established by mentee; and
- matching or pairing of mentors and mentees.

A formal mentorship program incorporates a set period of time during which the mentor is actively and purposefully engaged with the mentee (Ehrich, Hansford, & Tennent, 2004; Gibson & Heartfield, 2005; Hurst & Koplin-Baucum, 2003). A formal mentoring program provides equal access for women and individuals from racial and ethnic minorities.

Preceptorship

Another term that often accompanies the discussion related to mentorship is that of preceptorship. Mentoring and precepting are often used interchangeably. The term mentoring is used inconsistently to describe a wide variety of interpersonal relationships (Crosby, 1999 as cited in Mertz, 2004). Supportive relationships take many forms including coaching, peer support, apprenticeship and preceptorship. Preceptorship is a one-to-one relationship that is clearly defined. The three concepts of preceptorship, formal and informal mentorship are compared in Appendix B. .



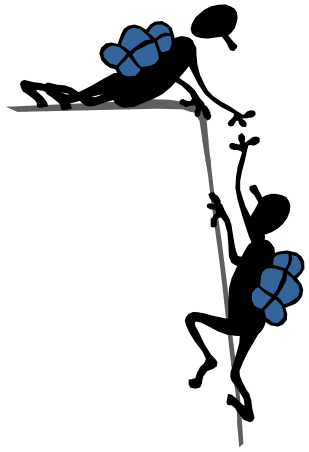
Success Factors

Goodwin, Stevens, and Bellamy (*1998, as cited in Mertz, 2004)* found that one of the most important considerations for a successful mentoring relationship was that it be voluntary on the part of the mentor.

This Resource Guide

This Resource Guide reflects formal mentoring with an emphasis on ***volunteerism.*** For example, an individual during his or her performance appraisal could be identified by their manager as having the characteristics of a mentor and a mentee could be identified by their manager as potentially benefiting from being mentored. At this point, each individual would enter the next phase of the mentoring process voluntarily. This would mean that the mentor would elect to participate in training and having his or her name stand as a mentor, and that the mentee voluntarily seeks out a mentor or enters a mentorship matching process.

A Glossary has been included in this section to assist readers in understanding terms and definitions used in this document related to mentorship.



Glossary

Active Listening - The ability to become absorbed in what another person is saying and not interject your views, opinions, or suggestions. (McKinley, 2004).

Career Advancement - A forward step; an improvement. Development; progress, a promotion, as in rank; moving up the career ladder.

Coaching - An idea derived from the world of sports, is most often used to describe an approach or strategy to foster development (especially skills learning) through positive, timely feedback. Coaching is an activity frequently carried out as part of the larger roles of education, preceptor, manager or mentor.

Competencies - Include but are not limited to, knowledge, skills attitudes, values and judgements, as well as applied values and judgements required to practise nursing within a particular context, setting or role (CNA, 2000).

Conflict - Conflict is the consequence of real or perceived differences in mutually exclusive goals, values, ideas, attitudes beliefs, feelings or actions (Sullivan & Decker, 2005).

Evidence-Based Practice - A process of systematically applying lessons learned in research (of various types) to practice. This entails selecting the most appropriate actions for situations based on the knowledge, capacities, and infrastructure available at the time. Ongoing activities of research and practice should be linked in order to continuously improve the actions taken and the impacts they have (Moyer, Garcia, Cameron , & Maule, 2001).

Formal Mentoring - Has a clear rationale; measurable goals and outcomes; mechanisms for assessment and selection of mentors and mentees; and accountability. Typically, a formal mentoring initiative is structured and funded and has open recruitment and training (Gibson & Heartfield, 2005)**.**

Informal Mentoring - Two individuals meet, usually on their own time, to focus on the professional or career development of the individual with less experience. There is no organizational structure such as a matching process or a roster of potential mentors.

Mentoring - A voluntary, mutually beneficial and long-term relationship where an experienced and knowledgeable leader (mentor) supports the maturation of a less experienced nurse with leadership potential (mentee)**.**

Newly Hired - A newly hired Registered Nurse within a public health setting who is either a new graduate or is new to public health but may have experience in other health care settings.

Preceptorship - A frequently employed teaching and learning method using nurses as clinical role models. It is a formal one-to-one relationship of pre-determined length, between an experienced nurse (preceptor) and a novice nurse (preceptee). It focuses on a pre-ordained outcome, focused on learning related to clinical knowledge and skills development.

Professional Development - The act, process, or art of imparting knowledge and skill.

Proficient Public Health Nurse - A PHN who is able to, according to Benner (1984):

- set priorities;
- be aware of all relevant aspects of a situation;
- think critically;
- perceive situations as wholes rather than aspects, not in "snapshots"; and
- make decisions based on a perspective of the important aspects of a situation.

(Adapted from RNAO Preceptorship Resource Kit, 2004, p. 19)

Psychosocial Support - Interventions such as encouragement, friendship, and advice and feedback on performance.

Role Modeling - A teaching strategy used in many situations, not necessarily a one-to-one relationship, in which the novice observes the practice of the master. This is an essential element of preceptorship and mentoring.

INTRODUCTION

APPENDICES

APPENDIX A

ANDSOOHA and PHRED Nursing Mentorship Resource Guide Logic Model

Components	Skill Development (Mentors)	Skill Development (Mentees)	Organizational (Partnership/Collaboration)	Skill Development (Champion)

Activities	• Self-reflection
	• Goal setting
	• Training re: role
	• Determining *intent & involvement*
		• Self-reflection
		• Goal setting
		• Training re: role
		• Learning Contract
			• Resources to guide decision making/planning, e.g.,
			  • Critical success factors
			  • Evaluation
			  • Organizational role
				• Role of champion
				• Responsibilities of the champion - implementation, recruitment & coordination

Targets	*Experienced, proficient Public Health Nurses*	**Registered Nurses Newly Hired to Public Health*	*Administrators in Public Health units*	*Education Coordinator or other(s) assuming a leadership role in program provision*
Short Term Outcomes	• Increased mentor skills • Increased enrolment • Increased satisfaction with professional role	• Successful role transition • Achievement of learning plan goals • Increased enrolment	• Increased awareness of organizational influences • Improved tracking of retention indicators • Increased enrolment	• Increased champion skills • Increased enrolment • Evaluations undertaken
Intermediate Outcomes		• Supportive relationships/PHN empowerment • RNs drawn to enter public health • Mid to late career nurses re-engaged • Reflective practice (CNO Standard) achieved • Decreased costs associated with turnover		
Long Term Outcomes	• Healthier workplace environments for Public Health Nurses • Increased recruitment of nurses new to Public Health • Increased retention of late career nurses • Decreased effects of the predicted nursing shortage on public health workforce			

**Registered Nurses are the focus of this resource guide but the logic model may be adapted for other members of the public health team.*

INTRODUCTION: APPENDIX B

Comparison of Preceptorship, Formal and Informal Mentorship

While there is a lack of consistency in the definition and conception of informal mentoring, formal mentoring and preceptorship in the literature, the three concepts appear to share common characteristics and are not entirely distinct from one another. The continuum below illustrates the relationships.

Preceptorship →	Formal Mentorship →	Informal Mentorship
- focused on a preordained outcome and track specific goals with a definite end point; often short-term - focused on learning related to clinical knowledge and skills development - facilitates learning of student - can evolve into a mentoring relationship	- no preordained outcome, learning goals determined by mentor and mentee - mentor is chosen by the mentee - focused on professional development and career advancement - end point determined only by time period of program - duration varies but is predetermined - mutually beneficial - relationship critical - can evolve into an informal mentoring relationship - offered with organizational support	- no preordained outcome, learning goals determined by mentor and mentee - focused on professional development and career advancement - no end point identified - long term - mutually beneficial - relationship critical - is completely voluntarily and spontaneous - little if any organizational influence

(Adapted from Tina Sahay, MHSc
Health Promotion Consulting Group)

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SECTION 1:

ORGANIZATIONAL CONSIDERATIONS

Caring, Connecting And Empowering

Caring, Connecting And Empowering

Why Implement A Nursing Mentorship Initiative in Your Health Unit?

"Retention is primarily a leadership issue, one that focuses on vision and creating a high-trust culture that is both challenging and meaningful…"
Stephen R. Covey

- In its first report to Canadians (*Healthcare Renewal in Canada: Accelerating Change*, January, 2005), the Health Council of Canada listed the renewal of human health resources as an urgent priority.
- The Conference Board of Canada in its June 2003 Briefing, *Mentoring: Finding a Perfect Match for People Development,* noted that "there is a pressing need for more experienced employees to pass on knowledge and information."
- Over the next 10 years, the number of Canadians between the ages of 55 and 64 will increase by more than 50 per cent. Many employees will retire and take their knowledge with them.
- Canada's health system employers must do more to support and develop their staff and provide positive work environments (Lowe, 2005).

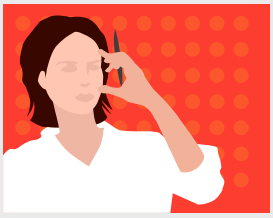
Creating Healthy, Empowering Workplaces for Nurses

- The Canadian Nurses Association (CNA) Position Statement on Leadership has identified a ***formal mentorship program*** for nurses as one way to foster a quality professional practice environment *(CNA, 2002).*
- Empowering structures such as the nurse mentoring initiative provide access to opportunities for professional growth for both nurse mentors and mentees (Greene & Puetzer, 2002; Pinkerton, 2003).
- Opportunities for professional growth have a positive effect on job satisfaction and the potential to reduce nurse turnover.
- These empowering conditions create more productive work environments, a positive in today's "do more with less" health care culture (Laschinger, 1996, as cited in Kluska, Laschinger, & Kerr, 2004).

"Polishing Diamonds"
Connie Vance, 2002

Context for Nurse Mentoring: The Nursing Shortage

- A shortage in the number of nurses available to work has been predicted for the year 2011 (CNA, 2002; O'Brien-Pallas, Alksnis & Sping, 2003).
- Large numbers of nurses in Canada are eligible to retire within the next five to 15 years. Some 64,000 nurses could leave the workforce in 2006 (Jeans, 2005).
- A workforce nearing retirement age is likely to exacerbate current staffing difficulties for public health administrators (Cameron, Armstrong-Stassen, Bergeron, & Out, 2004).
- There is a drastic decline in the number of new entries to the profession creating a front-end problem to the nursing shortage (O'Brien-Pallas, Baumann, & Dunleavy, 2001). Fewer than 10,000 nurses graduate each year (Jeans, 2005).
- The United States aggressively recruits Canadian nurses to fill a shortfall 100 times greater than that predicted in Canada (Jeans, 2005).
- One of the most effective retention strategies is decreasing the turnover of public health nurses.
- Nursing turnover consumes resources that could be directed at core business activities (Bland Jones, 2004). The cost of nursing turnover has been estimated to be 1.2 to 1.3 times a PHN salary for each nurse who leaves a public health unit (Bland Jones, 2005). Staff retention activities including mentorship are important *cost saving* strategies. (McKinley, 2004).
- Public health units are faced with the challenge of keeping proficient public health nurses (PHNs), knowledgeable about public health nursing practice. One way to accomplish this is by providing mentoring opportunities (in conversation with M.A. Simpson, president, ANDSOOHA, July 11, 2005).



Consider this. . .

Nursing mentorship programs are thought to prevent turnover through retention of Registered Nurses newly hired to public health and those considering early retirement *(Greene & Puetzer, 2002; Nelson, Godfrey, & Purdy, 2004.)*

Job Stress and Retirement

There appears to be little that can be done to stem the tide of retirees, which will escalate as the baby boom generation hits retirement age, but in fact this is not so.

Motivating factors such as positive interpersonal relationships have been shown to be consistent predictors of job satisfaction for nurses (McGirr & Bakker, 2000). Conversely, job stress is associated with increased voluntary turnover (Kluska, Laschinger, & Kerr, 2004).

Strategies that minimize stressors faced in the workplace become significant to ensure that nurses who might consider retirement see continuing employment as a more favourable option. Finding the job challenging, receiving appropriate feedback, work-group cohesiveness and a quality work environment all contribute to increased job satisfaction among nurses (Cameron et al, 2004).

Effective retention strategies have the potential to keep nurses working and delay retirements. In fact, they have been identified as the key factor in solving nursing shortages and maintaining nurse supply (Registered Nurses Association of Ontario, 2000; Canadian Nurses Association, 1998).

Outcomes of Mentoring Initiatives

Organizations that have implemented mentoring initiatives and evaluated their impact report:

- increased retention of staff, decreased staff turnover and subsequent replacement costs;
- enhanced recruitment strategies;
- advancement of the principles of a learning organization;
- retention of corporate capital;
- development of future leaders within the organization; and
- increased pool of individuals who contribute to mission and vision of the organization.

(Almalda et al, 2004; Greene & Puetzer, 2002; McKinley, 2004; Smith Battle, Diekemper, & Leander, 2004)

How Do Organizations Support a Nursing Mentorship Initiative?

Organizations play a critical role in ensuring that mentorship initiatives are successful (Ehrich, Tennent, & Hansford, 2002; Scott, 2005). Mentoring initiatives are one way employers and individual nurses can share the responsibility to promote continuing competence (CNA, 2004).

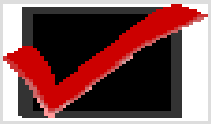
Mentorship is included in the Professional Practice Standards of the College of Nurses of Ontario (CNO, 2004). These standards state that a nurse demonstrates the standard of leadership by "acting as a role model and mentor to less experienced nurses and students." Employers assist nurses to fulfil their professional obligations through a mentorship initiative. More information about employers' responsibility is contained in Section 1: Appendix A.

Administrators demonstrate explicitly that the initiative is important, broadcasting its importance throughout the organization by the following actions.

- The highest levels of the organization must be aware of, approve of, and actively participate in the mentoring initiative.
- A system of recognition and visibility for mentoring projects is in place.
- A system for monitoring the progress of the mentoring project is in place.
- Mentoring incentives are structured to encourage initiative participants without penalizing non-participants.
- Mentorship initiatives are well integrated into organizational processes through policies and through the employee appraisal process.

Organizations need to consider some of the barriers to a successful implementation. According to Ehrich, Hansford and Tennent (2004), several problematic organizational barriers were identified in their analysis of 233 research-based articles about mentoring.

- Ambivalence about the project by management
- Minimal support from management
- Issues related to the use of resources
- Problems arranging mentor schedules
- Belief that mentoring initiatives should not be formalized



Success Factors

A reward and recognition program helps to demonstrate that the role of the mentor is valued within an organization *(Devis & Butler, 2004; Hurst & Koplin-Baucum, 2003; McKenna, 2003; Pinkerton, 2003).* Rewards may include such things as:

- Education credits
- Paid educational leave
- Luncheons
- Journal subscriptions
- Tuition waivers
- Mentor of the year awards
- Letters of commendation
- Celebration events attended by mentee and mentor upon completion of formal mentorship program.

Successful implementation may be affected by difficulties within the organization such as:

- insufficient funding or termination of funding before the initiative is established;
- difficulties in co-ordinating the initiative;
- costs and resources associated with mentoring;
- staff competencies related to mentoring; and
- a high turnover of senior staff.

Summary of the Benefits of a Mentorship Initiative

With careful and sensitive planning, skilled leadership and visible organizational support, mentoring can be a positive force for individuals and organizations (Ehrich, Hansford, & Tennent, 2004). Mentoring offers considerably more benefits than drawbacks for mentors and mentees. For mentees, mentoring provides both personal and emotional support and career development. For mentors, it promotes professional and personal development. For both mentors and mentees, mentorship offers improved skills, access to new ideas and personal growth. For organizations, the following long-term outcomes can be realized.

- Healthier workplace environments for Public Health Nurses
- Increased recruitment of nurses new to public health
- Increased retention of late-career nurses
- Decreased effects of the predicted nursing shortage on public health workforce

SECTION 1:

ORGANIZATIONAL CONSIDERATIONS

APPENDICES

SECTION 1: ORGANIZATIONAL CONSIDERATIONS

APPENDIX A

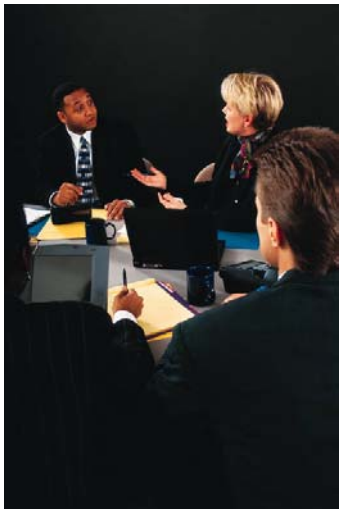
Continuing Competence and Reflective Practice for Registered Nurses

Individual nurses, professional and regulatory nursing organizations, ***employers*****,** educational institutions and governments share the responsibility to promote continuing competence.

Employers **of nurses have the responsibility to:**

- put mechanisms in place that promote nurses' identification of knowledge, skills, and personal attributes they require for practice, and
- maintain quality practice environments that support and foster continuing competence and continuing competence programs (e.g., mentorship, certification, staff development programs).

(The Joint Position Statement on Continuing Competence for Registered Nurses released by the Canadian Nurses Association (CNA) and the Canadian Association of Schools of Nursing (CASN), 2004)



SECTION 1: ORGANIZATIONAL CONSIDERATIONS

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SECTION 2: BECOMING A MENTOR

Caring, Connecting And Empowering

Caring, Connecting And Empowering

Florence Nightingale and Contemporary Mentoring

Mentoring initiatives are considered to be relatively new to nursing and are traditionally considered to have come from the corporate setting and a business model (Gordon, 2000). Nursing scholars examining archival materials have determined that Florence Nightingale mentored individuals during Victorian times.

There is evidence in her letters that Florence Nightingale[4] inspired and supported her mentee Rachel Williams in a long-term mentoring relationship (Lorentzon & Brown, 2003). During this relationship, Ms. Nightingale demonstrated many of the characteristics associated with contemporary mentoring such as encouraging innovation, providing motivation, teaching/assessing and encouraging learning.

> "For us who nurse, our nursing is a thing which, unless we are making progress every year, every month, every week, take my word for it, we are going back."
>
> *Florence Nightingale*[4]

A mentorship initiative facilitates sharing of Public Health Nurse expertise and knowledge through *caring, connecting and empowering environments for* Registered Nurses newly hired to public health in Ontario.

Mentoring initiatives provide opportunities for effective interpersonal relationships both for the proficient Public Health Nurse in the role of mentor and the Registered Nurse newly hired to public health.

For Registered Nurses newly hired to public health, the transition to public health nursing can be stressful possibly even leading to nursing turnover. Mentoring is an intervention that can lessen the newly hired nurse's stress.

[4] Florence Nightingale Foundation website http://www.florence-nightingale-foundation.org.uk/main.htm

Characteristics of Mentors

Individuals who perform well in the role of a mentor have been found to have common characteristics, both personal and professional. Evidence in the literature suggests that these characteristics are critical for an individual to perform the role in a way that supports and nurtures new professionals, and are critical for mentors to feel satisfied and want to remain in the role (McKinley, 2004; Mertz, 2004; Rosser, Rice, Campbell, & Jack, 2004;Vance, 2000).

Consider this. . .

Not everyone has the personal and professional characteristics to become a mentor. A potential mentor may have other priorities professionally or personally that keep him or her from participating in a mentorship initiative at a particular point in time (*Ehrich, Hansford & Tennent, 2004*). Section 2 Appendix A provides a tool to assist in self-reflection in order to make a decision whether to participate in nursing mentorship.

Personal Mentor Characteristics

Successful mentors display these personal characteristics.

- Nurturing, supportive, encouraging
- Self-less and caring beyond their own responsibilities
- Connecting, caring and communicative
- Self-confident, mature, able to show confidence in the mentee
- Openness to mutuality
- Tactful and compassionate
- Generous
- Enthusiastic about mentor role
- Willing to share responsibility for the professional development and career advancement of the mentee with the mentee
- Displays visionary qualities (e.g., forward-thinking and creative problem-solving)
- Willing to take risks (e.g., to develop and/or apply innovative ideas)

Professional Mentor Characteristics

Successful mentors display these professional characteristics.

- Competent clinician who bases practice on best evidence when available
- Able to teach, provide leadership, guidance and builds confidence
- Traditionally the mentor is older, more experienced and further along in his or her career[5]
- Open to new developments in public health nursing
- Able to bridge generational issues and is open and accepting of the diversity of others
- Aware of the stresses Public Health Nurses face
- Aware of and able to arrange opportunities for the mentee to demonstrate their ability
- Willingness to work with others, appreciates power of networking
- Strong interpersonal and communication skills
- Displays respect, patience and demonstrates trustworthiness in working relationships
- Aware of organizational culture

[5] There is now emerging a "new order" mentoring whereby there is reciprocity among mentor and mentees, characterized by inclusiveness, diversity of age, gender, culture, ethnicity and race (Vance, 2000).

Benefits of the Mentorship Experience: Mentors

Mentors who have undergone the experience of providing mentorship to a recent graduate or to someone involved in career transition report numerous personal and professional benefits associated with the mentor role including:

- increased respect from peers for their status as a resource person;
- increased career satisfaction because it enables mentors to assist and shape the professional and personal development of mentees plus satisfaction in helping others
- continued commitment to learning as they stay on the "cutting edge";
- sharpened interpersonal and political skills;
- assistance with work load (e.g., projects, *if* these projects mesh with the mentee's learning goals);
- increased networking and experience of collegiality; and
- facilitates their professional development though reflection or reappraisal of beliefs, practices, ideas and or values.

Mentors' Role

There are three roles for the mentor that are highlighted in this Resource Guide: modelling excellence in professional practice; fostering an effective relationship with the mentee; and fostering mentee growth. These roles are framed in the Canadian Nurses Association (CNA, 2003) competencies and are presented here as an ideal to be worked toward by mentors.

According to Darling, (1984, as cited in *Cameron-Jones & O'Hara, 1996),* some of the roles of a mentor are:

- Model
- Envisioner
- Energizer
- Supporter
- Challenger
- Standard Provider
- Teacher
- Feedback Giver
- Idea Bouncer
- Problem Solver
- Career Counsellor.

Modelling Excellence in Professional Practice

- Displays commitment to nurses and to the nursing profession
- Displays commitment to the goals of the organization or the team
- Demonstrates strong knowledge, judgment, skill and caring in their domain of practice
- Is credible and respected by colleagues, the organization and the community
- Demonstrates critical thinking by challenging ideas, knowledge and practice, as appropriate
- Actively expands knowledge base using research evidence and remains current with latest thinking and best practices in area of expertise
- Uses an ethical framework to guide professional practice and interpersonal relationships
- Uses socio-political knowledge of the organization to work effectively within or beyond the system
- Conveys ability to see the "big picture" (historical, political or systems context)
- Uses a strong and diverse network to collaborate with others in the work setting and the broader system (e.g., health care system and wider community, where relevant)
- Demonstrates effective negotiation and conflict-resolution skills

Fostering an Effective Mentor/Mentee Relationship

- Establishes trust and maintains confidentiality
- Makes time for the mentoring relationship and is approachable and welcoming
- Demonstrates respect for the mentee as an individual and belief in the mentee's potential
- Demonstrates caring for the well-being of the mentee
- Nurtures the mentee by providing support, encouragement and a safe relationship
- Provides honest feedback and gentle confrontation; becomes a "critical friend"
- Engages mutually in the mentoring relationship (e.g., is willing to share self and is open to personal change)
- Reflects on own interactions to challenge, stimulate and support the mentee
- Collaborates and negotiates in setting the purpose, goals, process, boundaries, and evaluation of the mentoring relationship
- Plans for appropriate closure or transition of the relationship
- Celebrates achievements and successes with the mentee
- Respects mentee's right to make decisions, but recognizes when it is ethically necessary to intervene to prevent harm
- Demonstrates an understanding and respect for the power differential between the mentor and mentee

Consider this. . .

What a Mentor Is Not!

- A saviour
- A foster parent
- A therapist
- A parole officer
- A "cool" peer

Recruitment and Retention of Alaska Natives into Nursing (RRANN) Mentor Program

Fostering Mentee Growth

- Coaches the mentee towards goal achievement by:
  - encouraging the mentee to identify own strengths, gaps, and growth potential;
  - supporting the mentee in the selection of appropriate and realistic goals;
  - guiding the mentee to identify options/activities to meet goals;
  - encouraging the mentee to identify realistic timelines for goal achievement reflecting work and life balance;
  - guiding the mentee to select an optimum level of challenge within their role, setting or domain of practice (e.g., range of goals, incremental levels of difficulty or complexity); and
  - guiding the mentee to identify, clarify, define and manage barriers, problems and issues.
- Facilitates the mentee's access to a wide variety of resources and opportunities to meet goals (e.g., journals, space, activities, people, literature, agencies, interest groups, committees, funding)
- Encourages independence and autonomy:
  - Encourages the mentee to reflect on own growth or achievements and future actions;
  - Questions, probes, and guides the mentee to explore new perspectives and insights;
  - Knows when to provide direction and when to challenge the mentee;
  - Encourages learning from mistakes and/or disappointments;
  - Guides the mentee to avoid pitfalls and manage crises;
  - Guides the mentee to develop own leadership in practice;

- Chooses an appropriate balance when contributing own experiences (e.g., good story-telling and metaphors), as relevant; and
- Guides the mentee to develop effective negotiation and conflict-resolution skills.

➢ Encourages the mentee in a process of visioning through free thinking, creativity and knowledge, skills and innovations as relevant to the setting:
- Challenges the mentee by offering new ideas, knowledge and practices;
- Assists the mentee to enhance the quality of the professional practice environment and to initiate change, where relevant and possible;
- Assists mentee to identify an alternate view of the future that may not be seen by mentee (e.g., looking at the "big picture", seeing beyond the details);
- Assists the mentee to identify patterns, themes and trends and to acquire new perspectives; and
- Encourages and supports the mentee in risk taking (e.g., in developing new knowledge, skills, and innovations for the workplace).

➢ Facilitates the mentee's integration within the organization and larger professional community, as relevant to the setting:
- Shares professional networks with the mentee;
- Helps the mentee navigate the system;
- Shares informal rules;
- Promotes the mentee by communicating their successes within the organization and the profession;
- Shares ideas about opportunities for advancement;
- Encourages the mentee to engage in professional activities such as making presentations, forming strategic partnerships, joining specialty associations;
- Acts as a champion for the mentee within the organization; and
- Solicits organizational support for the mentee.

Phases of Mentoring

Mentoring relationships tend to go through various stages and phases. Kilcher and Sketris (2003) present a combination of several researchers' ideas around phases or stages in the following four phases:

Initiation

➢ Learning about mentoring and the mentoring relationship
➢ Getting to know possible mentors and mentees to aid pairing or matching
➢ Clarifying roles
➢ Identifying learning goals (*See Section 3: Becoming a Mentee, Appendix B*)

- Establishing commitments and expectations (*See Appendix B of this Section)*
- Pairing or matching of mentors and mentees

Planning

- Establishing mentor and mentee needs and desires
- Assisting mentee with goal setting
- Structuring the relationship (frequency of meeting, time, place, events)
- Establishing communication strategies
- Organizing learning opportunities

Development

- Ensuring on-going communication
- Providing feedback
- Making coaching referrals
- Obtaining resources
- Increasing mentee's understanding of:
  - Organization
  - Stakeholders
  - Research skills and strategies
  - Teaching skills and strategies
  - Promoting and encouraging confidence
  - Broadening networks and linkages
  - Brokering opportunities

Closure and Separation

- Reviewing accomplishments and achievements
- Assessing the next phase of activities and possibilities
- Redefining the relationship – perhaps an informal mentoring relationship outside the formal mentoring program is desired
- Discussing possible future projects

(Adapted from Gordon, 2000; Kram,1985; Rankin, 1991; Yoder, 1990)

A Theoretical Model to Frame Nursing Mentorship

The use of a theoretical model serves as a logical framework to communicate concepts associated with mentoring (Carroll, 2004). A theoretical model enables evaluation by articulating the concepts of mentoring to be measured.

Mertz's Mentoring Model

Norma Mertz (2004) proposed a model of mentoring building on twin concepts of *intent,* the perceived purpose of an activity and whether the intent is sought or valued, and *involvement*, the amount of time and effort required to realize the intent. *Intent* is concerned with why the relationship is undertaken, the ends sought and how each party sees the relationship and values those whys and ends. As with intent, *involvement* reflects some sort of cost-benefit analysis, how much is required of the mentor, how willing and able is the mentor to invest that amount in the relationship, and how willing is the mentor to invest that degree of intensity in the relationship. These twin concepts are important variables for distinguishing among the types of roles and relationships associated with mentoring. In Mertz's model, mentoring is defined as an intentional relationship. Intent is recognized as a factor in supportive workplace relationships. Mertz's model of mentoring (Mertz, 2004) aligns well with a formal mentorship model characterized by organizational involvement, focus on professional development, and fit with organizational mission and vision.

Consider this. . .

In 1981, researchers were advised to establish definitions of the terms mentor, role model, and sponsor. More than 20 years later, we continue to conduct research and implement programs as if not having definitions distinguishing mentoring from related supportive relationships made any difference *(Mertz, 2004).*

Intent is concerned with why the relationship is undertaken. The *intent* of a mentoring initiative may be to provide a supportive relationship for newly hired Registered Nurses and to re-engage mid- to late-career Public Health Nurses.

Involvement is concerned with what is required of each party – the physical and emotional costs, the nature and level of investment required, and the intensity of the interaction required by the relationship. The *involvement* of Public Health Nurses will vary according to the specific goals of the mentees and mentors and the time and effort mentors wish to expend.

The following are examples of questions that mentors might consider prior to entering into a mentoring relationship:

- What is required of each party?
- What is wanted or expected of me?
- What will I get from this relationship?
- Am I willing and able to meet those expectations and help that person realize those needs?

See Appendix A in this section for a checklist of questions that mentors may ask themselves prior to entering into a mentoring relationship. The results of this self-examination may be shared with the potential mentee.

In addition to consideration of the level of involvement, Mertz's (2004) model outlines three categories of *intent* in the mentoring relationship.

Psychosocial Development

- Characterized as those aspects of a relationship that enhance an individual's sense of competence, identity and effectiveness
- Associated with *role modeling* and the role of *supporter*, *teacher* or *coach*

Professional Development

- Characterized as those activities designed to help individuals grow and develop professionally
- Associated with *advising* and the role of *counsellor*, *advisor* and *guide*

Career Advancement

- Characterized as activities designed to help individuals advance professionally
- Associated with *brokering* and the role of *patron* or *mentor*
- While professional development seems to be a requisite of career advancement, a mentoring relationship with the intent of career advancement may not involve professional development but rather focus on opening doors for the mentee's career advancement.

Figure 1 This pyramid illustrates the relationships between the categories of intent and associated roles and levels of involvement [6]

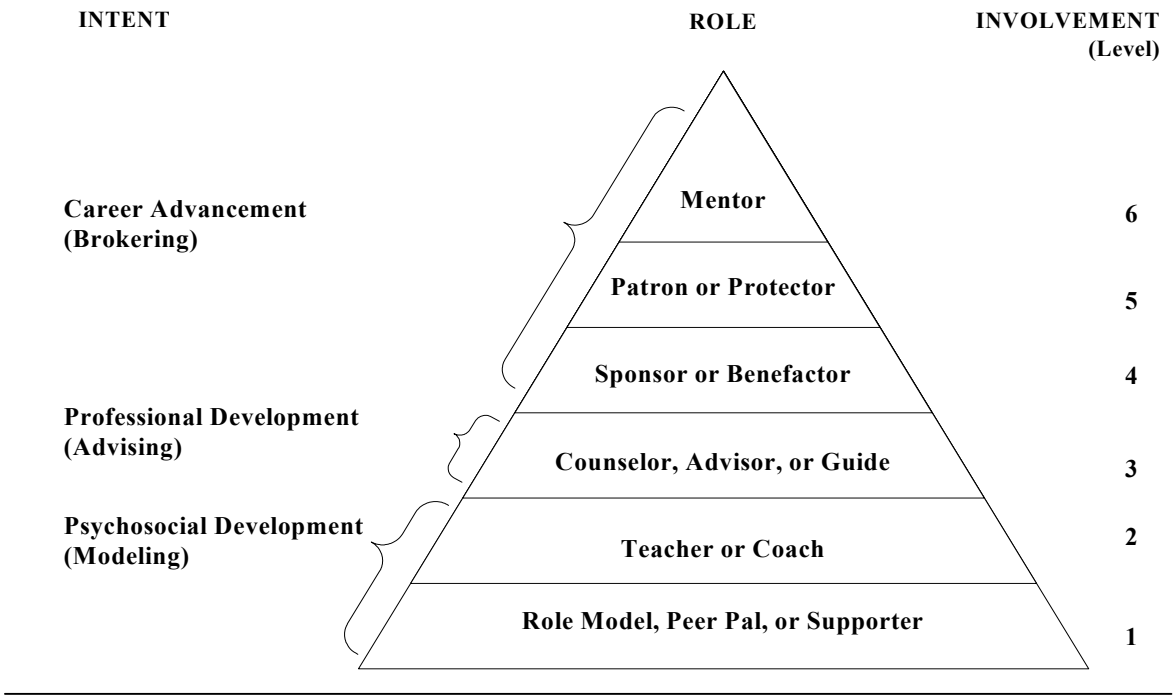

Figure 1. Supportive Work Relationship Arranged Hierarchically in Terms of Primary Intent and Level of Involvement

Mertz (2004) suggests that the main intent of advising is professional development. The mentor is focused on the present and with maximizing that individual's success and potential in that context. Psychosocial development will likely be included in the advisor's relationship with the mentee but not always.

What differentiates brokering from advising, according to Mertz, is the fundamental focus on career advancement, helping the mentee to *get ahead*. In either instance, there is no responsibility for the performance of the person mentored. This is a critical difference between mentorship and preceptorship.

The roles of preceptor, advisor and mentor are, in this model, distinguished from one another by the intensity of involvement and the degree to which career advancement is the primary focus.

The amount of interaction and the level of intensity in the model (from level 1 to level 6) increases as one advances up the pyramid. The level numbers within this model are not intended to quantify the level of involvement, but instead to signify differences from least (level 1) to most (level 6) that are easily identified by the reader (Mertz 2004).

[6] Reprinted with permission from the author N. Mertz and the *Educational Administration Quarterly* (2004, p. 551).

The Nursing Mentorship Resource Guide focuses on the mid-level range of this model and the role of counsellor, advisor, and guide.

The *involvement* expected of a formal mentorship program and therefore its mentors would be specific to each health unit. It is expected that each health unit will establish:

- parameters of a matching process;
- length of time the relationship is expected to continue;
- number of meeting times between mentors and mentees;
- number of mentees that mentors can mentor; and
- linkages between the mentorship program and the appraisal process.

Case Study: Mentoring

Chantal, Manager of the Communicable Disease Program, was enrolled in the Master's of Nursing program at the local university on a part-time basis and was finding combining the role of part-time student and full-time manager more difficult than she anticipated. She was also becoming concerned that her performance appraisal would be negatively affected because she had not yet joined the mentorship initiative in her health department. She decided to join the initiative.

Stan, a newly hired Public Health Nurse was identified as a potential mentee. Stan and Chantal met to discuss the possibility of a mentor/mentee relationship. Stan related that although he was new to public health, he wished to become a manager and asked Chantal to counsel and guide him in this process. Chantal thought about the requirements to assist Stan to reach those goals. She examined the *intent* of Stan's professional development request – learning how to be a manager — and the *involvement* required: frequent meetings, communicating with Stan about administration, human relations, budgeting, conflict resolution, time management etc., and assisting Stan to access opportunities to learn and practise these competencies.

Chantal assessed what was expected of her related to Stan's learning needs and met with Stan. She told Stan that this was not the level of intent or involvement that she could sustain considering her academic responsibilities. She referred Stan back to the nursing mentoring champion to obtain another mentor. Stan thanked Chantal for her honesty and entered a new relationship in which the mentor was willing and able to meet his expectations.

Chantal consulted the nursing mentorship champion and is presently matched with a PHN from the sexual health clinic wishing to learn more about surveillance during disease outbreaks to decrease her anxiety about how she will perform in such an outbreak. Chantal feels confident that the intent of this mentoring relationship and the involvement required will be more suitable to her available time and expertise.

The Mentoring Relationship in Phases

Phase 1: Initiation

Getting to Know Each Other

- Reserve time to get to know each other and understand each other's roles with respect to one another.
- Plan what you both will do during the course of mentoring.
- Determine if you "click" with each other.
- Think about what you are willing to do in terms of time commitment, organizational visibility and degrees of frankness.
- Both of you must reach a comfort level that will allow you to get beyond the ordinary organizational formality.
- Ensure you both have the same goals in mind.
- Assist the mentee to produce a written learning plan. (See Section 3: Becoming a Mentee, Appendix B)
- Establish ground rules with your mentee – these may be agreed upon in writing.

(*Adapted from Pfleeger & Mertz, 1995*)

Establishing Ground Rules (Adapted from McKinley, 2004)	
Housekeeping	**Establish a "routine" time and place**
	Place: Consider "off unit", convenient to both, private
	Time: Consider any restraints, family needs, school, etc.
	Food: Can be comforting, provides an easy lead in to conversation. 
Interpersonal	**Establish boundaries: Certain topics may be off limits, (i.e., extremely personal information); these need to be clearly defined at start of the mentorship relationship**
	Constructive behaviours are supported: Formulating positive plans, allowing healthy ventilation of feelings
	Negative behaviours that are not accepted need to be clearly identified (e.g., complaining, whining) 
	If negative behaviours occur, discuss with each other without repercussion. If behaviour continues, may require consultation with the champion or a manager
Communication	**Confidentiality: Essential for both parties. Some exceptions apply (see p. 38).**
	Record keeping: Will records be kept? If so, how (e.g., log, anecdotal notes, calendar, electronically)? Keep documentation to a professional level and ensure it does not contain information of personal nature
	Methods of communication: Voice mail, e-mail, telephone, in-person meetings
	Communication will be clear, frequent restating, summarizing for both parties. "Seek to understand then be understood"(Covey, 1989). See Section 3: Appendix G – Active Listening (includes a case study)
	Share feelings and validate feelings as well as facts 

Phase 2: Planning

Establishing Boundaries

It is important to keep in mind the limits of the mentor role and recognize its boundaries. Negotiating these boundaries and clarifying them is an important facet of this phase of the mentorship relationship.

Case Study #1: Setting Boundaries

Susan developed a learning plan in collaboration with her mentor Leila indicating that she wishes to become more active in nursing associations but problems at home, e.g., babysitting challenges, have become a barrier to goal attainment. Leila hopes to help Susan overcome her child care challenges so that she may attain her goals of increasing her participation in nursing association activities.

Leila reminds Susan of her accomplishments to date and congratulates her. She assists Susan in determining what is standing in her way of attaining her goal by:

- assisting Susan to identify and focus on barriers;
- acknowledging and supporting Susan's perspective that these are barriers for her;
- helping Susan identify options that may or may not address the barriers;
- encouraging Susan to evaluate the options in terms of feasibility, likelihood of success, most desirable;
- supporting and respecting Susan's choice of solutions; and
- collaborating with Susan in adjusting her plan to incorporate the new solution and revising the goal of participating in professional associations accordingly.

After discussion with her mentor, Susan has decided to join one professional association rather than two to decrease the number of meetings she is required to attend, but has contacted the individual responsible for sending out the newsletter for the second association and will receive the newsletter even though she cannot attend the meetings at this time.

Case Study #2: Setting Boundaries

Noella's professional development goals centre on improving time management skills. Despite identifying her goal, her mentor, Mustapha, suspects that Noella's behaviour such as coming late to work, missing team meetings, arguing loudly on the telephone with her boyfriend (she told co-workers he has abused her) is affecting her goal achievement. Mustapha realizes over the course of several mentorship meetings that Noella cannot focus on her professional life and blames her problems of "not fitting in" on the stress of being in an abusive relationship.

Mustapha wishes to enter into a mentor/mentee relationship that assists Noella to cope with her personal situation.

While a mentorship relationship may involve an understanding of the mentee's personal circumstances, the relevance of Noella's personal situation to her professional goals is not substantiated in this situation. Mustapha assesses Noella's problems as being related more to her personal life than her professional life and therefore would require a relationship outside the *intent* and *involvement* of a customary mentoring relationship. A learning contract developed at the beginning of the relationship demonstrated that goals and their milestones have been missed. Mustapha is relieved that he and Noella included statements around confidentiality in the contract, e.g., illegal behaviour will be reported to the appropriate agency and regulatory bodies.

Mustapha explains his reasoning to end the mentoring relationship to Noella and encourages her to identify and inform individuals or resources who may be a source of aid. Mustapha notifies the mentorship champion in his organization that the mentorship relationship is not working. Mustapha consults the Canadian Nurses Association Code of Ethics (2002) to decide what his ethical obligations are regarding follow-up individually, or in partnership, e.g., with Noella's manager to resolve the problem. He ends the mentoring relationship and hopes that Noella will contact her identified sources of support.

Phase 3: Development

Fostering an Effective Mentor/Mentee Relationship

The spark that ignites a mentoring relationship may come from either the mentee or the mentor (Klein & Dickenson-Hazard, 2000). These authors note that sharing is a mutual source of gratification. Mentee encouragement may be expressed through rituals such as:

- "No-Work Meeting" - mentors and mentees talk about life and things personal
- "Where do You Want to Grow Today" meeting focused on clarifying learning goals and plans.

In the mentoring relationship, mentees are expected to grow and succeed, and mentors are expected to develop the next generation. Both take risks and must work to avoid over-dependency and recognize when the relationship has achieved its goals. Success requires a balance between risk and outcome (Klein & Dickenson-Hazard, 2000).

If the relationship is successful, the mentee is ready to move on. Moving on must occur, although friendship and mutual respect may last a lifetime (Kelly, 2000).

Ensuring Success as a Mentor

To be a successful mentor, consider the following.

- Meet regularly without being prompted to meet.
- Have a positive attitude toward success.
- Encourage mutual respect – see each other as competent, seriously committed to work and building on successes.
- Ensure that your relationship with the mentee is known and noted, for example, accompany her or him to staff celebrations.
- Perform activities on behalf of the mentee, for example, share a list of contacts or make a point to speak to the mentee's superiors about his or her progress.

(Adapted from Pfleeger & Mertz, 1995)

The mentor, to build *trust,* must be truthful about what he or she is willing to put into the relationship. It is important to self-evaluate and share this self-evaluation with the mentee. It is important for the mentor to live up to his or her commitments, e.g., committing to meet at least once per month for an hour or two (personal communication with Dr. N. Mertz, June 2, 2005).

Strategies to Assist the Mentee to Learn

In addition to having the competencies and personal professional characteristics to become a mentor, mentors must also have an understanding of the learning process to help mentees achieve their goal. The purpose of mentoring is not to aid in skill acquisition to the same extent associated with preceptoring. Helping mentees identify their learning styles is important to the mentoring process. Motivation and principles of adult learning are also important to helping mentees learn. Section 2: Appendix C provides an overview of these topics as a resource for the mentor.

It is also important to consider using strategies such as critical thinking and problem-based learning when the mentee is reflecting on a situation or problem he or she is having. Section 2: Appendix D provides an overview of critical thinking and problem-based learning.

Perhaps the most important strategy for a mentor to use during interactions with the mentee is active listening. An overview of active listening is included in this section, Appendix D, as well as a case study.

Phase 4: Closure and Separation

Bringing the Relationship to a Close

In a formal mentorship arrangement, organizations may stipulate the recommended length of the relationship, e.g., six months or one year.

It is important to build into the relationship the expectation that it will end at a set date. The mentor should discuss with the mentee that a final discussion of the learning plan will take place. Both the Learning Plan (Section 3, Appendix B) and the Progress Record (Section 4, Appendix F) will be used to record and evaluate the mentee's progress during the mentorship experience. Goal achievement is from the perspective of the mentee rather than an evaluation from the mentor. The mentee records his or her satisfaction with progress to date on the Progress Record and the learning goals achieved on the learning plan at the final mentorship meeting.

It is up to the mentor and mentee to decide whether to continue an ongoing informal relationship. The relationship may be redefined as colleague and peer rather than mentor and mentee (Shaffer, 2000).

Few authors address the issue of the ending or termination of the mentor/mentee relationship. Gordon (2000) identifies three phases of a mentoring relationship with phase three addressing the issue of "letting go".

- Phase 1: recognition and development – during this phase, a commitment is made: expectations and trust are established.
- Phase 2: emerging mentee independence – good communication skills and information sharing are important during this phase.
- Phase 3: *letting go* – as independence is achieved by the mentee, the mentoring relationship enters a final phase that involves the realignment of the relationship, or termination. The goal of independence for the mentee has been reached and the process of letting go can begin and the relationship can reach closure. The benefits to both the mentor and the mentee continue to increase, despite the end of the "formal mentoring relationship", as they both gain a colleague and peer (Gordon, 2000).

Consider this. . .

In Halloran's study *(1983, as cited by Gordon, 2000),* 57 per cent of nurse executives reported negative mentoring behaviours such as intimidation, overmanipulation and demands for loyalty. Darling (1985) described four types of toxic mentors:

- *Avoider* – never accessible
- *Dumper* – throws mentee to "sink or swim"
- *Blocker* – competes, hovers, withholds, avoids
- *Destroyer* – publicly criticizes or belittles

Mentoring and Unsuccessful Matches

Some mentoring relationships fail. Mentors and mentees may "click" at the beginning but continue on to have a personality clash (Pfleeger & Mertz, 1995). The mentor may be unreasonable or self-serving or the mentee may expect too much from the relationship (Kelly, 2000).

Unsuccessful matches were reported in 17 per cent of the studies for mentors and 13 per cent of the studies for mentees in a review by Ehrich, Hansford and Tennent, (2004). The mismatches were the result of personality, ideological or expertise differences.

Unsuccessful matches were characterized by the following in Pfleeger and Mertz's (1995) study.

- Mentors and mentees did not seem to share the same values or views of the world.
- They had difficulties in communicating and over time these difficulties increased.
- There was little clarity or consensus between the mentor and mentee about roles and goals of mentoring despite identifying these at the inception of the project.
- A comfortable rapport or a common basis for interacting did not develop.

Under various conditions the mentoring relationship can be detrimental to the mentor, mentee or both (Long, 1997 as cited in Ehrich, Hansford, & Tennent 2004). Several concerns are common to the mentoring relationship affecting its outcome for mentors and mentees:

- lack of time;
- poor planning of the process;
- unsuccessful matching;
- lack of understanding of the mentoring process; and
- lack of access to mentors by members of culturally diverse groups.

The two most frequently cited negative outcomes of Ehrich, Hansford Tennent's (2004) research findings for both the mentee and mentor were:

- Lack of time
- Professional expertise and/or personality mismatch.

Organizations committed to mentoring may well be able to overcome the time barrier. A rigorous matching process may assist to deter mismatches.

Race or gender issues tend to arise as a consequence of matching female mentees with male mentors as well as black mentees with white mentors (Ehrich, Hansford, & Tennent, 2004). Please see Appendix E in this section for further discussion related to race and ethnicity.

SECTION 2: BECOMING A MENTOR

APPENDICES

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APPENDIX A

Self - Reflection Tool for Mentors

Using this tool may help increase self-awareness in proficient Public Health Nurses and validate personal perspectives regarding mentoring potential. Not everyone is suited to become a mentor. If potential mentors have more responses in the "somewhat" and "no" columns, they may wish to support the nursing mentorship in other ways rather than being a mentor.

Can I be a Mentor?

Statement	Yes	Somewhat	No
I am people oriented			
I am a good listener			
I want to share what I know as a Public Health Nurse with another nurse			
When faced with a difficult situation, **I** respond positively			
I work well with staff (multidisciplinary team)			
I have faced challenges in a positive manner			
I am secure in my knowledge and abilities as a Public Health Nurse			
I use positive coping methods			
I recognize my role as a teacher			
I am able to support without smothering, parenting or taking charge			
I wish to promote a positive working environment for a diverse workforce			
Other (statements that are specific to **me**):			

(*Modified from McKinley, 2004*)

SECTION 2: BECOMING A MENTOR

APPENDIX B

Questions for Mentors to Consider Prior to Entering Into a Mentor/Mentee Relationship

What is required of each party?

What is wanted or expected of me as a Mentor?

What are the benefits that I hope to obtain from this relationship?

As a Mentor, am I willing and able to meet those expectations and help to realize my needs?

What other considerations should be kept in mind specific to this mentor/mentee relationship?

(Adapted from Mertz, 2004)

SECTION 2: BECOMING A MENTOR

APPENDIX C

Context for Mentee Learning

Identifying Learning Styles and Mentoring

People have different learning styles which can influence the choice of teaching strategy used. Mentors recognize and respect different styles of learning in order to assist mentees to meet their learning goals (McKinley, 2004). A mentee's learning experience may be maximized by increasing understanding of his or her learning style.

To support learning about learning styles, the mentor assists the mentee to identify:
- learning style, and past experiences supportive of the mentee's learning;
- barriers to his or her learning;
- learning experiences that match the mentee's learning style; and
- previous experiences with informal mentoring that may help the mentee describe characteristics of the mentor that were helpful.

Learning styles influence the choice of teaching strategy used. Some learners like having time to think about their learning privately and enjoy writing experiences, problems, etc. in a journal that also serves as a communication tool between mentor and mentee. Others find writing as the sole method of communicating limiting. In some studies, mentors found on-line teaching to be very time consuming and missed physically being with their mentees. However, on-line teaching is a strategy used in "distance mentoring" programs to provide flexibility for geographically dispersed individuals who desire access to mentors (McKinley, 2004; Gibson & Heartfield, 2005).

Teaching Strategies

Many teaching strategies have been reported in the mentoring literature.
- One-to-one teaching – most traditionally and commonly used
- Teleapprenticeship – essentially on-line teaching and communication between mentor and mentee
- Video and audioconferencing – usually used to supplement tele-apprenticeship or in-person learning
- Communication journals – used as a means of communicating between mentor and mentee
- Group work/workshop/web based/informal/clinical practice workbook/CD or discussion

(Please see the Additional References section for references to articles pertaining to these teaching strategies.)

Identifying and Working with People of Various Learning Styles

Understanding learning styles is important if the mentor is to assist the mentee to meet his or her learning needs and to facilitate the engagement of the mentee in learning experiences.

Kolb (1985) identified learning styles and learning behaviours. These behaviours are a continuum from concrete experience to abstract conceptualization; from reflective observation to active experimentation. He described four learner's behaviours or learning styles. People learn in all four of these styles but usually learn best in one preferred style. Understanding that there are many ways of learning helps the mentor to vary learning situations to the mentee's preferred learning style. Please see the College of Nurses description of Kolb's learning styles and preferred methods of learning in the Self-Assessment Tool located at http://www.cno.org/docs/qa/44014_SAT.pdf

You may also refer to the *RNAO Preceptor Resource Kit*, 2004, pages 24 to 26.

Principles of Adult Learning

Understanding adult learning principles helps mentors facilitate learning (Knowles, 1978, as cited in Merriam & Caffarella, 1999). There is extensive literature on adult learners and adult learning styles. The one consistent message is that adult learners are unique and each one has a preferred learning style (*RNAO Preceptor Resource Kit*, 2004).

Sources of Motivation and Adult Learning

What motivates adult learners? Adults become ready to learn something when they experience a need to learn it in order to cope with real life tasks or problems (Knowles, 1980). Typical motivations include a requirement for competence or licensing, an expected (or realized) promotion, job enrichment, a need to maintain old skills or learn new ones, a need to adapt to job changes, or the need to learn in order to comply with company directives. Mentors must be sensitive to why their mentors are participating.

Motivating the Mentee

Six factors affect learner motivation.

- **Attitude** – learned through life experiences, education and role models
- **Need** – an internal force that leads the person to move in the direction of a goal in order to meet the need(s)
- **Stimulation** – changes in our perception or experiences in the environment that cause action
- **Competence** – achieving competence is a significant motivator that also improves personal self-confidence
- **Reinforcement** – can be both positive and negative and comes from internal and external sources
- **Affect** – the feelings, concerns, and passions of the learner while learning.

Keeping these factors in mind, mentors can help to motivate mentees by using the following strategies.

- Encouraging progress toward the mentee's goals
- Building on the mentee's accomplishments
- Facilitating learning experiences
- Being sensitive to the feelings and concerns of the learner

(Adapted from the RNAO Preceptor Resource Kit*, 2004, p. 57)*

SECTION 2: BECOMING A MENTOR

APPENDIX D

Strategies to Assist Mentees' Learning

Critical Thinking

Mentees can be helped to determine the attainment of learning goals through an evaluation process involving critical thinking and reflection. Critical thinking is defined as "reasoning in which we analyze the use of language, formulate problems, clarify and explain assumptions, weigh evidence, evaluate conclusions, discriminate between good and bad arguments, and seek to justify those facts and values that result in credible beliefs and actions" (Bandman & Bandman, 1995, as cited in *RNAO Preceptorship Resource Kit*, p. 28).

Mezirow (1981, as cited in Cranton, 1989) contributed a model of learning that proposes that an individual learns when his or her perception of reality is "not in harmony with" experience. Learning in this model is described as "reflecting on experience."

Mentors can help mentees create a problem formulation. An analysis of the assumptions, weighing the evidence, and discriminating between and justifying facts and values, e.g., reflecting on her or his experience, may clarify a problematic situation. When this reasoned analysis has been conducted mentees are prepared to tackle the problem in an informed manner.
See http://hsc.unm.edu/consg/conct/whatis.shtml for more information on critical thinking.

Problem-Based Learning

Another method of assisting mentees uses problem-based learning (PBL). PBL is an educational format that centres the discussion and learning that emanates from a real life situation, perhaps a clinically based problem. In PBL, the problem drives the learning. It is a method that encourages independent learning and gives mentees practice in tackling puzzling situations and defining their own gaps in understanding. It is a way of learning which encourages a deeper understanding of the problem.

Using PBL as a learning strategy, the mentor assumes a coach or facilitator role assisting the mentee to solve the problem by:

- asking leading and open-ended questions to help the mentee explore the richness of the situation and to help them develop their critical thinking;
- helping mentees reflect on the experiences they are having, because reflection develops professional skill;
- monitoring progress, because successful problem solvers monitor their thought processes about once per minute to ensure that they are still on track and that they understand where they are in the process;
- challenging their thinking, so as to nurture deep learning, and a search for meaning so that they develop critical thinking skills;
- raising issues that need to be considered as a method of facilitation; and
- creating and maintaining a warm, safe, encouraging atmosphere in which individuals will be willing to share experiences and ideas without fear of being ridiculed because trust is the key ingredient (Covey, 1989).

Further reading about PBL is available at: http://chemeng.mcmaster.ca/pbl/pbl.htm

Active Listening

Active, respectful listening is critical to mentoring. Active listening is defined (McKinley, 2004) as the ability to become absorbed in what another person is saying and not interjecting your views, opinions or suggestions. When mentors actively listen, mentees gain insight into a problem by putting it into words, sorting things out, perhaps coming to a solution and gaining emotional release and relief.

Talking, physical distractions/interruptions and anticipation are three barriers to active listening.

Asking reflective questions as in the example below, tells the mentee that the mentor is interested in what he or she is saying as well as giving more information on the issue or concern. It is important to ask open-ended questions occasionally that prompt discussion and clarify what has been communicated, e.g., "let me restate what you have just said."

Case Study

Dawn, a newly hired Public Health Nurse, wishes that her mentor had heard of the old saying "we were given two ears to listen and one mouth to talk." She is finding her meetings with her mentor a rough go. At her last meeting, she wanted to discuss her difficulty in making a decision about taking the CNA certification exam in Community Health Nursing in the next six months or putting it off until next year but her mentor was frequently interrupted by her pager and cell phone. Dawn wished that her mentor would turn off her communication distractions during their meetings. In addition, when Dawn brought up her conundrum during the meeting, her mentor began to reminisce, gazing out the window, about how she learned public health nursing "the hard way" several decades before, leaving little time for discussion about Dawn's situation. Dawn was reluctant to interrupt, thinking it would be rude.

Dawn is beginning to wonder if her mentorship relationship is working out. Her colleague Ron however, reports a mentorship relationship whereby, he feels that his mentor "really hears" what he has to say. "It's not so much what my mentor has to say but how she listens and is there for me. I often figure out solutions to problems just by stating them out loud in this supportive atmosphere. My mentor asks few questions during our meetings, she mostly listens. When she does, her questions cause me to reflect on my role and actions related to the problem. She asks, "What did you do then?" or, "When did you start feeling this way?"' and I know she is really listening. It feels great."

Dawn decides to discuss her feelings in strictest confidence with the mentoring champion in her health unit.

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APPENDIX E

Cultural Diversity and Mentorship

Believe in the potential of all human beings, and their right to be respected and encouraged.

The Fish! Philosophy™

Cultural competence is an important issue to Public Health Nurses in Ontario. Recruiting Public Health Nurses from culturally diverse groups strengthens public health's ability to deliver services to clients, families, communities and populations of various racial and ethnic minorities and equalizes access to public health services for these individuals and populations. As Leininger (1991) notes, "Culture refers to the learned values, beliefs, norms and way of life that influence an individual's thinking, decisions and actions in certain ways." Thus, an understanding of the impact of culture on relationships is an important mentor attribute.

Evidence in the literature suggests that mentorship is an important strategy to recruit and retain Public Health Nurses of various racial and ethnic minorities (Baklid, Cowan, MacBride-King, & Mallett, 2005; Doutrich & Storey, 2004; Fawcett, 2002; Morales-Mann & Smith Higuchi, 1995; Villarruel & Peragallo, 2004). The sharing inherent in a mentorship program helps Registered Nurses of various race and ethnic backgrounds newly hired to public health to cope with personal feelings of loneliness, self-doubt and isolation (Williams Buchanan, 1999).

The CNO (2004) practice guidelines are referenced at the end of this section. These guidelines help nurses provide culturally sensitive care. Mentors may wish to refer to them when entering into a mentoring relationship with mentees from a racial or ethnic culture that is different from theirs.

For more about cultural differences from a mentee's perspective see the following web-based article:

Degrees of Success: Mentorship in Black and White
http://www.minoritynurse.com/features/undergraduate/11-01-03f.html

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SECTION 3: BECOMING A MENTEE

Caring, Connecting And Empowering

Caring, Connecting And Empowering

Caring, Connecting and Empowering: The Mentor/Mentee Relationship

Registered Nurses new to public health may wish to identify opportunities to enhance professional development and career advancement after their formal orientation is completed and they are comfortable with the challenges of a beginning Public Health Nurse. A mentorship initiative provides support to these beginning Public Health Nurses so that they feel connected and do not experience the stress associated with transition to a new role (Smart & Kotzer, 2003).

Characteristics of Mentees

Mentors are most effective if the mentee displays certain traits that allow both mentor and mentee to flourish in their roles. Characteristics of an ideal mentee (Vance, 2000) include:

- Good communication skills;
- Able to take initiative;
- Career commitment;
- Self-identity;
- Openness to mutuality;
- Intelligence;
- Ambition and a strong desire to learn;
- Loyalty; and
- Commitment to the organization.

Benefits to Mentees

Mentees who have had a mentor, either formally or informally, benefit greatly from the experience. Ehrich, Hansford and Tennent (2004) found that the most frequently cited benefits of the mentorship relationship for mentees were related to receiving:

- support;
- empathy;
- encouragement;
- counselling; and
- friendship.

Mentees reported that they most appreciated receiving feedback, positive reinforcement and constructive criticism from their mentors.

Consider this. . .

Pfleeger and Mertz (1995) stress the importance of honesty in a successful mentoring relationship. They advise mentors to think about your goals; what you want out of the relationship; and to be honest and upfront about them in your initial meetings with your mentor. It is important that you and your mentor "click" on important issues such as what you both want from the mentoring relationship.

Mentees may wish to consider seeking a mentoring relationship that provides:

- advice and guidance on how to succeed in a role;
- a sounding board to discuss concerns and ideas;
- opportunities to expand professionally;
- increased organizational savvy; and
- increased confidence in professional role.

Refer to Section 3: Appendix A to reflect on what you may wish to obtain from a mentoring relationship. You are strongly encouraged to discuss your reflections with your mentor prior to entering a relationship.

Responsibilities of the Mentee

- Initiates the development of learning goals
- Collaborates with the mentor to ensure feasibility, appropriateness of goals
- Uses clear, accurate and effective communication skills during mentor/mentee interactions
- Is familiar with and follows agency policies and/or procedures related to mentorship
- Contributes to the development of a trusting and collegial relationship with the mentor
- Is respectful of the mentor's efforts, e.g., time for meetings*
- Provides feedback to the mentor so that she or he knows whether she or he is effectively mentoring (McKenzie, 2004)
- Consults mentoring champion to discuss the mentoring relationship or discuss a request for a mentor/mentee change

(Adapted from the CNO Practice Guidelines: Supporting Learners, 2005)

*Ambitious nurses who desire intense mentoring relationships should be aware of the challenges for both mentor and mentee. The mentor spends time, energy and professional capital to advance the mentee and may be equally demanding that the mentee produce (Mertz, 2004).

Mentors and mentees are viewed as equals. The relationship is intended to facilitate significant change for both groups. *(Marahar, Bowen, Brennan, Crawford, Gomez & Parsons, 2005; Vance, 2002).*

Some organizations may ask for a mentee biosketch to assist in the mentor/mentee matching process. Mentees may be asked to submit an outline of their educational preparation, professional interests, motivation for joining the mentorship initiative and some personal highlights (Carroll, 2004).

Establishing Learning Goals

Mentees play an active role in determining what experiences are going to foster professional growth according to their individual learning styles and motivation.

Consider this. . .

It's best not to treat learning goals as if they were "etched in stone" and consider them to be the only valuable outcomes. Even if you don't achieve all of your goals, you may have obtained knowledge and skills and had other experiences that you might not have had outside the mentoring relationship (*Westberg and Jason, 1993*).

Establishing learning goals serves several important purposes and functions including:

- establishing a learning focus for the mentoring relationship;
- assisting the learner to conduct a self- assessment;
- developing a statement of objectives to communicate learning needs to others;
- careful thinking about what is to be accomplished;
- makes learning more directed and organized;
- aids in evaluation of the mentorship initiative;
- provides visibility and accountability of decisions;
- helps to make decisions regarding prioritizing; and
- provides feedback as objectives are accomplished.

Characteristics of effective learning goals:

- Consistent with overall goals of the organization
- Clearly stated
- Realistic and doable in time available
- Appropriate for learners' stages of development
- Appropriately comprehensive

Phases of a Mentorship Relationship

Phase 1: Initiation

- Mentees and mentors meet to determine collaboratively how the mentee will achieve learning goals, for example, what activities she or he will undertake with the assistance of the mentor.
- Mentees and mentors each review their responses to the questionnaire (this section: Appendix A) and discuss what each hope to get from the relationship.
- Although competency regarding public health skills such as increasing community capacity or launching effective community health promotion campaigns is not ordinarily a feature of mentoring relationships, if the mentor is highly regarded as having these skills, the mentee may wish to negotiate in her or his learning plan how the mentor may assist in goal attainment.
- Ensure the selected activities match mentee's learning style. Consult CNO's Appendix 3 for assistance in identifying learning styles at: http://www.cno.org/docs/qa/44014_SAT.pdf
- The mentee may wish to use an aid to self-reflection to determine learning goals. The College of Nurses of Ontario *Self-Assessment Tool* may assist in determining learning goals. The Canadian Community Health Nursing Standards (2003) can also be used as a basis for self-reflection. These standards are specific to public health nursing and can be accessed at: http://www.communityhealthnursescanada.org/Standards.htm

- Mentees and mentors determine what criteria will be used to decide if goals have been achieved.
- Mentees and mentors set a reasonable date for goal achievement.
- Mentee in collaboration with mentor begins filling in Appendix B in this section to create a draft learning plan.

Phase 2: Planning

Developing a Learning Plan

- Mentees may wish to use the College of Nurses of Ontario (CNO) Self-Assessment Tool or the Canadian Community Health Nursing Standards (2003) to conduct a self-assessment (other sources such as a community nursing text book may be used to promote self-reflection).
- Mentees finalize learning goals in consultation with their mentors and record learning goals using the learning plan included in this section: Appendix B.
- Learning goals and objectives should be reviewed monthly by mentors and mentees to ensure they meet the characteristics noted above.

Phase 3: Development

- The learning plan provides a method to track goal achievement during meetings with the mentor. Use the Learning Plan in this section, Appendix B, to track or use the one provided by CNO at: http://www.cno.org/docs/qa/44014_SAT.pdf
- Agency policies and procedures are followed for evaluating the outcomes of the mentorship experience.

Phase 4: Closure and Separation

- Agency policies and procedures are followed for ending the mentorship relationship,
- Record goal attainment on the Learning Plan, this section: Appendix B and complete the final Progress Review report, Section 4: Appendix F.
- Redefine with the mentor, the continuing status of the mentoring relationship.

Case Study: Mentee

Karen is a Registered Nurse newly hired to public health. She previously practised in a hospital setting. Doing well is important to Karen. She knows that she has a lot to learn about public health but like most adult learners would like her knowledge and skills related to therapeutic nurse-client relationships acknowledged. She has a personal adjustment to make from being proficient (as defined in Benner's model) in her old role to be a novice or advanced beginner as a Public Health Nurse. She hopes that the transition to being competent in her new role will be accomplished quickly and without much distress. She consults with the mentorship champion and indicates that she wishes to join the initiative. Upon reflection, her goals in entering a mentorship relationship are to feel nurtured and supported during her transition and she is looking for advice on how to take advantage of professional development opportunities to meet her learning needs.

Karen brings her completed questionnaire (Appendix A) to her first meeting with her mentor, June. She is honest about how much she has to learn and her need for recognition and independence in meeting her learning needs. June commends her on her honesty and on her preparation for the meeting. June relates her own goals for the mentoring relationship to Karen. They agree that they have compatible goals and proceed to schedule another meeting.

Karen begins a self-assessment process using the CNO *Self-Assessment Tool*. She accesses the learning styles area of the CNO website and determines that her learning style is best described as a "diverger"; she learns best in groups and with peer interaction so will seek learning activities involving groups and peers. She identifies through using the CNO Self-Assessment Tool that she is at the "developing" level in using evidence as a basis for her public health practice. Her learning goal is to increase her proficiency to the CNO's "highly developed" level related to her ability to base her practice on evidence.

Karen's learning plan is included in Section 3: Appendix D.

SECTION 3: BECOMING A MENTEE

APPENDICES

SECTION 3: BECOMING A MENTEE

APPENDIX A

Questions for Mentees to Consider Prior to Entering Into a Mentor/Mentee Relationship

What is required of each party?

_____
_____
_____

What is wanted or expected of me as a Mentee?

_____
_____
_____

What are the benefits I hope to get from this relationship?

_____
_____
_____

As a Mentee, am I willing and able to meet those expectations and help to realize my needs?

_____
_____
_____

What other considerations should be kept in mind specific to this mentor/mentee relationship?

_____
_____
_____
_____
_____
_____
_____

(Adapted from Mertz, 2004)

SECTION 3: BECOMING A MENTEE

APPENDIX B

Sample Learning Plan for Mentorship Experience

Learning Objectives	Resources/ Strategies	Evidence of Achievement	Target Dates	Criteria for Evaluation	Progress/Status
What are you intending to learn? Objectives should be specific, measurable, attainable, realistic and timely. Objectives can include the content to be learned in the knowledge, skill and attitudes (competencies) that are desired.	These are the activities that you will use to meet your objectives, e.g., How will you do it?	How do you propose to demonstrate achievement of this objective? E.g., "As a result of meeting this objective, I will be able …" (How will you know that you have achieved it?)	When is the evidence due? Number of weeks and anticipated completion date.	What is the basis for determining that you have successfully completed the evidence? Who will perform the evaluation? What method will be used to evaluate? (Identify who and how you will obtain feedback or information to demonstrate that you have achieved your objective.)	Description of where the mentee "is", in relation to meeting the stated objective. This section can be completed at key points during the mentoring experience in conjunction with the Progress Report (e.g., mid-term, and at the end of the experience) May also complete the **Mentorship Progress Record**, to include more detailed accounts of progress. **See Appendix F in Section 4.**

(*Adapted from RNAO Fellowship Proposal Application information, RNAO 2004)*

SECTION 3: BECOMING A MENTEE

APPENDIX C

Joint Position Statement on Continuing Competence for Registered Nurses

The Joint Position Statement on Continuing Competence for Registered Nurses released by the Canadian Nurses Association (CNA) and the Canadian Association of Schools of Nursing (CASN) identifies several key points related to continuing competence: (CNA and CASN, 2004).

- Continuing competence is the ongoing ability of a nurse to integrate and apply the knowledge, skills, judgment and personal attributes required to practise safely and ethically in a designated role and setting.

- Enhancing continuing competence through life-long learning is essential to professional nursing practice because it contributes to the quality of patient outcomes and to the evidence base for nursing practice.

Individual nurses, as members of a self-regulating profession are responsible for:

- demonstrating commitment to continuing competence through life-long learning, reflective practice, and integrating learning into nursing practice;

- ensuring that their competencies are relevant and up-to-date on a continuing basis in relation to the clients they serve;

- seeking out quality education experiences relevant to their area of practice;

- supporting each other in demonstrating, developing and maintaining competence;

- working with employers to ensure that their workplaces support continuing competence; and

- meeting the requirements of their regulatory body for continuing competence.

SECTION 3: BECOMING A MENTEE

APPENDIX D

Karen's Learning Plan

Learning Objectives	Resources/ Strategies	Evidence of Achievement	Target Dates	Criteria for Evaluation	Progress/Status
I will concentrate on improving my skills in reviewing research literature. I will assess the relevance of the evidence to my practice and work setting. I will base practice decisions on current accepted research and standards of practice.	As a "diverger", I learn best in a group setting with lots of interaction. On the advice of my mentor, I will apply to attend an interactive research conference on "using evidence for best practice." I value the perspectives of peers and so will attend the "lunch and learn" sessions at work to discuss research findings. With my mentor's assistance, I will apply to become a member of the Research Committee.	I will be able to critique research articles pertaining to public health nursing and know which journals offer best evidence for practice. I will attend three "lunch and learns" during the winter, actively participating in discussions.	Within 12 months January to April, 2006	I am able to lead a discussion about a research article during the "lunch and learn". I select and introduce a research article that is pertinent to my team's mandate. I introduce it at a team meeting for consideration. During the introduction, I am able to explain why an examination of present nursing practice may be required.	I expect to be able to check-off the "highly developed" level in the Leadership Skills Group related to use of evidence. In collaboration with my mentor, I will complete this area at key points during the mentoring experience (e.g., mid-term, and at the end of the experience) and reference achievements on the Progress Record.

SECTION 3: BECOMING A MENTEE

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SECTION 4:

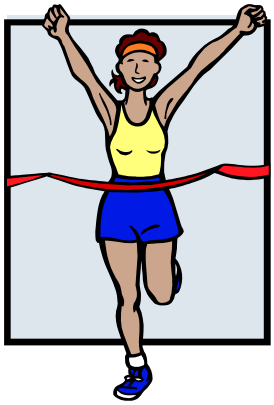
BECOMING A MENTORSHIP CHAMPION

Caring, Connecting And Empowering

Caring, Connecting And Empowering

Mentorship Champion: Definition

A definition of a mentorship champion did not emerge from the literature reviewed for this project. Function and activities were ascribed to the championing role, e.g., process facilitation, communication, evaluation, overseer of the process, and resource lobbyist (Cameron-Jones & O'Hara, 1996; Carroll, 2004; Vance, 2002). Tourigny and Pulich, 2005, detailed considerations for establishing a formal mentoring program and placed the responsibility for the conduct of the implementation on "the health care organization." In Pfleeger and Mertz's study (1995), participants identified that a supervisor of the process was needed to improve the mentoring process. Participants noted that in the absence of such a person, it was easy to let mentorship-related activities slide. Ehrich, Tennent and Hansford (2002) recommended increased awareness of critical issues among "personnel who are charged with the responsibility of planning and establishing formal mentoring programs for nurses" (p. 261). A conceptualization of a mentoring champion emerges from these ideas. This champion would have personal characteristics and the knowledge, skills and judgment to carry out the responsibilities as outlined in the following section. A nursing mentorship champion may be defined as a PHN who plans, implements, maintains, and evaluates a nursing mentorship initiative in collaboration with others on behalf of a public health organization, providing guidance and support to the individuals involved in mentorship process, e.g., mentees, mentors, educators, managers and senior health unit administrators.



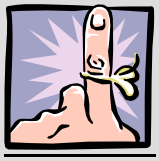
Characteristics of Nursing Mentorship Champions

- Knowledgeable about principles of motivation, learning enhancers, and barriers to learning
- Are role models for mentors, respected and credible in the organization
- Practises at the proficient (Benner, 1984) level of public health nursing
- Knowledgeable about nursing education, e.g., preceptorship programs, orientation
- Values mentoring, diversity and supportive relationships
- Enthusiastic, connects and communicates well across teams and with managers
- Experienced with mediation and conflict resolution
- Promotes organizational mission and vision
- Demonstrates high ethical standards (see CNO Code of Ethics, 2003)

Establishing a Structure for Nursing Mentorship

The mentoring structure implemented in health units depends on the resources available to the particular health unit and the unit's own preferences. However, infrastructure is critical to the initiative's success. Several resources from the literature state that a mentoring coordinator is essential for championing nursing mentorship within organizations (Gatson Grindel & Roman, 2002; in personal conversation with N. Mertz, June 2, 2005; Phillips Jones, 2003). A champion may assume a co-ordinator's role. In some health units, this nursing mentorship champion may occupy a funded coordinator position. Health units may wish to consider the following structures when there are not resources available for a funded co-ordinator.

- An interested manager may be able to provide mentorship coordination among a small team of Public Health Nurses, for example, the prenatal education team.
- The staff member responsible for co-ordinating student placements is already experienced with the preceptor program for nursing students and the mentorship initiative may be a natural fit.
- Aspects of the role may be divided among individuals in a health unit with an interested manager retaining responsibility for overall co-ordination.
- The nursing practice council may assume responsibility for a nursing mentorship initiative with an interested manager retaining responsibility for overall coordination.



"In the general practice context, the emergent, diverse, and inherently collaborative nature of practice nurse roles requires a mentoring framework that is inclusive, non-prescriptive and can accommodate the dynamics of the setting." *(Gibson, 2005)*.

A senior nurse leader should be available to the mentorship champion. This senior nurse leader assists the champion in implementing the mentorship initiative and in identifying important factors influencing the adoption process. The nurse leader assists the champion in gaining the support of key stakeholders and assessing organizational support and readiness (Dobbins et al, 2005).

Consider the questions posed in the Health Unit Readiness Assessment Worksheet found in this section, Appendix A. More information on organizational readiness can be obtained from the RNAO Best Practice Guideline Implementation Toolkit.

Role of the Champion by Phases

The champion establishes the Nursing Mentorship Initiative by following these phases.

Phase 1: Initiation

The champion begins the initiative by:

- generating interest for the initiative through group meetings and one-on-one meetings with organizational leaders;
- lobbying administration for funding for nursing mentorship; and
- introducing the mentorship initiative to post-orientation Registered Nurses newly hired to public health.

Phase 2: Planning

The champion plans for Nursing Mentorship by:

- developing documentation forms;
- developing and maintaining a budget (*see Appendix B, Sample Budget* in this section);
- initiating planning for mentorship recognition, and including key stakeholders in the planning;
- developing a training plan for mentors and mentees;
- presenting nursing mentorship's underlying assumptions, e.g., voluntary, theory-based;
- developing initiative logistics, e.g., application process, review of applications, mentor education, networking sessions, mid-point assessments, celebrations, evaluations;
- developing a roster of mentors and their interests;
- gathering biosketches of mentees and their learning interests; and
- determining a process for matching – voluntary, e.g., each mentee meets with several mentors and selects a mentor; matching through a committee or the champion makes the match, assessing "the fit" between mentor and mentee (Mertz, 2004).

Phase 3: Development

Maintains the coordination of the mentoring process by:

- reviewing the learning plan with the mentor and mentee, highlighting the *intent* and *involvement* required to meet the learning plan and ensuring the mentor and mentees understand the commitment;
- assisting mentee/mentor dyads who experience difficulty;
- enacting follow-up processes such as formative evaluation from mentor/mentee pairs (N. Mertz, in personal communication, June 2, 2005);
- maintaining central repository of supporting documentation forms either electronically or manually;
- liaising with human resources and senior administration to determine retention statistics and outcomes of the initiative;
- receiving reports on turnover – (level of information in reports determined by agency policy);
- reporting to senior nursing leader in health unit;
- linking with nursing practice council or similar body; and
- intervening appropriately when the dyad is experiencing conflict.

Phase 4: Closure and Separation

- Assists the mentor or mentee to move onto other relationships when necessary.
- Coordinates mentorship recognition activities at end of mentoring period.
- Participates in or leads evaluation as per agency policy at mentor/mentee level and at program level.

(Adapted from Region of Niagara, Mentorship Program, 2004 – 2005)

See Appendix C in this section, for Process and Documentation Flow Chart according to Phases of the Mentoring Relationship.

Other Considerations

Selecting Mentors

Having a list of mentor characteristics is a useful tool to develop selection criteria for new mentors or to use when considering new hires for an organization committed to mentorship (Gatson Grindel, & Roman, 2002; McKinley, 2004; Mertz, 2004; Speers, Strzyzewski & Ziolkowski, 2004). A "mentorship application" should ask for information about:

- Speciality
- Expertise
- Interests
- Philosophy of nursing
- Beliefs on how a mentor can support a mentee
- Skills such as Active Listening to sustain and nurture interpersonal relationships
- Motivation – is the individual participating on a voluntary basis? Is the individual obliged to participate?
- Willingness to invest time and honesty to gain trust beyond usual professional relationships – *level of involvement*.

Consider this. . .

Compatibility is helpful in establishing trust. Mentors and mentees should enjoy talking and spending time together. Their respect for each other is based on work-related values and they share a similar worldview and a similar focus for their mentoring activities. Proper matching of the mentor/mentee pair is considered critical for success *(Mertz, 2004)*.

Matching Pairs

Matching should be based on goals and interests of mentees and mentors. It is strongly suggested that the personalities and learning styles of the individuals be considered in matching (Mertz, 2004).

Careful selection of pairs is essential and there must be a "good fit" (Gordon, 2000). The right *pairings* are more important than identifying good mentors and good mentees.

Preparation and training are needed to help mentors and mentees get to know each other and assist them in understanding the nature and degree of the commitments they are about to make, and to explain their roles and responsibilities in the program (Greene & Puetzer, 2002).

In Pfleeger and Mertz's (1995) study, more pairs failed than succeeded. Mentoring did not work where basis for selection and pairing was not achievement driven (similarly of *intent*) and respect was not evident.

Some health units may wish to use a "matching committee" as part of a mentorship initiative, reviewing mentor information and mentee learning needs.

A number of programs feature mentees who are able to select their mentor from a "mentor bank" and in other programs the mentee is assigned a mentor. Either option ensures good matches if organizations pay attention to the following considerations.

- Age
- Mentee experience
- Gender and ethnicity.

(Gatson Grindel & Roman, 2002; Greene & Puetzer, 2002; Gordon, 2000; Hurst & Koplin-Baucum, 2003; Pinkerton, 2003)

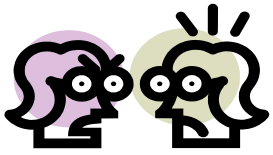
Examples of mentor matching programs include the following.
In the Conference Board of Canada's document (2003), a Bell Canada's mentor-matching process is described employing technology to link mentees and potential mentors using an on-line matching capability. Mentees browse an organizational pool of potential mentors using a search tool that generates a list of suitable mentors based on information provided by mentees. The matching process is flexible and gives the mentee control over the choice of mentor. The mentorship site is rich in tools such as program overview, benefits, role and responsibilities and frequently asked questions. http://www.mentorcanada.ca/en/en_keynote/nnazer.ppt#1

In 1999, the College of Registered Nurses of Nova Scotia (CRNNS) launched its Mentor Match Program™ (MMP) and has made strengthening the MMP™ a priority. The goals of the College's MMP™ are to:

1) promote mentorship among Registered Nurses;
2) advance nursing practice through the development of critical nursing skills (e.g., practice, leadership);
3) support continuing competence; and
4) support a culture of evidence-based practice.

Visit their password-protected website at
http://www.crnns.ca/default.asp?mn=414.70.81.227.226

Managing Conflict Among Mentorship Pairs



Despite attention to the matching process, conflict among the pairs may occur. The champion keeps the following in mind when selecting to intervene in the conflict situation.

Conflict is dynamic. It can be positive, negative, healthy or dysfunctional (Sullivan & Decker, 2005). Conflict management begins with a decision regarding if or when to intervene.

Identifying and dealing with problems as they arise may help prevent conflict and prevent the issue from getting out of hand (RNAO Preceptor Resource Kit, 2004).
Refer to Appendix D in this section for further information about conflict resolution.

Providing Training for Mentors

To be able to function effectively, mentors need training to learn about the function of the mentoring role, to learn about problem solving and goal setting, and to become a successful teacher. Some programs require mentors to have experience before assuming the role e.g., two to five years of experience as Public Health Nurses (Clay & Wade, 2001; Greene & Puetzer, 2002; Pinkerton, 2003; Speers, Strzyzewski, & Ziolkowski, 2004). Training is critical to ensure that the organization develops an effective pool of mentors.

The primary functions/dimensions of a mentor, which training should address include:

- **Teaching/learning** – not only how, but mentors must realize that content is driven by what the mentees identify as their learning needs, not curriculum driven
- **Socialization** – mentors must learn how to socialize the mentee into new work environments and provide assistance with developing relationships with other colleagues
- **Promoting career advancement** – mentors must understand how to assist mentees to achieve career advancement, such as providing recommendations on conferences, facilitating contact with significant people, and addressing deficits
- **Role modeling** – mentors must understand the impact that they have as a role models on the mentees
- **Setting boundaries** – mentors must learn how to set limits and establish clear boundaries around the relationship
- **Assessment/Feedback** – effective giving and receiving.

It has been suggested that mentor training programs incorporate objectives that reflect "knowing" (theoretical components) and "enacting" (practical components) (Almada, Carafoli, Flattery, French, & McNamara, 2003; Hurst & Koplin-Baucum, 2003; Rosser, Rice, Campbell, & Jack, 2004). Examples include:

- The phases of a mentor relationship
- Tools to operationalize the relationship, e.g., active listening, developing a learning plan
- Ideas about how to deal with problems along the way
- Learning styles
- Communication techniques
- Personality characteristics of the mentor and mentee
- Conflict resolution strategies

At least one to two days should be devoted to the training of mentors prior to their assuming their role with the recognition that on-going support from a third party such as a champion and/or nurse manager and from the organization is equally important to facilitate the mentor's own process of reflective learning about mentoring (Almada, Carafoli, Flattery, French, & McNamara, 2003; Rosser, Rice, Campbell, & Jack, 2004).
*(*See Appendix E in this section – Sample information for Mentor Education Sessions.)

Success Factor

Sufficient personnel are the key to success. Having a consistent mentor is very important to a successful mentorship experience *(Jones, Walters & Akehurst, 2001; Hurst & Koplin-Baucum, 2003; Gatson Grindel & Koplin, 2002).* This requires a resource investment on the part of the organization to ensure that there are enough mentors in the "bank" and to allow each mentor time to fully assume the mentorship role *(Ehrich, Hansford ,& Tennent, 2002; Ehrich, Hansford, & Tennent, 2004; Owens & Patton, 2003; Pulsford, Boit, & Owen, 2002).*

Evaluation of the Nursing Mentorship Initiative

Evaluation is important for any program to continually improve at meeting its goals and objectives. In nursing mentorship, evaluation occurs at both the mentor/mentee relationship level and at the program level. The mentorship champion coordinates processes at both levels.

"Mentors should carry out their role with the knowledge that they hold a special relationship that requires trust and openness with the mentee. Allowing that role to become focused on evaluation will inhibit the proper function of a mentor-mentee relationship." [5]

Mentor/Mentee Level

Both mentors and mentees require feedback on their goal attainment. In traditional mentorship programs, mentees receive feedback from their mentors, both verbally and in written form, on an ongoing basis in order to strengthen the relationship and to meet the mentees learning objectives. Mentors also require feedback from mentees, and oftentimes from a third party such as the champion, on their performance in the role of mentor.

Clearly defined procedures and forms are needed to assist these individuals to provide clear, concise, timely, and useful feedback. Although regular and frequent feedback is the most ideal scenario, literature has shown that regular meetings between mentors and the mentees daily, or even weekly, are problematic given the realities of work life. In light of this finding, mentorship relationships should include feedback sessions with set dates and times (e.g., monthly or twice per mentoring session).

Two forms have been developed to track the progress of the mentee-mentor relationship. The Learning Plan (Section 3, Appendix B) and the Progress Record (Section 4, Appendix F), provide examples of mechanisms for recording and evaluating the attainment of specific objectives. These two forms may be used by mentors to track mentee learning goal achievement and to provide a final assessment of the mentee's perception of his or her achievements. When learning goals are not achieved, mentors guide mentees through a reflection phase using Active Listening, Problem-Based Learning, and encouraging the mentee's critical thinking skills to facilitate goal attainment.

Nursing Mentorship Initiative Level: Proposed Framework

Elements of a mentorship initiative to be evaluated include, but are not limited to, the following processes:

- mentor participation;
- mentor training;
- matching;
- mentee participation;
- mentor/mentee documentation; and
- mentorship recognition.

[7] Florida State University, http://med.fsu.edu/geriatrics/images/Geriatrics_Mentorship_policy.htm

Satisfaction with the following may also be evaluated.

- Mentor and mentee satisfaction with their relationship including:
  - The extent of goal attainment and expected benefits realized
  - Adequacy of supports to resolve conflict if conflict occurs
  - Best features and weaknesses of the mentorship initiative.

Possible Outcome Indicators of the Mentorship Initiative

- Learning pre- and post-training day(s)
- Successful role transition for newly hired Registered Nurses
- Increased self-confidence among newly hired Registered Nurses
- Acquisition of public health nursing competencies
- Feeling of empowerment and personal satisfaction
- Increased retention rates, decreased turnover rates

SECTION 4:
BECOMING A MENTORSHIP CHAMPION

APPENDICES

SECTION 4: BECOMING A MENTORSHIP CHAMPION

APPENDIX A

Health Unit Readiness Assessment Worksheet

Using this worksheet may help the champion to answer the following question:
Does introducing a nursing mentorship initiative at this time make sense in this organization?

Element	Question	Facilitators	Barriers
Structure	Is there enough committed staff to support the initiative?		
Workplace culture	To what extent is nursing mentorship consistent with the values, attitudes, and beliefs of the practice environment? To what degree does the culture support change and value evidence?		
Communication	Are there adequate formal and informal communication systems to support information exchange about the implementation process?		
Leadership	To what extent do your nurse leaders support the implementation of nursing mentoring?		
Availability of Resources	Are the necessary human, physical and financial resources available to support implementation?		

(*Please refer to the following reference to obtain more information on the unit readiness assessment process. Adapted from RNAO's Implementation of Clinical Practice Guidelines Toolkit.)*

SECTION 4: BECOMING A MENTORSHIP CHAMPION

APPENDIX B

Nursing Mentorship Flow Chart: A Guide for the Champion

The following table outlines a step-wise process from self-evaluation by the mentor and mentee to the evaluation process. Supporting documentation and or forms are included as appropriate in each stage of the process.

Processes & Documentation Associated With Phases Of Mentorship					
Initiation		***Planning & Development***		***Closure & Separation***	
→ → →→→ → → →→→→→→→→ → →→ → →→→→→→					←←←←
Beginning Relationship		**During the Relationship**		**After the Relationship**	
Self-assessment	Building a Profile	Accepting a mentor/mentee	Developing a relationship	Ending relationship or deciding to continue	Program Evaluation
Would I benefit from mentorship? Should I become a mentor? What is involved in the mentorship process?	Mentee Biosketch (one-page biography) Mentor Profile	Deciding on whether to pursue a relationship – do their goals match Establishment of agreement and obligations Mentorship Contract – to identify, in writing, ground rules for the mentorship experience as determined by the mentor and mentee	Monitoring progress toward goals during regular meetings The mentor must keep "opening the door" signalling his or her willingness to continue the relationship Trust is established	Less meeting time Redefinition of relationship The mentor and mentee evaluate the mentorship experience and provide feedback for future relationships	Health unit demonstrates value of nursing mentorship
Supporting documents **Diagram of Mentor/Mentee Process** **Learning Plan** **Self-Reflection – Mentors/Mentees**	Supporting documents **Learning Plan** **CNO Learning Styles**	Supporting documents **Finalization of the Learning Plan**	Supporting documents **Learning Plan** **Mentorship Progress Review**	Supporting documents **Learning Plan** **Mentorship Progress Review**	Supporting documents **Logic Model** **Sample Budget** **Mentorship Progress Review(s)**

Adapted from the Bell Mentorship Program cited in the Conference Board of Canada (2003)

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APPENDIX C

Budget Worksheet

Item	Expenses	Costs
Getting organized	Presentation to senior administration/management Allocate financial resources to support initiative, e.g., human, technical Staff Meetings Meeting Expenses (Room, Food, Beverage) Information technology support	
Marketing	Meeting Expenses (Room, Food, Beverage) Seminars Posters Office supplies Printing Marketing	
Implementation and Communication	Slides Poster production Staff replacement time to attend sessions Printing costs of materials to support initiative Training time Other training costs	
Evaluation of Mentoring Initiative	Printing costs Tapes for tape-recorder Administrative assistant time Data analysis and report writing time Flyers and posters	
Other	Recognition events or kick-off celebrations Thank-you gifts for mentors	

(Adapted from RNAO's Implementation of Clinical Practice Guidelines Toolkit)

SECTION 4: BECOMING A MENTORSHIP CHAMPION

APPENDIX D

Conflict Resolution

Conflict is defined as the consequence of real or perceived differences in goals, values, ideas, attitudes, beliefs, feelings or actions:

- within one individual (intrapersonal conflict);
- between two or more individuals (interpersonal conflict);
- within one group (intragroup conflict);
- between two or more groups (intergroup conflict).

(Sullivan & Decker, 2005, p. 134)

Filley's model of conflict resolution (1975, as cited in Chapter 9, Sullivan & Decker, 2005) suggests that antecedent conditions are associated with increases in conflict. Antecedent conditions propel a situation toward conflict. In nursing mentorship relationships, antecedent conditions may include:

- incompatible goals;
- role conflict; and
- differences in values and beliefs.

Incompatible Goals

Individuals have multiple goals and these goals may conflict. For example, individuals allocate their resources such as time on the basis of priority. In her article about mentoring, Mertz (2004) describes the concepts of intent and involvement as particularly salient variables within a mentoring relationship. She describes *intent* as, "concerned with why the relationship is undertaken, the ends sought and how each party to the relationship sees and values those whys and ends" (Mertz, 2004). According to Mertz, *involvement* "is concerned with what is required of each party to the relationship, the physical and emotional costs, the nature and level of investment required, and the intensity of interaction required by the relationship" (Mertz, 2004). It appears that the major factor distinguishing a successful mentoring relationship from one that is unsuccessful was the failure of the mentor and mentee to "share a common perspective about mentoring and what should go on in the name of mentoring" (Pfleeger & Mertz, 1994, p.68). This may be a source of conflict that may be prevented by clearly outlining the goals of the mentee and the goals of the mentor during the first phase of the relationship and ensuring that they mesh.

Role Conflict

Roles are defined as other people's expectations regarding behaviour and attitudes. Roles may become unclear when responsibilities are ambiguous. If the mentor is unclear about responsibilities toward the mentee and/or the mentee if unclear about how to contribute to the relationship, unrealized expectations may develop and conflict may occur. Again this source of conflict may be prevented by being truthful and frank regarding role expectations during the first phase of the relationship.

Differences in Values and Beliefs

Values and beliefs result from an individual's socialization experience. Differences in values and beliefs contribute to conflict in the mentoring relationship. Conflict may occur in the mentoring relationship if either the mentor or mentee is, for example, disrespectful of the others' time, arriving late for a planned appointment or taking calls during the meeting.

If a mentor believes that the mentoring relationship allows him or her to influence the next generation of PHNs to be risk takers, yet the assigned mentee does not value taking risks, conflict could arise in their relationship due to differences in values and beliefs. Again, truthfulness when discussing underlying values and beliefs in the initiation phase of the relationship will decrease the antecedents for conflict. In some situations, the values and beliefs are incompatible and the relationship may fail.

A framework for solving problems and managing conflict is provided below.

Managing Problems and Conflict Situations

Identify and define the issues
- Choose an appropriate time for discussion.
- State the problem clearly and concisely.
- Express your feelings using "I" statements.
- Invite the "other" mentor or mentee to help find a workable solution.
- Listen to the other's view.

Generate possible solutions
- List possible options.
- Discuss possible consequences.
- Encourage all involved to participate.

Choose and implement the best solutions
- Choose a solution with which the other is satisfied.
- Commit to the solution.
- Determine who is to do what and by when.

Evaluate by following-up
- Is the decision working out?
- Is the other satisfied with the solution?
- What did you learn from the experience? What would you do differently next time?

(From RNAO (2004) Orientation Program for Nurses in Home Health Care and Orientation Program for Nurses in Long Term Care, 2003)

If the problem or conflict cannot be resolved by the mentor and mentee, they may wish to refer their problem or conflict management to a third party such as the *mentoring champion* or the senior nurse leader responsible for the mentoring initiative especially in situations where the issues are highly complex and/or highly emotional. The mentoring champion or manager may wish to consult their organizational policies and/or contractual agreements for the steps to follow.

(Adapted from RNAO Preceptorship Resource Kit, 2004)

SECTION 4: BECOMING A MENTORSHIP CHAMPION

APPENDIX E

Sample Content for Mentor Education Sessions

Education Session	Sample Content (Taken from the Previous Pages)	Suggested Teaching Strategies
Introduction to Mentoring in Public Health Nursing *One- or two- day sessions are recommended* *Mentees may be invited to participate in part of the session*	▪ Mertz's model (Section 2) ▪ Mentoring, preceptoring, coaching etc. (Introduction; Appendix B) ▪ Mentor roles (Section 2) ▪ Mentee roles (Section 3) ▪ Phases of mentor relationship (Section 2) ▪ Benner's model (Section 2, References) ▪ Cultural diversity (Section 2: Appendix E) ▪ Goal setting (Sections 3 and 5) ▪ Review of tools to operationalize the relationship (see Appendices, Sections 2 – 4) ▪ Strategies to improve mentee learning (Section 2: Appendix C) ▪ Delivering effective feedback (Section 2: Appendix D) ▪ Conflict resolution (Section 4: Appendix D) ▪ Evaluation and documentation (Section 4) ▪ Support provided by champion & the senior nurse leader	▪ Lectures/guest speakers ▪ PowerPoint ▪ Handouts ▪ Small group discussions ▪ Sharing of experiences/finding solutions through discussion ▪ Analysing situations more fully during interactive activities
Advanced Mentoring in Public Health Nursing *Half-day to one- day session*	▪ Discussion related to topics presented in the introductory session ▪ Advanced concepts related to teaching and learning, goal setting ▪ Conflict resolution ▪ Communication Skills ▪ Stress/Burnout ▪ Solicited topics and topics resulting from evaluation findings	▪ Guest speakers/lectures ▪ PowerPoint ▪ Handouts ▪ Group discussion and storytelling ▪ Role playing ▪ Case studies *(May wish to consider off-site location to encourage participation and as an incentive)*

(Adapted from Hurst & Koplin-Baucum, 2003; Speers, Strzyewski, & Ziolkowski, 2004)

Further information may be obtained from the references at the end of the section and in the other references section at the end of the Resource Guide.

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APPENDIX F

Please consult organizational policies related to keeping files outside of the Human Resources area.

Mentorship Mid-Point Progress Record (and Final Assessment)

Mentee: _____

Mentor: _____

Date: _____

Progress to Date - Toward Meeting Goals and Objectives as Per Learning Plan:

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Summary of Comments:

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_____ _____
(Mentee Signature) **(Date)**

_____ _____
(Mentor Signature) **(Date)**

Note that this form is used to document factual information pertaining to the mentorship process and is not intended to include personal information. Each organization will determine the repository for this information based on its policies, for example, "Please forward this form to the nursing mentorship champion at the end of the mentorship term".

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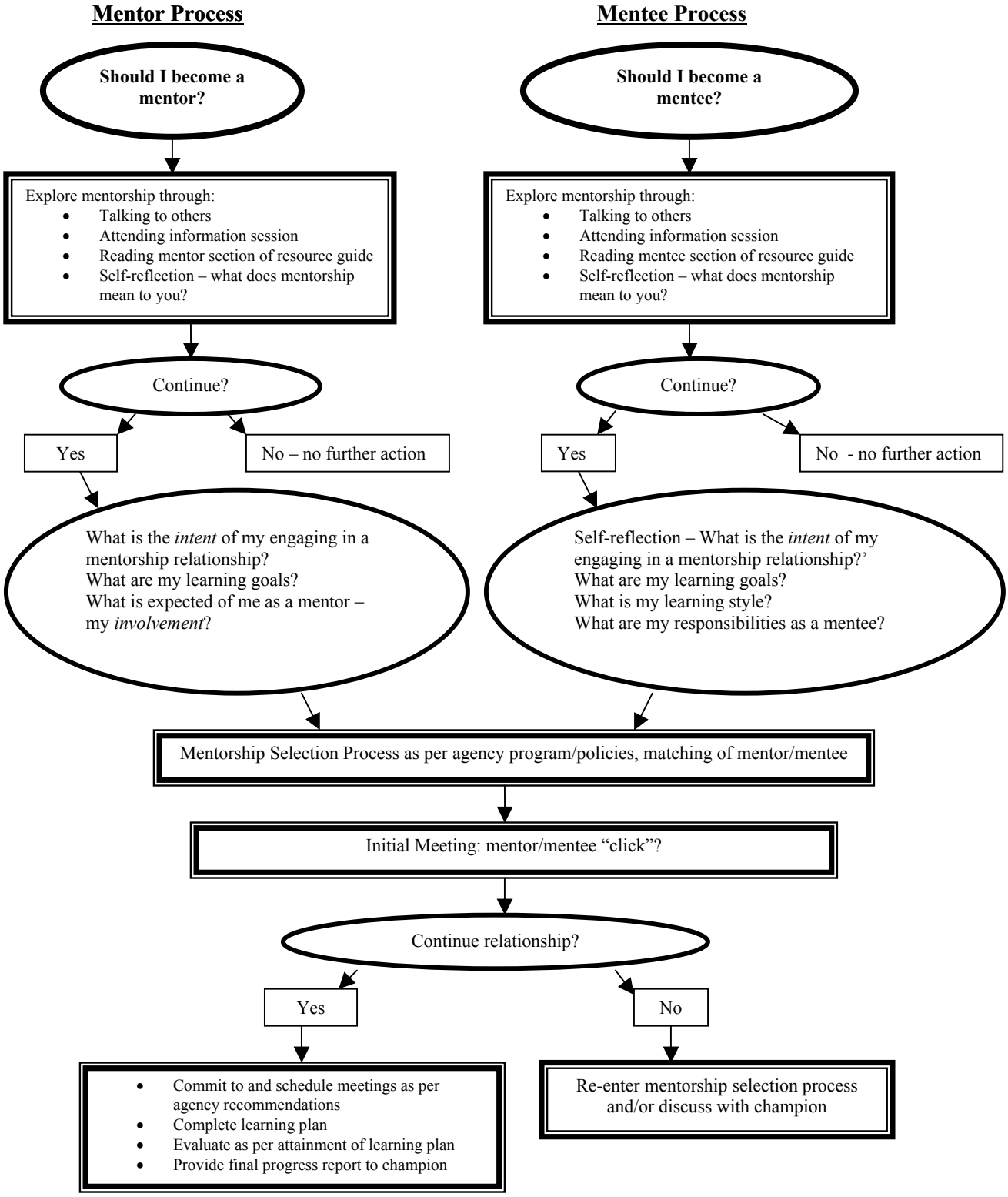
APPENDIX G
MENTOR/MENTEE PROCESS



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This Nursing Mentorship Resource Guide is intended as a resource only, providing information about mentoring and suggesting strategies that may assist in a mentorship initiative's success. Information in the Resource Guide is not meant to be prescriptive or definitive. Public health units will differ in their implementation of a mentorship initiative.

The authors of this document look forward to the next steps of the ANDSOOHA and PHRED Nursing Mentorship Initiative. Piloting the resource guide in several public health units and comprehensively evaluating the results of implementations across public health units are areas to be addressed pending sufficient funding.

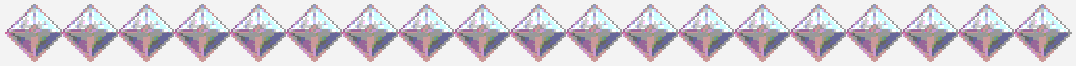
It is hoped that the reader of the Nursing Mentorship Resource Guide is prepared to engage in relationships as Klein and Dickenson-Hazard (2000, p. 18) note "help us grow." In a mentoring relationship, the one who teaches and the one who learns both grow in their understanding of self. The following words provide a description of the process of mentoring.

The Spirit of Mentoring

When the mentee speaks with a voice of doubt, the mentor engages the voice of knowledge.

When the mentee speaks with the voice of fear, the mentor engages the voice of courage.

A mentoring relationship fans the flames of passions and dreams.



(Adapted from Klein and Dickerson-Hazard, 2000)

Please direct your comments about this resource or questions about the ANDSOOHA and PHRED Nursing Mentorship Initiative to:

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